State of Alaska
FY2010 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 the highest quality of life in a safe home environment for older Alaskans and Veterans.
- Manage an integrated and comprehensive behavioral health system based on sound policy, effective practices, and open partnerships.
- Promote stronger families, safer children.
- Manage health care coverage for Alaskans in need.
- 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.
- Provide self-sufficiency and basic living expenses to Alaskans in need.
- Protect and promote the health of Alaskans.
- Promote the independence of Alaskan seniors and persons with physical and developmental disabilities.
- Provide quality administrative services in support of the Department's mission.

End Result	Strategies to Achieve End Result
A: Outcome Statement #1: Eligible Alaskans and Veterans will live in a safe environment. Target #1: Reduce resident serious injury rate Status #1: In FY 2008, the medication error rate decreased to .14% while medications administered increased to an average of 488,184 per fiscal quarter, up from 434,464 in FY 2006. In FY 2008, our sentinel event injury rate from falls decreased to 1.73%, down from 2.9% in FY 2007.	**A1: Improve the medication dispensing and administration system.** Target #1: Less than one percent medication error rate, which is one-half the low end of the national standard range Status #1: In FY 2008, the medication error rate decreased to .14% while medications administered increased to an average of 488,184 per fiscal quarter, up from 434,464 in FY 2006. **A2: Reduce the number of residents' serious injuries from falls.** Target #1: Less than two percent injury rate, which is the low end of the National Safety Council's range of two to six percent Status #1: In FY 2008, our sentinel event injury rate from falls decreased to 1.73%, down from 2.9% in FY 2007.
End Result	**Strategies to Achieve End Result**
B: Outcome Statement #2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems. Target #1: To reduce the number/percentage of children in out-of-state placement by 50 children annually over the next seven years.	**B1: Provide enhancements to prevention and early intervention services.**

Status #1: From FY2006 to FY2007 the number of children in out of state placement was reduced from 743 to 596. Target #2: To reduce the rate of suicides in Alaska to 10.6 deaths per 100,000 population. Status #2: In CY2006 there were 20.0 suicides for all ages per 100,000 population, almost double the national average of 10.7. Target #3: Reduce 30-day readmission rate for API to 10%. Status #3: API's admission rate increased 3% from 1,231 patients in FY2007 to 1,270 in FY2008 and the readmission rate increased .7%, from 13.5% in FY2007 to 14.2% in FY2008.	
End Result	**Strategies to Achieve End Result**
C: Outcome Statement #3: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect. Target #1: Decrease the rate of substantiated allegations of child abuse and neglect in Alaska. Status #1: Alaska experienced an 8% decrease in the rate of child abuse and neglect per 1,000 children from FY 2007 to FY 2008. Target #2: To decrease the rate of repeat maltreatment to meet or exceed the national standard of 5.4%. Status #2: Alaska's rate of repeat maltreatment increased by 3% from FY 2007 to FY 2008. However, both FY 2007 and FY 2008 represent an approximate 17% decrease in repeat maltreatment from FY 2006. Target #3: Decrease the percentage of substantiated maltreatment by out-of-home providers. Status #3: The rate of maltreatment in out of home care is above the national rate of .32% in 2008. Target #4: Reduce the rate of staff turnover and increase the number of workers providing direct services at any given time. Status #4: The Office of Children's Services frontline worker vacancy rates have decreased by 4% from FY 2006 to FY 2008 while turnover rates have increased 5% during that same time period.	**C1: Implementation of new safety assessment model to provide front line workers with a better tool to identify safety issues in the home.** **C2: Children placed outside of the home are protected from further abuse and neglect.** **C3: Retain an effective and efficient workforce.**
End Result	**Strategies to Achieve End Result**
D: 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.	**D1: Continue to develop new Medicaid Management Information System (MMIS).**

Status #1: The division has decreased the average time to pay a claim from 18 days to 11 days from FY2007 to FY2008. This represents a 39% reduction. Target #2: Increase the percentage of adjudicated claims paid with no provider errors. Status #2: The percentage of claims without error and paid within ten days decreased to 70% in FY2008 compared to 72% in FY2007. Target #3: Reduce the rate of Medicaid payment errors. Status #3: Since payment errors are frequently related to lack of appropriate documentation of services, improved provider training and outreach on required documentation for Medicaid payment is underway.	
End Result	**Strategies to Achieve End Result**
E: 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 reoffend following release from institutional treatment facilities to less than 33%. Status #1: The recidivism rate as defined for youth released from institutional treatment in F06 was 41%, a slight increase in comparison to previous fiscal years. Target #2: Reduce percentage of juveniles who reoffend following completion of formal court-ordered probation supervision to less than 33%. Status #2: The recidivism rate as defined for juveniles who completed formal court-ordered probation was 28%, identical to that identified in the previous two years. Target #3: Alaska's juvenile crime rate will be reduced by 5% over a two-year period. Status #3: The number of reports of juvenile crime made to the Division of Juvenile Justice declined 4.75% between fiscal years 2007 and 2008 and declined 2.6% between fiscal years 2006 and 2008. Target #4: Divert at least 70% of youth referred to the Division away from formal court processes as appropriate given their risks, needs, and the seriousness of their offenses. Status #4: The proportion of juveniles with at least one case (a criminal charge in a report from law enforcement alleging a juvenile perpetrator) diverted from the formal court process remained high, at 78%.	**E1: Implement and review information from research-based assessment tools, and incorporate practices proven to reduce recidivism and criminal behavior among youth.**
End Result	**Strategies to Achieve End Result**
F: Outcome Statement #6: Low income families and individuals become economically self-sufficient.	**F1: 90% of temporary assistance families leave with earnings and do not return for six months.**

Target #1: Increase self-sufficient individuals and families by 10%. Status #1: In FY08, the Alaska Temporary Assistance Program showed a 6% decline in the number of families receiving benefits.	**F2: Increase the percentage of temporary assistance families with earnings.** **F3: Increase the percentage of temporary assistance families meeting federal work participation rates.** **F4: Improve timeliness of benefit delivery.** **F5: Improve accuracy of benefit delivery.** **F6: Increase the percentage of subsidy children in licensed care.**
End Result	**Strategies to Achieve End Result**
G: Outcome Statement #7: Healthy people in healthy communities. Target #1: 80% of all 2 year olds are fully immunized. Status #1: In 2007, Alaska ranked 45th in the country for fully immunized two year olds at 70.1%. Target #2: Reduce post-neonatal death rate to 2.3 per 1,000 live births by Healthy Alaskans 2010. Status #2: Post neonatal death rate for 2007 was 3.0 per 1,000 live births which is above the target of 2.3 per 1,000 live births by Healthy Alaskans 2010. Target #3: Decrease diabetes in Alaskans. Status #3: 5.7% adult diabetes prevalence for 2005-2007; prevalence has increased 40% since 1998-2000. Target #4: Decrease Alaska's adult obesity rate to less than 18%. Status #4: 28.2% adult obesity prevalence for 2007 continues worsening trend and greater than the national average of 26.3%.	**G1: Strengthen public health in strategic areas.**
End Result	**Strategies to Achieve End Result**
H: Outcome Statement #8: Senior and physically and/or developmentally disabled Alaskans live independently as long as possible. Target #1: Increase the number of DD waiver recipients receiving Supported Employment Services. Status #1: There is a slight increase to utilization of the supported employment Medicaid waiver service in recent years. SDS will encourage increased usage in future years as appropriate.	**H1: Promote independent living and provide preadmission screening to nursing homes.**
End Result	**Strategies to Achieve End Result**
I: Outcome Statement #9: The efficient and effective	

delivery of administrative services. Target #1: Reduce the average response time for complaints/inquiries to 14 days. Status #1: In FY08, the HSS Commissioner's office succeeded in meeting the goal of responding within 14 days of receiving a complaint or inquiry. Target #2: Reduce by 5% per year processing time for key indicators. Status #2: In FY08 the department reduced processing days for grant awards and legislative inquiries. Processing time for purchase requisitions and invoices increased. Capital Grant Awards remained the same.	

FY2010 Resources Allocated to Achieve Results

FY2010 Department Budget: $2,101,336,600

Personnel:	
Full time	3,465
Part time	95
Total	3,560

Performance

A: Result - Outcome Statement #1: Eligible Alaskans and Veterans will live in a safe environment.

Target #1: Reduce resident serious injury rate
Status #1: In FY 2008, the medication error rate decreased to .14% while medications administered increased to an average of 488,184 per fiscal quarter, up from 434,464 in FY 2006.
In FY 2008, our sentinel event injury rate from falls decreased to 1.73%, down from 2.9% in FY 2007.

Analysis of results and challenges: Increasing age and acuity levels of Pioneer Homes residents creates a challenge in reducing adverse events that result in serious injury. By properly utilizing the strength of trending and tracking information available in the division's risk analysis program, the Homes are able to identify times, places, individual staff and conditions that hold inherent risk. Action plans to address risk help the Homes prevent errors, reduce the number of serious injury events, and reduce the severity of injury.

A1: Strategy - Improve the medication dispensing and administration system.

Target #1: Less than one percent medication error rate, which is one-half the low end of the national standard range
Status #1: In FY 2008, the medication error rate decreased to .14% while medications administered increased to an average of 488,184 per fiscal quarter, up from 434,464 in FY 2006.

Fiscal Year Medication Error Rate

Year	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD Total
2009	0.15%	0	0	0	0
2008	0.16%	0.13%	0.15%	0.12%	0.14%
2007	0.19%	0.22%	0.15%	0.14%	0.18%
2006	0.19%	0.15%	0.16%	0.12%	0.17%
2005	0.08%	0.09%	0.09%	0.14%	0.10%
2004	0.07%	0.11%	0.06%	0.07%	0.08%
2003	0.10%	0.11%	0.09%	0.15%	0.11%
2002	0.07%	0.08%	0.04%	0.05%	0.06%

Methodology: The medication error rate is calculated by taking the number of medication errors per quarter divided by the total number of medications taken by all Pioneer Home residents in the same quarter.

Analysis of results and challenges: The Centers for Medicare and Medicaid Services, which licenses nursing facilities throughout the United States, considers a five percent medication error rate acceptable.

The Pioneer Home system collects medication information at the individual Pioneer Home level and aggregates the numbers for reporting at the division level. In 2008, Pioneer Home staff administered an average of 488,184 individual medications each quarter.

All care processes are vulnerable to error, yet several studies have found that medication-related activities are the most frequent type of adverse event. Medication administration errors are the traditional focus of incident reporting programs because they are often the types of events that identify a failure in other processes in the system. A wrong medication may be administered because it was prescribed, transcribed, or dispensed incorrectly. The division uses a system-wide risk reporting program that tracks medication errors, and allows the collected data to be reported and trended for use in identifying risks. Trending the cause of the error tends to provide the most useful information in designing strategies for preventing future errors.

A2: Strategy - Reduce the number of residents' serious injuries from falls.

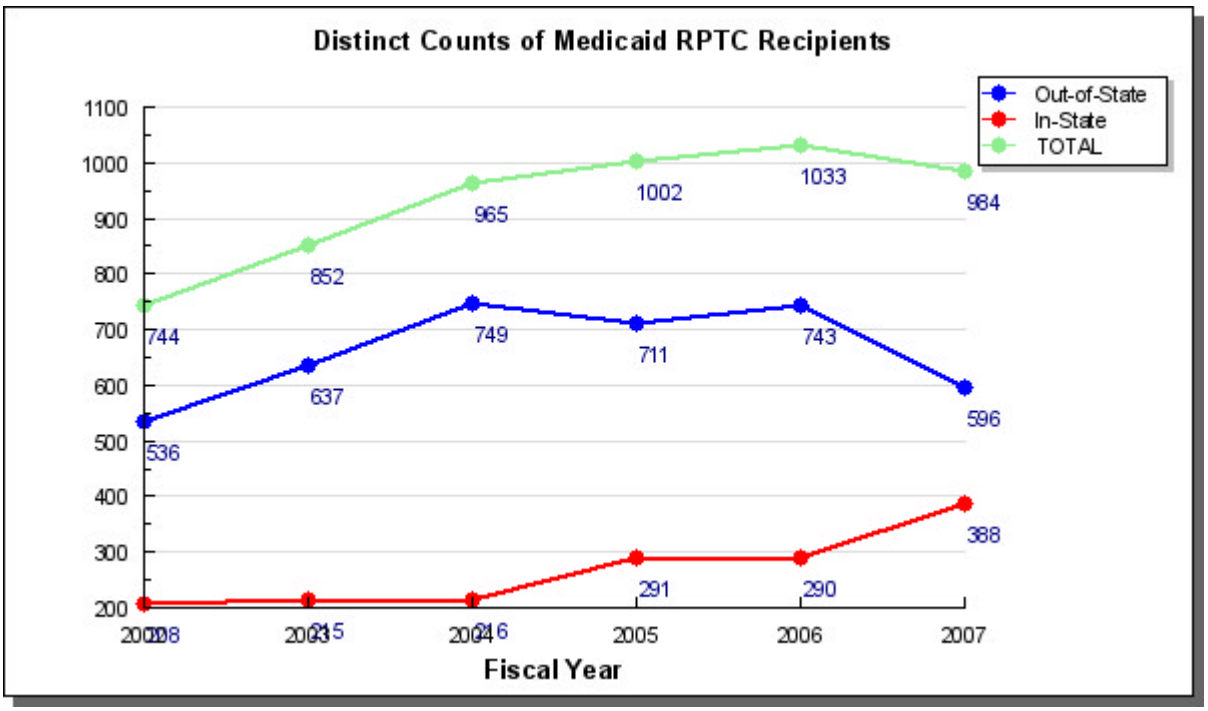
Target #1: Less than two percent injury rate, which is the low end of the National Safety Council's range of two to six percent

Status #1: In FY 2008, our sentinel event injury rate from falls decreased to 1.73%, down from 2.9% in FY 2007.

B: Result - Outcome Statement #2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.

Target #1: To reduce the number/percentage of children in out-of-state placement by 50 children annually over the next seven years.

Status #1: From FY2006 to FY2007 the number of children in out of state placement was reduced from 743 to 596.



Methodology: Data appears in the "DHSS BTKH Annual Report 07" (see link below), as provided by the Division of Behavioral Health, Policy and Planning Unit using MMIS-JUCE extracts. Data represents an unduplicated count of RPTC beneficiaries.

