

01/22/13

OVERVIEW:

DEPARTMENT OF
HEALTH AND
SOCIAL SERVICES

<TARGET><BILL></BILL><SUBJECT>01-22-13 OVERVIEW
DEPARTMENT OF HEALTH AND SOCIAL
SERVICES</SUBJECT><COMM>HHSS28</COMM></TARGET>



Innovation & Change

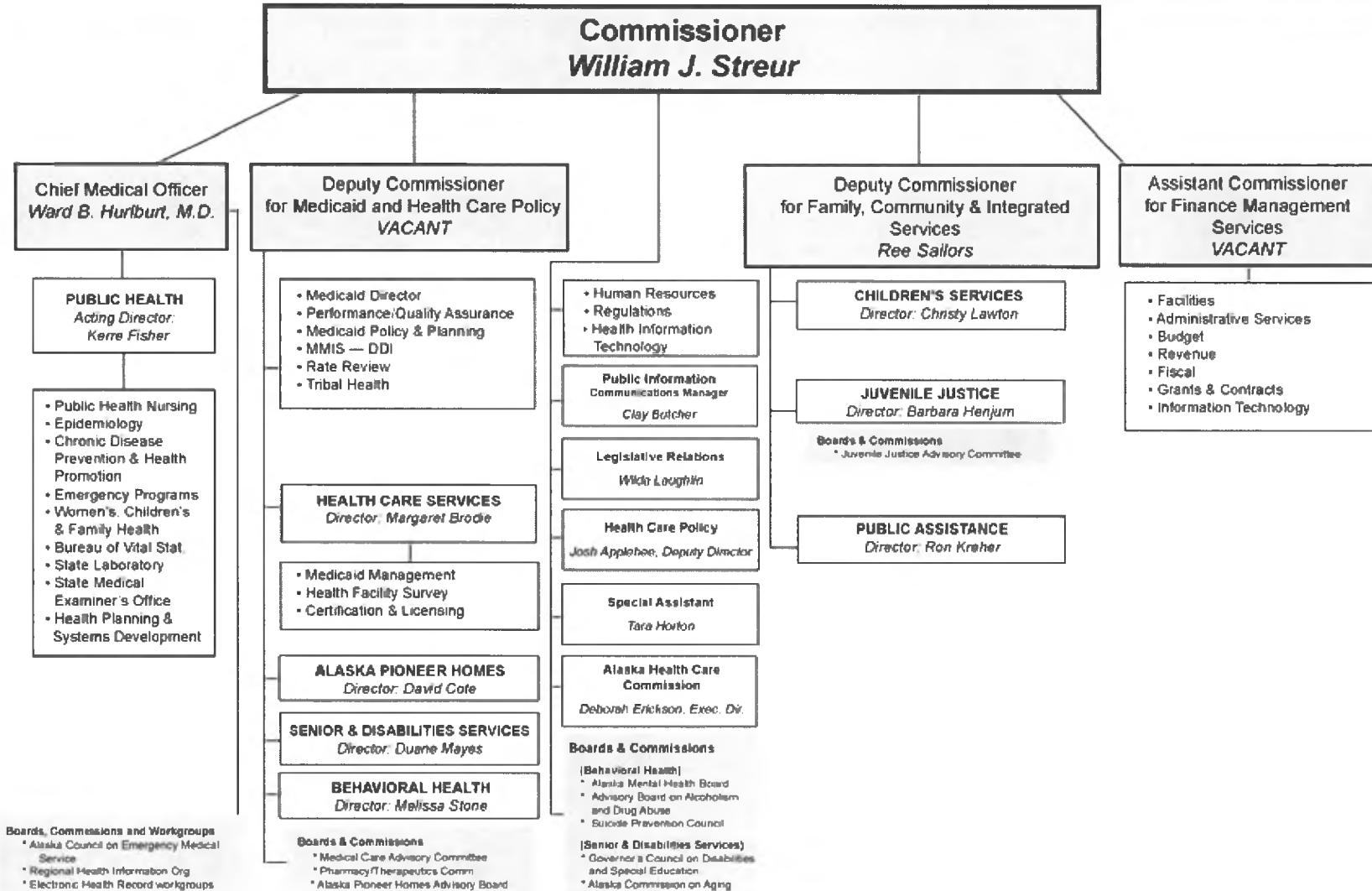
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
WILLIAM STREUR, COMMISSIONER

2013



Department of Health & Social Services

Mission: To promote and protect the health and well-being of Alaskans.



