

WINTER UPDATE 2014–15

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

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The word ‘outbreak’ begins a methodical process for disease ‘detectives’ whether it’s giardia or Ebola

When state epidemiologists hear a report of infectious disease, they begin a process of verification, investigation and response. “Diseases like measles and bacterial meningitis trigger an immediate response because of the severity of the illness and potential impact on the community,” said Michael Cooper, an infectious disease epidemiologist for the Division of Public Health. “We rely on a variety of factors to decide how to respond.”

A report of three cases of giardia (sometimes known in Alaska as “beaver fever”) in a particular region during a particular time of year may be consistent with previous years and require only routine investigation and continued monitoring, Cooper explained. But if the number of cases looks unusually high, epidemiologists may look closer at whether there is a potential shared source of infection and then do public outreach to prevent it.

The work usually happens out of the limelight. “The huge outbreak that didn’t happen is our best success,” said Karen Martinek, a public health nurse who works on these investigations. “After we hear a report and verify it, we institute whatever we can do in the community to stop it.”

During the 2012–13 school year, a Pacific Northwest health department let Alaska epidemiologists know about Alaska athletes who were exposed to a player with measles during a tournament out of state. Staff immediately checked each player’s immunizations through VacTrAK, a statewide system for tracking



Melinda Freemon, left, Director of Health and Human Services with the Municipality of Anchorage, and Drs. Joe McLaughlin (center) and Michael Cooper with the state Division of Public Health (Epidemiology) answered questions at an Oct. 16, 2014, press conference on the topic of Ebola preparedness.

vaccinations, and through the health care providers and guardians of students not found in the VacTrAK system. All the students were protected by vaccines.

In another case last summer, a cruise ship employee was sick. The state coordinated with federal quarantine station staff and public health nurses to get testing materials to and from a cruise ship and to Washington for testing. The crew member never stepped on Alaska soil. The potential for rumors and misinformation prompted epidemiology to send out a PHAN, or Public Health Alert Network message, to let health care

practitioners and others know that it was aware of the report and had determined there was no risk to Alaskans.

“It was good for us because there were no sick people or scares for additional cases, but it all happened behind the scenes so the public wasn’t aware of a near miss,” said Louisa Castrodale, a state epidemiologist involved with both investigations.

Other situations require more visibility. After this year’s outbreak of Ebola in Africa, state epidemiologists stayed informed through the Centers for Disease Control and Prevention and other national and international partners. As the number of cases and impacted communities increased, epidemiologists convened an Ebola Task Force with about 40 Alaska partners to build an Ebola Virus Disease Response Plan.

Epidemiologists took dozens of calls from local reporters and put up a Web page — “Ebola Virus Disease” — to inform the public and medical practitioners (<http://www.epi.hss.state.ak.us/id/dod/ebola/default.htm>).

The risk of Ebola to Alaskans is minimal, said Cooper, but the experience of convening and working with partners strengthened the system of surveillance and response. “A lot of the relationships that were developed with H1N1 and SARS are being reengaged now,” he continued, “and so much of what’s going on with our Ebola planning will be helpful to our day-to-day relationships, communications and work. I’ve met and engaged with more people from other agencies in the past three weeks than in the last three years.”

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Two dedicated employees help senior clients stay healthy

JUDITH BENDERSKY, Manager, Medicare Information Office

Each fall, Judith Bendersky and the rest of her Medicare counselor team help Alaskans compare Medicare prescription drug plans. The savings they regularly find can prevent dangerous cost-cutting strategies like splitting pills in half to stretch expensive prescriptions.

Bendersky, manager of Alaska’s Medicare Information Office — part of the Division of Senior and Disabilities Services — said in one week in October she had helped a half-dozen people save around \$2,000 each. From mid-2013 to mid-2014, the office served 8,795 people.

Plenty of callers, even retired professionals, struggle to comprehend their insurance companies’ dense packets. One caller’s insurer had closed his plan and moved him to a new one for 2015. Bendersky found an alternative. His projected savings? More than \$1,200 over the course of a year.

Bendersky worries most about the people she can’t help. Of the 77,000 Alaskans who get Medicare, roughly 15,000 are under 65 and qualify due to chronic medical conditions, such as end-stage kidney disease. Alaska

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Health information exchange, provider workgroups continue to expand

Alaska eHealth Network (AeHN) continues to grow its hospital and provider health information exchange participants. The third quarter of 2014 ended with: seven hospitals live or partially live, 12 hospitals in the process of connecting, three provider clinics live and 26 provider clinics in the process of connecting.

AeHN has stakeholder workgroups that support the exchange and provide guidance to the AeHN board of directors and staff. The clinical workgroup is responsible for informing AeHN regarding the overarching configuration decisions that need to be established and identifying the clinical priorities.

Current topics under discussion include imaging, sensitive health information, and identification of essential data elements. Other topics the clinical workgroup addresses include data quality and “source of truth” determinations; Consolidated-Clinical Document Architecture reporting challenges; outreach and provider engagement; and identification of health improvement processes through use of the health information exchange.

AeHN also has a privacy, security and compliance workgroup. This workgroup is organized to understand the impact of legal and regulatory mandates as they relate to the implementation and maintenance of the health information exchange. Currently, this workgroup is in the process of streamlining and simplifying the AeHN privacy and security framework to assist both providers and consumers in understanding and complying with HIPAA and Alaska privacy and security laws.

Participation in the AeHN workgroups is encouraged. Workgroups are open to all interested persons.

To learn more about Alaska e-Health Network, please visit their website at: <http://www.ak-ehealth.org/> or contact Alaska eHealth Network at: info@ak-ehealth.org, 907-770-2626 ext. 1, 1-866-966-9030.

