



# *Innovation & Change*

STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

## Annual Report 2012





William J. Streur,  
Commissioner

# Health & Social Services

*To promote and protect the  
health and well-being of  
Alaskans*

It goes without saying that health care in Alaska and throughout the nation is in a state of change. We have seen more change in the past year than in the last 20.

Since I became commissioner of Health and Social Services two years ago — and before that as deputy commissioner — I have overseen innovations in all our divisions as we prepare for the future.

Much of our innovation is technological, as you will discover in this annual report outlining the concrete actions our divisions are taking to be as accountable as possible.

From improving databases for dispensing medications in our Pioneer Homes, to increasing our food stamp accuracy and processing speed, to tracking prescription pain medication overuse and misuse in our Medicaid program, to integrating services to vulnerable populations ... we are in a near-constant state of innovation.

Beyond technology, we make sure our employees have up-to-date training. The Office of Children's Services works with agencies statewide to standardize interviewing techniques, and the Division of Juvenile Justice is focusing on mental health and substance abuse among juveniles, getting at the root problems of those in its care.

While the need for our services will not change, our methods of meeting that need continue to improve.

*William J. Streur*  
William J. Streur

*Innovation & Change*

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David Cote,  
Director

# Alaska Pioneer Homes

*We provide quality assisted  
living in a safe home  
environment.*

## Accomplishments

### Pharmacy

In 2012, the Pioneer Home Pharmacy added the ability to receive prescription orders from doctors electronically. The division has put out an Invitation to Bid for a vendor to provide all six Pioneer Homes the ability to access the pharmacy database Prodigy through the Internet. This will increase resident safety because nursing staff will be able to use Prodigy to double-check a resident's medications and to document the administration of the medications electronically.

The Pioneer Home Pharmacy provides residents with prescription medications and checks for any contraindications with other drugs, over-the-counter supplements, and food. The Centers for Medicare and Medicaid Services has mandated a shorter medication cycle fill from monthly to every 14 days. The pharmacy has purchased an automated medication dispensing machine in order to meet this increase in workload volume with existing staff. The pharmacy and the Homes have the ability to add bar codes and bar code scanners to aid in checking in and administering the medications.

### Security

Five of the Pioneer Homes have installed security cameras, which can be viewed via computer from the administrator's office and nurse stations. The cameras cover all access to the building, the grounds, and key areas within the Home. The cameras are extremely helpful in determining what may have occurred. All homes will have security cameras by fiscal year 2014.

### Lighting upgrades

The Anchorage Pioneer Home finished its lighting upgrade. The new lights are more energy efficient and are expected to pay for themselves within a few years. Additionally, the lights make the Home much brighter and more cheerful.

## Accomplishments

*Partnering with Alaska tobacco retailers to stop sales to minors*

In 1992, the U.S. Congress enacted the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act, including an amendment aimed at decreasing youth access to tobacco. This amendment requires states to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18 — in Alaska the legal age for purchase and use of tobacco is 19.

This program is a critical component of the success of youth tobacco use prevention efforts in Alaska.

Through the program, Alaska has enhanced laws prohibiting the sale and distribution of tobacco products to minors; enforced these laws to reduce the availability of tobacco products to youth under the age of 19; conducted random, unannounced inspections of tobacco outlets; provided training and support to Alaska tobacco retailers; and reported annually to the U.S. Department of Health and Human Services.

Since 1996 when Alaska first began its Tobacco

Enforcement and Education Program, youth access to tobacco products has dropped from a 2001 high of 36 percent of retailers selling tobacco to youth under 19, to a 2012 low of 6.5 percent — a reduction of almost 30 percentage points.

Keeping tobacco products out of the hands of our youth also has helped decrease the number of Alaska high school youth who smoke, from 37 percent in 1995 to 14 percent in 2011 (according to the Alaska Youth Risk Behavior Survey). The success of this effort is due to the combined activities of our federal, state, local and community partners, with all working collectively toward a common goal: healthier Alaska youth.

