

MODERNIZING SYSTEMS
TO EXPAND ACCESS
AND STRENGTHEN PARTNERSHIPS



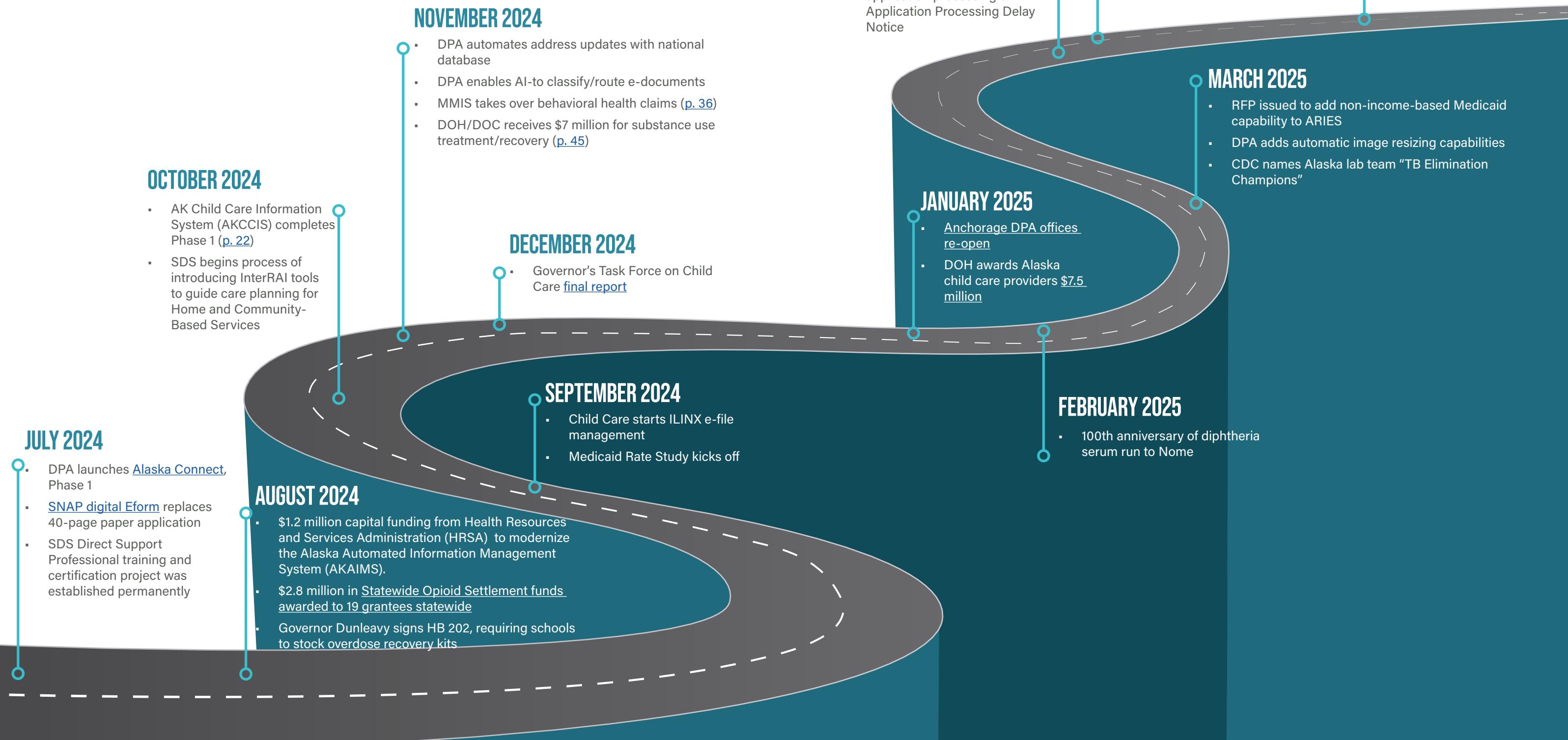
ALASKA DEPARTMENT OF HEALTH
SFY2025 ANNUAL REPORT

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TIMELINE



COMMISSIONER'S MESSAGE:



Heidi Hedberg,
Commissioner

The state fiscal year 2025 (SFY25) marked our third year as the Alaska Department of Health (DOH), and it has been a pivotal one.

In the three years since our split from the former Department of Health and Social Services, DOH has been working steadily to meet aggressive goals aimed at improving the health care system across Alaska. Driven by Governor Dunleavy's Healthy Families Initiative and other guidance, many of our plans center around upgrading and improving systems and services.

Before this year, much of the department's work was accomplished "behind the scenes", laying the foundation for our second and third years. That focus — on asking important questions and gathering input from around the state through surveys and in-person listening sessions — helped guide the work accomplished through the Child Care Task Force, the Youth Behavioral Health Roadmap, and Alaska's Comprehensive Integrated Mental Health Program Plan, to name a few. These resources represent improvements

to the lives of all Alaskans, especially our most vulnerable.

As planning turned to implementation, our modernization work became more noticeable this year. With contract updates in place, we launched multiple efforts according to planned milestones. These included multiple cloud-based systems to help improve the experiences of the public, health care providers, and our employees. Our modernized public-facing website features information Alaskans need to support their health and well-being in a way that's easy to find and understand.

These are only some of the ways our divisions have been meeting Alaskans where they're at. Meanwhile, we continue what we've always done best: actively listening to Alaskans, providers, and advocacy groups; collaborating with community and state partners; and continuing our commitment to our mission, promoting the health, well-being and self-sufficiency of Alaskans.



