

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

January 23, 2024

3:03 p.m.

MEMBERS PRESENT

Representative Mike Prax, Chair
Representative Justin Ruffridge, Vice Chair
Representative CJ McCormick
Representative Dan Saddler
Representative Zack Fields
Representative Genevieve Mina

MEMBERS ABSENT

Representative Jesse Sumner

COMMITTEE CALENDAR

PRESENTATION(S): UPDATE FROM THE DEPARTMENT OF FAMILY AND
COMMUNITY SERVICES

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

KIM KOVOL, Commissioner
Department of Family and Community Services
Anchorage, Alaska

POSITION STATEMENT: Co-presented the update from the Department
of Family and Community Services presentation.

MARIAN SWEET Assistant Commissioner
Department of Family and Community Services
Juneau, Alaska

POSITION STATEMENT: Co-presented the update from the Department
of Family and Community Services presentation.

CLINTON LASLEY, Deputy Commissioner
Department of Family and Community Services
Juneau, Alaska

POSITION STATEMENT: Co-presented the update from the Department of Family and Community Services presentation.

ACTION NARRATIVE

[3:03:04 PM](#)

CHAIR PRAX called the House Health and Social Services Standing Committee meeting to order at 3:03 p.m. Representatives McCormick, Ruffridge, Saddler, Fields, Mina, and Prax were present at the call to order.

PRESENTATION(S): UPDATE FROM THE DEPARTMENT OF FAMILY AND COMMUNITY SERVICES

[3:04:22 PM](#)

CHAIR PRAX announced that the only order of business would be the update from the Department of Family and Community Services presentation.

[3:05:06 PM](#)

KIM KOVOL, Commissioner, Department of Family and Community Services (DFCS), as co-presenter, began a PowerPoint presentation, titled "Department of Family and Community Services, Department Legislative Overview." Commissioner Koval presented slide 2, titled "To provide support, safety, and personal well-being for vulnerable Alaskans," which specified the following divisions as follows [original punctuation provided]:

Alaska Pioneer Homes

Division of Juvenile Justice

Alaska Psychiatric Institute

Office of Children's Services

Coordinated Health & Complex Care

[3:05:52 PM](#)

COMMISSIONER KOVOL moved to slide 3, "At DFCS we will," and explained the four guiding principles for the department's work, which read as follows [original punctuation provided]:

- Strengthen lives through meaningful connections with families, communities, Tribes, and providers.
- Provide safe, person-centered care with integrity and dignity to the Alaskans we serve.
- Advance an agency culture that prioritizes the well-being of our workforce.
- Mobilize innovative solutions to complex challenges

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COMMISSIONER KOVOL advanced to slide 4, titled "Talent Acquisition Team," which read as follows [original punctuation provided]:

Dedicated human resources team to improve recruitment and retention

→ Expedited recruitment and hiring

→ Personal engagement with candidates throughout process

→ Specialized on-boarding support and orientation training

→ Phased implementation - started with Office of Children's Services

COMMISSIONER KOVOL briefly explained the points on slide 4 and then introduced Assistant Commissioner Marian Sweet.

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MARIAN SWEET, Assistant Commissioner, Department of Family and Community Services, asked the committee members to recall testimony from last year regarding the issue of recruitment and retention. After trying numerous solutions, DFCS decided to look at the actual recruitment process. The department found it to be very administrative with too many steps; a duplication of work; with multiple touch points between steps; and an overall process that was cumbersome, redundant, and too long. Applicants were either taking other jobs or losing interest due to delays between application submissions and first contact.

With those deficiencies in mind, the department developed a plan for recruitment and onboarding. After creating the Talent Acquisition Team, the time between candidate application and referral to the hiring team is cut in half. The talent acquisition team has weekly touch points with all candidates, allowing the team to stay engaged with candidates. The team will provide day one onboarding. The department will phase in this candidate-centric model starting with the Office of Children's Services (OCS). The department plans to complete the phasing process by 2026.

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REPRESENTATIVE MINA asked where most recruits were coming from.

MS. SWEET explained that the talent acquisition team just started on December first, so it is too early to have data points.

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MS. SWEET continued her presentation with slide 5, "Talent Acquisition Team, Days from Referral to Approval to Hire." She explained the time from referral to job offer is down from 34 days in June 2023, to 10 days in December 2023.

