



ANNUAL REPORT

ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES

2017-18

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

Commissioner's Message

Promoting and protecting the health and well-being of Alaskans is the mission of the Department of Health and Social Services (DHSS). It's a mission I took to heart when I became DHSS Commissioner on December 3, 2018.

The work we do here at DHSS is complex, far-reaching and affects the lives of all Alaskans. From the staff at our six Alaska Pioneer Homes to our public health nurses who serve 280 communities across the state, from the Health Analytics and Vital Records Section that issues birth, marriage and death certificates to the Office of Substance Misuse and Addiction Prevention working to combat Alaska's opioid epidemic, all of our work filters back to striving to fulfill that core mission.

The information in this annual report is for Fiscal Year 2018. I was not in my current role during this year but as evidenced in the report, my predecessors performed commendable work during their time at DHSS. Dr. Jay Butler, who led the agency prior to the administration change, was gracious with his time and energy during the transition. I thank him for not only leading the state's largest department but also for the many talented professionals he brought to DHSS over the years who I am now fortunate to work with.

We look forward in the coming year to strengthening our commitment to our mission while improving customer service for our clients, implementing stronger quality assurance processes and finding efficiencies that save resources while improving workflow.

We are proud of what we've accomplished and look forward to the challenges ahead.

Sincerely,
Commissioner Adam Crum



ALASKA PIONEER HOMES

Established in 1913, [Alaska Pioneer Homes](#) provide 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.

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 (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 Veterans Administration 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. Meanwhile, some residents' needs exceed the highest level of service provided due to complex behavioral health needs. Finding appropriate alternative placements is exceedingly difficult.

FY 2018 Accomplishments

- The homes served 567 Alaska seniors in FY 2018; 57 percent of those residents require the highest level of service.
- A divisionwide strategic plan was developed in October 2017 with successful implementation beginning shortly afterward. Many of the first year goals were met, including improvements

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

in elder care and continuous quality improvement, increasing financial stability, medication management, staff training, community outreach, and facility maintenance.

- Many centennial birthdays were celebrated, with each home hosting a centenarian party in collaboration with the Alaska Commission on Aging.





- The first year of the CNA Dementia Specialty Apprenticeship program was a success with 10 Pioneer Home certified nursing assistants graduating and 14 more currently enrolled. This registered apprenticeship is a partnership between 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 program took two years to develop and features in-depth training in dementia care and other long-term specialties. The continuation of this program allows Pioneer Home staff to grow

professionally and improve the quality of care they provide on a daily basis.

- The homes successfully completed key deferred maintenance projects.
- Across the division, the waitlist was transferred from an outdated system to a new electronic health record system. The new system has improved efficiencies and communications between the homes and central office, eliminating areas of duplicate data entry.
- The Alaska Pioneer Homes Pharmacy successfully transitioned from a biweekly to a 28-day cycle fill for generic

medications; eliminating double copay for many elders. 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 the University of Southern California, Washington State University, and the University of Idaho have completed the program.

- Each Pioneer Home now has a certified Teepa Snow Positive Approach to Care Trainer to

help increase the skills of staff working with elders suffering from dementia.

The Pioneer Homes continued to serve as a clinical site for 13 school programs across the state.

The division collaborated with the Alaska Mental Health Trust Authority to secure funding for a Pioneer Homes' staffing analysis. The staffing analysis was completed in November 2018. The results of this analysis will allow the division to have a better understanding of current and future staffing needs, which enables them to serve senior Alaskans to the best of their abilities. ■



ALASKA PSYCHIATRIC INSTITUTE

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

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 accrediting bodies to include CMS, the Joint Commission, health facilities, and licensing.

The division receives state funds, interagency receipts from claims related to Medicaid beneficiaries/DSH (Disproportionate Share Hospitals), 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 (includes 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 also 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.

FY 2018 Accomplishments

- API's nursing structure continues to undergo realignment as more nurses are being recruited (with three new hires in recent months).
- With the goal of being consistent with the industry for compliance and oversight, Restructuring Quality Improvement was changed to Quality Assurance & Performance Improvement (QAPI). A qualified QAPI director has been hired.

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

- Leadership continues to increase hospital transparency with the community and with all stakeholders involved.
- API was removed from inside the Division of Behavioral Health and restructured as a stand-alone division.
- DHSS is exploring initiatives that increase community partnership in caring for psychiatric needs, such as the recent contract with North Star Hospital and an expansion of psychiatric services at Fairbanks Memorial Hospital. ■



BEHAVIORAL HEALTH

[The Division of Behavioral Health \(DBH\)](#) supports programs across the spectrum of care, from prevention and early intervention to treatment and recovery. This includes funding wellness promotion programs, substance use disorder and mental health treatment, and managing the state's only public psychiatric hospital prior to reorganization in December 2018 that created a unique division for the Alaska Psychiatric Institute (API).

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 a statewide network of nonprofit agencies that receive grants for services

that include 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 when Medicaid, insurance, or self-pay cannot pay. DBH oversees Medicaid Behavioral Health (mental health and substance use disorder 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 or 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.

