

ANNUAL REPORT 2013

Priority #1: Health & Wellness Across the Life Span

Priority #2: Health Care Access, Delivery & Value

Priority #3: Safe & Responsible Individuals,
Families & Communities



**ALASKA
DEPARTMENT OF HEALTH
& SOCIAL SERVICES**



William J. Streur,
Commissioner

Health & Social Services

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

In last year's 2012 annual report, we talked about the continual innovations and changes taking place in the Department of Health and Social Services. We now look back at fiscal year 2013 and the results of adapting to an evolving fiscal and technological environment. We are pleased that our emphasis on results-based accountability has guided our eight divisions in finding ways to measure the effectiveness and efficiency of our services.

It's one thing to have goals, and quite another to make a plan to achieve those goals. A large department such as DHSS requires disciplined planning and prioritizing to run smoothly, efficiently, and in a coordinated manner.

The only way each of our divisions can stay on track is by keeping the department's mission in mind at all times: ...“To promote and protect the health and well-being of Alaskans.”

Once our divisions are all heading in the same direction — the right care for the right person at the right time — we will stay within our budget and deliver our services for the right price.

That doesn't imply doing things on the cheap. It means ensuring that services are effective, efficiently administered, and targeted to Alaskans in need.

William J. Streur
William J. Streur



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ALASKA PIONEER HOMES

Accomplishments

100 Years

The Pioneer Homes turned 100 years old April 2013. Alaska's first Territorial Legislature recognized the need for housing for the territory's indigent miners and prospectors. The Pioneer Homes' initial enabling legislation was signed into law April 30, 1913. H.B. 94 became effective July 4, 1913, and the original home in Sitka opened in September 1913. That home consisted of converted Marine barracks, and the current Sitka home sits on the original site.



Ken Truitt,
Director

Service to Alaskans

Demand continues to be high for Pioneer Homes services. In fiscal year 2013 the six homes provided residential assisted living services to 579 Alaska residents, 116 of them new. Fiscal year 2013 saw an average of 367 residents on the active waiting list and an average of 3,831 residents on the inactive waiting list.

The path forward

The Pioneer Homes system has gone through many changes during its 100 years of continued operations and now looks to the future to continue to meet Alaska's needs. For example, 18 years ago the Pioneer Homes changed

course to become experts at providing care to Alaskans experiencing Alzheimer's disease and related dementia. With these changes, the Pioneer Homes offered Alaskans the opportunity to remain in Alaska to be cared for in their own community with their family at their side. Today the Pioneer Homes continue to specialize in dementia care, providing person-centered care with dignity and love.

This new millennium will bring forward the challenge of an unprecedented rise in the number of Alaskans who will need Pioneer Homes care. Being accountable to the needs of this growing elder population is more critical now than ever. The course ahead needs to be flexible to efficiently work in an ever-changing health care environment and the population we serve, as well as to effectively ensure that Alaskans continue to receive the highest quality of services possible.

Alaska Pioneer Homes

We provide quality assisted living in a safe home environment.

BEHAVIORAL HEALTH

Purpose — core service

The purpose of the Division of Behavioral Health is to provide a continuum of statewide mental health and substance abuse services ranging from prevention, screening and brief intervention to outpatient treatment, residential and acute psychiatric care.

What is Behavioral Health

Behavioral health is the foundation of psychological well-being and social functioning throughout the lifespan. It impacts relationships, education, productivity and overall quality of life. Behavioral health problems are characterized by the extent to which they disrupt an individual's ability to function, learn, work, or participate fully in life.

Measuring for performance

DBH applies the Results Based Budgeting framework for planning and monitoring of performance of the Alaska behavioral health prevention and treatment system. Since the 2007 Legislature, DBH has applied a performance based funding methodology to grant funding decisions, and has strengthened the ability to measure performance of the prevention and treatment system.