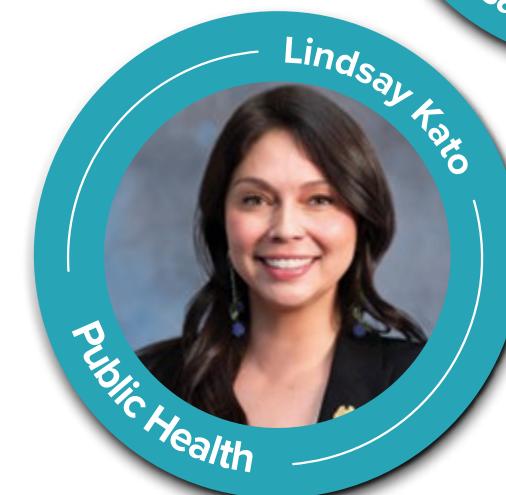
MEETING ALASKANS WHERE THEY'RE AT

Read on as we recognize some of our most recent milestones. These are organized by four Arcs of Effort:

- Transformation of Care
- Protect, Rescue and Restore Life (including suicide and overdose prevention)
- Child Care
- Strengthening the Behavioral Health System



OUR LEADERSHIP SFY25



FOCUS: MODERNIZATION



CHALLENGE

Reducing the flood of thousands of paper and fax applications and staff time required for manual handling



SOLUTION

Alaska Connect: Secure, mobile-friendly online applications and document submissions



IMPACT

88%

Improved access for Alaskans and streamlined system for employees who process them

32,598

Fewer paper documents



Alaska Connect: ADDS TO ONLINE FILING OPTIONS

In July 2024, the Division of Public Assistance (DPA) introduced Alaska Connect. The web portal makes it easy to find and apply for benefits, such as the Supplemental Nutrition Assistance Program (SNAP), without needing to print, mail, fax, or visit in person.

The portal, which connects to the myAlaska system already used by most Alaskans, had 16,772 log-ins in its first year. Many Alaskans also continued to use DPA's SNAP eform, launched in SFY24, and the Secure Document Upload portal, options that will remain available.

The advantages over phone calls and faxes are clear, said DPA Eligibility Technician Chrissy Ross: "If you submit paperwork in an office, our clerical staff has to begin that process by hand." With Alaska Connect, the process is self-serve. People can now upload needed supporting documents, like pay stubs, from within the forms. Later features will include the ability to update demographic information like addresses.

In SFY25, DPA eliminated 19,314 pieces of paper by receiving SNAP applications digitally, including by eform. About 24% more (4,572) were processed on-time than in SFY24.

The system reflects DPA's commitment to efficiency, said Director Deb Etheridge.

This isn't just one of those times that we say, "We've done something new and awesome. It actually **is** new and awesome!"

— Chrissy Ross, DPA Eligibility Technician 2



File for benefits online!



CHALLENGE

Missing communication channel for providers to inform DPA about the needs of Medicaid patients



SOLUTION

Data-driven support connected to a dedicated DPA response team



IMPACT

+1300

Provider requests received

“
The new portal is so much more convenient, and it's better for the parent. If they qualify, they can get Medicaid approval for their new baby before they leave the hospital, instead of a bill!

— Evelyn Horne,
Fairbanks Memorial Hospital

”

WHAT'S NEXT?
Priority services for prenatal care, appointment support, and travel assistance



NEW MEDICAID PORTAL HELPS PROVIDERS HELP PATIENTS

Evelyn Horne's job at Fairbanks Memorial Hospital involves helping patients who qualify to sign up for Medicaid benefits.

The process used to involve paperwork and patience: After Horne would fax DPA, there was a lag before client cases were physically entered into their system. She'd often wished the process could be simpler.

DPA's Medicaid Support Team Portal has now made it easier for Medicaid providers to help Alaskans. Launched in March 2025, the portal looks like a simple web form but works like a hotline — providing a direct connection to DPA staff ready to address priority needs. The tool was created in response to issues raised in the Medicaid Provider Stakeholder Survey.

Now, Horne can upload a baby's birth certificate using the portal and receive instant confirmation. If that child qualifies, they get approved sooner for Medicaid. "I love it," said Horne. "There's no worry about if the fax went through or if it got lost in the hundreds of documents I know DPA gets every day."

She also uses the portal to help qualified patients access temporary benefits (Hospital Presumptive Eligibility, or HPE) or pick up medications. These were among the top needs named in the provider survey, said DPA Programs Officer Lisa Mead; more will be added in SFY26. In a small initial survey of 20 users, 90% rated their overall experience as good or excellent.

"I am so impressed by the progress DPA has made just by taking advantage of the online convenience and tracking that is available," said Horne. "And if it gets the benefits to the patients sooner, that is a bonus in my book!"

Behavioral Health Survey

STREAMLINING FEEDBACK

In April 2025, the Division of Behavioral Health (DBH) amplified the voices of Alaskans receiving in-state behavioral health care by moving an important annual survey to an online platform.

The Behavioral Health Consumer Satisfaction survey provides anonymous feedback from Alaskans served by agencies receiving state funds.

It has traditionally been distributed by mail through community providers offering adult and youth services, as well as youth services for families. The goal: to track and identify service gaps and drive improvements.

Bringing the survey online makes it easier for more Alaskans to share their experiences. It also means faster and easier data review.



DOH Modernizes Website

Built as part of Governor Mike Dunleavy's "Cloud First" initiative, our fully reorganized website was built on a modern, secure platform to better serve Alaskans. It also meets requirements of the Americans with Disabilities Act (ADA), making it easier to read, understand and find information and files.

