



ANNUAL REPORT

ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES

2018-19

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MISSION: We promote and protect the health and well-being of Alaskans

Commissioner's Message

The work we do at the Department of Health and Social Services (DHSS) is complex, far-reaching and affects the lives of all Alaskans at every stage of life, from birth-to-death.

Here are a few specific ways we serve our fellow Alaskans: Health Analytics and Vital Records issues birth, marriage, divorce and death certificates. Our Immunization Program protects Alaskans of all ages against serious diseases like measles, whooping cough and cancers caused by the HPV virus. We work with partners across the state to prevent chronic diseases and promote health, and also to track, investigate and help contain disease outbreaks. And when a public health crisis or a natural disaster occurs, like the magnitude 7.1 earthquake that jolted Southcentral Alaska on Nov. 30, 2018, DHSS coordinates health care needs and provides important health information to Alaskans.

On a broader scale, DHSS administers Medicaid in Alaska, which in Fiscal Year 2019 (FY2019) supplied health care insurance to 34% of Alaskans. The Division of Public Assistance (DPA) provides other basic safety net services to Alaskans in need, while helping individuals and their families move toward independence. Public Health and the Division of Behavioral Health work collaboratively to address substance misuse, addiction and the mental health needs of Alaskans, including upstream prevention and community-based solutions.

Seeking efficiencies while improving service to Alaskans is a key goal. DPA reduced a backlog of assistance applications from approximately 24,000 to less than 2,000 in FY2019 and around 500 currently, even as DPA programs served an additional 20,267 in FY2019 Alaskans due to Alaska's recession. The Division of Behavioral Health is currently implementing an 1115 Medicaid Waiver Demonstration Project which maximizes assistance for Alaskans experiencing serious behavioral health and substance misuse while remaining cost neutral. Many of our divisions are also implementing evidence-based, trauma-informed care, which helps us improve the quality and efficiency of the work we do and the services we provide.

The Alaska Psychiatric Institute operates Alaska's acute care psychiatric inpatient hospital and is making significant progress in addressing long-standing challenges. The Office of Children's Services and the Division of Juvenile Justice support youth and families while Senior and Disabilities Services provides assistance to individuals with disabilities, seniors and vulnerable adults. Finally, Alaska Pioneer Homes provides six assisted living homes where elder Alaskans can live during their final years in safe, comfortable and vibrant communities.

Ensuring the health and well-being of Alaskans establishes a solid foundation for everything else — the work we do supports stronger individuals, families and communities and helps Alaskans succeed in school, work and life.

The information in this annual report highlights these accomplishments and many more across our department's divisions for FY2019. We are continuing in those efforts and look forward to the challenges ahead.

Sincerely,
Commissioner Adam Crum



MISSION:
Providing elder Alaskans a home and community, celebrating life through its final breath.

Alaska Pioneer Homes

Established in 1913, the Alaska Pioneer Homes (APH) provides elderly residents a safe, comfortable and vibrant community in which to live their final years with love and dignity. The state owns and operates these licensed assisted living homes.

Activities include crafts, music therapy, dances, exercise, cooking, gardening, religious services, day trips, reminiscing and more.

In FY2019, the homes offered three levels of service ranging from limited assistance to extensive care related to Alzheimer's disease and other degenerative brain disorders. Two new levels of service were added after the close of FY2019, effective Sept. 1, 2019. The homes currently offer five levels of service.

Overview

The Division of Alaska Pioneer Homes (APH) operates assisted living homes in Anchorage, Fairbanks, Juneau, Ketchikan, Palmer and Sitka. They are Medicaid-certified providers, and the Palmer home became certified by the U.S. Department of Veterans Affairs in 2007 as the Alaska Veterans and Pioneers Home to provide domiciliary care. The division also has a pharmacy system that supports residents' health.

The homes provide assisted living services to Alaska residents age 65 and older, and are Eden certified. The Eden Alternative® philosophy fosters quality of life for residents and staff in an environment rich with plants, animals and activities with community members of all ages. Programs include Quilts of Valor to honor veterans in the homes; residents, staff and volunteers maintaining gift shops and libraries; preschools in the Southeast homes; and practicum sites within the homes for students.

The waitlist for services continues to grow year over year, with an additional 256 Alaska seniors applying to be added to the Pioneer Home waitlist. Meanwhile, some residents' needs exceed the highest level of service provided due to complex behavioral health needs. Finding appropriate Eden Alternative® placements is exceedingly difficult.

FY2019 Accomplishments

- The homes served 592 elders, an increase of 25 elders over FY2018; 56% of those residents require the highest level of service.
- The division continued implementation of our three-year strategic plan. We continued to make progress in our priority areas of high quality standards for resident care, financial sustainability, medication management, staff training and development, community outreach and facility maintenance.
- The homes celebrated 20 residents' 100th birthdays in FY2019!
- The Alaska Veterans and Pioneers Home in Palmer successfully converted 12 of their 79 beds to a VA nursing home designation, which has increased VA reimbursement rates for this home.
- The second year of the Certified Nursing Assistant Dementia Specialty Apprenticeship was again successful with 13 apprentices completing the program and another 15 registering for the FY2020 program term. This registered apprenticeship is a partnership between the Alaska Pioneer Homes; Alaska State Employees Association; Alaska Department of Labor and Workforce Development; and the U.S. Department of Labor's Office of Apprenticeship.



- The homes successfully completed approximately \$1.5 million in key deferred maintenance projects across the system including bathroom remodels, flooring replacement, upgrading call monitoring systems, security system upgrade, backup generator, replacement of aging kitchen and laundry equipment; as well as other mechanical and safety upgrades.
- The Alaska Pioneer Home Pharmacy was relocated to another location in the Anchorage Pioneer Home, which has provided the pharmacy staff with a much safer work environment.
- The pharmacy also continued its longstanding partnership with the University of Southern California's School of Pharmacy. Students stay in the Anchorage Pioneer Home while completing a six-week internship at the pharmacy and gain experience in geriatric pharmacology. More than 120 students from USC, Washington State University and the University of Idaho have completed the program.
- The division successfully transitioned billing for elders into our electronic health record platform, PointClickCare. This has eliminated double entry of data and made communication between the homes and the central office more effective.
- Each Pioneer Home now has two certified Teepa Snow trainers to help increase the skills of staff working with elders suffering from dementia. Teepa Snow and the Positive Approach to Care model is a nationally recognized leader in dementia care.
- The Pioneer Homes continued to serve as clinical sites for 13 advanced education programs across the state.
- The division collaborated with the Alaska Mental Health Trust Authority to secure funding for a staffing analysis of the Alaska Pioneer Homes system. The division received the results of this study in November 2018. Many staff changes have been implemented as a result of these recommendations. The Alaska Pioneer Homes will continue to work towards implementation of some of these recommendations over the next year.
- The division completed a feasibility study to look at contracting out hospitality services across the division to match the long-running model established at the Juneau Pioneer Home. The feasibility study revealed significant cost savings by contracting out these services and as a result, a request for proposals process was implemented and the contract was awarded to NANA Management Services. This transition was completed from July through September of 2019.
- The division continued to work with the Municipality of Anchorage to outline a scope of work required to achieve an occupancy change for the fourth floor of the Anchorage Pioneer Home. This renovation project will allow the division to use this floor for higher acuity needs as well as serve elders suffering with dementia who exhibit difficult behaviors. The project is in the final design phase with anticipated completion in the spring of 2020.
- In December 2018, the division began exploring adding two additional levels of service. These additional levels of service allow the division to appropriately place elders in a level of service that meets the needs of each elder we serve. At the same time, the division also started working on a proposal to increase rates in response to the overall budget deficit faced by the state. After a lengthy public process, the proposed regulations were signed into law on July 31, 2019 with implementation beginning on Sept. 1, 2019. ■



MISSION:
To provide emergency and court-ordered inpatient psychiatric services in a safe environment using culturally sensitive, effective, person-centered treatment followed by a referral to support recovery from mental illness.

