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The mission of the Department of Health and Social Services is to promote the health and well-being of Alaskans. We do that every day through a wide variety of programs and services. Our department touches the lives of every person who steps foot in Alaska. From the Pioneer Homes, to birth certificates issued by our office of Vital Records, to the State Medical Examiner’s Office, we are involved in every Alaskan’s life — from birth to death.

While FY 2017 brought continued challenges due to the state’s multi-billion dollar budget deficit, our department is rich with opportunities to better serve Alaskans. Thankfully, our dedicated employees come to work every day with the goal of improving the health and well-being of Alaskans.

Improving the health of Alaskans is a priority because we know that you can’t hunt, work or attend school if you are not healthy enough to do so.

Thanks to Governor Walker’s leadership, we expanded Medicaid in September 2015. At the end of FY 2017, 34,739 Alaskans were enrolled under Medicaid expansion. These Alaskans have peace of mind knowing they are not one cancer diagnosis, one car accident, or one slip on the ice away from bankruptcy or unemployment. Medicaid expansion is also an opportunity to provide Alaskans with health care coverage so they can stay healthy and be contributing members to our society.

Medicaid expansion brought significant federal dollars into our state at a time that our economy needed the boost. Between September 1, 2015 and June 30, 2017, Medicaid expansion was funded by 98.8 percent federal dollars; $477.9 million in federal funds and $5.9 million in state funds.

Medicaid expansion also served as a catalyst for Medicaid reform. In 2016, the legislature passed Senate Bill 74, which enacted comprehensive reform of Alaska’s Medicaid program. Throughout FY 2017, the department worked to implement components of SB 74, including redesigning our behavioral health system, enhancing personal care services, and more.

Another challenge our state is facing is our devastating opioid epidemic. Opioid addiction is a disease that knows no socioeconomic, generational, or racial boundaries. It is plaguing families from all walks of life, in every corner of our state. In 2016, ninety six of the 129 drug overdose deaths in Alaska were related to opioid use.

Under Governor Walker’s leadership, we are addressing this crisis head on. In February 2017, Governor Walker declared Alaska’s first public health disaster to address the opioid epidemic. In response to those efforts, DHSS created the Office of Substance Misuse and Addiction Prevention (OSMAP) to address issues surrounding addiction from a public health perspective. In FY 2017, OSMAP distributed nearly 5,916 anti-overdose naloxone rescue kits and 19,370 drug disposal bags. The department also secured $12 million in multi-year grants to create more substance use disorder treatment programs in Alaska.

In this annual report we have highlighted stories of how we are serving Alaskans and our department’s accomplishments in FY 2017. Big and small, these efforts make a difference in people’s lives and make Alaska the best place to call home.

As Alaskans, we are known for our strength and perseverance, and for surviving the harshest conditions. It is how we’ve made this land our home for thousands of years. While we may face great challenges as a department and as a state, we do our best when we come together to serve Alaskans.

Quyana for your continued partnership.
Valerie Nurr’araaluk Davidson, Commissioner
Department of Health and Social Services
Established in 1913, the Alaska Pioneer Homes provide elderly residents a safe, comfortable, and vibrant community 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.

The homes offer three levels of service, ranging from limited assistance to extensive care related to Alzheimer’s disease and other degenerative brain disorders.

Overview

The Division of Alaska Pioneer Homes 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 Veterans Administration as the Alaska Veterans and Pioneers Home to provide domiciliary care in 2007. The division also has a pharmacy system that supports residents’ health.

The Homes provide three levels of assisted living services to Alaskan 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 the homes hosting students in the health care and pharmacy fields.

The homes’ waitlist continues to grow. Meanwhile, some residents’ needs exceed the highest level of service provided due to complex behavioral health needs. Finding appropriate alternative placements is exceedingly difficult.

The homes served 523 Alaska seniors in FY 2017; 58 percent of those residents require the homes’ highest level of service.

FY 2017 Accomplishments

- In partnership with the Alaska Department of Labor and Workforce Development, the Division of Alaska Pioneer Homes implemented an apprenticeship program for Certified Nursing Assistants in FY 17 for dementia care in its homes.
- In 2015, the division received a performance audit on how to improve business processes such as billing and collections. In FY 2017, the Alaska Pioneer Homes began implementing all of the recommendations outlined in this audit.
- The division began drafting a three-year strategic plan for the Homes.
MISSION:

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

- The division continues to maintain aging infrastructure to minimize impacts to daily operations.
- The Pioneer Home Advisory Board conducted their annual inspection of the properties.

