

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 4, 2025

3:31 p.m.

MEMBERS PRESENT

Senator Forrest Dunbar, Chair
Senator Cathy Giessel, Vice Chair
Senator Matt Claman

MEMBERS ABSENT

Senator Löki Tobin
Senator Shelley Hughes

COMMITTEE CALENDAR

PRESENTATION(S): DEPARTMENT OF FAMILY AND COMMUNITY SERVICES
OVERVIEW

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

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

POSITION STATEMENT: Co-presented a Department of Family and
Community Services Overview.

HEIDI HAMILTON, Director
Division of Alaska Pioneer Homes (AKPH)
Department of Family and Community Services (DFCS)
Juneau, Alaska

POSITION STATEMENT: Participated in the overview by the
Department of Family and Community Services.

SCOTT YORK, Director
Alaska Psychiatric Institute
Anchorage, Alaska

POSITION STATEMENT: Participated in the overview by the Department.

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

POSITION STATEMENT: Co-presented a Department of Family and Community Services (DFCS) overview.

MATT DAVIDSON, Director
Division of Juvenile Justice
Department of Family and Community Services (DFCS)
Juneau, Alaska

POSITION STATEMENT: Participated in an overview by the Department of Family and Community Services.

KIM GUAY, Director
Office of Children's Services (OCS)
Department of Family and Community Services (DFCS)
Anchorage, Alaska

POSITION STATEMENT: Participated in an overview by the Department of Family and Community Services.

ACTION NARRATIVE

[3:31:57 PM](#)

CHAIR DUNBAR called the Senate Health and Social Services Standing Committee meeting to order at 3:31 p.m. Present at the call to order were Senators Giessel, and Chair Dunbar. Senator Claman arrived immediately thereafter.

PRESENTATION(S) :

DEPARTMENT OF FAMILY AND COMMUNITY SERVICES OVERVIEW

[3:32:43 PM](#)

CHAIR DUNBAR announced a Department of Family and Community Services Overview.

[3:33:54 PM](#)

KIM KOVAL, Commissioner, Department of Family and Community Services, Anchorage, Alaska, co-presented a Department of Family and Community Services Overview. She expressed appreciation for the opportunity to present on the department's progress since the reorganization. She outlined the plan to go through a slide deck and take questions during the presentation. She welcomed practicum student Ms. Cooper, noting it was her first visit to

Juneau and that she had enjoyed learning and meeting with legislators.

[3:34:56 PM](#)

COMMISSIONER KOVOL moved to slide 2:

[Original punctuation provided.]

Established July 1, 2022 by Executive Order 121

Alaska Department of Family and Community Services

- Commissioner's Office
- Finance & Management Services
- Alaska Psychiatric Institute (API)
- Division of Juvenile Justice (DJJ)
- Alaska Pioneer Homes (APH)
- Office of Children's Services (OCS)

State of Alaska Department of Health

- Commissioner's Office
- Finance Management Services
- Health Care Services
- Behavioral Health
- Senior & Disabilities Services
- Public Assistance
- Public Health

COMMISSIONER KOVOL explained that the slide helped clarify distinctions between the department and its sister agency, especially when questions overlap. She reported that the reorganization has improved agility, responsiveness, and focus on direct care for Alaskans, including youth, patients, and elders. She emphasized the continuous operation of the department's facilities and expressed pride in the staff and community-based settings. She highlighted strong collaboration with federal, local, and tribal partners and ongoing development of strategic initiatives within the divisions.

[3:35:33 PM](#)

COMMISSIONER KOVOL moved to slide 3 and stated that the department's mission is to provide and support safety and personal well-being for vulnerable Alaskans. She identified the four divisions: the Alaska Pioneer Homes, the Alaska Psychiatric Institute, and the Division of Juvenile Justice.

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COMMISSIONER KOVOL moved to slide 4 and reviewed the department's organizational chart, noting the inclusion of key divisions, leadership, special assistants, and advisory boards.