Distinct Counts of Medicaid RPTC Recipients

Fiscal Year	Out-of-State	In-State	TOTAL
FY 2007	596	388	984
FY 2006	743	290	1033
FY 2005	711	291	1002
FY 2004	749	216	965
FY 2003	637	215	852
FY 2002	536	208	744

Analysis of results and challenges: Between FY 1998 and 2004, the unduplicated number of youth with Serious Emotional Disorders (SED) receiving out-of-state Residential Psychiatric Treatment Center (RPTC) care steadily increased - on average 46.7% per year. The RPTC population as a whole also showed steady increase from FY 98-04, an average annual increase of 24.8%.

The Bring the Kids Home (BTKH) Project was initiated during FY 2004. Positive changes are already apparent. Between FY 2004 and 2005 there was a 5.1% reduction in the number of children receiving out-of-state RPTC care, from 749 to 711. Between FY06 and FY07:

* There was a decrease of 19.8% in the number of distinct out-of-state RPTC recipients served.

* There was an increase of 33.8% in the number of distinct RPTC recipients who received services instate. This reflects increased bed capacity and utilization.

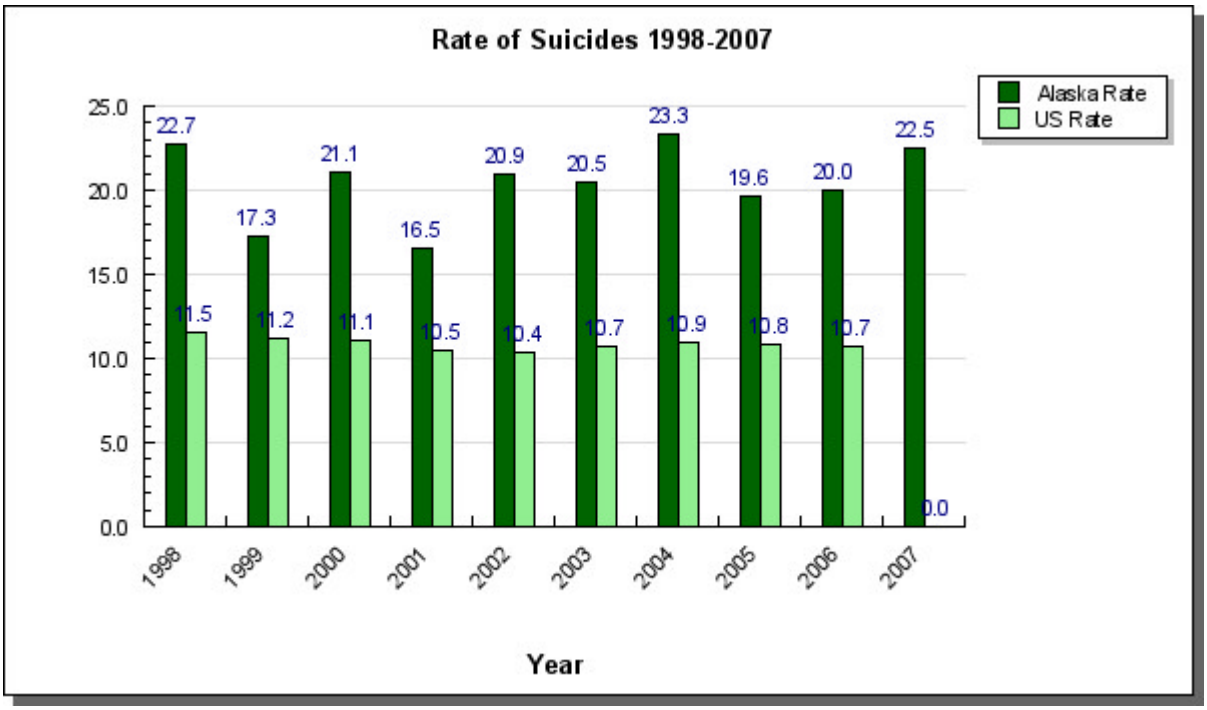
* There was a decrease of 4.8% total RPTC recipients served.

Alaska Statute 47.07.032 requires that the department may not grant assistance for out-of-state inpatient psychiatric care if the services are available in the state. To that end, the department has developed and implemented "diversion" activities, including aggressive case management services that discharge and return children to less restrictive levels of care; utilization review staff implementing gate-keeping protocols with a "level of care" instrument that ensures appropriate placements; and collaboration with community-based providers to augment services at the least restrictive level within a client's home community.

There have also been multiple capital projects initiated to increase the number of beds in-state, some of which became available in FY 07. As more new beds and other programs become available, it is anticipated that there will be further impact on the rate of out-of-state placements.

This project is a collaboration of the Division of Behavioral Health, Division of Juvenile Justice and Office of Children's Services, in partnership with the Alaska Mental Health Trust Authority.

Target #2: To reduce the rate of suicides in Alaska to 10.6 deaths per 100,000 population.
Status #2: In CY2006 there were 20.0 suicides for all ages per 100,000 population, almost double the national average of 10.7.



*Methodology: * Rates are age-adjusted per 100,000 population.*

** The Alaska rate and lives lost count for 2007 are preliminary.*

** US suicide rate for 2006 is preliminary and 2007 data is unavailable at time of publication.*

Rate of Suicides 1998-2007

Year	Alaska Rate	Lives Lost	US Rate
2007	22.5	146	0
2006	20.0	132	10.7
2005	19.6	127	10.8
2004	23.3	154	10.9
2003	20.5	123	10.7
2002	20.9	131	10.4
2001	16.5	103	10.5
2000	21.1	135	11.1
1999	17.3	96	11.2
1998	22.7	131	11.5

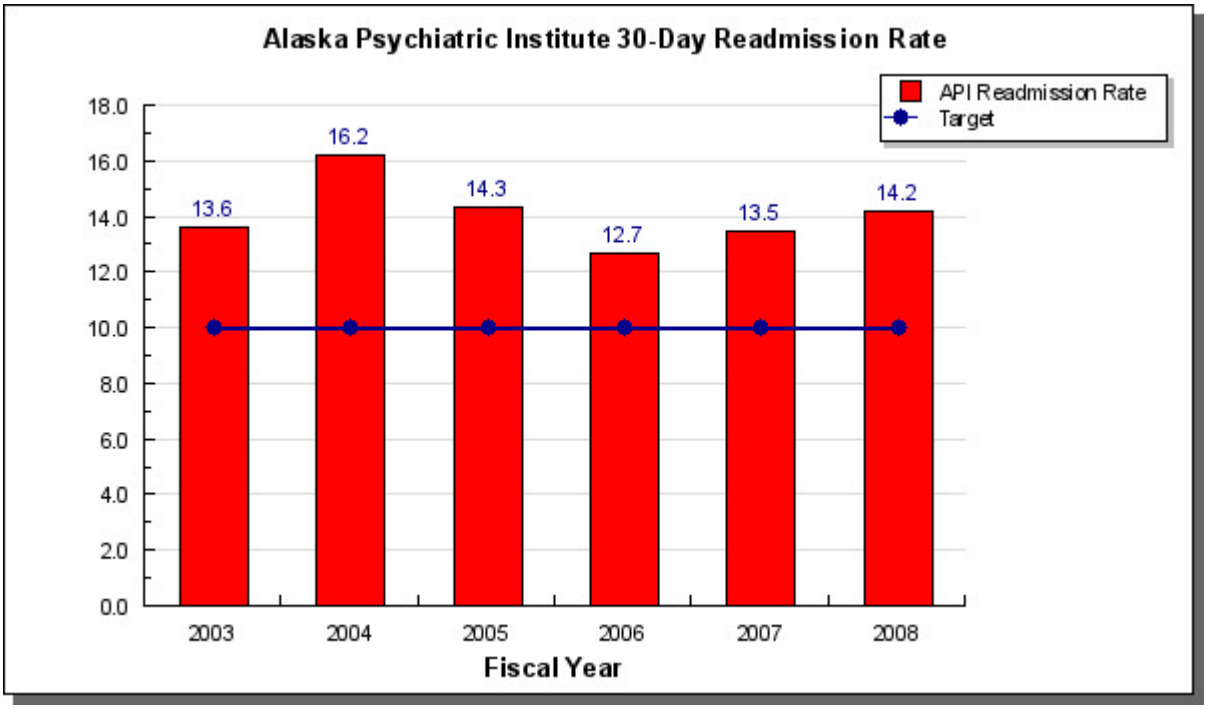
Analysis of results and challenges: Alaska averages 125 suicides per year and has a suicide rate of double the national average. The Healthy Alaskan 2010 target is to reduce Alaska's suicide rate to 10.6 per 100,000. The age adjusted suicide rate for Alaska in 2007 was 22.5 per 100,000. Although we have seen a dip in rates since 2004, it appears that Alaska is once again showing a slight increase, which is consistent with rates seen over the past ten years. These measures reflect the need to improve Alaska's ability to provide a comprehensive and coordinated response between state agencies, Tribal entities, community providers, primary health and emergency response systems, school districts and faith-based organizations.

The State Suicide Prevention Council in close working partnership with Behavioral Health has implemented several projects in an attempt to better understand the complex nature of suicide, the underlying causes, and learning prevention-based strategies that support successful outcomes in order to begin to turn the curve away from the problem. Behavioral Health and Prevention and Early Intervention Services administer grants for comprehensive suicide prevention programs and services and provides technical training and assistance. Training topics include the Alaska Suicide Prevention Plan; community-based planning methods including identification of need, resources, readiness and capacity to provide services; understanding risk and protective factors associated with suicide in their respective community; and how to effectively collaborate with state and local partners to create a long term impact that is both sustainable and culturally competent. Behavioral Health has also recently introduced the Alaska Gatekeeper Suicide Prevention Training designed and targeted specifically for Alaska in order to educate and train individuals on the topic of suicide, how to respond to a suicidal person and how to direct resources to reduce risk, promote well being and improve our systems of care.

The Council has also been instrumental in working with the Mental Health Trust beneficiaries to implement the 2007 Alaska Suicide Follow Back Study in an attempt to discover what specific factors in Alaska influence suicide. The study also examined and interviewed family and friends of decedents to learn more about individual characteristics and circumstances that led to suicide. Below is an example of some of the findings.

54% had quit working during the preceding year;
47% were seeing a therapist at the time of their death;
59% had current prescriptions for mental health problems;
65% experienced an event that caused a great deal of shame (such as sexual abuse, child porn, an arrest, etc.);
61% had problems with law enforcement;
20% were abused as children - 80% by their fathers;
50% were seen by a doctor in the last six months;
46% had symptoms of post traumatic stress disorder (PTSD);
62% were active smokers;
33% had prior suicide attempts; and
20% had recent exposure to suicide of a loved one.

Target #3: Reduce 30-day readmission rate for API to 10%.
Status #3: API's admission rate increased 3% from 1,231 patients in FY2007 to 1,270 in FY2008 and the readmission rate increased .7%, from 13.5% in FY2007 to 14.2% in FY2008.



*Methodology: * Data is based on an admissions cohort.*

Alaska Psychiatric Institute 30-Day Readmission Rate

Fiscal Year	API Readmission Rate	Target
FY 2008	14.2	10.0
FY 2007	13.5	10.0
FY 2006	12.7	10.0
FY 2005	14.3	10.0
FY 2004	16.2	10.0
FY 2003	13.6	10.0

Analysis of results and challenges: This measure tracks the 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 percent of all admissions were readmissions. This measure is an outcome indicator of continuity of care between the acute care hospital (API) and the behavioral health provider system. The ultimate goal is to have Alaska's rate fall below ten percent.

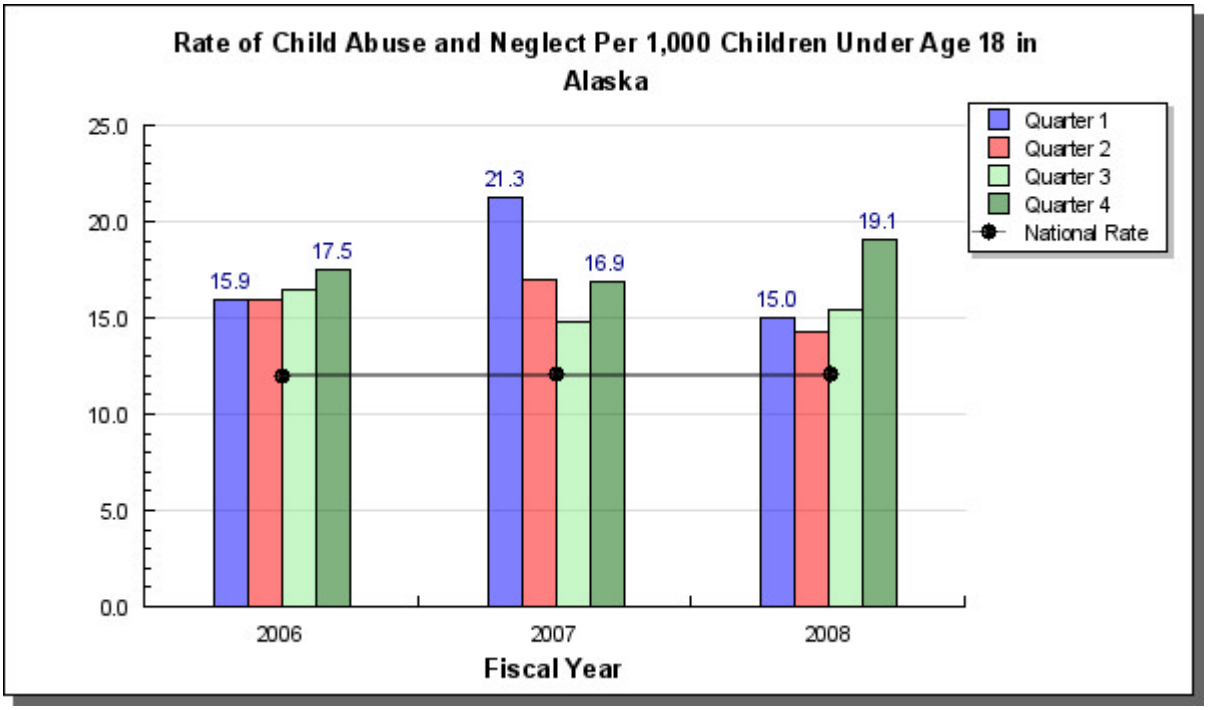
According to data for the first three quarters of FY08, API and the 'system' continue to demonstrate unsatisfactory outcomes. API relocated to a new hospital in July 2005. The success of a 'downsized' state psychiatric hospital was predicated on increased funding for community providers and establishing 18 designated evaluation and treatment beds in Anchorage. These initiatives did not receive planning or funding. As a result, API comes under increasing pressure to shorten length of stays for acutely ill psychiatric patients who ultimately return to the hospital due to lack of adequate supportive housing and case management options.