Accomplishments

For FY2014 grant awards, DBH measured access, engagement, retention, quality and

client treatment outcome of all provider agencies. Results show client improvement as follows:

- 76.2% adults with severe mental illness
- 68% children/youth with severe emotional disturbance
- 93% youth/ 91% adults with substance abuse and addiction

The Youth Risk Behavior Survey shows that investment in prevention is producing statewide change. In the last 10 years,

- Past 30-day drinking by high school students decreased by 16.2% (from 38.7% to 22.5%)
- Past 30-day binge drinking by high school students decreased by 13.7% (from 26.5% to 12.8%)
- The percent of youth who had their first drink before age 13 decreased by 9.5% (from 23.2% to 13.7%)
- Past 30-day tobacco use by high school students decreased by 7.7 % (from 24.8% to 17.1%)

The state operated Alaska Psychiatric Institute has achieved a three-year Joint Commission/ CMS accreditation. This rigorous process is designed to demonstrate that our organization provides and is accountable for safe, high-quality care, treatment, and services.



Melissa Stone,
Director

Behavioral Health

Partners promoting
healthy communities

The Office of Children's Services (OCS) has administrative responsibility for development and implementation of the Child and Family Services Plan, including all policies and procedures relating to child protection services in Alaska. In addition, the OCS administers the Early Intervention Programs and Early Childhood Comprehensive Systems Planning.

Every five years, Alaska is required to develop a Child and Family Services Plan (CFSP). The CFSP is a five-year strategic plan that sets forth the vision and the goals to be accomplished to strengthen the overall child welfare system. Alaska's plan for 2010–2014 was submitted and approved in 2009. During the past four years OCS has made steady gains in the outcomes and goals that were set forth.

Goals and strategies contained in the CFSP are designed to strengthen families, keep Alaska's children safe, address disproportionality of Alaska Native children in the system, maintain a stable workforce, enhance service array and family resource family service, and ensure

continued collaboration with stakeholders. Employing the most effective strategies available, OCS strives to fulfill its mission to protect and serve Alaska's children.

The Annual Progress Services Plan meets accountability goals developed with statewide stakeholders and is federally required of all states. This document is publicly available on our OCS website at: <http://dhss.alaska.gov/ocs/Documents/2013AR.pdf>. This plan provides a detailed account of the efforts, progress and achievements by year.

The current plan has one year left and OCS anticipates continued progress towards completion. During this next year, OCS will be continuing ongoing efforts while looking ahead to the development of mapping out the goals for the next five years. This plan, due July 1, 2014, will be developed with input and collaborative discussions with staff, partners and stakeholders.



Christy Lawton,
Director

Office of Children's Services

Safe children, strong
families

In fiscal year 2013, the Division of Juvenile Justice put new emphasis on measuring the effectiveness and efficiency of the core services we provide to Alaskans. Innovative evaluations of our Detention, Treatment, and Probation services are challenging previous assumptions and revealing opportunities to improve services to juveniles, families, victims, and the community.

The division's primary tool in determining the value of its services is juvenile success: whether Alaska's juveniles recidivate after receiving division services. The division saw a significant increase in the success rate for juveniles who were followed for two years following release from a juvenile treatment facility in fiscal year 2010. Looking deeper, the division found that Alaska Native juveniles who receive probation services were just as successful as their non-Native counterparts, while those released from juvenile treatment facilities had lower success rates compared with non-Native juveniles. The finding demonstrates the importance of improving culturally relevant services and communication with Alaska Native juveniles, their families, and communities — work the division has already begun.

The Alaska Department of Health and Social Services has encouraged its member divisions to examine how the principles of Trauma-Informed Care can improve outcomes for clients. The Division of Juvenile Justice has embraced this effort.

Trauma-Informed Care is an approach to working with clients that recognizes some of their challenging behaviors have developed as a response to adverse childhood experiences. The division's pilot experiences with Trauma-Informed Care have been encouraging: Trained staff demonstrated a decreased need for the use of restraints while juveniles in our facilities reported improved feelings of safety.

The division anticipates that expanding the application of Trauma-Informed Care throughout its service continuum will result in a host of tangible benefits, ranging from safer facilities for youth and better working conditions for staff. Ultimately the division expects this initiative will improve success rates for juveniles, thus improving both our effectiveness and efficiency in working with them.