Melissa Stone,  
Director



# Behavioral Health

*Partners promoting healthy  
communities*

*Innovation & Change*



Christy Lawton,  
Director

# Office of Children's Services

*Safe children, strong  
families*

## Accomplishments

### Innovations

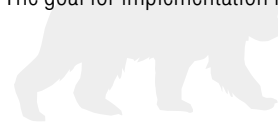
The Office of Children's Services is part of a statewide team working to enhance the quality and effectiveness of child forensic interviews through an innovative new endeavor.

Forensic interviews are necessary to obtain details when children are exposed to violent events or are sexually abused. Since 1998, CornerHouse (an Interagency Child Abuse Evaluation and Training Center) has collaborated with the American Prosecutors Research Institute, and now with the National Child Protection Training Center (NCPTC), in helping states implement five-day forensic interviewing courses using the RATAC® forensic interviewing protocol developed by CornerHouse. Currently, 17 states and the country of Japan have developed or are in the process of developing a five-day course modeled after the CornerHouse program. Alaska is proud to be added to that list of states.

ChildFirst is a nationally recognized, cutting-edge program known for its solid practice standards and comes to us highly recommended. This model will ensure a standardized interview protocol for the entire state, to span many different entities such as Alaska

State Troopers, local law enforcement agencies, Child Advocacy Centers and OCS. The model will also allow consistency in interviews, and will be measurable and accountable. The consistency will lead to increased prosecution of offenders through solid interviewing practices that can withstand the scrutiny a criminal trial would bring.

The team that is working diligently to get this up and running comprises many state agencies, cultural experts, child advocacy centers, Alaska Children's Alliance, University of Alaska Anchorage and law enforcement agencies. Through this collaboration, OCS is breaking ground and setting course for years to come on how best to interview children to minimize the trauma they experience post-disclosure — and to ensure their safety. The goal for implementation is late February 2013.



## Accomplishments

The Division of Juvenile Justice has existed in a near-constant state of change since its creation in 1999. A number of efforts currently under way illustrate the division's dedication to innovation, performance, measurable outputs and best practices.

Having spent the past several years examining mental health and substance abuse challenges faced by juveniles, and enhancing behavioral health services for juveniles in custody, the division is taking the next natural step in working with its clients by adopting a Trauma-Informed Care approach.

Training in this nationally recognized approach for staff at McLaughlin Youth Center was followed by a dramatically decreased number of restraints for residents. Staff attributed the decrease to "the way we talk to residents, patience, better team work and less black-and-white approaches, the use of more talking tools, increased communication among staff about residents and thinking first about the kid and his situation."

This success has prompted the division to initiate Trauma-Informed Care training and consultation at juvenile facilities and probation offices around the state.

The division is demonstrating its commitment to data-driven decision making through Incident Tracker, a new electronic application requiring staff to enter information on accidents, injuries, and other unforeseen or concerning events that jeopardize the safety and security of clients and employees. With these data in hand, the division will be better-poised to determine training and other resource needs.

Information collected over the last several years has demonstrated that Alaska Native juveniles have a higher rate of recidivism than the general population of juveniles. The division is seeking solutions to this worrisome outcome, and is actively working to improve working relationships with our partners in rural Alaska. Those improvements include developing culturally sensitive approaches to hiring and retaining staff, and seeking to understand the most effective methods to work with Alaska Native juveniles, their families, and communities.

Barbara Henjum,  
Director



# Juvenile Justice

*We 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.*

*Innovation & Change*



Margaret Brodie,  
Director

# Health Care Services

*To provide health coverage  
to Alaskans in need*

*The Division of Health Care Services manages claims processing and policy development for Medicaid, Chronic and Acute Medical Assistance, and Denali KidCare. The Background Check Program, Medicaid provider enrollment, inspection and licensing of assisted living homes, child residential settings, and health facilities also fall under the purview of the division.*

Health Care Services has several exciting projects under way, including the continued development of the Medicaid Management Information System, the computer engine that applies payment rules and processes claims.

## **Innovations**

The division has implemented a credit card payment option for background check fees, fingerprint fees, and for working disabled premium payments. It has also implemented an online application and payment option for background checks. Other innovations include participation in a U.S. Department of Agriculture demonstration project that directly certifies children in the Free Lunch Program if they enroll in Medicaid.