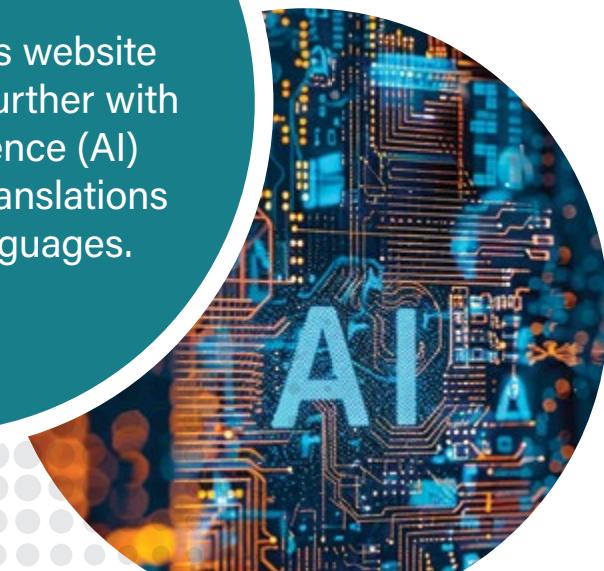
Benefits include:

- Quick access to essential pages
- Multiple ways to access information — by organization, division, service, topic, and audience
- Content that is more accessible for more Alaskans, including those with disabilities and language barriers
- Direct feedback that helps our staff be more responsive

More than 3,100 old and out of compliance documents were sent to the state archives. "We've also improved our overall accessibility score significantly and are currently above the industry benchmark for government," said Julie Sanbei of the Communications Team. Visit DOH's updated site at health.alaska.gov.

WHAT'S NEXT

For SFY26, DOH's website will be enhanced further with Artificial Intelligence (AI) capabilities and translations into multiple languages.



CHALLENGE

Thousands of outdated, disconnected pages and forms—organized only by division—were hard to find and understand, especially on mobile



SOLUTION

A modernized, mobile-friendly, responsive design, connecting Alaskans to the health information they need



IMPACT

Before:

3,000 pages and 15,000 PDFs

After:

550 pages and 1,600 PDFs (accessible and user-friendly)

NURSING PREPARES ELECTRONIC RECORDS SYSTEM FOR LAUNCH

For 35 years, Alaska's Public Health Nursing team kept its patient records in a series of disconnected databases — one at each of Alaska's 16 Public Health Centers. Though secure, the approach had downsides. For example, putting together just one patient's complete file could involve calling and faxing staff at multiple clinics.

"That's a challenge, a risk of lost continuity of care, and just a headache for the patient who's trying to get their needs met that day," said Deputy Chief Nurse Valerie McCarney.

In June 2025, Public Health Nursing closed out two years of groundwork toward a new, connected Electronic Health Records (EHR) system. The new system launches in SFY26 with a patient-first approach and one, easy-to-search master client index.

"We've been spending a lot of energy building up to this moment," McCarney said. The system is accessible to health providers statewide and across the nation, through Alaska's Health Information Exchange, healthEconnect.

The nursing team also brainstormed and tested another idea in SFY25: equipping nurses with satellite hotspot devices. Using the devices to access electronic records while traveling makes it possible to help more patients per trip.



Now they can just pull the record up, check your information, and boom, it's done!"

— Deputy Chief Public Health Nurse Valerie McCarney



CHALLENGE

Need a secure, digital system to access to access patient files across 16 separate databases in Public Health Centers statewide



SOLUTION

One electronic health records (EHR) system with a searchable master client index

Public Health nurses de-plane in Nome after providing TB-related services in a remote community. Having access to electronic records in the field will make this work more efficient.

WHAT'S NEXT

Bringing TB Management Online: Electronic directly observed therapy (eDOT) for tuberculosis management in Alaska, designed to support patients with video-assisted medication adherence.

ARC OF EFFORT: CHILD CARE

Child care that supports children and families is the pillar of a strong, healthy community.

Goals:

- Increase access and affordability of safe, high-quality child care
- Build public/private partnerships
- Improve system efficiencies



Alaska Child Care Information System (AKCCIS)

OFFERS A WINDOW ON CHILD CARE ACCESS

In April 2025, the web-based Alaska Child Care Information System (AKCCIS) introduced new tools to help the child care system operate better for child care providers, staff and families. AKCCIS includes two public portals: one for providers and one for families.

Providers using AKCCIS can now apply for licensing online, accelerating the time it takes for new child care providers to start working with families while reducing the impact of delays in rural mail.



The family portal helps Alaskans find and access care for their children that meets their unique needs. One tool helps families find out if they qualify for assistance; if so, they're linked through to an application. Emily Kugel, a program manager with Alaska Family Services, has noticed more people

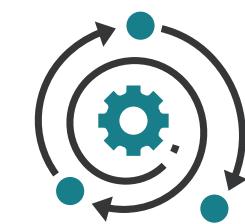
“ AKCCIS is going to greatly enhance the overall child care community relationship with licensing. ”

“Families are able to submit online applications, and that's fantastic!” she said.

Updates have also made tasks easier behind the scenes. For example, agencies no longer need to manually update facility rates. “This makes it really easy to communicate with families and providers about what was paid and why,” Kugel said.

Other tools available for families include: “Find a Provider,” with results that include a map and links to providers’ inspection history; and “Report Complaints”, where Alaskans can submit concerns.

Launching AKCCIS with an electronic document management system is one important milestone planned to improve access to child care in Alaska.