In FY07, API admitted 1,231 patients of whom 166 returned within 30 days for a 13.5% readmission rate. In FY 08, API has admitted 1,270 patients with 180 of them returning within 30 days, increasing the rate of return to 14.2%.

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

C: Result - Outcome Statement #3: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.

Target #1: Decrease the rate of substantiated allegations of child abuse and neglect in Alaska.
Status #1: Alaska experienced an 8% decrease in the rate of child abuse and neglect per 1,000 children from FY 2007 to FY 2008.



Methodology: Data represents an unduplicated number of children with substantiated abuse or neglect per 1,000 children in the population. The population equals the number of children under the age of 18 years as of the last day of the reporting period. Data for FY 2006 Quarter 1 and 2 represent pre Office of Children's Services Online Resources for the Children of Alaska (ORCA) data system and is not comparable. It is entered here as 15.9, a pre ORCA calculation, in order to provide 3 full years of statistics.

Source: Current Target of 12.1 - United States Department of Health and Human Services Administration for Children and Families, Child Maltreatment, 2005. Release date March 30, 2007.

Rate of Child Abuse and Neglect Per 1,000 Children Under Age 18 in Alaska

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	National Rate
FY 2008	15.0	14.3	15.4	19.1	12.1
FY 2007	21.3	17	14.8	16.9	12.1
FY 2006	15.9	15.9	16.5	17.5	12
FY 0	0	0	0	0	0

Analysis of results and challenges: The goal of the Office of Children's Services is to protect children from abuse and neglect. Measuring the success of children's services agencies can be done, in part, through the number of substantiated child protective services reports received per 1,000 children under the age of 18 in the state.

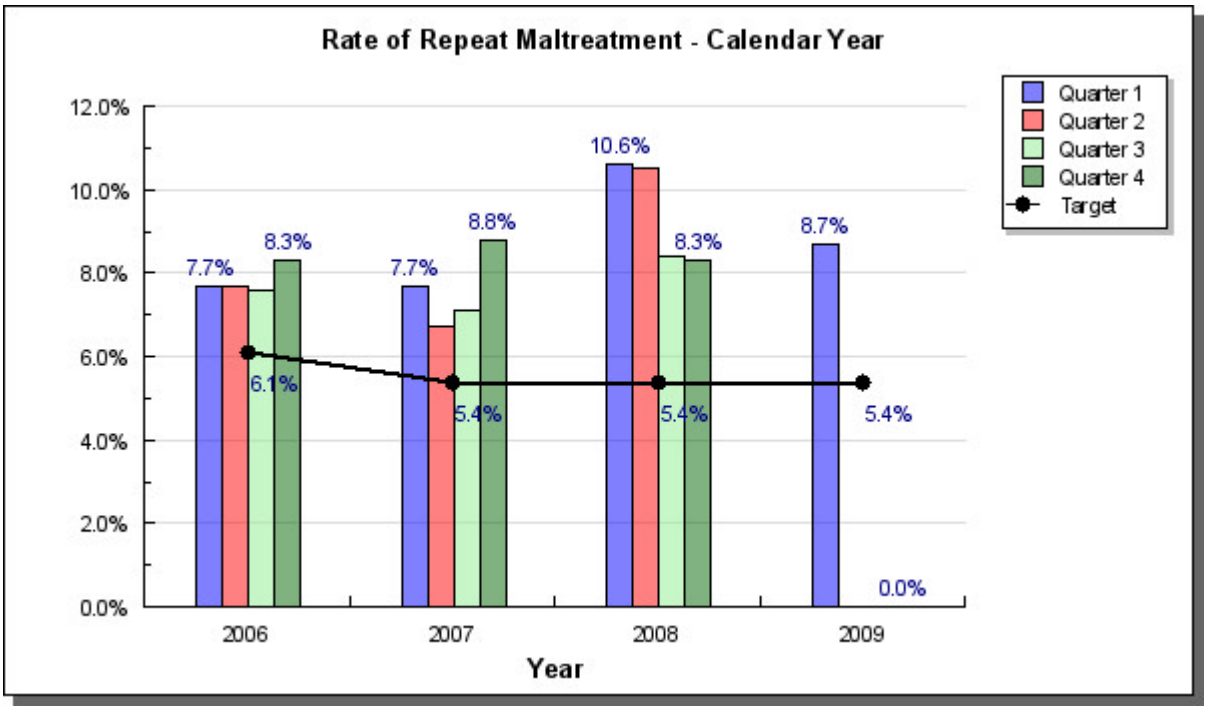
In FY 2004, national levels of substantiated abuse and neglect per 1,000 children, as determined by the Administration for Children and Families, was 12. New data released for 2005 indicates national levels at 12.1. This increase represents approximately 20,000 victims nationwide.

Alaska's rate averaged 15.9 in FY 2008. This is a drop of 1.5 victims from the FY 2007 rate - an 8% decrease.

The Office of Children's Services is continuing to perfect our new safety decision making practice. The new model has proved to be more of a paradigm shift than was previously anticipated; therefore the implementation efforts of new practice standards is taking dedicated staff time and training. The new model of working with families will lead to improved outcomes for the children and families needing OCS intervention. New practice standards have revealed that additional specialized training is necessary and is being pursued through the University of Alaska.

One of the fundamental differences in the new model requires workers to do an assessment of the entire family and their overall functioning and to look beyond whether the abuse or neglect is substantiated or not substantiated. In the past, workers focused just on the maltreatment itself and did not address other issues going on in the home. This resulted in missed opportunities to engage families in remedial services to avoid subsequent abuse and neglect to the child. Further, the new model helps workers to understand the essential differences in whether the child is unsafe or at risk. Unsafe determinations require OCS intervention, while risk factors may necessitate a referral to community resources. This will result in better identification of families that must be served by the child protective services system versus those that can be served by other resources.

Target #2: To decrease the rate of repeat maltreatment to meet or exceed the national standard of 5.4%.
Status #2: Alaska's rate of repeat maltreatment increased by 3% from FY 2007 to FY 2008. However, both FY 2007 and FY 2008 represent an approximate 17% decrease in repeat maltreatment from FY 2006.



Methodology: Data Source: National Child Abuse and Neglect Data System and Alaska's Online Resources for the Children of Alaska (ORCA). FY 2006 quarters 1 and 2 are pre-ORCA and not perfectly comparable. They are included here to provide 3 full years of data.

Target: National standards set by the Administration for Children an Families of 5.4%.

Rate of Repeat Maltreatment - Calendar Year

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Target
2009	8.7%	0	0	0	5.4%
2008	10.6%	10.5%	8.4%	8.3%	5.4%
2007	7.7%	6.7%	7.1%	8.8%	5.4%
2006	7.7%	7.7%	7.6%	8.3%	6.1%

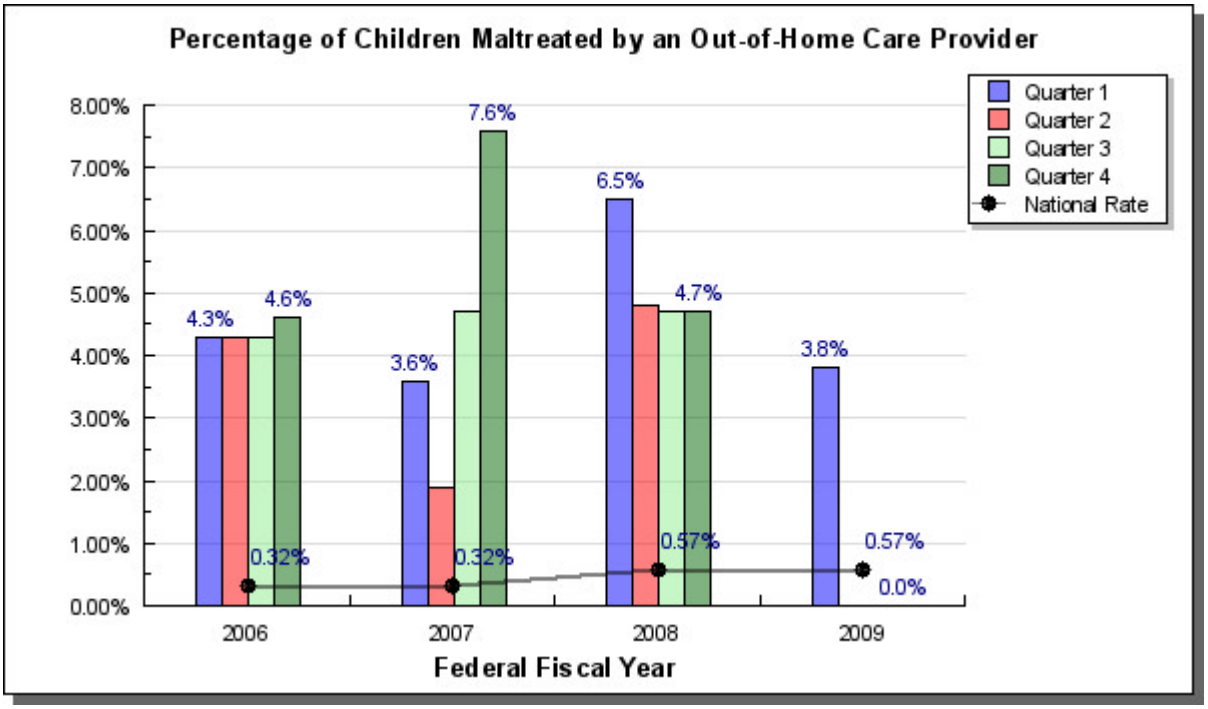
Analysis of results and challenges: Alaska's FY 2008 average rate 7.8% for repeat maltreatment is a slight increase from the FY 2007 rate of 7.6%. More importantly, FY 2007 and FY 2008 represent a significant decrease in the rates from the 9.5% recorded in FY 2006.

Repeat maltreatment is defined as the percentage of children who were victims of substantiated abuse or neglect during the first 6 months of the reporting year who experienced another substantiated incident within a 6-month period. Alaska's rate of repeat maltreatment, while improving, is still high. A protocol has been developed to more closely examine past investigations resulting in a substantiated finding of abuse or neglect. If there have been past substantiated investigations, the OCS worker will review the previous record to ascertain whether the newly reported allegations are against the same child by the same maltreater. If so, the worker and his/her supervisor will devise a strategy for intervention for the current investigation acknowledging that there may be a pattern of abuse that needs to be recognized. The supervisor will closely monitor the progress of the investigation and ensure the appropriate actions are taken to protect the child from further abuse.

The OCS is working for continued improvements in the number of repeat maltreatment cases not only due to the improved business practices. Business practices continue to be upgraded as the OCS is receiving technical assistance from the Annie E. Casey Foundation and the Administration for Children and Families to improve the approach to foster care.

In addition, the OCS has implemented restructuring the administration of foster care and adoptions by moving all of the work to one section and moving the supervision and decision making from the field up through state office to alleviate any conflicts of interest.

Target #3: Decrease the percentage of substantiated maltreatment by out-of-home providers.
Status #3: The rate of maltreatment in out of home care is above the national rate of .32% in 2008.



Methodology: Source: Online Resources for the Children of Alaska (ORCA) data system for the National Child Abuse and Neglect Data System (NCANDS) and federal Adoption and Foster Care Analysis and Reporting System (AFCARS).

Source: Target of .32% - United States Department of Health and Human Services Administration for Children and Families, Child Maltreatment, 2005.

Percentage of Children Maltreated by an Out-of-Home Care Provider

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	National Rate
FFY 2009	3.8%	0	0	0	.57%
FFY 2008	6.5%	4.8%	4.7%	4.7%	.57%
FFY 2007	3.6%	1.9%	4.7%	7.6%	.32%
FFY 2006	4.3%	4.3%	4.3%	4.6%	.32%

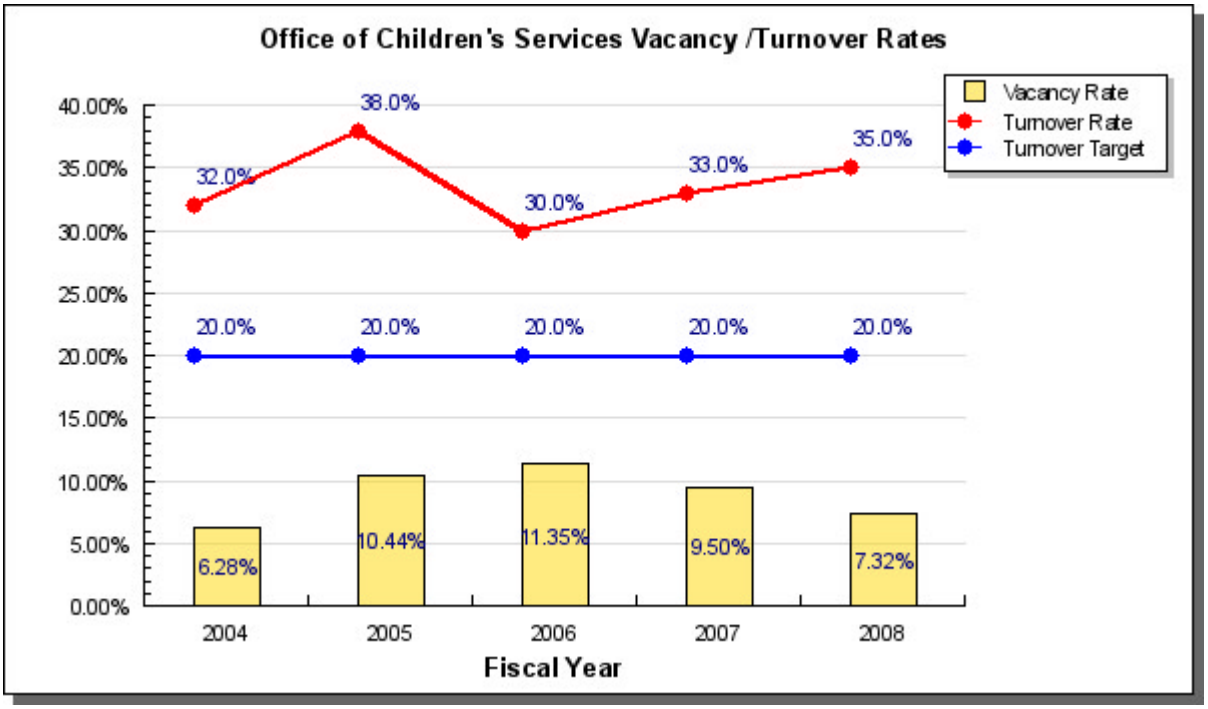
Analysis of results and challenges: The percentages of maltreatment have averaged 4.6% for the past 3 years. Some improvement was noted in FY 2007 but the percentage increased by .72% in FY 2008.