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.

HEALTH CARE SERVICES

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.



Margaret Brodie,
Director

Our Vision

Medicaid must allocate resources as appropriately as possible. We must provide high quality services at the right place, at the right time, at the right price, for the right people.

The Division of Health Care Services (HCS) manages claims processing and policy development for Medicaid, Chronic and Acute Medical Assistance, and Denali KidCare. Inspection and licensing of assisted living homes, child residential settings, and health facilities also fall under the purview of the division.

Medicaid

New computer systems are being implemented for both claims payment and recipient eligibility. The Affordable Care Act has many initiatives that states must undertake

effective Jan. 1, 2014. HCS worked closely with the entire department in preparation for these changes.

Accomplishments

HCS provided medical coverage to 151,797 recipients at an average cost of \$5,091 per individual and re-enrolled more than 9,000 Medicaid providers. We implemented live scan technology for background checks.

HCS was awarded a Super-Utilizer grant from the National Governor's Association, which gives us the skills to reduce Medicaid usage for costly recipients.

We now require prior authorizations for high-cost imaging procedures, and have implemented a pain management contract to ensure proper medication management.

We set up a Tribal Consultation Web page; we

Health Care Services

To provide health coverage to Alaskans in need

decreased processing time for background checks by 75 percent; and implemented Results Based Accountability divisionwide.

We received a Children's Health Insurance Program Reauthorization Act (CHIPRA) performance bonus payment now totaling \$15.4 million over the last four years for streamlining and simplifying enrollment processes for Medicaid children, and meeting or exceeding enrollment targets.

Our new Background Check Database went live December 2013, and the new Medicaid Management Information System went live Oct. 1, 2013.

We look toward implementing the state Medicaid program for Juvenile Justice residents in the first quarter of 2014 and doing a medication review for state custody children. By April 2014, we will implement a new Tribal Medicaid Administrative Claiming (TMAC) program.



PUBLIC ASSISTANCE

Work First

Since welfare reform, Alaska provided Work First services for parents receiving assistance. Work First promotes immediate attachment to the work force for unemployed parents, with job referral and placement services to get a job to support family self-sufficiency. While Work First helps many families leave welfare with employment, some families still struggled to achieve self-reliance. Recent research by the Institute for Circumpolar Health Studies (ICHS) confirmed the division's belief that a revamped service delivery model could help families facing significant challenges to 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.



Ron Kreher,
Director

Public Assistance

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

Families First! Model

This year the division fully implemented the Families First! Model of integrated, family-centric services to help families with complex and profound challenges leave temporary assistance. Families First! has rolled out statewide and is available to all families with long-term reliance on assistance and who

aren't able to work full-time. By coordinating with department and community partners to address challenges, and to ensure families are safe, healthy and stable, more parents are making progress towards work and self-sufficiency. Leveraging agency resources, identifying and addressing underlying challenges to self-sufficiency, and providing more practice and support in getting to work, Families First! is helping families improve their circumstances and reduce their reliance on welfare.

Work First remains a critical part of Temporary Assistance, and Families First! will now ensure those parents unable to go to work full-time have the services and resources they need to go to work as soon as possible. Overall, the change is showing a positive impact. When compared against July 2012 work participation data, July 2013 statistics show that 12.2 percent more adults were engaged in self-sufficiency activities with a 10.2 percent decrease in the number of adults reported as not participating in any activity.



PUBLIC HEALTH

Accountability — community improvement

Healthy Alaskans 2020 successfully developed 25 leading health indicators and will create an implementation plan aligning existing work to meet the goals.

The Rural Hospital Flexibility Program, with small hospitals and ASHNHA, formed the Small Hospital Committee to address financial, operational and quality improvement.

Responding to the spring floods, Alaska RESPOND volunteers and staff deployed to Galena and for the first time DHSS played a significant role in disaster recovery operations.