Alaska children birth-5 years (~47,000) **need child care**
(First Children's Finance, 2024)

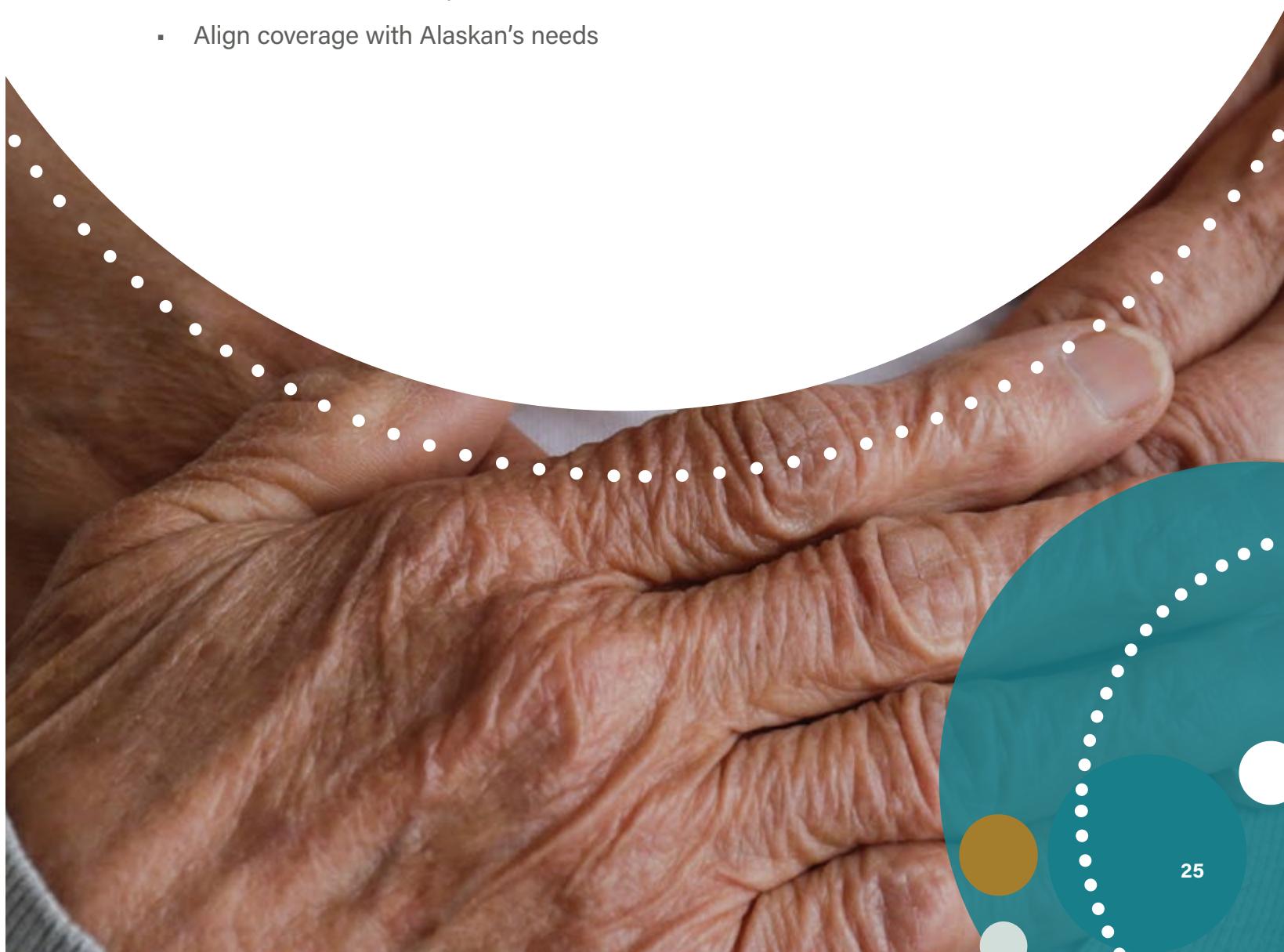


SOLUTION

Continue implementing Governor Mike Dunleavy's Task Force recommendations

ARC OF EFFORT: TRANSFORMATION OF CARE

- Innovations to improve health outcomes drive down health care costs:
- Promote wellness and prevention
- Align coverage with Alaskan's needs





“DPA in a Box is not just about processing applications; it’s about engaging with communities, educating them on our services, and understanding their unique needs to enhance the support we provide.

— DPA Director Deb Etheridge”

“If they don’t have subsistence food stocked up, they depend on SNAP.

— DPA Eligibility Technician Chrissy Ross.”

‘DPA in a Box’ & Vital Records: BRINGING SERVICES TO ALASKANS

This summer, Alaska piloted a program to help reach people in remote communities without local Division of Public Assistance (DPA) offices. The DPA-in-a-Box program brings staff to town to help locals easily apply for public assistance, like Medicaid and Supplemental Nutrition Assistance Program (SNAP).

The idea came from a similar program in Nevada. In June 2024, Eligibility Technician Chrissy Ross brought DPA-in-a-Box to Kotzebue, a remote community 26 miles north of the Arctic Circle in northwest Alaska.

During the fast-paced, demanding visit, Ross helped 84 residents with applications and addressed a range of other needs, supported by staff at Maniilaq Health Center. “I did have a lot of very happy people—very happy we were there!” Ross said. One man was so grateful, he walked back the next day to thank her for helping him get food.

Clerical work and client coordination from Maniilaq made the effort a collaborative success. “Their staff took on a huge bulk of the clerical work,” said Ross.

“I’m hopeful DPA continues expanding this program,” said Jessica Harris, of the Maniilaq Health Center. “It benefits far beyond immediate assistance and bridged the gaps in our remote and rural communities to access services.” The in-person visit provided an opportunity for our staff to not only support those moving through the application process, but also provided hands-on support for other providers and stakeholders that live and work in the communities. The visit made a significant positive impact for many families.”

“The eligibility technician provides training and education on how to use our forms, upload documents, and the overall future of DPA – the direction we’re going, and steps we’re taking to modernize the services we provide to Alaskans,” said DPA Director, Deb Etheridge.

The program began with a leap of faith, said DPA Programs Officer Erik Ross. “I did a cold call to Maniilaq, and they were on board with it, so both of us were venturing into the unknown. And we made it happen and figured things out together!”