MISSION: Partners promoting healthy communities.

FY 2018 Accomplishments

- With the Division of Public Health, secured \$12 million in funding to expand access to substance use disorder treatment including crisis stabilization, residential treatment, ambulatory withdrawal management services, and short term housing assistance.
- Coordinated with Division of Public Health to increase screening, brief intervention, and referral to treatment services for pregnant women and women post-delivery.
- Successfully reduced behavioral health treatment grants due to increased access to Medicaid coverage and provided support to providers experiencing Medicaid service delivery and billing challenges.
- Implemented a new "Department Approval" process to enroll new, non-grantee Medicaid behavioral health providers with considerable training and technical assistance from DBH staff.



- Obtained Centers for Medicare & Medicaid Services (CMS) approved applications for Behavioral Health 1115 Medicaid Waiver Demonstration Project.
 - Advanced Medicaid reform goals through on-going training for division staff and private service providers to address knowledge gaps and key areas of need for the 1115 waiver.
 - Implemented new autism services regulations in response to a national Medicaid update on autism services; improving Alaskans' options for care.
 - Assisted with a comprehensive review of Medicaid fee-for-service behavioral health rates to cover the actual cost of service delivery
 - Developed peer support certification process to expand access to a cost-effective workforce to support individuals with substance use disorders and behavioral health conditions.
 - Coordinated staff and provider training in best practice models substance use disorder treatment, medication assisted treatment, family treatment for children with serious emotional disturbances, for improving outcomes for transition age youth, mobile outreach and crisis response, and for other areas.
 - Leveraged \$13.9 million in federal funds to replace general fund (rebased rates will be effective January 2019).
- decreases. DBH expects this to increase by FY 2020 through:
- Opioid Grants (\$9.1 million):
- ♦ State Targeted Response (FY 18-19).
 - ♦ Medication Assisted Treatment — Prescription Drug and Opioid Application (Ends FY 19).
 - ♦ PDO Project Hope (FY19-21).
 - ♦ State Opioid Response (FY 19-20).
- Other Grants - \$11.0 million
- ♦ PATH (FY 19-23): Services for mentally ill patients at risk of homelessness.
 - ♦ Partnership for Improved Outcomes (Ends EOY
- FY 19): To achieve better outcomes with children and their families in areas of trauma, mental illness, and delinquency.
- ♦ Partnership for Success (FY 19-20): Substance abuse prevention activities.
 - ♦ HRSA Annual Amount (FY 19-23): Telehealth/rural access to psychiatric care.
 - ♦ SABG Block Grant: Community-based substance abuse treatment.
 - ♦ MHBG Block Grant: Community-based substance abuse treatment. ■



HEALTH CARE SERVICES

[The Division of Health Care Services \(HCS\)](#) provides all eligible Alaskans access and oversight to the full range of appropriate Medicaid services, including but not limited to hospitals, physicians, pharmacy, dental, vision, durable medical equipment, and medically-related transportation. HCS also protects Alaska's most vulnerable populations through our certification and licensing sections.

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.

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; Background Check Program; Certificate of Need; and Alaska Medicaid Coordinated Care Initiative (AMCCI).

Through quality service, prudent use of resources, and satisfied and productive

employees we will promote good health for the people we serve, via ACCESS:

ARTICULATE

Use skills and tools to clearly elicit and convey effective feedback, goals, and guidance to all customers and team members.

COMPETENT

Maintain the knowledge, skills, and ability necessary to perform our jobs and treat everyone with dignity.

CONSTRUCTIVE

Embrace evidence, data and best practices to innovate and to improve everything we do; never accept "good enough," or "that's the way it's always been done."

MISSION: Providing health coverage to Alaskans in need.

ETHICAL

Set an example of the ethical values of our division, department, and state; recognize and respond to risks; respect and value each member of our team.

STRATEGIC

Appropriately follow policies and procedures; model creativity and support to our team members by giving authority along with responsibility.

SINCERE

Inspire our team members and customers through positive attitudes and by our consistency, fairness, and transparency.

FY 2018 Accomplishments

In light of the state's fiscal challenges and continued cuts to the department's general fund budget, HCS has sought ways to reduce Medicaid spending and streamline access to quality health care.



HCS' Accounting and Recovery Section saved the State of Alaska approximately \$361.7 million through auditing, collections, and optimizing other revenue resources.

The division achieved federal certification of the Medicaid Management Information System (MMIS). The Transformed Medicaid Statistical Information System (T-MSIS) mandated update to the MMIS system was approved and implemented. This new reporting system contains 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.

The division implemented several Medicaid reform initiatives including enrollment of behavioral health aides and community health aides. Design work for the 1915(k), Community First Choice waiver, and the 1915(c), Individualized Support Waiver, was implemented in October 2018.

The division implemented licensing fees for 110 of the 130 health facilities licensed by HCS in Alaska to help offset the general fund cost of the program.

The Residential Licensing Section licensed and monitored 699 residential facilities statewide.