Maltreatment rates high above national standards in out of home care are believed to be an indicator that there are not enough foster homes. The pool of resources from which to make the best possible match for children needing placement and foster parents best able to meet the needs of a particular child is too small. The Office of Children's Services has increased its efforts to obtain and license foster homes across the state with particular efforts in the rural areas.

OCS continues to work toward improved business practices through the use of technical assistance and increased foster and child care rates to assure foster parents will not need to continue to absorb the cost of care for foster children.

Target #4: Reduce the rate of staff turnover and increase the number of workers providing direct services at any given time.

Status #4: The Office of Children's Services frontline worker vacancy rates have decreased by 4% from FY 2006 to FY 2008 while turnover rates have increased 5% during that same time period.



Methodology: This vacancy and turnover analysis is an update of past analysis and is based on the same methodology used by the Department of Administration, Division of Personnel in compiling their workforce analysis. Vacancy and turnover analyses are based on vacancies in the Children's Services Specialist I, II, and III and the Social Worker (CS) I, II, III, and IV job class series. Data is collected from the State of Alaska Payroll System. This analysis compiles complete fiscal year data.

Turnover rate represents the number of times a position becomes vacant in the Frontline Social Worker component due to an incumbent leaving the position. Reasons for leaving include, but are not limited to, resignation, separation, termination, voluntary demotion, promotion, retirement, or non-retention.

Vacancy rate represents the total number of positions vacant divided by the number of positions in the job class series. The analysis compiles data from the fiscal year and records the length of time a position is vacant so that multiple vacancies for any one position are counted.

Office of Children's Services Vacancy /Turnover Rates

Fiscal Year	Vacancy Rate	Turnover Rate
FY 2008	7.32%	35%
FY 2007	9.5%	33%
FY 2006	11.35%	30%
FY 2005	10.44%	38%
FY 2004	6.28%	32%

Analysis of results and challenges: Children's Services frontline worker turnover rates are still extremely high and disruptive. It should be noted that rates presented in this measure include transfers within the division, department, or state. Of the 92 empolyee that turned over in FY 2008, 24% of them were transfers.

Vacancy rates have decreased by 2.2% from FY 2007 to FY 2008 and 5% from FY 2006. This may be indicative of better hiring practices.

Since May of 2006 when the Office of Children's Services received the final Hornsby Zeller Associates, Inc. workload study the OCS had been engaged in gradual, incremental changes to personnel that include transferring

positions from overstaffed offices to understaffed offices until such time as data regarding caseload and workload trends could be established.

Of the 17 positions recommended in the study needed to handle the state's entire caseload as mandated by state and federal policy guidelines, the OCS received 6 new frontline positions in FY 2008 and 7 new frontline positions in FY 2009. In addition, 3 administrative staff were requested and approved.

Work on a comprehensive plan to address retention, recruitment and selection of front line staff continues. OCS has not yet realized the kind of success needed from retention and recruitment efforts. There are a number of efforts currently underway and the plan is constantly evaluated and revised as new ideas and efforts are explored. In addition, the Governor's Executive Order 287 has shored up OCS efforts with the involvement of state human resource staff.

.

C1: Strategy - Implementation of new safety assessment model to provide front line workers with a better tool to identify safety issues in the home.

C2: Strategy - Children placed outside of the home are protected from further abuse and neglect.

C3: Strategy - Retain an effective and efficient workforce.

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.
Status #1: The division has decreased the average time to pay a claim from 18 days to 11 days from FY2007 to FY2008. This represents a 39% reduction.

Operation Performance Summary-Annual Average Days /Entry Date to Claims Paid Date

Fiscal Year	Medicaid Claims	Avg Days	Days Changed
FY 2009	2,047,064	2	-9
FY 2008	7,293,304	11	-7
FY 2007	7,263,956	18	6
FY 2006	7,721,709	12	-1
FY 2005	7,903,523	13	3
FY 2004	6,690,344	10	0
FY 2003	5,615,072	10	-2
FY 2002	4,959,864	12	0
FY 2001	4,409,121	12	2
FY 2000	3,720,254	10	0

Methodology: Chart Notes
1. Between FY02 and FY03 reports were based on six months of data. Since FY04 reports are based on annual data.
2.A word of caution. FY09 numbers are for first quarter only while all other years are based on 12 months of data
Source: MARS MR-0-08-T.
No national average available.

Analysis of results and challenges: Average days to pay between FY 2007 and FY 2008 decreased from 18 days to 11 days.

Three new initiatives, two in the second half of FY 2006 and the other in first quarter 2007 may provide explanations for the increase of average days. The Personal Care Program instituted a prior authorization process during the third quarter 2006. As part of this new initiative, claims became subject to prior authorization editing. Additionally, regulatory changes for certain Durable Medical Equipment (DME) high-volume supplies occurred during the second half of FY 2006. This resulted in additional claims pending for evaluation and pricing. Lastly, during the first quarter

2007, several new home and community-based waiver program edits were initiated.

Adding to the hindrance, the Department of Health and Social Services' (HSS) contractor experienced a data entry backlog as they converted from outsourced data entry services to in-house data entry. The decease from FY2007 to third quarter FY2008 is a result of completion of training and increased staff proficiecy.

All of the above would have had impact on processing time.

Target #2: Increase the percentage of adjudicated claims paid with no provider errors.
Status #2: The percentage of claims without error and paid within ten days decreased to 70% in FY2008 compared to 72% in FY2007.

Error Distribution Analysis-Change in the percentage of adjudicated claims paid with no provider errors

Fiscal Year	Medicaid Claims Pd	% No Errors	% Change
FY 2009	1,538,356	68%	-2%
FY 2008	5,562,537	70%	-2%
FY 2007	5,606,347	72%	-2%
FY 2006	6,082,318	74%	2%
FY 2005	6,150,027	72%	-4%
FY 2004	5,106,692	76%	3%
FY 2003	4,776,730	73%	-1%
FY 2002	4,202,677	74%	1%
FY 2001	3,670,331	73%	1%
FY 2000	3,076,978	72%	0

Methodology: Chart Notes
1. Between FY01 and FY03 reports were based on six months of data. Since FY04 reports are based on annual data.
2. This measure was updated annually through FY 2005; beginning with FY 2006, it is being updated quarterly.
3. FY09 numbers are for first quarter of FY09
4. Source: MARS MR-0-11-T.

Analysis of results and challenges: Error distribution analysis is designed to capture the percentage of adjudicated claims paid with no provider errors. To ensure correct claim submission from providers, Health Care Services works with providers to resolve problem areas and to get claims paid. First Health, Medicaid's fiscal agent, provides training to providers on billing procedures, publishes billing manuals, and has a website for providers with information tailored to each provider type.

During FY2006, the Department of Health and Social Services (HSS) had two major initiatives that impacted pharmacy: Pharmacy Cost Avoidance and Medicare Part D.

Prior to Pharmacy Cost Avoidance, HSS, as the State Medicaid Agency, paid the pharmacy claims for recipients who had insurance primary to Medicaid and then attempted to recover the costs from liable third parties. The Pharmacy Cost Avoidance initiative changed this practice and therefore the number of claims denied because of other insurance coverage is significant.

Additionally, Medicare Part D required HSS to deny pharmacy claims for Medicare-covered drugs for those recipients of both Medicaid and Medicare. Previously, Medicaid paid for this same population. This results in a significant denial of claims.

These major changes to the Pharmacy program were surely noteworthy enough to result in the decrease of claims paid, and as such, claims paid without error.

Target #3: Reduce the rate of Medicaid payment errors.
Status #3: Since payment errors are frequently related to lack of appropriate documentation of services, improved provider training and outreach on required documentation for Medicaid payment is underway.

Error Analysis - Percent Claims Paid with No Errors

Year	Total Claims Paid (FY)	% Paid with no Errors
2008	4,127,303	70%
2007	1,363,276	72%
2006	6,082,318	74%
2005	6,150,027	72%
2004	5,106,692	76%
2003	4,776,730	73%

Methodology: FY03 reports were based on six months of data.
Since FY04, reports have been based on annual data.
FY08 numbers are based on claims paid through third quarter of FY2008.

Analysis of results and challenges: The Improper Payments Information Act of 2002 (Public Law 107-300) requires Federal agencies to annually review and identify those programs and activities that may be susceptible to significant erroneous payments, estimate the amount of improper payments and report those estimates to the Congress, and if necessary, submit a report on actions the agency is taking to reduce erroneous payments. The effect of this rule is that states are now to be required to produce improper payment estimates for their Medicaid and SCHIP programs and to identify existing and emerging vulnerabilities.

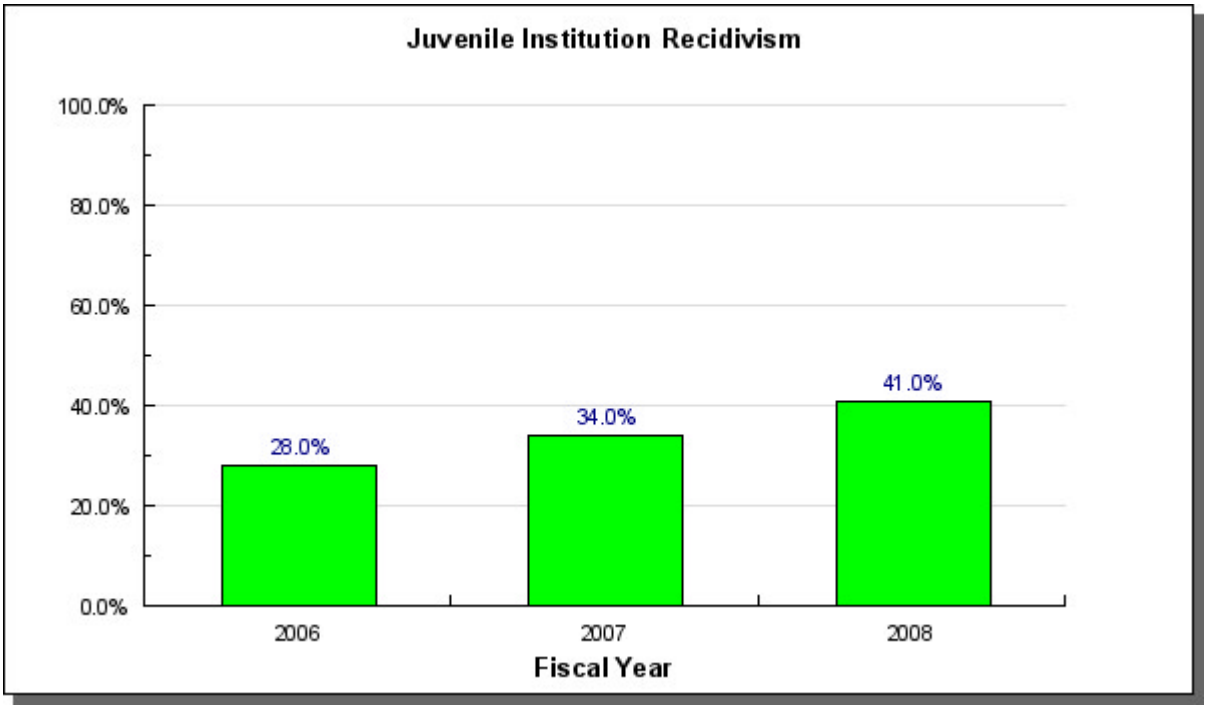
The PERM program commenced nationally on July 1, 2005 with Phase I and one-third of the states participated. Alaska is a year 3 state and will be required to participate during calendar year 2007. There will be an impact on the resources in each division managing Medicaid Services to assist the PERM staff with access to policies, procedures and data. Division staff may be called upon to assist in the interpretation of medical records pertaining to claims associated with services that division manages. The PERM process includes expectations for corrective actions. Divisions will need resources to implement corrective actions resulting from PERM findings.

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 reoffend following release from institutional treatment facilities to less than 33%.

Status #1: The recidivism rate as defined for youth released from institutional treatment in F06 was 41%, a slight increase in comparison to previous fiscal years.



Juvenile Institution Recidivism

Fiscal Year	YTD Total
FY 2008	41%
FY 2007	34%
FY 2006	28%

Analysis of results and challenges: This measure examines recidivism for youth who have been committed to and released from the Division's four juvenile treatment facilities. These youth typically have the most intensive needs and are the state's more chronic and serious juvenile offenders compared with youth who receive only probation supervision. Recidivism rates for these two populations are considered separately because of the distinctively different levels of risk and need presented, and the different types of interventions and programming received.

Reoffenses, like the original offenses that brought the juveniles to the Division's attention, may be felonies, misdemeanors, drug offenses, weapons crimes, crimes against persons, crimes against property, and other state crimes. Often these crimes are committed while the juvenile is under the influence of alcohol or other drugs, or in the context of domestic violence. The Division has adopted assessment tools both for juveniles and the facilities that house them to work with juveniles to address the root causes of their law-breaking behavior, and will continue to review institutional treatment components and research-based practices as it seeks to improve its outcomes for youths leaving institutions.