Serving Alaskans

In the fall of 2016, an elder with dementia was admitted from another assisted living home where she was refusing her medication and care, causing a great deal of concern. After first moving into the Pioneer Home she required significant assistance with daily activities, but staff used dementia care techniques and were able to ease her into life at the home. She began to take her medications and increasingly enjoy life. She is well-loved by the entire Pioneer Home community and really enjoys the home’s activities. At the last family visit, her daughter teared up as she commented on how well her mother was doing, and how well she fit into the community.

An elder struggled with anger when he first moved in to the Pioneer Home. Concerned staff, while monitoring him carefully, invited him to help with visiting children who wanted to drum. He agreed, and blossomed. He now teaches the kids every Friday for an hour, sharing his talents and culture with future elders.
The Division of Behavioral Health supports programs across the spectrum of care, from prevention and early intervention to treatment and recovery. This includes funding wellness promotion programs, substance misuse and abuse treatment, and managing the state’s only public psychiatric hospital.

**Overview**

The Division of Behavioral Health manages Alaska’s behavioral health system based on sound policy, effective practices, and partnerships.

The division receives state funds, Medicaid, and federal grants. Grants are typically for services such as suicide prevention, substance misuse treatment, mental health treatment, or other behavioral health treatment. DBH accepts applications from nonprofit agencies for behavioral health service grants, and assists grantees with technical assistance around regulations, policy matters, administrative reporting requirements, and Medicaid billing and documentation.

**The Division**

- Partners with medical provider organizations and other stakeholders throughout Alaska to foster a more holistic, early-intervention and prevention-oriented system of care as a part of the state’s efforts to integrate behavioral health and primary care treatment. This is part of the larger effort to reform Medicaid in Alaska.
- Provides funding for behavioral health services to nonprofit Community Behavioral Health Centers around the state.
- Through the services offered at Alaska Psychiatric Institute, treats citizens in crisis and people charged with crimes but deemed mentally incompetent to stand trial.
- Provides 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.

**FY 2017 Accomplishments**

- With the Division of Public Health, secured $12 million in multi-year grants to create more substance use disorder treatment programs.
- Developed a plan to remodel Alaska Psychiatric Institute to meet new national safety requirements.
• Advanced Medicaid reform to fill gaps in the behavioral health services currently available in Alaska:
  • As a part of the department’s Medicaid reform and redesign efforts, DHSS assessed division staff and private service provider training needs and offered training to those groups on subjects the assessment identified as key areas of need.
  • Changed billing requirements so more providers can offer treatment to Alaskans through Medicaid.
  • Adjusted provider rates for the first time in more than a decade and completed a comprehensive rate review.
  • Continued intensive work to prepare an application to the Centers for Medicare and Medicaid Services (CMS) for an 1115 Behavioral Health Medicaid Waiver Demonstration to improve Alaskans’ statewide access to needed behavioral health services. The application will be filed in early 2018.
  • Prepared and issued a Request for Information (RFI) to determine interest in providing the services of an Administrative Services Organization (ASO) in Alaska. The department aims to issue a Request for Proposals (RFP) in early 2018 for ASO services that would begin in January, 2019. An ASO will help the state improve delivery of behavioral health services in Alaska, saving money and improving access to care.
  • Took public comment and researched new treatments in order to redo regulations in response to a national Medicaid update on autism services, improving Alaskans’ options for care.

Serving Alaskans

On August 27, the Juneau Empire ran a story about a young couple who had enrolled in a new Medication Assisted Treatment program at Rainforest Recovery Center, available through a grant from the divisions of Behavioral Health and Public Health. The treatment allows Alaskans to go through a medication-supported recovery program on an out-patient basis.

The couple cites their baby girl as motivation for sticking with the new program, after having tried to quit using opioids several times before under different methods.

When describing the medication and their new program, the paper quotes the father as saying “as soon as we started taking it, that was the ‘ah’ moment for me, realizing how much it was helping. Like, I felt normal again.”
The Division of Health Care Services (HCS) oversees Medicaid health services in Alaska, including hospitals, physicians, pharmacy, dental, vision, durable medical equipment, transportation, and other medically necessary services. HCS is responsible for protecting Alaska’s most vulnerable populations through its certification, licensing, and background check programs. HCS advocates for health coverage that promotes the optimal health status for all Alaskans and strives to be an innovative leader in the Alaska health care system.