The division also performed “mock surveys” at skilled nursing facilities and ambulatory surgery centers to increase quality of care for Alaskans and help the providers understand regulations, resulting in fewer citations being issued.

## **Performance**

The division has implemented the standards of the Health Insurance Portability and Accountability Act (HIPAA) 5010 for payment of electronic medical claims. In fiscal year 2012, 9,966,717 claims lines were processed for 137,606 recipients of service. This resulted in \$1,334,454,827 in payments to Medicaid providers.

Maximum daily limits were established for prescription pain medications to address misuse and overuse. Controls were also implemented to address the use of duplicate opioid products. The combined impact of these changes resulted in a decrease in the number of claims for opioids and the number of doses of medication dispensed while still preserving access to medications for pain management.

The division received a CHIPRA (Children's Health Insurance Program Reauthorization Act) performance bonus payment now totaling \$11.3 million over the

last three years for streamlining and simplifying the enrollment and renewal processes for children enrolled in Medicaid, and meeting or exceeding enrollment targets.

The division received CMS (Centers for Medicare and Medicaid Services) national recognition presented by the National Governors' Association for children's quality-of-care measurement for children enrolled in Medicaid and CHIP. Additionally, Health Facilities Certification and Licensing completed 57 licensing/recertification surveys.

### Measurable Outputs

The division collected \$51,719,844.55 in third-party recoveries in fiscal year 2012. Certification and Licensing completed 3,089 licensing incident investigations. Licensing staff worked closely with providers and, as a result, enforcement actions were reduced by over 50 percent, from 54 in fiscal year 2011 to 26 in fiscal year 2012. The division also completed 18,496 background checks.

Using generic substitutions for brand-name drugs has increased 6.7 percent from 85.3 percent in fiscal year 2011 to 92.0 percent in fiscal year 2012. This has resulted in a 16.3-percent (\$13.31)

decrease in the average cost per prescription claim, from \$81.49 to \$68.18 from last fiscal year. Health Facilities Certification and Licensing performed 101 unannounced onsite complaint investigations and 319 Complaints/Reports of Harm investigations in medical facilities throughout the state.

### Best Practices

During state fiscal year 2012, the Pharmacy Program implemented numerous program changes to maximize cost-saving opportunities, including encouraging the use of lower cost generic medications to discourage waste, abuse, or misuse of medications. The Systems Unit improved weekly payment review processes. Operations revamped its utilization and case management programs to enhance promotion of high-quality, cost-effective outcomes to ensure appropriate medical services are provided to recipients.

Health facilities and assisted living homes in the state were inspected to determine whether they meet state and federal standards. The division continued to work with health care providers to ensure they had the ability to provide services that are safe and of an acceptable quality.





Ron Kreher,  
Director

# Public Assistance

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

## Accomplishments

### Supplemental Nutrition Assistance Program (SNAP)

Today, there is a growing need for Alaskans to rely on food stamps to supplement their nutritional needs. There is also a demand and expectation of state government to be more efficient and effective in the delivery of services and benefits.

The Division of Public Assistance has met that challenge. For the fourth year in a row, Alaska has been recognized by the U.S. Department of Agriculture as a high-performance organization. Most recently, Alaska was first in the nation for SNAP payment accuracy and second for accurate case closures and application denials for federal fiscal year 2011 (10/1/10–9/30/11). The two performance bonuses total \$562,113.

Division staff are also streamlining services. Despite steady growth of caseloads, new work processes have helped reduce the amount of time it takes to process a SNAP application by 50 percent.

### Alaska Temporary Assistance Program

Recent research by the Institute for Circumpolar Health Studies (ICHS) confirmed the division's belief that a revamped service delivery model is needed to help needy families with children reach self-sufficiency. The study identified factors associated with long-term reliance on temporary assistance, how those factors are being addressed and what strategies can be used in the future to better mitigate challenges to self-reliance.

The study found that problems such as depression, injury and disability are more common among long-term clients. They are also more likely to face mental health and domestic violence, problems that are all too frequently experienced by Temporary Assistance clients. In order to better serve families facing multiple and complex challenges to self-sufficiency, in state fiscal year 2013 the division is implementing a two-track service model based on the analysis by ICHS and built on the foundation of the Families First! model of integrated, family-centric services.