The division planned and designed a new data profiling tool to analyze recipients and providers to more accurately identify those that over-

utilize services, and to more quickly detect fraudulent activity. The new system went live in December 2018. ■



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 arrested and housed in secure facilities. On an average day 78 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.
- Case management and referral services for youth referred to DJJ.

For more serious offenders and those youth needing more intensive services, DJJ manages seven secure youth facilities across the state. The facilities are 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's youth. In total, the division operates 102 detention beds and 112 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.

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.

FY 2018 Accomplishments

Throughout FY 2018, 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 2018, 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 continues to build strong relationships with rural communities and Alaskan Tribes. JPOs regularly meet with Tribal and community leaders, residential service providers, school personnel, and village public safety officers to better serve rural youth. The division now has Tribal Court Agreements with 15 villages that outline how DJJ and Tribes will work together when a juvenile commits a delinquent act.
- DJJ has been awarded a \$720,000 three-year grant from the Office of Juvenile Justice and Delinquency Prevention to improve services for youth with substance abuse and

mental health diagnoses. The goals of the grant includes improvement of treatment programming provided to youth with co-occurring substance abuse and mental health diagnosis, improved training, and program development to address the needs of extremely violent juvenile offenders, and to improve services for youth with severe and/or chronic mental illness.

- DJJ continues to implement trauma informed and responsive trainings, policies, practices, and programs that seek to resist re-traumatization of juvenile clients, to work more effectively with youth, and to ultimately promote safety and youth success. DJJ developed a trauma and resiliency screening

tool that will be implemented statewide. The tool is used to assist staff in identifying youth trauma and incorporating responses to trauma into case planning and activities promoting positive interactions with staff and success of youth.

- The McLaughlin Youth Center Girls Detention and Treatment programs completed implementation of the Trauma Informed Effective Reinforcement System.

This program 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 its many forms, and provides

the program opportunities for youth to grow, learn, and change by acquiring new skills and insights into their own behaviors. ■



OFFICE OF CHILDREN'S SERVICES

[The Office of Children's Services \(OCS\)](#)

works with families and community organizations to promote the well-being of Alaska's children. OCS works to provide children with safe and permanent homes, maintain cultural connections and help families realize their potential.

Overview

OCS provides statewide child protection services through 24 field offices in five regions of the state: the Northern region, the Western region, the Southcentral region, the Anchorage region, and the Southeast region. Many field offices also serve as hubs to serve 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. 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
Seward	Sitka
St. Mary's	Utqiagvik
Valdez	Wasilla

FY 2018 Accomplishments

- HB 151 was signed into law in September 2018, providing 21 additional positions and new requirements for gradual caseload assignment, caseload averages and additional staff training.
- 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.

MISSION: Safe children, strong families.

- The agency is examining ways to centralize and streamline certain administrative tasks through the OCS state office in order to control costs, maximize efficiencies and ease the considerable work load of case-carrying workers. This efficiencies include:
- Centralization of requests for birth certificates, death certificates and social security cards has demonstrated success by increasing the amount of children with current birth certificates by over 60 percent.
- Centralization of the procurement of toxicology services (urine analysis and hair follicle) for parents and youth. This has taken stress off field staff and saved the state over \$300,000.
- Child care referrals and payments for children in foster care with working foster parents has also been centralized.
- OCS staff investigated 1,273 more protective services reports this year than in the previous year, a 13 percent increase.



- A total of 2,959 children were served in foster care and 1,518 children were discharged from foster care to permanency through reunification, adoption, or guardianship.
- OCS is almost finished with the development of the Program Improvement Plan to address areas of need indicated by last year's federal Children and Family Services Review. Strategies include recruitment and retention of staff, increased supervisory and staff training, increased permanency efforts, and the development of a continuous quality improvement system. ■

Serving Alaska

Reunification of a child with their parent(s) is always the primary goal of the Office of Children's Services (OCS). OCS has been making steady improvement in recent years to reunify more children with their families. In FY 2018, 57 percent of the children who left foster care were reunified with their parent(s). This is a one percent decrease from last year, but still an almost 10 percent increase from 2013. OCS 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 2018, another record-breaking 66 foster youth successfully graduated high school and six youth graduated from college. ■



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 FY 2018, DPA served over 263,000 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.

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.

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

FY 2018 Accomplishments

DPA has made significant progress on the number of backlogged applications. The SNAP backlog is currently 67 compared to over 2,000 this time last year. The Medicaid application backlog is down to about 12,000 from a high of 21,000 last year. The WIC office worked to move from paper checks to an electronic benefit system making it easier for pregnant women or families with small children to purchase healthy food.

The fraud unit started work on a new fraud system paid through a grant from the Food & Nutrition Service. The system is now in the testing phase.

The Employment and Training Program provides job coaching, vocational training, basic education, and supportive services to help SNAP recipients find employment or increase their earnings, so they can become self-sufficient. Third-party providers reported that over 1,700 SNAP



clients were provided services in the Anchorage area, with several hundred others provided direct services by DPA in Kenai and Fairbanks. DPA renewed agreements with four nonprofit agencies in Anchorage to assist SNAP recipients to become more self-sufficient through the division's Employment and Training Program:

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

Employment & Training Program Improvements and Successes

Goodwill and Downtown Soup Kitchen Hope Center (DSKHC) applied for and received approval and funding from the USDA to expand their programs in FY 2019, with DSKHC effectively doubling the number of clients they will be able to serve. Goodwill introduced a new work experience component to their program.

