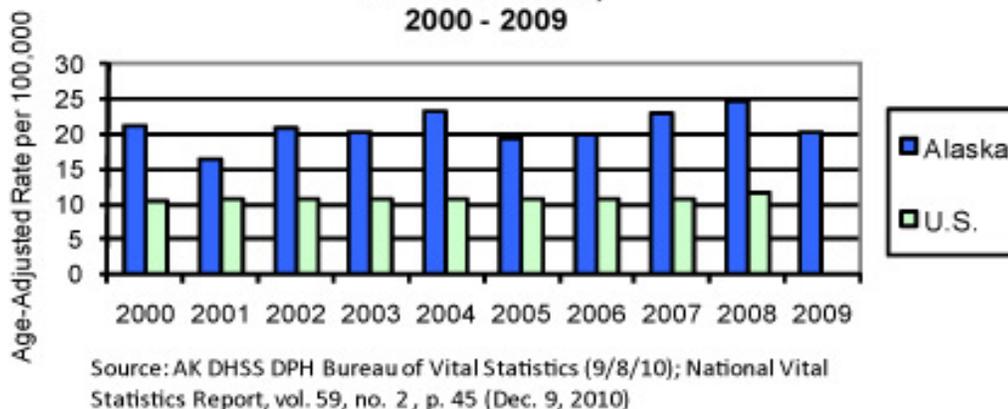


Health: Suicide

1. Drilldown Information — Suicide Rate per 100,000

Figure 5: Suicide Rate by Year,
Alaska and U.S.,
2000 - 2009



Summary and Explanation:

- Alaska's suicide rate dropped in 2009, but between 2000 and 2008, the age-adjusted rate of death by suicide in Alaska averaged almost twice the U.S. rate.
- Between 1999 and 2008, 79 percent of the suicides in Alaska were by males. Most of the suicides were in the Northwest Arctic, Nome, and Bethel/Wade Hampton census areas. The highest rates were among those aged 15 to 29 years old. The rate for Alaska Natives was more than twice the rate for non-Natives.¹
- According to interviews with families of some of Alaska's suicide victims (*Alaska Suicide Follow-Back Study*²): The Alaska rate is
 - More than half of the decedents had a disability or illness that made it difficult for them to take care of normal daily activities.
 - Almost two-thirds of decedents were reported to have had current prescriptions for mental health medications at the time of their death but many were not taking the medications as prescribed.
 - 43 percent of interviewees said the decedents drank alcohol daily and many said there was a high rate of binge drinking.
 - More than half of decedents had smoked marijuana in the past year.

Trend Data:

- [Suicide Rate per 100,000 by Year](#)

¹ Alaska DHSS, Div. of Public Health, Bureau of Vital Statistics (9/3/09)

² Alaska Injury Prevention Center. (February, 2007) [Alaska Suicide Follow-back Study Final Report 2006](#). The Follow-back Study was based on interviews about 56 suicide cases of the total 426 suicide cases during the reporting period of 9/1/03 to 8/31/06. There were proportionally fewer rural and Native cases than urban and non-Native cases interviewed.

Statutory Information:

- Per Alaska Statute, the Alaska Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The Alaska suicide rate is a key indicator because there is a concern that Trust beneficiaries are at higher risk, due to experiencing major life impairment from one or more clinical conditions defining Trust beneficiary status (including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; dissociative disorders; and other psychotic or severe and persistent mental disorders manifested by behavioral changes and symptoms of comparable severity to those manifested by persons with (such) mental disorders, as well as substance abuse.) A.S. 47.30.056 (c-d).

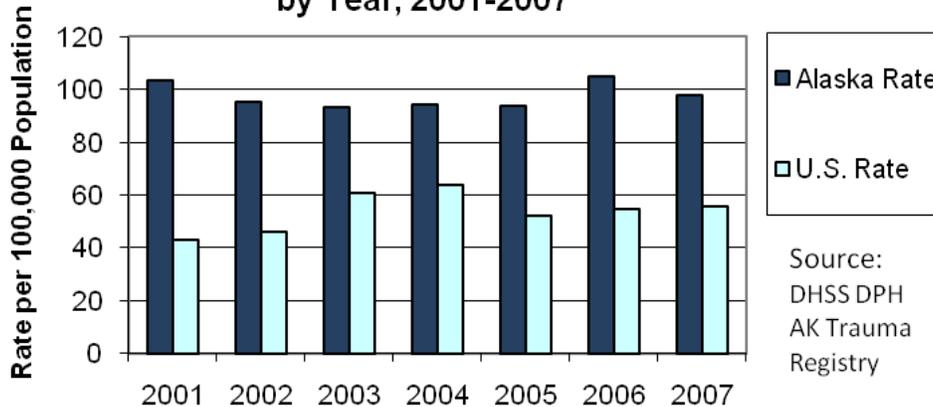
Additional Information:

- [Map of Alaska Suicide Rates \(and Numbers\) by Region, 1999-2008](#)
- [Alaska Teen Suicides \(Ages 15-19\) by Year](#)
- [Suicide Protective Factors](#)
- [Statewide Suicide Prevention Council](#)
- [Continuum of Care Matrix for Alaskans with Mental Illness or Chronic Alcoholism](#)
- [Alaska Department of Health and Social Services Division of Behavioral Health](#)
- [Alaska Mental Health Board](#)