## Accomplishments

### Innovations in Partnering

Among its innovations in fiscal year 2012, the Division of Public Health launched the Play Every Day campaign to raise awareness about childhood obesity and promote physical activity. The campaign partnered with Healthy Futures, resulting in 110 schools and almost 7,000 children completing a three-month physical activity challenge in the spring of 2012.

The division also began Healthy Alaskans 2020, co-sponsored by the department and the Alaska Native Tribal Health Consortium. This statewide health assessment and improvement plan is based on the CDC's (Centers for Disease Control and Prevention) Healthy People platform. Healthy Alaskans 2020 will produce a health assessment, leading health indicators and performance targets, evidence-based strategies, and Web-based tracking and resources.

Through partnerships with health care providers to increase vaccination rates, more underinsured children are now able to get vaccinated, increasing consistency of care and reducing barriers to immunization. Uninsured and underinsured adults now have access to vaccines through Vaccine Distribution Program-enrolled providers. The division also initiated

statewide nurse outreach/case management for families requesting a delayed immunization schedule, resulting in a 4-percent increase in immunization rates at Public Health Centers for children 10 to 35 months old.

### Innovations in Practice

The Medical Examiner's Office implemented a new technique using a putty-like substance on decomposed individuals to obtain fingerprints for identification. A number of bodies have since been scientifically identified that would otherwise have been difficult to identify. The office also sponsored the first "Buried Bodies and Scattered Remains" training for law enforcement and staff to teach new investigation techniques.

Forty health care providers have participated in the division's loan repayment program, and a new federal grant adds capacity for 27, while a new state loan repayment and direct incentives program has a capacity for 90 providers. Alaska is among few states who offer both "support for service" options as a best practice for recruitment and retention of health care providers.

Dr. Ward B. Hurlburt,  
Director (FY2012) and  
Chief Medical Officer



# Public Health

*We protect and promote the  
health of Alaskans.*

*Innovation & Change*



Duane Mayes,  
Director

# Senior & Disabilities Services

*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.*

## Accomplishments

Alaska's Division of Senior and Disabilities Services serves seniors, the disabled, individuals with chronic conditions, and vulnerable populations. The division recognizes that effectively managing care transitions and finding appropriate services for these vulnerable populations will allow for its funding to target higher needs, rather than continued hospitalization or institutional support. Efficient data systems will support effective care management by facilitating timely and improved decisions based on patient records that accurately report conditions, medications and services.

