

State of Alaska FY2006 Governor's Operating Budget

Department of Health and Social Services

Department of Health and Social Services

Mission

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

Core Services

- Provide quality assisted living in a safe home environment.
- Provide an integrated behavioral health system.
- Promote stronger families, safer children.
- Manage health care coverage for Alaskans in need.
- Address juvenile crime by promoting accountability, public safety and skill development.
- Provide self-sufficiency and basic living expenses to Alaskans in need.
- Protect and promote the health of Alaskans.
- Promote independence of Alaska Seniors and people with physical and developmental disabilities.
- Provide quality administrative services in support of the Department's mission.

End Results	Strategies to Achieve Results
<p>A: Outcome Statement #1: Provide a safe environment for Alaska pioneers and veterans.</p> <p><u>Target #1:</u> Reduce Pioneer Home resident serious injury rate <u>Measure #1:</u> Pioneer Home resident serious injury rate compared to the national standard.</p>	<p>A1: Provide sufficient staffing for safe environment in the homes.</p>
End Results	Strategies to Achieve Results
<p>B: Outcome Statement #2: Maximum wellness for Alaskans with serious behavioral health problems.</p> <p><u>Target #1:</u> 75% of target population will report improvement in a productive activity: employment, housing situation, health status, economic security, and/or education attained. <u>Measure #1:</u> Alaska outcome data reported as part of the Federal Government Performance and Results Act.</p> <p><u>Target #2:</u> To reduce the number of arrests or incarcerations related to use of alcohol by 10% <u>Measure #2:</u> % of police arrests or incarceration, as reported from APSIN, resulting from use of alcohol compared to previous calendar year.</p> <p><u>Target #3:</u> To reduce the rate of suicides in Alaska by 10% by 2010. <u>Measure #3:</u> Alaska's suicide death rate compared to National rate</p> <p><u>Target #4:</u> Reduce the 30 day readmission rate for API by</p>	<p>B1: Provide enhancements to prevention and early intervention services.</p>

<p>10% on an annualized basis <u>Measure #4:</u> # of API re-admissions as compared to hospital bed days divided by the number of months.</p>	
<p style="text-align: center;">End Results</p>	<p style="text-align: center;">Strategies to Achieve Results</p>
<p>C: Outcome Statement #3: Children are, first and foremost, protected from abuse or neglect.</p> <p><u>Target #1:</u> Reduce child abuse rate in Alaska. <u>Measure #1:</u> % change in rate of substantiated Reports of Harm in Alaska compared to last three years</p> <p><u>Target #2:</u> Reduce % of recurrence of maltreatment to 22% or less by December, 2004 <u>Measure #2:</u> Of all children for whom a substantiated or indicated report of child abuse and/or neglect was received during the first six months of the period under review, for what percentage was another substantiated or indicated report received within 6 months?</p> <p><u>Target #3:</u> Increase the rate of children reunified with their parents or caretakers to 63.3% by March 2005. <u>Measure #3:</u> # of children who were reunified with their parents or caretakers at the time of discharge from foster care, in less than twelve months from the time of the latest removal from home.</p>	<p>C1: Reduce caseloads of frontline workers.</p>
<p style="text-align: center;">End Results</p>	<p style="text-align: center;">Strategies to Achieve Results</p>
<p>D: Outcome Statement #4: To provide quality management of health care coverage services to providers and clients.</p> <p><u>Target #1:</u> Decrease average response time from receiving a claim to paying a claim. <u>Measure #1:</u> Average number of days per annum from receipt of claims to payment of claims.</p> <p><u>Target #2:</u> Increase average number of claims submitted without error to promote timely and accurate payment. <u>Measure #2:</u> Average number of claims paid with no errors.</p> <p><u>Target #3:</u> Reduce the rate of Medicaid payment errors <u>Measure #3:</u> Improper payment estimates as provided to Center for Medicare and Medicaid Services</p>	<p>D1: Continue to develop new Medicaid Management Information System (MMIS).</p>
<p style="text-align: center;">End Results</p>	<p style="text-align: center;">Strategies to Achieve Results</p>
<p>E: Outcome Statement #5: Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety.</p> <p><u>Target #1:</u> Reduce percentage of juveniles who re-offend within a 24-month period from release of a secure juvenile institution to 25% of the total. <u>Measure #1:</u> Percentage change in re-offense rate within a</p>	<p>E1: Enhance community prevention programs and implement new assessment tools.</p>

<p>24-month period.</p> <p><u>Target #2:</u> Reduce % of juveniles who re-offend within a 24-month period from completion of formal court ordered probation supervision to 25% of the total.</p> <p><u>Measure #2:</u> Percentage change in re-offense rate within a 24-month period.</p> <p><u>Target #3:</u> Reduce Alaska Juvenile Crime Rate by 5% over a two-year period.</p> <p><u>Measure #3:</u> % change of Alaska juvenile crime rate compared to the rate one and two years earlier.</p>	
<p>End Results</p>	<p>Strategies to Achieve Results</p>
<p>F: Outcome Statement #6: Low income families and individuals become economically self-sufficient.</p> <p><u>Target #1:</u> Increase self-sufficient individuals and families by 10%.</p> <p><u>Measure #1:</u> Rate of change in self-sufficient families.</p>	<p>F1: Use TANF high performance bonus funds for families approaching 60-month time limit.</p>
<p>End Results</p>	<p>Strategies to Achieve Results</p>
<p>G: Outcome Statement #7: Healthy people in healthy communities</p> <p><u>Target #1:</u> 80% of all 2 year olds are fully immunized</p> <p><u>Measure #1:</u> % of all Alaskan 2 year olds fully immunized</p> <p><u>Target #2:</u> Reduce post-neonatal death rate to 2.3 per 1,000 live births by 2010</p> <p><u>Measure #2:</u> Three year average post-neonatal mortality rate (Post-neonatal is defined as 28 days to 1 year)</p> <p><u>Target #3:</u> Decrease risk of diabetes in Alaskans</p> <p><u>Measure #3:</u> Prevalence of Diabetes among Adults (18+) in Alaska based upon three-year averages</p> <p><u>Target #4:</u> Decrease Alaska's adult obesity rate to less than 18%</p> <p><u>Measure #4:</u> Obesity rate of Alaskans</p>	<p>G1: Strengthen public health in strategic areas.</p>
<p>End Results</p>	<p>Strategies to Achieve Results</p>
<p>H: Outcome Statement #8: Senior and physically and/or developmentally disabled Alaskans live as independently as long as possible.</p> <p><u>Target #1:</u> Reduce number of Nursing Home beds per 1000 senior citizens to below 16.0.</p> <p><u>Measure #1:</u> Number of Nursing Home beds per 1000 senior citizens. Maximize the use of home and community based programs for senior citizens as an alternative to Nursing Home care.</p>	<p>H1: Promote independent living and provide preadmission screening to nursing homes.</p>