Past health policy leaders gather to discuss evolution of health care in Alaska

The recent event titled Honoring and

Learning from our Health Policy Elders — A conversation with Alaskans who worked in health care and public health leadership in the 1960s, 1970s and 1980s — was an idea whose time had come, said Deborah Erickson, executive director of the Health Care Commission, which sponsored the meeting.

The Oct. 1, 2014, gathering was an “opportunity to learn from history to inform the future,” Erickson said. “That way we can build on our successes and learn from our mistakes.”

Erickson invited 32 former government and private health care trailblazers to the Dena’ina Civic and Convention Center in Anchorage for the half-day event; 15 were able to attend.



Meeting participants included (top, from left) Bert Hall; Nancy Davis; William Dann; Robert Clark; Carl Hild; Lincoln Bean; Robert Urata; George Rhyneer; and bottom, from left, Ward Hurlburt; Richard Mandsager; Paul Sherry; Anne Lanier; Sally Smith; Cindy Schraer; and Brian Saylor.

Erickson, who has worked 30 years in public health in Alaska, started with a list of people she had known and worked with over the years. She told them she didn’t want them to do “research” or assemble “facts.” What she wanted was “perspective.”

“It’s not about gathering a historical record on what

happened,” Erickson said after the conference. “We asked two questions — what were the issues of the day and what helped inform the solutions.”

By all accounts, the event was a great success, and Erickson hopes the facilitated and recorded conversations will seed

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doesn’t require insurance companies to sell supplemental policies for that group. Bendersky said that policy gap can be financially crushing. She worries too about Alaskans who most need and are least capable of asking for help — those with cognitive impairments, or who lose mail when they move between nursing homes and their homes.

Bendersky said her job feels like a calling. She and her siblings grew up in Massachusetts, helping their Jewish refugee grandparents navigate their new world and health challenges. In one set of grandparents, her grandmother was deaf and her grandfather was blind. “It gave me a sense of deep responsibility for taking care of my elders,” Bendersky said. “It’s part of my passion for this work.”

LANA BELL, Alaska Pioneer Homes, Chief Pharmacist

As a girl growing up in the Northeast Georgia mountains, Lana Bell was surrounded by a large family, with many aunts, uncles and cousins. Respect for elders was part of the culture. At age 12, Bell’s father left the family, so her mother took her children and moved back to her parents’ home, where, at 13, Bell helped care for her grandfather and started working in her uncle’s pharmacy.

Today, she’s chief pharmacist for the Alaska Pioneer Homes.

Motivated by her upbringing, now Bell and her staff seek to give Pioneer Home residents peace of mind by helping them understand their conditions and medications. Her crew fills prescriptions for all six Alaska Pioneer Homes, and every 90 days, reviews residents’ charts for potential drug interactions, change in health status, and safe medication use.

In 2014, the average age of the Homes’ 456 residents was 86.5. More than half got the homes’ highest level of care. Bell and her staff partner with nurses in the homes, and doctors in the community, to maximize residents’ health. “Our goal,” Bell said, “is for them to be as independent as possible, on the fewest drugs possible.”

Bell also does community outreach to the state’s rapidly growing elderly population on the topic of taking medications as directed. To this end, she has helped create a website (<http://dhss.alaska.gov/dsds/MedEd/Pages/default.aspx>), brochures, a TV public service message, one-on-one medication reviews at the Anchorage senior activities center, and a column in the Senior Voice.

“We serve the state of Alaska,” Bell said. “We don’t forget that.”



For these two Department of Health and Social Services employees, relationships with their grandparents were the foundations for a lifelong passion for helping elders. Judith Bendersky is on left; Lana Bell on right.

A message from Governor Bill Walker



Proper health care solutions are crucial to the future of our state and the overall vitality of our people. Alaska’s current health care system is in need of changes that empower patients and health care providers, increase the number of providers throughout the state, and decrease costs for both the state and individuals.

We seek to begin this reform by accepting the 100-percent federally funded expanded Medicaid coverage for a greater number of Alaskans than are currently eligible. It is vital that this expansion is done responsibly and ensures immediate success for both patients and providers. This will be no simple task, but I am confident that the Department of Health and Social Services, with its knowledgeable staff and leadership, will be able to put Alaska’s health care system on the right track.

I’d like to thank department staff for their hard work and dedication to this sizable undertaking, and for their commitment to the health and well-being of all Alaskans.

Transition brings changes to leadership

Medicaid expansion and child welfare issues at forefront

Newly elected Gov. Bill Walker appointed Valerie Davidson Commissioner of the Department of Health and Social Services, effective Dec. 1, 2014.

Davidson is an enrolled tribal member of the Orutsaramiut Native Council, and has worked for more than 15 years as a national policymaker on matters affecting Indian Health. Most recently, she served as the Senior Director of Legal and Intergovernmental Affairs for the Alaska Native Tribal Health Consortium (ANTHC), where she represented Alaska Native health needs at federal and state levels.

Davidson served as Chair of the Tribal Technical Advisory Group to the U.S. Centers for Medicare and Medicaid Services from its inception in 2004 until August 2014. She represented all tribes over a period that spanned the terms of several secretaries of Health and Human Services and under both Republican and Democratic administrations.



Davidson

Davidson earned her juris doctorate, with a certificate in Indian law, from the University of New Mexico School of Law, and a bachelor’s degree in education with a minor in bilingual education from University of Alaska Southeast. Davidson was born in Bethel.

In her new position, Davidson’s two main priorities are Medicaid expansion and child welfare issues. As DHSS Commissioner, she has made a number of appointments to her leadership team:

Dr. Jay Butler, DHSS Chief Medical Officer

Former Chief Medical Officer Dr. Jay Butler returned to the department in the same position, effective Dec. 15. He will wear two hats, as CMO and Director of the Division of Public Health.

