ALASKA STATE LEGISLATURE
JOINT MEETING
HOUSE EDUCATION STANDING COMMITTEE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE
March 15, 2018
3:03 p.m.

DRAFT

MEMBERS PRESENT

HOUSE EDUCATION STANDING COMMITTEE

Representative Harriet Drummond, Chair
Representative Justin Parish, Vice Chair
Representative Tiffany Zulkosky
Representative Ivy Spohnholz
Representative Jennifer Johnston
Representative Chuck Kopp
Representative Geran Tarr (alternate)

HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

Representative Ivy Spohnholz, Chair
Representative Tiffany Zulkosky, Vice Chair
Representative Geran Tarr
Representative David Eastman
Representative Jennifer Johnston
Representative Colleen Sullivan-Leonard

MEMBERS ABSENT

HOUSE EDUCATION STANDING COMMITTEE

Representative David Talerico
Representative Lora Reinbold (alternate)

HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

Representative Sam Kito
Representative Matt Claman (alternate)
Representative Dan Saddler (alternate)

COMMITTEE CALENDAR

PRESENTATION: HEALTHY START & STRONG FAMILIES

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

MONICA WINDOM, Director
Division for Public Assistance
Department of Health and Social Services (DHSS)
Juneau, Alaska
POSITION STATEMENT: Provided a presentation on Healthy Start and Strong Families.

BARBARA HALE, Manager
Children's Health Insurance Program (CHIP)
Division of Healthcare Services
Department of Health and Social Services (DHSS)
Juneau, Alaska
POSITION STATEMENT: Provided a presentation on Providing health coverage to Alaskans in need.

REBEKAH MORISSE, Section Chief
Women's, Children's & Family Health
Division of Public Health
Department of Health and Social Services (DHSS)
Juneau, Alaska
POSITION STATEMENT: Presented on Public Health -Early Childhood Health Programs.

TIM STRUNA, Section Chief
Public Health Nursing
Division of Public Health
Juneau, Alaska
POSITION STATEMENT: Presented on Public Health Nurses.

DUANE MAYES, Director
Division of Senior and Disability Services
Department of Health and Social Services (DHSS)
Juneau, Alaska
POSITION STATEMENT: Introduced the presentation on Senior and Disability Services.

MAUREEN HARWOOD, Chief of Developmental Programs
Senior and Disabilities Services

Department of Health and Social Services (DHSS)
Juneau, Alaska
POSITION STATEMENT: Presented on Senior & Disabilities Services.

BRITA BISHOP, Quality Assurance Section Administrator
Division of Behavioral Health
Department of Health and Social Services (DHSS)
Juneau, Alaska
POSITION STATEMENT: Presented on Partners Promoting Healthy Communities.

CHRISTY LAWTON, Director
Office of Children Services (OCS)
Juneau, Alaska
POSITION STATEMENT: Presented on Strengthening Families.

ACTION NARRATIVE

3:03:06 PM

CHAIR IVY SPOHNHOLZ called the joint meeting of the House Health and Social Services Standing Committee and House Education Standing Committee to order at 3:03 p.m. Representatives Parish, Sullivan-Leonard, Zulkosky, Drummond, Tarr, and Johnston were present at the call to order. Representatives Kopp and Eastman arrived while the meeting was underway.

3:03:31 PM

Presentation: Healthy Start & Strong Families

CHAIR SPOHNHOLZ announced that the only order of business would be a presentation on Healthy Start and Strong Families.

3:05:48 PM

MONICA WINDOM, Director, Division for Public Assistance, Department of Health and Social Services (DHSS), provided a presentation on Healthy Start and Strong Families. She said many of the programs work across state departments and with federal agencies.

3:08:42 PM

MS. WINDOM addressed slide 4, "AECC Alaska Early Childhood Coordinating Council." She indicated all programs were needs-

based. She explained how the Division of Public Assistance fits under the umbrella of the AECCC.

3:11:31 PM

MS. WINDOM spoke to slide 5, "Healthy Start and Strong Families":

- Denali KidCare
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants and Children Program (WIC)
  - Farmer's Market Nutrition Program (FMNP)
  - Breastfeeding Peer Counseling Program (BFPC)
- Child Care Assistance Program (CCAP)
- Alaska Temporary Assistance Program (ATAP)
- Heating Assistance

MS. WINDOM said Denali KidCare covers about 56,000 children. She said the household income limit is 203 percent of federal poverty level for children without insurance and 177 percent of poverty level for those with insurance. She informed that the SNAP program serves 31,000 children under the age of eight.