[3:36:04 PM](#)

COMMISSIONER KOVOL moved to slide 5 and highlighted the Alaska Pioneer Homes, which provide a range of services from independent living support to advanced dementia care. Services include nursing, medication assistance, recreational and social programs, dietary support, housekeeping, and meal preparation. She stated that 64 percent of residents have a diagnosed dementia-related disease, with the division staffed by over 400 positions and operating on a budget just over \$112 million.

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SENATOR DUNBAR asked that the Department discuss recent concerns and changes at the Alaska Pioneer Homes, including the Fairbanks location.

[3:37:30 PM](#)

HEIDI HAMILTON, Director, Division of Alaska Pioneer Homes (AKPH), Department of Family and Community Services (DFCS), Juneau, Alaska, participated in the overview by the Department of Family and Community Services. She reported that both current residents and those on the waitlist at the Pioneer Homes have increasingly complex care needs, with a growing percentage requiring Levels 3, 4, and 5 care. She noted the opening of a nine-bed complex care neighborhood for residents who cannot be served elsewhere, which has remained full for two years with continued demand. She stated that more residents now require payment assistance or qualify for Medicaid waiver programs, indicating a shift in payment sources. She added that staffing has been challenging since the COVID-19 pandemic, though recent trends show slight improvement.

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CHAIR DUNBAR asked which Pioneer Home facilities are currently experiencing the most stress and which have the most significant physical issues.

[3:39:02 PM](#)

MS. HAMILTON replied that each Pioneer Home has unique challenges but identified Fairbanks as having the most significant infrastructure issues and the most difficult staffing conditions. She noted that the Anchorage home is seeing an increase in residents with fewer payment sources and more

complex personal backgrounds. She identified Fairbanks and Anchorage as the two most challenging locations currently.

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SENATOR GIESSEL expressed appreciation to the Alaska Pioneer Homes, specifically the Anchorage facility, for the excellent care provided to her mother in the dementia unit.

[3:40:03 PM](#)

COMMISSIONER KOVOL moved to slide 6 and discussed Alaska Psychiatric Institute. She stated that the API is the state's only publicly operated hospital offering acute psychiatric care for adults and youth in mental health crisis. She noted that API operates five inpatient units with a total of 80 beds and provides compassionate care statewide. She emphasized that API is the only facility in Alaska offering competency restoration services for individuals deemed incompetent to stand trial. She reported API's current budget is \$62.5 million.

[3:40:42 PM](#)

CHAIR DUNBAR asked if Department directors would like to update the committee on any changes since last year.

[3:41:09 PM](#)

COMMISSIONER KOVOL reported significant improvements at the Alaska Psychiatric Institute (API) since the high-stress period in 2019. She stated that API is consistently at or near full capacity, ranging from 72 to 80 patients, depending on room configurations and clinical appropriateness. She detailed the facility's services, including 10 youth beds, 10 forensic beds, and a variety of treatment programs, noting the forensic program has expanded to include services at Anchorage and Highland Women's Correctional Complexes, as well as in the community. She highlighted a major reduction in patient-on-patient and patient-on-staff incidents and noted staffing has stabilized, supported by resident students from colleges nationwide, with ongoing recruitment led by Dr. Becker.

[3:42:57 PM](#)

SCOTT YORK, Director, Alaska Psychiatric Institute, Anchorage, Alaska, participated in the overview by the Department. He stated that API's census has increased and the facility is consistently operating at high capacity, though not always at the full 80 beds due to roommate restrictions. He reported improvements in therapeutic programming, including the opening of the Denali Unit for cognitively impaired patients, which received the Beacon Award from the Alaska Hospital and

Healthcare Association. He highlighted additional programming for patients and the expansion of outpatient and jail-based competency restoration services. Since November 2023, the jail-based program has extended from Anchorage Correctional Complex to include female inmates at Highland Correctional Center.

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SENATOR CLAMAN asked what the average hold time is for people in the competency restoration process.

MR. YORK asked for clarification on the question.

SENATOR CLAMAN clarified that he was asking about the average duration individuals remain in the competency restoration program at API after admission—specifically, how long it takes before they are either restored to competency or determined to be unrestorable and moved off the unit.