Health: Suicide

2. Drilldown Information — Non-fatal Suicide Attempts

Rate of Non-Fatal Suicide Attempts Requiring Hospitalization, Alaska and U.S. by Year, 2001-2007



Summary and Explanation:

- Alaska's rate of non-fatal suicide attempts requiring hospitalization for at least 24 hours is almost twice the U.S. rate.³
- In Alaska between 2000 and 2005, the rate of non-fatal suicide attempts among females was twice the rate of males. In 2006, the number of attempts by males jumped to the highest in seven years.⁴
- Between 2000 and 2006, Alaskans age 15 to 24 had the highest rates of attempted suicide. The rate of attempts by females age 15 to 24 was significantly higher than in any other population group.⁵

Trend Data:

- [Non-fatal Suicide Attempts](#)

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. (A.S.47.30.660 (a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The rate of non-fatal suicide attempts is a key indicator because there is a concern that Trust beneficiaries are at higher risk, due to suffering a major life impairment from one or more clinical conditions defining beneficiary status (including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; dissociative disorders; other psychotic or severe and persistent mental disorders manifested by behavioral changes and symptoms of

³ U.S. Centers for Disease Control WISQARS

⁴ DHSS DPH, Section of Injury Prevention and EMS, Alaska Trauma Registry

⁵ Ibid.

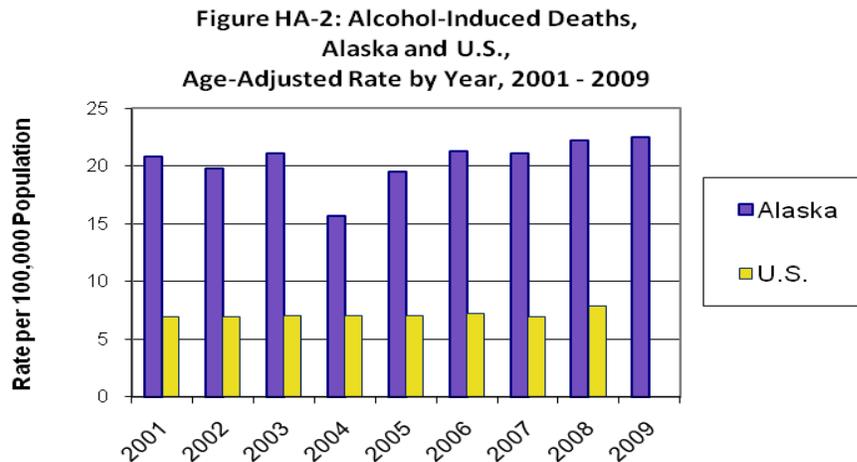
comparable severity to those manifested by persons with (such) mental disorders, as well as substance abuse). A.S. 47.30.056 (c-d).

Additional Information:

- [Attempted Suicide Rate by Age and Sex, Alaska](#)
- [Suicide Protective Factors](#)
- [Statewide Suicide Prevention Council](#)
- [Continuum of Care Matrix for Alaskans with Mental Illness or Chronic Alcoholism](#)
- [Alaska Department of Health and Social Services Division of Behavioral Health](#)
- [Alaska Mental Health Board](#)

Health: Substance Abuse

3. Drilldown Information – Alcohol-induced Deaths per 100,000



Sources: [DHSS Division of Public Health, Bureau of Vital Statistics](#) (email 8/25/10)

Summary and Explanation:

- Definition: Alcohol-induced deaths include fatalities from causes such as degeneration of the nervous system due to alcohol, alcoholic liver disease, gastritis, myopathy, pancreatitis, poisoning, and more [see footnote 6]. It does not include accidents, homicides, and other causes indirectly related to alcohol use.⁶
- Between 2006 and 2008, Alaska's rate of alcohol-induced deaths was approximately 3 times the U.S. rate.
- The alcohol-induced death rate is significantly higher for Alaska Natives than for non-Natives.
- Preliminary 2008 data shows that alcohol-induced deaths resulted in 23.5 years of potential life lost per decedent. Alcohol-induced deaths are expressed as Years of Potential Life Lost (YPLL), or an estimate of the average time a person would have lived had he/she not died prematurely due to alcohol.⁷

Trend Data:

- [Rate of alcohol-induced deaths in Alaska, 2000-2007](#)

Statutory Information:

⁶ [CDC National Vital Statistics Reports](#), Volume 56, Number 10, April 24, 2008, p. 109. (The list of codes for alcohol-induced causes was expanded in the 2003 data year to be more comprehensive. Causes of death attributable to alcohol-induced mortality include ICD-10 codes E24.4, Alcohol-induced pseudo-Cushing's syndrome; F10, Mental and behavioral disorders due to alcohol use; G31.2, Degeneration of nervous system due to alcohol; G62.1, Alcoholic polyneuropathy; G72.1, Alcoholic myopathy; I42.6, Alcoholic cardiomyopathy; K29.2, Alcoholic gastritis; K70, Alcoholic liver disease; K86.0, Alcohol-induced chronic pancreatitis; R78.0, Finding of alcohol in blood; X45, Accidental poisoning by and exposure to alcohol; X65, Intentional self-poisoning by and exposure to alcohol; and Y15, Poisoning by and exposure to alcohol, undetermined intent. Alcohol-induced causes exclude newborn deaths associated with maternal alcohol use.)