Overview
The primary role of the Division of Health Care Services (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.

Many of the programs provided by HCS are essential to implement Medicaid services in Alaska, and bring health coverage to needy Alaskans. These programs include, but are not limited to, Adult Dental Care; Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); Denali KidCare; Health Care Facilities Licensing and Certification; Certificate of Need; and Alaska Medicaid Coordinated Care Initiative (AMCCI).

Through its many programs, HCS strives to make sure quality health care is available for all Alaskans. The division advocates for health coverage that promotes the optimal health status for people it serves, and strives to be an innovative leader in Alaska health care.

FY 2017 Accomplishments
In light of the state’s fiscal challenges and continued cuts to the department’s general fund budget, the Division of Health Care Services has sought out ways to reduce Medicaid spending and streamline access to quality health care.

In FY 2017, the Division of Health Care Services Accounting and Recovery Section saved the State of Alaska approximately $37 million through auditing, collections, and optimizing other revenue resources.

The division also finished implementing federally-mandated reporting requirements through the Medicaid Management Information System (MMIS). The Transformed Medicaid Statistical Information System (T-MSIS) files were submitted to the Centers for Medicare and Medicaid Services (CMS) on July 2017, and contain records of all claims processed by Alaska Medicaid, in addition to all Provider, Member, and Third Party Liability information. These expanded data reports allow for cross-state comparisons of Medicaid data and national analyses of Medicaid health outcomes.
MISSION:
Providing health coverage to Alaskans in need

Serving Alaskans

Patients benefit when they have a single primary care provider and pharmacy overseeing their health care. This cuts down on unnecessary doctor visits and excessive medications. In FY 2017, the Division of Health Care Services’ Care Management Program identified Medicaid recipients who were over-utilizing services and making frequent trips to emergency departments instead of a primary care doctor. The division assigned those recipients with a single primary care provider and pharmacy. This measure improved the quality of care for those individuals, and saved Alaska’s Medicaid program nearly $3 million.

The Alaska Medicaid Coordinated Care Initiative also streamlined patient care by providing case management and healthcare navigation services to recipients that are high-utilizers of Medicaid benefits. This saved the State of Alaska another $8.5 million through reductions in emergency room use and inpatient hospitalizations.

The division also funds a system to connect Alaska’s hospitals through a Health Information Exchange (HIE). The exchange links 17 hospitals and numerous individual health care providers to share patient data. This improves care coordination and saves patients’ time by limiting trips between providers. The development of technologies such as HIE and electronic health records have allowed for the exchange of health care data and patient records in a safe and efficient way.
The Division of Juvenile Justice (DJJ) promotes the safety and restoration of victims and communities, and works to hold youth offenders accountable for their actions. The division’s work 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

Over 75 percent of Alaska’s juvenile offenders are on probation and 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 youth and family in working with public safety and the legal system
- Contacting and supporting victims
- Monitoring juvenile offenders to ensure they are held accountable

The Division of Juvenile Justice manages seven secure youth facilities across the state, located in Bethel, Fairbanks, Juneau, Palmer, Anchorage, Kenai, and Nome. These facilities provide secure detention (generally for 30-days or less) or court-ordered treatment for Alaska youth. In total, the division operates 106 detention beds and 114 treatment beds across the state. DJJ facilities provide a range of services, including:

- Counseling for individuals, group, and family
- 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

FY 2017 Accomplishments

Throughout FY 2017, the Division of Juvenile Justice worked to promote community safety and restore the youth in its custody. This included the following accomplishments:

- DJJ facilities worked to establish compliance with the federal Prison Rape Elimination Act (PREA). In October 2017, Governor Walker certified the division’s compliance to the US Department of Justice dating back to November 2016. This certification ensures DJJ staff are trained and prepared to
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.

- prevent, detect, report, and respond to incidents of sexual abuse in the division’s detention and treatment facilities.
- DJJ continues to build strong relationships with rural communities and Alaska Tribes. Juvenile Probation Officers regularly meet with village council presidents, city and tribal leaders, youth service workers, school personnel, and village public safety officers to better serve rural youth. The division now has Tribal Court Agreements with several villages, including Nulato, St. Paul, Utqiagvik, Tanana, and Fort Yukon, to outline how DJJ and Tribes will work together when a juvenile commits a delinquent act.
- The Seven Challenges substance abuse treatment program was implemented at the division’s four institutional treatment facilities. Groups are co-facilitated by Mental Health Clinicians (MHCs) and Juvenile Justice Officers (JJOs), with MHCs providing weekly clinical supervision for staff.
- DJJ has worked with the Alaska Mental Health Trust Authority in recent years to expand mental health services available to DJJ clients. In August 2017, the division implemented policies that guide the services provided by DJJ mental health clinicians to juveniles in probation, detention, and institutional treatment programs.