End Results	Strategies to Achieve Results
<p>I: Outcome Statement #9: The efficient and effective delivery of administrative services.</p> <p><u>Target #1:</u> Increase by 5% the percentage of customers that report FMS is meeting their needs. <u>Measure #1:</u> Percentage of customer service survey respondents that report FMS is meeting their needs.</p> <p><u>Target #2:</u> Reduce the response time for complaints from X to X days <u>Measure #2:</u> Department Complaint log response times.</p> <p><u>Target #3:</u> Increase the DHSS management index by X %. <u>Measure #3:</u> Index timeliness and accuracy for: travel; capital projects; processing time for payments, contracts, purchases and grant requests; federal reporting; legislative inquiries, and information technology.</p>	<p>I1: Implement results of Business Process Review.</p>

FY2006 Resources Allocated to Achieve Results							
<p>FY2006 Department Budget: \$1,812,720,100</p>	<p>Personnel:</p> <table> <tr> <td>Full time</td> <td>3,178</td> </tr> <tr> <td>Part time</td> <td>107</td> </tr> <tr> <td>Total</td> <td>3,285</td> </tr> </table>	Full time	3,178	Part time	107	Total	3,285
Full time	3,178						
Part time	107						
Total	3,285						

Performance Measure Detail

A: Result - Outcome Statement #1: Provide a safe environment for Alaska pioneers and veterans.

Target #1: Reduce Pioneer Home resident serious injury rate
Measure #1: Pioneer Home resident serious injury rate compared to the national standard.

Alaska Pioneer Home Resident Injury Rate

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
2002	2.9%	.7%	0%	0.37%	.99%
2003	1.1%	0.04%	1.79%	1.5%	1.1%
2004	1.2%	0.44%	0.49%	1%	0.78%
2005	2.5%	0	0	0	0

Analysis of results and challenges: The National Safety Council lists falls in older adults as five times more likely to lead to hospitalization as other injuries. 10-20% of the time such incidents result in a serious injury, and 2-6% result in a bone fracture. In skilled nursing facilities, 50% of all residents will fall in a year. If they are ambulatory, the incidence goes up to 61% for residents 75 years of age and older.

The table above summarizes the quarterly percentage of all reported falls resulting in sentinel event injuries within the Alaska Pioneers' Homes for FY02-FY04. The National range is between 2-6%. Reporting of injury rates is "voluntary" at the national level for nursing homes or assisted living facilities so a specific injury rate standard has not been established. The Alaska Pioneer Homes have continued to be below the low-end of the

National Fall Injury Rate range.

Examples:

	Actual # of Falls	Sentinel Event Injuries*	Pioneers' Homes Injury Rate	National Fall Injury Rate
1st Qtr FY2003	276	3	1.1%	From 2 to 6%
1st Qtr FY2002	238	7	2.9%	From 2 to 6%
2nd Qtr FY2003	276	1	0.4%	From 2 to 6%
2nd Qtr FY2002	279	2	0.7%	From 2 to 6%

JCAHO defines as "a sentinel event is an unexpected occurrence or variation involving death or serious physical or psychological injury, or the risk thereof." Sentinel injuries are what the national health care professionals indicate as an area needing to be addressed.

The Pioneer Homes track falls and trend them to try to address the "root cause", e.g. shortage of staffing on certain shifts; patients not asking for assistance during the night; are surfaces safe for walking, etc. The ultimate goal is provide the safest environment as possible with available staffing and resources.

A1: Strategy - Provide sufficient staffing for safe environment in the homes.

B: Result - Outcome Statement #2: Maximum wellness for Alaskans with serious behavioral health problems.

Target #1: 75% of target population will report improvement in a productive activity: employment, housing situation, health status, economic security, and/or education attained.

Measure #1: Alaska outcome data reported as part of the Federal Government Performance and Results Act.

Analysis of results and challenges: Data not available for this measure at this time.

Target #2: To reduce the number of arrests or incarcerations related to use of alcohol by 10%

Measure #2: % of police arrests or incarceration, as reported from APSIN, resulting from use of alcohol compared to previous calendar year.

Analysis of results and challenges: Alcohol Related Arrests:

CY 2002 3491
CY 2003 3665

Total Arrests:
CY 2002 7498
CY 2003 7911

Percent of Arrests related to Alcohol:
CY2002 45.56%
CY2003 46.33%

Note: Based on APSIN data for DPS only. Arrest count is based on the number of persons arrested. An arrest is considered alcohol related if any change for the arrest was flagged as alcohol related.

Target #3: To reduce the rate of suicides in Alaska by 10% by 2010.

Measure #3: Alaska's suicide death rate compared to National rate

Analysis of results and challenges: Alaska averages about 125 suicides per year and has a suicide rate double the National suicide rate. The Healthy Alaskans 2010 target is to reduce Alaska's rate of 10%.

Target #4: Reduce the 30 day readmission rate for API by 10% on an annualized basis

Measure #4: # of API re-admissions as compared to hospital bed days divided by the number of months.

Analysis of results and challenges: Description - Percent of admissions to the facility that occurred within 30 days of a previous discharge of the same client from the same facility. For example, a rate of 8.0 means that 8% of all admissions were readmissions.

This measure not only is an indication of successful outcomes for API, but also of the mental health community system. The ultimate goal is to have Alaska's rate fall below 10%.

API's 30-day Readmission rate over the 12-month period 6/2003 - 5/2004 averages 15.57.

B1: Strategy - Provide enhancements to prevention and early intervention services.

C: Result - Outcome Statement #3: Children are, first and foremost, protected from abuse or neglect.

Target #1: Reduce child abuse rate in Alaska.