REPRESENTATIVE JOHNSTON asked how the breakdown with Denali KidCare relates to Indian Health Service.

MS. WINDOM answered the participants receive Medicaid and the department receives a 100 percent federal match.

REPRESENTATIVE JOHNSTON asked to receive the breakdown.

MS. WINDOM added the average benefit in Alaska is $180 per person. The WIC program serves 17,000 women, infants, and children. The eligibility level is 185 percent of the federal poverty level, and the program serves women who are pregnant, breastfeeding, postpartum, and children up to age five. She stated the WIC program fosters parent success.

REPRESENTATIVE PARISH asked how many Alaska children would likely have died without the program.

MS. WINDOM answered she would attempt to get that figure.

CHAIR SPOHNHOLZ asked Ms. Windom to recap the percent of poverty level for Denali KidCare eligibility.

MS. WINDOM answered that for those without insurance, the level is 203 percent of the federal poverty level, and for those with insurances the level is 177 percent.

REPRESENTATIVE SULLIVAN-LEONARD asked for the average income level of the families at the poverty level.

MS. WINDOM answered 100 percent of the federal poverty level is is about $1,600 a month, or $19,200 annual income.

3:16:53 PM

REPRESENTATIVE TARR mentioned the federal poverty level and suggested if the state could return the income levels to 200 percent [of the federal poverty level], the program would help a lot more kids.

REPRESENTATIVE SULLIVAN-LEONARD commented on Denali KidCare and the Affordable Care Act (ACA). She said she would rather see the private sector be successful.

CHAIR SPOHNHOLZ clarified that most people who use Denali KidCare work in places that don't provide health insurance.

REPRESENTATIVE SULLIVAN-LEONARD clarified she was remarking on the connection with the ACA.

3:19:39 PM

MS. WINDOM described the farmers market nutrition program (FMNP) and the Breastfeeding Peer Counseling Program which makes 781 contacts per month to aid breastfeeding mothers.

MS. WINDOM said the Child Care Assistance Program in 2017 served an average 3,500 children and 2,000 families per month. She listed the eligibility criteria for the program. She said the Alaska Temporary Assistance Program (ATAP) serves 6,500 children under the age of 8. She said the amount of the benefit is based on income and shelter expenses. The average benefit is $263 per person.

REPRESENTATIVE JOHNSTON asked for the figures in writing.

MS. WINDOM added that in order to qualify for ATAP, the parent has to cooperate with child support. She said the parent is required to be self-sufficient. She addressed heating

assistance. She said around 3,100 children benefit from heating assistance. She said the income limit is 150 percent of the federal poverty level. She shared her personal experience with the programs.

3:25:46 PM

MS. WINDOM moved to slide 6, "Data and other collaborations."

- Free school lunch program
- Family Nutrition Program
- Child Care Assistance Program
  - Office of Children's Services
  - Alaska Child Care and Development Fund (CCDF) Tribal Grantees
- thread
  - Alaska Early Care and Learning Data Dashboard Project
  - Temporary link: bit.ly/alaskadashboard

3:28:54 PM

MS. WINDOM addressed slide 7, "Presenting the Alaska Early Care and Learning Data Dashboard," showing a "sneak peek" of the website for the dashboard. The website presents statewide early learning data.

3:29:34 PM

REPRESENTATIVE ZULKOSKY asked for the number of Alaska children who use SNAP.

MS. WINDOM answered 31,304 children under 8 use the program.

REPRESENTATIVE PARISH asked about use of the FMNP in Southeast Alaska.

MS. WINDOM said she would get the information.

REPRESENTATIVE JOHNSTON asked whether the division works with the Child in Transition program in the Anchorage, Alaska, school district.

MS. WINDOM answered, "Not that I know of."

3:30:27 PM

BARBARA HALE, Manager, Children's Health Insurance Program (CHIP), Division of Healthcare Services, Department of Health and Social Services (DHSS), provided a presentation on "Providing health coverage to Alaskans in need." She said CHIP, known in Alaska as Denali KidCare, had been implemented in March 1999.