Delta Junction was the program’s next stop, with other communities expressing interest in hosting similar opportunities in the future. See video: [DPA in a Box](#)

REMOVING VITAL BARRIERS

In April, the Division of Public Health’s (DPH’s) Section of Health Analytics and Vital Records (HAVRS) launched a similar program to bring their services to Anchorage residents experiencing homelessness. Vital records are often needed to obtain benefits, work, or housing. But lacking money or a long-term physical address can make that difficult.

A pilot program with Catholic Social Services helped clients obtain vital records, such as birth, marriage, and divorce certificates, from Anchorage’s 3rd Avenue Navigation Center. They also helped with related needs, such as requesting documents from other states. Similar HAVRS outreach continues into SFY26.



CHALLENGE

No in-person support for residents trying to access Public Assistance programs or Vital Records services



SOLUTION

Send trained staff to areas without local offices; engage with and train local partners

WHAT'S NEXT

Helping those experiencing homelessness:

Using newly available funding, HAVRS will continue monthly outreach, attending additional events that serve this vulnerable population.



“
Along with dementia comes other issues: Chronic illness, increased doctor’s appointments, medications. That’s hard for them to manage on their own. So how do you make sure that they have the support they need?
— DPH Deputy Director Cheley Grigsby

”

Community Care Hub PROVIDES A NEW MODEL OF DEMENTIA CARE

Under a Community Care Hub (CCH) model piloted in September by DPH and the Division of Senior and Disabilities Services (SDS), Alaskans with cognitive issues can be referred for a health related needs screening. The service, offered by the Alzheimer’s Resource Association, can be billed to health insurance — and helps keep patients at home and out of long-term care.



CHALLENGE

Identify care gaps and unmet needs among older Alaskans



SOLUTION

Remove policy barriers

STATISTICS
94,000

unpaid caregivers provide 88 million hours of care annually

160,906

Alaskan’s ages 65+

Expanding School-Based Supports

“Johnny” is an 8th grader with mobility needs and chronic medical conditions, including paraplegia. Thanks to Alaska’s School-Based Services (SBS) program, he thrives at school, with services that include a bus attendant to secure his wheelchair and a paraprofessional who makes sure he’s safe and can participate in class. SBS services are covered by Medicaid and Denali KidCare (Alaska’s Children’s Health Insurance Program).

By contrast, “Bailey,” an 11-year-old entering 5th grade who started the year with chronic absences and repeatedly disruptive classroom behavior, was struggling. But without a diagnosed disability, she would not have previously qualified for the additional support services she needed.

Now, with support from the Alaska Medicaid SBS Project Team, the same program that helps students like Johnny may be able to provide help for students like Bailey. The team represents a partnership with the Department of Education and Early Development and community partners.

School-based Medicaid services help students get important health supports—like nursing care, mental health services, and therapy—right at school so they can stay healthy and ready to learn. These services also bring in federal funding that helps schools run more efficiently and build a stronger system of support for students. House Bill 344, enacted in September, removed the requirement for a student to have a diagnosed disability to receive services, and allows all Medicaid eligible children to be served.



CHALLENGE

Students excluded from of school-based services that may help them



SOLUTION

Change state rules to increase Medicaid-covered support





WHAT'S NEXT

Continued partnership with DEED and opportunities for schools to receive technical assistance and grants to start new SBS programs, or build on the services they are currently providing.

Alaska received a three-year, \$2.5 million award from the Center for Medicare and Medicaid Services to support the rollout of School-Based Medicaid Services.

At the time, only six of the state's 54 school districts—about 11%—were participating. The SBS Project Team is now focused on increasing district participation and helping schools learn how to bill for Medicaid-reimbursable services so more students can benefit.

ARC OF EFFORT: STRENGTHENING THE BEHAVIORAL HEALTH SYSTEM

- System improvements & robust continuum of care, including:
- Early intervention
- Crisis services
- Increased youth access to behavioral health care
- Increased services to support complex care needs
- Supporting providers with efficient payment structures, reduced administrative burden

Children's Mental Health Initiative: Keeping Alaska's Youth Close to Home for Care

The Division of Behavioral Health (DBH) created an advisory committee charged with creating a safety net for Alaska's at-risk youth. The goal of the statewide Children's Mental Health Initiative (CMHI) is to help keep more young adults and children in-state for care, via "a collaborative, culturally responsive, and family-centered system."

The effort currently supports seven facilities with \$6 million, received over SFY24 and SFY25 from the Substance Abuse and Mental Health Services Administration.

The initiative draws on the work of the Fall 2023 [Behavioral Health Roadmap Project for Alaska Youth](#). Specific goals include expanding in-state crisis care, providing more long-term treatment, and helping caregivers avoid burnout.

In December 2024, the committee established the position of CMHI Lead Family Coordinator at the University of Alaska Anchorage College of Health. Licensed professional counselor Courtney Yemiola brought to the role more than a decade of experience in administration and children's mental and behavioral health. "We're working to expand a responsive, inclusive, culturally appropriate system of care that meets families where they are at," Yemiola said.



“

Real change happens when those most impacted are heard, valued and empowered to lead.

— CMHI Lead Family Coordinator Courtney Yemiola

”



CHALLENGE

Meeting goals of the Governor's Healthy Families initiative by increasing local behavioral health care access for young Alaskans



SOLUTION

A team dedicated to increasing culturally appropriate, community-based care

Collaborating with community professionals and stakeholders strengthens children's system of care. It also helps reduce stigma by normalizing mental health as a part of overall health, she said.

[Overview of Alaska's Behavioral Health System of Care for Children \(April 2023\)](#)

[Behavioral Health Roadmap Project for Alaska Youth \(Fall 2023\)](#)

Demonstrating a New Model of Care

In January 2025, DBH was awarded a one-year planning grant to develop state certification for a new model of comprehensive behavioral health care under Alaska Medicaid. Certified Community Behavioral Health Clinics (CCBHCs) provide an array of nine behavioral health services. These include outpatient mental health, outpatient substance use services, community-based Veterans' mental health care, outpatient primary care screening — even if patients can't pay.



