Safe & Healthy Future
for all Alaskans

Commissioner's Message

Bill Hogan, Commissioner

This fiscal year 2008 Annual Report is a gateway to the Department of Health and Social Services and a snapshot of our ongoing work in service to Alaskans. As you read it, think of the real people behind all the words, the people throughout our state working day after day, year after year, to fulfill the department's mission to "promote and protect the health and well-being of Alaskans."

As the newly appointed Commissioner, let me introduce myself. I was appointed to my current post by Governor Sarah Palin on July 24, 2008, after working for five years in various positions within the department. I previously served as Acting Commissioner, Deputy Commissioner and Director of the Division of Behavioral Health. I have lived in Alaska for 10 years and have worked in the health-care field for more than 30 years.

The overriding theme for our future direction is "helping individuals and families create safe and healthy communities." By defining this theme, I have refocused our priorities on five all-important areas of concern: substance abuse; health and wellness; health-care reform; long-term care; and vulnerable Alaskans. These areas are not distinct; they overlap and affect every Alaskan in one way or another.

Looking back

When we look back at fiscal year 2008 and consider the accomplishments of each of our divisions — Alaska Pioneer Homes, Behavioral Health, Children's Services, Health Care Services, Juvenile Justice, Public Assistance, Public Health, and Senior and Disabilities Services — it is clear that we are all concerned with one thing, and one thing only: helping Alaskans.

Looking ahead

As we look ahead now to fiscal year 2009, and even farther into the future, our work as public servants demands concrete, measurable results. We must continually evaluate all our programs and projects in this light: are our efforts really helping people? How effective is our effort to prevent underage drinking? Are we intervening early enough to help people recover from substance abuse? Can Alaskans in need easily get the health care they require to be contributing members of society? Are we promoting healthy living effectively?

Results are always difficult to quantify when we're talking about human behavior, but I believe it is well worth the effort. We've been given public dollars and we must dedicate ourselves to wise and effective spending.

Sincerely,

William H. Hogan,
Commissioner

Experience

Alaska Department of Health and Social Services
Annual Report • Fiscal Year 2008

MISSION . . . to promote and protect the health and well-being of Alaskans.

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We said we would …

Repair the Sitka Pioneer Home roof.

Develop several projects that could largely reform the Medicaid system.

Undertake major child protection systemic initiatives.

Contract with a national computer services company to create a more efficient Medicaid Management Information System.

Help juvenile offenders move from supervision and treatment to employment.

Work to increase child care assistance rates to licensed providers.

Work to increase funding for the Alaska Tobacco Program to CDC's recommended minimum for the first time.

Work toward the goal of erasing the Developmental Disabilities Waitlist.

And we did . . .

Using $1.9 million from the Legislature, the home is adding a waterproof membrane and will use existing and new terra cotta tiles to maintain the historic look of the building.

Behavioral Health has prioritized the adoption and implementation of two sets of regulations that are cornerstones to integration of the community-based drug and alcohol and community-based mental health treatment systems: Medicaid regulations and Community Services regulations.

The Office of Children's Services has experienced major improvements in the area of child abuse and neglect, exceeding the national median.

Affiliated Computer Services is replacing Alaska's system with new technology that can improve services to providers and Alaskans enrolled in Medicaid. The new system will allow Medicaid recipients to visit a secure and interactive Web site.

Juvenile Justice received federal grant support to expand re-entry services for juveniles returning to their home communities; and a gang prevention grant to limit the influence of gangs in Fairbanks.

Public Assistance successfully advocated to increase child care assistance rates for licensed providers beginning in September 2008. These rates had not been changed since 2001 for most parts of the state.

Public Health successfully obtained legislative support and increased funding for the Alaska Tobacco Program, which resulted in a statistically significant decrease in adult smokers.

Senior and Disabilities Services continues to whittle down the wait list, offering at least 50 people services each quarter.

Alaska Pioneer Homes

The Division of Alaska Pioneer Homes offers assisted living and pharmacy services to elderly Alaskans, on average over age 85, in six homes from Fairbanks to Ketchikan. All are run as Eden Alternative communities, with a homey atmosphere full of plants and pets, rich relationships and choices about daily activities.

Accomplishments fiscal year 2008

In the past year, many homes made repairs and upgrades, including a generator and windows in Anchorage; the fire alarm and lighting in Ketchikan; a new recreation path in Fairbanks, and Sitka's phone system and nurse call system.

Fairbanks Pioneer Home completed its Eden recertification process, and Palmer Veterans and Pioneers Home passed its first U.S. Department of Veterans Affairs inspection since becoming certified as Alaska's official veterans' home in fiscal year 2007.

Local newspaper readers named the Palmer home as part of the Valley's "Best of the Best" in senior care. With a donation from a resident's granddaughter, the community built a greenhouse next to the home's Alzheimer's neighborhood. There, residents rekindle fond gardening memories and enjoy homegrown tomatoes.

All homes enjoy a strong connection with their communities, and hosted several celebrations. Staff and residents celebrated the 20th anniversary of the Juneau home by dancing to live music by the Thunder Mountain Big Band.

The pioneer homes fostered employee wellness and professional growth in many ways.

To develop more qualified caregivers, the homes began participating in a Long-Term Care Apprenticeship Program through the Alaska Geriatric Education Center at the University of Alaska Anchorage, and supported by the Alaska Mental Health Trust Authority. Employees take classes developed by the Center, with tuition assistance from the state Department of Labor's One-Stop program for low-income job seekers. State-wide, 42 employees completed Introduction to Dementia and 38 signed up for Introduction to Geriatric Care. The apprenticeship is in addition to classes that homes offer employees on Alzheimer's disease, palliative care, conflict resolution, grief, diabetes and more.

As part of its mission to be a learning center, the Anchorage home invites students and employees at other facilities to its trainings. The home also hosts interns year-round, from Alaska university nursing programs and the University of Southern California's pharmacy program. "Residents benefit from more one-on-one time," administrator David Frain said, "and employees get cutting-edge training."

Finance Management Service funded a safety consultant to improve techniques to lift and move residents while protecting employees' health. Palmer piloted the new techniques, and trimmed

David Cote, Director

employee injuries by 55 percent and workers' compensation by 43 percent. Palmer also offered employee discounts to a gym, yoga studio and an on-site massage therapist.

To recruit qualified new employees, the nonprofit foundations that support the Juneau and Ketchikan homes award Certified Nursing Assistant scholarships in exchange for work agreements with the Home. The nonprofit foundations are groups of local citizens interested in promoting the general well-being of the residents of the Ketchikan home. The foundation's assets are used exclusively to promote the mental, social or physical betterment of the residents.

Now:

The safety consultant is now working with staff at the Ketchikan Home.

Ketchikan is partnering with a program of the local hospital that helps registered nurses from the Philippines gain U.S. credentials.

Next:

Renovation will begin on Sitka's leaky roof in the spring of 2009. The Juneau home needs an outdoor walking path, and the Ketchikan home would like to upgrade one of its bathing areas.

Statewide, homes are innovating new ways of delivering meals. After 30 years of institutional-style food service, Anchorage is shifting to family-style meals in the home's five dining rooms. Administrator David Frain said the change should offer residents more intimacy and choice, and save money by reducing waste.