Alaska Psychiatric Institute

[The Alaska Psychiatric Institute \(API\)](#) is a state-owned psychiatric hospital certified by the Centers for Medicare and Medicaid Services and accredited by The Joint Commission.

Overview

API is an 80-bed acute care psychiatric inpatient hospital serving a population of approximately 735,000 people across the state of Alaska. API requires compliance under Conditions of Participation (CoP) by regulatory authorities to include CMS, The Joint Commission, health facilities and licensing.

The division receives state funds, interagency receipts from claims related to Medicaid beneficiaries/Disproportionate Share Hospitals (DSH), and Statutory Designated Program Receipts from claims related to Medicare and other insurances.

API provides direct patient care in the most restrictive setting, as well as psychiatric services, forensic psychology services (including court-ordered evaluations, court testimony and competency restoration) and psychology services (including active treatment, individual counseling, treatment planning, rehabilitation, neuropsychological screening and psycho-educational assessments). The institute also provides medication support, including an inpatient pharmacy, testimony at court proceedings on medication management and support of the Division of Juvenile Justice's pharmaceutical needs.

API works with many partners from various health care providers and nonprofit agencies and is a member of the Joint Medical Emergency Preparedness Group (JMEPG). This group supplies mutual aid and support between area hospitals and local treatment centers in the event of a natural disaster or mass casualty situation.

FY2019 Accomplishments

- API passed a CMS survey which rescinded the termination action that was placed on API. CMS considers API in good standing with federal requirements.
- CMS restored API's deemed status through The Joint Commission.
- API received its full state license renewal to continue to operate an 80-bed facility.
- Increased census from 28 patients in December 2018 to 46 as of Sept. 19, 2019.
- API has filled key positions in the senior leadership team to provide stability.
- Reduced the waitlist time to two weeks for individuals needing forensic evaluations, down from a high of six months.
- API provided treatment to 527 patients with 14,607 inpatient days of service in FY2019. ■





MISSION:
Partners promoting
healthy communities.

Behavioral Health

[The Division of Behavioral Health \(DBH\)](#) has a commitment to improving the quality of life of Alaskans through the right service to the right person at the right time. The division directs and administers the statewide behavioral health service continuum, including programs providing prevention, early intervention and treatment and recovery.

Overview

DBH manages Alaska’s behavioral health system based on sound policy, effective practices and partnerships.

DBH receives state funds, Medicaid and federal grants to support agencies across the state providing behavioral health services, including suicide prevention, maintenance of 24/7 emergency behavioral health response capacity, implementation of evidence-based practice models and mental health or substance use disorder treatment. DBH oversees Medicaid behavioral health treatment programs, autism service providers and behavioral health hospital-based crisis services.

The Division:

- Oversees opioid treatment programs to ensure compliance with state and federal laws.
- Manages a statewide network of grant-funded behavioral health prevention and treatment services.
- Oversees department approval for behavioral health providers enrolled to bill Medicaid.
- Provides oversight of autism service Medicaid providers.
- Provides training and technical assistance on regulations, policy, best practices, administrative reporting, Medicaid billing and documentation for providers.
- Coordinates mental health support after disasters.

- Funds Careline, Alaska’s statewide suicide prevention line, 877-266-4357 (HELP).
- Supports additional programs, such as tobacco enforcement and youth education.

FY2019 Accomplishments

1115 Behavioral Health Medicaid Waiver

The 1115 Behavioral Health Medicaid Waiver allows Alaska to waive the traditional behavioral health Medicaid rules found in the Alaska Medicaid State Plan. Alaska can now cover innovative service models that will expand the behavioral health service array and the continuum of care. As part of the 1115 Behavioral Health Medicaid Waiver, the division:

- Received approval from the Centers for Medicare and Medicaid Services for the substance use disorder (SUD) component of the 1115 Behavioral Health Medicaid Waiver in November 2018 with implementation of services beginning July 2019.
- Prepared for approval from the Centers for Medicare and Medicaid Services which was received in September 2019 for the behavioral health component of the 1115 Behavioral Health Medicaid Waiver.
- Conducted a statewide infrastructure analysis in partnership with the Office of Children’s Services and ECI Architecture to assess a variety of factors including, but not limited to, service gaps by region, provider readiness, regional capacity and infrastructure needs.





- Added 23 new 1115 Behavioral Health Medicaid Waiver services to the behavioral health continuum of care.

Behavioral Health Reform and the Administrative Services Organization

During FY2019, a request for proposals was issued seeking the services of an administrative services organization (ASO) to work with the division in implementing and managing the 1115 Waiver and behavioral health Medicaid services. Contracting with an ASO will allow the division to improve coordination around 1115 Waiver services by supporting providers, managing costs and achieving efficiencies in the delivery of behavioral health services. A notice of intent to award the contract was issued in April 2019. The Division of Behavioral Health will reorganize internally to monitor and oversee the ASO as they assist the department with the following:

- Utilization management
- Provider network capacity development and support
- Tribal liaison and child welfare liaison
- Participant outreach
- Communications and support
- Quality and outcomes management
- Data management
- Claims processing

Addressing Alaska's Opioid Crisis

The Division of Behavioral Health coordinates with agency and community stakeholders to provide timely access to screening, referral and treatment services for Alaskans.

- Using State Opioid Response (SOR) funds, the division expanded medication-assisted treatment services in Alaska through four grant awards.
- Two private opioid treatment programs (OTPs), also referred to as methadone clinics, started billing Medicaid. Since implementing the billing changes, the number of individuals in Alaska receiving methadone treatment has nearly doubled.

- The division received \$12 million through a legislative appropriation for FY2019 to expand access to treatment for individuals with substance use disorders. Grants were awarded across the state for activities such as crisis stabilization, withdrawal management and substance use residential treatment.
- The division worked on development of a medication-assisted treatment guide for communities implementing opioid treatment services. The guide is a compilation of best practices, clinical guidance and resources for the Alaska provider community.

Systems Coordination

The Division of Behavioral Health works with state agencies and community providers to implement sustainable supports for substance use disorder and mental health across communities in Alaska.

- The division coordinated staff and provider training in best practice models for substance use disorder treatment, medication-assisted treatment, family treatment for children with serious emotional disturbances, improving outcomes for transition age youth and mobile outreach and crisis response.
- The Division of Behavioral Health, Medicaid Provider Assistance Services Section, traveled to Fairbanks, Juneau and Anchorage to provide in-person training for 1115 Waiver services.
- Multi-year grants include:
 - o Projects for Assistance in Transition from Homelessness (PATH): Services for mentally ill patients at risk of homelessness.
 - o Partnership for Success (PFS): Substance abuse prevention activities.
 - o Health Resources & Services Administration (HRSA): Telehealth/rural access to psychiatric care.
 - o Substance Abuse Prevention and Treatment Block Grant (SABG): Community-based substance abuse treatment.
 - o Community Mental Health Services Block Grant (MHBG): Community-based substance abuse treatment. ■





MISSION:
Providing health coverage to Alaskans in need.

Health Care Services

[The Division of Health Care Services \(HCS\)](#) is guided by six core values: ACCESS – articulate, competent, constructive, ethical, strategic, and sincere to provide all eligible Alaskans access and oversight to the full range of appropriate Medicaid services, as well as to protect Alaska’s most vulnerable populations. These values help HCS work to innovate health plans that improve quality of health care for all Alaskans, attract excellent providers, and be known for outstanding customer service.

Overview

The primary role of HCS is to support and provide access to Medicaid health resources in Alaska. Medicaid is a program created by the federal government and administered by the states to fund medical services for income eligible citizens. Individuals qualify for Medicaid by meeting federal income guidelines and fitting into specified eligibility categories. Medicaid provides eligible Alaskans access and oversight to the full range of appropriate services, including but not limited to hospitals, physicians, pharmacy, dental, vision, durable medical equipment, medically-related transportation and medical case management.