The recidivism rate for juveniles released from Alaska's secure treatment institutions was increased slightly this year compared with the two previous years. The increase may not be significant; the small number of youth released from

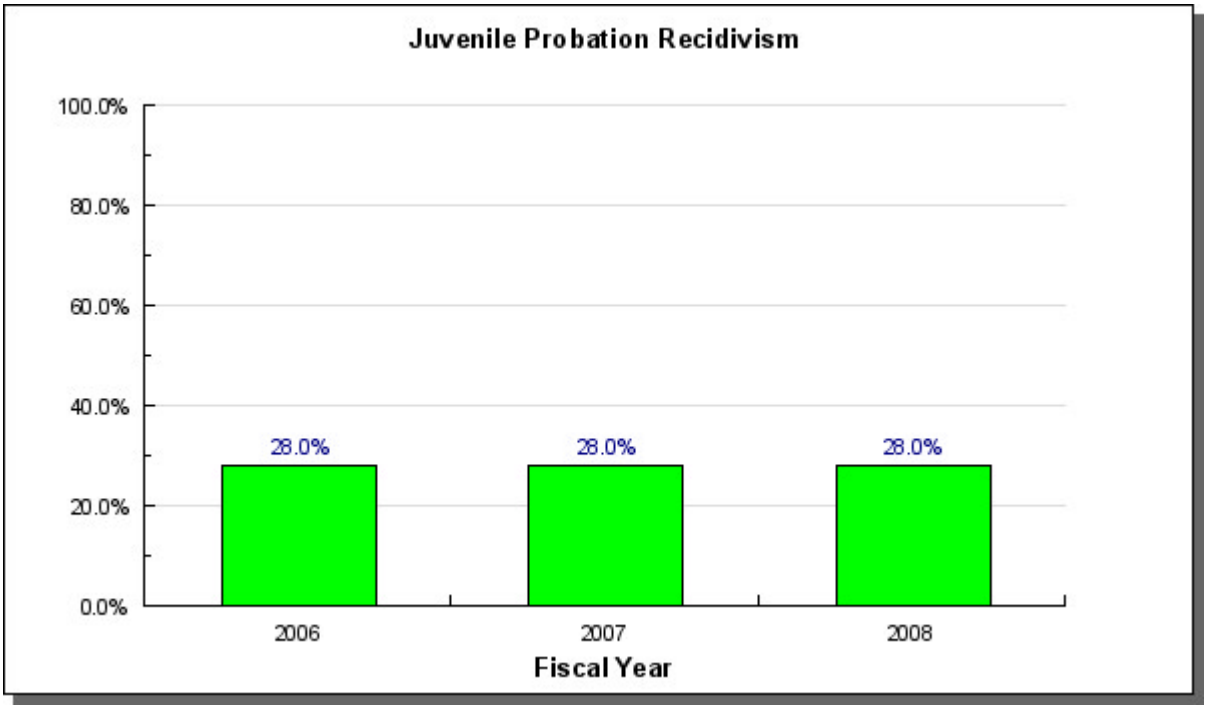
institutions each year make it difficult to determine whether changes in the recidivism rate from year to year are part of a trend or an anomaly. Any recidivism is cause for concern, and the Division expects to direct additional staffing, training, and other resources at its juvenile facilities in the coming years to limit future re-offending.

Recidivism among juveniles released from treatment is defined, in Alaska, as reoffenses that occurred within a 12-month window. Sixteen of the 32 states that track recidivism do so on a 12-month basis. Among those states that measure recidivism based on a 12-month follow-up period, and that consider offenses "recidivism" if they result in a conviction or adjudication in the juvenile or adult systems (eight states, including Alaska), the average recidivism rate was 33%. (Source: Juvenile Offenders and Victims: 2006 National Report, National Center for Juvenile Justice, Pittsburgh, 2006, page 234.) This rate serves as the baseline for the juvenile recidivism measure in Alaska.

Note: Reoffenses by juveniles released from Alaska's treatment institutions are determined through analysis of entries in the Division of Juvenile Justice's database and the Alaska Public Safety Information Network. Juveniles are included in this measure if the reason for their release from the treatment facility is marked in JOMIS as "Completion of Treatment," "Sentence Served," Court-Ordered Release," "Transfer to a Non-DJJ Facility," "Order Expired," or "Transfer (Transitional Services Step Down)." Reoffenses are defined as any offenses that occurred within 12 months of release and that resulted in a new juvenile adjudication or adult conviction, or a probation violation resulting in a new institutionalization order. For this FY08 report, adjudication and conviction information on offenses that occurred in FY06 must have been entered in APSIN or JOMIS by August 15, 2008. Adjudications and convictions for motor vehicle, Fish & Game, non-habitual Minor in Possession/Consuming Alcohol, and misdemeanor-level Driving While Intoxicated offenses are excluded. Adjudication and convictions received outside Alaska also are excluded from analysis.

Target #2: Reduce percentage of juveniles who reoffend following completion of formal court-ordered probation supervision to less than 33%.

Status #2: The recidivism rate as defined for juveniles who completed formal court-ordered probation was 28%, identical to that identified in the previous two years.



Juvenile Probation Recidivism

Fiscal Year	YTD Total
FY 2008	28%
FY 2007	28%
FY 2006	28%

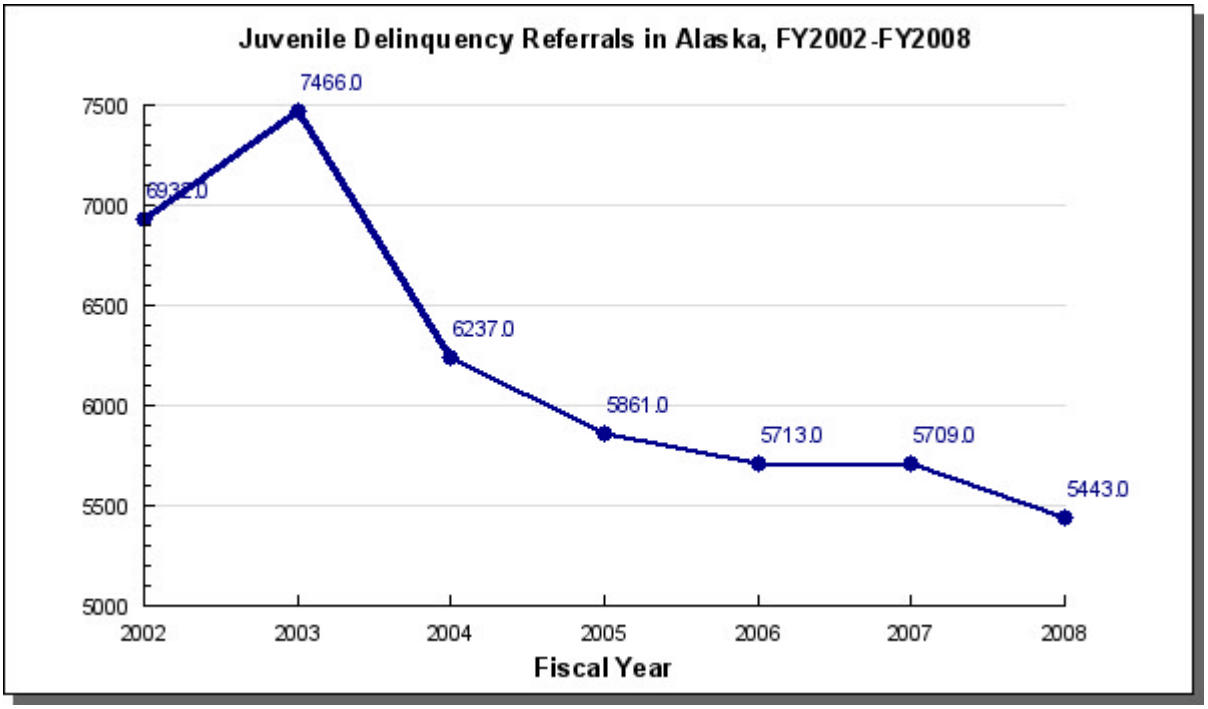
Analysis of results and challenges: This measure examines reoffense rates for juveniles who received probation supervision while either remaining at home or in a nonsecure custodial placement. These youths typically have committed less serious offenses and have demonstrated less chronic criminal behavior than youth who have been institutionalized. Recidivism rates for institutionalized youth are analyzed in a separate performance measure, above, and are considered separately because of the distinctively different levels of risk and need presented, and the different types of interventions and programming received.

Sixteen of the 32 states reported to track recidivism do so on a 12-month basis. Among those states that measure recidivism based on a 12-month follow-up period, and that consider offenses "recidivism" if they result in a conviction or adjudication in the juvenile or adult systems (eight states), the average recidivism rate was 33%. (Source: Juvenile Offenders and Victims: 2006 National Report, National Center for Juvenile Justice, Pittsburgh, 2006, page 234.) This rate serves as the baseline for the juvenile recidivism measure in Alaska. With a 28% rate for its probation population, Alaska compares favorably with this average.

Reoffenses, like the original offenses that brought the juveniles to the Division's attention, may be felonies, misdemeanors, drug offenses, weapons crimes, crimes against persons, crimes against property, and other state crimes. Often these crimes are committed while the juvenile is under the influence of alcohol or other drugs, or in the context of domestic violence. The Division is seeking technical assistance in the coming year to assist in understanding its needs for juvenile probation needs more clearly; this information will ultimately be used to improve the Division's ability to incorporate research-based practices into probation work and ultimately improve outcomes for youth on probation supervision.

Note: Reoffenses for juveniles released from formal probation are determined by checking for entries in the Division's Juvenile Offender Management Information System and the Alaska Public Safety Information Network. This table reports the number of youth for whom court-ordered probation episodes closed during the fiscal year for one of the following reasons: Completed Successfully, Order Expired, Court Termination, Non-compliant Closed, or Waived to Adult Status. Youth whose formal probation ends because of Court Termination Resulting in a new Supervision, Modified, Revoked, Supervision Transfer, Declared Incompetent, or Deceased are not included. Recidivism for this measure is is defined as re-offenses that occurred within 12 months from the time offenders were released from formal probation, and that resulted in a conviction or adjudication. For example, the FY 08 population in the graph above represents youth who were released from formal probation in FY 06, and who re-offended within FY 07. For this FY08 report, adjudication and conviction information on offenses that occurred in FY06 must have been entered in APSIN or JOMIS by August 15, 2008. Youth are not included who have been reassigned to a formal probation order (with or without custody) within seven days of release, as this typically reflects a modification of probation status or custodial placement rather than true completion of supervision. This analysis also excludes youth who were ordered to an Alaska treatment institution anytime prior to their supervision end date, as these youth are included in the analysis for our institutional recidivism performance measure. Adjudications and convictions for Motor Vehicle, Fish & Game, non-habitual violations of Minor in Possession/Consuming Alcohol, and misdemeanor-level Driving While Intoxicated offenses are excluded. Adjudications and convictions received outside Alaska are excluded from analysis.

Target #3: Alaska's juvenile crime rate will be reduced by 5% over a two-year period.
Status #3: The number of reports of juvenile crime made to the Division of Juvenile Justice declined 4.75% between fiscal years 2007 and 2008 and declined 2.6% between fiscal years 2006 and 2008.



Juvenile Delinquency Referrals in Alaska, FY2002-FY2008

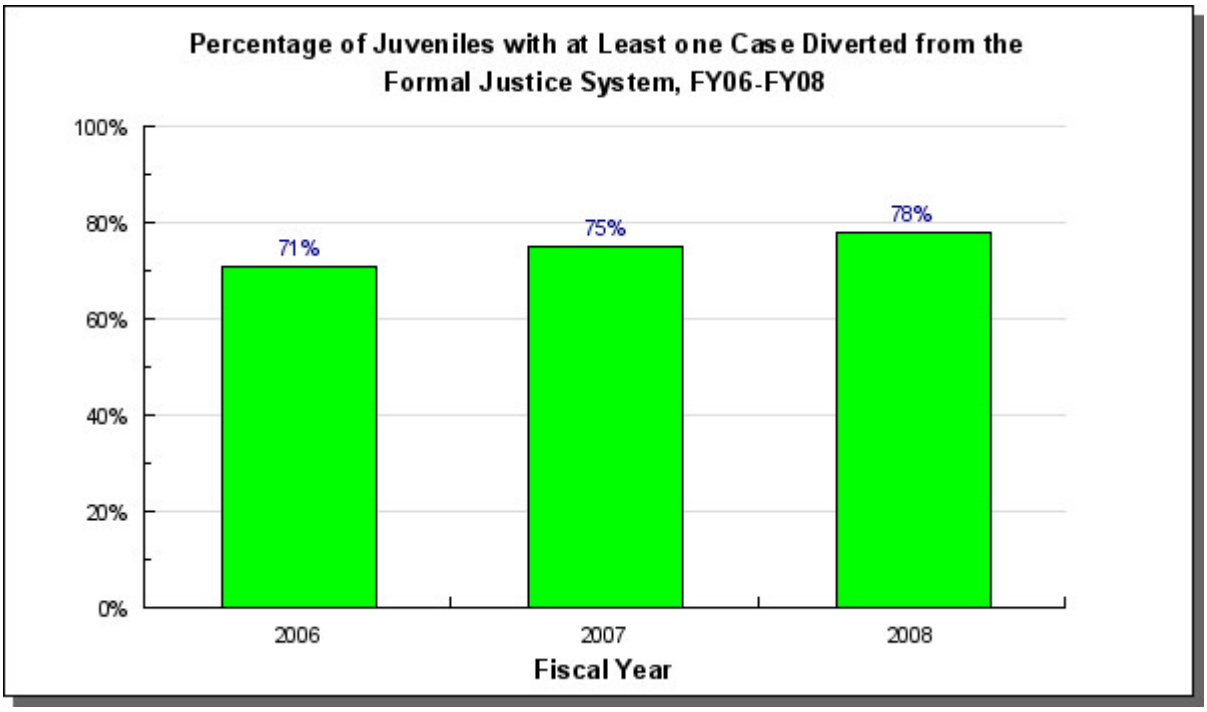
Fiscal Year	YTD Total
FY 2008	5443 -4.66%
FY 2007	5709 -0.07%
FY 2006	5713 -2.53%
FY 2005	5861 -6.03%
FY 2004	6237 -16.46%
FY 2003	7466 +7.7%
FY 2002	6932

Analysis of results and challenges: The number of referrals and the percentage of these referrals per 100,000 juvenile population continued to decrease in FY08 compared with FY07 and FY06. While the change did not meet the target of a 5% decline over a two-year period, the data continued to demonstrate a trend of decreasing juvenile activity that has been noted nationally as well as statewide over the past several years. Definitive reasons for changes in referral levels are unknown. Possible causes could include changes in economic conditions, changes in prevention and intervention techniques, changes in law enforcement practices or resources, or a combination of some or all of these.

