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2010 Innovations Awards Application

Deadline: March 1, 2010

ID # (assigned by CSG): **10-W-02AK**

Please provide the following information, adding space as necessary:

State: Alaska

Assign Program Category (applicant): Children & Families (Use list at end of application)

1. Program Name: Alaska Surveillance of Child Abuse and Neglect (Alaska SCAN)
2. Administering Agency: Alaska Division of Public Health
3. Contact Person (Name and Title): Jared Parrish, Director
4. Address: 3601 C St., Ste 424, Anchorage, AK 99503
5. Telephone Number: 907-269-8073
6. FAX Number: 907-269-3493
7. E-mail Address: jared.parrish@alaska.gov
8. Web site Address: <http://www.epi.hss.state.ak.us/mchepi/default.stm>
9. Please provide a two-sentence description of the program.

Alaska SCAN seeks to provide reliable, accurate, and consistent data on child maltreatment through the ongoing systematic collection, unification, and analysis of multisource data. It provides evaluative support to measure program impact, identifies high risk subpopulations, and makes scientifically based recommendations for maltreatment prevention efforts in the state.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2010 to be considered.

Alaska SCAN became operational in January of 2008.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

Multiple studies have shown the difficulty in documenting true child maltreatment rates due to differences in operational definitions of maltreatment among the many sectors addressing maltreatment, institutional barriers, and a paradigm based on child maltreatment as a clinical and legal issue rather than a public health problem. For example, most child maltreatment data derives from state child protective services agencies which have jurisdiction only over maltreatment by a primary caretaker and even these data are difficult to interpret because of differences in case identification and reporting by mandatory reporters, availability and motivation of social services staff, and database quality. This inability to assess disease burden across disciplines and agencies greatly impacts efforts to identify, track, evaluate, and prevent child maltreatment. Alaska SCAN was developed out of a recognized need to compile data across jurisdictional boundaries and to develop and implement science based prevention programs.

The objectives of Alaska SCAN are:

- Establish interagency agreements with all relevant partners that collect data on child maltreatment including Alaska's child protective services agency, law enforcement, juvenile justice, child advocacy centers, hospitals, the Alaska Maternal-Infant Mortality Review, Alaska Native Health Corporations, and others.
- Systematically collect and link data from multiple sources by applying standardized and sensitive public health definitions.
- Identify at-risk populations, with emphasis on stratifications that are relevant to prevention agencies.
- Enable individual programs to understand the impact of their interventions, and target specific populations in greatest need.
- Provide technical assistance on child maltreatment data at the request of implementing groups such as child protective services, hospitals, and Alaska Native Health Corporations.
- Implement, monitor, and evaluate scientifically based community focused initiatives.
- Produce statewide child maltreatment recommendations.
- Disseminate results as widely as possible in peer-reviewed journals, local publications, and local, national, and international meetings and congresses.

12. Describe the specific activities and operations of the program in chronological order.

- The Maternal Infant Mortality Review Team is supported by the Maternal-Child Health Epidemiology Unit, located within the Alaska Division of Public Health. This team systematically reviews all infant and child deaths in Alaska and develops prevention recommendations. The Review Team documented multiple cases each year that appeared to be maltreatment-related but were not documented as such.
- The MCH-epidemiology unit applied for a PHPS fellow from CDC to implement a child maltreatment surveillance program in the state of Alaska
- Alaska SCAN was organized and established a plan to implement both mortality and morbidity surveillance, with the latter being the first effort of its kind in the nation.
- Phase I included the development of working case definitions to determine confirmed, related, and suspicious fatal maltreatment cases and the development of MOU's with various agencies.
- An epidemiological investigation of mortality data was conducted that documented maltreatment mortality rates 10-fold higher than those estimated through death certificate evaluation.
- Findings were reported, including directly to the Governor of Alaska.
- Phase II includes the ongoing development of working case definitions for non-fatal maltreatment and the development of MOU's with various agencies. Using hub communities in regions of Alaska to provide a regional snapshot will provide comparisons across regions within the state.
- Alaska SCAN acts as the data and epidemiology resource for Alaska Children's Justice Act Taskforce. Within this role, Alaska SCAN participates in the legislative process on child maltreatment issues.
- Alaska SCAN conducts internally generated evaluations such as linking the Alaska SCAN database with the Alaska Pregnancy Risk Assessment Monitoring System (a randomized survey of 18% of all women who have recently delivered a live birth) to identify specific risk factors for maltreatment among Alaska Native and non-Native children, and an analysis of the total burden and epidemiology of fatal and non-fatal maltreatment (which will be the first data of this kind available in the US).
- Alaska SCAN is approached frequently for support by implementing agencies. Recent examples include supporting Alaska's pediatric intensivist physician to determine if home schooled children were more likely to experience child maltreatment; working with the Alaska Native Southcentral Health Foundation to develop and submit for funding a proposal to prevent maltreatment by providing early, intensive, and prolonged post-partum care to high-risk mothers; working with the Alaska Native community to evaluate Pathways to Hope, a community based sexual abuse intervention; an evaluation of a mandatory reporting CD-ROM created by the Alaska Children's Justice Act Taskforce; and mentoring university post-graduate students, for example to conduct an analysis of maltreatment recidivism and child advocacy center use.