MS. HALE spoke to slide 9, "Early Periodic Screening Diagnostic & Treatment":

For children and adolescents

- Covered by Medicaid & CHIP
- EPSDT program covers all medically necessary services regardless of whether they are in the State Plan:
  Medical
  Hearing
  Developmental screening
  Vision
  Immunizations
  Dental
  Behavioral health and substance misuse
  Translation
  Transportation

MS. HALE read from a prepared statement, which reads as follows:

- Medicaid and Denali KidCare offer comprehensive health insurance coverage for children and teens, ages 0 up to the age of 21 in Alaska under what is known as the Early Periodic Screening Diagnostic and Treatment (EPSDT) service provision, which falls under Title XIX of the Act or regular Medicaid
- The EPSDT service provision under Section 1905(a) of the Act provides for coverage of all medically necessary Medicaid services to correct or ameliorate a child's physical or mental condition, regardless of whether such services are covered under a State's Medicaid State Plan, which is often a surprising revelation.
- The bulleted list in the slide outlines some of the services covered under EPSDT and you'll see that the services are very comprehensive and also cover enabling services to ensure access such as transportation and translation, for example. In

addition, EPSDT has a requirement to inform families with children about EPSDT services and the regular intervals that well child visits should occur.

- DHSS has adopted by reference in the AAC the AAP/BF recommended periodicity schedule. To reference the 0-8 early childhood age group, you'll note, when you have a chance to review the handout provided, that there are a minimum of 18 preventive health care visits recommended in the first 8 years of life to cover history, measurements, sensory screenings (vision and hearing), developmental/behavioral health, physical examination, procedures including lab tests, oral health and anticipatory guidance. For a link to the CMS EPSDT webpage to read more detailed information please see the handout. On this webpage, a link to the EPSDT Guide for States can be found. The EPSDT handout also provides a link to the AAP/BF periodicity schedule.
- Annual reporting requirements on EPSDT to CMS on child screening and participation rates are required for all children enrolled in Medicaid by age and delivery system. The report, known as the EPSDT 416, is due each April and covers the prior FFY.
- EPSDT also requires Medicaid agencies at 42 CFR to partner with their Public Health, Maternal Child Health agency, in AK known as WCFH – Title V, to ensure child and adolescent access to Medicaid services and delivery of quality health care including children with special health care needs, which are the highest cost children to serve in Medicaid.

MS. HALE added that EPSDT has a requirement to inform families of the availability of services. She referenced a handout listing Early Periodic Screening Diagnostic & Treatment Services [included in committee packet].

3:35:40 PM

MS. HALE advanced to slide 10, "Leverage, Report, Strategize":

- Partnerships to streamline efforts

  - Public Health, Women's Children & Family Health
  - Pediatric Children's Quality Measures
  - Chance to leverage funds
  - Enhanced rates
  - For all children
- Medicaid/CHIP child participation rates
  - Measuring in spirit of SB74

MS. HALE continued to read from her prepared statement, as follows:

- As a segue to the last slide, the CHIP, under Title XXI of the Act also includes annual reporting requirements on children's health care quality, utilizing standardized measures for children funded under both Medicaid and CHIP, including a CAHPS patient experience of care survey. CHIP has also incentivized children's quality improvement. AK, OR and WV participated in a $15 million children's quality improvement demonstration between 2010 – 2015 where the focus of our work was on children's quality measures, improving models of care via (PCMH), which are important to ensure continuity of care for children, while incorporating the use of HIT. The 3 states partnered closely with our MCH agencies to leverage resources and population health expertise on C&YSHCNs and health provider models of care and systems.
- There are opportunities available under the CHIP for health services initiative proposals, which are approved by CMS and provide enhanced funding up to a capped limit for not only children enrolled in ME/DKC, but also the population, which is the focus of work in WCFH. Medicaid & Denali KidCare are partnering to develop a proposal for Department leadership with our WCFH and other PH section counterparts to strengthen the work that is priority to their PH sections, while leveraging CHIP health services initiative funding to improve the quality of the CQM data reported by Medicaid/CHIP, and could assist in the SB 74 Quality and Cost measurement work that includes a number of the CMS standardized measures for evaluation of the Medicaid program. These standardized measures could also be used in some of the SB 74 demonstration work to serve as

basis for comparison at the state, provider and national levels. An example of one of the commonly reported child measures by states is Access to Primary Care and is provided in the handouts. You will see the data reported for 2014 as compared to other states.