The program continues to have discussions with the Department of Labor State Training and Employment Program and the University of Alaska Anchorage to implement additional programs and increase the footprint of this program.

For a second consecutive year, the DPA's Employment and Training Program was chosen to participate in the national SNAP to Skills Project. Alaska is one of ten states participating in the project, which will continue to provide technical assistance to grow the Employment and Training Program beyond Anchorage. ■



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.

Rural and Community Health

Systems: Strengthens health care, emergency medical services, and trauma systems to maintain quality, day-to-day services, and to prepare for and respond to disasters.

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.

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.

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.

MISSION: To protect and promote the health of Alaskans.

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 2018 Accomplishments

Regarding Alaska's Opioid Epidemic:

- Alaska's former Chief Medical Officer and Division of Public Health Director Dr. Jay Butler continued to coordinate and leverage response efforts addressing Alaska's growing rates of opioid overdose and addiction across all state departments

through the Incident Command System and the Office of Substance Misuse and Addiction Prevention (OSMAP).

- *The Statewide Opioid Action Plan*, informed by 13 community cafes and stakeholders from across the state, outlines specific strategies and actions for the next five years addressing opioid and polysubstance misuse.
- Joint efforts secured over \$36 million in federal funding across multiple years and state agencies.

In FY 2018, DPH protected the health of Alaskans statewide.

- Conducted over 60 outbreak investigations and significant infectious disease responses.
- Provided 39,230 clinical visits to individuals unable to access preventative or infectious disease-related health care through public health nursing staff.
- 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 218,141 laboratory tests; implemented hepatitis C screening improvements, enhanced identification and characterization of foodborne pathogens, and provided same-day HIV confirmatory testing. The number of tests performed for syphilis doubled to address Alaska's syphilis epidemic. Partnerships with the Centers for Disease Control and Prevention (CDC) and the State of Washington enabled the public health lab to monitor for possible antibiotic resistance of gonorrhea bacteria.
- Screened 12,491 individuals for tuberculosis (TB) and provided 1,742 visits to 292 individuals for follow up care, with 134 clients started on TB medication requiring intensive case management.
- Provided 1,721 HIV tests to high risk individuals and ensured services to 350 individuals affected by HIV.
- Public health nurses screened 947 pregnant women in Anchorage, Fairbanks, Juneau, and the Mat-Su Borough for opioids, marijuana, tobacco, and alcohol use, as well as depression, intimate partner violence, and desired timing for subsequent pregnancy. Those who screened positive were counseled, offered a brief intervention, and referred for treatment and support services.
- Exceeded new national standards for Newborn Bloodspot Screening with 97 percent of Alaska's newborns screened in seven days, enabling providers to

successfully treat inherited and congenital conditions that may not be obvious at birth but could cause disability or death if not treated promptly.

- Sent four Alaska nurses to North Carolina in the wake of Hurricane Florence, which marked the first time another state has accepted Alaska's offer for medical support through the Emergency Management Assistance Compact. These experiences provided lessons learned for future events.
- Trained 499 providers and others across multiple disciplines through five skills labs and 49 Hale Borealis Forum sessions strengthening whole community partnerships to improve health care resiliency.
- Published 14 health analytic reports to provide Alaskans with current public health data, including leading causes of mortality and hospitalizations, and responded to over 1,000 data analysis requests from state, federal, Tribal, and external agencies. Published 23 *Epidemiology Bulletins and Recommendations and Reports* on a wide variety of topics important to public health.
- Enhanced screening and identification of cause of death related to opioids and other misused substances, while improving the timeliness and specificity of drug overdose reporting and launched a user-friendly opioid dashboard which is updated monthly. Provided information on emerging substances, such as fentanyl, through surveillance and testing of used syringes.
- Integrated multiple data sources in the Alaska Longitudinal Child Abuse and Neglect Linkage (ALCANLink) for a sample of Alaska births to measure the incidence and impact of child maltreatment over time. These data inform policy changes, such as the Medicaid Waiver Demonstration project.
- Worked with Alaska Native Tribal Health Consortium (ANTHC) to connect Tribal Health Organizations to Alaska's Tobacco Quit Line, reducing costs and enhancing provider ability to refer patients and receive information about their quit attempts. The Quit Line provided phone-, web-, and text-based cessation services to 3,173 Alaskans.
- Worked with the Division of Health Care Services on the CDC 6/18 initiative to improve health outcomes and reduce Medicaid costs related to high blood pressure and diabetes. The 6/18 initiative targets the six most costly health conditions and offers 18 proven interventions to combat them.
- Continued to partner with ANTHC and community champions on Healthy Alaskans 2020, a statewide plan to improve the health of all Alaskans. ■



SENIOR & DISABILITIES SERVICES

[The Division of Senior and Disabilities Services \(SDS\)](#) helps vulnerable Alaskans overcome barriers to independence, and supports their safety, personal choice, and dignity.