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MR. YORK said he would provide that information to the committee.

[3:45:41 PM](#)

SENATOR CLAMAN stated he was interested in both the average length of stay for individuals in the competency restoration program and the average time spent on the waitlist. He also asked for clarification on the 80 licensed beds at API, specifically whether that number reflects the total number of beds in the building or if additional beds exist that are not currently set up for treatment.

[3:46:04 PM](#)

MR. YORK stated that API is an 80-bed facility, with 10 beds designated for forensic patients, 60 for civil adult patients, and 10 for children on the Chilkat Unit. He reported that the current waitlist includes approximately 45 individuals, with an average wait time of about 160 days.

[3:46:56 PM](#)

CLINTON LASLEY, Deputy Commissioner, Department of Family and Community Services, Anchorage, Alaska, co-presented a Department of Family and Community Services (DFCS) overview. He moved to slide 7 and stated that the Division of Juvenile Justice (DJJ) follows a restorative justice model focused on accountability, community safety, victim restoration, and supporting offenders and their families in preventing future crimes. He reported that DJJ operates six facilities and manages about 155 youth in

services, with the majority—over 530 youth—served through 13 probation offices across the state. He noted that only about one-third of DJJ-involved youth are housed in facilities. DJJ has 400 full-time positions and a budget of \$67 million. He introduced Director Davidson as the division's newest director, previously with DJJ and most recently with the commissioner's office.

[3:48:33 PM](#)

CHAIR DUNBAR asked Mr. Davidson to provide highlights on changes within the Division of Juvenile Justice (DJJ) since the committee last received an update. He also inquired specifically about the NYC facility, referencing prior issues with the intake facility used by the court system and possible discussions around redesign or facility changes.

[3:49:10 PM](#)

MATT DAVIDSON, Director, Division of Juvenile Justice, Department of Family and Community Services (DFCS), Juneau, Alaska, participated in an overview by the Department of Family and Community Services. He stated that since the previous presentation, the Division of Juvenile Justice (DJJ) has made notable progress in hiring, particularly in facilities. He reported an 11 percent vacancy rate, down from double that a year and a half ago. In response to the question about the McLaughlin Youth Center, he explained that the Detention Court Unit is in need of deferred maintenance and renovation. He noted that a proposal in the capital budget seeks funding for those improvements and clarified there are no issues with the court itself, only with the physical condition of that unit.

[3:50:47 PM](#)

SENATOR GIESSEL asked how many youths confined in DJJ facilities have identifiable behavioral health issues that are at the root of their challenges.

[3:51:10 PM](#)

MR. DAVIDSON stated that a very high percentage of youths in DJJ facilities have one or more diagnosed behavioral health conditions. He noted that all youth who go through treatment programming have a diagnosis, and approximately 70 percent have a dual diagnosis involving both behavioral health and substance use issues. He added that each facility has on-staff mental health clinicians and contract providers who deliver behavioral health and substance use services.

[3:52:06 PM](#)

MR. LASLEY moved to slide 8 and introduced the Office of Children's Services (OCS) as Alaska's primary child welfare agency, responsible for child safety, investigating abuse and neglect, and overseeing the state's foster care system. He stated that OCS operates 21 offices statewide, with 600 full-time positions and a budget of just over \$200 million. He noted the division has made significant improvements and commended its performance. He recognized Director Gray's 25th anniversary with OCS.

[3:53:19 PM](#)

KIM GUAY, Director, Office of Children's Services (OCS), Department of Family and Community Services (DFCS), Anchorage, Alaska, participated in an overview by the Department of Family and Community Services. She stated appreciates the work that the OCS does for Alaska's children. She reported a steady and intentional reduction in the number of children in care, with close monitoring to ensure safe outcomes. She noted that staff vacancy and turnover have decreased to 37 percent, down from a high of 59 percent during the COVID-19 pandemic, though further improvement is still needed. She highlighted that reunifications with families are increasing, with Alaska now performing above the national average. She added that OCS is preparing for the federal Child and Family Services Review (CFSR) Round 4 and is actively coordinating with statewide partners in the child welfare system.