Department of Health & Social Services

Mission: To promote and protect the health and well-being of Alaskans.



Priorities

- I. Health & Wellness across the Lifespan
- II. Health Care Access, Delivery and Value
- III. Safe and Responsible Individuals, Families & Communities



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Priority I: Health & Wellness Across the Lifespan

Core Services

- A. Promote and protect the health of Alaskans
- B. Provide quality of life in a safe living environment for Alaskans



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Priority II: Health Care Access, Delivery and Value Core Services

- A. Manage health care coverage for Alaskans in need
- B. Facilitate access to affordable health care for Alaskans



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Priority III: Safe and Responsible Individuals, Families and Communities

Core Services

- A. Strengthen Alaskan families
- B. Protect vulnerable Alaskans
- C. Promote personal responsibility and accountable decisions
by Alaskans



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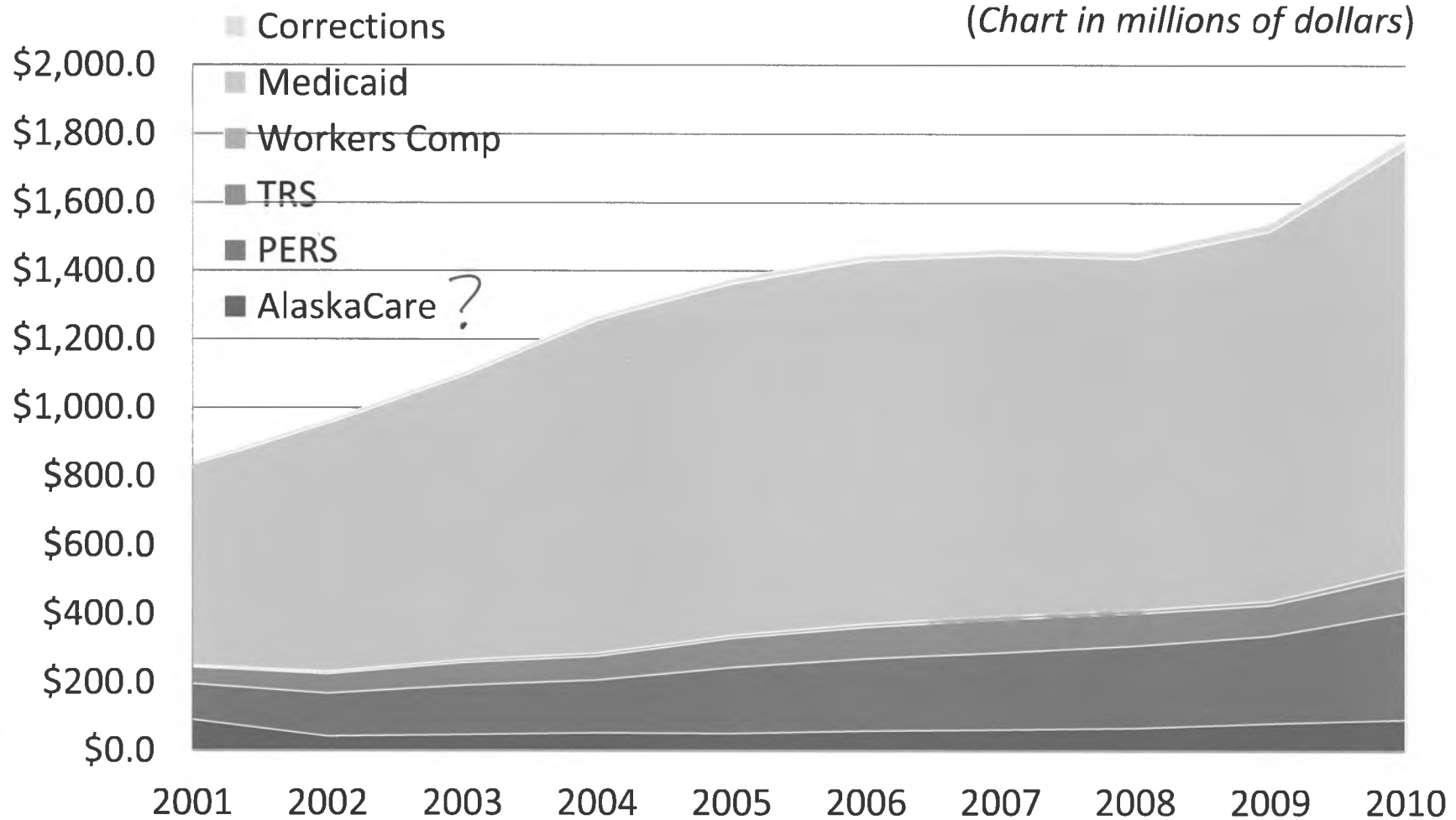
Service Philosophy