Overview

SDS oversees approximately \$530 million in home- and community-based waiver services and supports for Alaska seniors in addition to adults and children who experience disabilities; personal care services and supports; and state and federal grant programs for seniors and persons with disabilities. Those with disabilities include infants and toddlers with disabilities or who are at risk of social-emotional delays.

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.

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.

FY2018 Accomplishments

- Quality Assurance Unit conducted 232 investigations, with 63 substantiated allegations.
 - Aging and Disability Resource Centers assisted 10,764 Alaskans, often with screenings to find them appropriate services.
 - Senior community-based programs helped approximately 35,400 individuals through outreach, referrals, meals, transportation, chores, case management, adult day services, health promotion and disease prevention, caregiver support, and more.
 - Assessors in the Intellectual and Developmental Disabilities Unit and Intake and Assessment
- Unit completed 250 telehealth observations and assessments from a distance via video conferencing, saving travel time, and costs over in-person assessments.
 - Adult Protective Services received 6,350 reports of harm, and after reviewing the reports 858, were investigated.
 - The General Relief/Temporary Assisted Living program served 786 vulnerable adult Alaskans, working with care coordinators, hospital discharge planners, assisted living homes, families, and Adult Protective Services.

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 division delivered web-based critical incident training for 1,000 individuals.
- Received final approval from the Centers for Medicare and Medicaid Services for Alaska's Settings Transition Plan, in which SDS determined how each service location met federal home- and community-based settings requirements. As part of this settings-compliance work, SDS held monthly outreach webinars with 100-250 attendees and taught approximately 750 service providers about the federal home- and community-based settings requirements.
- Implemented amendments to Personal Care Services regulations that clarified allowable personal care services tasks, added improved fraud and abuse prevention mechanisms, and added some limits to tasks that personal care assistants can perform.
- The new 1919(k), Community First Choice Option, and the new 1915(c), Individualized Supports Waiver, became operational after the Centers for Medicare and Medicaid Services granted approval in June 2018. The corresponding state regulations became effective Oct. 1, 2018.
- The Infant Learning Program provided training for 102 professionals on how to support families of medically fragile infants leaving newborn intensive care units.
- Collaborated with University of Alaska Anchorage Center for Human Development to hold a joint conference for care coordinators and other service providers. The conference featured presenters from the fields of behavioral health, intellectual and developmental disability, elder care, and self-advocacy. ■



OFFICE OF SUBSTANCE MISUSE AND ADDICTION PREVENTION

[The Office of Substance Misuse and Addiction Prevention \(OSMAP\)](#) was created to facilitate multi-agency coordination of the state's effort to reduce addiction in Alaska. OSMAP 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 aims to prevent dependence on opioid drugs, reduce addiction by recognizing and treating it, and reverse the life-threatening effects of overdose.

Overview

To address Alaska's growing poly-substance epidemic, the Department of Health and Social Services (DHSS) created OSMAP which is overseen by Alaska's chief medical officer.

OSMAP brings together experts from the Divisions of Public Health and Behavioral Health, staff from other State of Alaska departments, and the Alaska National Guard Counterdrug Support Program to address issues surrounding substance misuse and addiction prevention from a 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, and disconnected communities) will be reduced so we can all live in a safer Alaska.

FY 2018 Accomplishments

- OSMAP's Project HOPE distributed over 12,000 opioid-reversing naloxone rescue kits and provided training on use to first responders across the state. Project HOPE also trained and approved 29 Opioid Response Programs to help ensure rescue kit training and distribution continues at the local level.
- With help from many partner agencies, Project HOPE distributed over 25,000 drug disposal bags to communities across Alaska. This provided individuals with a

MISSION: Implement public health approaches to prevent and reduce substance use disorders and support community-based activities across Alaska.

means to safely dispose of opioids and other unused prescription medications.

- Over 250 lives have been saved through Project HOPE and Alaska's overdose response programs.
- OSMAP coordinated and led various education efforts to reduce substance misuse and addiction, including its very first accredited online training for prescribers. Pain Management, Opioid Use and Addiction in Alaska provides information on addiction, opioid use, and pain management. As of December 2018, the training has been completed by over 700 individuals.
- OSMAP partnered with the Alaska Chapter of the American College of Emergency Physicians and the Fairbanks Wellness Coalition to create a patient/provider



discussion guide that can be adopted by Alaska physicians for use in their community.