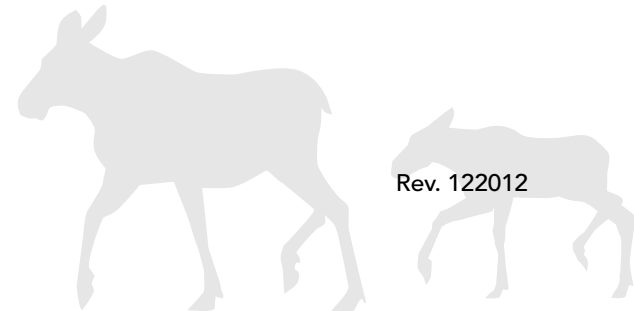
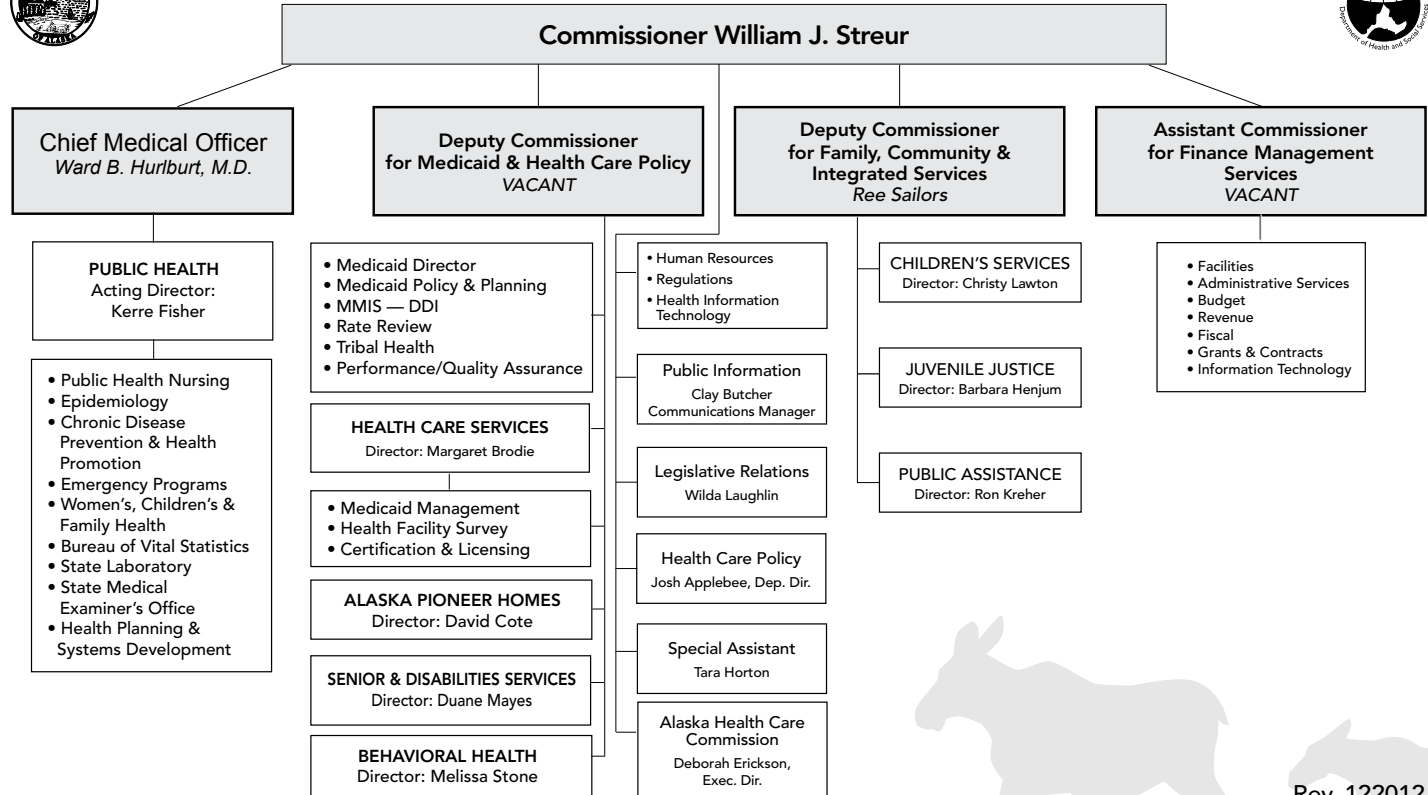
The division is moving forward to implement a secure, Web-based Automated Service Plan management system that will provide access to a Provider Portal. In addition to supporting care management, this solution will allow the division to emphasize "Service Integration" among state program areas, including the division, Medicaid Eligibility, Financial Services, Certification and Licensing, and Public Health, and will enhance program integrity by supporting improved utilization and program monitoring.

Alaska's Adult Protective Services office is seeing a rise in the number of vulnerable adults who suffer financial exploitation, neglect or abuse. This office protects the independence, dignity and well-being of vulnerable Alaska adults, age 18 and older. Reports to the office have risen almost 200 percent in the past five years, yet researchers estimate only one in five cases is reported. Alaska is now better able to combat fraud, neglect and abuse, using new laws that state leaders passed in 2012, but the division still relies on reports from the community.

The U.S. Administration on Aging awarded an Elder Abuse Prevention Interventions Program grant — \$1,004,605.00 over a three-year period — to our Adult Protective Services unit, one of only eight award recipients across the nation. Under this grant, Adult Protective Services will develop and operate an Elder Services Case Management section to determine if Critical Time Intervention, an evidence-based case management model, prevents elder abuse, neglect and exploitation.