HCS protects all Alaskans through Health Care Facilities Licensing and Certification, Residential Licensing and the Background Check Program.

FY2019 Accomplishments

- The Division of Health Care Services, through its fiscal agent, Conduent State Healthcare, processed and issued an average of \$42 million per week in Medicaid claims.
- The Systems unit implemented several Medicaid reform initiatives including the 1915(k) Community First Choice state plan option, the 1915(c) Individualized Supports Waiver and Phase I of the 1115 waiver for Behavioral Health Substance Use Disorder services. The unit also completed major system upgrades associated

with the clinical editing application used by the Medicaid Management Information System (MMIS), upgrades to Oracle and upgrades to the Cognos data warehouse. System changes are actively underway to support cost containment measures being pursued across the department.

- The Pharmacy and Ancillary Services unit completed a durable medical equipment, medical supplies and prosthetics and orthotics regulations project to provide a sustainable reimbursement methodology based on national benchmark pricing and considering actual acquisition costs. The regulations package updated regulations that were last revised in 2003 and furthered the programs’ alignment with Medicare national standards. It also addressed federal upper payment limits for durable medical equipment. The project was signed by the lieutenant governor in May 2019. Benefits related to this effort — cost savings, payment and operational efficiencies, decreased service authorization administrative burden, decreased time to reimbursement, used equipment reimbursement — will be realized during FY2020.
- The Pharmacy and Ancillary Services unit continues to leverage participation in the multi-state National Medicaid Pooling Initiative to secure supplemental drug rebates for covered outpatient drugs. Because of work by the Drug Utilization Review Committee, the Pharmacy and Therapeutics Committee and HCS, the final net spend per pharmacy claim dropped by 0.5% due to combined federal and supplemental rebate positioning. This work ensured program resources were being



spent in a manner that maximized the services received by the recipients.

- The Operations unit completed 12 regulations projects to streamline services and reduce expenditures. Operations staff adjudicated 867 provider appeals during FY2019; issued more than 160 provider communications; completed more than 100 updates to 40 provider billing manuals; resolved thousands of provider inquiries; fulfilled 130 legislative inquiries and public records requests; oversaw 50+ provider education sessions; managed contractor activities that yielded gross savings in excess of \$22.3 million, resulting in a \$14.16 to \$1.00 return on investment for utilization management through the denial of medically unnecessary services and gross savings in excess of \$3.1 million, resulting in a \$4.86 to \$1.00 return on investment for case management services for Medicaid recipients with complex and costly conditions.
- The Accounting and Recovery unit, with the help of the Department of Law and our third-party contractor, produced a combined \$440 million in savings in FY2019 through accounting and financial controls, auditing, collections and optimizing other revenue sources, as well as the overall cost avoidance savings from members' TPL and Medicare coverage. With the assistance of the Tribal health organizations and other state departments, the Tribal Unit was able to reclaim \$84.3 million dollars during FY2019.
- The Quality Assurance unit, through the Care Management program, saved the Medicaid program approximately \$2.6 million in costs attributed to overuse of services. The program assigns recipients with a history of overutilization or inappropriate use of services to a single primary care provider and pharmacy to improve continuity of care for the individual and reduce unnecessary office visits and excessive medication.
- The Health Facilities Certification and Licensing unit added three new ambulatory surgery centers, one home health, one new long-term care facility and three new birthing centers. This unit licenses over 171 facilities.
- The Residential Licensing unit is responsible for the licensing of 713 facilities statewide, including 669 assisted living homes and 44 residential child care facilities. During FY2019, the section saw a net gain of 11 facilities and 152 adult beds (3924 vs. 4076). Residential licensing specialists conducted 604 inspections during FY2019.
- The Background Check Program processed 19,342 determinations in FY2019. ■





MISSION:
Hold juvenile offenders accountable for their behavior. Promote the safety and restoration of victims and communities. Assist offenders and their families in developing skills to prevent crime.

Juvenile Justice

[The Division of Juvenile Justice \(DJJ\)](#) is guided by eight core values: accountability, responsiveness, objective decision-making, maximizing potential, integrity, relationships, respect and commitment. DJJ strives to provide youth with culturally-relevant and enriching education, skill development and treatment programs that will empower them to make better decisions.

Overview

The majority of youth served by DJJ are not housed in secure facilities. On an average day 78% of Alaska's juvenile offenders are on probation, but not housed in DJJ facilities. These youth are monitored in the community by juvenile probation officers (JPOs). There are 15 juvenile probation offices across Alaska that provide a range of services, including:

- Pursuing formal court proceedings as appropriate.
- Assisting families and youth in working with public safety and the legal system.
- Contacting and supporting victims.
- Monitoring juvenile offenders to ensure they are held accountable.
- Case management and referral services for youth referred to DJJ.

For more serious offenders and those youth needing more intensive services, DJJ manages six secure youth facilities across the state. The facilities are located in Bethel, Fairbanks, Juneau, Palmer, Anchorage and Kenai. These facilities provide secure detention (generally for 30 days or less) or court-ordered secure treatment. In total, the division operates 92 detention beds and 111 secure treatment beds across the state. DJJ facilities provide a range of services, including:

- Counseling for individuals, groups and families.

- Educational services through local school districts and life-skills training.
- Substance use disorder treatment at facilities in Bethel, Fairbanks, Juneau and Anchorage.
- Health screening, medical care and mental health diagnostics and services.

FY2019 Accomplishments

Throughout FY2019, DJJ worked to promote community safety and develop competencies for youth in its custody. This included the following accomplishments:

- DJJ facilities maintained compliance with the federal Prison Rape Elimination Act. In October 2019, the governor certified the division's compliance to the U.S. Department of Justice. This certification recognizes DJJ's policies, trainings and practices support efforts to prevent, detect, report and respond to incidents of sexual abuse in the juvenile detention and treatment facilities.
- DJJ continued to focus efforts on strengthening relationships with rural communities and Alaska Tribes. In FY2019, eleven additional Tribes signed Tribal Diversion Agreements (TDAs) that outline how DJJ and Tribes will work together when a juvenile commits a delinquent act. The division now has TDAs with 21 Tribes throughout Alaska.
- DJJ is entering the second year of a three-year grant from the U.S. Office of Juvenile Justice and Delinquency Prevention that will improve services for youth



with substance abuse and mental health diagnoses. Next steps include a review of assessments within the division to better align services with needs, as well as the identification of best practice programs and trainings to better serve youth in secure treatment with co-occurring substance abuse and mental health diagnosis, extremely violent offenses and severe and/or chronic mental illness.

- DJJ expanded the use of its trauma and resiliency screening tool from a pilot project at Johnson Youth Center to three additional secure facilities. The remaining two facilities will be implementing the tool in 2020. The tool is used to assist staff in identifying youth trauma and resiliency and incorporating this information into case planning and activities promoting positive interactions with staff and success of youth.
- The McLaughlin Youth Center Girls Detention and Treatment programs continue to successfully use the Trauma Informed Effective Reinforcement System (TIERS). The Fairbanks Youth Facility is beginning to implement TIERS on its secure treatment and detention units. TIERS has been proven nationally to promote

safe and positive behaviors, build confidence, aid in the healing process of past traumas, help educate staff and youth on trauma and provide the program opportunities for youth to grow, learn and change by acquiring new skills and insights into their own behaviors.

- The Nov. 30, 2018 Southcentral Alaska earthquake provided an opportunity for Anchorage and Southcentral youth and staff to put their earthquake safety drills to good use. DJJ's facilities in Kenai, Mat-Su and Anchorage felt the strong quake and thankfully sustained minimal to no damage. Staff quickly helped youth contact their families to alleviate concerns for their safety. The event prompted a review of all DJJ's Local Emergency Response Plans for probation, facility and state offices. DJJ's director also participated in situation alerts coordinated by the DHSS Emergency Operations Center. ■





MISSION:
Safe children, strong families.