Serving Alaskans

The Division of Juvenile Justice helps youth offenders develop life skills that will discourage them from committing future crimes. A youth who entered DJJ’s treatment program at Johnson Youth Center in Juneau had an extensive history of substance misuse, property crime, and probation violations. While the youth initially showed little interest in the facility’s academic and vocational programs, DJJ treatment staff worked with his teachers to create a realistic course load that allowed him to progress. The youth graduated from high school in 2016 and enrolled in the facility’s culinary arts program. Today the youth lives out-of-state and has successfully completed his first year of community college. He is working fulltime at a local Dairy Queen, and was recently promoted to night manager.
The Office of Children’s Services (OCS) works with families and community organizations to promote the well-being of Alaska children. OCS works to provide children with safe and permanent homes, maintain cultural connections, and help families realize their potential.

Overview
The Office of Children’s Services has 24 offices in five regions of the state: the Northern region, the Western region, the Southcentral Region, the Anchorage region, and the Southeast region. Caseworkers in these regional offices meet with families to develop case plans, address child safety, and work towards reunification of families.

OCS Office Locations:
- Utqiagvik
- Kotzebue
- Nome
- Fairbanks
- McGrath
- Delta Junction
- St. Mary’s
- Bethel
- Aniak
- Anchorage
- Wasilla
- Gakona
- Dillingham
- King Salmon
- Kenai
- Homer
- Seward
- Valdez
- Kodiak
- Juneau
- Sitka
- Petersburg
- Craig
- Ketchikan

FY 2017 Accomplishments
- OCS made it easier to report cases of suspected child abuse by establishing one centralized intake office for the entire state. Alaskans who know of a child that may be at risk of abuse or neglect can now call 1-800-478-4444 or email reportchildabuse@alaska.gov. OCS also expanded intake office hours from 7 a.m. to 7 p.m., allowing Alaskans to report suspected child abuse outside regular business hours.
- The Office of Children’s Services worked with Alaska Tribes and partner agencies to establish the Transforming Child Welfare Outcomes for Alaska Native Children Strategic Plan, 2016-2020. This five-year plan seeks to transform the child welfare system to achieve better results for all children. The plan has six strategic priorities which include:
  - Respectful government-to-government collaboration and partnership
  - Self-governance
  - Embrace and implement the spirit of the Indian Child Welfare Act
  - State government alignment
  - Community engagement
  - Culturally specific services and support
MISSION:
Safe children, strong families.

- The Coaching Supervisors to Best Practice program was established to increase the critical thinking skills of supervisors and managers, and provide them with the tools to support their workers. This effort will improve outcomes for families and help increase retention of the OCS workforce over time.
- OCS managers examined the division’s internal processes to identify duplicative, unnecessary, or outdated work practices. Managers made recommendations for immediate changes such as increased supervisor authority for approving funding requests to support one-time or time-limited and individualized service needs and eliminating the need for some agency forms.
- OCS completed an in-depth federal Child and Family Services Review (CFSR) in May 2017. The review outlined areas of strength and areas needing improvement. OCS is developing a Program Improvement Plan to further detail the efforts to address areas of needs from the CFSR.

Serving Alaskans

Reunification of a child with their parent(s) is always the division’s primary goal. OCS has been making steady improvement in recent years to reunify more children with their families. In FY 2017, 58 percent of the children who left foster care were reunified with their parent(s) - the division’s highest rate ever and a 10 percent increase from FY 2013. This is keeping more families together, and ensuring children remain connected to the culture and traditions of their ancestors.

OCS is also working to help former foster youth obtain a higher education and thrive in their adult lives. While a post-secondary education and training is imperative to the overall success of youth transitioning from foster care to adulthood, fewer than 10 percent of foster youth obtain a bachelor’s degree. Since 2012, OCS has administered the Education and Training Voucher (ETV) Program to provide funds and tuition waivers to the University of Alaska for youth transitioning out of foster care. In FY 2017, a record-breaking 65 foster youth successfully graduated high school, and more than half of them plan to further their education by participating in the Education and Training Voucher Program.
The Division of Public Assistance provides basic safety net services for the poor, 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

The Division of Public Assistance helps needy individuals and families reach higher levels of independence. Throughout FY 2017, the Division of Public Assistance served more than 242,000 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.
- **Family Nutrition Program**: Includes WIC; Farmer’s Market Nutrition Programs; and SNAP Education program.
- **Supplemental Nutrition Assistance Program (SNAP – known as food stamps)**: Provides nutrition assistance to income eligible Alaskans.
- **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 Alaska seniors.
- **Temporary Assistance for Needy Families**: Provides financial assistance to low-income families with children while assisting them with activities to become self-sufficient.