[3:55:04 PM](#)

CHAIR DUNBAR acknowledged that a 37 percent vacancy rate would typically signal a crisis in most divisions but recognized the unique difficulty of recruiting and retaining staff at the Office of Children's Services (OCS). He expressed appreciation for those who remain in the field and commended Ms. Guay for her 25 years of service. He noted his surprise that Alaska is performing above the national average in family reunification, given the state's usual standing in other social indicators, particularly in rural areas. He asked what factors contribute to Alaska's success in achieving higher-than-average reunification outcomes.

MS. GUAY responded that there is no single explanation for Alaska's higher-than-average family reunification rate but offered contributing factors. She noted that children in Alaska tend to remain in care about three months longer than the national average, which may be due to limited access to service providers, especially in rural areas. She explained that the extended time in care can allow parents more opportunity to

engage in services and work on behavior changes. She emphasized that while not the only factor, this additional time appears to support more successful reunifications.

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CHAIR DUNBAR commented that it was interesting to consider how, although longer stays in state care might initially seem negative, the extended time could actually benefit families by providing a greater opportunity to stabilize and prepare for reunification. He acknowledged the counterintuitive nature of the finding and expressed appreciation for the explanation.

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SENATOR GIESSEL asked what the percentage is for reunification.

[3:57:36 PM](#)

MS. GUAY stated that 55 percent of children removed from their homes in Alaska are being reunified with their families. She clarified that the most recent national data from 2022, though lagging behind Alaska's current numbers, shows a national reunification rate of 48 percent.

[3:58:14 PM](#)

SENATOR GIESSEL asked if the Office of Children's Services could provide data quantifying how many children are removed from their families due to parental substance use disorder or other behavioral health issues.

[3:58:36 PM](#)

MS. GUAY stated that over 80 to 90 percent of child removal cases involve parental substance use disorders, with mental health issues as the next most common factor. She noted that while she did not have the exact figure available, these two issues represent the majority of cases leading to child welfare involvement and removals.

[3:59:16 PM](#)

MR. LASLEY moved to slide 9 and introduced the Coordinated Health and Complex Care Unit as a key focus area created following the department's reorganization two and a half years ago. He explained that the unit was established to address the needs of individuals with complex, co-occurring physical and behavioral health issues who often fall through the cracks. He stated that the unit monitors and supports cases across all divisions within the Department of Family and Community Services (DFCS). Its primary goal is to assist families and caregivers in securing appropriate placements and coordinated care for these

individuals. It is a whole care system, so DFCS collaborates closely with the Department of Health (DOH) to find gaps in the system of care.

[3:59:55 PM](#)

MR. LASLEY informed the committee that SB 76, focused on complex care residential homes, is being introduced to address the ongoing challenge of finding appropriate, least restrictive, home-like settings for individuals with intensive needs. He stated that the bill is a result of work identifying significant gaps in placement options. He also described a key role within the Coordinated Health and Complex Care Unit—a Designated Evaluation and Stabilization and Treatment Coordinator—who tracks all Title 47 involuntary commitment cases statewide. This coordinator works closely with hospitals and courts to ensure timely care transitions, which has improved system responsiveness. Additionally, he noted that the Disproportionate Share Hospital (DSH) agreement was moved from the Division of Behavioral Health to the Department of Family and Community Services during reorganization, and the unit now includes a dedicated staff member to manage that funding source for underinsured individuals receiving behavioral health care in hospital settings.

[4:02:14 PM](#)

MR. LASLEY reminded the committee that, in addition to the 60 adult beds at the Alaska Psychiatric Institute (API), three hospital partners across the state provide Designated Evaluation and Treatment (DET) services. He specified that Fairbanks Memorial Hospital has 20 beds, Mat-Su Regional Medical Center has 16 beds, and Bartlett Regional Hospital in Juneau has 12 beds. He noted that these facilities strengthen the overall continuum of care for individuals requiring services.