More than 292 Alaskans are on the statewide lengthening active wait list. The inactive wait list is in the thousands.

The network of homes constantly revisits its care practices for residents. As home- and community-based services continue to meet many of the needs of older Alaskans, the average age and the complexity of the needs of residents will likely continue to increase.

Sitka Pioneer Home residents enjoy many activities to keep them as healthy as possible. ABOVE: Jenny Wright, 103, enjoys a visit with the Easter Bunny in March 2008. RIGHT: Mildred Sareyan hits the balloon during a 'volleyball' tournament in September 2007.

MISSION ... to provide quality assisted living in a safe home environment.

Respect

Behavioral Health

The mission of Behavioral Health is to manage an integrated and comprehensive behavioral health system based on sound policy, effective practices and open partnerships. The system of care involves statewide mental health and substance use disorder services ranging from prevention, early intervention and treatment, including inpatient psychiatric hospitalization and operation of the Alaska Psychiatric Institute.

Accomplishments fiscal year 2008

Performance Management System

Behavioral Health maintains an ongoing priority of implementing a Performance Management System to function as a continuous quality improvement process to guide policy development and decision-making in improving the behavioral health system. A key component is the method of distributing treatment funding based on provider performance and outcomes, i.e., Performance-Based Funding (PBF). For fiscal year 2009, the PBF effort successfully developed the performance measures of grants management scoring; cost per client; substance abuse utilization; a consumer survey; data / record completeness; and client outcomes. The performance of 61 behavioral health providers was measured with the following impacts:

- 64% of all providers were awarded grant increments in one or more measures with high performance, in the amount of $1,034,452.
- 82% of all providers received decreases in grant awards in one or more measures with low performance, in the amount of $781,762.

The Performance Management System continues to meet with stakeholders in the ongoing refinement of performance measures and modifications to the system of care.

Psychologist Regulations

Behavioral Health implemented Medicaid coverage for services provided by independently practicing psychologists, effective May 1, 2008. Services provided by this provider group will include medically necessary psychological testing to determine the status of a recipient's mental, intellectual and emotional functioning. Services must include the administration of appropriate tests, interpretation of the results, and a written report. The delivery of these services by independent practicing psychologists will result in greater access of psychological testing throughout the behavioral health service system.

Five Behavioral Health Prevention Grantees participated in the Center for Substance Abuse Prevention Service to Science program. The goal is to help selected agencies work toward the development of "science-based" programs. The program helps grantees solidify their data collection and evaluation so they can apply to become a certified, evidence-based program. The five agencies selected are:

- Safe and Fear-Free Environment, Inc., in Dillingham
- Native Village of Nunam Iqua for its Youth in Action program
- Anchorage School District for its school connectedness program
- Yukon-Kuskokwim Health Corporation's Family Spirit Camp (Bethel and outlying villages)

- Spirit of Youth, a statewide youth recognition program

Now

Integrated Regulations

Behavioral Health has prioritized the adoption and implementation of two sets of regulations that are cornerstones to integration of the community-based drug and alcohol and community-based mental health treatment systems: Medicaid regulations and Community Services regulations. System level highlights of the Medicaid regulations include merging the former two provider types into one, providing for a single set of reimbursable behavioral health services, and establishing a single rate structure. The Community Services regulations will replace the existing two separate regulations with one common set of rules for the unified treatment system. Along with other new integration-oriented rules, the new "integrated" community services regulations require all behavioral health providers to become nationally accredited by The Joint Commission, Commission on Accreditation of Rehabilitation Facilities, or Community of Science during the next five years; describe the target populations to be served in the behavioral health system; and specify the services that are available.

Next

Alaska Psychiatric Institute—Alaska Recovery Center

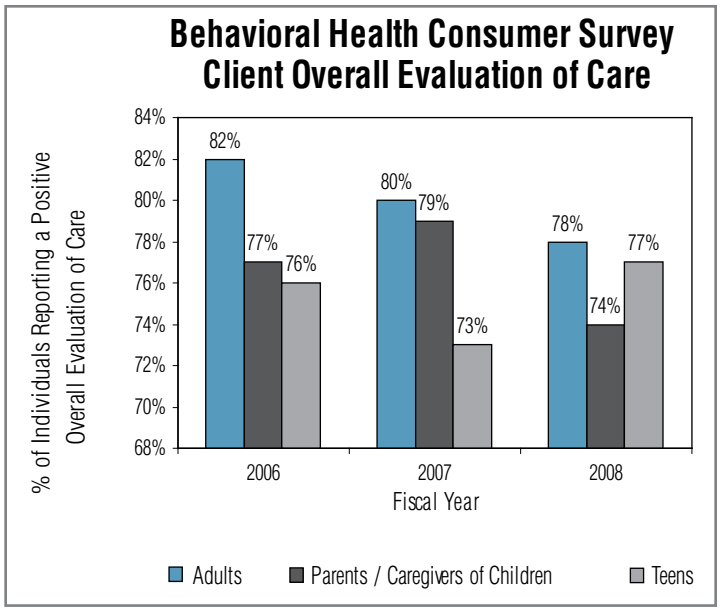
The Alaska Psychiatric Institute is the largest component within Behavioral Health, operating an 80-bed state psychiatric hospital with an annual operating budget in excess of $22 million and employing about 260 staff. In an effort to maintain API as a center of excellence in the continuum of care, the following is a listing of the organizational priorities for the coming year(s):

- Initiate the person-centered treatment planning process
- Establish psycho-educational classes for co-occurring disorders
- Expand the TeleBehavioral Health Network and integrate psychiatry with primary care
- Implement a state-of-the-art electronic health record
- Develop a residency training program for psychiatry
- Continue 'best business practices' to maximize third-party revenue
- Alaska Psychiatric Institute's key performance indicators can be found at hss.state.ak.us/dbh/API/dashboard.htm.

Fetal Alcohol Spectrum Disorder Training

Behavioral Health will revise and update its fetal alcohol spectrum disorder (FASD) training, soliciting a new cohort of statewide trainers to become certified in providing these training programs across Alaska. The division is working in partnership with Stone Soup Group in Anchorage and the University of Alaska Anchorage Family and Youth Training Academy to complete the revisions and to begin the training. Beginning in 2000 with the Alaska Five-Year FASD Project, the goal is to train all service providers across the state who work with families and individuals impacted by FASD, improving the quality of service these individuals receive.

Melissa Stone, Director



MISSION ... to manage Alaska's integrated and comprehensive behavioral health system based on sound policy, effective practices and partnerships.

Hope

Office of Children's Services

The Office of Children's Services supports the well-being of Alaska's children and families through core programs including: the Infant Learning Program; Early Childhood Comprehensive Systems Planning; and Child Protection and Permanency.

During the past fiscal year, Director Tammy Sandoval has emphasized continuous systems improvement within Children's Services.

In the coming year, she plans to continue that emphasis by:

- improving recruitment and retention efforts;
- expanding information about services and increasing data available on the agency's Web site;
- improving Quality Assurance efforts;
- and continuing to take Children's Services into the future as an effective, efficient agency.