Accountability — personal responsibility

The school-based Healthy Futures Challenge has a record 152 schools participating currently. Last spring, more than 10,000 elementary children pledged to get out and play every day as part of the Obesity Prevention and Control Program's partnership.

The Tobacco Prevention and Control Program saw impressive results. The 2013 Youth Risk Behavior Survey indicates Alaska high school students' smoking declined 40 percent since 2007; Native youth's smoking dropped from 31.7 percent to 18.5 percent.

Planning ahead — community engagement

Preparing for the Alaska Shield 2014 exercise commemorating the 1964 earthquake, Emergency Programs hosted their first joint conference with medical facilities and emergency managers. Alaska Shield's health and medical component will test patient movement with federal partners.

The State Medical Examiner's Office conducted several mass fatality exercises, assisted Cordova with mass fatality planning, and organized a transportation fatality conference, headlined by the National Transportation Safety Board.

Planning ahead — prevention

Public Health Nursing, with the UAA Center for Behavioral Research, piloted screenings and brief interventions to reduce excessive alcohol consumption; the program is now in three public health centers.

High rates of sexually transmitted infections and tuberculosis persisted. The HIV/STD Program partnered with stakeholders on expedited partner therapy, testing, investigations, and enhanced engagement with at-risk populations. The TB program increased outreach efforts, overhauled the TB Program manual, and focused on control objectives.



Kerre Shelton,
Director

Public Health

We protect and promote
the health of Alaskans.

Useful facts

Alaska's Division of Senior and Disabilities Services (SDS) serves seniors, individuals with a disability diagnosis, 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 our funding to target higher needs, rather than continued hospitalization or institutional support.

Goals

The division's top goal is to get individuals the right care, at the appropriate level, at the right time. With this goal in mind, SDS maintains a continuum of care with several options for individuals. For example, eligible individuals can receive services through our grants programs, Personal Care Assistance program, Home and Community Based Waiver programs, and our General Relief program.

Results-based accountability

During state fiscal year 2014, SDS expanded its performance-based accountability efforts to better inform future planning efforts. Each of

the services listed below have data elements maintained on them that can be pulled for performance evaluation and future planning needs.

Overview of selected services

SDS' Community Based Grants programs provided services to more than 35,000 individuals during state fiscal year 2013. The services rendered through the grants include, but are not limited to, adult day services, short-term assistance and referral, and nutrition, transportation and support services.

The division also assessed more than 6,000 individuals during fiscal year 2013 to determine nursing facility level of care, level of service and eligibility through our Nursing Facility Level of Care and Personal Care Assistance Units.

The General Relief program provided funding for, on average, 600 vulnerable adults a month to be placed in housing during fiscal year 2013.

Adult Protective Services investigated more than 1,000 cases where abuse, neglect, exploitation or financial exploitation of a vulnerable adult was reported.