[4:02:49 PM](#)

CHAIR DUNBAR asked for the name of the facility of Anchorage.

[4:02:56 PM](#)

MR. LASLEY stated that while Providence in Anchorage has a psychiatric emergency room, there is no other facility besides the Alaska Psychiatric Institute (API) in Anchorage that provides involuntary commitment services.

[4:03:17 PM](#)

MR. LASLEY moved to slide 10 and explained that the slide shown has been part of the department's presentation in previous years

and illustrates the department's commitment to person-centered care. He emphasized that staff work closely with individuals, families, and caregivers to ensure appropriate care and support. He noted the high number of system touchpoints individuals with complex needs often have within the department's four divisions, as well as with external entities such as public safety, corrections, workforce, Medicaid, and medical services. He stated that the slide highlights the extensive coordination required across multiple systems and agencies to meet the needs of these individuals.

[4:04:21 PM](#)

COMMISSIONER KOVOL moved to slide 11 and shared the value guiding principles of DFCS:

[Original punctuation provided.]

At DFCS we are:

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

COMMISSIONER KOVOL stated that the department's vision is "Service First" and emphasized its commitment to strengthening lives through meaningful connections with families, communities, tribes, and partners. She highlighted the department's focus on delivering person-centered care with integrity and dignity, supporting workforce well-being, and pursuing innovative solutions to complex challenges.

[4:05:09 PM](#)

COMMISSIONER KOVOL moved to slide 12 and introduced the accomplishments section of the presentation, beginning with "Strengthening Lives," which centers on building strong relationships with community partners. She cited DJJ's partnerships with Cook Inlet Tribal Council (CITC) and the Alaska Native Justice Center (ANJC) to support Alaska Native cultural programming and treatment planning for youth in secure facilities. She also highlighted the partnership with the Rural

Alaska Community Action Program, which provides The Resource Basket toolkit offering peer education, reentry resources, and restorative practices for Alaska Native tribes. She noted that the Alaska Psychiatric Institute (API) collaborates with the Alaska Native Medical Center (ANMC) to offer culturally appropriate meals. She added that DJJ youth participate in hunting and fishing with staff, and game meat and fish are donated to other residents statewide. She described community family nights, including Friday ice cream socials that draw both residents' families and local community members.

[Original punctuation provided.]

We strengthened lives by:

- Collaborating with Tribes and community partners
- Prioritizing culturally appropriate services and treatment planning
- Connecting individuals to community services
- Serving meals that honor and reflect cultural traditions
- Expanding our volunteer programs
- Increasing opportunities for family visits

[4:06:40 PM](#)

COMMISSIONER KOVOL moved to slide 13:

[Original punctuation provided.]

We have provided safe, person-centered care by:

- Fostering interagency collaboration
- Providing trainings on stigma awareness and trauma-informed care
- Ensuring screenings and assessment of needs
- Listening to the voices of lived experience to guide our work
- Implementing evidence-based programs to guide our work

COMMISSIONER KOVOL described the department's development of adaptable service models tailored to meet the needs of diverse families and communities. She emphasized strengthened collaboration among the department's four divisions and with sister agencies such as Health, Public Safety, Administration, Labor, Education, and Corrections. She noted initiatives such as

traumatic brain injury (TBI) screening for DJJ youth and the use of evidence-based programs like Parents as Teachers and early childhood mental health systems of care.

[4:07:26 PM](#)

MR. LASLEY moved to slide 14:

[Original punctuation provided.]

We advanced an agency culture that prioritizes workforce well-being by:

- Celebrating the achievements of our employees and facilities
- Investing in training and professional development
- Prioritizing mental health and offering wellness programs
- Fostering open communications in the workplace to create a supportive environment
- Ensuring safe working conditions for all

MR. LASLEY highlighted key context and recent developments within the Department of Family and Community Services since its split from the former Department of Health and Social Services. He stated that the department is one of the largest agencies in the state, with nearly 1,900 personnel and a \$485 million budget. He emphasized that while the department has always focused on caring for Alaskans in need, a renewed focus has been placed on supporting the workforce—those providing that care.