Measure #1: % change in rate of substantiated Reports of Harm in Alaska compared to last three years

Reports of Harm Rate

Fiscal Year	Rate	% Change	YTD
FY1999	27.3	0	0
FY2000	29.4	7.7%	0
FY2001	32.2	9.5%	0
FY2002	27.6	-14.3%	0
FY2003	23.0	-16.7%	0
FY2004	22.3	-3.0%	0

Analysis of results and challenges: In September 2003, OCS began operating under a program improvement plan (PIP) developed in response to findings of the federal Child and Family Services Review. A major focus of the PIP is to improve the safety of children including reducing repeat child abuse and neglect. Goals include reducing the recurrence of maltreatment, reducing the incidence of maltreatment by out-of-home care providers, establishing sufficient staffing levels to meet national caseload standards, and increasing services to families.

Target #2: Reduce % of recurrence of maltreatment to 22% or less by December, 2004

Measure #2: Of all children for whom a substantiated or indicated report of child abuse and/or neglect was received during the first six months of the period under review, for what percentage was another substantiated or indicated report received within 6 months?

Analysis of results and challenges: Repeat Maltreatment by Federal Fiscal Year (from CFSR/PIP reporting)

National Standard by Federal Fiscal Year is 6.1% or fewer

	Ak Rate
FFY 2000	23.6%
FFY 2001	25.4 %
FFY 2002	22.6 %
FFY 2003	17.6 %
Jun 2003-Jul 2004	15.5%

Recurrence is counted if a 2nd report is received within 6 months of the first report. Data must be for a 12 month period to be valid. As FFY04 is not yet compiled, the most recent 12 month period available is presented above.

Data Indicator Baseline: 23.4% of reports received in Calendar year 2001 had a recurrence. Program Improvement Plan Target: By December 2004 22% or less will have a reoccurrence.

OCS has exceeded its target of 22% or less by December 2004 and continues to realize reduction in maltreatment recurrence.

Target #3: Increase the rate of children reunified with their parents or caretakers to 63.3% by March 2005.

Measure #3: # of children who were reunified with their parents or caretakers at the time of discharge from foster care, in less than twelve months from the time of the latest removal from home.

Analysis of results and challenges: Length of time to achieve reunification:

Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percent were reunified in less than twelve months from the time of the latest removal from home?

The national standard is 76.2%.

Our FFY 2000 baseline was 58.3%. Our PIP goal is 63.3% by March 2005. July 2003 - June 2004 rate is 54.1%, or 266 of the 492 reunified were reunified in 12 months.

OCS is taking the following steps to address reunification issues;

- Reviewing and revising administrative case review policies and procedures to ensure that reunification efforts are being made and to ensure that reunification assessments are being completed;
- Restructuring requirements for private providers that provide Family Preservation and Time-Limited Family Reunification services;
- Request for Proposal (RFP) sent out fall of 2004 will more clearly delineate expectations regarding the type of services OCS will require to help families meet their case plan goals towards reunification; and
- Conduct an analysis on a regional basis as to the available service array and whether the available services meet the needs of families. This data will be used as a baseline for the development of new services.

C1: Strategy - Reduce caseloads of frontline workers.

D: Result - Outcome Statement #4: To provide quality management of health care coverage services to providers and clients.

Target #1: Decrease average response time from receiving a claim to paying a claim.

Measure #1: Average number of days per annum from receipt of claims to payment of claims.

Average Days Entry Date to Claims Paid Date

Fiscal Year	Claims	Avg Days	YTD
FY2000	3,720,254	10.15	0
FY2001	4,409,121	12.14	0
FY2002	4,959,864	12.43	0
FY2003	5,615,072	10.27	0
FY2004	6,690,344	10.12	0

Analysis of results and challenges: The average response time improved in FY 2004 to 10.12 days, the best response time since tracking began in FY 2000. Since the peak in FY 2002, the average elapsed time has decreased 2.3 days, an 18.5% improvement.

Target #2: Increase average number of claims submitted without error to promote timely and accurate payment.

Measure #2: Average number of claims paid with no errors.

% Claims Paid with No Errors

Fiscal Year	Claims Pd	% No Errors	YTD
FY2000	3,076,978	71.75%	0
FY2001	3,670,331	72.64%	0
FY2002	4,202,677	74.43%	0
FY2003	4,776,730	73.46%	0
FY2004	5,106,692	76.33%	0

Analysis of results and challenges: The percent of claims paid without error has improved steadily since tracking began in FY 2000. Overall, the error-free percentage has increased nearly five points, from 71.75% in FY 2000 to 76.33% in FY 2004. The areas with the greatest improvement since FY 2000 are Hospitals, HCBC, and Mental Health, whose error-free rates improved 17%, 10%, and 9%, respectively. Areas whose error-free rates in FY 2004 are not better than in FY 2001 (FY 2000 data not available) include Psychiatric, Clinics, and Vision, down 22%, 17%, and 14%, respectively. Five areas have error-free rates above 75%: Transportation, BRS, HCBC, Pharmacy, and Mental Health. Only two areas, Psychiatric and Clinics, have error-free rates below 50%.

Target #3: Reduce the rate of Medicaid payment errors

Measure #3: Improper payment estimates as provided to Center for Medicare and Medicaid Services

Analysis of results and challenges: CMS has proposed changes to 42 CFR Part 402 related to Payment Error Rate Measurement (PERM). This will apply to Medicaid and SCHIP.

The department has been awarded a one-time federal grant to begin a pilot project to begin sampling for this reporting.

D1: Strategy - Continue to develop new Medicaid Management Information System (MMIS).

E: Result - Outcome Statement #5: Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety.

Target #1: Reduce percentage of juveniles who re-offend within a 24-month period from release of a secure juvenile institution to 25% of the total.

Measure #1: Percentage change in re-offense rate within a 24-month period.

% Change in Re-offense rate within a 24-month from release from institution

Fiscal Year	# Released	# Re-Offend	% 24-month	YTD
FY2001	133	61	49%	0
FY2002	124	61	49%	0
FY2003	140	66	47%	0
FY2004	106	62	58%	0

Analysis of results and challenges: The number of youths released from institutions that re-offended actually decreased between FY 03 and FY 04, but because fewer juveniles had been released from institutions in FY 04 than in FY 03 the re-offense rate is increased. The small numbers of youth who are released each year from Alaska's four treatment facilities make it difficult to determine whether increases or decreases in offense rates represent genuine trends. Nevertheless, the Division will continue to review institutional treatment components and research-based practices as it seeks to improve its outcomes for youth leaving institutions.