FY 2017 Accomplishments

- The Division of Public Assistance established agreements with four non-profit agencies in Anchorage to assist SNAP recipients become more self-sufficient through the Division’s Employment and Training Program:
MISSION:
We promote self sufficiency and provide basic living expenses to Alaskans in need.

- Goodwill (job searches)
- Alaska Literacy Program (English as a second language)
- Partners for Progress (job training, housing, and job search)
- Downtown Soup Kitchen (training in culinary arts)

- The Division of Public Assistance’s Employment and Training program was chosen to participate in the national SNAP to Skills project. Alaska is one of 10 states participating in the project, which will provide technical assistance to grow the Employment and Training program beyond Anchorage.

- Between April 2017 and June 2017 the division reduced its SNAP application backlog. DPA has received recognition from the Food & Nutrition Service for improving its timeliness from 77 percent of applications being processed in a timely manner to 93 percent. DPA began working on its Medicaid application backlog in June and has reduced the backlog of these applications by 24 percent.

Serving Alaskans

The Employment and Training program provides job coaching, training, and support to help SNAP recipients get jobs or increase their earnings so they can become self-sufficient. In FY 2017, seven DPA clients saw significant gains in their lives, thanks to the Employment in Training Program (names have been changed):

- Ahmed improved two grade levels in reading during an eight-month period.
- Julia gained a grade level in reading and completed a Certified Nursing Assistant (CNA) training course.
- Ella advanced a level in English literacy skills and improved her oral language skills.
- Manuela started part-time employment while continuing her studies at Anchorage Literacy Project.
- Aaliya passed her interview to become a U.S. citizen.
- Mary and Anna joined the Employment and Training program through Goodwill, after moving to Alaska. They were on the verge of homelessness and needed to act fast. The program helped them with their resumes and job leads, and provided them computer access. When they were scheduled for interviews, the program provided them with clothing vouchers so they could be successful and confident in their interviews. They both found employment in a local gift shop less than three weeks after arriving in Alaska.
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

The Division of Public Health 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.
- **Rural and Community Health Systems**: Strengthens healthcare, emergency medical services and trauma systems to maintain quality day-to-day services and prepare for disasters.
- **Epidemiology**: Monitors and responds to communicable disease threats and disease outbreaks (e.g., HIV/AIDS, influenza, tuberculosis, and foodborne illness); violent death and other injury data collection and analysis; and environmental, occupational and other health hazards. Provides state-supplied vaccines for Alaskans and tracks vaccinations administered.
- **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.
- **Health Analytics and Vital Records**: Ensures the accuracy and integrity of all vital records for the State of Alaska. Provides information to evaluate health programs, monitor the health of Alaskans, and evaluate the cost and quality of healthcare. Maintains the Medical Marijuana Registry.
- **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.
- **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.

FY 2017 Accomplishments

In February 2017, Governor Walker declared a public health emergency to address Alaska’s growing rates of opioid overdose and addiction. Alaska’s Chief Medical Officer and Division of Public Health Director
MISSION:
To protect and promote the health of Alaskans

Dr. Jay Butler leads the Governor’s Incident Command System, coordinating response efforts across all state departments.

In FY2017, the Division of Public Health served Alaskans and in every corner of the state.

- Conducted over 40 outbreak investigations and infectious disease responses;
- Performed 1,792 HIV tests and linked 61 persons with HIV medical care;
- Reached over 100,000 Alaskans at community health events and provided immunizations; tuberculosis screening; sexually transmitted disease prevention; obesity prevention; interpersonal violence education; community emergency preparedness; and substance misuse screening and prevention.
- Conducted 206,164 laboratory tests and implemented improvements to hepatitis C screening.
- Identified over 160 patients with tuberculosis and provided medication, preventing further disease spread.
- Screened over 250 expecting mothers at Public Health Centers for opioids, marijuana, tobacco, and alcohol use prior to delivery, and made treatment referrals as needed to prevent harm to their babies.
- Published over 30 health analytic reports to provide Alaskans with current public health data, and responded to over 1,000 data analysis requests from state, federal, tribal, and external agencies.
- Improved the timeliness and specificity of drug overdose reporting, and provided information on emerging substances such as fentanyl.