- Under the CHIPRA 2009, AK DHSS was awarded $18.5 million in performance bonuses for simplifying/streamlining enrollment and eligibility from 2009 – 2013, which enjoins the partnership that the Medicaid and CHIPs have with the DPA, which is the gatekeeper for children's and adult enrollment in AK. Accordingly, the DHSS monitors the data reported through the US Census Bureau surveys through the ACS and CPS on uninsurance and corresponding participation rates. The data show that from 2013 – 2015, AK had a child PR of 87.6% as compared to the national average of 93.1%, so there is room for improvement in providing access and working collaboratively with the DPA.
- To fold this presentation back into the data presented by Pat Sidmore yesterday, Medicaid has added questions in our annual patient experience of care survey to parents about whether Medicaid enrolled providers are proactively asking parents ACE questions related to abuse, neglect and family dysfunction in addition to questions from the NSCH on positive health/thriving/resilience to assess parental response on whether their children and adolescents are flourishing. Lastly, as Trevor Storrs mentioned in his presentation yesterday, many Alaskan families are living at or below the FPG level. AK's upper income limit for children enrolled in ME & DKC is 203%. Under the CHIP, a targeted low-income child is defined as living in a family earning < or equal to 200% FPG, meaning that this income level represents what it takes to cover the basic necessities of food, clothing and shelter. It is important to be mindful that AK's upper income limit for children enrolled in Medicaid and Denali KidCare, as a percentage of the FPG, was ranked as the 9th lowest in the nation to qualify for children's health insurance and this is important to remember as health insurance is very difficult to afford at these income levels. Often child only

coverage in the HIM or individual market is too expensive and dependent coverage, if a parent is fortunate to have ESI, is also not affordable according to the research.

MS. HALE pointed to the handout on 2014 data for access to primary care, "AK Medicaid/CHIP Child Quality Measure Compared to Other States: Percentage Visiting a Primary Care Provider, by Age – 2014*" [included in committee packet].

MS. HALE added that Alaska ranks 9th lowest in the nation to qualify for health insurance.

3:40:57 PM

REPRESENTATIVE PARISH asked for confirmation that the percentage of the federal poverty guideline in Alaska is 9th lowest in the nation.

MS. HALE answered in the affirmative.

REPRESENTATIVE PARISH asked whether, if the cost of living were accounted for, the state would be worst in the nation.

MS. HALE answered it would not, as Alaska and Hawaii have different income standards due to cost of living.

CHAIR SPOHNHOLZ noted that the families of children who qualify for Denali KidCare are the working poor. She shared her personal experience with the program.

REPRESENTATIVE PARISH asked whether the legislature could reduce the state percentage to second or third lowest in the nation and what the fiscal impact would be.

MS. HALE answered the states have the responsibility of setting Medicaid and children's health insurance program income guidelines. She said that the department would have to do a fiscal analysis in order to set a different income level.

3:44:28 PM

REBEKAH MORISSE, Section Chief, Women's, Children's & Family Health, Division of Public Health, Department of Health and Social Services (DHSS), presented on Public Health - Early Childhood Health Programs.

MS. MORISSE spoke to slide 11, "Public Health - Early Childhood Health Programs":

- Women's, Children's & Family Health (WCFH)
  Programs for pregnant women and their children
- Public Health Nursing
  A local presence throughout Alaska; protects and improves the health of young Alaskans
- Chronic Disease Prevention and Health Promotion
  Programs to help Alaskans live longer healthier lives, like the Quitline
- Epidemiology
  Keeps young Alaskans safe from communicable diseases, injuries and other health hazards

MS. MORISSE progressed to slide 12, "Division of Public Health":

- Obesity Prevention
- Maternal, Infant & Early Childhood Home Visiting
- Parents as Teachers
- Early Childhood Comprehensive Systems (ECCS)
- Newborn Screening
- Immunizations
- Lead screenings
- Safe Sleep
- Targeted outreach to high-risk families

MS. MORISSE continued to slide 13, "Alaska Obesity Prevention and Control Program":

Works with early care and education programs to help Alaska's young children grow up to be a healthy weight and be ready to learn

- Training and resources for Early Care & Education (ECE) providers
- Obesity Prevention-ECE Work Group -
  DPH, Obesity Prevention and Control Program
  Child Care Program Office (CCPO)
  Child and Adult Care Food Program (CACFP)
  Women, Infants, and Children (WIC)
  Head Start
  Thread
  Municipality of Anchorage
  UAA/UAF

3:48:04 PM

REPRESENTATIVE SULLIVAN-LEONARD asked about the trend in childhood obesity.