Target #2: Reduce % of juveniles who re-offend within a 24-month period from completion of formal court ordered probation supervision to 25% of the total.

Measure #2: Percentage change in re-offense rate within a 24-month period.

Re-Offense^{1/} Rates for Youths Released from Formal Probation

Year	# Offenders	# Reoffend	% Reoffense	YTD
2000	484	114	24%	0
2001	521	126	24%	0
2002	453	100	22%	0
2003	431	95	22%	0
2004	498	109	22%	0

Analysis of results and challenges: This data suggests that the percentage of juveniles who re-offended in the 24-month period following closure of their formal probation episode has remained constant. The Division intends to evaluate this measure in the year to come to determine whether limiting the term "re-offense" to those offenses resulting in a formal adjudication (as is done with the institutional population performance measures) provides a more accurate picture of re-offense activities than when all referrals to the Division are included in the analysis.

1/ Re-offense for juveniles released from formal probation are determined by checking for entries in the Division's Juvenile Offender Management Information System. This table reports the number of youth for whom court-ordered probation episodes closed during the fiscal year and defines re-offense as: subsequent referral to DJJ for a law violation by a juvenile after the probation case was closed. Excludes non-criminal referrals such as traffic offenses, Fish and Game violations, violations of Minor in Possession/Consuming and Driving While Intoxicated. This analysis also excludes referrals that were dismissed or screened and released, and also excludes law violations committed after juveniles turned 18 years old and by those who have moved out of Alaska.

Target #3: Reduce Alaska Juvenile Crime Rate by 5% over a two-year period.

Measure #3: % change of Alaska juvenile crime rate compared to the rate one and two years earlier.

Alaska Juvenile Referrals per 100,000 Juvenile Population (ages 10-17)

Fiscal Year	Referrals	Juvenile Pop	per 100,000	YTD
FY1999	7484	85477	8756	0
FY2000	7497	86958	8621	0
FY2001	7056	88607	7963	0
FY2002	6932	89966	7705	0
FY2003	7471	91651	8152	0
FY2004	6225	92699	6716	0

Analysis of results and challenges: This target is a system-wide indicator.

Both the number of referrals and the percentage of referrals per 100,000 juvenile populations decreased significantly in FY04 compared with the years before. A decrease in referrals has been a consistent trend for several years except for a brief increase in FY03. The reasons for this decrease are unknown, possibly due to economic conditions, changes in prevention and intervention techniques, changes in law enforcement practices or resources, or a combination of some or all of these.

E1: Strategy - Enhance community prevention programs and implement new assessment tools.

F: Result - Outcome Statement #6: Low income families and individuals become economically self-sufficient.

Target #1: Increase self-sufficient individuals and families by 10%.

Measure #1: Rate of change in self-sufficient families.

Changes in Self Sufficiency

Year	September	December	March	June	YTD
2002	-16%	6%	4%	3%	-2%
2003	-1%	-11%	-14%	-13%	-9%
2004	-12%	-7%	-6%	-9%	-9%
2005	-6.1%	0	0	0	-7.2%

Analysis of results and challenges: The goal is for clients to move off of Temporary Assistance with more income than they received while on the program, and for those clients to stay employed with sufficient earnings to stay off the program.

As the caseload declines, those adults with more significant barriers to employment make up a higher percentage of the caseload. Therefore, with a declining caseload, it becomes more difficult to achieve higher percentages of families becoming self-sufficient.

The rate of change is calculated for the number of families receiving Alaska Temporary Assistance Program benefits compared to the same time period in the previous state fiscal year. Thus September of SFY2003 had a 1% decline in the Alaska Temporary Assistance Program caseload compared to September of SFY2002. The YTD column compares the average annual caseload to the prior year average annual caseload.

F1: Strategy - Use TANF high performance bonus funds for families approaching 60-month time limit.

G: Result - Outcome Statement #7: Healthy people in healthy communities

Target #1: 80% of all 2 year olds are fully immunized

Measure #1: % of all Alaskan 2 year olds fully immunized

Estimated 4/3/1/3* Vaccination Coverage - Among Children 19-35 Months of Age, Alaska and US

Year	Alaska %*	% Change	U.S Ranking	U.S. %*	YTD
1998	81.3	6.1	22	79.2	
1999	80.1	-1.2	28	78.4	
2000	77.0	-3.1	26	76.2	
2001	74.1	-2.9	38	77.2	
2002	78.3	4.2	27	77.5	
2003	81.4	3.1	30	81.3	

Analysis of results and challenges: In 2003, 81.4% of Alaska two year olds had completed their basic vaccine series, a percentage that slightly exceeded the national average of 81.3% and met Alaska's goal of assuring at least 80% of our children were fully immunized.

* 4/3/1/3 = 4 DTaP/ 3 polio / 1 MMR/ 3 Hib

DTaP - Diphtheria/Tetanus/Acellular Pertussis

MMR - Measles/Mumps/Rubella

Hib - Hemophilus Influenza B (Meningitis)

Target #2: Reduce post-neonatal death rate to 2.3 per 1,000 live births by 2010

Measure #2: Three year average post-neonatal mortality rate

(Post-neonatal is defined as 28 days to 1 year)

Analysis of results and challenges: Post-neonatal mortality is more often caused by environmental conditions than problems with pregnancy and childbirth. Nationally, the leading causes of death during the post-neonatal period (28 through 364 days) are: Sudden Infant Death Syndrome (SIDS), birth defects, injuries, pneumonia/influenza, and homicide. Alaska's post-neonatal death rate is high relative to other states.

Alaska Baseline from 1999 is 3.4
 Health Alaskan 2010 Target is 2.3

- Alaska's post-neonatal mortality rate for 1998 - 2000 of 3.0 per 1,000 live births was nearly 35% higher than the national rate in 2000 and twice as high as the Healthy People 2010 target.
- Post-neonatal mortality in Alaska has declined significantly over the last decade, from 5.3 per 1,000 live births in 1989 - 1991 to 3.0 per 1,000 live births in 1998 - 2000, a decline of 43%.
- Over the last decade, babies born to Alaska Native mothers were 2.5 times more likely to die during the post-neonatal period than those born to white mothers.