Serving Alaskans

On a Friday morning, the newborn bloodspot screening (NBS) program received an urgent call from the laboratory: a baby’s screening results indicated he had a life-threatening disorder that can cause death within the first week of life. Just a few days before the call, the rural, off-road hospital where he was born began participating in an NBS pilot project using couriers and air cargo to expedite shipping of the newborn bloodspots that enable early detection of a variety of disorders. Thanks to this partnership, his results came in when he was just five days old. He started on medication that day and subsequent lab work showed that he had not suffered any permanent disability; he can live a long and full life.

The Rural and Community Health Systems’ Trauma Unit has trained over 1,500 first responders and provides communities across the state with critical emergency response equipment. When an individual suffered a life-threatening gunshot wound to the leg, the responding Alaska State Trooper utilized training and equipment provided by DPH and the Trauma Unit. The trooper applied a tourniquet at the scene and the patient was flown to a trauma center to receive care. After surgery, doctors said the patient would have lost his life or his leg if not for the quick response of the trooper. Troopers reportedly saved at least nine lives; training and equipment was provided by DPH.
Senior and Disabilities Services helps vulnerable Alaskans overcome barriers to independence, and supports their safety, personal choice and dignity.

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 open an assisted living home.

Division employees also provide technical assistance to service providers around billing, regulations, and quality control.

Overview

The Division of Senior and Disabilities Services (SDS) oversees approximately $500 million in long term services and supports for Alaska seniors and individuals who experience disabilities; personal care services and supports; and state and federal grant programs for seniors and persons with disabilities.

The division directly supports vulnerable Alaskans in cases of neglect, fraud, financial exploitation, or abuse through the Adult Protective Services program. 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.

FY2017 Accomplishments

• Collaborated with the Medicaid Fraud Control Unit and program integrity on 283 investigations, with 75 substantiated allegations.
• Aging and Disability Resource Centers assisted 18,156 Alaskans, often with screenings to find them appropriate services.
• Senior community-based programs helped approximately 35,700 individuals through outreach, referrals, meals, transportation, chores, case management, adult day services, health promotion and disease prevention, caregiver support and more.
• Prepared a new Medicaid waiver for Alaskans with Developmental Disabilities, to help them thrive in their home community. The division’s Home and Community Based Services Assessment units completed 119 telehealth assessments and 81 telehealth re-assessments in rural Alaska, saving travel time and costs over in-person assessments.
• Adult Protective Services received 7,494 reports of harm and, after assessing them, investigated 1,757. The unit’s services help to prevent or stop harm to vulnerable adults; they include information and referral, protective placement, guardianship/conservatorship counseling and mediation.
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.

- The General Relief/Temporary Assisted Living program served 846 vulnerable adult Alaskans, working with care coordinators, hospital discharge planners, assisted living homes, family members, and Adult Protective Services.
- Received initial approval from the Centers for Medicare and Medicaid Services for Alaska’s assessment of the state’s new federal home- and community-based settings requirements, known as the Settings Transition Plan.
- Refined Personal Care Services regulations, clarifying allowable personal care services tasks, and adding improved fraud and abuse prevention mechanisms.
- Brought two programs that support vulnerable Alaskans into SDS from other divisions; the Infant Learning Program and the Centers for Independent living.
- The Infant Learning Program held a training for 102 professionals on supporting the families of medically fragile infants leaving newborn intensive care units.
- SDS holds monthly outreach webinars with 100-250 attendees, and taught approximately 750 service providers about new federal home- and community-based settings requirements.
- In partnership with the Alaska Training Cooperative at the University of Alaska Anchorage, offered new classes for first-time care coordinator applicants. Held a two-day care coordinator conference in Anchorage attended by about 250 professionals.