Office of Children's Services

[The Office of Children's Services \(OCS\)](#) works to ensure the safety, permanency and well-being of children by strengthening families, engaging communities and partnering with Tribes.

Overview

OCS employs over 500 staff located in 23 field offices in five regions of the state: Northern, Western, Southcentral, Anchorage and Southeast. Many field offices also serve as hubs for numerous rural communities. OCS caseworkers meet with families to develop case plans, address child safety and work towards reunification of families. Most OCS cases require court involvement and oversight as well as Tribal intervention and monitoring. OCS requires the largest section of the Alaska Attorney General's Office, with 25 full-time attorneys in seven offices and upwards of 50 legal support staff. In those situations where children are not able to reunify, caseworkers assist with the safe exit from foster care through adoption, guardianship or independent living services. OCS licensing workers recruit, license and provide support to foster homes.

OCS Field Office Locations

Anchorage	Aniak	Bethel	Craig	Delta Junction
Dillingham	Fairbanks	Gakona	Homer	Juneau
Kenai	Ketchikan	King Salmon	Kodiak	Kotzebue
McGrath	Nome	Petersburg	Sitka	St. Mary's
Utqiagvik	Valdez	Wasilla		

FY2019 Accomplishments

- **Increased foster care placements with relatives.**
Through the Tribal Child Welfare Compact, Tribes are assisting in the early identification, contact and documentation of relatives for children in foster care. This is leading to more children being placed with relatives.
 - o Alaska is ranked nationally as having one of the highest rates of children placed with relatives. While the median rate nationally is 32%, Alaska consistently has a relative placement rate closer to 50%.
 - o Alaska Native children in foster care have slightly higher placement rates with relatives than their non-Native counterparts.
- **Expanded opportunities for foster care youth transitioning to adulthood.**

The OCS Independent Living Program for foster care youth continues to serve all of Alaska's youth ages 16 years and older who were in care on or after their 16th birthday and up to age 21. Alaska has seen an increase in the population of eligible youth from 594 youth in FY2015 to 730 eligible youth in FY2019. Currently, 307 of these youth reside in foster care. The Independent Living Program has intensified its efforts to address the needs of youth in custody, providing targeted trainings and educational opportunities so they are more self-





sufficient and independent when they exit care. This has dramatically reduced the need for emergency services for former foster youth, which typically demands significant resources to manage. In FY2019, 51 youth in foster care graduated from high school, 10 former foster youth graduated from college and a total of 67 youth, the highest number ever, benefited from an educational or training voucher program. Between FY2004 and FY2011, just six foster youth alumni successfully graduated from a training or college degree program. From FY2012 to FY2019 the program graduated 38 foster alumni.

OCS Staffing Report Update

HB 151 imposed a deadline for caseloads standards of 13 cases per caseworker by June 7, 2020. As of Dec. 31, 2019, 41 case-carrying positions are vacant.

Caseload count as of Dec. 31, 2019:

Region	Case Carrying	Total Cases	% of Positions Available for Assignment	Actual Cases
Anchorage	80	990	81.9%	15.1
Northern	44	572	72.4%	18.0
Southcentral	62	642	79.5%	13.0
Southeast	23	221	73.2%	13.1
Western	23	212	63.8%	13.8
Statewide	233	2637	76.8%	14.7

Serving Alaska

OCS receives approximately 75-85 new reports and dispatches approximately 45 new investigations daily. OCS staff received and documented a total of 23,924 Protective Service Reports in FY2019, this represents a 50% increase since FY2015.

In FY2019, a total of 4,185 unique children were served in foster care and 1,249 children were discharged from foster care to permanency through reunification, adoption or guardianship.

The daily count in foster care is approximately 3,000 children. OCS currently supports approximately 1,450 licensed foster homes. ■





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

Public Assistance

[The Division of Public Assistance \(DPA\)](#) provides basic safety net services for low-income Alaskans and helps needy individuals and families reach higher levels of independence. By promoting the value of work, DPA strives to improve the social and economic well-being of those we serve and our entire state.

Overview

DPA helps needy individuals and families reach higher levels of independence. Throughout FY2019, DPA served over 283,517 Alaskans through programs including:

Adult Public Assistance: Financial assistance for needy aged, blind or disabled Alaskans to help them remain independent.

Child Care Program Office: Monitors, regulates and licenses child care facilities throughout Alaska. Manages Child Care Assistance grants that help low-income families pay for child care so they can work.

Chronic and Acute Medical Assistance: Helps needy Alaskans with specific illnesses who do not qualify for Medicaid.

Denali KidCare: Health coverage for children and teens as an expansion of Alaska's Medicaid program.

Supplemental Nutrition Assistance Program (SNAP – known as food stamps): Provides nutrition assistance to income eligible Alaskans.

Family Nutrition Program: Includes Women, Infants and Children (WIC); Farmer's Market Nutrition Programs; and SNAP Education Program.

Heating Assistance: Offsets the cost of home heating for income eligible residents.

General Relief Assistance: Helps Alaskans in emergency situations meet basic needs for shelter or utilities. It also pays burial costs for income eligible individuals.

Medicaid: Finances basic health and long-term care services for low-income Alaskans.

Senior Benefits: Provides financial assistance to low to moderate income Alaskan seniors.

Temporary Assistance for Needy Families: Provides financial assistance to low-income families with children while assisting them with activities to become self-sufficient.

FY2019 Accomplishments

- DPA served 283,517 unduplicated recipients during FY2019, an increase of 20,267 from the previous fiscal year. The increased demand for public assistance services coincides with the state's current economic recession.
- The division was able to reduce the number of applications waiting to be processed from approximately 24,000 to less than 2,000 in FY2019. DPA has increased the timeliness processing for Medicaid and SNAP cases.
- Procurement of an electronic document management system was approved and a contract was awarded to implement in FY2020. The document management



system will create additional workflow efficiencies in the processes for determining eligibility and will address several audit findings and recommendations brought up during the FY2019 statewide single audit.

- DPA has been working to implement components of the reauthorization of the Child Care Development Block Grant, and has completed and made substantial progress on task items identified in the Corrective Action Plan.
- Implementation of WIC's Electronic Benefit Transfer system to comply with the federal mandate. ■

Serving Alaska

DPA's Women, Infants and Children (WIC) program implemented electronic benefits transfer (eWIC) cards across Alaska this year. The WIC program provides supplemental healthy foods, breastfeeding support and referrals to nutritionally at-risk mothers, infants and children under age five. With the eWIC card, participants can now redeem their benefits at any time during their benefit period instead of purchasing all foods listed on a paper voucher. The eWIC system includes a WICShopper application (app) which allows participants to scan foods to determine if the food is eligible for purchase under WIC regulations, check the balance of their benefits and submit new products for possible inclusion in the WIC program. As of December, there were 11,844 activated eWIC cards, over 9,800 approved foods, 165 approved grocery stores and 7,290 families that used the WICShopper app. The eWIC system can even determine WIC participants most popular shopping day and time, which is Wednesday at 5 p.m.





MISSION:
To protect and promote
the health of Alaskans.

Public Health

[The Division of Public Health \(DPH\)](#) works to protect and promote the health of Alaskans by preventing disease and injury; protecting against environmental hazards; promoting and encouraging healthy behaviors; responding to disasters and assisting communities in recovery; and assuring the quality and accountability of health services.

Overview

DPH serves every Alaskan and visitor to our state through a wide variety of services and programs. From before conception to after death, the division provides critical resources to Alaskans, including:

Chronic Disease Prevention & Health Promotion: Promotes healthy behaviors that reduce the risk of injuries and chronic diseases such as cancer, diabetes, obesity, stroke and heart disease.