⁷ [AK DHSS Division of Public Health, Bureau of Vital Statistics](#)

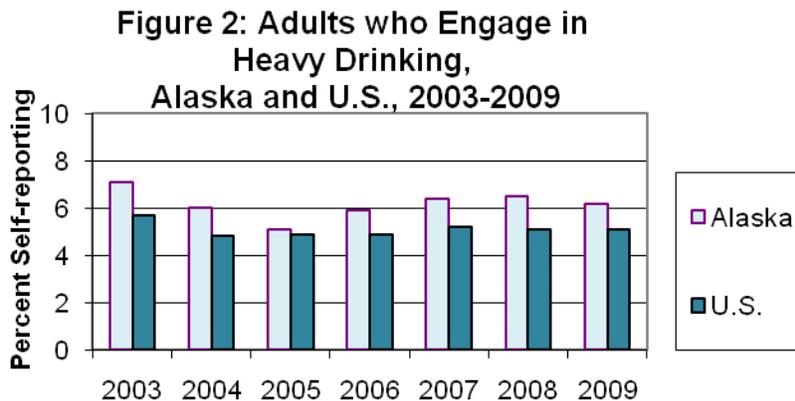
- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- *Alcohol-induced deaths* is a key indicator because many of these deaths are of persons with one or more clinical conditions defining Trust beneficiary status, including: alcohol withdrawal delirium (delirium tremens); alcohol hallucinosis; alcohol amnestic disorder; dementia associated with alcoholism; alcohol-induced organic mental disorder; alcoholic depressive disorder; and other severe and persistent disorders associated with a history of prolonged or excessive drinking or episodes of drinking out of control and manifested by behavioral changes and symptoms similar to those manifested by persons with (such) disorders. A.S. 47.30.056 (c) and (f).

Additional Information:

- [Adults who Engage in Heavy Drinking, Alaska and U.S., 2001-2009](#)
- [Adults who Engage in Binge Drinking, Alaska and U.S., 2001-2009](#)
- [Alaska Department of Health and Social Services Division of Behavioral Health](#)
- [Advisory Board on Alcoholism and Drug Abuse](#)

Health: Substance Abuse

4. Drilldown Information – Adults who Engage in Heavy Drinking



Sources: AK DHSS Div. of Public Health [Behavioral Risk Factor Surveillance Survey \(BRFSS\)](#) (email 10/7/10) and [Centers for Disease Control](#)

Summary and Explanation:

- Definition of heavy drinking: more than 2 alcoholic drinks (men) or more than 1 drink (women) *each* day during the past 30 days.⁸ The number of drinks in the “heavy drinking” definition are the levels at which Centers for Disease Control found that mortality increases⁹
- In 2009, 6.2% of Alaskans were classified as “heavy drinkers.”¹⁰
- Alaska ranks number 7 in the U.S. for heavy drinking (2009).¹¹
- Alaskans age 65 years and older were classified as heavy drinkers significantly less often than Alaskans ages 45 to 54 years or those ages 18 to 24 years.¹²
- For Anchorage data about public inebriate pick-up, transport and sleep-off, see [Anchorage Community Service Patrol 2009 Data Summary & Analysis](#). Community Service Patrol van staff take persons incapacitated by alcohol (in public places) into protective custody and transport them to the sleep-off facility (TS) located in the Anchorage Jail Complex. Clients are assessed using basic physiological parameters, and those falling outside safe standards for sleep-off are taken to hospitals for medical clearance or further care. From 2007 to 2009, Sleep-Off Intakes increased by 18%.

Trend Data:

- [Adults who Engage in Heavy Drinking, Alaska and U.S.](#)

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement

⁸ National Center for Chronic Disease Prevention & Health Promotion: Behavioral Risk Factor Surveillance System, Alcohol Consumption – 2008 (<http://www.cdc.gov/alcohol/faqs.htm#10>)

⁹ Email communication with AK DHSS DPH BRFSS program (12/16/08)

¹⁰ [Health Risks in Alaska among Adults: Alaska Behavioral Risk Factor Survey 2008 Annual Report, page 50.](#)

¹¹ [Centers for Disease Control BRFSS Program](#)

¹² Ibid.

an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).

- The rate of adults who engage in heavy drinking is a key indicator because these persons experience, or are at heightened risk of experiencing, major life impairment from one or more clinical conditions defining Trust beneficiary status, including: alcohol withdrawal delirium (delirium tremens); alcohol hallucinosis; alcohol amnestic disorder; dementia associated with alcoholism; alcohol-induced organic mental disorder; alcoholic depressive disorder; and other severe and persistent disorders associated with a history of prolonged or excessive drinking or episodes of drinking out of control and manifested by behavioral changes and symptoms similar to those manifested by persons with (such) disorders. A.S. 47.30.056 (c) and (f).