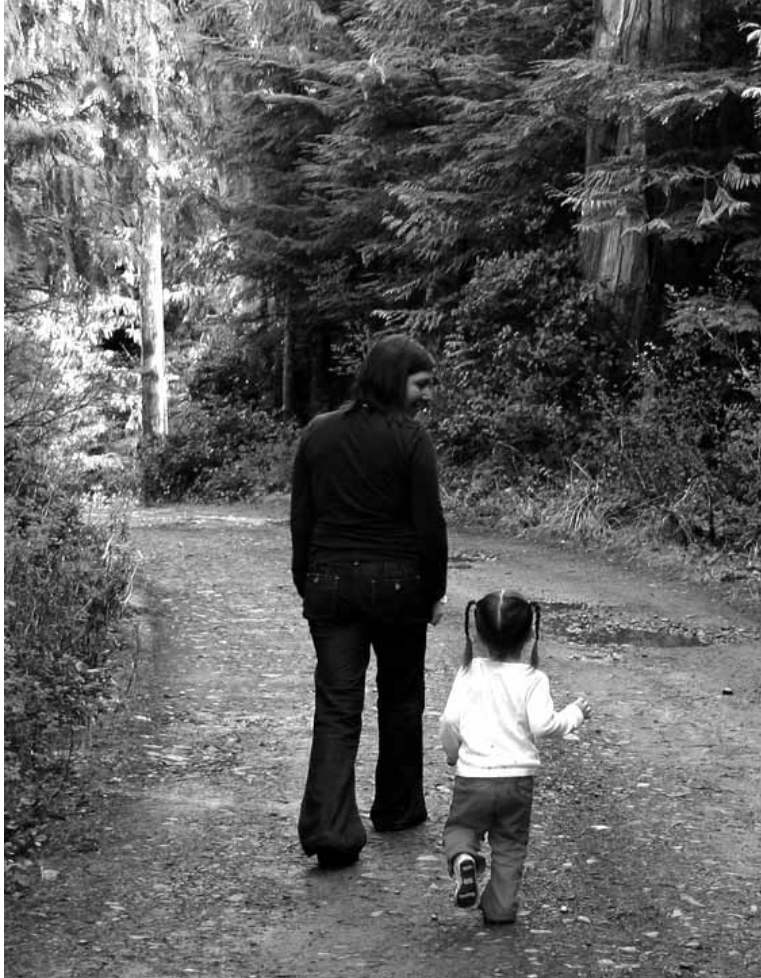


# Alaska Department of Health and Social Services Organization Chart



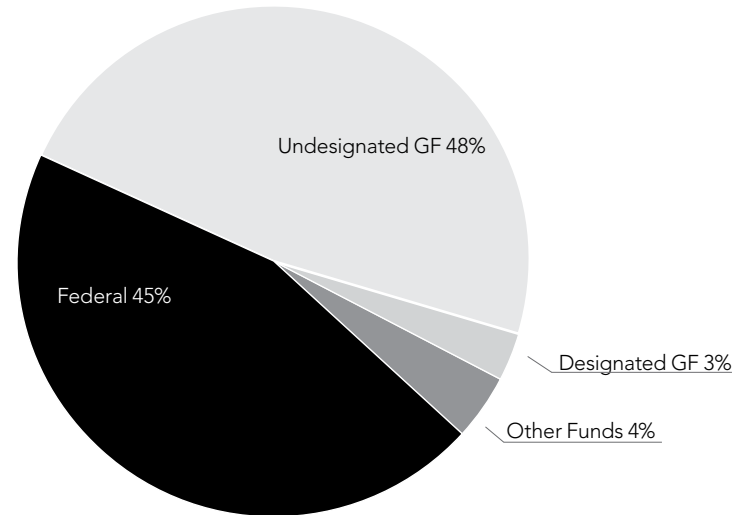
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# Financial Report