Note: Population data for youth aged 10-17 during the years 2003-2007 is provided by the Alaska Department of Labor and Workforce Development. The population estimate for the year 2008 was derived from the 2007 estimate and the 2010 projection from the report Alaska Population Projections 2007-2030, published by the same Department. Juvenile referral data was extracted from the Division of Juvenile Justice's Juvenile Offender

Management Information System (JOMIS) database by on August 18, 2008 and includes referrals for youth who are under 10 years old (these referrals make up less than 1% of the total). This data is continually refined and corrected and numbers in future reports may change slightly.

Target #4: Divert at least 70% of youth referred to the Division away from formal court processes as appropriate given their risks, needs, and the seriousness of their offenses.
Status #4: The proportion of juveniles with at least one case (a criminal charge in a report from law enforcement alleging a juvenile perpetrator) diverted from the formal court process remained high, at 78%.



Percentage of Juveniles with at Least one Case Diverted from the Formal Justice System, FY06-FY08

Fiscal Year	YTD Total
FY 2008	78%
FY 2007	75%
FY 2006	71%

Analysis of results and challenges: Diversion refers to the process of managing juveniles cases through non-court processes, such as non-court adjustments, informal probation, referral to community panels such as youth court, or dismissals. Diversion serves a number of important, valuable purposes. It helps low-risk juveniles who are unlikely to re-offend avoid the stigma and needless harm that can result from delinquency adjudication. Diversion can provide opportunities for community partners and victims to take more active roles in handling low-risk juvenile offenders. Diversion processes reduce burdens on the court system, who otherwise would find it impossible to adjudicate every offender referred to them. Diversion also is considerably less expensive and faster than the formal adversarial process. Diversion processes reduce probation caseloads as well, enabling the Division to better allocate resources and staff time to more serious offenders.

In FY08 2,922 (78%) of 3,728 juveniles referred to the Division had at least one of their charges managed through non-formal court processes. The percentage increased slightly compared with FY06 and FY07 results, but because this is only the third time the Division has considered this measure, the improvement may be due to refinements in recordkeeping, datagathering, and analysis.

Note: For this measure, youth are considered to have been diverted away from the formal court system if the intake decision for their delinquency referrals resulted in at least one charge within the referral being adjusted, dismissed, placed on informal probation, or forwarded to a community justice panel such as youth court. Referrals that are screened and referred elsewhere, such as back to law enforcement for further information and those that were still in process at the time this data was collected, are excluded from consideration.

E1: Strategy - Implement and review information from research-based assessment tools, and incorporate practices proven to reduce recidivism and criminal behavior among youth.

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

Target #1: Increase self-sufficient individuals and families by 10%.
Status #1: In FY08, the Alaska Temporary Assistance Program showed a 6% decline in the number of families receiving benefits.

Changes in Self Sufficiency

Fiscal Year	September	December	March	June	YTD Total
FY 2008	-7%	-7%	-5%	-6%	-6%
FY 2007	-5%	-11%	-13%	-10%	-9%
FY 2006	-23%	-22%	-19%	-20%	-22%
FY 2005	-6%	-7%	-8%	-6%	-7%
FY 2004	-12%	-7%	-6%	-9%	-9%
FY 2003	-1%	-11%	-14%	-13%	-9%
FY 2002	-16%	6%	4%	3%	-2%

Analysis of results and challenges: Overall, there has been a 61% decline in the caseload since FY96.

The goal is for clients to move off 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, families with more significant challenges 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 other four monthly columns show a snapshot of caseload rate change compared to the previous year's month. (Note: The YTD Total column represents the average annual monthly caseload rate change.)

F1: Strategy - 90% of temporary assistance families leave with earnings and do not return for six months.

F2: Strategy - Increase the percentage of temporary assistance families with earnings.

F3: Strategy - Increase the percentage of temporary assistance families meeting federal work participation rates.

F4: Strategy - Improve timeliness of benefit delivery.

F5: Strategy - Improve accuracy of benefit delivery.

F6: Strategy - Increase the percentage of subsidy children in licensed care.

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

Target #1: 80% of all 2 year olds are fully immunized.
Status #1: In 2007, Alaska ranked 45th in the country for fully immunized two year olds at 70.1%.

Vaccination Coverage Among Children 19-35 Months of Age, Alaska and US

Year	US %	Alaska %	AK US Rank
2007	77.4	70.1*	45
2006	77.0	67.3*	47
2005	76.1	68.1*	41
2004	80.9	75.3	45
2003	79.4	79.7	27
2002	74.8	75.3	30
2001	73.7	71.2	35
2000	72.8	70.6	41
1999	73.2	74.5	27

Methodology: In 2005, CDC began using a new six-dose standard for its recommended basic immunization series.

Analysis of results and challenges: Chart Note: Source - National Immunization Survey, Centers for Disease Control and Prevention. Annual percentages are based on CDC recommendations at the time, which have changed over the years as vaccines have been added to the "basic immunization series."

* In 2005, the CDC increased its recommendation to a new, six-dose series of vaccinations. As a result, the national rate of fully immunized two year olds dropped considerably, as did Alaska's rate. These results continue to illustrate the need for renewed emphasis on the importance of timely immunizations for young children.

Target #2: Reduce post-neonatal death rate to 2.3 per 1,000 live births by Healthy Alaskans 2010.
Status #2: Post neonatal death rate for 2007 was 3.0 per 1,000 live births which is above the target of 2.3 per 1,000 live births by Healthy Alaskans 2010.

Post-Neonatal Death Rate - AK and US

Year	Alaska	US
2007	3.0	NA
2006	3.0	2.3
2005	3.2	2.3
2004	3.5	2.3
2003	4.0	2.2
2002	3.8	2.3
2001	3.6	2.3
2000	3.0	2.3
1999	3.3	2.3

Analysis of results and challenges: Chart Note: Rate per 1,000 live births reflects three-year rate, i.e. 2007 represents 2005-2007.

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) during 2002 were Sudden Infant Death Syndrome (SIDS), birth defects, and unintentional injuries. The post-neonatal mortality rate in Alaska is higher than the national target of 1.2 per 1,000 live births (Healthy People 2010) and has remained relatively static over time. While not shown graphically, over the last decade Alaska Native infants were 2.3 times more likely to die during the post-neonatal period than Caucasian infants.

Work by DHSS is underway with the Indian Health Service on a rural initiative to prevent Sudden Infant Death Syndrome (SIDS). Also, cessation efforts involving tobacco, alcohol and other drugs are being targeted on the pre-conception and prenatal periods. Finally, work has begun with health providers and community partners to establish

a model program of early prevention and chronic disease management for prenatal patients.

Target #3: Decrease diabetes in Alaskans.
Status #3: 5.7% adult diabetes prevalence for 2005-2007; prevalence has increased 40% since 1998-2000.

Est. Annual Prevalence of Diabetes among Adults (18+) in Alaska Based upon Midpoints of Three-Year Averages

Year	Alaska	US
2006	5.7%	7.8%
2005	5.3%	7.4%
2004	4.8%	7.0%
2003	4.4%	6.6%
2002	4.2%	6.5%
2001	3.8%	6.4%
2000	3.8%	5.9%
1999	3.4%	5.4%

Methodology: Note: Alaska data are 3-year averages (2006 number is for 2005-2007); U.S. data are single-year values

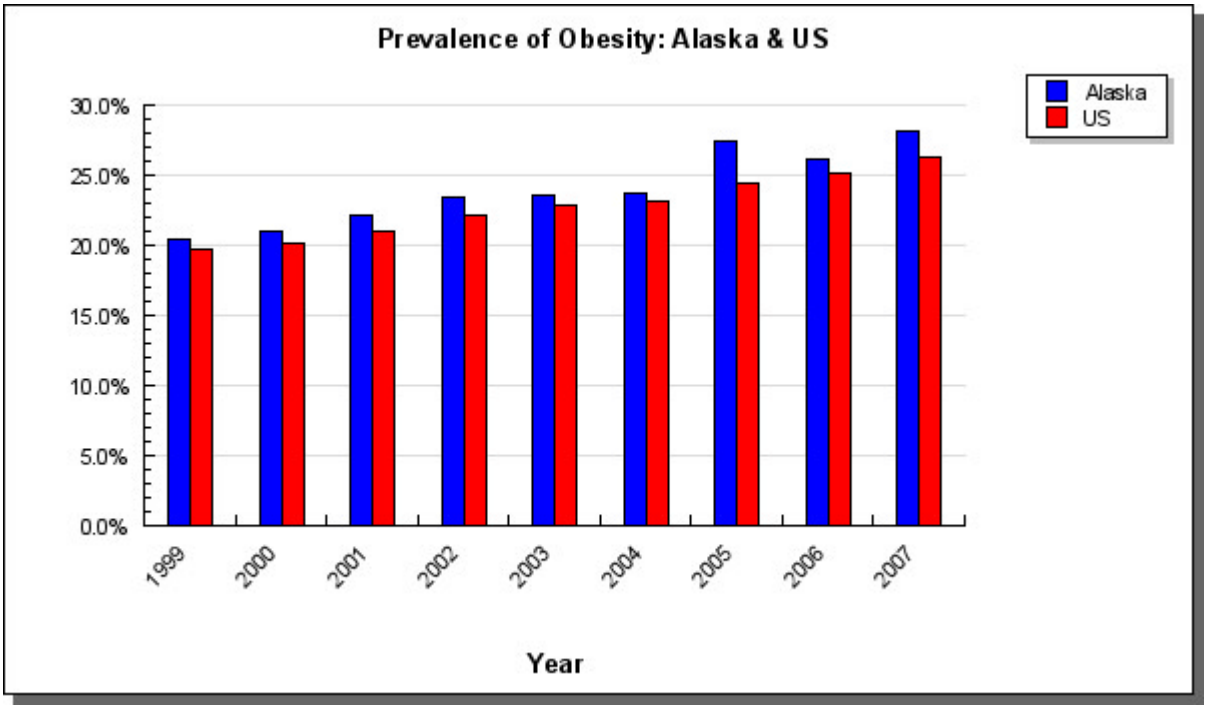
Analysis of results and challenges: Chart Note: Sources - Alaska Behavioral Risk Factor Surveillance System (AK); National Health Interview Survey (U.S.); both are crude rates.

Diabetes is a chronic disease affecting approximately 27,000 adult Alaskans. Over the past decade, an increasing percentage of Alaskan adults have reported being told by a health professional that they have diabetes.

Type 2 diabetes accounts for 90 to 95 percent of all diagnosed cases and typically occurs in adults, but is increasingly being diagnosed in children and adolescents. Risk factors for Type 2 diabetes include older age (40-plus years), obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. Diabetes prevalence increases with age, and the prevalence of diabetes in Alaska is expected to increase as the population ages.

The DHSS Division of Public Health works to reduce the health burden and economic costs of diabetes in Alaska through an integrated program of prevention and disease management that supports our community partners. To slow or halt the upward trend of diabetes, a comprehensive approach is needed to make healthy behaviors the norm. The major modifiable risk factors contributing to diabetes and other chronic diseases are tobacco use, physical inactivity, unhealthy eating habits, and resulting obesity. The Division will address all of these factors by providing the information and tools needed to make healthier choices, while also assuring that healthy behaviors are reinforced in schools, worksites and other community settings.

Target #4: Decrease Alaska's adult obesity rate to less than 18%.
Status #4: 28.2% adult obesity prevalence for 2007 continues worsening trend and greater than the national average of 26.3%.



Prevalence of Obesity: Alaska & US

Year	Alaska	US
2007	28.2%	26.3%
2006	26.2%	25.1%
2005	27.4%	24.4%
2004	23.7%	23.2%
2003	23.6%	22.8%
2002	23.4%	22.1%
2001	22.1%	21%
2000	21.0%	20.1%
1999	20.4%	19.7%

Analysis of results and challenges: Chart Note: Sources – Alaska and U.S. Behavioral Risk Factor Surveillance System; crude rates.

The trends in Alaska continue to show growing numbers of overweight and obese adults, with an obesity prevalence at 28.2% in 2007 - an alarming 28% higher than the 1999 Alaska prevalence level and 57% higher than the Healthy Alaskans 2010 target.

Premature death and disability, increased heath care costs, and lost productivity are all associated with overweight and obesity. Unhealthy dietary habits combined with inactivity 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. Alaskans annually spend $195 million on obesity-related direct medical expenditures, of which $46 million is a Medicare/Medicaid expense.

Overweight and obesity are directly associated with at least four of the top ten leading causes of death. Obesity is a health threat to all generations of Alaskans, and threatens to make this generation the first to live shorter lives than their parents. It increases the risks of chronic diseases and conditions such as heart disease, diabetes, stroke,

hypertension, some cancers, and premature 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.

A comprehensive approach, as identified in Alaska in Action: the Statewide Physical Activity and Nutrition Plan, is needed to decrease obesity in Alaska. Through educational, programmatic, policy, and environmental strategies, the department works to reduce the percentage of Alaskans classified as overweight or obese.

G1: Strategy - Strengthen public health in strategic areas.

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

Target #1: Increase the number of DD waiver recipients receiving Supported Employment Services.
Status #1: There is a slight increase to utilization of the supported employment Medicaid waiver service in recent years. SDS will encourage increased usage in future years as appropriate.

Developmentally Disabled Recipients Receiving Supported Employment

Fiscal Year	Recipients
FY 2008	336
FY 2007	328
FY 2006	321
FY 2005	320
FY 2004	319
FY 2003	328
FY 2002	320
FY 2001	277

Analysis of results and challenges: Supported Employment Services is one of the best resources available to developmentally disabled beneficiaries to help them live independently by providing them with the opportunity to work. The Division of Senior and Disabilities Services has determined that the reason the number of DD waiver beneficiaries receiving supported employment has reached a plateau in recent years is because only the highest-functioning clients without behavioral issues can be easily employed. In FY07 and beyond, the division will be working with the Governor's Council on Disabilities and Special Education to increase participation in supported employment as outlined in the Alaska Works Initiative 2006-2010 Strategic Plan.

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: Reduce the average response time for complaints/inquiries to 14 days.
Status #1: In FY08, the HSS Commissioner's office succeeded in meeting the goal of responding within 14 days of receiving a complaint or inquiry.