Target #3: Decrease risk of diabetes in Alaskans

Measure #3: Prevalence of Diabetes among Adults (18+) in Alaska based upon three-year averages

Annual Prevalence of Diabetes Among Adults (18+) in Alaska Based upon Three-Year Averages

Year	Diagnosed*	YTD
1998	13939	0
1999	13933	0
2000	14742	0
2001	16452	0
2002	16537	0
2003	18850	0

Analysis of results and challenges: * Reported diabetes by health care professional.

Source: BRFSS - Behavioral Risk Factor Surveillance System

Diabetes is a chronic disease that usually manifests itself as one of two distinct categories. Type 2 diabetes usually occurs in adults over age 30 and develops as a result of the body's inability to use its own limited amount of insulin effectively. Type 2 diabetes accounts for 90 percent to 95 percent of all diagnosed cases. Risk factors for Type 2 diabetes include older age (40-plus years), obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity.

Diabetes is the leading cause of blindness and end-stage renal disease in adults. Diabetes increases the risk of heart disease, stroke, and many infectious diseases. Nerve damage from diabetes is the leading cause of lower extremity amputations. Type 2 diabetes is more common in women than men. Incidence increases with age, and the prevalence of diabetes in the United States is expected to increase as the population ages and diabetics live longer.

Target #4: Decrease Alaska's adult obesity rate to less than 18%

Measure #4: Obesity rate of Alaskans

Analysis of results and challenges: The trends in Alaska show growing numbers of overweight and obese adults.

- From 1991-1993 to 2001-2003, the prevalence of overweight and obese adults in Alaska rose from a combined 49% to 62%.
- Latest three-year averages from BRFSS: For 2001-2003, 39% of Alaskans met the criteria for being overweight and 23% met the criteria for obesity, well above the Healthy Alaskans 2010 targets of 30% for overweight and 18% for obesity.

Overweight is defined as Body Mass Index (BMI) of 25 or greater, up to 29.9. Obese is defined as BMI of 30 or greater. BMI is determined by dividing weight in kilograms by height in meters.

Premature death and disability, increased health care costs, and lost productivity are all associated with overweight and obesity. Unhealthy dietary habits combined with sedentary behavior are primary factors in increasing body fat levels. Overweight and obesity are estimated to be responsible for approximately 300,000 deaths per year in the United States.

National studies show an association of overweight and obesity with certain types of cancers (endometrial, colon, post menopausal breast, and prostate), as well as heart disease, stroke, diabetes and arthritis. Overweight and obesity are directly associated with at least four of the top ten leading causes of death. Mortality due to unintentional injury, suicide, chronic obstructive pulmonary disease (COPD), pneumonia, and liver disease may also be influenced by obesity to some extent.

G1: Strategy - Strengthen public health in strategic areas.

H: Result - Outcome Statement #8: Senior and physically and/or developmentally disabled Alaskans live as independently as long as possible.

Target #1: Reduce number of Nursing Home beds per 1000 senior citizens to below 16.0.

Measure #1: Number of Nursing Home beds per 1000 senior citizens. Maximize the use of home and community based programs for senior citizens as an alternative to Nursing Home care.

Alaska Nursing Homes Beds per 1000

Fiscal Year	Beds/1000	YTD
FY2001	19.7	19.7
FY2002	18.9	18.9
FY2003	18.0	18
FY2004	16.6	16.6

Analysis of results and challenges: Controlling the number of residents in nursing homes is essential for reaching a balanced long-term care system. The more Medicaid nursing home residents a state must care for, the less money will be available for home and community based care programs.

H1: Strategy - Promote independent living and provide preadmission screening to nursing homes.

I: Result - Outcome Statement #9: The efficient and effective delivery of administrative services.

Target #1: Increase by 5% the percentage of customers that report FMS is meeting their needs.

Measure #1: Percentage of customer service survey respondents that report FMS is meeting their needs.

Analysis of results and challenges: Results of a DHSS customer survey on Financial and Management Services are:

2003 - Results show that 78.8% of the 194 that responded considered FMS (previously DAS) overall service performance to be average (5) or higher; and 59% of that ranked (6) above average or higher, on a scale of 1-10.

2004 - Results show that 78.2% of the 244 that responded considered FMS overall service performance to be average (5) or higher; and 64.7% of that ranked (6) above average or higher, on a scale of 1-10.

2004 Compared to 2003

Average or Higher -0.6% Decrease
 Above Average or Higher 5.7% Increase

Target #2: Reduce the response time for complaints from X to X days

Measure #2: Department Complaint log response times.

Analysis of results and challenges: The department is currently developing a complaint response log that will be monitored by the Commissioner's Office.

Target #3: Increase the DHSS management index by X %.

Measure #3: Index timeliness and accuracy for: travel; capital projects; processing time for payments, contracts, purchases and grant requests; federal reporting; legislative inquiries, and information technology.

Analysis of results and challenges: The department will develop an index for calculating this measure.

I1: Strategy - Implement results of Business Process Review.

Key Department Challenges

While the department reorganization took place in FY04, many refinements need to occur to optimize the benefits of the restructuring. In addition, several administrative reorganizations were initiated in FY05 and work continues to make them successful. These reorganizations are: Grants and contracts consolidation, Information Technology integration, consolidation of some Certification and Licensing services, integrating Finance and Management Services, and establishing the Medicaid Budget Unit.

The Department of Health and Social Services continues to make progress on the following overall strategies:

1. Working toward more integration of services;
2. Maximize resources for effective service delivery;
3. Promote rural infrastructure development and standardization of regional structure;
4. Promote accountability at all levels of the organization; and
5. Use technology in strategic ways to accomplish the department's goals.

Key Projects

The Department has adopted several key projects to achieve our goals. They are:

- Bring the Kids Home: to plan and develop the in-state capacity to provide behavioral health services for children and youth in Alaska with an emphasis to return children from out-of-state placement;
- Continue to implement the Office of Children Services Performance Improvement Plan;
- Establish quality assurance, fraud prevention, and program review activities and a quality assurance system within the department;
- Continue emphasis on faith based services;
- Implement juvenile justice community assessment and improvement functions;
- Continue to work to develop the new Medicaid Management Information Systems;
- Establish the new Veterans home at the Palmer Pioneer Home facility;
- Integrate Information Technology Services throughout the department; and
- Provide a solution to Virology Lab in Fairbanks.