Butler most recently was senior director of the Division of Community Health Services at ANTHC, where he was also an infectious diseases consultant and medical director for Infection Control and Employee Health. Prior to joining ANTHC, he was director of the H1N1 Task Force at the U.S. Centers for Disease Control and Prevention in Atlanta, Georgia. From 2007 to 2009, Butler was Chief Medical Officer at DHSS.



Butler

A graduate of the University of North Carolina Medical School, Butler has an extensive medical background and has authored or co-authored more than 100 scientific papers and medical textbook chapters on medicine and public health. He is an affiliate professor of medicine at the University of Alaska Anchorage.

Jon Sherwood, Deputy Commissioner for Medicaid and Health Care Policy

Davidson also appointed Jon Sherwood Deputy Commissioner for Medicaid and Health Care Policy. The 25-year DHSS administrator most recently was division

operations manager for the Division of Senior and Disabilities Services where he was responsible for Medicaid nursing facilities, home- and community-based services waivers, and personal care. He also oversaw supported housing, and grants for seniors and those with developmental disabilities, brain injuries and other disabilities, among other assignments.

Immediately prior to his service with Senior and Disabilities Services, Sherwood was manager of Medicaid policy and planning, Medicaid special projects manager, and senior policy analyst for the Medicaid program within the Division of Health Care Services, and earlier in the Office of Program Review.



Sherwood

Monique Martin, Health Care Policy Advisor

Most recently, Monique Martin worked at ANTHC for five years as the special assistant to the chairman and president before accepting a position in the Intergovernmental Affairs Department. Martin extensively worked on issues related to the Affordable Care Act and how it impacts Alaskans. Her work at ANTHC included providing training to tribal health organizations, nonprofits, governmental partners and other stakeholders on the ACA as well as extensive work and review of ANTHC’s reports on Medicaid expansion and the fiscal and population health benefits for all Alaskans. Monique served on the Tribal Technical Advisory Group to the U.S. Centers for Medicare and Medicaid Services and was chair of the Outreach and Education Subcommittee.

Martin was born and raised in Wrangell, Alaska, and is an enrolled member of the Central Council of the Tlingit and Haida Indian Tribes of Alaska.

Chris Ashenbrenner, Medicaid Expansion Project Director

Before retiring from state service in 2009, Chris Ashenbrenner spent 21 years working for the state of Alaska, where she has worked on Medicaid and assistance program policy and served as director of the Division of Public Assistance.

Ashenbrenner was one of the leaders of the successful welfare reform and Denali KidCare programs, for which she received recognition from the National Governors Association and Alaska Legislature.



Ashenbrenner

As Medicaid expansion project director, Ashenbrenner will be establishing a timeline for implementation, coordinating state systems activities, working with stakeholders, and identifying costs and offsets needed for the Legislature to be fully informed on the scope of the project.

Ashenbrenner has also worked in domestic violence and sexual assault programs, serving the state as the executive director of the Council on Domestic Violence and Sexual Abuse.

Growing senior population: the ‘silver tsunami’

‘Roadmap Project’ to provide guidance

It’s called the “silver tsunami” — Alaska’s growing senior population as the baby boomer generation ages — and with it comes a rising wave of dementia-related diseases.

It is estimated that Alaskans with Alzheimer’s, for example, will almost double in the next decade, from 6,100 in 2014 to 11,000 in 2025. That figure is taken from a draft of “Alaska’s Roadmap to Address Alzheimer’s Disease and Related Dementias,” which was submitted to stakeholders for review in October 2014. The Roadmap, which was presented at the Alzheimer’s Vision to Reality Conference on Nov. 12–13, was expected to be finalized in December 2014, allowing time to incorporate stakeholder comments.

The Alaska Commission on Aging initiated the effort to sketch out a Roadmap with support from the Alaska Mental Health Trust Authority and Alzheimer’s Resource of Alaska. The core team also included a representative from AARP and three divisions of the Alaska Department of Health and Social Services: Senior and Disabilities Services, Public Health and Alaska Pioneer Homes.

“The goal of the Roadmap project is to provide a guide to the state and other organizations whose mission is to improve the quality of life for Alaskans with Alzheimer’s and related dementias, and their caregivers,” according to Denise Daniello, executive director of the Alaska Commission on Aging. “The Roadmap is Alaska’s first state plan to address the impact of Alzheimer’s disease and will build on

strong partnerships to provide safe and quality supports for Alaskans experiencing dementia. While we don’t have a cure for Alzheimer’s, services do help.”

The Roadmap aims to increase public awareness about Alzheimer’s and related dementias and their impact, and to develop goals, strategies and performance measures to measure the results. Its six goals are: Promote awareness and early diagnosis; improve access to appropriate housing, services and supports for those at all stages of the diseases; optimize quality and efficiency of services; develop a long-term care work force trained in dementia care; increase monitoring of dementia’s prevalence, cost of care and research; improve quality of life for unpaid caregivers; and increase monitoring of prevalence, cost of care and research.

“Brain health is a vital, integral part of public health,” Daniello said. “Alzheimer’s and related dementias affect a growing number of Alaskans across all walks of life and regions of the state.”

While Alaska’s senior population boom is driving much of this increase, other risk factors — including higher rates of cardiovascular disease, stroke, mental health problems, and brain injuries — contribute to the growth in dementia. The Roadmap calls attention to this critical public health issue and provides steps to serve people in the most cost-effective, least restrictive, and appropriate care setting.

For more information on the Roadmap project, contact Denise Daniello, Alaska Commission on Aging executive director, at 907-465-4879 or denise.daniello@alaska.gov. The final report is available at www.alaskaaging.org.