# of Inquiries/Complaints

Fiscal Year	Opened	Closed	Avg Days to Close
FY 2008	1367	1772	20.06
FY 2007	1495	1224	24.52
FY 2006	1590	1408	25.78
FY 2005	552	503	15.18

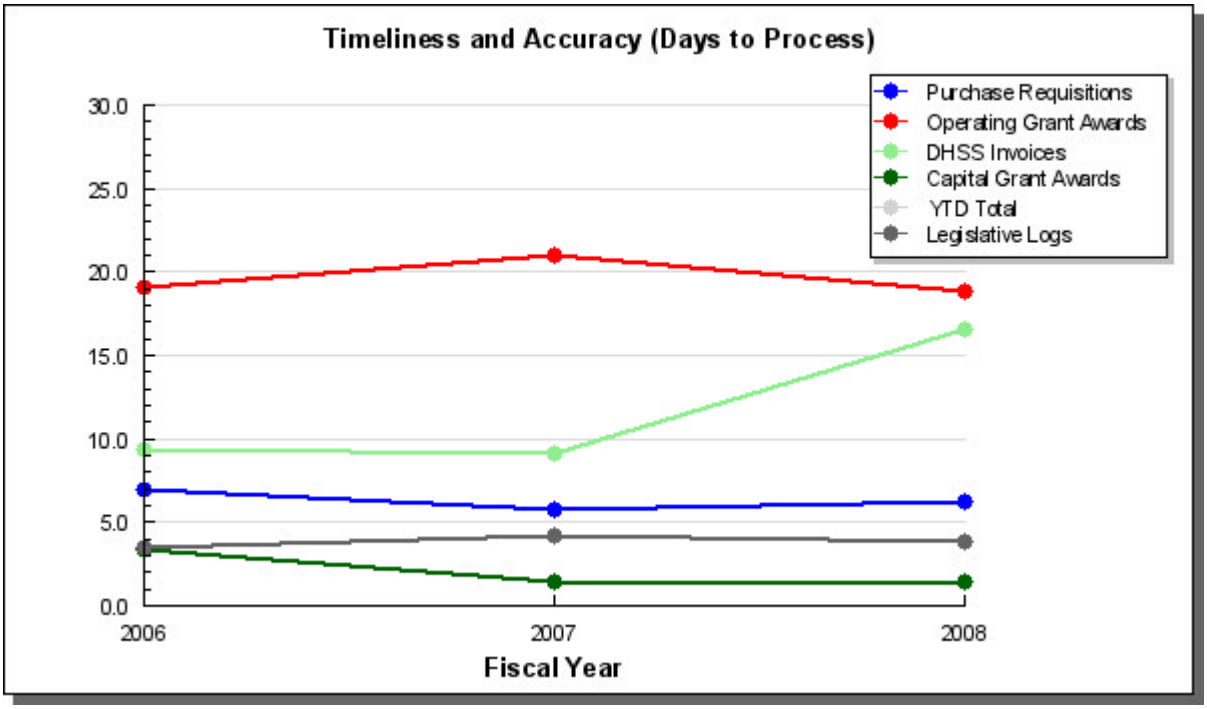
Methodology: This is only done on a yearly basis.

Analysis of results and challenges: The response log "HSS Track" originally included only inquiries or complaints received by the DHSS Commissioner's Office (i.e., public or legislative complaints, legislative questions, press inquires, etc). However, in the last few years, other divisions have begun utilizing the HSS Track system for other purposes. For example, SDS tracks for case managment purposes. Different employees may enter data on the same client and the log may be left open for longer periods depending on the situation. OCS uses the tracking system to log complaints. First Health, the Medicaid contractor, tracks complaints from Medicaid recipients. Due to the complexity of those issues, the response time has increased overall.

Response time for inquiries and complaints to the Commissioner's Office only (the original intent of this measure), met the response goal with an average of 10 days, half the overall total.

The IT section is working on improvements to the system for tracking and reporting.

Target #2: Reduce by 5% per year processing time for key indicators.
Status #2: In FY08 the department reduced processing days for grant awards and legislative inquiries. Processing time for purchase requisitions and invoices increased. Capital Grant Awards remained the same.



Timeliness and Accuracy (Days to Process)

Fiscal Year	Purchase Requisitions	Operating Grant Awards	DHSS Invoices	Capital Grant Awards	Legislative Logs
FY 2008	6.3 +8.62%	18.8 -10.35%	16.58 +80.81%	1.5 0%	3.9 -6.25%
FY 2007	5.8 -17.14%	20.97 +9.68%	9.17 -1.71%	1.5 -55.36%	4.16 +18.18%
FY 2006	7.00	19.12	9.33	3.36	3.52

Analysis of results and challenges: This measure was initiated in FY06 and is updated on an annual basis after year end.

In FY08 "DHSS invoices" processing time increased significantly. This may be a side effect of turnover in positions in the FMS division and fiscal section but is also impacted by other divisions within the department. If invoices are not promptly submitted or approved, the lag in time counts against this measure as it is calculated based on the invoice date as opposed to the date it was submitted to fiscal. In the coming year, fiscal will encourage divisions to reduce their turnover time.

Key Department Challenges

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

1. Work 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.

- Development of in-state residential and community based treatment options for children and youth

with an emphasis on minimizing the number and duration of out of state placements through the Bring the Kids Home project. Challenges include revision of the system of care while continuing to provide services.

- Medicaid challenges include:
  - Development of the Medicaid Management Information System to more effectively use new technology to manage health care in Alaska.
  - Development of new comprehensive Medicaid regulations which clarify coverage and payment rules for the program and provide for greater accountability for both the department and health care providers.
  - Accurately projecting Medicaid expenses in an environment of rapidly increasing costs and economic uncertainty.

- Preparation and planning with federal, state, and community partners for a potential influenza pandemic.

- Development and implementation of a department-wide Quality Management Program incorporating the elements of Program Integrity (fraud detection and audit, with particular emphasis on the Payment Error Rate Measurement project), Quality Assurance (internal controls), and Quality Enhancement (corrective action).

- Identification and implementation of potential solutions to the lack of access to affordable quality health care for Alaskans.

- Promotion of services that focus on enhancing health and well-being and preventing illness through development of a comprehensive state policy that includes reduction of alcohol and substance abuse.

- Improvements to child abuse prevention and protection efforts, particularly with Alaska Native partner agencies.

- Continued fine-tuning of statutory and regulatory requirements relating to employment of persons with criminal histories.

- Identification and resolution of issues relating to the recruitment and retention of qualified employees to allow the department to fulfill its ongoing mission in a time of national and state workforce shortages.

- Identification and implementation of appropriate increases to reimbursement rates for health and social service providers based on results verifiable costs of service provision.

Significant Changes in Results to be Delivered in FY2010

The overriding theme for direction for the Alaska Department of Health and Social Services is "***helping individuals and families create safe and healthy communities."*** The Department's priorities have been refocused to five all-important areas of concern which overlap and affect every Alaskan in one way or another.

Substance Abuse
Substance abuse affects every family and community in Alaska. It is a contributing factor in suicides, crime, unemployment, domestic violence, child abuse, school dropouts, juvenile delinquency, etc. We need to prevent, intervene early, treat and help people recover from substance abuse through public/private partnerships and long-term strategies. Major strategies include:

• **Prevention:** Implement Prevention of Underage Drinking Initiative; target substance abuse and suicide prevention programs to those communities most in need.
• **Early Intervention:** Integrate primary care with behavioral health (mental health and substance abuse); screen all youth in the juvenile justice system for substance abuse.
• **Treatment:** Develop and implement family-based treatment services (based on the California SHIELDS for FAMILIES project); submit substance abuse Medicaid Waiver targeting adults; implement involuntary treatment and secure detoxification services.
• **Recovery:** Support array of recovery services using performance-based standards and funding. Continue

to integrate mental health and substance abuse services into a behavioral health system.

Health and Wellness

Many Alaskans lead less happy and less productive lives, and many die prematurely each year, because of disability and death caused by tobacco, alcohol abuse, injuries, obesity, diabetes, cancer, heart disease, and sexually transmitted diseases. The economic impact of chronic disease alone in Alaska is staggering: an estimated $600 million is spent annually on direct medical services and $1.9 billion in lost productivity. Most of this is attributable to personal choice involving diet, physical activity and tobacco use — and is preventable. We can do a better job of screening, diagnosing and treating these conditions. Major strategies include:

• **Prevention:** Implement evidence-based, population-based health promotion efforts. Increase primary prevention approaches, including those targeting increased self responsibility, improved policies and environmental supports that encourages healthy choices. Educate about and improve methods for screening, diagnosis, and early treatment of conditions and behaviors most detrimental to the physical and mental health of Alaskans. Implement Early Childhood Comprehensive System recommendations (including a focus on early childhood mental health).
• **Access:** Grow the health care workforce and expand the number of Alaskans with health insurance.
• **Trauma system:** Develop a statewide trauma system.
• **Emergency Response Planning and Preparedness:** Work with communities to prevent health emergencies and prepare for pandemics and natural disasters.
• **Environmental Health Impacts:** Assess, guide and mitigate environmental impacts on health in Alaska. Develop expertise in performing health impact assessments.

Health Care Reform

Alaska's health care system continues to be fragmented and uncoordinated and doesn't produce the kinds of outcomes we expect. By strategically focusing on care management, reforming Medicaid, creating a Health Care Commission and growing our health care workforce, we can transform our health care system. Major strategies include:

• **Care Management**: Improve care coordination; implement disease management program for chronic diseases and explore use of primary care case management strategy for most disabled populations; complete planning for the Bring the Kids Home Initiative.
• **Medicaid Reform:** Develop legislative and systemic recommendations for reforming Medicaid aimed at improving Medicaid sustainability.
• **Health Care Commission:** Establish a commission in order to build public awareness and define the future roles of the state, business, providers and individuals regarding health care funding and delivery.
• **Health Care Workforce:** Partner with the federal government and other states to increase training capacity and expand training programs for health care professions.

Long-Term Care

Seniors represent the fastest growing population in Alaska and it is our responsibility to determine what kinds of services we want for our aging parents (and grandparents) in order to keep them at home in their own communities. We need to develop a long-term care plan, improve services to those with Alzheimer's Disease and related disorders, and promote the expansion of aging and disability resource centers. Major strategies include:

• **Long-Term Care Plan:** Develop an immediate and sustainable long-term care plan. DHSS has contracted with HCBS Strategies to develop this plan, which includes:
  - support for family caregivers;
  - improved service arrays and definitions of future roles of residential settings, e.g., the Pioneer Homes and nursing homes;
  - development of the workforce to meet long-term care needs; and
  - interdisciplinary departmental planning to provide quality assurance, provider training, audit and compliance coordination.

• **Long-Term Care and Services for Alaska Natives:** Work with the Alaska Native Tribal Health Consortium to identify and implement long-term care services.
• **Alzheimer Disease and Related Disorders Waiver:** Submit Waiver.
• **Aging and Disability Resource Centers:** Promote expansion of these centers.

Vulnerable Alaskans
We need to ensure that both kids and communities are safe, that developmentally disabled kids and adults have access to quality services and supports, and that individuals and families get the kind of financial and vocational supports they need to be contributing members of society. By focusing on family centered services and through the use of performance-based standards and funding, we can better meet the needs of our most vulnerable citizens and their families. Major strategies include:

• **Family-Centered Services Project:** Expand this project, which is designed to help families leave the public assistance rolls and find employment.
• **Performance-Based Standards:** Implement use of performance-based standards and funding for grantees.
• **Licensing, Certification and Training Standards:** Ensure providers comply with these standards.
• **Social Service Workforce:** Recruit and retain a qualified social services workforce using evidence-based practices to design and implement a department-wide approach.

Major Department Accomplishments in 2008

- Served 568 Alaska Seniors and Veterans in the Pioneers Homes.

- The Bring the Kids Home initiative continues to be successful in reducing the number of distinct out-of-state residential psychiatric treatment center (RPTC) recipients served and increasing the number of distinct RPTC recipients who received services in state. Preliminary data indicates that from FY2007 to FY2008, there was a decrease of about 18% in the number of distinct out-of-state RPTC recipients served and an increase of about 7% in the number of distinct RPTC recipients who received services in state.

- In 2008, Behavior Health introduced the use of performance based funding. Performance measures hold providers in the state behavioral health system accountable. Further, it is an objective process to determine funding levels for grantees that will reflect an assessment of program and agency performance, utilization, client and community outcomes. The division anticipates further development of the process for FY2010.

- The Office of Children Services continued work toward a statewide Family-to-Family (F2F) program. F2F has been very successful in Anchorage in working toward change in the child welfare system through support provided to resource families, building community partnership, and team decision making that includes not just foster parents and caseworkers but families and community members. The Anne E. Casey Foundation reports that in Alaska, 70% of the children who receive team decision making services are able to stay in their own homes or in a relative home rather than a foster home.

- During FY2008 Health Care Services (HCS) made significant progress in implementing the federally-mandated National Provider Identifier (NPI) and the Payment Error Rate Measurement (PERM) project reporting requirement. This national provider identifier number must be used in the transmission of electronic transactions, including claims, to identify the billing, rendering and referring service providers who meet the federal definition for a provider of health care. HCS also implemented reporting processes to satisfy requirements relating to the PERM project which focuses on both claims payment and beneficiary eligibility determination.

- Implemented new Medicaid payment system edits for home and community based care services to more effectively enforce the regulation of these services and a new personal care service edit and personal care services tracking.

- A significant accomplishment in Juvenile Justice (DJJ) in 2008 was the development and implementation of a statewide policy on suicide prevention and intervention. The policy is now operational at all of the DJJ facilities, providing an increased level of assessment, supervision, review, communication, training, and response to those youth at high risk for suicidal behavior.

- Rapid development and implementation of the new Alaska Heating Assistance Program (AKHAP) that will serve households with incomes between 150% and 225% of the federal poverty guidelines for Alaska.

- As the result of an initiative led by Public Health and DHSS staff, Alaska finished No. 1 in the national President's Fitness Challenge – nearly 3,000 Alaskans went to a website, signed up to exercise at least 5 times a week – and followed through. The governor in July was presented a national award by U.S. Health and Human Services Secretary Mike Leavitt.

- During FY2008, the Division of Senior and Disabilities Services provided home and community-based services to more than 7,475 individuals and their families. By providing these services in the community setting, the division was able to delay the entry of these individuals into institutions, thereby reducing costs to the state.