Epidemiology: Monitors and responds to communicable disease threats and disease outbreaks (e.g., HIV/AIDS, influenza, tuberculosis and foodborne illness); collects and analyzes violent death and other injury data; assesses environmental, occupational and other health hazards; and provides state-supplied vaccines for Alaskans and tracks vaccinations administered.

Health Analytics and Vital Records: Ensures the accuracy and integrity of all vital records, including birth and death certificates. Provides information to evaluate health programs, monitor the health of Alaskans and evaluate the cost and quality of health care. Maintains Medical Marijuana Registry.

Office of Substance Misuse and Addiction Prevention: Supports community efforts to address substance misuse and addictions involving prescription drugs, illicit drugs, marijuana and alcohol, including fetal alcohol spectrum disorders.

Public Health Laboratories: Conducts laboratory tests to identify, treat and control communicable diseases and to prevent the ill effects of toxic substances and radiation.

Public Health Nursing: Provides local public health services for health promotion, protection and disease prevention in approximately 280 communities through 16 locally-staffed Public Health Centers and through itinerant nurses statewide.

Rural and Community Health Systems: Sustain the emergency medical services system and trauma systems, increase health care access through rural quality initiatives and workforce and ensure that public health and medical entities prepare for disasters.

State Medical Examiner: Conducts medical investigative work for unanticipated, sudden or violent deaths. This includes determining cause and manner of death and providing consultation to law enforcement and the courts.

Women's, Children's and Family Health: Administers programs and health services that improve the health outcomes of families, focusing on pregnant women, children with special health conditions, those with low-income status and those with limited access to health services.



FY2019 Accomplishments

- 29.5% of Alaska adults were obese in 2018, down from 34.2% in 2017. 10% of Alaska youth smoked in 2017, down from 37% in 1995.
- 80% of all Alaska adults reported that they are not current smokers in 2017, a significant improvement over 76% in 2008.
- The cancer mortality rate fell to 136.2 per 100,000 for Alaskans, meeting and exceeding the Healthy Alaskans 2020 target of 162.0. Cancer is the leading cause of death for Alaskans.
- Alaska went from 49th in the U.S. to 2nd for newborn bloodspot screening specimen collection-to-result times after regulations decreased the number of required screens per newborn from two to one that results in quicker diagnosis and treatment for newborns. Alaska's model has been recognized nationally.
- Successfully isolated a confirmed single measles case so that it did not turn into a public health issue.
- Immediately activated the DHSS emergency operations center to provide critical information via statewide teleconferences within 3 hours, coordinated health and medical resource requests and supported the ongoing health of Alaskans following the magnitude 7.1 Southcentral Alaska earthquake on Nov. 30, 2018.
- Implemented the comprehensive Marijuana Use Prevention, Education and Treatment Program to better understand the public health and safety impacts of marijuana legalization, as well as fund afterschool programming as a protective factor to prevent marijuana use by youth.
- Passed legislation reauthorizing the Alaska Vaccine Assessment Program which provides vaccine to 50% of Alaskans and the SHARP health care professional incentive program which recruits and retains providers in underserved areas. Both of these programs are successful public-private partnerships funded entirely by the participants and require no state general funds.
- Based on recommendations from the Alaska Opioid Policy Task Force, the Statewide Opioid Action Plan was developed with broad input from multiple agencies and community partners, feedback from meetings and community cafés in more than a dozen Alaska communities concluding with a community summit with nearly 100 Alaskans from more than 80 stakeholders to provide final input for the action plan.
- In 2019, the Alaska Perinatal Quality Collaborative was established as a public-private partnership with birthing facilities, professional organizations, physicians and nurses for collective quality improvement and shared learning of best practices and innovations to improve outcomes for maternal and infant health in Alaska.
- Implemented a public health nursing and primary care integration model. Public Health Nursing will be partnering with Alaska Primary Care Association members on community health assessment and community health improvement plans, as well as addressing social determinates of health. ■





MISSION:
We 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.

Senior & Disabilities Services

[The Division of Senior and Disabilities Services \(SDS\)](#) promotes the 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.

Overview

SDS oversees over \$490 million in long-term services and support for Alaska seniors, as well as adults and children who experience disabilities. Included in this are personal care services, home and community-based waiver services and state and federal grant services provided so people can live safely in their home or community for as long as possible, as well as services in nursing facilities and intermediate care facilities for individuals with intellectual and developmental disabilities. Infants and toddlers with disabilities and those who are at risk of social-emotional delays receive SDS services.

Division programs help Alaskans and their families navigate Medicare; fund transitions back home after a nursing home stay; and offer training for Alaskans who want to provide long-term community supports such as assisted living homes, day programs, transportation, meals and personal care services. Division employees provide one-to-one technical assistance to service providers around quality control and billing methods, locating regulations and applying them to serve the Alaska population as completely as possible.

SDS directly supports vulnerable Alaskans in cases of neglect, fraud, financial exploitation or abuse through the Adult Protective Services program. This program helps to prevent and stop harm to vulnerable adults by providing information and referral, protective placement, guardianship or conservatorship, and counseling and mediation. This program also helps adult Alaskans who have a hard time caring for themselves by connecting them with resources to maintain their health, safety and independence.

FY2019 Accomplishments

- Senior community-based programs helped approximately 36,300 individuals through outreach, referrals, meals, transportation, chores, case management, adult day services, health promotion and disease prevention, caregiver support and more.
- In FY2019, regulations affecting recipients on the Children with Complex Medical Conditions (CCMC) waiver were amended to make receipt of Nursing Oversight and Care Management (NOCM) services optional. When the service was required for CCMC recipients, the lack of NOCM nurses prevented children from getting onto that waiver and receiving other waiver services.
- Regulation projects that moved forward in FY2019 include amendments to specify the conditions under which a recipient can receive more than 624 hours of day habilitation in a plan year; amendments moving the waiver service of chore into the Community First Choice program, which will allow the state to collect an additional 6% in federal match; and regulations amending the process for determining nursing facility level of care to include a Comprehensive File Review in years between assessments, when a recipient's documented condition has not changed.
- The new 1915(k), Community First Choice Option and the new 1915(c), Individualized Supports Waiver, became effective Oct. 1, 2018, after the Centers for Medicare and Medicaid Services granted approval in June 2018.
- SDS scheduled 440 telehealth assessments. Of these, 358 were completed using telehealth video conferencing, which saved travel time and costs compared to



in-person assessments; 49 resulted in cancellations with potential for rescheduling and another 33 ended as consumer no-shows with potential for rescheduling.

- The Intellectual and Developmental Disabilities (IDD) Unit completed 61 observations for the Tax Equity and Fiscal Responsibility Act (TEFRA), IDD and Individual Supports Waiver (ISW) programs. The unit also completed six team meetings using Zoom for individuals in out of state Intermediate Care Facilities/ Individuals with Intellectual Disabilities (ICF/IID) and Long Term Care (LTC) facilities. Overall, 372 individual consumers were served.
- The statewide system of Aging and Disability Resource Centers served 12,383 individuals, many of whom received person-centered intakes to identify and link them with appropriate services.
- The Quality Assurance Unit conducted 243 investigations, with 69 substantiated allegations.
- The Adult Protective Services Unit received 6,373 reports of harm. After reviewing the reports, 2,138 were investigated.
- The General Relief/Temporary Assisted Living Program served 809 vulnerable adult Alaskans, working with care coordinators, hospital discharge planners,

assisted living homes, families and Adult Protective Services.