Serving Alaskans

In April 2017, the Division of Senior and Disabilities Services’ Alaska Early Intervention/Infant Learning Program (Alaska EI/ILP) hosted a training for health care providers that focus on early intervention for children with disabilities. The training featured Dr. Joy Browne, founder and director of WONDERbabies, and an expert in treating infants who have been diagnosed with cognitive disabilities. Providers and families from across Alaska attended this two-day event, which focused on supporting newborns, young infants, and their families to address critical developmental needs. The event also featured a panel presentation from parents of children with disabilities to share their experiences with providers in this community.
The Office of Substance Misuse and Addiction Prevention (OSMAP) was created to facilitate multi-agency coordination in the state’s effort to reduce addiction in Alaska. OSMAP also strives to develop and implement evidence-based strategies and policies when it comes to substance use disorders as well as improve understanding of addiction and methods for prevention. OSMAP strives to prevent dependence on opioid drugs; reduce addiction by recognizing and treating it; and reverse the life-threatening effects of overdose.

Overview

In February 2017, Governor Walker signed Administrative Order 283, declaring Alaska’s growing opioid epidemic a public health emergency. To build on those efforts, the Department of Health and Social Services (DHSS) created the Office of Substance Misuse and Addiction Prevention (OSMAP), which is overseen by Alaska’s Chief Medical Officer Dr. Jay Butler.

OSMAP brings together experts from the Divisions of Public Health and Behavioral Health, as well as staff from other State of Alaska departments and Joint Base Elmendorf-Richardson to address issues surrounding substance misuse and addiction prevention from the public health perspective.

OSMAP supports community efforts to address substance misuse and addictions involving prescription drugs (including prescription opioids), illicit drugs (heroin, meth, and cocaine), marijuana and alcohol, with a particular focus on fetal alcohol spectrum disorder (FASD). OSMAP also focuses on community, provider and school-based education to improve knowledge and promote behaviors that prevent and reduce addiction. By reducing substance misuse, the secondary effects of addiction (crime, broken families, disconnected communities) will be reduced to the end that we can all live in a safer Alaska.

FY2017 Accomplishments

- In FY2017, OSMAP’s Project HOPE distributed 5,916 opioid reversing naloxone rescue kits and provided training on their use to first responders across the state. Project HOPE also trained and approved 63 Opioid Response Programs that help ensure rescue kit training and distribution continues at the local level.

- With help from many partner agencies, Project HOPE distributed 19,370 drug disposal bags in FY 2017 to communities across Alaska. This provided individuals with a means to safely dispose of opioids and other unused prescription medications.

- The Palmer Police Department saved six lives in FY2017 after officers were trained to administer naloxone nasal spray kits through Project HOPE. Having the kits in the hands of trained officers reverses the effects of opioid overdoses more quickly.
MISSION:
The mission of the Office of Substance Misuse and Addiction Prevention at the Department of Health and Social Services is to implement public health approaches to prevent and reduce substance use disorders and support community-based activities across Alaska.

Serving Alaskans

As part of OSMAP’s Project HOPE program, all Dillingham police officers and state troopers are trained to use naloxone. When a truck in downtown Dillingham slammed into a parked vehicle because the driver had overdosed, first responders administered naloxone at the scene of the accident. The woman quickly regained consciousness and was taken to the hospital, creating the opportunity for referral and treatment. Immediately following the accident, a family member contacted the Dillingham Public Health Center to obtain a rescue kit and to learn more about treatment options.

When a patron at a Southeast Alaska homeless shelter overdosed, another patron saw what was happening and had a naloxone kit. The patron with the kit provided appropriate treatment while awaiting arrival of an ambulance. It was discovered afterwards that the patron with the naloxone kit had received Project HOPE training from a public health nurse in the community and that is how he knew what to do in that situation.

One client visited a Division of Public Health clinic for a non-drug related screening. During her time with the public health nurse, she expressed concern that she or her boyfriend would overdose after hearing reports of fentanyl-laced products in the community. She received naloxone from the center and in a follow-up visit a week later, the client said she had already used the kit to revive someone who was overdosing.

A Division of Public Health clinic client from a half-way house parole program told the public health nurse he had overdosed the previous week and that a bystander administered two doses of naloxone. He said “it saved my life and I shouldn’t be here today.” He shared his struggle with addiction since receiving prescription opioids for a back injury, which caused him to become addicted to heroin and contract hepatitis C. The public health nurse provided the client with naloxone training, discussed risk reduction and treatment strategies, and shared resources for local HIV screening.
Boards and Commissions reflected on this organization chart act in an advisory capacity to those divisions they are aligned with.
**Actual expenditures (total funds) by division**

- Alaska Pioneer Homes, 1%
- Behavioral Health, 4%
- Children's Services, 6%
- Health Care Services, 1%
- Juvenile Justice, 2%
- Public Assistance, 9%
- Public Health, 4%
- Senior and Disabilities Services, 2%
- Department Support, 2%