Accomplishments fiscal year 2008

In preparation for the 2008 federal Child and Family Services Review (CFSR), the Office of Children's Services submitted its Statewide Assessment to Region 10 federal government partners in July 2007. The assessment gives a clear snapshot of progress in recent years. See it at: http://hss.state.ak.us/ocs/Publications/CFSRstateAssessment.pdf.

The assessment reflects improvements in the following areas:

- The absence of child abuse and neglect in the foster care system exceeds the national median.
- The decreased percentage of foster care re-entries in less than 12 months exceeds the national median.
- Permanency is being established for older youth at a rate that exceeds the national standard.
- The proximity of a child's foster care placement to his or her birth parent(s).
- The frequency with which siblings are able to be placed together.
- The quality of data continues to improve as staff have become more proficient in Online Resources for the Children of Alaska (ORCA) documentation.

Now

During the week of Sept. 8, 2008, federal representatives and their teams conducted on-site reviews of three Children's Services' offices in Anchorage, Juneau and Bethel. These sites together represent approximately 50 percent of Alaska's population and include a regional rural hub community. Review teams examined a random sample of 65 cases in each location.

The Office of Children's Services expected the final Region 10 officials to release the final CFSR report to Alaska before the close of 2008. Region 10 and the Office of Children's Services will then collaborate on an agreeable Program Improvement Plan (PIP) and begin implementation of the PIP recommendations.

Tammy Sandoval, Director

Next

While the contents of the Program Improvement Plan are only speculative at this time, future efforts within Children's Services are sure to focus on:

- staff retention and recruitment strategies;
- the continued standardization of child protective services practices;
- workload study evaluations and recommendations;
- enhancements to staff training via a revision of the TONE (Training and Orientation of New Employees) program, a new supervisory competencies curriculum for child protective services supervisors and a new basic interviewing skills training class;
- child abuse and neglect prevention efforts via the Infant Learning Program, Strengthening Families Initiative and other community prevention programs;
- the timeliness of investigation initiations;
- the ability to keep children safe within their own homes;
- the decrease in disproportionate numbers of Alaska Native children in the foster care system;
- the stability of foster care placements;
- the frequency of caseworker visits with children and with parents;
- the timeliness of family reunification; and
- successful collaboration with the providers, partners and stakeholders serving Alaska's child protective services system.

With funding support from the Governor and the Legislature for additional staff, more training, the continuation of our child advocacy centers' services and increased foster care reimbursement rates in fiscal year 2009, the Office of Children's Services looks optimistically forward.

Governor Sarah Palin signs the 'Safe Haven' bill into law. Looking on are (from left) Rep. Max Gruenberg, Office of Children's Services Director Tammy Sandoval and bill sponsor Rep. Gabriel LeDoux The bill allows a parent to safely surrender a newborn child without the threat of prosecution, as long as there is no evidence the infant has been physically injured.

Health Care Services

The Division of Health Care Services works with other divisions in the department to provide Medicaid-funded services to about one out of every six Alaskans.

Health Care Services is responsible for all claims processing and Medicaid core services. It administers the State Children's Health Insurance Program (SCHIP), which provides federal funding for Denali KidCare, Alaska's program to extend traditional Medicaid coverage to more low-income children and pregnant women. The division also administers Chronic and Acute Medical Assistance, a program providing drug coverage to low-income adults with certain chronic conditions.

Throughout fiscal year 2008, Alaska's Medicaid program received state and federal funding to provide medical care and other services to more than 115,000 Alaskans, from infant to senior. Most of these Alaskans are elders, people with disabilities, or low-income families with children. In fiscal year 2008, the state's Medicaid program paid almost $1 billion for medical care, transportation and other services provided by hospitals, physicians, pharmacies and others.

Medicaid Management Information System

Since 1987, Alaska has had a claims processing system called the Medicaid Management Information System. Affiliated Computer Services, which is developing similar systems in New Hampshire and North Dakota, will replace Alaska's system with new technology that can improve services to providers and Alaskans enrolled in Medicaid.

Alaska's new Medicaid Management Information System will not require Medicaid providers to change the way they submit claims, but it will offer more options for submitting claims and resolving payment issues. For example, providers who choose to do more on their own can visit a secure and interactive Web site to enroll in the Medicaid program online, submit claims online and check the status of their claims over the Internet.

The new system will allow Medicaid recipients to visit a secure and interactive Web site to learn more about Medicaid benefits and coverage, and to find participating health-care providers in their area. The system also will provide customer service and support through the Internet.

Denali KidCare

During fiscal year 2008, the state was able to expand Medicaid eligibility to thousands of additional Alaska children through the expansion of Alaska's Denali KidCare program. In July 2007, Gov. Sarah Palin signed Senate Bill 27 into law, raising the income eligibility level for Denali KidCare to 175

Bill Streur, Director

percent of the federal poverty level and allowing the level to increase with inflation. Before this new law took effect, income eligibility for Denali KidCare had fallen to about 154 percent of the poverty level.

Accomplishments fiscal year 2008

DHSS selected Affiliated Computer Services Inc., a Dallas-based company, to take a Medicaid Management Information System it has built for other states and customize it to meet Alaska's needs.

During fiscal year 2008, of 124,673 eligible Medicaid recipients, 115,156, or 92.4 percent, received Medicaid-funded services.

During the year, 11,590 providers enrolled in Medicaid, with 5,653, or 48.8 percent, of enrolled or eligible providers actively participating in the Medicaid program.

There were 6,295,702 claims paid, with about $943,206,000 spent to reimburse Medicaid providers for services and other medical assistance benefits.

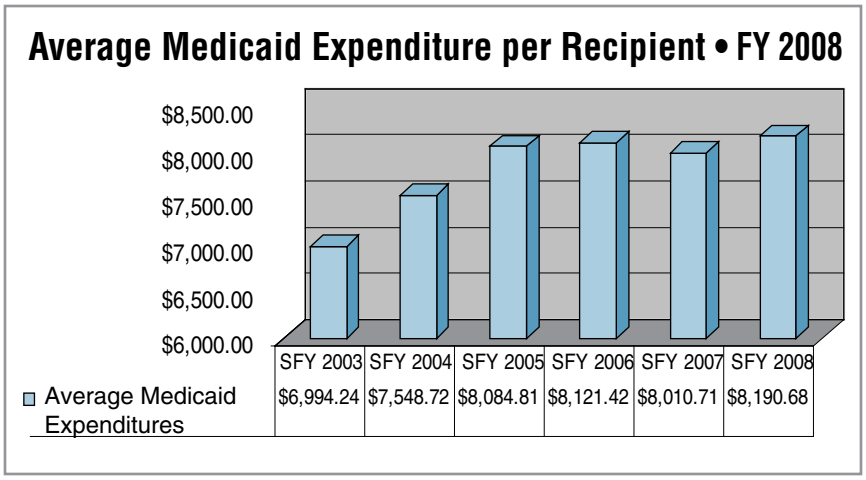
The state recovered $8.51 million from third-party payers and private insurance companies, as well as Health and Social Services contractors recouping money from providers following reviews of submitted claims.

The state conducted and completed payment reviews and audits of 250 Medicaid enrolled providers.