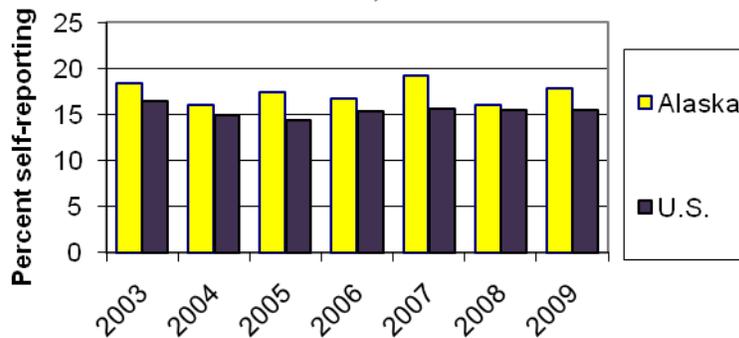
Additional Information:

- [Continuum of Care Matrix for Alaskans with Mental Illness or Chronic Alcoholism](#)
- [Alaska Department of Health and Social Services Division of Behavioral Health](#)
- [Advisory Board on Alcoholism and Drug Abuse](#)

Health: Substance Abuse

5. Drilldown Information – Adults who Engage in Binge Drinking

Figure 3: Adults who Engage in
Binge Drinking,
Alaska and U.S., 2003-2009



Sources: AK DHSS Div. of Public Health [Behavioral Risk Factor Surveillance Survey \(BRFSS\)](#) (email 10/7/10) and [Centers for Disease Control](#)

Summary and Explanation:

- BRFSS definition of binge drinking: 5 or more drinks (men) or 4 or more drinks (women) on one or more occasions in the past 30 days¹³
- In 2009, Alaska's ranking for binge drinking among adults rose from number 21 in the U.S. to number 11.¹⁴
- Among Alaskan adults in 2008, the prevalence of binge drinking was highest among males, those who were employed, and those who were divorced or separated.¹⁵
- According to the 2009 Youth Risk Behavior Survey, 22 percent of Alaska's high school students engaged in binge drinking.¹⁶
- Youth who begin drinking at age 14 or younger are 4 times more likely to develop dependence.¹⁷
- Underage drinking is a factor in nearly half of all teen automobile crashes, the leading cause of death among teenagers.¹⁸

Trend Data:

- [Adults who Engage in Binge Drinking](#)

¹³ Health Risks in Alaska among Adults: Alaska Behavioral Risk Factor Survey 2008 Annual Report, page 50.

¹⁴ Centers for Disease Control

¹⁵ Ibid.

¹⁶ Percent of YRBS respondents who had five or more drinks of alcohol in a row, that is, within a couple of hours, on at least one day during the 30 days before the survey. (AK DHSS DPH Youth Risk Behavior Survey)

¹⁷ Grant, B.F. & Dawson, D.A. (1997). Age at onset of alcohol abuse and its association with DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiological Survey, [Journal of Substance Abuse](#), p. 103-10.

¹⁸ American Medical Association: Facts About Youth and Alcohol 2009

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The rate of adults who engage in binge drinking is a key indicator because these persons experience, or are at heightened risk of experiencing, major life impairment from with one or more clinical conditions defining Trust beneficiary status, including: alcohol withdrawal delirium (delirium tremens); alcohol hallucinosis; alcohol amnestic disorder; dementia associated with alcoholism; alcohol-induced organic mental disorder; alcoholic depressive disorder; and other severe and persistent disorders associated with a history of prolonged or excessive drinking or episodes of drinking out of control and manifested by behavioral changes and symptoms similar to those manifested by persons with (such) disorders. A.S. 47.30.056 (c) and (f).

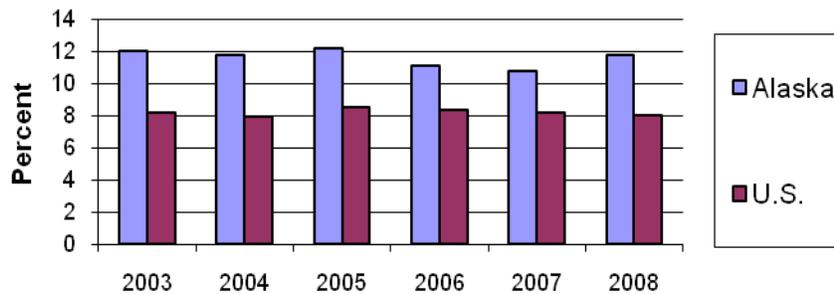
Additional Information:

- Percent of Teens who Engage in Binge Drinking, Alaska and U.S
- [Influences on Substance Use in Alaska: Significant Risk and Protective Factors Influencing Adolescent Substance Use and Their Indicators \(November, 2007\)](#)
- [Continuum of Care Matrix for Alaskans with Mental Illness or Chronic Alcoholism](#)
- [Alaska Department of Health and Social Services Division of Behavioral Health](#)
- [Advisory Board on Alcoholism and Drug Abuse](#)

Health: Substance Abuse

6. Drilldown Information — Illicit Drug Users

Illicit Drug Use, Alaska and U.S.,
Ages 12 and Older, 2003-2008



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health. Table 4.