Extra grant funds for meals and transportation bolster senior programs

Alaska has the fastest growing senior population in the nation, and nutritious meals and dependable transportation are critical in helping seniors remain independent and connected to their communities. Alaska senior service providers have been hard-pressed to maintain quality services with rising costs and increased demand.

That’s why the \$545,000 increment added to the fiscal year 2015 budget —and awarded to the Division of Senior and Disabilities Services July 1, 2014 — was such good news, said Lisa Morley, supervisor of the grant unit for the Division of Senior and Disabilities Services.

“A senior who is homebound may not be able to get to the grocery store or prepare food. These additional funds will help to provide home-delivered meals and a friendly check-in for those folks as well,” Morley said.

The additional funds, which are distributed to local senior centers and statewide service providers, will enhance nutrition, transportation, and support services, which may include homemaker services and information and assistance to Alaska seniors. Transportation is

provided to eligible seniors based on a priority of purpose system, established by the providers, to meet the needs of the seniors they serve.

The additional funds will also help meal providers, such as senior centers, to stretch their dollars and allow them to serve Native foods by incorporating subsistence salmon and other game, especially in rural areas, Morley said.

“These meal and transportation programs are an important safety-net for Alaska’s seniors,” Morley added. Last year the Nutrition, Transportation and Support Services program served more than 11,000 seniors throughout the state.

“Food insecurity has a negative impact on seniors’ health and overall well-being, and it is not always a result of limited income,” Health Program Manager Joan Gone, a registered dietician, added.

For more information on this and other senior programs, go to: <http://dhss.alaska.gov/dsds/Pages/grantservices/default.aspx>. Joan Gone can be reached at joan.gone@alaska.gov; 907-465-4876.

Behavioral Health: Supportive housing for chronic homeless

The Division of Behavioral Health is creating a new unit to develop supportive housing for consumers struggling with mental illness and substance abuse. Four full-time employees will focus on wraparound services grants for complex behavioral health issues and co-occurring homelessness using SAMHSA’s Permanent Supportive Housing model. Known as ‘Housing First,’ the approach with no pre-conditions of sobriety or treatment compliance has proven highly effective.

The division issued a request for proposals Oct. 20, 2014, to develop supportive housing for chronically homeless individuals. One track in the RFP will use Assertive Community Treatment to serve Alaskans with severe and persistent mental illness; the second will use Intensive Case Management to serve Alaskans with a primary diagnosis of substance abuse.

Other projects include developing a statewide rent subsidy program with Alaska Housing Finance Corp., and expanding permanent supportive housing opportunities in partnership with the Alaska Mental Health Trust Authority and the Alaska Coalition on Housing and Homelessness.

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deeper understanding of the complexities of health care in Alaska in the future. “Sometimes stories and relationships are more important than facts and data,” Erickson said. “Understanding the culture and values lived by our predecessors is essential to understanding our history.”

Some major themes emerged during the conversations. For example, the group discussing the 1960s talked about the lack of infrastructure and supports, and the resulting independent spirit and scope

of services medical providers were expected to practice. The 1970s group discussed the structure that came from the federal government during that decade, a structure that helped the state build its own methods and practices in a way that promoted cooperation, planning and coordination.

Participants included individuals who worked in a variety of sectors during the earlier decades, including private practice physicians, tribal health system and Indian Health Service leaders, and state and municipal government health officials.

Video recordings and transcripts of the event are on

the commission’s website: <http://dhss.alaska.gov/ahcc/Pages/meetings/201410/elders.aspx>.

In other Health Care Commission news, its 2014 annual report will be available to the public in mid-January 2015 at: <http://dhss.alaska.gov/ahcc/Pages/default.aspx>. The 14-member commission serves as the state health planning and coordinating body.

The commission is due to sunset on June 30, 2017. “At that time we will have been in existence six years,” Erickson explained. “Now at the mid-point we’re shifting gears. Until now, we have been developing recommendations and played an advisory role. Next, we’re going to stop studying and advising, and start playing a more active role in facilitating change.”

News briefs

‘Super-utilizer’ initiative aims to reduce spending, improve services

The Department of Health and Social Services issued an RFP for the Alaska Medicaid Coordinated Care Initiative (AMCCI), also known as the ER Super-utilizers project. In December, MedExpert International Inc. was awarded the contract.

As a medical decision support company, MedExpert currently serves more than 4.5 million clients in government, labor unions, private corporations and school systems. In December, MedExpert began providing case management services to AMCCI members. To date, it has connected with over a thousand Medicaid recipients and the number continues to increase.

The initiative is an attempt to control costs while helping improve health outcomes for the 3 percent of Alaska’s Medicaid users who account for about 22 percent of emergency room expenses. The initiative is part of a 24-month pilot project.

For more information, contact pk.wilson@alaska.gov.

Public Assistance earns bonus awards for food stamp program accuracy

The state Division of Public Assistance received two bonus awards totaling \$482,032 for outstanding performance in administering the food stamp program during federal fiscal year 2013.

The food stamp program, also known as SNAP (Supplemental Nutrition Assistance Program), served an average 38,760 low-income Alaskans monthly during the award period. Alaska placed fourth in the nation for both the payment error rate and the case and procedural error rate. The national average for the payment error rate was 3.2 percent; Alaska’s rate was 1.27 percent.

The division plans to use the bonus funds to improve the administration and operation of Alaska’s food stamp program.

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

Botulism: uncommon, deadly

Alaska reports the highest rate of foodborne botulism in the country. Though uncommon, deaths do occur, most recently in 2014. All Alaska cases have been associated with the consumption of aged traditional Native foods.