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CHAIR PRAX asked for clarification concerning what comprised the approval process.

MS. SWEET explained the process from referring the candidates to the hiring team to actually making a job offer.

CHAIR PRAX asked whether this was all within the department or did it include the department of administration.

MS. SWEET replied that DFCS reviewed personnel rules, statutes, and regulations to ensure it followed all state required processes and policies. The improvements were due to removing redundancies and having a centralized service with the talent acquisition team. This is a pilot program.

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CHAIR PRAX commented that if this continues to work well, other departments might follow suit.

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COMMISSIONER KOVOL presented the slide 6, "Workforce Innovations," which read as follows [original punctuation provided]:

Internships and Practicum Placements

- 35 student interns and practicum placements across the department
- 11 different colleges and universities
- Pharmacy interns at Pioneer Homes
- Doctoral and Masters clinical interns at Alaska Psychiatric Institute
- Bachelors and Masters in Social Work practicum students in Commissioners Office, Office of Children's Services, and Division of Juvenile Justice

COMMISSIONER KOVOL explained the department has expanded efforts to serve as a training ground with internships and practicum placements including bachelors and master's level students. The hope is the interns will become future employees.

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REPRESENTATIVE FIELDS asked whether the department has looked at apprenticeships as well.

COMMISSIONER KOVOL replied that they were looking at entry level apprenticeships. They also work with Skill Bridge, an apprenticeship program with veterans.

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REPRESENTATIVE FIELDS pointed out the Alaska Native Tribal Health Consortium (ANTHC) has a fairly new PHD program as well as several other programs.

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COMMISSIONER KOVOL continued with slide 7, "Complex Care." She described a situation concerning a youth and all the barriers to

the child's progress and the obstacles to getting services. The parents contacted the department and said they were contemplating giving up the child to OCS custody. This would have led to a barrier crime for the parents. In response to questions, she defined barrier crimes as federal crimes with degrees. She then continued her description of the scenario. She described how cross-departmental collaboration secured funding to maintain the youth in a group home. The collaboration, creative problem solving, and effective communication resulted in a positive outcome. She explained this is just one of numerous complex situations that demonstrate the evolving landscape of Alaska's needs.

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COMMISSIONER KOVOL moved to slide 8, "Complex Care Unit," which read as follows [original punctuation provided]:

Complex Care Unit

- Identifying solutions to address systemic gaps in care for individuals with complex needs
- Data-informed decisions, streamline state system processes, and improve case outcomes

Transitional Youth Pilot Program

- Limited step-down options for youth discharged from API
- Home-like setting staffed to support successful transition
- FY25 budget request

COMMISSIONER KOVOL described the work of the Complex Care Unit (CCU) and the department's approach to finding solutions. She also discussed the Transitional Youth Pilot Program. The department is collaborating with the Department of Health to find a transitional program tailored to youth with complex issues. The goal is to create small home-like settings with a client-centered care plan. She explained that the complex case unit was created in response to the heightened barriers facing the most vulnerable Alaskans. The CCU partners with the Department of Health to propose changes in policy, regulation, and processes to better serve complex Alaska cases. She

discussed the CCU structure and the work it does with other agencies and departments to identify gaps in service and find the least restrictive placements. She also discussed the Transitional Youth pilot program. There is a lack of step-down options for individuals who are at their base line. In collaboration with the Department of Health, the CCU is looking at small home-like settings with client-centered care plans.

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REPRESENTATIVE SADDLER asked about their level of confidence in finding staff for the transitional pilot program.

COMMISSIONER KOVOL, in response to a series of questions, said the department felt confident because it was starting with a small population, identifying providers, then ramping up. She relayed that the two vacant positions in the complex care unit were for administrative support and coordination with the Department of Health. She indicated that recruitment would be done by contracting with the provider, and positions are filled by licensed professionals.

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MS. SWEET moved to slide 9, "Technical Innovations." She explained that the department is committed to using data to drive decisions, increasing collaboration both internally and with stakeholders, and creating efficient processes. The department is working with Microsoft to pilot the OneLink program for CCU so they can pool analytics to find service gaps. In addition, the Image Source programs have gone live for the Pioneer Home, the Office of Children's Services, and department support services. Additional applications are being considered for human resources, procurement, and grants.

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REPRESENTATIVE SADDLER asked whether Image Source was a document management system.