13. Why is the program a new and creative approach or method?

Other states have used the infant and child death review team process to more accurately ascertain child maltreatment mortality rates. Some states have conducted limited morbidity assessments and the two national studies (the United States National Incidence Study of Child Abuse and Neglect, and the United States National Child Abuse and Neglect Data System or NCANDS) used administrative data collection methods to assess case-level data.

The Alaska SCAN program is unique in that it is ongoing systematic collection of both mortality using an enhanced infant-child death review team model as well as morbidity through a regional sentinel surveillance system. Due to jurisdictional boundaries, regulatory agency responsibility, and varying definitions, each individual organization that identifies or responds to maltreatment captures only a portion of the overall picture. Thus, no data yet exist on the total burden of child maltreatment in the US. This seriously hampers adequate prioritization of child maltreatment among other health events, efforts to obtain funding for child maltreatment, identification of high risk groups, and accurate assessment of program impact. Within the year, Alaska SCAN will have the first systematically collected estimate of child maltreatment burden, which we anticipate will advance understanding of what may be the most important cause of overall pediatric morbidity in the US.

Alaska SCAN also is unique and innovative in that it is the only US program in existence that takes a public health approach to child maltreatment evaluation. All states have analytic capacity within their state child protective services agencies. However, this analysis is oriented primarily toward administrative assessment and in any case does not go beyond agency performance in terms of individual case management. Alaska SCAN, by contrast, does not provide or contribute to active case interventions, but provides targeted population based information for prevention and other public health purposes.

We think that our approach will lead to a fundamental paradigm shift in state approaches to child maltreatment. Alaska SCAN already is overwhelmed with local requests for data and other assistance. In addition, it is called upon with increasingly regularity to participate at national events.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

Utilizing the Public Health Prevention Service Fellowship at the Centers for Disease Control and Prevention (CDC), the Maternal and Child Health Epidemiology Unit within the Alaska Division of Public Health applied for and obtained a two year master's level epidemiologist from the CDC to come to Alaska and develop the program. Salary and benefits were covered by the CDC for two years while the program was developed. Office space, workstation, and travel to conferences were the only costs taken on by the state during initial start-up. In addition, the MCH-Epidemiology Director (Bradford D. Gessner, MD) provided a portion of his time to the program. In the absence of support funding, start-up costs would be approximately \$175,000 per year (see below).

The Alaska Division of Public Health had in place the core data component for the program, namely the Maternal-Infant Mortality Review and Child Death Review program. This program was and is supported by one full-time manager and a half-time master's level epidemiologist.

Startup costs for both components in the absence of CDC funding would be approximately \$340,000. However, while Alaska SCAN could not function with the Maternal-Infant Mortality Review and Child Death Review, the majority of work in this latter program is not dedicated to the issue of child maltreatment.

15. What are the program's annual operational costs?

Annual operational costs are approximately \$150,000 per year for the salary, fringe benefits, travel, and indirect cost to support one full time program manager/epidemiologist. For the MCH-Epidemiology Director, costs are estimated as \$25,000 per year. As the program expands, these costs will increase.

16. How is the program funded?

The program is funded primarily through the Title V Maternal and Child Health Block Grant with a smaller amount of funding through the State Systems Development Initiative, a HRSA-funded initiative to develop Maternal-Child Health data capacity. We are currently seeking dedicated state funds to support the program.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

No new legislation was required for this program to operate. Public health surveillance for “conditions of public health importance” falls under the public health authority outlined in Title 18 of the Alaska State code.

18. What equipment, technology and software are used to operate and administer this program?

- Database management – currently MS Access
- Database linkage software – Fine-grained Record Integration and Linkage Tool (FRIL) used to link the many sources together and identify unique / duplicate cases. Provides direct and probability linking capabilities.
- Data Analysis software – R, SPSS, and SAS
- Other software – MS office (Word, Excel, Powerpoint)

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator’s name, present address, telephone number and e-mail address.