Summary and Explanation:

- The percentage of illicit drug users ages 12 and older in Alaska does not show any clear trend from 2003 to 2008, but it is consistently at least 30% above the national percentage.
- In 2008, Alaska ranked number 6 in the U.S. for illicit drug use.¹⁹
- Definition: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.²⁰
- Marijuana is the most commonly used illicit drug.²¹
- In Alaska, those aged 18 to 25 have the highest rates of illicit drug use.²²
- According to the 2009 Youth Risk Behavior Survey of Alaska high school students:
 - 23 percent had used marijuana one or more times during the 30 days preceding being surveyed
 - 21 percent had used unprescribed drugs one or more times during their life
 - 10 percent had sniffed glue, breathed the contents of aerosol spray cans, or inhaled paint or sprays to get high one or more times during their life²³
- Drug-induced deaths are expressed as Years of Potential Life Lost (YPLL), or an estimate of the average time a person would have lived had he/she not died prematurely due to drug use. According to preliminary 2008 data for Alaska, drug-induced deaths resulted in 23.5 years of potential life lost per decedent.²⁴

¹⁹ SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health.

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²³ AK DHSS Div. of Public Health, Youth Risk Behavior Survey

²⁴ AK DHSS DPH Bureau of Vital Statistics

Trend Data:

- [Illicit Drug Use, Alaska and U.S., 2003-2007](#)

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The rate of illicit drug use by Alaskans 12 and older is a key indicator because individuals who use illicit drugs can experience, or be at heightened risk of experiencing, major life impairment from with one or more clinical conditions defining Trust beneficiary status, including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; dissociative disorders; and other psychotic or severe and persistent mental disorders manifested by behavioral changes and symptoms of comparable severity to those manifested by persons with (such) mental disorders. A.S. 47.30.056 (c-d).

Additional Information:

- [Continuum of Care Matrix for Alaskans with Mental Illness or Chronic Alcoholism](#)
- [Alaska Department of Health and Social Services Division of Behavioral Health](#)
- [Governor's Advisory Board on Alcoholism and Drug Abuse](#)

Health: Mental Health

7. Drilldown Information – Days of Poor Mental Health in Past Month



Source: AK DHSS Div. of Public Health, Standard and Supplemental Behavioral Risk Factor Surveillance Survey (BRFSS) and U.S. CDC

Summary and Explanation:

- The average number of days of poor mental health for Alaskan adults decreased in 2009.
- According to the 2009 BRFSS, six percent of Alaskan adults reported mental distress more than half the time.
- In 2008, 8 percent of BRFSS respondents indicated current moderate to severe depression. Significantly more Alaskan females than males reported moderate to severe depression in 2008.²⁵
- Other Alaskans who reported more moderate to severe depression include those:
 - in the “near poor” income group (vs. “middle/high” income group)
 - who receive social support sometimes, rarely, or never
 - who reported a disability
 - with fair or poor general health²⁶
- The BRFSS does not collect data from those who are living in an institutional setting. Consequently, those who are experiencing bad mental health days and are living in an institutional setting are not included in this data.

Trend Data:

- [Days of Poor Mental Health in Past Month](#)

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement

²⁵ AK DHSS DPH BRFSS

²⁶ Ibid.

an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).

- The rate of days with poor mental health is a key indicator because there is a concern that persons experiencing days of poor mental health are experiencing, or are at heightened risk of experiencing, major life impairment from with one or more clinical conditions defining Trust beneficiary status, including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; dissociative disorders; other psychotic or severe and persistent mental disorders manifested by behavioral changes and symptoms of comparable severity to those manifested by persons with (such) mental disorders; primary degenerative dementia of the Alzheimer type; multi-infarct dementia; senile dementia; presenile dementia; and other severe and persistent mental disorders manifested by behaviors and symptoms similar to those manifested by persons with (such) disorders. A.S. 47.30.056 (c), (d) and (g).

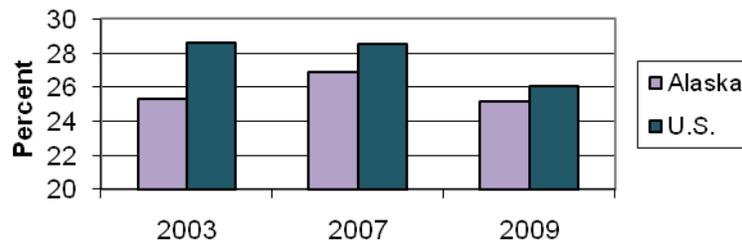
Additional Information:

- [Days of Poor Mental Health in Past Month by Age Group, 2009](#)
- [Percent of Alaskans Reporting Frequent Mental Distress, 2000-2009](#)
- [Examples of Current Initiatives, Projects, and Activities That Fill Service Gaps](#)
- [Continuum of Care Matrix for Alaskans with Mental Illness or Chronic Alcoholism](#)
- [Alaska Department of Health and Social Services Division of Behavioral Health](#)
- [Alaska Mental Health Board](#)