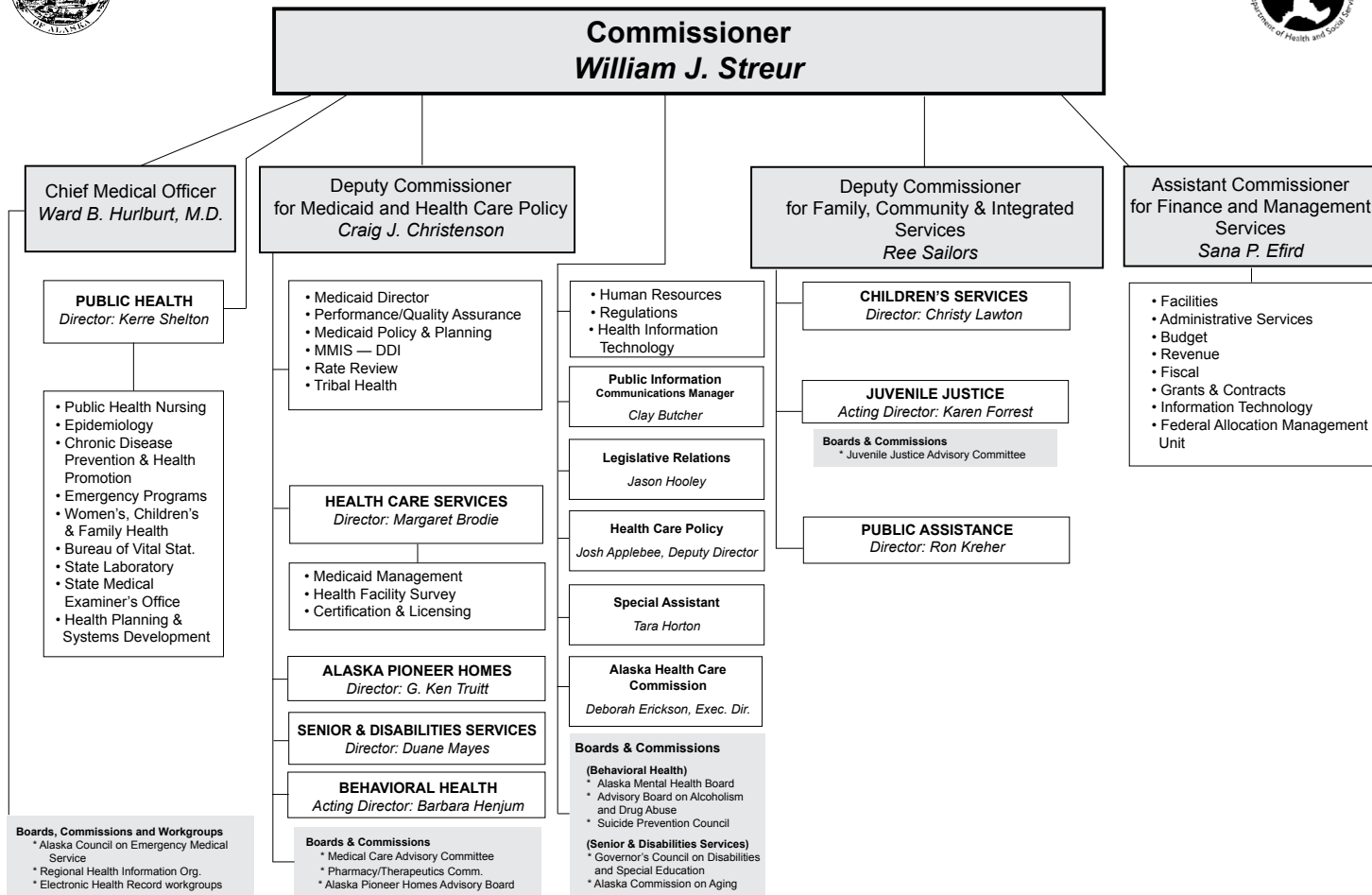
Duane Mayes,
Director

Senior & Disabilities Services

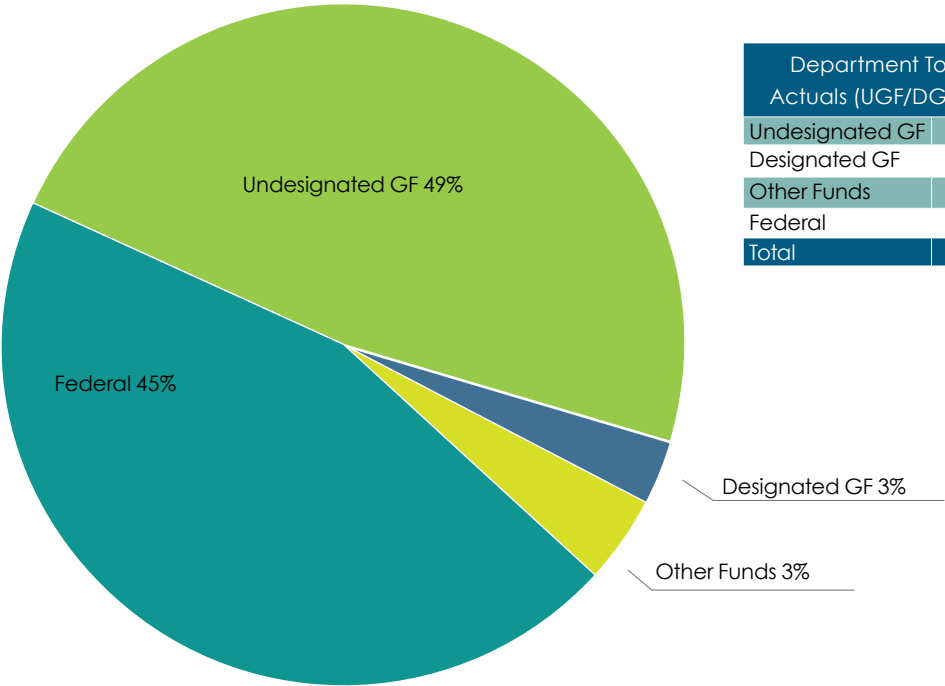
We promote health, well-being and safety for individuals with disabilities, seniors and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice and dignity.