Now and next steps

The Payment Error Rate Measurement (PERM) is a nationwide Medicaid audit that will review about 1,200 Medicaid claims paid from October 2007 through September 2008. About 300 claims will be reviewed each quarter.

The new Medicaid Management Information System project, which Health Care Services and Affiliated Computer Services started in fall 2007, is scheduled to be completed by June 2010.



MISSION … to maintain access to health care and to provide health coverage for Alaskans in need.

Collaboration

Juvenile Justice

The Division of Juvenile Justice works to assure the safety and security of Alaskans by responding to juvenile crime. When a young person breaks a criminal law in Alaska, the division's probation officers, juvenile facility workers, and other staff intervene by holding offenders accountable for what they've done. Juvenile Justice works to assure the safety and restoration of the victim and community, and helps the offender develop educational competencies, vocational skills and other proficiencies to prevent further criminal behavior.

Accomplishments fiscal year 2008

The division:

- developed and implemented a comprehensive suicide prevention, assessment, and intervention policy and procedure for juvenile facilities statewide;
- launched a strategic planning process to help direct division initiatives over the next several years;
- continued to improve its oversight of the mental health needs of juveniles by focusing its efforts on identifying and documenting behavioral health issues among youth;
- completed a thorough revision of the Policy and Procedure manual for juvenile probation services;
- implemented the Youth Level of Service/ Screening Version, an intake screening tool to guide probation officers in appropriate decision-making when juveniles are first referred for services;
- received federal grant support to expand re-entry services for juveniles returning from their home communities; and a gang prevention grant to limit the influence of gangs in Fairbanks;
- continued its partnerships with the Alaska Mental Health Trust Authority and, with the Trust's support, enhanced mental health clinical resources for juveniles and participated in Trust planning initiatives;
- received legislative support to provide adequate staffing and improve infrastructure at juvenile facilities, as part of a multiyear plan to improve the safety and security of our juvenile facilities;
- developed a "Probation Improvement Planning" quality assurance process to help probation officers identify and address needs and recognize strengths, modeled after the Performance-based Standards quality assurance process for juvenile facilities;
- completed an online Pre-Service Orientation training program for new juvenile probation staff; and
- continued efforts to reduce the disproportionate contact of minority youth with the juvenile justice system.

Steve McComb, Director

Now

Juvenile Justice maintains eight secure youth facilities and 17 field offices in four geographical management areas.

The division has achieved outstanding working relationships with a number of partner agencies and organizations this past year, including entities both within and outside the Department of Health and Social Services. Working with the Alaska Mental Health Trust Authority, the division has helped determine ways that the Trust can best use its funds on behalf of Trust beneficiaries involved in the juvenile justice system.

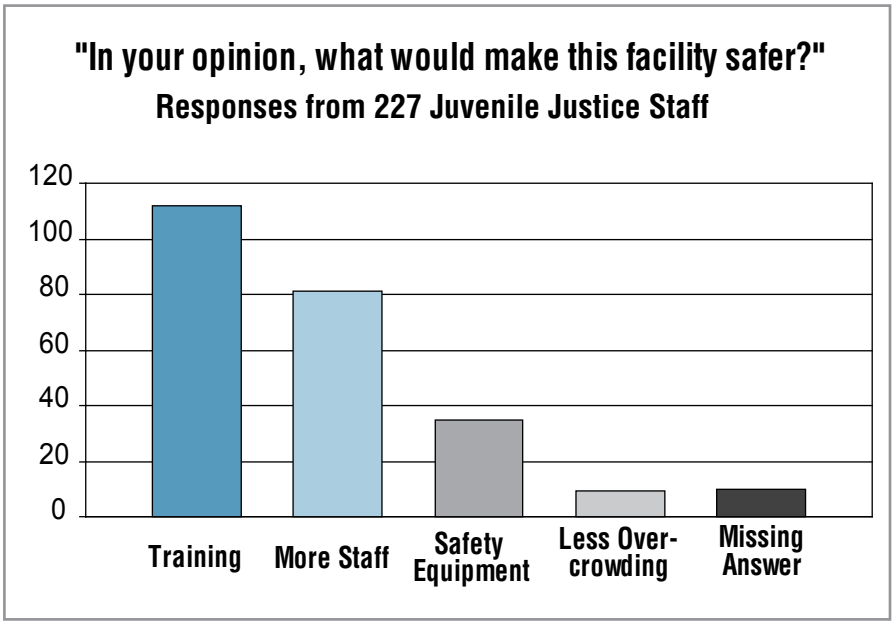
Working with the Alaska Judicial Council and other members of Alaska's Criminal Justice Working Group, the division has contributed time and information to better respond to Alaska's criminal and juvenile justice needs. Other work groups examined whether youth involved in more than one system — child protection or behavioral health — are receiving effective, nonduplicated services. The point of all these partnerships is to enhance public safety and services for youth while also ensuring that public dollars are wisely spent.

Next

Juvenile Justice intends to focus on improved training and quality assurance. Consistent pre-service and in-service training for Juvenile Justice staff has been a pressing need ever since the division's founding in 2000. However, with only one statewide training specialist to coordinate statewide training efforts for 475 employees, the division has had to meet this need through a variety of stopgap measures, such as having staff take on temporary training assignments, hiring trainers through the use of federal funding, and simply expecting that staff will gain their knowledge and skills on the job.

Current demands — such as the need to train staff in appropriate relationships with youth, suicide prevention and intervention, use of the refurbished management information system, and the adoption of evidence-based practices — prevent this from being a viable approach any longer. Staff themselves recognize that more adequate training is necessary to assure the safety of youth in their care as well as themselves (see chart below). When the division introduces new, improved procedures and practices, adequate quality assurance will ensure that staff are correctly trained in these practices and they have the results intended: safer facilities, safer communities, and more successful youth.

The division is seeking technical assistance to enable it to better understand how to best meet the needs for staff training and quality assurance.



MISSION ... to hold juvenile offenders accountable for their behavior; promote the safety and restoration of victims and communities; and assist offenders and their families in developing skills to prevent crime.

Teamwork

Public Assistance

The Division of Public Assistance responded on multiple fronts during fiscal year 2008, including increased child care rates, an expanded heating assistance program, and greater outreach to seniors. Soaring food and energy costs intensified the demand for services to protect the most vulnerable Alaskans over the past year.

Accomplishments fiscal year 2008

(*average)

Public Assistance

- helped more than 22,000* households meet nutrition needs through monthly food stamp benefits, and served more than 25,000 women and children through the Nutrition Program for Women, Infants and Children (WIC);
- met winter heating assistance needs of almost 9,500 low-income households. The heating assistance program serves all regions of the state and provides an average benefit of $1,110 to eligible households. Almost 82 percent of the households that receive assistance include a person who is over the age of 65, under the age of 5, or disabled;
- began outreach and startup for the new Alaska Heating Assistance Program serving households with income between 150 percent and 225 percent of the federal poverty limit for Alaska;
- transitioned 7,000 SeniorCare recipients to the new Senior Benefits Program and found an additional 2,000 applicants eligible for the program;
- provided child care assistance subsidies to approximately 5,000 children monthly and provided licensing services to 662 Child Care facilities using standards that promote health and safety;
- successfully advocated to increase child care assistance rates for licensed providers beginning in September 2008. These rates had not been changed since 2001 for most parts of the state;
- met the temporary assistance needs of 3,109* families monthly (not including Native Family Assistance Programs) and continued helping parents obtain employment or increase earnings, which reduced the amount of assistance needed;
- provided Medicaid benefits to more than 125,000 Alaskans;
- helped nearly 17,000* elderly or disabled Alaskans with adult public assistance;
- investigated more than 1,000 cases of possible fraud, resulting in 11 indictments, eight convictions and the disqualification of more than 200 individuals, which saved the state hundreds of thousands of dollars and allowed the collection of almost $463,000 in debt owed to Alaska; and
- worked with agency partners and community-based organizations to improve outreach to homeless populations and potentially eligible food stamp participants, among others.