[4:08:34 PM](#)

MR. LASLEY noted that the Commissioner has led efforts to prioritize employee well-being, including hosting quarterly town halls across all shifts, conducting unannounced site visits, and consistently engaging with frontline staff. Divisions have introduced initiatives such as fireside chats, facility-specific town halls (including at API), employee engagement activities, and wellness programming. Some teams have organized food trucks and other morale-boosting events, and the Office of Children's Services now has designated wellness officers.

[4:10:09 PM](#)

MR. LASLEY moved to slide 15:

[Original punctuation provided.]

We have mobilized innovative solutions by:

- Implementing successful recruitment and retention initiatives
- Utilizing effective and innovative therapies for treatment
- Improving technology
- Establishing data-driven approaches
- Developing flexible service models
- Centralizing services to decrease burden on frontline staff
Creating early intervention programs and processes

MR. LASLEY discussed innovative workforce solutions, particularly in response to post-pandemic staffing challenges. He noted that Fairbanks remains a difficult area for recruitment, especially at the Pioneer Home, and efforts are underway to bring in additional support staff to stabilize workloads. At the Fairbanks Youth Center, staffing has significantly improved following a wage increase about 18 months ago. He added that a renovation project is currently out for bid, and while that limits full occupancy, the center is now nearly fully staffed within its current operating capacity. He concluded by highlighting a specific innovation in behavioral health services at DJJ: the implementation of neurofeedback therapy at the Bethel and Fairbanks youth facilities. This therapy addresses neurological and behavioral factors contributing to juvenile justice involvement and represents a deeper effort to understand and treat the root causes of youth behavior.

[4:12:37 PM](#)

MR. LASLEY moved to slide 16:

[Original punctuation provided.]

Updates on Ongoing Department Initiatives

- Renovations at our facilities
- Technological improvements
- Continued emphasis on workforce well-being
- Talent acquisition team
- Cross-agency collaborations

[4:14:20 PM](#)

MR. LASLEY discussed the Fairbanks Youth Facility renovation project and referenced a reappropriation included in this year's capital budget. He explained that \$4 million is proposed to be moved to McLaughlin Youth Center to invest in renovations to the court unit. A much larger project had initially been considered, but post-COVID increases in material costs made that plan financially unsustainable. As a result, a significant portion of the funds has been retained for remodeling the treatment unit at the Fairbanks Youth Facility. He briefly mentioned that it is important for staff to feel safe and supported. He stated that DFCS created a talent acquisition team to reduce the time it takes to fill a position after a vacancy occurs. He reported that the team has successfully reduced that timeframe from 45 days to 10 days. He acknowledged the team faced challenges, but after evaluation and adjustments, improvements were made. He expressed optimism that the acquisition team model developed by DFCS could become the gold standard for the State of Alaska.

[4:15:41 PM](#)

CHAIR DUNBAR asked about technological improvements within DFCS, referencing past issues faced by its sister agency involving outdated, manual processing systems and significant backlogs. He noted that many public-facing systems were either paper-based or online with back-end processes that still required manual data entry—sometimes using outdated formats like Excel or even MS-DOS. He asked whether DFCS currently has fully online and automated intake and public-facing systems, or if manual processes are still required.

[4:16:38 PM](#)

MR. LASLEY responded that the department has been making several technological improvements across divisions. He stated that the Pioneer Homes application process, which was previously manual, is now fully digital and automatically submitted online. He noted efforts to digitize old paper records by scanning them to reduce physical storage. He reported that a new electronic health record (EHR) system has been implemented at the Pioneer Homes, and development is underway for a similar EHR system at the Alaska Psychiatric Institute, with the software already purchased. He identified the department's child welfare data system—known as the Comprehensive Child Welfare Information System (CCWIS)—as a major area of concern due to its outdated design. He explained that replacing CCWIS is a significant undertaking, estimated at \$80 million, and the department is exploring a phased approach to make the project more feasible. However, he acknowledged the challenge of maintaining the

existing system during the transition without overburdening an already stressed infrastructure.