MS. MORISSE answered that she thinks there is a combination of factors and the programs aim to educate providers and early childhood educators about healthy choices.

REPRESENTATIVE JOHNSTON spoke to Indian Health Services (IHS) and mentioned a large grant for obesity. She asked whether the group is included in the partnership.

MS. MORISSE answered she would find out. She said there is a lot of collaboration with Tribal Health.

REPRESENTATIVE TARR asked whether the population of children receiving assistance through the programs is the same that is overweight.

3:51:53 PM

MS. MORISSE answered she would find out.

CHAIR SPOHNHOLZ mentioned the nutrition programs. She spoke to the free and reduced lunch program. She related that she did not let her daughter eat the free lunch as they contained reconstituted, frozen, or fried foods. There has been some research that shows there is an overlap between poverty and obesity due to "misinformed execution of federal nutrition guidelines."

MS. MORISSE addressed slide 14, "Maternal, Infant & Early Childhood Home Visiting":

- Federally-funded, voluntary program
  - Provides comprehensive services to at-risk families
  - Strengthens and improves maternal and newborn health outcomes
- Uses evidence-based practices:
  - the Nurse-Family Partnership model (RNs)
  - Proven return on investment: $1 saves up to $5.70

MS. MORISSE added that research on the effects of the program noted increases in family education, employment

levels, and savings in governmental costs. She listed eligibility requirements. She said AECCC serves as the advisory body for the program.

3:57:10 PM

REPRESENTATIVE EASTMAN asked what goes into the calculation of the $5.70 savings and who the savings benefit.

MS. MORISSE answered the saving is related to governmental cost. She said she would follow up with more information on the study.

REPRESENTATIVE TARR shared her understanding that funding for the program that has been reduced.

MS. MORISSE answered the federal funding has just been approved for another five years. In the past, there was some state funding for home visiting but not for this program.

REPRESENTATIVE TARR asked how many families could be served if there were no limitations to the program.

MS. MORISSE remarked there is a relatively small amount of federal funding due to the small state population.

REPRESENTATIVE SULLIVAN-LEONARD commented on the work done by public health nurses and thanked them for their work in the communities.

REPRESENTATIVE PARISH seconded Representative Sullivan-Leonard's remarks and asked whether there is other funding the state can pursue.

MS. MORISSE answered she did not anticipate other federal funds, given the recent 5-year approval. She informed the division was constantly looking for more opportunities to expand.

4:02:52 PM

REPRESENTATIVE JOHNSTON asked about any other partnerships such as non-profit organizations that are not part of the federal program.

MS. MORISSE answered there is a tribal health nurse-family partnership serving the tribal health beneficiaries. She said the state program and the tribal health organization have a

memorandum of understanding with each other and coordinate referrals. She underlined they serve two different populations.

REPRESENTATIVE JOHNSTON said she wanted to highlight it is not the only program in the state.

MS. MORISSE listed other home visiting programs such as Cook Inlet Tribal Council's Parents as Teachers which are "in the works."

4:05:30 PM

REPRESENTATIVE DRUMMOND asked how many children are served through "Parents as Teachers."

MS. MORISSE said she would find the numbers.

MS. MORISSE addressed slide 15, "Parents as Teachers":

- Family education & parent support home visiting program to:
  - Increase parent knowledge of early childhood development and improve parenting
  - Detect developmental problems early on in development
  - Prevent child abuse and neglect
  - Increase school readiness
- Collaboration with DEED
  - Currently funds 4 federally funded grantees
  - Serves Anchorage, Juneau, Hoonah, Haines, Kodiak, Kake, and others

MS. MORISSE advanced to slide 16, "Early Childhood Comprehensive Systems (ECCS)":

- ECCS goals are to:
  - Enhance
  - Improve outcomes in children's developmental health and family well-being
- Focus is to increase evidence-based developmental screening
- Communities –Kodiak, Mat-Su, and Nome
- Partnership with Help Me Grow Alaska
- Federally funded