Now

Public Assistance continues to focus on the timely, accurate and effective delivery of services for needy Alaskans, respond to federal program accountability

Marking the success of the Alaska Family Services Kenai WIC Clinic program are, from left, USDA Western Region Administrator Allen Ng; Public Assistance Director Ellie Fitzjarrald; USDA Under Secretary for Food, Nutrition and Consumer Services Nancy Johner; client Mary Habermann holding son Steven; and WIC Competent Professional Authority Kelly Reilly-Nelson with Kenai AFS.

requirements, meet temporary assistance work participation rates, and help families become self-sufficient despite high energy costs and economic changes which may make that goal more difficult to achieve.

Efforts continue to address recruitment challenges as the work force ages, and dedicated employees with years of experience retire. The need is particularly acute because of the complex program policies that can take six months of experience to effectively administer.

Following up on legislative initiatives, the division continues to implement a program to provide hold harmless benefits for certain veterans who received the Alaska resource rebate payment in 2008 and whose Veterans Affairs benefits are reduced by the receipt of new income. Minimum food stamp benefits are being increased following passage of the federal Food, Conservation and Energy Act of 2008 (the 2008 farm bill). The division continues outreach to seniors who have not yet applied for the Senior Benefit Program approved in 2007.

The division is also providing technical assistance to two Native organizations that plan to implement culturally relevant and regionally focused Native Family Assistance Programs (Tribal TANF) programs in fiscal year 2009.

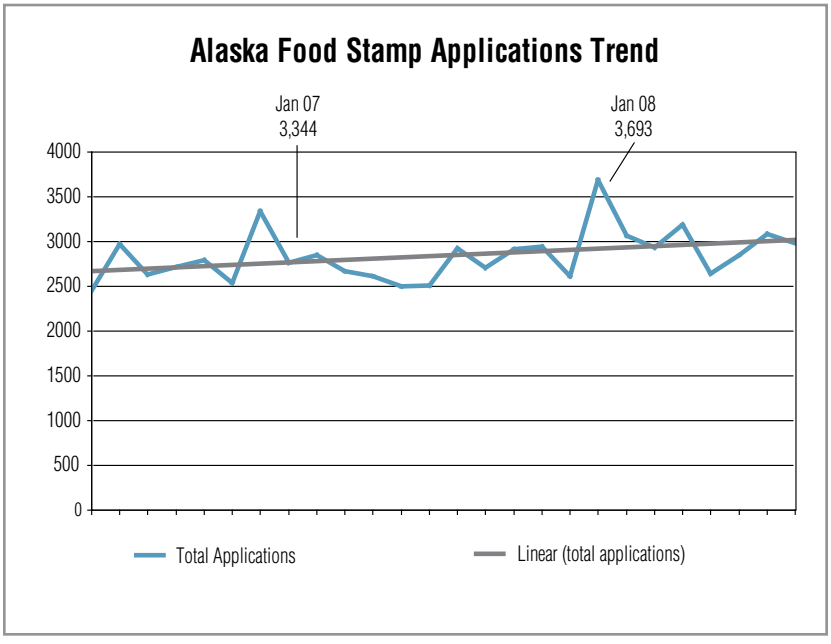
Next

Plans for the future include replacing the aging and inflexible Eligibility Information System, and continuing the division's Families First! collaboration with the divisions of Juvenile Justice, Behavioral Health and the Office of Children's Services. The program — expected to be fully implemented in 2010 — provides comprehensive, integrated services to families in common to the divisions and produces a range of programmatic and administrative efficiencies.

Ellie Fitzjarrald, Director

Public Assistance will begin the process of changing the name of Alaska's Food Stamp Program as required by the 2008 Farm Bill, which renamed the federal program the Supplemental Nutrition Assistance Program (SNAP).

The division plans another child care market rate survey to help assess future recommendations for rate increases.



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

Excellence

Public Health

Alaskans lead happier and healthier lives thanks to the Division of Public Health's goal to promote good health and prevent illness and injury.

Division programs aim to reduce the cost and burden of chronic diseases such as diabetes, cancer and heart disease — by tackling obesity, poor nutrition, inactivity and tobacco use. Programs also prevent and control injuries and infectious diseases, including tuberculosis and sexually transmitted infections. The division also works diligently with new partners, technology and programs to increase access to basic health-care services for all Alaskans.

Accomplishments fiscal year 2008

Public Health Nursing

More than 450 women identified as victims of domestic violence by Public Health Nursing's domestic and family violence screenings received the education, counseling and support they needed. Public Health Nursing's focus on domestic and family violence resulted in nearly 14,000 domestic violence screenings in fiscal year 2008.

Women's, Children's and Family Health

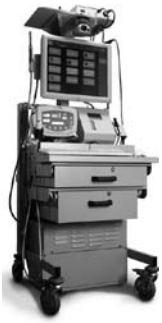
Due in part to the passage of House Bill 109, more than 10,000 infants received a hearing screen within 30 days of birth. Also, 138 Alaska children were referred to and seen by the Providence Autism Network between April and June 2008, the first three months the network was fully operational.

Chronic Disease Prevention and Health Promotion

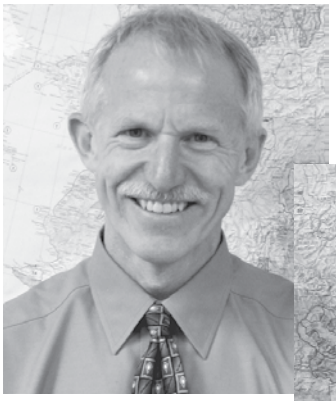
As a result of legislative support and increased funding for the Alaska Tobacco Program, 8,000 lives and $300 million in averted medical costs were saved since 1996. This reflects a 20-percent drop in adult smoking rates in Alaska since that time.

Epidemiology

The state is emerging as a national leader in its work to develop a multiagency Health Impact Assessment team in conjunction with Alaska tribal organizations, the Centers for Disease Control and Prevention, and other state and federal agencies. Health impact assessments are performed in cooperation with developers prior to the implementation of large projects to minimize health risks and maximize health benefits for people living in impacted communities.



Public Health Nursing has changed the quality and accessibility of health care in 23 Alaska Public Health Centers through the placement of Alaska Federal Healthcare Access Network (AFHCAN) carts, which can quickly transmit a patient's recent medical information via computer.