Meet goals of Governor's Healthy Families initiative by increasing local behavioral health care options for adults, including veterans



SOLUTION

Embracing a community-based model of services and supports

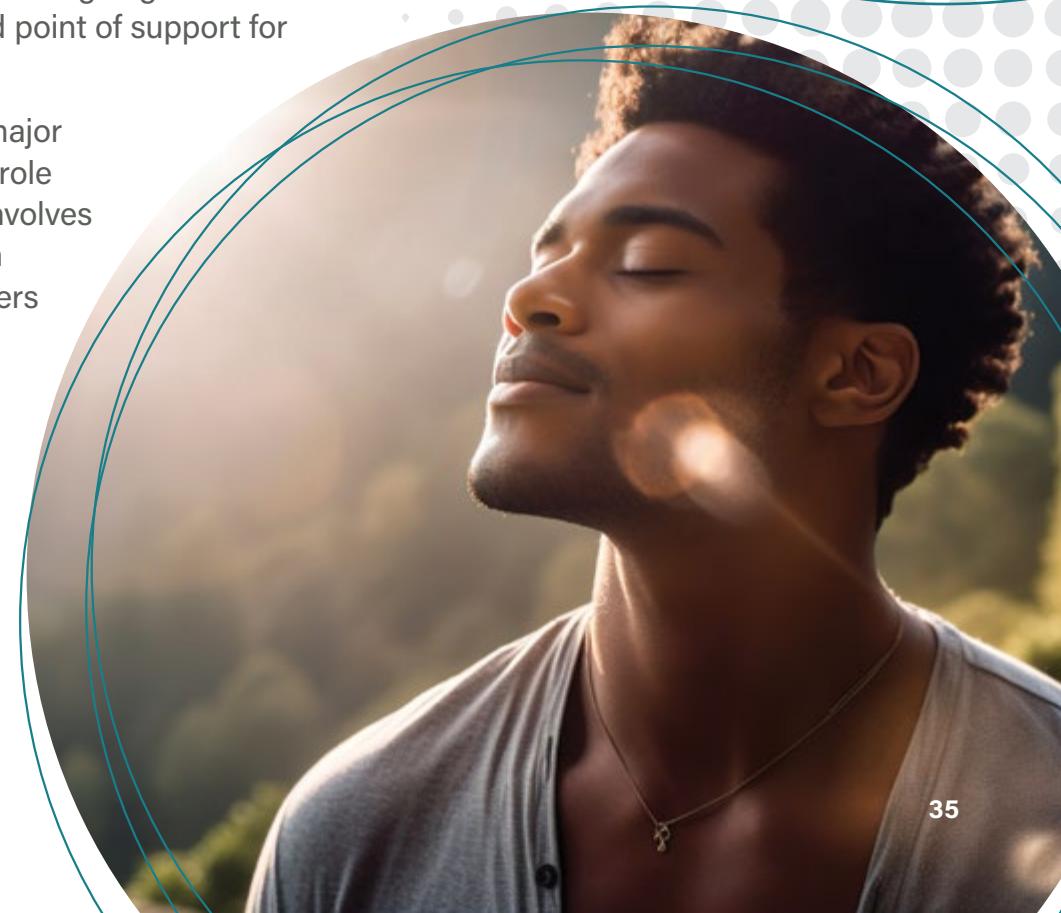
WHAT'S NEXT

In SFY26, subawards will enable two CCBHCs (one in Fairbanks and one in Juneau) to work with DOH to become the first certified by the state.

Licensing: Increasing Residential Facility Oversight

In September 2024, facilities that provide 24-hour residential behavioral health care: Adult Mental Health Residential service homes and [Residential Child Care Facilities](#), were transitioned from Health Care Services to the Division of Behavioral Health. This realignment ensured that oversight was matched with programmatic expertise in the services provided, resulting in greater administrative efficiency and a centralized point of support for providers.

The change represents a major expansion in the division's role statewide. It also directly involves staff with behavioral health expertise in helping providers meet state and federal requirements.





Reducing Pain Points Gets Providers Paid



Bryan Brandenburg, Executive Director

At one time, Alaska Addiction Rehabilitation Services had frequent challenges receiving payments for the Medicaid services they provided.

"When payments were processed inconsistently, it was hard to plan ahead," said Executive Director Bryan Brandenburg. "Receiving our payments more regularly has had a positive impact on our business operations."

Other behavioral health providers were also having issues, said DBH Division Director Tracy Dompeling. "This was something we heard quite frequently from providers that was really a pain point for them."

The division listened and acted. In November 2024, DBH finalized moving behavioral health claims processing from its former fiscal agent (Optum) to the Alaska Health Enterprise Medicaid

Information System (MMIS). Administered by the Division of Health Care Services, MMIS was already used for the state's medical claims.

The move has meant more accurate, on-time payments for the nearly hundreds of providers who use it.



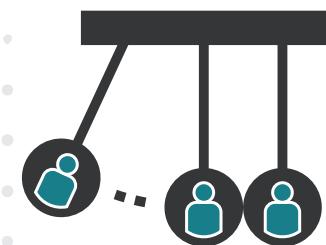
CHALLENGE

Prompt payment for behavioral health care providers



SOLUTION

Listen to providers' concerns and transition to a new system



WHAT'S NEXT

With 2024 grant funds from the Health Resources and Services Administration, DBH is transforming the Alaska Automated Information Management System (AKAIMS), a tool used by behavioral health providers to meet grant reporting obligations.

Planned system upgrades include migration to a secure cloud-hosted environment and a client file-upload feature. The enhancement will enable the state and its provider partners to more easily share data, reduce reporting burdens, and improve program operations and client outcomes.