- Released Alaska's Statewide Opioid Action Plan. A community-based approach that included the participation of over 14 jurisdictions through community café events and 100 subject matter experts from across the state. ■

Serving Alaska

The [Office of Substance Misuse and Addiction Prevention's](#) Project HOPE program distributes naloxone and trains Alaskans all over the state in its use, which can reverse an opioid overdose. [Project HOPE](#) staff recently trained all Wasilla police officers and state troopers in the use of naloxone. In May 2018, Officer Nate Lecours of the Wasilla Police Department was the first responder to a report of an individual passed out and not breathing. He used his vehicle to block oncoming traffic and without hesitation triaged the individual, determining that the subject wasn't breathing and was turning blue due to a potential drug overdose. Officer Lecours immediately administered two doses of naloxone, returning the individual to consciousness and life. The individual was transferred to Mat-Su Regional Medical Center for treatment and now has the opportunity to participate in treatment and seek recovery because of Officer Lecours' quick and heroic actions. This is just one example of how naloxone, which has become readily available throughout Alaska through Project HOPE, has saved lives. Another example is when a patron at a Southeast Alaska homeless shelter used a naloxone kit received from a Project HOPE training conducted by a public health nurse to revive another patron who had overdosed. In another story, a client who came to a Public Health Center for a non-drug related screening expressed concern that her boyfriend might overdose. She received naloxone from the center and in a follow-up visit a week later, she reported that she had already used the kit to revive someone who was overdosing. Since 2017, over 250 lives have been saved through Project HOPE and Alaska's overdose response programs. ■

SERVING ALASKA

DHSS makes a difference within our communities and in the lives of individual Alaskans

While numbers and data provide important facts about the work DHSS does to serve Alaskans, it's often stories that best illustrate how our programs, activities and staff touch the lives of individual Alaskans and make a difference in communities all across the state. Whether it's responding to a natural disaster, providing health care support in underserved regions, saving lives threatened by opioid addiction, ensuring children have safe homes, or rising to the many other challenges that threaten Alaskans' health, following are just a few examples of how DHSS works to promote and protect the well-being of all Alaskans.

The [Division of Juvenile Justice](#) works to help juvenile offenders develop life skills that may help them make better choices and discourage them from committing future crimes. DJJ's Nome probation office received a criminal referral from law enforcement for a teenage girl who committed assault in the second degree. She was well known in the community for drinking, using drugs, and having little to no parental supervision or support. She had dropped out of school at age 15 and was considered a high risk to commit other criminal acts. At the time of this referral she was 17 years old and was not used to following rules or having to answer to anyone about her behavior. DJJ was able to assist the family and get her into an appropriate treatment program where she excelled and showed her ability to think critically and examine how her past choices has negatively affected her life. Once she successfully completed treatment, DJJ assisted her in transitioning back to Nome and helped set up extra supports with aftercare services, community programs, and a positive adult mentor. At the end of her one-year supervision order, she had successfully completed treatment, earned her high school diploma online and had been drug and alcohol free for the longest time in her memory. At age 18, she moved to Anchorage to attend trade school and live with family members who supported her sobriety and could give her the support she needs to continue her education. ■

Participants in the Division of Public Assistance's Employment and Training Program for [Supplemental Nutrition Assistance Program](#) (formerly Food Stamps) see significant gains in their lives. Here are a few recent examples:

- An individual came into Goodwill Job Connections to use the computer lab for her own personal employment-seeking business. She had filled out the

appropriate forms, but shortly after she could no longer fund her organization. She was then unemployed and looking to further her career as an employment specialist. She completed a SNAP checklist for success and received assistance with applications, job leads, establishing an email address, and clothing. After three weeks of job searching with one-on-one mentoring she was able to find a career with Hope Community Resources.

- An individual had been a reoccurring participant at Goodwill Job Connections for some time. His primary barrier to obtaining stable employment was due to medical issues, and he needed an employer who could accommodate his needs. He completed the SNAP checklist for success, received assistance with applications, job leads, transportation, and clothing. He found an employment opportunity that fit his needs.
- A women who participated in the Alaska Literacy Program (ALP) made a gain of one grade level in reading during an eight-month period. During this time, she completed a certified nursing assistant (CNA) training course.
- Several other ALP clients also had significant gains in employability: one individual completed the program and enrolled into a CNA training course, another entered part-time employment while continuing her studies at ALP, and the program also helped another community member pass their interview to become a U.S. citizen. ■

This event occurred outside of Fiscal Year 2018, but it provides timely insights into how DHSS responds during emergencies. After the magnitude 7.0 earthquake jolted Southcentral Alaska on the morning of Nov. 30, the Division of Public Health's Health and Emergency Response Operations (HERO) staff

SERVING ALASKA

began gathering information within 15 minutes to assess the ability of health care facilities to respond to the disaster, separating rumors from confirmed facts and disseminating information to affected areas. HERO staff and DHSS leadership activated the Emergency Operations Center to coordinate with hospitals, pharmacies and other health care entities to ensure sites were operational and had the needed resources to care for patients. Smaller facilities and pharmacies were affected and DHSS EOC coordination minimized disruption of medical services. In the weeks following the initial earthquake, HERO staff ensured mental health support was provided to help people with their emotional needs and to cope with the thousands of aftershocks. DHSS staff arranged for Crisis Canines to visit workplaces and schools to provide emotional support and for behavioral health teams from Oregon and HCA Healthcare to assist the Anchorage and Mat-Su school districts with counseling services as schools reopened. Media interviews by Division of Behavioral Health staff and coordination with the Anchorage Department of Health and Human Services provided much needed resources to families and individuals impacted by the natural disaster. HERO staff continue to support recovery efforts while using this experience to learn and prepare for the next public health emergency.