Dr. Jay Butler, Chief Medical Officer

Beverly Wooley, Director

Certification and Licensing

More than 550 applicants were barred from employment in fiscal year 2008 for a variety of offenses through the Background Check Unit's work to protect Alaska's most vulnerable populations by screening anyone applying to work at a day care, senior center or assisted living home. Slightly more than half of those barred had been guilty of crimes against people.

Public Health Labs

Alaskans have saved more than $250,000 in medical expenses due to averted medical care since 2007 as a result of an assay for ethylene glycol poisoning developed by scientists at the Public Health Laboratory in Anchorage. Ethylene glycol toxicity is a life-threatening event caused by renal failure due to ingestion of antifreeze.

Health Planning and Systems Development

The Division is helping underserved communities by arranging for placement of health-care students in rural rotations.

Technology — Innovations in E-Health

- Public Health is consistently exploring ways to provide faster, more accurate and safer health services through enhanced use of computers and the Internet.
- With the introduction of VacTrAK, the department is moving toward online storage of Alaskans' immunization records.
- Public Health Nursing has changed the quality and accessibility of health care in 23 Alaska Public Health Centers through the placement of Alaska Federal Healthcare Access Network (AFHCAN) carts which can quickly transmit a patient's recent medical information via computer (http://www.afhcan.org/). (See photo page 18.)
- Alaska's award-winning Cancer Registry is moving hospitals statewide from paper to electronic reporting of cancer cases. The goal for 2009 is to implement electronic reporting from every hospital in Alaska (http://www.hss.state.ak.us/dph/chronic/cancer/registry.htm).
- The Bureau of Vital Statistics is replacing its 20-year-old file system with online storage that will offer enhanced security and ease of access. The bureau is also in the process of converting old vital records, some dating back to the 1890s, to digital files.
- Live Well Alaska is a DHSS employee Web site with practical suggestions on how to eat well, be more active and reduce tobacco use (http://www.livewell.alaska.gov/employees/).

Now and next steps

Public Health Nursing

The division is continuing efforts to increase consistency of screenings and to advocate for education and safe shelters for women and children who have been victims of domestic violence.

Women's, Children's and Family Health

An expansion of autism screening clinics is planned for several communities across Alaska in 2009. The goal is to identify children before age 3 and enroll them in early intervention services.

Chronic Disease Prevention and Health Promotion

One hundred child-care providers across the state are being trained in ways to keep children physically active and eating healthy foods through the Physical Activity and Nutrition (PAN) Training Initiative. An additional 100 child-care providers will be trained in 2009.

Public Health Labs

The new $30 million state-of-the-art virology lab opens in Fairbanks in January 2009.

Senior and Disabilities Services

The Division of Senior and Disabilities Services provides a full range of care for Alaska seniors and disabled Alaskans, offering services that help consumers attain and maintain a level of independence for as long as possible.

The division took several steps to build efficiency, accountability and cost-savings in fiscal year 2008.

Two studies on how to maximize division resources and best serve clients and providers are returning valuable feedback. A new assessment method for personal care services and the requirement that personal care services be pre-authorized reined in personal care costs to $72 million in fiscal year 2008, down $11 million from fiscal year 2006.

Division employees took on a key effort previously done by a contractor, the needs assessments for Alaskans applying for Medicaid waiver services.

The division expanded its data management system — DS3 — to give employees who look out for vulnerable Alaskans powerful new tools, and Senior and Disabilities Services partners more and better data on client services.

Accomplishments fiscal year 2008

Adult Protective Services now use DS3 for investigations and case management. Staff can more efficiently track clients and coordinate with other programs on the health and safety of vulnerable Alaskans.

"DS3 has catapulted SDS to a whole new level of service quality control," Division Director Rebecca Hilgendorf said. The two-year-old system has likely offset the $700,000 invested in it by helping staff clear up General Relief billing inconsistencies alone, DS3 programmer analyst Chris Hamilton said.

Staff from any program can use DS3 to print updates quickly for legislators, fraud investigators and other stakeholders.

DS3 also supports the Assessment Unit, formed in November by Leanna Rein, RN, for the Medicaid personal care assistance and Older Alaskan/Adults with Physical Disabilities waiver programs. Rein previously led the Children with Complex Medical Conditions (CCMC) program for 14 years.

With help from Odette Jamieson, Jim Hughes and Shane Miller, Rein hired and trained staff in regional hubs statewide. Assessors are now assigned to territories. The strategy cuts travel time and costs, and means clients should see a familiar face for renewal assessments.

User-friendly DS3 allows staff to enter assessment data via laptop in their cars (and tap into Google maps if necessary.) Weekly e-mails update providers on the status of their clients' applications for services.

Assessments for the Developmental Disabilities and CCMC waivers were taken on by Developmental Disabilities unit manager Marcy Rein, RN, who now also oversees the CCMC unit. She and her staff developed assessment and data management tools, and hired and trained assessors.

The DD/CCMC Unit also created a new registry system for Alaskans with developmental disabilities in DS3. The Developmental Disabilities Registration and Review includes everyone on the former Developmental Disabilities Wait List, plus Alaskans who don't want services. Being registered should cut processing time for future service requests (when turning 18, for example.) There are 910 Alaskans in the registry.

The DD Unit continues to whittle down the old wait list, offering at least 50 people services each quarter.

Now

During fiscal year 2008, the division began overseeing the state's Aging and Disability Resource Center network. The Municipality of Anchorage recently established a center, joining centers in Homer and Juneau. The goal is to have at least six statewide.

Contractor HCBS Strategies was hired to study options for providing sustainable long-term care in fiscal year 2008. After collecting stakeholder input, the contractor was due to deliver its final recommendations on a three-year action plan of strategies and priorities in October 2008.

Work continues on a new way to reimburse providers of Medicaid waiver services. Contractor Myers & Stauffer is surveying providers on the costs of delivering those services, and was due to report its recommendations in December 2008.

Rebecca Hilgendorf, Director

The new rate-setting system is slated for use in fiscal year 2010. Meanwhile, the division secured a small fiscal year 2009 increase to long-frozen home- and community-based service rates.

Next

Division and department leadership will be taking recommendations from HCBS and Myers & Stauffer to the Legislature.

DS3 will allow providers to become Medicaid certified online this winter, and submit care plans and Medicaid client service applications next summer. With less paperwork, clients should get services faster.

Senior and Disabilities Services will use a nearly $1.5 million federal grant to help hospital discharge planners steer patients to community supports statewide using the Aging and Disability Resource Centers network.

Project Manager Chris Hamilton, left, and Business Analyst Yelena Young make up the development team for DS3, the division's data management system. For the last two years, they have worked on this operations support system, which is 100-percent Web-based. This system for the first time has made it possible to create a division-wide master client index, among other things. See further details on page 20.

MISSION … to maximize the independence and quality of life for older and disabled Alaskans.

Public Health Preparedness

The Alaska Department of Health and Social Service's Preparedness Program takes the lead in preparing for and responding to statewide public health emergencies both natural and man-made.