After a recent death, the state Division of Public Health, section of Epidemiology, featured a video on botulism on its webpage and joined regional tribal environmental health staff in visiting a village to encourage a community dialog about how to prevent the growth of toxin in traditional foods. Radio and media messages supplemented this outreach. For more information on botulism, visit: <http://www.epi.hss.state.ak.us/id/botulism/resources.htm>.

DHSS Stars



JUDY BROCKHOUSE and DAVID O’BRIEN

Judy Brockhouse is an Epidemiology Specialist II with the Division of Public Health, and manages the Alaska Cancer Registry. The North American Association of Central Cancer Registries recognized the Alaska Cancer Registry with the gold standard for quality, completeness and timeliness. Brockhouse is a respected authority among tumor registrars for her knowledge of the requirements for reporting cancer in Alaska. Public Health Data Analyst **David O’Brien** is the data analyst for the Alaska Cancer Registry. He has been recognized by the North American Association of Central Cancer Registries for his work on the Uniform Data Standards Committee and the Spatial Analysis and Demographics Committee.



L. DIANE CASTO

L. Diane Casto is a manager for Prevention and Early Intervention Services, Division of Behavioral Health. Casto recently received the national Ketty Award for Commitment and Dedication to the National Prevention Network for outstanding contributions to both the NPN and the field of prevention. “Since 2004 Ms. Casto has been the Alaska NPN representative and has actively participated in the efforts of this national organization, working tirelessly to enhance, improve and develop new approaches to substance abuse prevention efforts in Alaska,” said Division Director Albert Wall.



ALI HAMADE

Ali Hamade is a toxicologist with the Division of Public Health. In October 2014, Dr. Hamade was awarded the Alaska Environmental Health Association Certificate of Merit for his outstanding contributions to environmental health at the local or regional level. AEHN’s objectives are to protect the health and safety of Alaskans and its visitors, promote high standards of skill and professional competency among its members, and increase opportunities for the professional development of its members.



JOSEPH B. MCLAUGHLIN

Joseph B. McLaughlin, M.D., chief of epidemiology, Division of Public Health, was elected in May 2014 to be president-elect of the Council of State and Territorial Epidemiologists (CSTE). Starting in June 2015, Dr. McLaughlin will be president. CSTE is regarded as the professional home of applied epidemiologists working in all disciplines at state and local health departments. For the first time ever, the CSTE annual conference — widely regarded as the best applied epidemiology conference in the United States — will be held in Anchorage in June 2016.



ROSE SANDHOFER

Rose Sandhofer, Protective Services Specialist II with Office of Children’s Services, was selected as a national 2014 Angels in Adoption Award recipient. The Congressional Coalition on Adoption Institute’s (CCAI) Angels in Adoption™ Program honors individuals, couples, and organizations that have made extraordinary contributions on behalf of children in need of families. The award gala was held Sept. 17, 2014, in Washington, D.C.



HEALTH CARE SERVICES MMIS TEAM

The Health Care Services MMIS (Medicaid Management Information System) team has taken on a monumental task with the implementation of a new MMIS after using the old one for over 20 years. “The new system from day one did not work correctly,” HCS Director Margaret Brodie said. As a result, in addition to all their normal duties, many of the staff had to find manual workarounds and processes to ensure that providers received payments and recipients received the medical services necessary. The team had to be extremely creative to make everything work and keep the department’s finances in order on a state and federal level. “They went above and beyond anything that I have seen,” Brodie said. “As a result, people are receiving the services that they need and we have created an entire new level of customer service that has become the norm.” The team includes Renee Gayhart; Cindy Christensen; Faith Moss; Paola Smith; Sherri LaRue; Sylvana Szczesny; Chad Hope; Puni Pedro; Carmela Sargento; Laura Hancock; Linda Walsh; Kris Delfino; Dominic Chambers; Lori Campbell; and Caitlin Ferguson. This new system also caused severe financial issues for the Comprehensive Annual Financial Report (CAFR) for the state as well as with federal reporting and drawdowns. Linnea Osborne and James Farley from Finance and Management Services have been instrumental in helping the department figure it all out, Brodie added.

PUBLIC ASSISTANCE ARIES TEAM

The **ARIES (Alaska’s Resource for Integrated Eligibility Services)** leads have done an exceptional job leading local office staff through a major technology change. ARIES is a new computer system that determines eligibility for public assistance. The ARIES leads are primarily front-line staff who have become experts with ARIES. This team works to streamline processes and identify efficiencies to improve the business and ARIES processes. They have dedicated numerous hours to ARIES design sessions, user acceptance testing, coaching staff, and identifying problems and solutions with ARIES. The transition to ARIES for Medicaid has not been a seamless endeavor; however, the members of the ARIES leads team continue to find the best possible solutions to any bump in the road that occurs. Their positive approach to any challenge is noticed by many staff and very much appreciated. ARIES leads are: Jamie Jones-Burch; Rebecca Stovall; Tyrone Gibson; Mari Hamilton; Kari Evanoff; Dave White; Diane Japhet; Kathy Ripley; Michele Morgan; Jeanne Young; Lydia Luchini; Melanie Best; Julieann Dahlke; Claudia Neetz; Stacey DePriest; Rebecca McGraw; Jessica Belanger; Jessica Pennington; Shirley Burgart; Sally Dial; Lisa Baldwin; Buffy Chapman; Ron Albaugh; and Roxy Wills.

HEALTHY ALASKANS 2020 CORE TEAM

The Healthy Alaskans 2020 (HA2020) core team, made up of Division of Public Health and Alaska Native Tribal Health Consortium employees, coordinates the HA2020 statewide health initiative. This is the first partnership between state and tribal agencies to prioritize health goals nationally. The team demonstrates excellence in the caliber of their work, and in their strong partnership skills. This partnership has created opportunities for future collaborative work between the agencies.