- The Early Intervention/Infant Learning Program collaborated with the Anchorage Association for the Education of Young Children (AAEYC) to host a cross-sector conference for the Early Childhood workforce. The conference featured an early intervention track with workshops addressing feeding therapy, cross cultural communication, vision and hearing services, assistive technology and family engagement.
- The division's Training Unit instructed 815 providers in Critical Incident Reporting and introduced 95 beginning care coordinators, 75 renewing care coordinators and 286 new users to the division's new data system that contains a provider interface.
- SDS collaborated on a three-day conference with the Alaska Training Cooperative to equip and correspond with home and community service providers and recipients in Alaska. This year's conference focused on self-empowerment and self-care for the direct service provider; over 250 individuals attended. ■



SERVING ALASKA

DHSS Makes a Difference Within our Communities and in the Lives of Individual Alaskans

DHSS makes a difference within our communities and in the lives of individual Alaskans. Numbers and data provide important facts about the work DHSS does to serve Alaskans, but it's often the stories that best illustrate how our programs, activities and staff touch the lives of Alaskans and make a difference in communities all across the state. Following are a few examples across divisions of how DHSS works to promote and protect the well-being of all Alaskans.

Alaska Pioneer Homes (APH)



The Alaska Pioneer Homes activity staff are dedicated professionals who help bring life, laughter, joy and engaging activities to the residents they serve in each of the six Pioneer Homes. The activities they provide nurture a sense of community and are central to the Pioneer Homes philosophy of creating the best quality of life possible for every person. They do this by offering mental and physical activities, fostering relationships inside and outside the homes, bolstering emotional health and bringing parts of the world at large to residents who cannot easily venture out on their own. Just a few examples of the most popular activities elders participated in include: a partnership between the local 4H Club and Sitka Pioneer Home where residents and children took part in cooking lessons with rose hips harvested from the home's rose hedges, a potluck focused on wild foods and nature-themed baking sessions; the Ketchikan Pioneer Home has musicians aplenty among its staff, residents and volunteers so weekly ukulele practice sessions are held there and are open to everyone in the community; at the Alaska Veterans and Pioneers Home, residents were fortunate to have the delightful influence of a volunteer's regular

visits with her dog's litter of 12 golden retriever puppies; Fairbanks Pioneer Home elders are routinely visited by Clydesdale horses, baby goats and The Balloon Guy who adds new hats, swords and flowers to their attire; in Anchorage, trips to the state fair, local fishing lakes and Hatcher Pass are always big hits; and the Senior Ball, featuring live music, formal attire, dancing and decorations, is one of the most talked about events at the Juneau Pioneer Home. ■

Division of Juvenile Justice (DJJ)



Tapping into community resources: Juvenile probation officers within DJJ work hard to keep youth engaged in their community in positive ways. Tapping into community resources in order to build resiliency and reduce recidivism is prioritized whenever possible. In one positive example, a female youth who was first referred to a probation office at a very young age for having drugs at school eventually ended up finding success through community placement. This youth was referred multiple times to DJJ, mostly involving drugs and had poor behavior at home and in treatment while under court supervision, resulting in numerous violations. After being discharged as non-compliant from two residential treatment programs, the then 16-year-old youth was facing a secure treatment institutional order. At this point, the youth and her family strongly advocated that she be allowed to go to the Alaska Military Youth Academy (AMYA). DJJ agreed and we're happy to report she successfully completed AMYA in 2019 having earned both her GED and high school diploma. During her time with AMYA, she communicated with her JPO through phone calls and letters. She scored very well on her Armed Services Vocational Battery test and has been communicating with U.S. Army recruiters hoping to enlist early so she can begin training and pursue a career as

a nurse. By pursuing the best community placement for this youth, she was able to find success.

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Trauma and Resiliency

DJJ's efforts to implement trauma and resiliency screenings to assist in case planning and services for youth on probation or residing in a secure DJJ facility are paying dividends. For example, a youth admitted to a detention unit received the screenings that helped identify this youth's extensive trauma history early upon admission. Although this youth struggled in the program, resisting staff instruction and making threatening statements, the staff met regularly and used the information from the screenings to develop an effective detention plan for this youth. These efforts helped him connect with staff, engage in programming, and develop his own methods to cope with his traumatic history – engaging in physical fitness and making paper airplanes. During his treatment, the youth engaged with staff around his physical fitness, and staff worked with him to recognize how he felt both physically and mentally stronger through physical activity. Upon release, the youth proudly gave each staff member an individually folded airplane as a thank you. The trauma and resiliency screenings assisted in DJJ's efforts to promote safety in the facility and help this youth build skills to avoid future delinquent behaviors.

Culture Camps

DJJ hosts two annual Bethel Youth Facility (BYF) Culture Camps in partnership with Orutsaramiut Native Council (ONC) who let BYF use their fish camp. In August of FY2019, six youth from the BYF Treatment Unit participated in camp with support from 20 staff and one parent during the five-day camp. Youth helped set up camp, including general repairs such as fixing the outhouse door and making a new fire pit. During camp, youth helped with drift net and rod and reel fishing; cutting fish for filets and preparing for smoked strips; cooking over the camp stove, barbecue and fire; and assisted ONC in building a new smokehouse. One parent volunteer, along with the DJJ rural specialist, Lorita Clough, told stories of the local area and traditional Alaska Native culture. The youth were also able to swim, take steams and build toy wooden boats. Cultural Camps provide an excellent opportunity for youth to learn traditional, yet modern skills. Culturally relevant educational material provides youth with traditional Alaska Native stories, culture, language and art. Research shows that developing these skills, which includes working as part of a community and increasing youths' cultural identity, provides positive outcomes. These include lower rates of depression and suicide, decreases in alcohol and drug use, and reduction of truancy and school dropout. BYF staff understands and respects the cultural backgrounds of the youth in their care, and remain sensitive to the cultural nuances that affect interactions with residents, families and communities. ■

Division of Public Assistance (DPA)

DPA Builds Self-Sufficiency



Participants in the Division of Public Assistance's Temporary Assistance Program see significant gains in their lives. Here are a few recent examples:

Single Family Home

An individual who was a stay-at-home mother of four children with no work history met with a case manager after being hospitalized as a result of a domestic violence assault. She had no resources of her own and was still very vulnerable and in danger when beginning the program. The client told the case manager she could cook, clean and sew and asked if the program could help her find work. She didn't

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want to return herself, or her children, to a home where she experienced serious physical and mental abuse. The client has worked incredibly hard to overcome barriers and is close to self-sufficiency. She is overcoming PTSD, physical injuries, has safe and affordable housing and is working as a seamstress. This client is developing a new, supportive social network and is working towards her GED diploma. Her children are thriving in school and a Head Start Program.

Two-Parent Household

A two-parent household living in a village with few job opportunities applied for the temporary assistance program after the birth of their first child. The case manager encouraged the parents to do meaningful work and talked monthly with them about their accomplishments. Both clients volunteered full-time in their community through their Tribal council. The mother volunteered in the Tribal office for a year and was offered a paid temporary position. She continued to work hard in her role, was on time for work and had a positive attitude, and after five weeks she was hired for a paid, permanent, part-time position. The father continued to volunteer and apply for jobs as they opened in the village. After 14 months of full-time volunteering for the Tribal council, he was offered a job as a community health aide trainee at the village clinic. Both clients closed their case with work after 16 months of temporary assistance; they are proud of their work and their positive contributions to their community.

One-Person Household

In May, a single mother entered the temporary assistance program. She was battling with addiction and checked herself into the Ralph Perdue Center to get sober and clean. After completing and graduating from the treatment program, the client agreed to do a volunteer work placement with Work Services. During a staff meeting with the Interior Center for Non-Violent Living she learned about housing for individuals who are maintaining sobriety. The client filled out the application and was accepted into the program the next day. To date, she is clean and sober and making progress on becoming self-sufficient. ■

Division of Public Health (DPH)

Project HOPE



Project HOPE is most known for distributing opioid overdose response kits containing naloxone (Narcan Nasal Spray), documented to have saved over 200 lives in Alaska since its inception. However, the program also encourages individuals, community organizations and leaders to convene and build kits together in support of stronger communities. In FY2019, 5,123 kits were built during 11 community events, contributing to 10,818 kits distributed to Alaskans.