Deliver the right care to the right person at the right time for the right price.



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Alaska Pioneer Homes

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Health and Social Services > Alaska Pioneer Homes

News

August 2012-Sitka

Highland Games brings performers to Sitka Pioneer Home



Dave Cote

Director



The City of Juneau Pipe Band (formerly Stroller White Pipes & Drums) went to Sitka to participate in the Sitka Seafood Festival and Highland Games this past weekend. While there, the band and several young Highland dancers performed for the Sitka Pioneer Home which took place at 1:30 Saturday afternoon.

Nearly 20 residents enjoyed the

Our Statewide Homes

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[Palmer](#)
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Important Links

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We provide quality assisted living in a safe home environment.

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Current Events & Announcements

New Integrated Behavioral Health Regulations Implementation

New legislation:

May 25 - The governor signed a **new law** that bans the sale of nicotine-laced products, such as mints and breath strips, to minors.

- > [Alaska State Suicide Prevention Plan: FY2012-2017](#)
- > [Treatment and Recovery Grantees](#)
- > [Prevention and Early Intervention Grantees](#)
- > [SFY2011 Comprehensive Behavioral Health Treatment & Recovery \(CBHTR\) Grant Program Funding Summary and CBHTR PBF Letter](#)
- > [Medicaid Billing and Provider Enrollment Information](#)



Melissa Stone

Director

Behavioral Health

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Sections

[AKAIMS](#)
[Alaska Psychiatric Institute](#)
[Policy and Planning](#)
[Prevention and Early Intervention](#)
[Program Integrity](#)
[Treatment and Recovery](#)

Partners promoting healthy communities.

Department of Health & Social Services

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Office of Children's Services

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Christy Lawton

Director

- NEW** Policy Revisions per Tanana decision - December, 2012
- NEW** 2012 Early Intervention: A Powerful Investment. Watch their inspiring story: Tatianna...a story of love and inspiration!
- NEW** Watch Ozzi's Story and see the power of Early Intervention!
 - > New award winning OCS Recruitment video!
 - > 2012 Alaska Citizen Review Panel: 2012 Annual Report
 - > 2012 Annual Progress & Services Report
 - > Healing the Invisible Wounds: Children's Exposure to Violence A Guide for Families
 - > RISE - A magazine by and for parents in the child welfare system with articles promoting family reunification. Posted by the Alaska Child Welfare Academy.
- NEW** FY13 Pre-Expenditure Report for the Title XX Social Services Block Grant
- NEW** Sexual Development and Behavior in Children. **Information for Parents and Caregivers**
- NEW** **Notifications Field Guide:** A visual process guide for noticing Intent to



Anchorage: 1-800-478-4444
Anclntake@alaska.gov

Southcentral: 1-855-352-8934

Northern Alaska: 1-800-353-2650

Southeast: 1-888-622-1650

Safe children, strong families.

Department of Health & Social Services

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Barbara Henjum

Director

Welcome to Alaska's Division of Juvenile Justice!