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CHAIR DUNBAR acknowledged that large-scale software projects often come with high costs and cited the SAP implementation in Anchorage, which escalated from an initial estimate of \$9 million to \$87 million. He emphasized that while costs can spiral, system upgrades are necessary,

[4:19:08 PM](#)

COMMISSIONER KOVOL moved to slide 17 and stated DFCS is targeting the following future opportunities:

[Original punctuation provided.]

Future opportunities

- Increase foster home recruitment
- Regulation review and update
- Expanding treatment foster care
- Youth services transformation
- Expanding programming at API
- Increase data management capacities

COMMISSIONER KOVL reported a significant decline in licensed non-child-specific foster homes since the pandemic, dropping from 1,456 in 2020 to 920 currently. While the total number of licensed providers is 1,154, she clarified that the foster home count is the focus for recruitment. To address the shortage, OCS created a Placement and Support Unit focused on recruiting and supporting foster families and initiating a new respite program in response to caregiver requests. She noted ongoing challenges, including access to daycare for families taking in multiple children, multigenerational household complications related to the barrier crime matrix, and the rise in private placements where families choose to avoid state involvement but still receive support services. She also referenced the recent 30 percent increase in the foster care base rate and stated that, since July 1, 2024, 348 new foster care applicants have entered the process, though not all will be fully licensed.

COMMISSIONER KOVOL stated that the department is reviewing and updating outdated regulations, some of which are decades old. She highlighted the need to expand treatment foster care and reported that Alaska is currently the only state without a

treatment foster home license. The department is working to create a licensing category aligned with Medicaid language to support this need, which was identified in the Behavioral Health Roadmap and statewide comprehensive plan. She also discussed the Youth Services Transformation Project, aimed at ensuring youth receive services in the least restrictive settings. She expressed appreciation for the governor and Department of Health's support of the complex care residential home license legislation, which is expected to help meet that goal.

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COMMISSIONER KOVOL said additional priorities include API's expansion of outpatient restoration programming, which is intended to reduce waitlists and allow legal proceedings to move forward more efficiently, supporting both individuals and victims. Lastly, she noted the department is working to improve data management capacity by centralizing information into a shared data lake to eliminate outdated practices like Excel spreadsheets and scanned documents.

[4:23:24 PM](#)

SENATOR CLAMAN expressed concern that Alaska is the only state without treatment foster homes and questioned how the state missed the opportunity to develop this model. He noted that other states likely implemented treatment foster care over time and asked what led to Alaska not adopting it earlier.

COMMISSIONER KOVOL clarified that Alaska does have certified treatment foster homes. Families seeking treatment certification go through various agencies to become a certified treatment foster home. The state lacks a single, streamlined licensure category for treatment foster care. She explained that multiple agencies offer different types of certifications, creating inconsistency across the system. She stated that Alaska is the last state without a unified treatment foster home license and emphasized the need to align licensing language with federal guidelines and best practices. She added that standardizing this approach would better support families and improve care for youth with treatment-level needs.

[4:24:22 PM](#)

SENATOR CLAMAN asked for a realistic timeline for when Alaska could formally establish a treatment foster home license and join the other 49 states in offering this level of care.

COMMISSIONER KOVOL responded that the department would like to see treatment foster home licensure move forward as soon as

possible. She stated that the process is not complex and would follow the standard legislative path to establish the necessary statutory authority.

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SENATOR CLAMAN asked whether establishing a treatment foster home license requires legislative action or if it could be done through regulatory changes.

[4:24:53 PM](#)

COMMISSIONER KOVOL confirmed that establishing a treatment foster home license would require legislative action.

[4:24:55 PM](#)

CHAIR DUNBAR noted that the Department of Health is introducing SB 76 to create a new license type for residential complex care homes. He asked whether the Department of Family and Community Services plans to bring forward similar legislation soon to establish a treatment foster home license.

[4:25:13 PM](#)

COMMISSIONER KOVOL stated that the department anticipates wrapping up internal discussions soon and then plans to approach legislators who may be interested in engaging on the treatment foster home license.