4:09:55 PM

MS. MORISSE advances to slide 17, "Screening Services":

- Newborn screening (required by State statute; funded by federal grants and fees)
  - Bloodspot Screening
    for conditions that can cause serious health complications or death if not identified and treated early
  - Hearing Screening
    by one month of age; diagnosis by 3 months; early intervention services by 6 months
- Pediatric Specialty Clinics
  - Autism/Neurodevelopmental screening and diagnosis
  - Metabolic Clinic for metabolic genetic disorders
  - Services not available elsewhere
  - Funding: federal and mental health general funds

MS. MORISSE advanced to slide 18, "Maternal and child health data collection and analysis":

- Pregnancy Risk Assessment Monitoring System (PRAMS) & Childhood Understanding Behaviors Survey (CUBS)
- Alaska Birth Defects Registry (ABDR)
- Maternal Child Death Review
- Alaska Surveillance of Child Abuse and Neglect (SCAN)
  - Focus on data over many years gives clearer picture:
    1 in 3 children born in Alaska reported to OCS before age 8 years

4:14:39 PM

TIM STRUNA, Section Chief, Public Health Nursing, Division of Public Health, Juneau, Alaska, presented on public health nurses. He spoke to itinerant public health nurses who target high risk families and children. He said that cuts to the section had reduced the workforce by 20 percent. He shared an example of a referral that had been shared by one of the nurses. He underlined that the nurses are making high-risk encounters across the state. He spoke to self-regulatory skills and

protective factors. He said nurses ensure that families get the resources they need for those protective factors. He added the group is committee to community interventions to look at and address local issues. He said they work to bring data sources into communities. He spoke to bring awareness of adverse childhood experience.

4:19:11 PM

CHAIR SPOHNHOLZ asked about the term "expansion" on slide 21.

MR. STRUNA answered it should be a contraction, not an expansion.

CHAIR SPOHNHOLZ commented that public health resources have been significantly reduced in recent years.

MR. STRUNA said the efforts have seen some progress. He said there was also progress in raising awareness about substance misuse.

4:24:35 PM

DUANE MAYES, Director, Division of Senior and Disability Services, Department of Health and Social Services (DHSS), introduced the presentation on Senior and Disability Services.

4:26:05 PM

MAUREEN HARWOOD, Chief of Developmental Programs, Senior and Disabilities Services, Department of Health and Social Services (DHSS), presented on Senior & Disabilities Services. She explained the infant learning program moved from children services to senior and disabilities.

MS. HARWOOD spoke to slide 24, "IDEA, Part C Overview":

> Congress established this program in 1986 in recognition of "an urgent and substantial need" to:
>
> - enhance the development of infants and toddlers with disabilities;
> - reduce educational costs by minimizing the need for special education through early intervention;
> - minimize the likelihood of institutionalization, and maximize independent living; and,
> - enhance the capacity of families to meet their child's needs.

MS. HARWOOD explained that Part C of the law relates to infants and toddlers. She added that in Alaska the program had always been within the Department of Health and Social Services (DHSS).

4:29:02 PM

MS. HARWOOD spoke to slide 25, "Minimum Components Required by IDEA":

- Comprehensive child find and referral system
- Public awareness program focusing on early identification of infants and toddlers with disabilities and providing information to parents of infants and toddlers through primary referral sources
- Central directory of public and private EI services, resources, and research and demonstration projects
- Comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources

MS. HARWOOD advanced to slide 26, "34 CRF & 303.302 Comprehensive Child Find system":

Scope of Child Find:
All infants and toddlers with disabilities in the State who are eligible for early intervention services are identified, located, and evaluated including:

Coordination:

- Child Find System must be coordinated with all other major effort efforts to local and identify children by other agencies with the assistance of the ICC.
- Child Find System is coordinated with:
  - Program authorized under Part B
  - Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
  - Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
  - Programs under the Developmental Disabilities Assistance and Bill of Rights Act of 2000
  - Head Start and Early Head Start

- SSI program under Title XVI of the SS Act
- Child protection and child welfare programs under the state agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA)
- Early Hearing Detection and Intervention (EHDI)
- Children's Health Insurance Program (CHIP)
- Child care programs in the state

MS. HARWOOD advanced to slide 27 showing the steps in the system from Identification & Referral to Intake & Family Assessments to Child Evaluation & Functional Assessment to Individualized Family Service Plan Development – which must all be completed within 45 days – though Service Delivery & Transition.