Another function of the DHSS EOC was to gather initial injury reports following the earthquake. State epidemiologists subsequently provided a more detailed picture of the type of emergency room visits related to the earthquake through the statewide syndromic surveillance system. Syndromic data comes via healthconnect, Alaska's Health Information Exchange (HIE), that allow the Division of Public Health to identify the nature of emergency room (ER) visits statewide in real time. Data were collected from emergency departments at six Southcentral Alaska facilities. The Division of Public Health Section of Epidemiology published a summary of the earthquake-related syndromic data in an Epidemiology Bulletin on Dec. 18.

State epidemiologists are also conducting a survey to gather more information about earthquake-related injuries, personal preparedness, and how Alaskans received emergency information after the earthquake. The answers will help DHSS and our emergency partners improve preparedness efforts. ■

Alaska Psychiatric Institute (API) staff also work outside the walls of the facility, escorting clients to get haircuts, attend movies, obtain clothes, and go on outings using their personal funds supporting client care. Recently, API staff showed caring support during a discharge. A client was escorted home to find that pipes were broken and there was no heat in the building. API staff provided the shelter and support to call the fire department to help turn off water and provide other needed community support during this unforeseen event. ■

People benefit when they have a single primary care provider and pharmacy overseeing their health care. It also cuts down on unnecessary doctor visits and excessive medications. The Division of Health Care Services' Case Management Program identifies Medicaid recipients who overuse services and make frequent trips to emergency departments instead of visiting a primary care doctor. These individuals are then assigned to a single primary care provider and pharmacy. This measure improved the quality of care for those individuals and saved Alaska's Medicaid program nearing \$2.7 million. The Alaska Medicaid Coordinated Care Initiative also streamlined patient care by providing case management and health care navigation services to recipients who frequently use Medicaid benefits. This saved the State of Alaska another \$9.5 million through reductions in emergency room use and inpatient hospitalizations. The division also funds a system to connect Alaska's hospitals through the 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 manner. ■

Alaska Department of Health and Social Services

Adam Crum, Commissioner

Acting Chief Medical Officer
Joe McLaughlin, M.D.

OFFICE OF SUBSTANCE MISUSE & ADDICTION PREVENTION
Director: Andy Jones

PUBLIC HEALTH
Director: Merry Carlson

- Public Health Nursing
- Epidemiology
- Chronic Disease Prevention & Health Promotion
- Rural & Community Health Systems
- Women's, Children's & Family Health
- Health Analytics and Vital Records
- State Public Health Laboratories
- State Medical Examiner's Office

- ♦ Alaska Council on Emergency Medical Services
- ♦ Alaska Vaccine Assessment Council
- ♦ Child Fatality Review Committee
- ♦ Maternal and Child Death Review Committee
- ♦ SHARP Advisory Council

Deputy Commissioner
Medicaid & Health Care Policy
Donna Steward

- Medicaid Director
- Performance/Quality Assurance
- Medicaid Policy & Planning
- MMIS — DDI
- Rate Review
- Tribal Health

HEALTH CARE SERVICES
Director: Margaret Brodie

- Medicaid Management
- Health Facility Survey
- Certification & Licensing
- ♦ Medical Care Advisory Committee
- ♦ Pharmacy/Therapeutics Comm.

SENIOR & DISABILITIES SVCS
Acting Director: Deb Etheridge

- ♦ Governor's Council on Disabilities and Special Education
- ♦ Alaska Commission on Aging

PUBLIC ASSISTANCE
Director: Shawnda O'Brien

Health Information Technology
Beth Davidson

Public Information
Clinton Bennett
Acting Communications Director

Legislative Relations
Tony Newman

Health Care Policy Advisor
Heather Carpenter

Policy Advisor
Laura Russell

Regulations

Deputy Commissioner
Family, Community & Integrated Services
Albert E. Wall

CHILDREN'S SERVICES
Director: Natalie Norberg

JUVENILE JUSTICE
Director: Tracy Dompeling

- ♦ Juvenile Justice Advisory Committee

BEHAVIORAL HEALTH
Acting Director: Gennifer Moreau-Johnson

- ♦ Alaska Mental Health Board
- ♦ Advisory Board on Alcoholism and Drug Abuse
- ♦ Suicide Prevention Council