Alaska Department of Health and Social Services Organization Chart



Department Total — FY2013 Actuals
(Undesignated General Fund, Designated General Fund, Other, Federal)



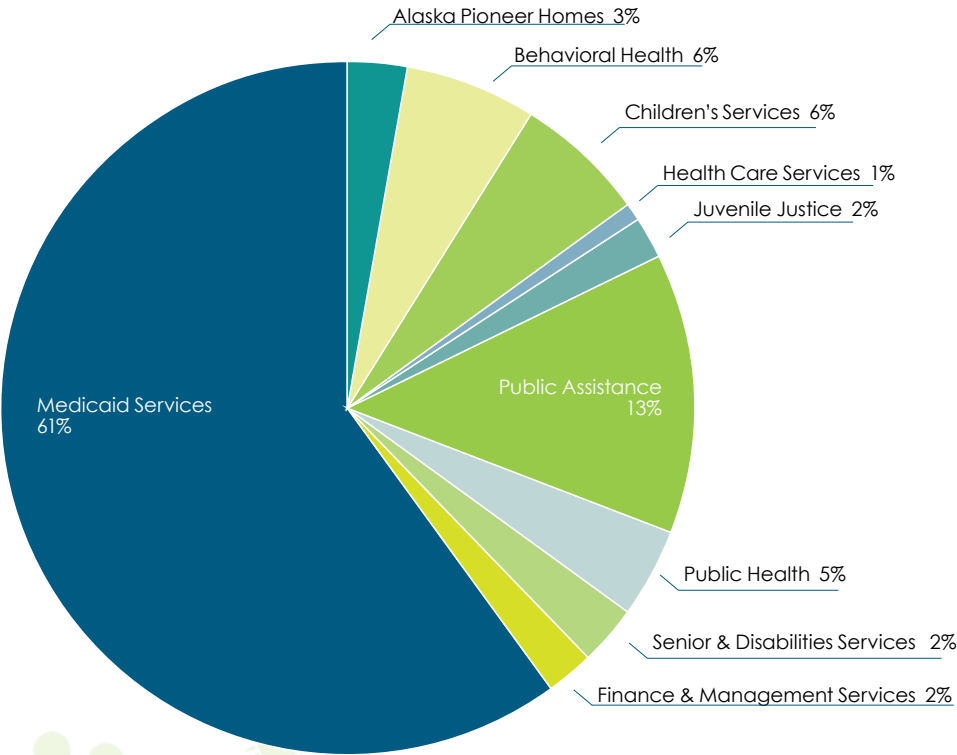
Department Total - FY2013 Actuals (UGF/DGF/Other/Fed)	
Undesignated GF	1,150,785.2
Designated GF	69,061.6
Other Funds	81,020.6
Federal	1,071,928.8
Total	\$2,372,796.2