4:33:03 PM

MS. HARWOOD advanced to slide 28, "State Partnerships." She highlighted the Governor's Council and the Alaska Infant Learning Providers Association.

MS. HARWOOD advanced to slide 29, "Local Partnerships." She said local programs replicate the state partnerships. She said the graphic displays how the local programs work with local infant learning providers (ILPs). She highlighted Parents as Teachers and the Office of Children's Services.

MS. HARWOOD advanced to slide 30, "Child Find: Percentage of Birth to one Population served," showing the actual data compared to the targets.

REPRESENTATIVE DRUMMOND asked about the national number.

MS. HARWOOD clarified the black line on the graph was the state target and the state number ended up being higher.

REPRESENTATIVE DRUMMOND asked whether the increase shown on the graph was due to the program being new.

MS. HARWOOD said it was due to increased referrals and awareness.

4:38:01 PM

REPRESENTATIVE DRUMMOND asked whether Alaska is higher than the national average.

MS. HARWOOD answered in the affirmative.

REPRESENTATIVE ZULKOSKY asked about the "50 percent delay."

MS. HARWOOD answered it referred to a 50 percent delay in the developmental area, such as speech or motor [skills], for IDEA Part C eligibility. She indicated the factor would be addressed more fully in the subsequent hearing.

MS. HARWOOD moved to slide 32, "Program Referral Data" showing FY17 Activity data. The table shows 3,547 referrals, 1,855 evaluations, and 1,108 new enrollments. She emphasized that families have to be interested in the services.

MS. HARWOOD advanced to slide entitled "Top 5 referral sources in FY17":

> Alaska Part C received a total of 3,547 referrals in FY17:
>
> - 721 Parent
> - 719 Physician
> - 818 Child Protective Services (CPS)
> - 344 Neonatal Intensive Care Unit
> - 208 Alaska Native Medical Center

MS. HARWOOD advanced to slide 34, "Referrals and total enrollment in FY17". She stated the average age of a child's first referral is 13 months. Referrals have increased by 20 percent since FY10 while enrollment has increased by 30 percent since FY10

MS. HARWOOD advanced to slide 37, "What families say," showing "some of the best" comments from families.

4:43:53 PM

BRITA BISHOP, Quality Assurance Section Administrator, Division of Behavioral Health, Department of Health and Social Services (DHSS), presented on Partners promoting healthy communities.

MS. BISHOP addressed "Activities for Young children and their families" on slides 39-40:

- Prevention Coalitions-partnering with communities to strengthen families

- Provider Network-treating young children with serious emotional disturbances and their families
  - Outpatient services -mental health and substance use
  - Residential substance use services for women and children
  - Therapeutic family-based treatment homes
  - Northern Alaska Shelter Care -children birth to 5
  - Gap: No residential psychiatric treatment center beds for children under 12

MS. BISHOP listed some of the prevention coalitions. She gave a point-in-time count for children out of state in psychiatric treatment of 46 children under 12, 5 of whom are under the age of 8.

- Other DBH Program Supports
  - Housing
  - Peer Navigation and Family Support Services
  - Flexible Funding "Individualized Services Program"
- Other Cross System Work
  - Complex Behaviors Collaborative
  - Improving Child Welfare Outcomes
  - Housing Vouchers
  - Neo-natal Abstinence Syndrome

MS. BISHOP gave examples of flexible funding and its recipients. She described the complex behaviors collaborative.

4:52:08 PM

MS. BISHOP advanced to slide 41, "System Development for Young Children and their families":

- Training and Technical Assistance -supporting system development to expand access and improve treatment
  - Alaska Child Trauma Center
  - Cross walk to qualify young children for Medicaid services
  - Yearly training conferences
- 1115 Medicaid Waiver-Behavioral Health Demonstration Project

- Priority populations include at-risk children and families
- Implement evidence-based screening tools to identify behavioral health needs at all ages
- Expand in-home and mobile response services for children and families

REPRESENTATIVE PARISH asked whether there is anything the division needs from the legislature.

MS. BISHOP answered the division is "early in the process" for the 1115 Medicaid Waver.

4:55:12 PM

CHRISTY LAWTON, Director, Office of Children Services (OCS), presented on Strengthening Families. She spoke to research from the Center for Study on Social Policy regarding support for families. She listed five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence.