Accomplishments fiscal year 2008

Respiratory Syncitial Virus (RSV) Outbreak Response

The preparedness program partially opened its emergency operation center in early February 2008 to respond to children suffering from Respiratory Syncitial Virus in the Yukon-Kuskokwim Delta area. The team maintained situational awareness between all participating agencies and coordinated resource requests both in Anchorage and in rural parts of the state. Ultimately, 17 children were medevaced from Bethel for treatment, and dozens more were treated locally.

A fast, coordinated response between agencies in conjunction with an aggressive public awareness campaign resulted in stemming the outbreak early on. There were no deaths and no children had to be transported out of state for treatment.

Community Exercises

In any disaster, preparedness requires practice! During fiscal year 2008, mass dispensing clinic exercises were held in Valdez, Fairbanks, Delta Junction, Pelican, Kodiak, Nome, Bethel and Juneau. These exercises, where thousands of people responded to simulated or actual dispensations of vaccines, were developed to test Alaska's capability to distribute mass prophylaxis and to organize citizen preparedness and participation.

Distributing the supplies statewide is another challenge. A Strategic National Stockpile exercise was held to test planned methods of receiving and redistributing medicines and other supplies that would come to Alaska. The exercise —developed jointly with other state, local and tribal agencies — allowed for the actual delivery of vaccines to the villages of Kaktovik and Nightmute; other communities received boxes of chocolate candy.

Antiviral, Ventilator and Personal Protective Equipment Stockpiles

Being prepared means having supplies on hand. In fiscal year 2008, Health and Social Services Preparedness purchased and distributed:

Antivirals

- 31,591 courses of Tamiflu
- 7,898 courses of Relenza

All 22 acute-care hospitals in the state have

received a Tamiflu stockpile from the department (determined by bed size and number of employees). There are currently approximately 88,000 courses of antivirals in the state.

Ventilators

- 64 ventilators purchased and distributed to hospitals statewide

The Preparedness Program also arranged for approximately 300 paramedics, nurses, physicians, public health nurses, respiratory therapists and air ambulance crews to be trained in using the new ventilators.

Personal Protective Equipment

- 825,000 surgical masks
- 56,000 PPE kits (includes eye protection, gloves, N95 respirator)

Currently on order:

- 67,000 N95 respirators
- 5,500 personal-size bottles of hand sanitizer

Alaska Pandemic Influenza Plan

Preparing for a possible flu pandemic continues to be a major focus. The 6th edition of the pan flu plan was published and posted to the Web in February 2008 (www.pandemicflu.alaska.gov). New editions are published as supplements are added or refined.

Now and next steps

Tri-annual Emergency Preparedness Summits, coordinated with the Alaska Division of Homeland Security and Emergency Management and the State Emergency Response Commission/Local Emergency Planning Committee Association, are planned. A summit will be held in Juneau in January 2009 and in Anchorage in May 2009.

The department is working with partner agencies to prepare for the 2008–09 cold, flu and RSV season.

The department is coordinating a medical logistics working group, to include partner agencies and vendors, to explore best options for acquiring medical supplies during an emergency.

Mass dispensing clinic exercises were held in Seward, Bethel, Kodiak, Fairbanks, Anaktuvuk Pass, Cold Bay and Anchorage in fall and winter of 2008. More are scheduled for 2009.

Office of Faith-Based & Community Initiatives

The Faith-Based and Community Initiative has supported the work of thousands of faith-motivated Alaskans and grassroots organizations dedicated to filling the gaps in social service delivery systems and helping citizens in need. The Alaska Office of Faith Based and Community Initiatives facilitates the process of addressing social issues between departments in the executive branch and faith-based and community organizations across Alaska.

Accomplishments in fiscal year 2008

The Office awarded nine grassroots organizations in five regions of Alaska with $20,000 sub-awards to be used toward organizational capacity building. Grantees were provided approximately 200 hours of technical assistance to help strengthen organizational infrastructure.

Five two-day capacity building workshops conducted in Anchorage, Fairbanks, Kotzebue, Bethel and Juneau were provided to 78 people representing 44 faith-based community organizations.

The Office partnered with federal Substance Abuse and Mental Health Services Administration to provide a multiday organizational sustainability training to 50 individuals representing local faith-based community organizations.

Essential Human Services to Alaska grants provided funding to 10 communities, not eligible for the Human Services Community Matching Grant, to be used for essential human services for children, elderly, families and individuals.

The Office participated in coordinating Project Homeless Connect, a biannual, one-day, one-stop event to bring essential services to homeless individuals in Anchorage.

The Office began developing the ASPIRE (Alaskan youth Succeed when People Invest Resources in Education) program. This program allows faith-based community organizations, businesses and individuals to provide resources to foster children for post-secondary education.

The Office co-initiated the SSI/SSDI (Supplemental Security Income/Social Security Disability Insurance) Outreach, Access & Recovery (SOAR) project. This project enables states and localities to expedite the Social Security Administration's disability benefits application process for homeless individuals.

Alaska Office of Faith-Based and Community Initiatives Advisory Council Chair, Scott Merriner, presented on the Future of Innovation in Community Partnerships as a national panel speaker at the White House Office of Faith-Based and Community Initiatives Conference.

Now

In July 2008 the Office streamlined its focus to three priority areas: hunger, homelessness, and at-risk youth. Staff participate in a variety of public-private partnerships that address these social issues statewide. Staff continue to manage the Essential Human Services to Alaska and the Alaskan youth Succeed when People Invest Resources in Education (ASPIRE) programs. The Office remains the single point of contact for faith-based and community initiatives information, assistance and referrals. Staff provide guidance, direction and support for increased collaboration among faith-based community organizations and between them and government agencies. Compassion Alaska — a grant dedicated to organizational capacity building, training and technical assistance for small nonprofits — concluded in October 2008.

Next

Government and faith-based and community organizations cannot meet the exponential social needs of Alaskans alone. Identifying gaps, planning, executing, evaluating and improving service delivery must be done together. Therefore, the Advisory Council will oversee the strategic positioning of the Office for this initiative's future.

In addition to fulfilling the duties of the Office established through Administrative Order 221, efforts to pilot a collaborative rural food distribution effort in the northwest region will proceed in the winter of fiscal year 2009; and the Alaskan youth Succeed when People Invest Resources in Education (ASPIRE) program will leverage funds to establish University of Alaska Savings Accounts for youth formally in foster care.

The Office will continue to serve Alaskans as a resource to government, grassroots and faith-based community organizations seeking information on how to strengthen efforts dedicated to improving the well-being of Alaskans.

From left, Tom Fernette (Office of Public Advocacy) and Steve Bye (Cook Inlet Tribal Council) conduct a workshop aimed at ways to expedite the Supplemental Security Income (SSI) and Social Security and Disability Insurance (SSDI) application process for people experiencing chronic homelessness. Known as 'SOAR' (SSI/SSDI Outreach, Access and Recovery), the Alaska Office of Faith-Based and Community Initiatives coordinates and spearheads this effort.

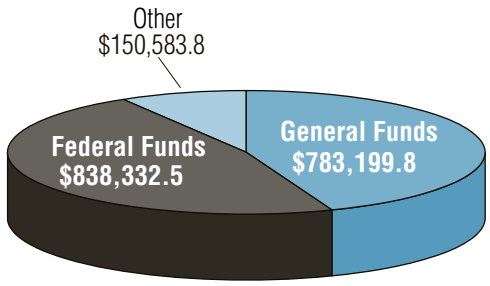
MISSION ... to improve the well-being of Alaskans by strengthening and expanding the contributions of faith-based and community initiatives through fostering partnerships, building capacity and expanding awareness.