[4:25:29 PM](#)

CHAIR DUNBAR expressed support for the treatment foster home license concept and stated if the administration wants to bring a bill forward it would be treated like other legislation.

[4:25:45 PM](#)

SENATOR GIESSEL asked whether, in expanding programming at API and working to reduce the waitlist, the department is considering implementing a partial hospitalization program. She clarified that such a model would involve intensive daytime therapy while allowing individuals to return to a safe home environment in the evenings.

[4:26:20 PM](#)

MR. LASLEY responded that the department is exploring all options to determine how best to use state resources to meet behavioral health needs. He noted that as new care settings such as crisis residential and crisis stabilization services come online, the department is assessing how these may help relieve pressure on existing systems. He stated that if those services function as intended, the department will then evaluate how to

repurpose or realign facility use statewide to support models like partial hospitalization and other identified needs.

[4:27:06 PM](#)

SENATOR GIESSEL asked about the status of the Alaska Impact Alliance, formed three to four years ago with the involvement of OCS staff. She noted that its goal was to engage communities—particularly in rural Alaska—to support family health and intervene early when issues arise. She asked whether that approach has been implemented and if the department is seeing benefits from it, especially in relation to increasing foster home recruitment and expanding treatment foster care.

[4:27:55 PM](#)

COMMISSIONER KOVOL confirmed that the department remains engaged with the Alaska Impact Alliance (AIA) and stated that Director Guay, who has more direct operational insight, would be the appropriate person to respond to the question.

[4:28:14 PM](#)

MS. GUAY stated that the Alaska Impact Alliance has been actively working in Metlakatla, Juneau, and Kenai. She explained that the Alliance uses a research-based instrument to assess community strengths and weaknesses and guide next steps. She noted that Kenai has strongly embraced the approach and is actively working within the community. She was less certain about the progress in Juneau and Metlakatla following their assessments but acknowledged that different strategies are being explored in those areas.

[4:29:01 PM](#)

MR. LASLEY emphasized the importance of partnerships, stating that the state cannot address every need alone. He highlighted the department's role in helping launch the Alaska Impact Alliance and commended the Alliance for its ongoing work. He specifically noted the recent launch of the 907 Navigation App, which allows any user—families or community members—to search for statewide or local resources, including legal, family support, medical, and behavioral health services. He described the app as a significant step forward, especially for families who often don't know where to go for help. He shared an example from the Behavioral Health Roadmap initiative, where even community leaders in places like Bethel were unaware of services available in their own area. He concluded by stating that tools like the 907 Navigation App could be transformative in connecting Alaskans with the care and resources they need.

[4:30:53 PM](#)

COMMISSIONER KOVOL added that the department has been collaborating with partners to expand telehealth services, particularly for parents involved with the Office of Children's Services. She explained that families often agree to case plans, but challenges arise in accessing behavioral health or substance use treatment. She stated that increased access to telehealth has significantly improved engagement, with parents beginning services more quickly—sometimes before court intervention. She emphasized that these partnerships are making a meaningful difference, and that the department is committed to supporting and strengthening those collaborative efforts.

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SENATOR GIESSEL asked for clarification regarding the private entities mentioned as helping relieve some of the foster care burden on the department. She referenced organizations such as Beacon Hill and Safe Families for Children as possible examples.

COMMISSIONER KOVOL clarified that when referring to private entities that are helping to relieve the foster care burden, the department means families who step up as kinship caregivers but choose not to formally engage with the Office of Children's Services or pursue licensure. She explained that while the department offers support and encourages these families to participate in state resources, some decline due to a desire to avoid state involvement.

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CHAIR DUNBAR asked for closing remarks.

[4:32:42 PM](#)

COMMISSIONER KOVOL thanked the committee for their time and said the department would follow up with a response regarding forensic treatment days at API.

[4:33:15 PM](#)

There being no further business to come before the committee, Chair Dunbar adjourned the Senate Health and Social Services Standing Committee meeting at 4:33 p.m.