5:00:40 PM

MS. LAWTON spoke to "Family support and preservation services" on slides 44-46:

Family Support Services
Community-based primary prevention services designed to:

- Increase the strength and stability of families, particularly those with young children.
- Increase parents' competence in parenting skills and enhance child development.
- Services include: in-home supports; ongoing family assessment; facilitated access to resources such as transportation; service coordination; and parent education and support.

Family Preservation Service
Intensive services designed for families when children are at risk of future out-of-home placement in order to keep families together and to create a safe, stable and supportive family environment.

- Grantees provide coordination of services to meet the identified needs of the family, including

transportation; service plan implementation and monitoring; assessment of family progress; and parenting education and support.

Family Support –Current Grantees

- Alaska Family Services: Wasilla, Palmer and surrounding areas
- Cook Inlet Tribal Council: Anchorage
- RurAL CAP: Anchorage
- Frontier Community Services: Soldotna and Kenai
- Nome Community Service : Nome
- Resource Center for Parents and Children: Fairbanks
- Sprout Family Services: Homer and surrounding areas
  - SFY17: 432 children & 268 families served
  - Total Funding: $550,000. Funded by Federal Grant, Community Based Child Abuse Prevention (CBCAP)
  - Target Population: Alaska families who do not have an open case with OCS
  - Families can self-refer, or be referred by the community.
  - Grantees must use evidence informed approaches, such as Parents as Teachers

Family Preservation "Circle of Support" Grantees

- Nome Community Center: Nome
- Alaska Family Services: Wasilla, Palmer and surrounding areas
- Cook Inlet Tribal Council: Anchorage
- Women in Safe Homes: Ketchikan, Metlakatla
- Resource Center for Parents and Children
  - Target Population: Families referred by OCS only.
  - Grant requires warm hand off where the OCS worker, the family and the grantee meet together for the service intake, in order to promote family engagement.

5:01:54 PM

MS. LAWTON pointed to the clause on slide 47, "Alaska Child Welfare Tribal Compact":

> "Alaska Native Tribes know what is best for their children, Alaska Native families and communities are

the best places for their children to thrive, and Alaska Native children steeped in the love, values, and culture of their Tribe have the best chance of being healthy, engaged members of society."
Whereas clause, pg. 3, Alaska Tribal Child Welfare Compact

MS. LAWTON progressed to slide 48, "The Compact Creates Opportunities":

For change and innovation

- Early intervention and prevention services through the sharing of Protective Services Reports
- Tribes/Tribal Organizations will have the opportunity to reach out to support and offer services to families more upstream to reduce further maltreatment

MS. LAWTON spoke to slide 49, "Child Abuse Prevention and Treatment Act (CAPTA):

- States must ensure all children less than 3-years of age who are involved in a substantiated case of child abuse or neglect are referred to the Infant Learning/Early Intervention program

- Infant Learning/Early Intervention Program
  Provides home-based child development services to children aged birth up to 3-years of age, who have moderate to severe mental or physical handicapping conditions or are at risk for developing these conditions. For each eligible child the infant learning program must develop an Individualized Family Service Plan (IFSP) for providing services.

MS. LAWTON described challenges involved in timely referrals. She said Alaska receives some funds from Child Abuse Prevention and Treatment Act (CAPTA) and therefore there are requirements for reporting and policy procedures.

5:07:11 PM

REPRESENTATIVE ZULKOSKY asked about the $500 thousand and whether it is split between grantees.

MS. LAWTON answered the amount is the total of what is split between grantees.

REPRESENTATIVE JOHNSTON asked whether the process is improving and whether it is digitized.

MS. LAWTON answered the system is automated once details are entered into the Online Resource for the Children of Alaska (ORCA) system. She indicated there can be a lag time.

REPRESENTATIVE JOHNSTON asked what the risks were should it not be completed timely.

MS. LAWTON answered if the details are not entered timely, often the family has moved, or the staff aren't prepared for the phone call referral.

REPRESENTATIVE JOHNSTON suggested the process could be made shorter.

MS. LAWTON answered it could be looked into.

5:11:15 PM

ADJOURNMENT

There being no further business before the committee, the joint House Health and Social Service Standing Committee and House Education Standing Committee meeting was adjourned at 5:11 p.m.