ALASKA PSYCHIATRIC INSTITUTE
Acting Chief Executive Officer: Gavin H. Carmichael

ALASKA PIONEER HOMES
Director: Clinton Lasley

- ♦ Alaska Pioneer Homes Advisory Board

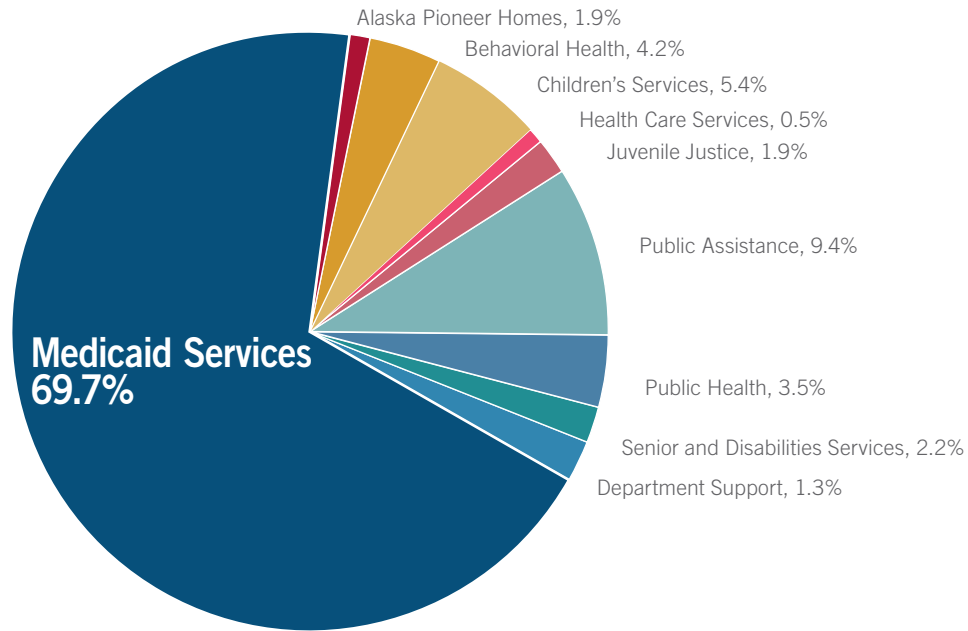
Assistant Commissioner
Finance & Management Services
Sana Efird

- Human Resources
- Facilities
- Administrative Services
- Budget
- Audit
- Revenue
- Fiscal
- Grants & Contracts
- Information Technology
- Medicaid, Allocation, and Audit Services

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



FINANCIALS



FY2018 Expenditures by Division

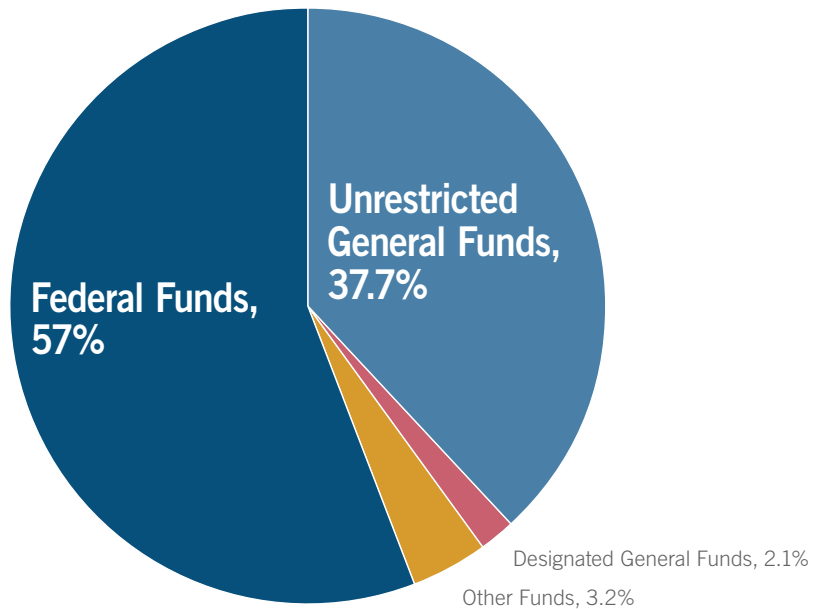
	FY2016	FY2017	FY2018
Alaska Pioneer Homes	58,828.3	57,435.5	57,950.40
Behavioral Health **	132,190.8	128,641.0	127,820.80
Children's Services	156,022.2	169,231.3	161,980.80
Health Care Services	17,298.6	16,603.3	15,616.50
Juvenile Justice	58,109.8	55,586.2	55,884.00
Public Assistance	283,963.5	281,854.9	280,124.00
Public Health	109,413.3	102,649.0	104,178.10
Senior and Disabilities Svcs**	58,081.8	72,294.7	64,438.70
Departmental Support Svcs *	45,471.9	41,845.8	38,931.10
Medicaid Services	1,733,671.7	2,076,956.2	2,086,803.80
Total	2,653,051.9	3,003,097.9	2,993,728.20

Total Funds: \$2,653,051.9 \$3,003,097.9 \$2,993,728.2

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

** Boards and Commissions added to DBH and SDS

ACTUAL EXPENDITURES BY FUNDING SOURCE



FY2018 Expenditures by Funding Source

	FY2015	FY2016	FY2017
Unrestricted General Funds	1,179,723.6	1,148,583.0	1,360,380.40
Designated General Funds	60,912.1	62,319.5	64,232.70
Other Funds	87,801.8	107,277.5	94,771.10
Federal Funds	1,324,614.4	1,684,917.9	1,704,374.00
Total	2,653,051.9	3,003,097.9	3,223,758.20

Total Funds: 2,653,051.9 3,003,097.9 3,223,758.20



Michael J. 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, 2017 - June 30, 2018