Volunteer chaplain provides an empathetic ear for OCS workers

On a recent fall afternoon in the Office of Children's Services building in downtown Anchorage, Protective Services Manager I Sarah Abramczyk had a question for a visitor.

"What kind of pie did you bring today?" she asked Jim Fournier.

The tall, amiable Fournier smiled. "Pizza pie!" he replied.

Fournier is the new — and first — "OCS chaplain," a volunteer job in which he is routinely asked far more difficult questions. Since early October, Fournier has visited the building for a few hours every Thursday, always with some type of enticing pie in hand — so far he's brought apple, key lime and the above mentioned pizza — making himself available to any staff member who would like to talk.

Those conversations about the struggles OCS workers face have been a bit of a revelation for Fournier, who previously had a similar chaplain position with first responders in Oregon.

"To me, these guys are just like firefighters, they rescue children," Fournier said of the OCS staff. "But firefighters get thanked. These guys get yelled at."

Abramczyk and Sara Childress, protective services manager II, acknowledge that their work is extremely challenging. Any time a child they know is injured or killed, OCS caseworkers and supervisors grieve like anyone else. Those feelings aren't easily turned off when the workday or a particular traumatic incident is over.

"This job is so intense, sometimes you forget to leave your intensity at the door," Childress said.

Handling that intensity and the secondary trauma that can result from working on cases involving severely abused or fatally injured children is a constant challenge for those working in the child protection field. All OCS workers are urged to have "self-care plans" well in place before they see their first case. But sometimes regular massages and daily exercise just are not enough.

This is where Fournier's experience in critical incident stress management comes in handy. "I realize these OCS workers get traumatized as much as any first responder," he said. "I know it takes a toll on them."

His goal in giving them someone to talk to is simple: "I want them to stay well."

While managers like Abramczyk and Childress are there for discussions with staff after troubling incidents, "I'm swimming in the same trauma they are," Childress admits.

Fournier's work with OCS is voluntary and unpaid and doesn't overlap with his day job as a pastor for a local church.

When Fournier started, "Somebody said, 'don't bring me any of that God stuff,'" Childress said. "And I told them that Jim has never said the word God to me once."

Instead, Fournier comes to OCS with his pies to lure workers out of their offices, and then sits back to let them share anything in any way that will make them feel better.

"If I can just help them to feel valued, that will be huge," Fournier said.



Jim Fournier, left, is the first-ever volunteer "OCS chaplain," who provides a shoulder and a willing ear to OCS workers whose work is emotionally stressful. At right is Protective Services Manager Sarah Abramczyk.

How to spot suicide risk

The Division of Juvenile Justice hopes that one day the suicide prevention method "QPR" will become just as well-known a life-saving acronym as CPR.

The QPR acronym stands for "Question, Persuade and Refer." It's a simple technique that anyone from professionals to family members can use to recognize a mental health emergency and get a person who is at risk the help he or she needs.

Juvenile Justice Clinical Director Shannon Cross-Azbill says a "question" in this case could be: "You look like you're feeling sad. I wonder if you're having any thoughts of harming yourself?"

That might lead to "persuading" the person to seek help, and then allow for successful interventions — such as calling 911 or a mental health professional, the "refer" part of the technique — for someone who is having suicidal thoughts.

"It's a training that's geared toward anybody and everybody," Cross-Azbill said. "One of the most important pieces is helping people feel comfortable talking about suicide. As prevalent as suicide is, people are still not comfortable talking about it."

QPR is part of the Alaska Gatekeeper Suicide Training, now being used by all 90 probation officers within Juvenile Justice across Alaska. Since approximately 80 percent of the youth in the division's care are in probation, as opposed to being in a facility, that means probation officers interact with many youth who could be at risk.

"Alaska is first in the nation for adolescent suicide and we'd like to reduce that number," Juvenile Justice

Chief Probation Officer Heidi Redick said. "Our kids are devastated by this."

Within the past year, DJJ's entire probation staff received the initial four-hour Gatekeeper QPR training. A two-hour refresher is also available. Funding came via a SAMHSA grant; the Division of Behavioral Health collaborated with DJJ to customize the training to meet probation officers' needs. DJJ will be gathering post-training data for several months for SAMHSA and will continue compiling data into the future.

This training for probation officers in suicide prevention is just one of several recent efforts by the division to limit the impact of suicide among youth. In 2008 the division implemented a new policy, screening instrument, and training for juvenile facility staff statewide. Mental health clinical capacity also has been increased to help the division work more effectively with youth with suicide concerns. A new, comprehensive policy for probation officers detailing the actions they shall take to respond to suicide concerns among youth was approved in May 2014.

While the new QPR training has been given to probation officers, the message is intended for a much broader segment of the community.

"A gatekeeper is anyone within a community who is in a position to recognize the warning signs that someone may be contemplating suicide," according to materials from the training program.

In the division, the training is already working, potentially saving the lives of at-risk youth. "Probation officers are now asking those direct questions," Redick said.

Juvenile Justice building ties with rural communities

For the past several years, the Division of Juvenile Justice has been working to develop stronger relationships with rural village communities. This relationship-building includes identifying positive activities for youth in rural Alaska to help reduce their chances of involvement with juvenile justice, and collaborating with local communities to coordinate and launch these activities.

One such effort occurred in April 2014 in the Interior village of Tanana. Fairbanks Juvenile Justice staff Alex Cloward, Tracy Dompeling, Erica Meckel and Denise Newman worked with village residents to plan a weekend full of activities.