Health: Mental Health

8. Drilldown Information – Teens who Experienced Depression during Past Year

Percent of High School Students
Experiencing Depression*



Source: AK DHSS Div. of Public Health, Youth Risk Behavior Survey ²⁷

Summary and Explanation:

- This chart shows that 25% of Alaska high school students surveyed in the Youth Risk Behavior Survey felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during past 12 months.
- The 2009 Youth Risk Behavior Survey of Alaska high school students also reported the following:
 - 11.7 % had made a plan about how they would attempt suicide in the previous 12 months
 - 21% had been bullied on school property during the past 12 months
 - 13% had been it, slapped or physically hurt on purpose by their boyfriend or girlfriend

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The percent of high school students experiencing depression is a key indicator because of a concern that they experience, or are at risk of experiencing, major life impairment from one or more clinical conditions defining Trust beneficiary status, including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders;

²⁷ The Youth Risk Behavior Survey (YRBS) is a national survey developed by the Division of Adolescent and School Health, Centers for Disease Control and Prevention (CDC) in collaboration with 71 state and local departments of education and 19 federal agencies. The survey is a component of a larger national effort to assess priority health risk behaviors that contribute to the leading causes of mortality, morbidity and social problems among youth and adults in the United States. These results are needed to evaluate the effectiveness of programs in reducing negative student behaviors. The survey provides valuable information about positive behaviors among students. In Alaska, survey participation requires parental consent.

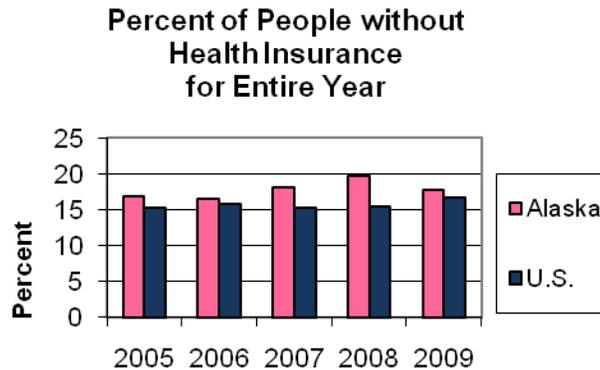
organic mental disorders; personality disorders; dissociative disorders; alcohol depressive disorder; other psychotic or severe and persistent disorders manifested by behavioral changes and symptoms of comparable severity to those manifested by persons with (such) mental disorders; alcohol withdrawal delirium (delirium tremens); alcohol hallucinosis; alcohol amnestic disorder; dementia associated with alcoholism; alcohol-induced organic mental disorder; alcoholic depressive disorder; and other severe and persistent disorders associated with a history of prolonged or excessive drinking or episodes of drinking out of control and manifested by behavioral changes and symptoms similar to those manifested by persons with (such) disorders. A.S. 47.30.056 (c), (d) and (f).

Additional Information:

- [Suicidal ideation/attempts from Youth Risk Behavior Survey](#)
- [Continuum of Care Matrix for Alaskans with Mental Illness or Chronic Alcoholism](#)
- [Alaska Department of Health and Social Services Division of Behavioral Health](#)
- [Alaska Mental Health Board](#)

Health: Access

9. Drilldown Information – Population without Health Insurance



Source: US Census Bureau, [Current Population Survey \(CPS\)](#), 2010 Annual Social and Economic (ASEC) Supplement, Table HI06.

Summary and Explanation:

- Nearly 18% of the Alaska population was counted as uninsured in 2009²⁸
- People most likely to be uninsured are those who are
 - Self-employed
 - Part-time workers
 - Seasonal workers and/or
 - People who work for small firms
 - Young adult males²⁹
- More than half of the uninsured work for small firms³⁰

Trend Data:

- [Population without Health Insurance](#)

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The percent of people without health insurance for the entire year is a key indicator because those without health insurance who experience one or more clinical conditions defining Trust beneficiary status cannot access, or have significant difficulty accessing, reasonable levels of necessary services authorized by Alaska Statute, including: emergency services; screening examination and evaluation services; inpatient care; crisis stabilization services; treatment

²⁸ US Census Bureau, Current Population Reports, P60 Series, Consumer Income

²⁹ AK DHSS Div. of HCS, Section of Health Planning and Systems Development, [Presentation on "Alaska's Uninsured" \(July 2007\)](#)

³⁰ Ibid.

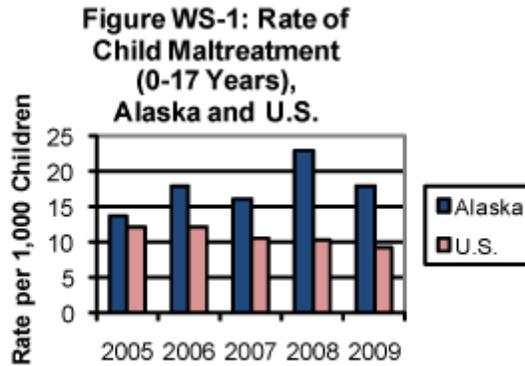
services; dispensing of psychotropic and other medication; detoxification; therapy and aftercare; case management; development of individualized treatment plans; daily living skills training; socialization activities; recreation; transportation; day care support; residential services; crisis or respite care; services provide via group homes, halfway houses or supervised apartments; intermediate care; long-term care; in-home care; vocational services; outpatient screening, diagnosis, and treatment; individual, family, and group psychotherapy, counseling, and referral; and prevention and education services. A.S. 47.30.056(b-i).