Financial
Report

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

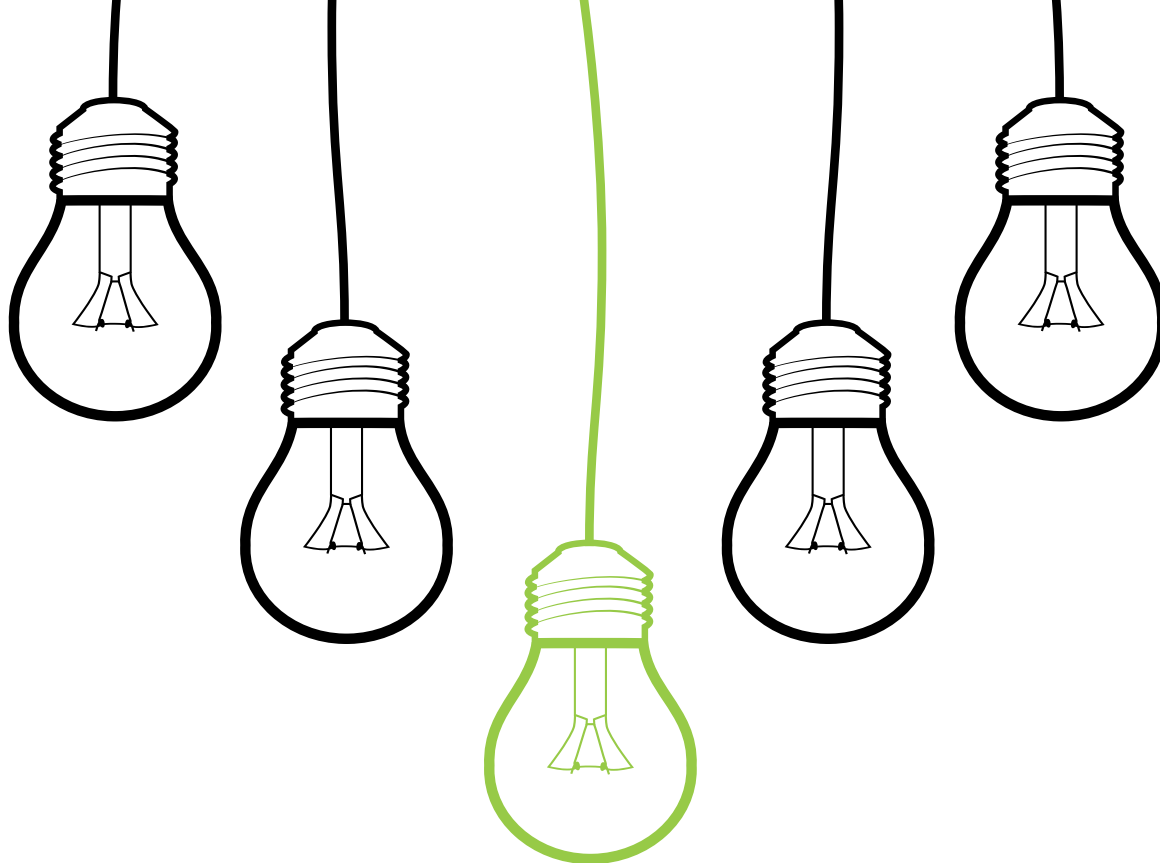


Actuals (by Division)



Division	FY12	FY13
Alaska Pioneer Homes	59,754.4	61,069.2
Behavioral Health***	129,785.6	133,538.0
Children's Services	127,497.1	129,327.9
Health Care Services*	24,653.4	22,823.7
Juvenile Justice	56,181.9	57,979.6
Public Assistance	305,118.7	306,383.4
Public Health	98,937.1	111,763.3
Senior & Disabilities Svs***	56,224.6	58,864.5
Finance & Management**	40,458.6	42,253.9
Medicaid Services	1,369,633.5	1,448,792.7
* Includes Adult Dental		
** Includes Human Services Community Matching Grant & Community Initiative Matching Grants		
*** Boards & Commissions added to DBH & SDS		
TOTAL	\$2,268,244.9	\$2,372,796.2

Based on DHSS FY2012 Actuals Scenario - Component Summary Report



Department of Health & Social Services

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