MS. SWEET responded to questions from committee members. She said Image Source serves as a document management system, but it also has other aspects including using artificial intelligence (AI). She gave an example of its use at Pioneer Homes. In addition, the department is implementing mobile device management (MDM) which gives secure access to mobile devices and will change the way the department does field work because case

workers can remotely access client information. The department is also implementing electronic health records for the Pioneer Homes and Alaska Psychiatric Institute (API) as well as using technology for facilities management. She explained that DFCS has a very robust security requirement, following Health Insurance Portability and Accountability Act (HIPAA) and keeping alert for cyber attacks

MS. SWEET continued her presentation with a description of Tiger Connect, a program being utilized by API, Pioneer Homes, and CCU. This HIPAA-secure application provides communication between external and internal partners and allows coordinated care. In response to further questions, she explained that Tiger Care is a HIPAA-compliant mobile and desktop clinical collaboration software with the ability to transfer health information securely, and it interfaces with electronic health records at API and pioneer homes

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CHAIR PRAX questioned how the department anticipated using AI.

COMMISSIONER KOVOL, in response to Chair Prax, offered examples of case management using AI such as using projections in case management in children's services; looking at intakes and report status; and optimizing travel and meeting schedules.

[3:39:15 PM](#)

CLINTON LASLEY, Deputy Commissioner, Department of Family and Community Services, reviewed ways the department has worked to improve services. He moved to slide 10, "Pioneer Homes," which read as follows [original punctuation provided]:

- Alzheimer's Disease and Dementia Services
- Safety and Wellness
- Wi-Fi in Facilities
- Electronic Health Record
- Online Admission and Waitlist Enrollment

MR. LASLEY pointed out that individuals now entering the pioneers homes are older and have more needs than previously. About fifty percent of the residents are diagnosed with

dementia, and others are showing signs. The Division of Alaska Pioneer Homes has worked on staff training and a positive approach to care following a national model. In addition to training which improves skills, it has a dementia specialty apprenticeship program. Those who go through the training get a step increase in the pay scale. Most of the staff who went through the apprenticeship program have stayed on. Image Source does document management, but it also covers an array of services that allow the department to improve processes across the system.

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MR. LASLEY, in response to questions from Representative Fields, reported on the success of a memory care unit and said the department is looking at how to expand that program into other Pioneer Homes. He spoke about a study done regarding the Fairbanks Pioneer Home to determine feasibility and cost of either a staged renovation or an entire rebuild of the facility.

REPRESENTATIVE FIELDS theorized that "a new build" would be a better and more modern facility than a phased renovation.

MR. LASLEY responded that there were plusses for both and described some of the differences.

[3:47:04 PM](#)

MR. LASLEY responded to questions from the committee members. He explained that the Fairbanks Pioneer Home was hit harder than most places in Alaska post-pandemic, specifically in terms of staffing, and the department is looking at innovative solutions, so they can offer the highest level of care for the elders. These include job fairs and talking to people in the community. He pointed out that there are many postings requesting health care workers, but the pool of potential candidates is small.

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COMMISSIONER KOVOL explained that staff spend a significant amount of time with elders that may not be family members or have family members, and they become family. During recruitment the department is building on the stories of the relationships the staff have with the elders and the connections they are creating. She affirmed that Certified Nursing Assistants (CNA), Registered Nurses, and other positions are in high demand. She

said she would find out whether some individuals could not be employed because of barrier crimes.

COMMISSIONER KOVOL replied that she could get that information for the committee.

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REPRESENTATIVE FIELDS wanted to know whether the department compares their wages and benefits with other similar facilities in Anchorage such as Prestige Care.

COMMISSIONER KOVOL confirmed that the department does unofficial surveys comparing data with other similar facilities; however, the private agencies can refuse certain populations, and the pioneer homes are accepting some of the most challenging clients with dementia-related diseases.

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MR. LASLEY moved to slide 11, "Alaska Psychiatric Institute," which read as follows [original punctuation provided]:

- Community and Jail Based Restoration Programs
- Discharge Planning and Support
- Automatic Medication Dispensing Machines
- Electronic Health Record and Wireless Internet
- Beacon Award- Alaska Hospital and Healthcare Association

MR. LASLEY said API has made significant improvements over the past few years. It has recently launched the community and jail-based restoration program. This program originally offered only 10 beds for those individuals who had been charged with a felony. API just launched a 10-seat outpatient program for those awaiting trial. In addition, there is a 10-space forensic program in the jail setting.