24K/ 8.4M

= number /average amount of Alaska behavioral health claims processed/week

“
I just applaud the state for getting MMIS online. They're doing a great job!

— Bryan Brandenburg, Executive Director, Alaska Addiction Rehabilitation Services

”

ARC OF EFFORT: PROTECT, RESCUE, AND RESTORE LIFE

- Improve injury prevention systems and reduce preventable lives lost
- Overdose
- Substance Use Disorders
- Suicide





Empowering Alaska's Providers to Treat Addiction

Medication-assisted treatment (MAT) uses FDA-approved medications to support recovery for people with substance use disorders (SUD). The treatment can offer dramatic relief. Still, many doctors feel unqualified to offer it.

The 3rd edition of the [Medication for Addiction Treatment Guide](#), released in June through the Division of Public Health (DPH), aims to change that. The guide includes clinical best practices, emerging medications, and community-specific considerations—plus addresses state regulations and stigma.

Family medicine doctor Sarah Spencer of Ninilchik — board-certified in addiction medicine in 2018 — was a key contributor. Dr. Spencer hopes it empowers more professionals. They don't need to specialize as she did to offer treatment, and the results are fulfilling. "It's really rewarding to be able to help people feel better right away, to help people really turn their lives around, and to see that in a really concrete way," she said.

Find the [MAT Guide](#) and support materials at mat.alaska.gov.

The updated Medication for Addiction Treatment Guide is like a trusted colleague ...

— Chief Medical Officer Dr. Robert Lawrence

“

In the wake of Alaska's steep rise in overdose deaths — many due to fentanyl — this guide serves as both a call to action and a practical handbook for providers across disciplines.

— Alaska Society of Addiction Medicine

”



WHAT'S NEXT

In SFY26, look for promotional messages about MAT in public spaces throughout Alaska, from buses to airports.



CHALLENGE

Overdose deaths driven by fentanyl

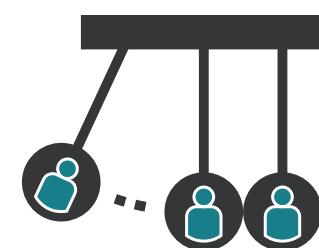


KEY FACTS

357 deaths (2023) — **highest rate on record (AK)**

Fentanyl: **60% of deaths**; 50% stronger than heroin

Fentanyl availability ↑ ~1,700% since 2017-2023, nationwide



IMPACT

8X

Without MAT, **people are 8x more likely to die** from overdose

PATHWAYS TO RECOVERY SESSIONS:



Conference Celebrates Recovery

In May 2025, DOH and community partners hosted the first Pathways to Recovery Conference. More than 200 Alaska professionals assembled in Anchorage for three days of training on addiction and behavioral health.

Co-hosted by the department's Office of Substance Misuse and Addiction Prevention (OSMAP) in the Division of Public Health (DPH), the Division of Behavioral Health (DBH), and partners, the conference featured national and local experts. Speakers led sessions in harm reduction, treatment and recovery, and connection to care, with an emphasis on being culturally responsive.



CHALLENGE

A way to share information and fight the state's ongoing opioid crisis



SOLUTION

Hundreds of behavioral health professionals gather for 3 days of in-person training and collaboration

"This event brought together health care workers, community leaders, and advocates to help build stronger connections and support across Alaska," said Theresa Welton, OSMAP Unit Manager. "It also encouraged collaboration across fields, linking public safety, emergency medical services, social work, and health care."

Other key partners included the Alaska Behavioral Health Association and the Alaska Native Tribal Health Consortium.

WHAT'S NEXT

For SFY26, planning is to expand the conference, offering more sessions led by local leaders with lived experience.

Explore Pathways to Recovery: Follow links to individual videos, or use this QR code to [view the full playlist](#).



View Full Playlist of Sessions



[Kira England, Ph.D.](#), addressed the relationship between high-risk drug use and infectious disease.

"Hepatitis C is curable, and the treatment is simple, making it a great way to support getting folks on the pathway to recovery."



[Derrick Moore](#), CEO of Hardaway Learning, shared how reading self-help books started him on a path toward recovery after 16 years of addiction.

"It was a foreign concept to me ... But once I started doing that, I started taking these baby steps."



OSAP Epidemiologist [Jessica Filley](#) shared how data insights support prevention and recovery.

"People need data to inform their programs, to find out ... who needs the most help."



Partnering with Prisons to Reduce Overdose, Illness

From reducing opioid overdoses to improving community health and public safety, the Department of Corrections (DOC) and DOH are working together to drive healthier outcomes. New strategies are helping to keep more Alaskans healthy, both inside and outside correctional facilities.

One effort, in coordination with OSMAP's Project HOPE, ensures everyone leaving incarceration is given a naloxone kit and education on how to use the lifesaving drug. It's also now available through medical care providers in prisons and jails.

"We want to ensure that individuals who have been incarcerated have access to naloxone as they reenter society," said Project Coordinator JJ Johnston. Re-entering society is a critical time to provide these tools, because people with reduced tolerance may be more likely to overdose.

“

The DOH partnership has been a great opportunity for us to contain our pharmaceutical costs.

-DOC Director of Health and Rehabilitative Services Travis Welch

”

A pilot program at Palmer Correctional Center is also training corrections employees to help reduce stigma and promote safety. "Having someone with lived experience share the importance of naloxone can make a significant difference," Johnston said. The work is supported with \$7 million over three years, from the Comprehensive Opioid, Stimulant, and Substance Use Program, part of U.S. Department of Justice.

Treating people with chronic or infectious conditions — such as Hepatitis C, substance use disorders, and behavioral health needs — helps reduce the burden of illness on communities after release, said Corrections Nurse Alexandria Steele: "Problems that occur inside our doors are also community problems," she said.