Click on the section of the justice spectrum that interests you for more information:

Help for
Juveniles
and Families

Community
Resources,
Programs &
Victim Services

Juvenile Justice

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- [DJJ Process Diagram](#)
- [Statistical Information](#)
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- [Restorative Justice 101](#)
- [Performance Measures](#)
- [Youth Facilities](#)
- [Probation Services](#)
- [Prospective & Current Staff](#)
- [Resources, Programs and Services](#)

Safety, accountability and restoration.

Department of Health & Social Services

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Health Care Services

Our Mission

To provide health coverage to Alaskans in need.

Our Vision

- > Quality health care will be available to all Alaskans
- > We will advocate for health coverage that promotes the optimal health status for all Alaskans
- > We will be an innovative leader in Alaska health care
- > We will be known for our excellent customer service
- > Our performance and reputation will attract providers to our health plan



Margaret Brodie

Director

Health Care Services

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Programs

[Interactive Asthma Action Plan \(IAAP\)](#)
[Adult Dental Care](#)
[Case Management Services](#)
[Certificate of Need](#)
[Health Care Facilities Licensing and Certification](#)
[Certification and Licensing](#)
[Chronic & Acute Medical Assistance \(CAMA\)](#)

We provide health coverage to Alaskans in need.

Department of Health & Social Services

Mission: To promote and protect the health and well-being of Alaskans.



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Ron Kreher

Director

Headlines...

- > **At this time, the main line to the Ketchikan District Office (907-225-2135) and the toll-free number (800-478-2135) are not working properly.** The best way to reach the Ketchikan Office and staff is via email or fax. Ketchikan staff are also currently able to use 907-228-3224 as their direct line to handle incoming calls. However, callers may not

For Employers

- > Job Start - Money for your Business!
- > Tax Credits for Employers
- > Calendar of Job Fairs

For Customers

- > Contact Us!
- > Work for us! 
- > AK Job Centers Phone/Fax/TDD
- > Alaska Quest Card

Programs

- Adult Public Assistance
- Child Care
- Chronic and Acute Medical Assistance
- Denali KidCare
- Family Nutrition
- Food Stamps
- General Relief Assistance
- Heating Assistance
- Medicaid
- Senior Benefits
- Temporary Assistance

We promote self-sufficiency and provide basic living expenses to Alaskans in need.

Department of Health & Social Services

Mission: To promote and protect the health and well-being of Alaskans.



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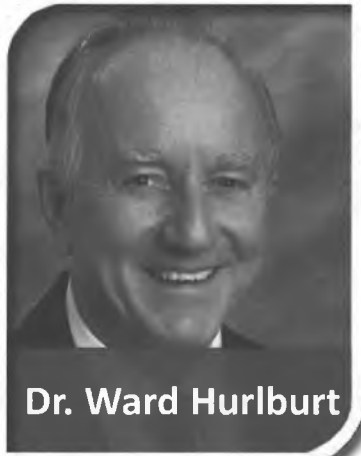
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Dr. Ward Hurlburt

Chief Medical Officer



Kerre Fisher

Acting Director

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- [Emergency Programs](#)
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We protect and promote the health of Alaskans.

Department of Health & Social Services

Mission: To promote and protect the health and well-being of Alaskans.



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Duane Mayes

Director

Welcome to Senior and Disabilities Services

Our mission is to promote health, well being and safety for individuals with disabilities, seniors and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice and dignity.

Headlines

> **1/17 Community gathering and public testimony** will be held on Wednesday, January 23 from 5:00-7:00 p.m. at Centennial Hall

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Units
Adult Protective Services
IDD Waiver
NFLOC Waiver
Grant Services
Personal Care Assistant
Policy and Program Development
Provider Quality Assurance

We promote health, well-being and safety for individuals with disabilities, seniors and vulnerable adults.

Department of Health & Social Services

Mission: To promote and protect the health and well-being of Alaskans.



The vision of the
Department of Health & Social Services
is for Alaskan individuals, families and communities
to be safe and healthy.

Department of Health & Social Services

Mission: To promote and protect the health and well-being of Alaskans.



Thank you ...

Questions?





THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of
Health and Social Services

OFFICE OF THE COMMISSIONER
Juneau

350 Main Street, Suite 404
Juneau, Alaska 99801-1149
Main: 907.465.3030
Fax: 907.465.3068

February 7, 2013

The Honorable Pete Higgins
State House of Representatives
Alaska State Capitol
Juneau, AK 99801-1182

Dear Representative Higgins,

Below is the department's response to questions raised at the House Health & Social Services Committee hearing Jan. 22, 2013

1. What is driving the escalation of costs in senior and disabilities services?

The Division of Senior & Disabilities Services is seeing an increase in its budget due to a combination of increased numbers and increased costs. There has been an increase in the number of recipients in all of the waiver programs, the personal care attendant program and the community grants programs.

For seniors specifically, this increase is influenced by the following statistics from the Alaska Commission on Aging:

- The number of Alaskan seniors age 60 or older continues to increase rapidly. From the actual 2010 census to 2011 projected population data, the Alaskan senior population increased 8 percent statewide.
- Over eleven years, 2000 to 2011, the senior 60 or older population increased 85.1 percent. Not only are more "baby boomers" turning 60, many older Alaskans are choosing to remain in Alaska. The number of Alaskans age 60 to 64 has grown to 39,347 in 2011 from 17,327 in 2000, a 127 percent increase.
- Growing almost as fast is the 85-and-older Alaskan cohort. These seniors are generally frail, at risk for developing Alzheimer's disease and related dementias (ADRD), and are the most likely to depend on home- and community-based and long-term support services. The 85-and-older cohort increased from a population of 2,634 in 2000 to 5,100 in 2011, for an increase of 93.6 percent.

The number of individuals age 60 and over receiving Home and Community Based Waiver Services has increased by 46 percent in the past 5 years. There has been a 40 percent increase in

waiver recipients overall during this time period. Just within the past year, the total claim payments for Senior and Disabilities Medicaid services in FY2012 increased by 10 percent from FY2011. The number of beneficiaries using any Senior and Disabilities Medicaid service increased in excess of 10.3 percent.

The number of seniors served by the Senior Community-Based Grants programs has increased from 21,261 in FY2010 to an estimated 31,000 for FY2012.

Total nursing home costs increased .9 percent in FY2012 to \$93,644,083. The number of Medicaid beneficiaries using nursing home services increased 2 percent and the annual nursing home Medicaid cost increased by 15 percent per beneficiary.

Between FY2011 and FY2012 the number of Personal Care Assistance program recipients increased by 12.2 percent. The average cost per recipient in FY2012 decreased by 2.8 percent over FY2011, but the increased number of recipients had the net effect of a 9.1 percent increase in paid claims.

- 2. On the subject of Vitamin D deficiency and its role in suicide/mental health, a member of the committee cited a recent study on the Department of Defense serum repository and a correlation between the lowest levels of Vitamin D and the highest likelihood of suicide. Can the department provide comments on the study?**

The article in question is a January 4, 2013 study titled "Low Vitamin D Status and Suicide: A Case-Control Study of Active Duty Military Service Members" published in PLOS ONE. Comments on this study and other Vitamin D research are attached.

Sincerely,



William J. Streur
Commissioner, Dept. of Health and Social Services

cc: House Health & Social Services Committee



January 29, 2013

Analysis of Vitamin D Supplementation Studies

The first part of this paper will address the study related to military suicides and vitamin D that was noted in the House Finance Budget Subcommittee for Health and Social Services hearing on January 22, 2013. The second part will address other studies and the overall issue of the potential benefits of Vitamin D supplementation.

Part 1. Vitamin D and Suicide

Dr. Ward Hurlburt, Chief Medical Officer, reviewed the article in question. On January 4, 2013 a study titled "Low Vitamin D Status and Suicide: A Case-Control Study of Active Duty Military Service Members" was published in PLOS ONE. As noted in the title, this report is of a case-control type study. This means that a cohort of individuals who had experienced the outcome (completed suicide in this case) are compared to a group who had not experienced this outcome. Case-control studies, while not providing as high grade evidence as a prospective blinded randomized comparison, do often provide useful information and have the potential to be more reliable than some other kinds of evidence, such as expert opinion or expert consensus conferences. We appreciate this study being brought to our attention.