The concept or recognition of a need for systems such as Alaska SCAN had been identified by other states to a limited extent. The CDC provided funding to three states to develop such programs but had very limited success.

To the best of our knowledge the design of the current program and its successful implementation are completely unique. We know of no other State Public Health Agency with a child maltreatment surveillance program independent of the limitations of the child death review process, or that provides the innovative services of Alaska SCAN.

Development of Alaska SCAN is a combined effort of Dr. Gessner and the Alaska SCAN Director, Jared Parrish, both located at the MCH-Epidemiology Unit, 3401 C St., Ste. 424, Anchorage, AK, 99524. Mr. Parrish’s email address and phone number are jared.parrish@alaska.gov, 907-269-8073.

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

No other states have a similar program.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

Alaska SCAN, as a new approach to child maltreatment, will evolve over the next 10 years and thus has not been fully implemented. We will continue to include a broader group of databases, to partner with implementing agencies to design and evaluate child maltreatment prevention measures, to work with the legislature to make evidence-based decisions regarding child maltreatment, and to widely disseminate both technical and process information. Remaining actions include expanding our interagency agreements, hiring new staff, identifying new funding for staff, working with partners to identify and implement new approaches for prevention, and other activities.

22. Briefly evaluate (pro and con) the program’s effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

Pro: The program’s primary goal is to provide evidence-based data to decision-makers and implementing agencies. Successes to date include publication of one local Epidemiology Bulletin, nearing publication of our

first analysis in the journal Child Abuse and Neglect, presenting data on different child maltreatment risk factors among Alaska Native and non-Native children at local conferences with a submission on the same subject to the 2010 International Society for the Prevention of Child Abuse and Neglect conference, providing data on child maltreatment to the Governor of the State of Alaska and to the state's child protective services agency, providing data to Alaska Native Health corporations, presenting data to the Alaska legislature in support of the legislative agenda of Alaska's Children's Justice Act Taskforce, providing data to the state tertiary care hospital on child abuse risk among home-schooled children, and presentations at numerous other local meetings and conferences. Given the numerous projects ongoing, we anticipate that we will soon have data on numerous other outcomes. These include (as mentioned previously) an evaluation of the effectiveness of a mandatory reporting CD-ROM created by the Children's Justice Act Task Force and an evaluation of the process and impact of an Alaska Native developed and implemented community based sexual abuse prevention program called "Pathways to Hope".

Con: The major con or difficulty is the work and personal relationships required to obtain information from multiple reporting agencies. Developing working knowledge of each individual agency's data elements, system, and policies regarding data sharing presents multiple challenges.

23. How has the program grown and/or changed since its inception?

During its growth, Alaska SCAN adjusts to the needs and demands of participating agencies. For example, changes in our approach to surveillance have occurred based on the needs of the Alaska Children's Justice Act Task Force. These changes have included the adoption of a tiered case extraction based on levels of evidence to include confirmed cases, related cases and suspicious cases. This has allowed us to analyze data by various levels of case sensitivity and specificity to meet different purposes.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

Obtaining information access is the major obstacle. Larger populated state could have more difficulty in developing the personal relationships needed to obtain data sharing agreements and institutional barriers may already exist that prevent these agreements. Additionally, non-computerized data cannot be collected and processed comprehensively in high population areas due to the burden of work.

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2010 Innovations Awards Application Program Categories and Subcategories

Use these as guidelines to determine the appropriate Program Category for your state's submission and list that program category on page one of this application. Choose only one.

Infrastructure and Economic Development

- Business/Commerce
- Economic Development
- Transportation

Government Operations and Technology

- Administration
- Elections
- Information Systems
- Public Information
- Revenue
- Telecommunications

Health & Human Services

- Aging
- Children & Families
- Health Services
- Housing
- Human Services

Human Resources/Education

- Education
- Labor
- Management
- Personnel
- Training and Development
- Workforce Development

Natural Resources

- Agriculture
- Energy
- Environment
- Environmental Protection
- Natural Resources
- Parks & Recreation
- Water Resources

Public Safety/Corrections

- Corrections
- Courts
- Criminal Justice
- Drugs
- Emergency Management
- Public Safety

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The Council of State Governments
2760 Research Park Drive, P.O. Box 11910
Lexington, KY 40578-1910

Contact:

Nancy J. Vickers, National Program Administrator
Phone: 859.244.8105
Fax: 859.244.8001 – Attn: Innovations Awards Program
The Council of State Governments
E-mail: nvickers@csg.org

This application is also available at www.csg.org.