Strategies include opt-out-based testing for sexually transmitted infections (STIs), and the use of cost-saving tools and statewide electronic records. These are expanding opportunities for testing, treatment, and coordination of care.

DPH's Public Health Nursing and DOC have both moved to get health records online, making coordinating care more efficient, during incarceration and after release. Sharing these Electronic Health Records (EHR) is also easier thanks to groundwork by DOH that enabled data-sharing using the state's Health Information Exchange, healthEconnect. DOC has moved toward using VacTrAK to store vaccine information for inmates, allowing for faster data tracking, lab results, and vaccine management.

For instance, DOC now screens for STIs by default unless the person opts out. This shift makes detecting STIs more likely, ensuring treatment is administered during incarceration and enabling faster public health alerts.

This collaborative effort has made it possible for DOC to get prescription medications at a reduced cost through the federal 340B drug pricing program, saving the state close to seven figures so far and making more treatments available.

"We're trying to be good stewards of Alaskan taxpayer dollars," said DOC Medical Officer Dr. Timothy Ballard.



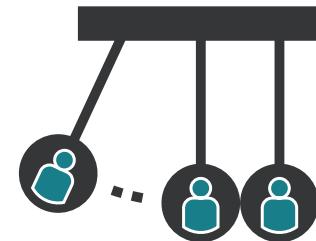
CHALLENGE

Recognizing the role of corrections in contributing to community health



SOLUTION

Working together with the Department of Corrections



KEY FACTS

110,000 prescriptions provided per year



WHAT'S NEXT

In SFY26, volunteers and Project HOPE will continue creating kits for distribution, including at music festivals throughout Alaska.



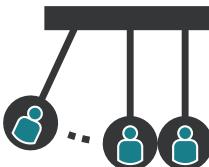
CHALLENGE

Alaska schools needed to have lifesaving naloxone kits on hand



SOLUTION

DOH volunteers made it happen, shipping the kits to schools needing them



KEY FACTS

500 boxes for schools, built in 53 minutes

“ We set aside four hours to build enough kits to send to schools. But with so many volunteers, all 500 boxes were built in 53 minutes! ”
-Coordinator JJ Johnston

Bringing Support to Youth in Schools

In September, the department hosted an event to build naloxone kits to help schools comply with a new law signed August 30 by Governor Mike Dunleavy.

House Bill 202—also the product of hard work from Project HOPE—requires schools to have opioid reversal kits on-hand, plus trained staff to deliver the lifesaving naloxone. Staff throughout the department volunteered to help build the kits containing naloxone, a nasal spray that can reverse an overdose and save a life.

Festivals Turn the Volume Up On Opioid Safety

Project HOPE, a collaboration between our divisions of Behavioral Health (DBH) and Public Health (DPH), has been tuning into Alaska music festivals as one way to get out the word about life-saving naloxone kits.

Last summer, Project HOPE first set up shop at various festivals, including the Girdwood Forest Fair, and Salmon Fest in Ninilchik, where they distributed more than 1,400 kits. In addition to naloxone, the kits also include fentanyl and xylazine test strips, to identify dangerous substances that are often mixed with drugs.

Program Coordinator JJ Johnston came up with the idea of sharing kits this way because of her own past experiences.

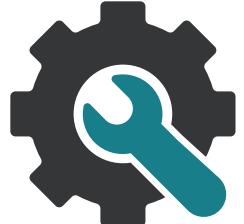
“I was a festival kid, so I loved going to them,” she said. But one year, she said, a festival friend overdosed after trying cocaine laced with fentanyl. She wanted to keep that from happening ever again.

Live another day to enter treatment and lifelong recovery

Thousands gather each year at the state’s music and art events. People using drugs in a festival may have their guard down or be less aware of the dangers, said Johnston.

When people say they don’t need a naloxone kit, she likes to say: “You never know when you might come across somebody who does. Would you like to learn how to save a life today?”

The response has been positive, with many eager to partner again. “We’ve been welcomed back to festivals year after year, and the language around our presence is always filled with gratitude,” Johnston said.



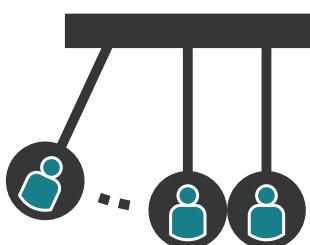
CHALLENGE

People introduced to highly dangerous opioids at music festivals



SOLUTION

Distributing naloxone kits and education widely at popular events



KEY FACTS

1,4K+
kits distributed

FOCUS: STRENGTHENING EMPLOYEE CULTURE

The department continues to build an employee culture based on clear communication, shared values, recognizing excellence, and healthy work-life balance.





100 Miles in May

This was our second year participating in the 100 Miles in May challenge. The event encourages employees to log a total of 100 miles each of physical activity in a month. In May 2025, the event had 133 active participants, logging a total of more than 13,757 miles. That's 32 more team members and nearly 4,000 more miles than last year!

Bobby Nave, Operations Manager for the Division of Health Care Services, topped the Department leaderboard with a total of 639 miles of activity. Most of those miles were in his favorite activity, cycling.

Joining 100 Miles in May helped him push himself to beat his own mileage goals, Bobby said. He talked about the challenge in meetings, which inspired some coworkers to join too. "Getting out and being healthy working out is a great way to take your mind off of things you have going on."

Employee Newsletter

Our internal Healthy Horizons newsletter—launched just as we entered the fiscal year—continues to go strong. The monthly newsletter features a message from the Commissioner. Department and division news includes employee recognition and the latest job opportunities for employees to share.



WHAT'S NEXT

The employee newsletter moves to a new intranet hub in FY26. The hub will also offer an events calendar and coworker kudos, improving information sharing among employees.



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