- Worked with AMHTA to plan and implement strategies for the five focus areas (Bring the Kids Home, Housing, Justice, Trust Beneficiary Projects, and Workforce Development).

- In FY2008, the first full year of the Adult Preventative Dentistry Program, 7,470 individual recipients over the age of 21 received services.

Prioritization of Agency Programs

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

Prioritization of program resources is based on four key factors:

- Relevance of the activity to the department's mission.
- The Department has sole responsibility for providing service.
- Protection of vulnerable Alaskans.
- Provision of direct services to clients.

1. Alaska Psychiatric Institute
2. GRA/Temporary Assisted Living (Sr. & Disabilities Svcs)
3. Epidemiology
4. Alaska Temporary Assistance Program (ATAP)
5. Tribal Assistance Programs
6. Pioneer Homes
7. HCS Medicaid Services
8. Senior and Disabilities Medicaid Services
9. Behavioral Health Medicaid Services
10. Children's Medicaid Services
11. Senior Benefits Program
12. Probation Services
13. Adult Public Assistance
14. Community Developmental Disabilities Grants
15. Foster Care Base Rate
16. Foster Care Augmented Rate
17. Foster Care Special Need
18. McLaughlin Youth Center
19. Delinquency Prevention
20. Fairbanks Youth Facility
21. Johnson Youth Center
22. Bethel Youth Facility
23. Nome Youth Facility
24. Ketchikan Regional Youth Facility
25. Mat-Su Youth Facility
26. Kenai Peninsula Youth Facility
27. Public Health Laboratories
28. Residential Child Care
29. Psychiatric Emergency Services
30. Behavioral Health Grants
50. Family Preservation
51. Infant Learning Program Grants
52. Youth Courts
53. Certification and Licensing
54. Health Facilities Survey
55. State Medical Examiner
56. Senior Residential Services
57. General Relief Assistance (Public Assistance)
58. Community Health Grants
59. Community Action Prevention & Intervention Grants
60. Designated Evaluation and Treatment
61. Commissioner's Office
62. Administrative Support Services
63. Facilities Management
64. Quality Assurance and Audit
65. Information Technology Services
66. Public Affairs
67. Rate Review
68. Quality Control (Public Assistance)
69. Fraud Investigation
70. Hearings and Appeals
71. Health Planning & Infrastructure
72. Facilities Maintenance
73. Pioneers Homes Facilities Maintenance
74. Children's Services Training
75. Public Assistance Field Services
76. Injury Prev/Emerg Med Svcs
77. Preparedness Program
78. Tobacco Prevention and Control
79. Assessment and Planning (Medicaid)
80. Women, Children & Family Health

31. Rural Services and Suicide Prevention
32. Services for Severely Emotionally Disturbed Youth
33. AK Fetal Alcohol Syndrome Program
34. Services to the Seriously Mentally Ill
35. Catastrophic and Chronic Illness Assistance
36. Nursing
37. Front Line Social Workers
38. Adult Preventative Dental Medicaid Svcs
39. Subsidized Adoptions & Guardianship
40. Child Care Benefits
41. Work Services
42. Chronic Disease Prevention/Health Promotion
43. Energy Assistance Program
44. Bureau of Vital Statistics
45. Emergency Medical Services Grants
46. Human Services Community Matching Grant
47. Community Initiative Matching Grants
48. Senior Community Based Grants
49. Women, Infants and Children
81. Medicaid School Based Administrative Claims
82. HSS State Facilities Rent
83. Alaskan Pioneer Homes Management
84. Behavioral Health Administration
85. Children's Services Management
86. Medical Assistance Administration
87. Public Assistance Administration
88. Public Health Administrative Services
89. Senior and Disabilities Services Administration
90. Permanent Fund Dividend Hold Harmless
91. Children's Trust Programs
92. Alcohol Safety Action Program (ASAP)
93. Alaska Mental Health/Alcohol & Drug Abuse Brds
94. Commission on Aging
95. Governor's Council on Disabilities
96. Pioneers Homes Advisory Board
97. Suicide Prevention Council
98. Alaska Psychiatric Institute Advisory Board

Contact Information

Commissioner: William Hogan
Phone: (907) 465-3030
Fax: (907) 465-3068
E-mail: William.Hogan@alaska.gov

Administrative Services Director: Alison Elgee, Asst. Comm, FMS
Phone: (907) 465-3082
Fax: (907) 465-2499
E-mail: Alison.Elgee@alaska.gov

Department Budget Summary by RDU

All dollars shown in thousands

	FY2008 Actuals				FY2009 Management Plan				FY2010 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	53,347.5	71,378.4	1,613.1	126,339.0	71,075.8	98,984.0	2,400.0	172,459.8	69,693.8	82,418.5	2,400.0	154,512.3
Children's Services	27,278.5	19,589.7	2,399.6	49,267.8	34,687.0	24,645.4	4,037.8	63,370.2	36,630.9	25,703.7	4,037.8	66,372.4
Adult Prev Dental Medicaid Svcs	1,045.4	2,614.9	980.2	4,640.5	1,877.0	6,831.8	1,400.0	10,108.8	2,602.0	3,531.8	0.0	6,133.8
Health Care Services	220,984.3	365,459.9	6,024.7	592,468.9	233,215.1	423,593.2	21,889.8	678,698.1	230,683.5	422,052.1	11,071.7	663,807.3
Public Assistance	101,407.5	37,732.0	19,114.6	158,254.1	93,007.3	48,633.9	20,542.4	162,183.6	93,990.6	48,710.7	20,542.4	163,243.7
Senior and Disabilities Svcs	128,245.1	158,780.9	2,571.4	289,597.4	157,271.7	185,988.1	2,879.8	346,139.6	171,612.6	192,216.5	3,752.2	367,581.3
Departmental Support Services	0.0	7,772.4	0.0	7,772.4	0.0	6,243.8	0.0	6,243.8	0.0	6,243.8	0.0	6,243.8
Non-Formula Expenditures												
Alaska Pioneer Homes	30,272.0	263.1	21,440.5	51,975.6	32,653.8	295.6	22,972.8	55,922.2	32,837.4	297.5	23,918.4	57,053.3
Behavioral Health	37,810.8	6,592.2	49,472.8	93,875.8	58,987.7	11,517.5	42,902.0	113,407.2	67,241.3	11,874.6	44,325.3	123,441.2
Children's Services	38,266.3	23,437.6	2,873.6	64,577.5	41,362.2	32,247.7	4,776.7	78,386.6	51,591.2	23,454.0	5,084.7	80,129.9
Health Care Services	8,823.7	17,525.3	1,867.3	28,216.3	9,469.1	22,641.4	1,499.3	33,609.8	11,069.2	28,565.2	1,814.2	41,448.6
Juvenile Justice	42,370.9	1,889.5	1,601.7	45,862.1	46,398.9	3,007.1	1,202.0	50,608.0	48,220.3	3,010.3	1,091.5	52,322.1
Public Assistance	19,406.5	66,711.2	4,892.2	91,009.9	52,626.8	71,227.6	5,863.3	129,717.7	48,130.2	72,116.3	5,904.6	126,151.1
Public Health	26,931.4	30,452.4	22,950.9	80,334.7	32,846.4	39,262.1	25,863.8	97,972.3	35,558.7	36,042.0	26,827.4	98,428.1
Senior and Disabilities Svcs	24,299.8	11,099.8	5,145.8	40,545.4	29,329.7	13,231.6	1,390.1	43,951.4	29,732.1	13,619.3	1,678.5	45,029.9
Departmental Support Services	20,652.1	15,541.3	6,281.5	42,474.9	19,701.8	18,075.4	10,312.6	48,089.8	17,236.1	15,761.0	9,629.4	42,626.5
Boards and Commissions	572.7	1,491.9	1,353.9	3,418.5	519.7	1,776.4	1,932.4	4,228.5	1,031.6	1,792.9	1,815.5	4,640.0
Human Svcs Comm Matching Grant	1,485.3	0.0	0.0	1,485.3	1,485.3	0.0	0.0	1,485.3	1,485.3	0.0	0.0	1,485.3
Community Initiative Grants	0.0	0.0	0.0	0.0	671.1	12.4	0.0	683.5	673.6	12.4	0.0	686.0
Totals	**783,199.8**	**838,332.5**	**150,583.8**	**1,772,116.1**	**917,186.4**	**1,008,215.0**	**171,864.8**	**2,097,266.2**	**950,020.4**	**987,422.6**	**163,893.6**	**2,101,336.6**

Funding Source Summary

All dollars in thousands

Funding Sources	FY2008 Actuals	FY2009 Management Plan	FY2010 Governor
1002 Federal Receipts	838,330.5	1,008,213.0	987,420.6
1003 General Fund Match	383,087.4	451,025.4	464,379.9
1004 General Fund Receipts	297,744.4	334,744.5	343,021.7
1007 Inter-Agency Receipts	68,346.4	75,680.2	66,902.2
1013 Alcoholism & Drug Abuse Revolving Loan	2.0	2.0	2.0
1037 General Fund / Mental Health	102,368.0	131,416.5	142,618.8
1050 Permanent Fund Dividend Fund	12,864.8	13,584.7	13,584.7
1061 Capital Improvement Project Receipts	3,756.8	4,210.2	4,376.5
1092 Mental Health Trust Authority Authorized Receipts	6,730.4	8,415.5	7,142.0
1098 Children's Trust Earnings	261.0	399.7	399.7
1099 Children's Trust Principal	127.5	150.0	150.0
1108 Statutory Designated Program Receipts	12,969.3	18,472.4	18,886.7
1156 Receipt Supported Services	21,196.0	23,499.0	24,317.6
1168 Tobacco Use Education and Cessation Fund	7,235.4	8,540.8	9,214.3
1180 Alcohol & Other Drug Abuse Treatment & Prevention Fund	17,096.2	18,912.3	18,919.9
Totals	**1,772,116.1**	**2,097,266.2**	**2,101,336.6**

Position Summary

Funding Sources	FY2009 Management Plan	FY2010 Governor
Permanent Full Time	3,436	3,465
Permanent Part Time	98	95
Non Permanent	116	111
Totals	**3,650**	**3,671**

FY2010 Capital Budget Request

Project Title	General Funds	Federal Funds	Other Funds	Total Funds
Johnson Youth Center Renovation and Remodel to Meet Safety and Security Needs Phase I	9,500,000	0	0	9,500,000
Non-Pioneer Home Deferred Maintenance, Renovation, Repair and Equipment	2,000,000	203,872	0	2,203,872
Pioneer Homes Deferred Maintenance, Renovation, Repair and Equipment	2,000,000	0	0	2,000,000
Safety and Support Equipment for Probation Officers and Front Line Workers	750,000	365,750	0	1,115,750
Production Printer Replacement	299,300	175,000	0	474,300
Online Resources for the Children of Alaska Enhancements to Meet Federal Requirements	242,163	172,092	0	414,255
Public Health Disaster Preparedness	500,000	0	0	500,000
E-Grants	388,000	43,100	0	431,100
MH Continuing Bring the Kids Home Initiative Denali Match	0	0	2,200,000	2,200,000
Emergency Medical Services Ambulances and Equipment Statewide – Match for Code Blue Project	425,000	0	0	425,000
Emergency Medical Services - Emergency Communications	190,000	0	0	190,000
MH Deferred Maintenance and Accessibility Improvements	750,000	0	0	750,000
MH Housing - Home Modification and Upgrades to Retain Housing	500,000	0	550,000	1,050,000
Department Total	**17,544,463**	**959,814**	**2,750,000**	**21,254,277**

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 FY2009 Management Plan to FY2010 Governor

All dollars shown in thousands

	General Funds	Federal Funds	Other Funds	Total Funds
FY2009 Management Plan	**917,186.4**	**1,008,215.0**	**171,864.8**	**2,097,266.2**
Adjustments which will continue current level of service:				
-Alaska Pioneer Homes	183.6	1.9	290.4	475.9
-Behavioral Health	-1,265.2	609.6	-3,096.7	-3,752.3
-Children's Services	7,277.3	-5,162.6	-22.0	2,092.7
-Adult Prev Dental Medicaid Svcs	0.0	0.0	-1,400.0	-1,400.0
-Health Care Services	-6,049.5	8,465.4	-76.6	2,339.3
-Juvenile Justice	571.2	3.2	-199.7	374.7
-Public Assistance	-11,136.6	965.5	41.3	-10,129.8
-Public Health	-213.0	128.9	399.1	315.0
-Senior and Disabilities Svcs	-789.7	680.6	-750.2	-859.3
-Departmental Support Services	-2,565.7	-2,314.4	-1,027.1	-5,907.2
-Boards and Commissions	11.9	16.5	-1,300.4	-1,272.0
-Community Initiative Grants	2.5	0.0	0.0	2.5
Proposed budget decreases:				
-Behavioral Health	-3,800.0	-20,000.0	0.0	-23,800.0
-Children's Services	0.0	-3,741.6	0.0	-3,741.6
-Adult Prev Dental Medicaid Svcs	725.0	-3,300.0	0.0	-2,575.0
-Health Care Services	-9,950.0	-30,700.0	-10,818.1	-51,468.1
-Juvenile Justice	0.0	0.0	-100.0	-100.0
-Public Assistance	-1,000.0	0.0	0.0	-1,000.0
-Senior and Disabilities Svcs	0.0	-11,000.0	0.0	-11,000.0
Proposed budget increases:				
-Alaska Pioneer Homes	0.0	0.0	655.2	655.2
-Behavioral Health	11,936.8	3,182.0	4,520.0	19,638.8
-Children's Services	4,895.6	1,168.8	330.0	6,394.4
-Health Care Services	14,665.3	23,268.3	186.0	38,119.6
-Juvenile Justice	1,250.2	0.0	189.2	1,439.4
-Public Assistance	8,623.3	0.0	0.0	8,623.3
-Public Health	3,328.0	0.0	770.0	4,098.0
-Senior and Disabilities Svcs	15,533.0	16,935.5	1,911.0	34,379.5
-Departmental Support Services	100.0	0.0	343.9	443.9
-Boards and Commissions	500.0	0.0	1,183.5	1,683.5
FY2010 Governor	**950,020.4**	**987,422.6**	**163,893.6**	**2,101,336.6**