Additional Information:

- [Alaska's State Planning Grant to Identify Options for Expanding Coverage for Alaska's Uninsured \(AK DHSS HCS Section of Health Planning and Systems Development\)](#)
- [Final Report: *Key Informant Interviews – Assessing the high rate of Alaskans without Health Insurance*](#)
- Comprehensive Integrated Mental Health Plan Results Area: Health

Safety: Protection

10. Drilldown Information — Rate of Child Maltreatment



Source: US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, [Child Maltreatment 2009, Chapter 3, Table 3-5 Child Victims](#) (p. 33) and AK Dept of Labor Population Estimates

Summary and Explanation:

- Child abuse and neglect is defined as:
 - Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
 - An act or failure to act which presents an imminent risk of serious harm.³¹
- In this chart, the rate was based on the unique count of victims divided by the state's child population, multiplied by 1,000.³²
- According to national figures, Alaska's rate of child abuse and neglect is number 3 in the U.S. (below Massachusetts and District of Columbia).³³ Caution should be used in interpreting this figure. Although the differences among state rates may reflect actual abuse/neglect it can also be impacted by state-to-state variation in statutory jurisdiction, agency screening processes and definitions, and the ability of states to receive, respond to, and document electronically investigations.³⁴
- The [Adverse Childhood Experiences \(ACE\) Study](#) is one of the largest investigations ever conducted on the links between childhood maltreatment and later-life health and well-being. The ACE Study findings suggest that adverse child experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. The study shows a strong and graded relationship to health-related behaviors and outcomes during childhood and adolescence including early initiation of smoking, sexual activity, and

³¹ Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended by the Keeping Children and Families Safe Act of 2003, and reported in U.S. DHHS, Administration for Children and Families, [Chapter 3, Child Maltreatment](#)

³² Ibid.

³³ U.S. DHHS, Administration for Children and Families, [Child Maltreatment 2009, Chapter 3, Table 3-5 Child Victims](#) (p. 33)

³⁴ Email communication with J. Parrish, DHSS DPH EPI (10/20/09)

illicit drug use, adolescent pregnancies, and suicide attempts. Adverse experiences included abuse, neglect, and household disruption (divorce, incarceration, substance abuse, mental health problems).³⁵

Trend Data:

- [Rate of Child Maltreatment](#)

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The rate of child abuse and neglect is a key indicator because a significant amount of child abuse and neglect is committed by persons suffering major life impairment from one or more clinical conditions defining Trust beneficiary status. It is also an important indicator because child abuse and neglect often results in the victim experiencing major life impairment from one or more clinical conditions defining Trust beneficiary status, both in childhood as well as later in life. (See A.S. 47.30.056 (c-f)).

Additional Information:

- [Number of Children with a Protective Service Report of Harm by Maltreatment Type](#)
- [Rate of Repeat Maltreatment of Children, Alaska](#)
- [Reports of physical injury, sexual assault, and threats/injuries by weapon at school from Youth Risk Behavior Survey](#)
- [Alaska Department of Health and Social Services, Office of Children's Services](#)

³⁵ [Adverse Childhood Experiences \(ACE\) Study](#) (download 1/6/10)

Safety: Protection

11. Drilldown Information — Rate of Substantiated Reports of Harm per 1,000 Adults

Summary and Explanation:

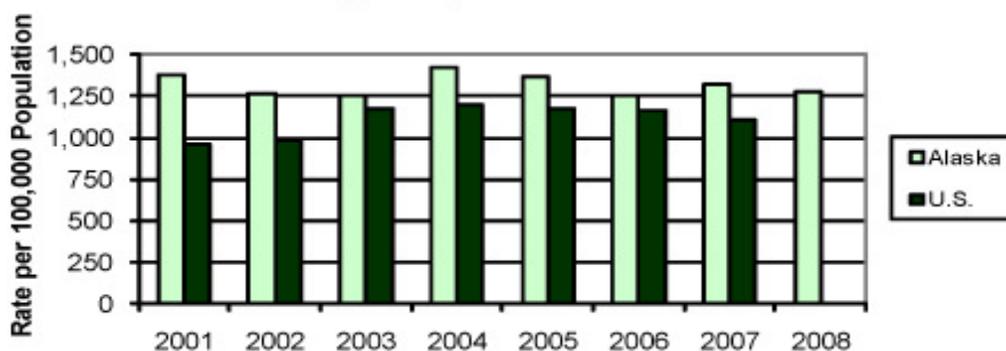
- The mission of Adult Protective Services (APS) is to prevent or stop harm to vulnerable adults resulting from abandonment, abuse, exploitation, neglect or self-neglect. Vulnerable adults are those 18 years of age or older who have a physical or mental impairment or condition that prevents them from protecting themselves or from seeking help from someone else. APS is a voluntary service, and Alaska law prohibits APS from interfering with adults who are capable of caring for themselves.

More information is pending.