In Kenai, a public health nurse gave Narcan kits to a homeless client who had been in before and said he had used Narcan kits to save five lives so far. He tells opioid users to come to the Kenai Public Health Center and obtain their own kits, but said some people avoid doing so because they are afraid and “don’t even want to think about” overdoses. He continues to encourage others to learn about Narcan and to be watchful for overdoses. Kenai public health nurses continue to educate the public and reduce stigmas.

Provider Education Activities

Risk of opioid misuse can be reduced by promoting evidence-based opioid dispensing policies and responsible prescribing practices among health care providers. The Office of Substance Misuse and Addiction Prevention, in collaboration with the Division of Behavioral Health and in partnership with the University of Alaska, Providence Hospital, Alaska Native Tribal Health Consortium and other partners, established Project ECHO on Opioids, a collaborative tele-mentoring model of education that makes

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specialty knowledge more accessible to rural health care providers. During FY2019, at least 55 providers attended a Project ECHO meeting to learn and discuss at least twelve opioid-related topics.

In response to Alaska legislation requiring prescribers with a Drug Enforcement Agency license to complete two hours of continuing education on addiction, opioid use and pain management, DHSS developed and sponsored a suite of resources to encourage and support judicious opioid prescribing among Alaska's health care providers (available on the Department of Health and Social Service's learning management system, www.learn.dhss.alaska.gov). DHSS partnered with Alaska medical experts in pain management, addiction and public health to develop a free 1.0 CEU. This course alone has delivered over 900 hours of provider engagement.

Antibiotic Stewardship

Ensuring that antibiotics are used in a way that supports their continued effectiveness is a health priority across the nation, and Critical Access Hospitals (CAHs) in Alaska have been highly successful in their work towards this goal. In 2016, only 25% of Alaska's CAHs were meeting all seven of the Centers for Disease Control and Prevention's recommended strategies for prescribing and efficacious use of antimicrobial medications. As of 2018, 85% of Alaska's CAHs are meeting all antibiotic stewardship measures, which is well above the national average of 57%. This dramatic improvement has been achieved through collaboration, technical assistance and training involving many critical health care stakeholders, at both the state and local level. The Alaska Antibiotic Stewardship Collaborative (A2SC) program, started in 2014, is an active partnership dedicated to developing strategies to support stewardship activities across the state, especially for facilities with limited resources, such as CAHs. A2SC's goal is a simple one: all patients in Alaska will receive the right antibiotic at the right time, and only when necessary. Funding from the Section of Rural and Community Health Systems has supported A2SC's work in implementing the CDC's seven recommended core strategies for optimal use of antimicrobial medications. Organizations such as the Alaska State Hospital and Nursing Home Association and the Alaska Healthcare-Associated Infections Program are core members of A2SC and provide the infrastructure to support initiatives such as an infectious disease consultation program, training on CDC stewardship core measures and implementation strategies for facilities, development of statewide antibiograms and development of Alaska-specific treatment guidelines for urinary tract infections.

Helping Alaskans Get Real IDs

Many Alaskans know that Health Analytics and Vital Records (HAVR) contributes to public health through data collection on causes of death. Alaskans may not know the more subtle ways HAVRS contributes to public health. HAVR services include issuing certified copies of birth and marriage certificates. These certificates can be used to acquire a Real ID. Real ID is a new federal identification card required for air travel and accessing federal facilities. Getting a Real ID requires having documentation of date of birth, like a birth certificate and any documentation of name changes like a marriage certificate. HAVRS staff are even trained to help issue certificates to those who may lack an original birth certificate. These services are especially important to rural Alaskans who must travel to Anchorage for health care and for Alaskans who must travel out-of-state.

Public Health Nurses Helping Communities

As one example of the work that public health nurses do, two public health nurses traveled to Togiak and Twin Hills during FY2019. The nurses provided school presentations on a variety of public health topics, and also provided an evening presentation in Togiak on adverse childhood experiences. This evening presentation occurred after the tragedy of a youth suicide. Several community leaders attended the evening presentation and a talking circle ensued. The public health nurses stayed at



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the community school the next day for follow-up, supported staff with a listening ear and continued to provide the community with additional support, helpful connections and suicide prevention messaging.

Screening for Abusive Relationships

In Juneau, a public health nurse conducted routine screening for a teen client who came into the Juneau Public Health Center. During the visit she disclosed that her ex-boyfriend, who is older, physically abused her. Because she is a minor, as required by law, the nurse reported to the police and spent several hours with the client the nurse used a resource from the local domestic violence shelter, AWARE, that included a checklist to help identify abusive relationships. The client answered yes to every question on the checklist except one and was shocked to realize she was in an abusive relationship. She agreed to go to AWARE for support and legal services. ■