**69% Medicaid Services**

FY2017 Expenditures by Division

- Federal Funds, 56%
- Unrestricted General Funds, 38%
- Designated General Funds, 2%
- Other Funds, 4%

**Actual expenditures by funding source**

<table>
<thead>
<tr>
<th></th>
<th>FY2015</th>
<th>FY2016</th>
<th>FY2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska Pioneer Homes</td>
<td>61,138.5</td>
<td>58,828.3</td>
<td>57,435.5</td>
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<tr>
<td>Behavioral Health **</td>
<td>135,183.0</td>
<td>132,190.8</td>
<td>128,641.0</td>
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<tr>
<td>Children's Services</td>
<td>146,531.9</td>
<td>156,022.2</td>
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<tr>
<td>Health Care Services</td>
<td>19,351.3</td>
<td>17,298.6</td>
<td>16,603.3</td>
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<tr>
<td>Juvenile Justice</td>
<td>59,267.2</td>
<td>58,109.8</td>
<td>55,586.2</td>
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<tr>
<td>Public Assistance</td>
<td>297,607.5</td>
<td>283,963.5</td>
<td>281,854.9</td>
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<td>Public Health</td>
<td>111,866.0</td>
<td>109,413.3</td>
<td>102,649.0</td>
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<td>Senior and Disabilities Services **</td>
<td>61,893.3</td>
<td>58,081.8</td>
<td>72,294.7</td>
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<td>Departmental Support Srvs *</td>
<td>46,087.8</td>
<td>45,471.9</td>
<td>41,845.8</td>
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<tr>
<td>Medicaid Services</td>
<td>1,581,768.4</td>
<td>1,733,671.7</td>
<td>2,076,956.2</td>
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<tr>
<td>Total</td>
<td>2,520,694.9</td>
<td>2,653,051.9</td>
<td>3,003,097.9</td>
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</table>

Total Funds: 2,520,694.9, 2,653,051.9, 3,003,097.9

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

**Boards and Commissions added to DBH and SDS**
**FY2018 Management Plan Budget**

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<tr>
<th>Medicaid</th>
<th>$1.7 billion</th>
<th>64%</th>
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<tr>
<td>Non-formula grants/benefits</td>
<td>$174.3M</td>
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<tr>
<td>24/7 Facilities</td>
<td>1,188 positions</td>
<td>$133.0M</td>
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<tr>
<td>Direct Services</td>
<td>1,225 positions</td>
<td>$93.0M</td>
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<td>Admin &amp; support</td>
<td>1,081 positions</td>
<td>$241.2M</td>
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<tr>
<td>All other formula</td>
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<td>$289.3M</td>
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**DHSS FY2018 Management Plan All funds — $2.7 billion**

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>$564.2 million</th>
<th>54%</th>
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<td>Non-formula grants/benefits</td>
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<tr>
<td>24/7 Facilities</td>
<td>731 positions</td>
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<td>Direct Services</td>
<td>857 positions</td>
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<td>Admin &amp; support</td>
<td>453 positions</td>
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<td>$135.6M</td>
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**DHSS FY2018 Management Plan UGF, Only — $1.0 billion**

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**Medicaid**

**Non-Formula Grants/Benefits:** Behavioral Health, Children’s Services, Juvenile Justice, Public Assistance, Public Health, Senior and Disabilities Services, Human Service/Community Initiative Matching Grants.

**24/7/DHSS Facilities:**
- Alaska Psychiatric Institute — Anchorage
- Pioneer Homes — (6) — Sitka, Fairbanks, Palmer, Anchorage, Ketchikan, and Juneau.
- DJJ Youth Facilities — (7) — Nome, Bethel, Kenai, Anchorage, Palmer, Fairbanks, and Juneau

**Direct Services:** Front Line Social Workers, Public Health Nursing, Public Assistance Field Services, and Juvenile Justice Probation Services.

**Admin & Support:** Administration of Medicaid Services and non-formula grant/benefit programs, Commissioner’s Office, and Finance and Management Services.

**All Other Formula Programs:**
- Children’s Services - Foster Care Base Rate, Augmented Rate, and Special Needs; and Subsidized Adoptions & Guardianship
- Health Care Services - Catastrophic and Chronic Illness Assistance
- Public Assistance - AK Temporary Assistance, Adult Public Assistance, Child Care Benefits, General Relief Assistance, Tribal Assistance, Senior Benefits, and Energy Assistance