Integrity

Financial Report fiscal year 2008

FY08 actual expenditures by funding source

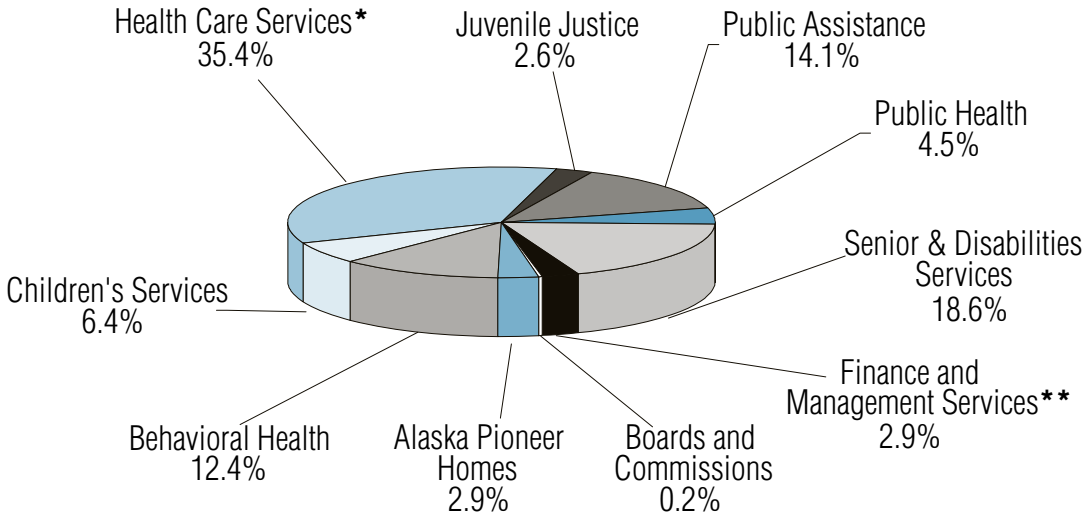
(in thousands)



Division	FY07	FY08
Alaska Pioneer Homes	$47,854.4	$51,975.6
Behavioral Health	225,121.0	220,214.8
Children's Services	137,846.3	113,845.3
Health Care Services*	640,859.6	625,325.7
Juvenile Justice	43,136.2	45,862.1
Public Assistance	215,650.6	249,264.0
Public Health	73,406.2	80,334.7
Senior & Disabilities	320,002.7	330,142.8
Finance & Management**	50,033.4	51,732.6
Boards & Commissions	2,985.8	3,418.5
* Includes Adult Dental * *Includes Human Services Community Matching Grant		
TOTAL	$1,756,896.2	$1,772,116.1

DHSS FY2008 Actual Expenditures by Division

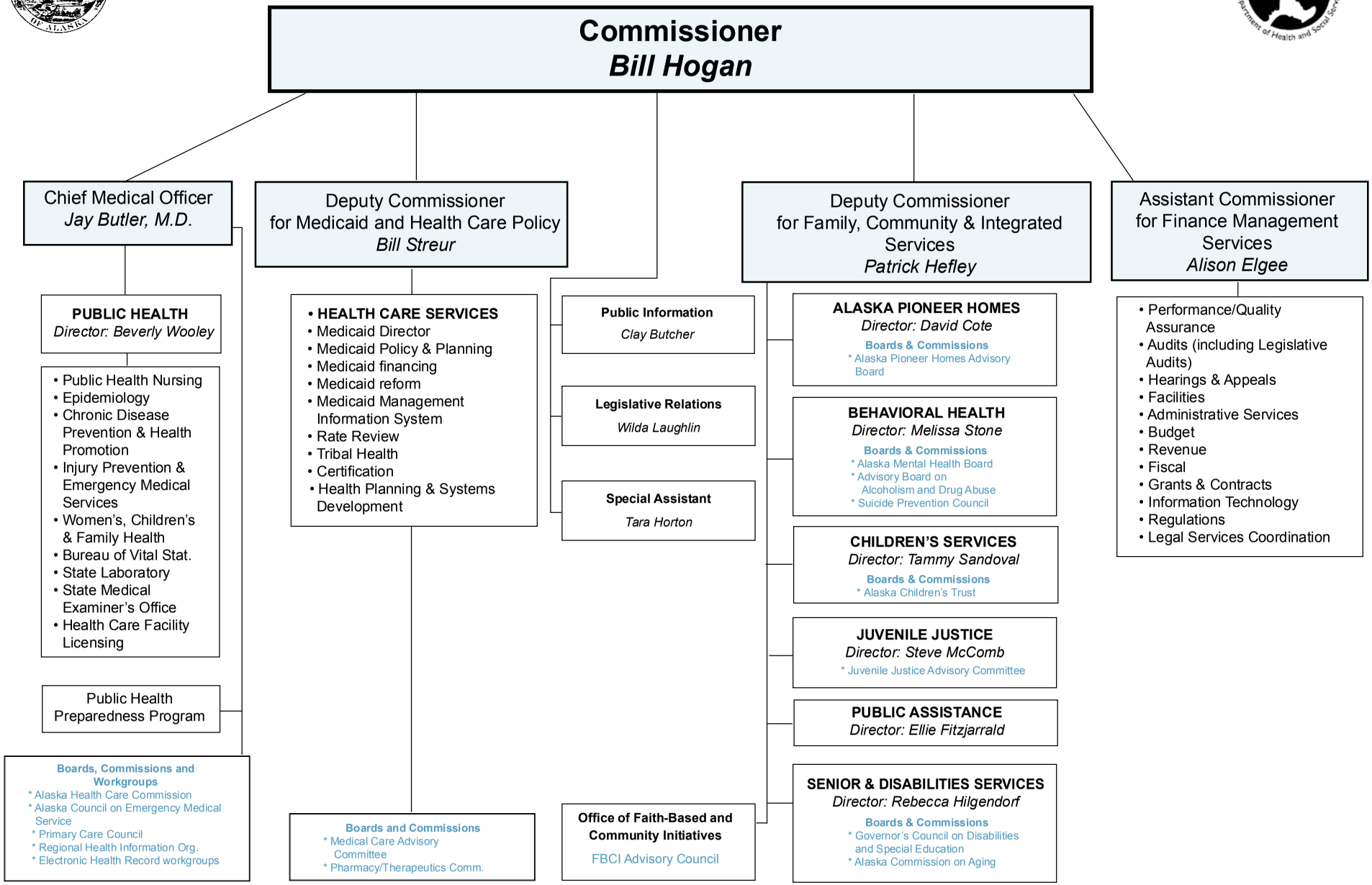
(Total Funds)



*** Includes Adult Dental**

**** Includes Human Services Community Matching Grant**

Alaska Department of Health and Social Services
Organization Chart



Fiscal Year 2008 Annual Report
chart updated Dec. 12, 2008

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http://www.hss.state.ak.us

Annual Report
Fiscal Year 2008

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