Senior and Disabilities Services

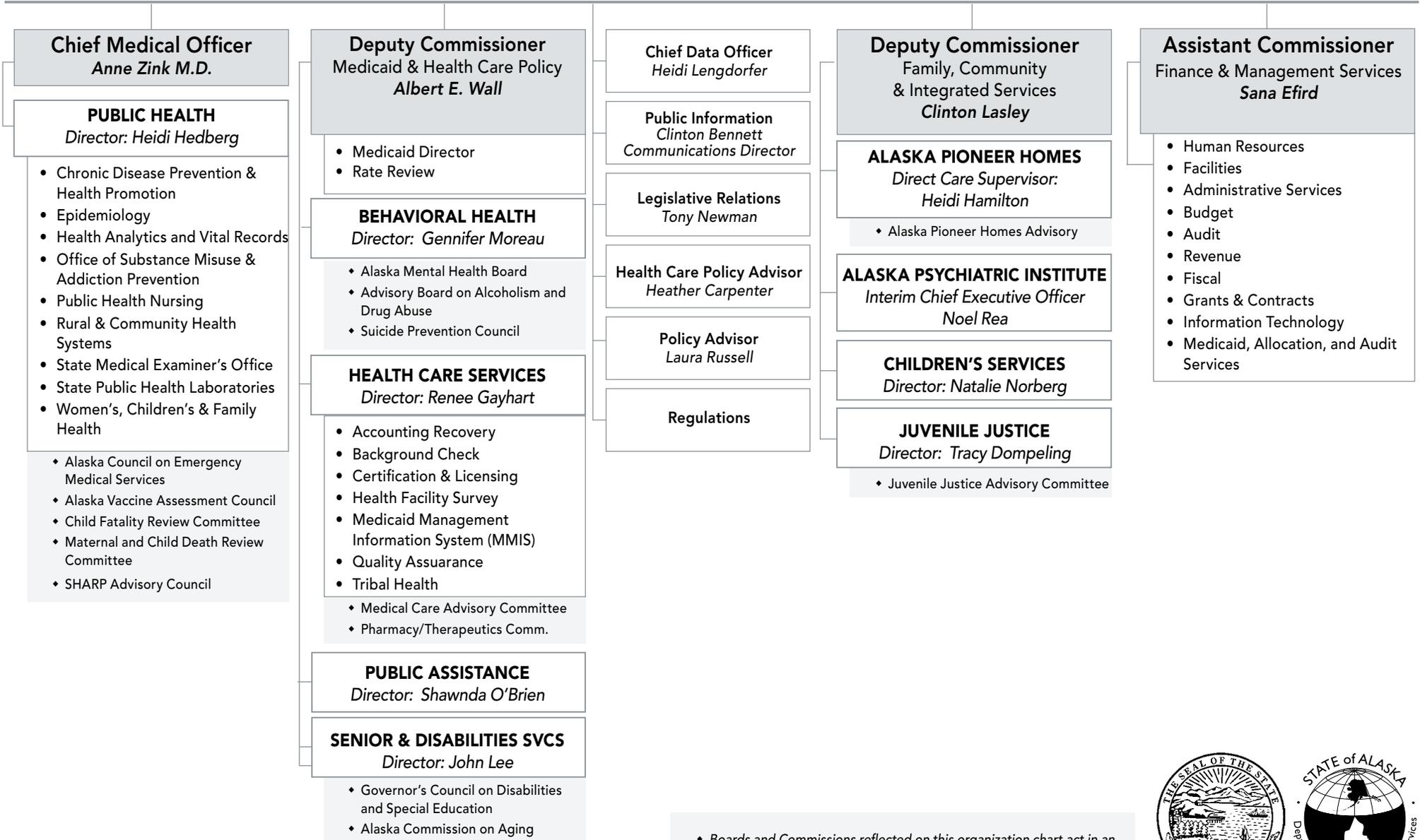


Medicare Information Office: The Division of Senior and Disabilities Services' Medicare Information Office (MIO) is a resource for Alaskans needing assistance with understanding and using Medicare. Funded through the U.S. Administration for Community Living's State Health Insurance Assistance Program and Senior Medicare Patrol, this small Anchorage staff and statewide network of counselors offer one-on-one counseling to Medicare beneficiaries and their families, periodic webinars on Medicare and regular tips on how spot Medicare errors, waste and fraud. Over the past year, MIO has educated and raised awareness – often in collaboration with AARP – about a variety of topics important to Medicare beneficiaries including: Medicare enrollment deadlines, a nationwide genetic testing scam, safeguarding Medicare numbers to prevent fraud, the new Medicare “What's Covered” app and how to find the best Medicare coverage for each individual. ■

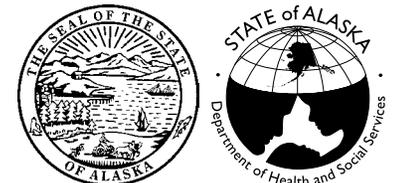


Alaska Department of Health and Social Services

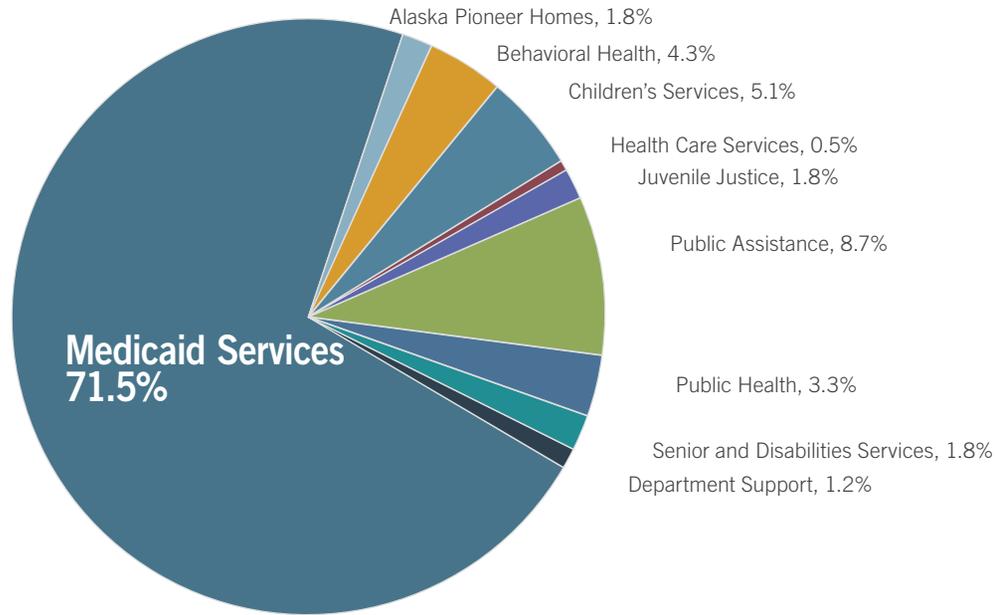
Adam Crum, Commissioner



• Boards and Commissions reflected on this organization chart act in an advisory capacity to those divisions they are aligned with.



FINANCIALS



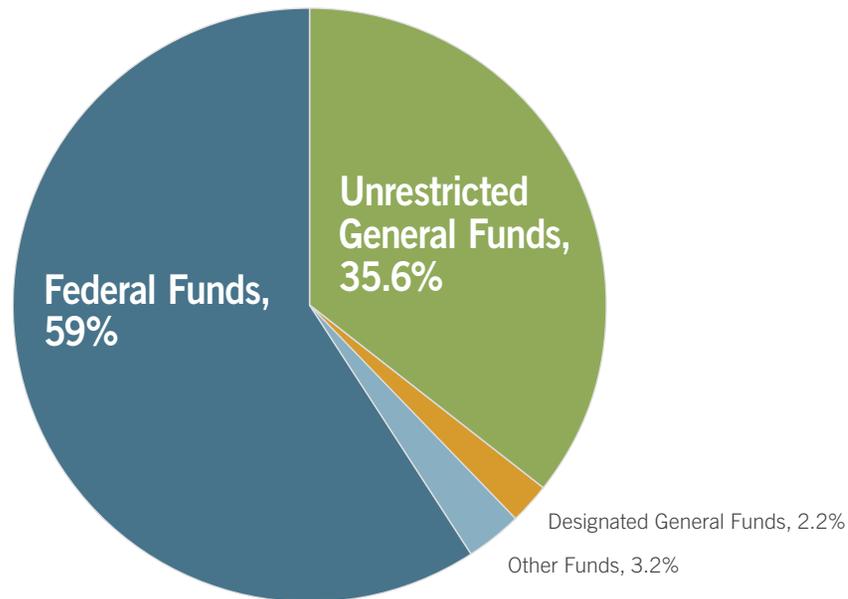
FY2019 Expenditures by Division

Division	2018	2019	2020	2021
Alaska Pioneer Homes	58,828.3	57,435.5	57,950.4	59,268.0
Behavioral Health	132,190.8	128,641.0	127,820.8	140,620.5
Children's Services	156,022.2	169,231.3	161,980.8	164,299.2
Health Care Services	17,298.6	16,603.3	15,616.5	16,908.8
Juvenile Justice	58,109.8	55,586.2	55,884.0	57,684.4
Public Assistance	283,963.5	281,854.9	280,124.0	282,920.0
Public Health	109,413.3	102,649.0	104,178.1	108,477.4
Senior and Disabilities Services	58,081.8	72,294.7	64,438.7	59,024.1
Departmental Support Services	45,471.9	41,845.8	38,931.1	37,426.7
Medicaid Services	1,733,671.7	2,076,956.2	2,086,803.8	2,320,185.6
Total	2,653,051.9	3,003,097.9	2,993,728.2	3,246,814.7

* Includes Human Services Community Matching Grant and Community Initiative Matching Grants

** Boards and Commissions added to DBH and SDS

ACTUAL EXPENDITURES BY FUNDING SOURCE



FY2019 Expenditures by Funding Source

Funding Source	2018	2019	2020	2021
Unrestricted General Funds	1,179,723.6	1,148,583.0	1,130,380.4	1,156,384.5
Designated General Funds	60,912.1	62,319.5	64,202.7	70,972.9
Other Funds	87,801.8	107,277.5	94,771.1	103,178.9
Federal Funds	1,324,614.4	1,684,917.9	1,704,374.0	1,916,278.4
Total	2,653,051.9	3,003,097.9	2,993,728.2	3,246,814.7



Mike Dunleavy, Governor
State of Alaska

Adam Crum, Commissioner
Department of Health & Social Services

3601 C Street, Suite 902
Anchorage, Alaska 99503
Phone: (907) 269-7800
dhss.alaska.gov

Fiscal year: July 1, 2018 - June 30, 2019