PLOS ONE is one of the newer on line journals that seeks to publish relevant research in a timely manner and provides an opportunity for peer review of the submitted articles. PLOS ONE is an open-access journal and authors pay a fee to have their articles published. The lead author of the study was John C. Umhau, MD, a Senior Clinical Investigator at the National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health. No conflicts of interest were disclosed, but the authors noted that Dr. John Cannell provided insightful discussions regarding vitamin D. While not listed as an author of the article, Dr. Cannell is one of the early and active leaders advocating for the benefits of vitamin D supplementation. Separately in a review Dr. Cannell stated that Dr. Umhau has been engaged with the vitamin D advocacy community since 2007.

As is typical of a case-control type study there was and normally is an attempt to match the two groups in terms of age, gender, and other factors (including rank in this study). The two groups contained 495 individuals each. The suicide group was those who committed suicide between

2002 and 2008 and who had had their blood sampled within 24 months of death. A sample of plasma for the individuals in the comparison groups had been maintained by the Department of Defense and was available for analysis for vitamin D levels.

The individuals in this study were divided into “octiles” based on the vitamin D level of their stored plasma. The lowest “octile” had vitamin D levels of less than 15.5ng/ml. The highest “octile” had vitamin D levels above 36 ng/ml. The number of those with completed suicides in each “octile” was compared to the number in the control group. There was a statistically significant difference in the ratio of those who had committed suicide in the lowest “octile” compared to the aggregate of the other seven “octiles”.

The selection of these “octiles” and the levels of plasma vitamin D are at the discretion of the author. This does not reflect a common practice in the scientific community. One of the things one looks for in analyzing a scientific article is how the authors break their groups down. Creative manipulation of grouping of study subjects can facilitate apparent support for desired results. With the authors having selected an “octile” breakdown it is of interest that there is not a significant difference between the completed suicide rate for “octile one” (the lowest vitamin D levels) and “octile six” (the third highest vitamin D levels). There would be little disagreement that a vitamin D level of < 15.5ng/ml is on the low side. It is of interest that Figure 1 of the article demonstrates no progression of reduction in completed suicide rate with increasing “octile” of the comparison group. The eighth (highest) “octile” has a suicide rate just mid range of octiles two through seven. In the comparison of the 495 suicide completers and the 495 individuals in the control group, the average plasma vitamin D level was almost identical (24.5 ng/ml in the suicide group and 24.8 ng/ml in the control group), as noted in Table 1 of the article.

As described above, the 990 individuals studied were broken down into “octiles” with the eighth octile being those with a plasma vitamin D of more than 36 ng/ml. GrassrootsHealth is “A Consortium of Scientists, Institutions, and Individuals Committed to Solving the Worldwide Vitamin D Deficiency Epidemic”. They state: “The important thing is to achieve and maintain a range of 40 – 60 ng/ml” of plasma vitamin D.

We appreciate this study being brought to our attention. We believe the methodology used to analyze the data is flawed and that the lack of differences in Vitamin D levels between the suicide and control groups does not suggest an association between Vitamin D deficiency and suicide – much less a causal relationship.

Part 2. Other Vitamin D Studies

Many articles continue to be published related to vitamin D, a few of which committee members have shared with the Department of Health and Social Services. Two years ago the department had the opportunity to review both a text supporting the claims for widespread benefits to be derived from high doses of vitamin D supplementation and a flash drive from a conference held

at UCSD that was shared by a committee member. Presenters claimed that 99% of colon cancer and 80% of breast cancer could be prevented by having plasma vitamin D levels of 40 – 50 ng/ml. A wide array of other perceived potential benefits included dramatic reductions in the incidence of multiple sclerosis, diabetes, other cancers, cardiovascular disease, hypertension, toxemia of pregnancy – and many more. There is general consensus that vitamin D deficiency is related to rickets, osteomalacia, fractures and falls in the elderly, and some uncommon genetically determined bone diseases. There is disagreement regarding what is a “normal” serum vitamin D level and what is an appropriate supplemental dose.