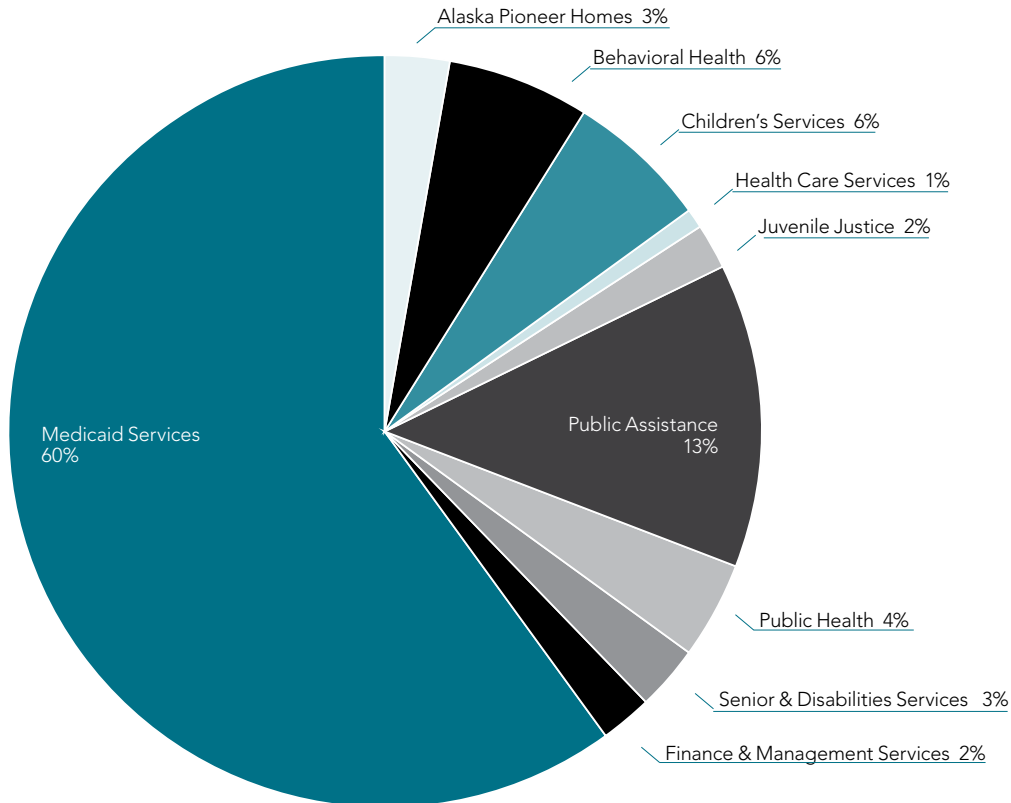
## Department Total — FY2012 Actuals

(Undesignated General Fund, Designated General Fund, Other, Federal)



| Department Total - FY2012<br>Actuals (UGF/DGF/Other/Fed) |               |
|----------------------------------------------------------|---------------|
| Undesignated GF                                          | 1,090,061.0   |
| Designated GF                                            | 66,903.2      |
| Other Funds                                              | 79,770.2      |
| Federal                                                  | 1,031,510.5   |
| Total                                                    | \$2,268,244.9 |

## Actuals (by Division)




| Division                                                                                                                                                             | FY11                 | FY12                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| Alaska Pioneer Homes                                                                                                                                                 | 56,332.9             | 59,754.4             |
| Behavioral Health***                                                                                                                                                 | 125,916.4            | 129,785.6            |
| Children's Services                                                                                                                                                  | 122,813.4            | 127,497.1            |
| Health Care Services*                                                                                                                                                | 42,241.2             | 24,653.4             |
| Juvenile Justice                                                                                                                                                     | 53,631.3             | 56,181.9             |
| Public Assistance                                                                                                                                                    | 288,591.2            | 305,118.7            |
| Public Health                                                                                                                                                        | 92,399.5             | 98,937.1             |
| Senior & Disabilities Svs***                                                                                                                                         | 53,948.0             | 56,224.6             |
| Finance & Management**                                                                                                                                               | 38,292.4             | 40,458.6             |
| Medicaid Services                                                                                                                                                    | 1,360,248.0          | 1,369,633.5          |
| * Includes Adult Dental<br>** Includes Human Services Community Matching Grant & Community Initiative Matching Grants<br>*** Boards & Commissions added to DBH & SDS |                      |                      |
| <b>TOTAL</b>                                                                                                                                                         | <b>\$2,234,414.3</b> | <b>\$2,268,244.9</b> |

Based on DHSS FY2011 Actuals Scenario - Component Summary Report



**Alaska Department of Health & Social Services**

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