The State of Alaska FFY06 Federal Authorized Medicaid Percentage (FMAP) for Medicaid Services will be 50.16% compared to the FFY05 Federal FMAP of 57.78%. Unless a change in the federal national formula occurs, this will result in an increased cost to the State of Alaska of \$52 million for FY06.

Significant Changes in Results to be Delivered in FY2006

The Department of Health and Social Services has developed proposals to enhance services in the following areas:

Healthy Communities: Service enhancements in this area include expanding the breast and cervical cancer screening program for 3000 women; Sustain the poison control system in Alaska; Establish a new BASICS grant program to assist social services programs in Alaska; and replace the Virology lab in Fairbanks with a the state-of-the-art facility.

Healthy Seniors: Extend the SeniorCare program beyond the current termination date of January 1, 2006 and expand services to seniors; Open the Veterans Home at the Palmer Pioneer Home and enhance staffing in the other Pioneer Homes; Expand Adult Protective Services; and promote legislation to expand the Medicaid adult dental program to a preventive model.

Alaska's Kids are Safe and Healthy: Provide additional resources for substance abuse prevention and to continue FAS prevention efforts; Promote the Bring the Kids Home program; Introduce legislation to restore the Denali Kid Care program; Enhance Alaska's child protection program with an additional 31 OCS staff to reduce caseloads and provide strategic resources for the PIP; Implement a statutory rape prevention program; and Establish resources to enhance juvenile justice community prevention programs including Youth Courts.

Basic Increases: First, there are significant general fund resources required to maintain services in the Medicaid program in FY06 due to 1) Medicaid cost containment efforts that have been delayed and not yet realized (\$16.5 million), 2) Program growth for Medicaid (\$46.1 million), and implementation of the Medicare part D-Prescription Drug program. Second, other formula increases are needed for Subsidized Adoption and Guardianship (\$1.0 million), and Adult Public Assistance (\$558.9). Third, there are other required increases to implement the federally required Payment Error Rate Measurement program for Medicaid (PERM), reallocate tobacco funds from community health grants, and increase for audit contract services and routine purchases of IT hardware.

Major Department Accomplishments in 2004

- Consolidated Grants & Contracts functions, and Finance and Management services to provide more efficient and effective service delivery.
- Gained passage of legislation and received provisional federal approval authorizing operation of the Palmer Pioneer Home as a State Veterans Home.
- Continued implementation of the Office of Children's Services Performance Improvement Plan. This included providing Foster Care to an average of 1,207 children daily and providing permanent homes to 320 children.
- Increased enrollment in the Infant Learning Program to 1736. Reduced the waitlist from 176 on 6/30/02 to 70 on 6/30/04.
- Developed project plans for implementation and deployment of the State's new Medicaid Management Information System (completion date target is September 30, 2005).
- Continued implementation of various Medicaid cost containment initiatives to save State general fund.
- Opened the Kenai Peninsula Youth Facility in December 2003.
- Implemented the Juvenile Justice statewide detention assessment instrument (DAI) to ensure appropriate use of costly detention resources.
- The Department received a TANF High Performance Bonus for the third year in a row. The award acknowledges the State's success in helping adults in Temporary Assistance families enter the job market.
- Improved the Food Stamp error rate from the FFY03 rate of 13.62% (highest in the nation) to the FFY04 (pending final review) of 6-7%.
- Successfully responded to Norovirus outbreaks with tourists and the Iditarod; this included adding this new test at the Public Health Lab (also added the West Nile Virus test capabilities).
- Improved the Health rating for State of Alaska from 45th in 1990 to 24th in 2004 based on United Health Foundation rankings.
- Improved the immunization rating for Alaska from 38th in 2001 to 27th in 2003 among the states.
- In the promotion of an integrated behavioral health care system, Behavioral Health designed a Request for Proposal (RFP) process that integrated the previous separate mental health and substance abuse services into a single grant application. This project has a direct impact on 23 communities who would receive integrated behavioral health grants beginning in FY05.
- Provided Medicaid Waiver services to over 3,300 Alaskans who would otherwise be institutionalized.
- Reduced the Developmental Disabilities waitlist by 300 names.

Prioritization of Agency Programs

(Statutory Reference AS 37.07.050(a)(13))

Prioritization of programs were based on importance to:

- Providing direct services to clients.
- Protection of vulnerable populations
- Areas where State Government is ultimately responsible for providing service.
- Relevance of the activity to the department's mission

1. Front Line Social Workers
2. Alaska Psychiatric Institute
3. Protection and Community Services
4. Epidemiology
5. Alaska Temporary Assistance Program
6. Tribal Assistance Programs
7. Pioneer Homes
8. HCS Medicaid Services
9. Senior and Disabilities Medicaid Services
10. Behavioral Health Medicaid Services
11. Children's Medicaid Services
12. Senior Care
13. Probation Services
14. Adult Public Assistance
15. Community Developmental Disabilities Grants
16. Foster Care Base Rate
17. Foster Care Augmented Rate
18. Foster Care Special Need
19. McLaughlin Youth Center
20. Delinquency Prevention
21. Fairbanks Youth Facility
22. Johnson Youth Center
23. Bethel Youth Facility
24. Nome Youth Facility
25. Ketchikan Regional Youth Facility
26. Mat-Su Youth Facility
27. Kenai Peninsula Youth Facility
28. Public Health Laboratories
29. Residential Child Care
30. Psychiatric Emergency Services
31. Behavioral Health Grants
32. Rural Services and Suicide Prevention
33. Services for Severely Emotionally Disturbed Youth
34. AK Fetal Alcohol Syndrome Program
35. Services to the Seriously Mentally Ill
36. Catastrophic and Chronic Illness Assistance
37. Nursing
38. Subsidized Adoptions & Guardianship
39. Child Care Benefits
40. Work Services
41. BASIC Grants
42. Energy Assistance Program
43. Bureau of Vital Statistics
44. Emergency Medical Services Grants
45. Human Services Community Matching Grant
46. Senior Community Based Grants
47. Women, Infants and Children
48. Family Preservation
49. Infant Learning Program Grants
50. Certification and Licensing
51. State Medical Examiner
52. Senior Residential Services
53. General Relief Assistance
54. Community Health Grants
55. Community Action Prevention & Intervention Grants
56. Designated Evaluation and Treatment
57. Commissioner's Office
58. Administrative Support Services
59. Health Planning & Facilities Management
60. Office of Program Review
61. Information Technology Services
62. Rate Review
63. Quality Control
64. Fraud Investigation
65. Hearings and Appeals
66. Facilities Maintenance
67. Pioneers Homes Facilities Maintenance
68. Children's Services Training
69. Public Assistance Field Services
70. Child Protection Legal Svcs
71. Community Health/Emergency Medical Services
72. Tobacco Prevention and Control
73. Assessment and Planning (Medicaid)
74. Women, Children & Family Health
75. Medicaid School Based Administrative Claims
76. HSS State Facilities Rent
77. Alaskan Pioneer Homes Management
78. Behavioral Health Administration
79. Children's Services Management
80. Medical Assistance Administration
81. Public Assistance Administration
82. Public Health Administrative Services
83. Senior and Disabilities Services Administration
84. Permanent Fund Dividend Hold Harmless
85. Council on Faith Based & Community Initiatives
86. Children's Trust Programs
87. Alcohol Safety Action Program (ASAP)
88. Advisory Board on Alcoholism and Drug Abuse
89. Alaska Mental Health Board
90. Commission on Aging
91. Governor's Council on Disabilities
92. Pioneers Homes Advisory Board
93. Suicide Prevention Council