UAF basketball team members conducted two basketball clinics with 15–20 youth attending each session. About 20 youth and parents enjoyed a bonfire on the beach of the Yukon River, and the community held a meet-and-greet potluck. The weekend also featured a high-kick demonstration by Probation Officer (and World Eskimo-Indian Olympics Champion) Erica Meckel. Three UAF players shared stories with the youth of Tanana, encouraging them to achieve their goals even if they might think they are unattainable in a remote community.

DJJ staff collaborated with the village of Nulato to conduct a similar basketball clinic a few weeks later, and future activities are being planned for Huslia and Barrow.

For additional information, contact the division at 907-465-2212.

Let’s find homes for older foster children

At the first-ever Office of Children’s Services Permanency Conference, held in October 2014 in Anchorage, several youth who are or had been in foster care were asked what they most wished for in their lives. One young woman’s response stunned the room: “A place to live.”

She was just days from turning 21 when she would be “released” from state custody. For her, that meant she would be homeless.

“Can anybody make this wish come true?” a moderator asked the crowd of about 180 people.

Immediately, one person after another walked up to the stage and stood behind the youth, pledging aloud what they could do to help. Within moments, the young woman had a small crowd standing behind her, backing her up both physically and emotionally.

“It was incredible,” said Shar Wharton, Children’s Services’ Independent Living Coordinator and co-organizer of the conference, which was sponsored by OCS and Casey Family Programs. “People were in tears.”

To Wharton, that poignant moment symbolized the purpose of the conference, which was convened to begin a statewide discussion about older foster youth and their needs for permanency. While most people have families to go home to for holidays or advice long after they leave home, youth in foster care don’t. In the past most were released from state custody before turning 19. They can now stay in custody until their 21st birthday, but after that many are left with no emotional or practical safety net.

“It was important to bring together key stakeholders to discuss permanency for older youth,” said Amanda Metivier, who co-organized the conference with Wharton. “OCS staff, legal and Tribal partners, caregivers, youth, and foster care alumni all attended to

learn what they can do to ensure youth don’t leave care without lifelong connections.” Metivier is a former foster youth and the founder and director of Facing Foster Care in Alaska.

Those connections are crucial. Metivier said she is the only “emergency contact” many youth across the state have, and Wharton personally has been the only person present when a former foster youth gave birth or had another important milestone.

“It’s important the youth know that someone is witnessing their lives so they know they aren’t invisible,” Wharton said.

During another exercise at the conference, youth were asked to remain standing as someone counted up from one. The numbers signified the number of foster homes and other placements the youth had experienced in their young lives. Several were still standing when the count got to 40 and even 50.

“That was one of the most profound things for us to see,” Wharton said. “Some of our youth have truly been in care their whole lives. When you see that, it breaks your heart.

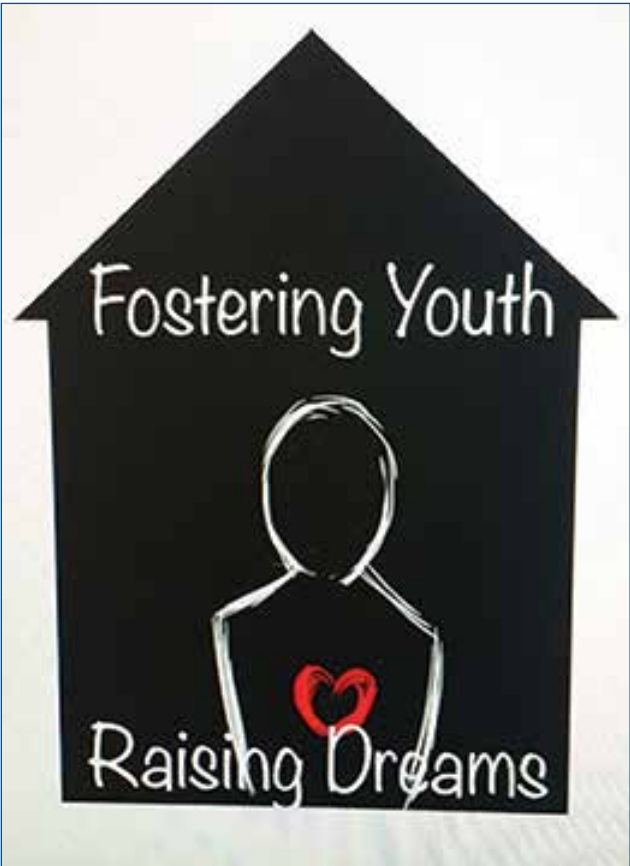
“You have to ask, ‘why has this happened?’” she added. “What can we do as a community, as a state, to fix this?”

Wharton says there’s a county in Oregon that believed every teenager should have a home, and went to work to make it happen — removing all of its teenagers from the foster care system and finding them permanency.

In Alaska right now, there are 266 youth between the ages of 16 and 21 in out-of-home care.

“That’s a manageable number of youth,” Wharton said. “We could get a home for every one of them.”

To learn how you can help, visit the Independent Living Program at: <http://dhss.alaska.gov/ocs/Pages/independentliving/default.aspx>.



The logo for the conference was designed by Alexa Bisso, a youth from Mat-Su.

Looking for a ‘forever family’

On the Health and Social Services Adoption Exchange website, 8-year-old Alize shares that she likes doing anything that’s “girly” and that she’s “really good at being a ballerina.” She adds that she’s looking for a home with a “nice mom and dad.”

Helping Alize and other Alaska children who need them find “forever families”

through adoption is the goal of the website, which currently contains mini-bios on 18 children.

Most children in foster care are reunified with their biological families. When that’s not possible, however, adoption is a way for a child like Alize to have a “forever family.”