Below are some quotes from entities such as the Institute of Medicine and its taskforces, the US Preventive Services Task Force, The Agency for Healthcare Research and Quality, the National Institutes of Health, and private entities that evaluate the quality of evidence such as the Cochrane Collaborative and Hayes.

1. Agency for Healthcare Research and Quality
 - a. “Analyses of Third National Health and Nutrition Survey (NHANES III) showed no significant association between baseline serum 25(OH)D concentrations and total cancer mortality”.
 - b. “..no significant association between serum 25(OH)D concentrations and cardiovascular death, myocardial infarction, or stroke”.
2. Institute of Medicine
 - a. From Harvard Health Publications – the conclusion of the four page summary of the book length report – “Scientific evidence indicates that calcium and vitamin D play key roles in bone health. The current evidence, however, does not support other benefits for vitamin D or calcium intake. However, the committee emphasizes that with few exceptions all North Americans are receiving enough calcium and vitamin D. Higher levels have not been shown to confer greater benefits, and in fact, they have been linked to other health problems, challenging the concept the ‘more is better’”.
 - b. “Vitamin D proponents have also said the goal for blood levels should be 30ng/ml. The IOM panel says levels that high are not associated with any health benefit and ads that levels above 50ng/ml ‘may be reason for concern’”.
3. National Institutes of Health (Office of Dietary Supplements)
 - a. “Perhaps surprisingly, geographic latitude does not consistently predict average serum 25(OH)D levels in a population. Ample opportunities exist to form vitamin D (and store it in the liver and fat) from exposure to sunlight during spring, summer, and fall months even in the far north latitudes”.
 - b. “Taken together, however, studies to date do not support a role for vitamin D, with or without calcium, in reducing the risk of cancer”.
 - c. “One meta-analysis found use of vitamin D to be associated with a statistically significant reduction in overall mortality from any cause, but a reanalysis of the data found no association.
 - d. “Vitamin D toxicity can cause non-specific symptoms such as anorexia, weight loss, polyuria, and heart arrhythmias. More seriously it can also raise blood levels of calcium which leads to vascular and tissue calcification, with subsequent

damage to the heart, blood vessels, and kidneys”. “...concluded that serum 25(OH)D levels above 50 – 60 ng/ml should be avoided, as even lower serum levels of 30 – 48 ng/ml are associated with increases in an all cause mortality, greater risk of cancer at some sites like the pancreas, greater risk of cardiovascular events, and more falls and fractures among the elderly”.

4. Cochrane Summary
 - a. “The review authors suggest that until further high level evidence is available, clinicians should continue to follow local guidelines in people with MS. However, the question of safety and effectiveness of vitamin D in people of MS remains unanswered”.
5. U S Preventive Services Task Force (From draft recommendations related to Vitamin D and Calcium Supplementation to Prevent Cancer and Osteoporotic Fractures in Adults :...”)
 - a. “During the 7 years of the trial, total cancer incidence and cancer mortality did not significantly differ between women in the intervention and placebo groups. Incidence and mortality rates of colorectal and invasive breast cancer there were no statistically significant differences between intervention and control group rates of these types of cancer”.
 - b. The summary of the draft recommendation from the USPSTF is that there is insufficient (I) evidence to assess the benefits and harms of vitamin D supplementation.... for the primary prevention of cancer in adults. The summary goes on to say in a “D” recommendation that they recommend against daily supplementation with 400 IU or less of vitamin D and 1000 mg calcium for the primary prevention of fractures in non-institutionalized postmenopausal women.
 - c. In a separate communication the USPSTF recommends that vitamin D is effective in preventing falls in community dwelling adults aged 65 or older who are at increased risk for falls (B recommendation).

What these reports indicate is that the vast number of Vitamin D studies analyzed by these agencies do not support the value of higher vitamin D levels in the pathophysiology of disease states outside of bone health. Observational studies such as the ones referenced here are valuable for directing future research priorities, but not for establishing causation. One of the important reasons for this is that observational studies are, by design, subject to a number of important biases and other limitations. It is important to be vigilant not to overstate the science in any way. The Department is interested to learn more of vitamin D research findings over time, and we look forward to future collaboration with the Legislature on this important matter.