Contact Information

Commissioner: Joel Gilbertson
Phone: (907) 465-3030
Fax: (907) 465-3068
E-mail: Joel_Gilbertson@health.state.ak.us

Administrative Services Director: Janet Clarke, Assistant Commissioner
Phone: (907) 465-1630
Fax: (907) 465-2499
E-mail: Janet_Clarke@health.state.ak.us

Department Budget Summary by RDU

All dollars shown in thousands

	FY2004 Actuals				FY2005 Management Plan				FY2006 Governor			
	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds
Formula Expenditures												
Behavioral Health	37,375.9	75,165.6	6,095.8	118,637.3	43,365.9	73,462.7	1,500.0	118,328.6	57,172.1	85,400.4	1,500.0	144,072.5
Children's Services	26,358.9	14,136.7	1,377.9	41,873.5	26,516.4	18,072.5	2,266.3	46,855.2	24,010.2	22,444.4	1,942.7	48,397.3
Health Care Services	102,897.1	432,198.9	74,977.0	610,073.0	103,633.4	470,221.8	76,874.0	650,729.2	127,311.7	469,017.4	76,874.0	673,203.1
Public Assistance	96,142.5	53,764.4	25,121.2	175,028.1	93,111.3	57,189.7	38,176.7	188,477.7	92,808.4	55,976.8	28,002.6	176,787.8
Senior and Disabilities Svcs	88,490.1	146,333.6	1,558.4	236,382.1	74,832.0	116,459.2	0.0	191,291.2	101,205.1	146,044.2	1,375.0	248,624.3
Departmental Support Services	0.0	0.0	0.0	0.0	0.0	6,239.3	0.0	6,239.3	0.0	6,239.3	0.0	6,239.3
Non-Formula Expenditures												
Alaska Pioneer Homes	0.0	0.0	0.0	0.0	23,327.5	1,506.8	12,614.8	37,449.1	24,828.2	25.0	16,919.5	41,772.7
Behavioral Health	29,065.3	17,933.5	27,442.1	74,440.9	30,723.1	20,872.5	41,191.1	92,786.7	31,539.6	19,922.0	39,862.1	91,323.7
Children's Services	24,674.6	47,053.9	10,484.1	82,212.6	24,460.6	53,329.6	8,302.8	86,093.0	30,596.2	54,532.8	7,797.6	92,926.6
Health Care Services	6,189.0	25,843.6	993.8	33,026.4	5,662.9	18,244.8	1,283.3	25,191.0	8,400.1	21,097.6	50.0	29,547.7
Juvenile Justice	31,565.3	1,843.8	743.5	34,152.6	32,841.9	3,036.2	935.9	36,814.0	35,566.3	3,087.4	932.6	39,586.3
Public Assistance	18,427.6	33,232.0	2,320.4	53,980.0	17,187.0	40,170.1	764.1	58,121.2	19,653.1	44,223.2	771.1	64,647.4
Public Health	0.0	0.0	0.0	0.0	20,732.9	26,609.9	14,161.4	61,504.2	24,301.6	29,645.8	18,386.9	72,334.3
Senior and Disabilities Svcs	15,172.9	10,683.2	3,476.2	29,332.3	18,727.9	9,914.3	2,575.4	31,217.6	20,254.2	10,040.2	1,581.4	31,875.8
State Health Services	19,249.7	23,746.2	15,752.2	58,748.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Departmental Support Services	3,605.7	3,745.6	3,701.4	11,052.7	13,725.9	18,002.7	10,162.0	41,890.6	17,061.4	20,147.3	8,955.6	46,164.3
Boards and Commissions	577.0	1,372.3	1,053.0	3,002.3	543.4	1,890.6	1,680.7	4,114.7	875.4	1,912.9	1,193.4	3,981.7
Human Svcs Comm Matching Grant	1,000.0	0.0	0.0	1,000.0	1,159.3	0.0	0.0	1,159.3	1,235.3	0.0	0.0	1,235.3
Alaska Longevity Programs	24,067.1	159.9	12,159.6	36,386.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Totals	524,858.7	887,213.2	187,256.6	1,599,328.5	530,551.4	935,222.7	212,488.5	1,678,262.6	616,818.9	989,756.7	206,144.5	1,812,720.1