See photos and learn more about some of the Alaska children who are legally free for adoption and waiting for permanent homes at: <http://dhss.alaska.gov/ocs/Pages/adoptions/default.aspx>.



Alize

Health and Social Services team designs posters to support breast-feeding



The Alaska Women, Infants, and Children (WIC) program embarked on a campaign this past September to raise awareness of the health benefits of breast-feeding among Native and Hmong women in Alaska. WIC staff has reported that women in these populations may quit breast-feeding too early and may miss many of the health benefits that come from breast-feeding for a longer time period.

To help mothers continue breast-feeding longer, the WIC program created several posters to reinforce the idea that breast-feeding should be the norm for all mothers and babies. Members of the Health and Social Services Public Information Team travelled to Nome and Fairbanks to take photos of Native women breast-feeding to use in the creation of the posters. The posters will be displayed in local WIC offices throughout the state, as well as at partner agencies.

The rural imagery was also used in a Facebook campaign targeted at Native women in rural ZIP codes. The ads reached over 30,000 women, and each person saw the ads an average of three times over a 10-day time period.

WIC staff will be evaluating the success of the project by measuring future breastfeeding rates among the Native and Hmong ethnicities.

Testing and epidemiological studies yield updated fish consumption recommendations

The Alaska Department of Health and Social Services offers fish consumption recommendations to help Alaskans make healthy choices that maximize the benefits of eating fish.

In July 2014, the department updated these recommendations following the availability of more information on contaminant levels in fish from the fish monitoring program of the Alaska Department of Environmental Conservation.

The monitoring program started in 2002 to address the topic of contaminants in fish tissue and human exposure to contaminants when eating fish. State, federal and tribal partners collect contaminant information from sampled fish and Environmental Conservation analyzes the data.



As more fish are tested and epidemiological research on the health effects of fish contaminants on people advances, the health department's fish consumption guidelines can change. The July recommendations reflect such an update by expanding the number of fish species on the recommended list.

Also in 2014, Health and Social Services and Environmental Conservation worked with the U.S. Food and Drug Administration to collect and test fish for radionuclides that could be related to the 2011 Fukushima nuclear accident in Japan. The results confirmed that seafood in Alaska waters poses no radiation-related health concerns to those who consume it.

Vaccine Assessment Program helps enable universal access

The Alaska Immunization Program has provided universal vaccine coverage for all Alaskans for over 30 years. Rising vaccine costs and funding cuts starting in 2009 prompted the need to decrease state-supplied vaccines. In 2012, House Bill 310 was passed to provide temporary funding for three years. In 2014, Senate Bill 169 authorized the formation of the Alaska Vaccine Assessment Program (AVAP) to facilitate universal access to state-distributed

vaccine for children and to provide state-distributed vaccine for covered adults.

Starting in January 2015, Alaska will facilitate increased access to core vaccines through AVAP, which will be funded by insurers and other payers based on the children and adults they cover. Providers will continue to receive vaccines from the federal Vaccines for Children Program (VFC) to immunize children who are

uninsured, Medicaid-eligible, American Indian/Alaska Native, or underinsured and are seen at a federally qualified health center or a rural health clinic.

In addition, during AVAP's first year of implementation in 2015, the Alaska immunization program will provide all recommended childhood vaccines for all children who are not VFC-eligible using funds from the vaccine assessment account and residual state funds from HB 310.

AVAP will also provide the following adult vaccines: Tdap/Td, Pneumovax, Zostavax (for adults 60–64 years), Menactra (for adults 19–20 years), and HPV (for females 19–26 years and males 19–21 years). Flu vaccine will be added to the list of vaccines through AVAP in the 2015-16 influenza season.

Play Every Day's video contest puts experts behind lens

Elementary students from seven schools and four school districts submitted 11 entries to the Play Every Day video PSA contest to promote physical activity.

"Kids are the experts at play and often have the best ideas for fun ways to be physically active," said Ann Potempa, Play Every Day coordinator for the Obesity Prevention and Control Program, Department of Health and Social Services. "The short videos these schools submitted are playful, informative and funny, and we're thrilled to share them."

The contest was inspired by Gladys Wood Elementary students who made a video on their own in 2013. The

Play Every Day campaign decided to expand the idea by inviting elementary students from public schools throughout Alaska to submit video public service announcements (PSAs) for prizes. The entries came from students in the Fairbanks North Star Borough, Matanuska-Susitna Borough, Yukon Flats and Anchorage school districts.

Winners were announced Nov. 19, 2014. The winning PSA came from Salcha Elementary School in the Fairbanks North Star Borough district. Find all the student videos and other Play Every Day PSAs at https://www.youtube.com/watch?v=KTHfH_vU9kU.

HA2020 releases health assessment, review of public health system

The statewide collaborative initiative Healthy Alaskans 2020 released several documents in 2014, including a health assessment and a review of Alaska's public health system. These documents can be found at <http://hss.state.ak.us/ha2020/>.

"Healthy Alaskans 2020 Health Assessment: Understanding the Health of Alaskans" provides an overview of population characteristics, social and economic factors, health outcomes, and health equity issues in Alaska. The assessment, along with a book of health indicators and an indicator scorecard, was created over the past two years during the process of prioritizing 25 Alaska health goals for the decade.

"Healthy Alaskans 2020 is the framework around which stakeholders statewide can unite together to reach the most challenging health goals of the decade," said Lisa DH Aquino, co-coordinator of Healthy Alaskans 2020 and the community health improvement manager for the Alaska Division of Public Health.

Healthy Alaskans 2020 will continue its work by presenting strategies for addressing each of the 25 key indicators along with the actions currently underway by partners statewide. HA2020 is sponsored by the Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium, with funding from the Centers for Disease Control and Prevention.



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