MR. LASLEY responded to questions from committee members. He said it is too early to have data regarding any difference in the length of competency restorations between the outpatient process and API, but the department will share that data next

session. He discussed the work API has been doing regarding discharge planning. Early data showed about twenty-five percent of those discharged had failed discharges. As of this meeting, the number was down to zero. The number of those who returned within 30 days has been reduced to one. Several innovations have been implemented to reduce inefficiencies, behavioral emergencies, and medication errors. He said API has received awards for its work. Regarding a mechanism for involuntarily detaining individuals as well as treating people with co-occurring substance abuse disorders and mental health issues, he explained that the department is looking at various innovations to improve care to individuals and the community. The Department of Health is working on the Crisis Now model and crisis residential centers which can provide support and care for up to seven days. He spoke about teaming with community partners to create a behavioral health roadmap, working on how to solve these problems in communities throughout the state. The administration is putting a lot of emphasis on how to address these problems.

COMMISSIONER KOVOL talked about the work the department is doing with local crisis response partners in response to diversion, so individuals are not necessarily entering custodial care but are still getting treatment and getting their needs met without crowding out the mercy rooms. He described the specific number of beds in API, the types of beds, how many are being used, and the number on the wait list. He agreed that there need to be more community step-down services. When clients are being discharged, staff are now helping the individual or the caregiver to find payer sources.

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MR. LASLEY moved to slide 12, "Division of Juvenile Justice," which read as follows [original punctuation provided]:

- Traumatic Brain Injury Project
- Job Training and Traditional Skill Building
- Community Engagement
- Employee Wellness Program

MR. LASLEY praised the work of the Juvenile Justice Division, saying the staff were doing a great job and providing excellent service to the youth around the state. Evidence shows that

about forty percent of the youth involved in juvenile justice have a history of brain injury. The division is collaborating with public health and Southeast Regional Resource Center (SERRC) and are working on a traumatic brain injury project.

MR. LASLEY, in response to questions, identified several reasons for traumatic brain injuries including fetal alcohol syndrome. He then moved to a description of the types of skill training and programs being implemented in the juvenile justice system. He emphasized how these programs give opportunities for success. In addition, the division has been partnering with Pioneer Homes and has found the youth are learning a lot and enjoying the time spent with the elders. He moved on to a description of the Employee Wellness Program. He offered to get information to the committee regarding a peer support specialist structure model for youth at Juvenile Justice.

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MR. LASLEY moved to slide 13, "Office of Childrens Services," which read as follows [original punctuation provided]:

- Foster Care Base Rate
- Tribal Compact Expansion
- Adoption File Modernization
- Teams App for Youth
- CarePortal
- Placement Search and Support

MR. LASLEY stated that this year the governor's budget shows an increase in the base rate for foster care to keep up with foster care standards and bring in more foster parents. He noted that OCS is also expanding their work with tribal programs. In addition, OCS is working on prevention with its tribal partners. The office is also modernizing and digitizing the adoption files, as well as implementing a Teams app for youth so case workers can work directly with families and the needs of resource parents when they have them. The department continues to look at innovations in how to meet the needs of people.

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COMMISSIONER KOVOL concluded the presentation with slide 14 which provided contact information. She responded to committee questions. Regarding litigation, she noted that there is only one tort case at this time, and it is in the beginning of the discovery phase. She confirmed that the department interfaces with many organizations that assist with services for youth and is currently doing an internal review of The Door. Regarding grants that have been awarded to nonprofits but which have not been paid out, she assured the committee that the divisions are quite good at getting those payments issued.

COMMISSIONER KOVOL talked briefly about a trip to the Western Region sponsored by the Alaska Mental Health Trust Authority (AMHTA) and commented that it was well-attended. Regarding the foster parent program, she talked about what was and was not working and remarked that it is trending in the right direction. Regarding the timeline of a U.S. Department of Justice (DOJ) settlement concerned with improving communities and an in-state and out-of-state issue, she replied that the talks with DOJ are progressing positively. The department is working in conjunction with the Department of Health, and they have presented action items. All parties hope to see settlement terms in the near future.

[4:23:21 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services meeting was adjourned at 4:23 p.m.