Funding Source Summary			
<i>All dollars in thousands</i>			
Funding Sources	FY2004 Actuals	FY2005 Management Plan	FY2006 Governor
1002 Federal Receipts	887,211.2	935,220.7	989,754.7
1003 General Fund Match	254,370.9	265,419.0	336,713.5
1004 General Fund Receipts	173,507.5	177,527.7	191,239.1
1007 Inter-Agency Receipts	72,579.3	67,713.9	68,483.3
1013 Alcoholism & Drug Abuse Revolving Loan	2.0	2.0	2.0
1037 General Fund / Mental Health	96,980.3	87,604.7	88,866.3
1050 Permanent Fund Dividend Fund	15,400.6	15,949.9	12,884.7
1061 Capital Improvement Project Receipts	828.6	1,873.7	1,213.3
1092 Mental Health Trust Authority Authorized Receipts	5,379.7	6,393.6	6,736.3
1098 Children's Trust Earnings	257.3	395.9	397.1
1108 Statutory Designated Program Receipts	56,067.5	65,228.3	67,230.2
1156 Receipt Supported Services	15,364.4	18,169.4	18,550.8
1168 Tobacco Use Education and Cessation Fund	4,380.0	4,669.5	5,669.4
1180 Alcohol & Other Drug Abuse Treatment & Prevention Fund	14,109.8	17,191.8	17,191.7
1189 Senior Care Fund	2,889.4	14,902.5	7,787.7
Totals	1,599,328.5	1,678,262.6	1,812,720.1

Position Summary		
Funding Sources	FY2005 Management Plan	FY2006 Governor
Permanent Full Time	3,076	3,178
Permanent Part Time	103	107
Non Permanent	188	186
Totals	3,367	3,471

FY2006 Capital Budget Request

Project Title	General Funds	Federal Funds	Other Funds	Total Funds
Fairbanks Virology Laboratory Replacement	0	0	24,200,000	24,200,000
MH: Crisis Treatment Facility - Phase 2	0	0	2,500,000	2,500,000
Comprehensive Client Database	150,000	350,000	0	500,000
E-Grants	67,600	33,200	0	100,800
Bethel Youth Facility Security Improvements	0	0	233,900	233,900
Anchorage Pioneer Home Emergency Generator Replacement	0	0	600,000	600,000
Juneau Pioneer Home Roof Replacement	0	0	1,000,000	1,000,000
Deferred Maintenance, Renovation, Repair and Equipment	0	200,000	1,500,000	1,700,000
Pioneers' Homes Deferred Maintenance, Renovation, Repair and Equipment	0	0	2,500,000	2,500,000
Emergency Medical Services Ambulances and Equipment Statewide – Match for Code Blue Project	0	0	425,000	425,000
Juvenile Offender Management Information System Software Upgrade	0	0	325,000	325,000
Server Consolidation	150,000	150,000	0	300,000
MH: Alaska Psychiatric Institute Automation Project	0	0	674,200	674,200
Women, Infants, and Children Payment System	0	600,000	0	600,000
Telephone Systems Replacement	190,400	19,200	0	209,600
MH: Alaska Psychiatric Institute Move	250,000	0	0	250,000
Senior Centers Deferred Maintenance, Construction, Renovation, Expansion and Equipment	0	1,000,000	1,000,000	2,000,000
Denali Commission Grants for Health Care Facility Improvements	0	25,000,000	0	25,000,000
MH: Deferred Maintenance and Accessibility Improvements	0	0	500,000	500,000
MH: Essential Program Equipment Grants to Service Providers	225,000	0	350,000	575,000
MH: Home Modification and Design Upgrades	100,000	0	200,000	300,000
MH: Transitional Housing for Substance Abuse	0	0	100,000	100,000
MH: Fairbanks Detoxification Unit Construction Expansion and Renovation	0	1,000,000	0	1,000,000
MH: Group Home Development	0	0	400,000	400,000
MH: Therapeutic Foster Home	0	0	200,000	200,000
MH Emergency Assistance	100,000	0	100,000	200,000
MH: Alaska Psychiatric Institute Asbestos Abatement	3,000,000	0	0	3,000,000
Department Total	4,233,000	28,352,400	36,808,100	69,393,500

This is an appropriation level summary only. For allocations and the full project details see the capital budget.

Summary of Department Budget Changes by RDU

From FY2005 Management Plan to FY2006 Governor

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2005 Management Plan	530,551.4	935,222.7	212,488.5	1,678,262.6
Adjustments which will continue current level of service:				
-Alaska Pioneer Homes	1,081.4	-1,481.8	1,334.4	934.0
-Behavioral Health	775.9	-973.7	565.6	367.8
-Children's Services	461.9	-113.3	30.5	379.1
-Health Care Services	-1,090.7	-4,368.8	-1,201.1	-6,660.6
-Juvenile Justice	1,169.4	51.2	0.7	1,221.3
-Public Assistance	1,199.4	1,394.4	-6,984.7	-4,390.9
-Public Health	2,041.2	3,948.9	759.0	6,749.1
-Senior and Disabilities Svcs	307.9	-273.6	1.5	35.8
-Departmental Support Services	1,883.3	378.7	-651.4	1,610.6
-Boards and Commissions	17.0	22.3	5.9	45.2
Proposed budget decreases:				
-Behavioral Health	0.0	0.0	-5,962.6	-5,962.6
-Children's Services	0.0	0.0	-859.3	-859.3
-Health Care Services	0.0	-20,150.8	-82.2	-20,233.0
-Juvenile Justice	0.0	0.0	-4.0	-4.0
-Public Assistance	0.0	-2,312.1	-3,253.1	-5,565.2
-Public Health	0.0	-1,000.0	0.0	-1,000.0
-Senior and Disabilities Svcs	0.0	0.0	-995.5	-995.5
-Departmental Support Services	0.0	0.0	-555.4	-555.4
-Boards and Commissions	0.0	0.0	-598.2	-598.2
Proposed budget increases:				
-Alaska Pioneer Homes	419.3	0.0	2,970.3	3,389.6
-Behavioral Health	13,846.8	11,960.9	4,068.0	29,875.7
-Children's Services	3,167.5	5,688.4	0.0	8,855.9
-Health Care Services	27,742.9	26,423.9	50.0	54,216.8
-Juvenile Justice	1,555.0	0.0	0.0	1,555.0
-Public Assistance	963.8	3,757.9	70.7	4,792.4
-Public Health	1,527.5	87.0	3,466.5	5,081.0
-Senior and Disabilities Svcs	27,591.5	29,984.5	1,375.0	58,951.0
-Departmental Support Services	1,215.5	1,510.0	0.4	2,725.9
-Boards and Commissions	315.0	0.0	105.0	420.0
-Human Svcs Comm Matching Grant	76.0	0.0	0.0	76.0
FY2006 Governor	616,818.9	989,756.7	206,144.5	1,812,720.1