Safety: Protection

12. Injuries to Elders due to Falls

Nonfatal Hospitalized injuries due to Falls,
Age 65+, Alaska and U.S.



Source: DHSS Division of Public Health, Alaska Trauma Registry

Summary and Explanation:

In the U.S. each year, one in every three adults age 65 and older falls. Falls can lead to moderate to severe injuries, such as hip fractures and head traumas, and can even increase the risk of early death.

- One out of three adults age 65 and older falls each year.^{1,2}
- The rate of hospitalized falls by elders is consistently higher in Alaska than it is in the U.S.³⁸
- Falls are the leading cause of nonfatal injury in the elderly and are Alaska's leading cause of hospitalization for traumatic brain injury.³⁹
- The death rates from falls among older men and women have risen sharply over the past decade.⁴
- In 2000, direct medical costs of falls totaled a little over \$19 billion—\$179 million for fatal falls and \$19 billion for nonfatal fall injuries.⁵
- Twenty to 30 percent of people who fall suffer injuries such as lacerations, hip fractures, or head traumas. These injuries can make it hard to get around or live independently, and increase the risk of early death.^{6,7}
- Falls are the most common cause of traumatic brain injuries, or TBI.⁸ In 2000, TBI accounted for 46% of fatal falls among older adults.⁴
- Many people who fall, even if they are not injured, develop a fear of falling. This fear may cause them to limit their activities, leading to reduced mobility and loss of physical fitness, which in turn increases their actual risk of falling.¹¹

Trend Data:

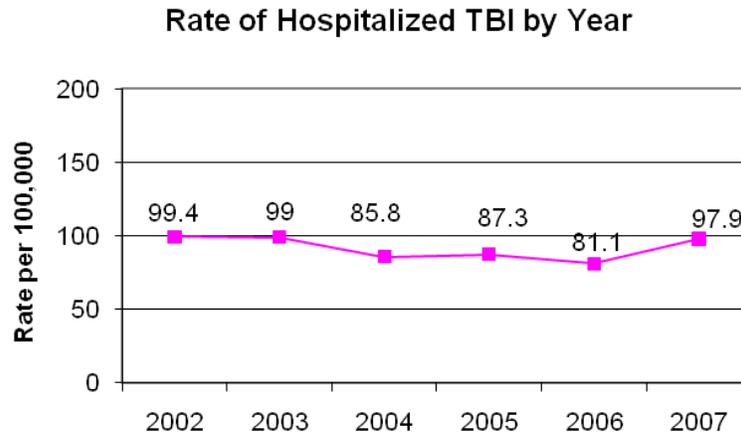
- [Injuries to Elders due to Falls](#)

Additional Information:

- Alaska Senior Fall Prevention Campaign
- Rate of Non-fatal Traumatic Brain Injury per 100,000
- Alaska Department of Health and Social Services, Division of Public Health, Injury Prevention
- Alaska Commission on Aging
- Examples of Current Initiatives, Projects, and Activities That Fill Service Gaps

Safety: Protection

13. Drilldown Information – Rate of Non-fatal Traumatic Brain Injury per 100,000



Source: Alaska DHSS Division of Public Health, [Section of Injury Prevention and EMS](#), Alaska Trauma Registry

Summary and Explanation:

- The rate of non-fatal Traumatic Brain Injury in Alaska declined between 2002 and 2006 and increased in 2007.
- It is estimated that 11,900 Alaskans, or 1.8 percent of the population, live with a disability due to Traumatic Brain Injury.³⁶
- A traumatic brain injury (TBI) is an injury caused by a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all
- blows or jolts to the head result in a TBI.³⁷
- Approximately 800 TBI cases each year result in hospitalization or death³⁸
- An estimated 3,000 Alaskans visit the emergency room each year with a mild TBI. The number of those who do not seek medical attention is unknown.³⁹
- The highest rates of TBI are among Alaska Natives, residents of rural Alaska, youth ages 15-19 in motor vehicle crashes, and elders who fall.⁴⁰
- The top three causes of TBI among those admitted to a hospital from 2001-2005 were falls, motor vehicle traffic crashes, and assaults.⁴¹
- It is estimated that 20 to 30% of returning service members will need TBI services.⁴²

³⁶ Univ. of AK Center for Human Development (2003). The Alaska Traumatic Brain Injury (TBI) Planning Grant Needs and Resources Assessment, June 2001 – January, 2003 and email correspondence with M. Parsons, [Alaska Brain Injury Network](#) Program Coordinator (11/27/09)

³⁷ Alaska Dept. of H&SS, Div. of Behavioral Health, DHSS Senior and Disability Services, AK Mental Health Trust, AK Brain Injury Network, Inc. (October, 2008) [Brain Injuries in Alaska: 10 Year TBI Plan](#), page 3.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Email correspondence with M. Parsons, [Alaska Brain Injury Network](#) Program Coordinator (11/27/09)

- Of 28 respondents in the AIPC Suicide Follow-back Study, 9 (32%) said that the decedent had suffered a traumatic brain injury at some point in their life.⁴³

Trend Data:

- [Rate of Non-fatal Traumatic Brain Injury per 100,000](#)

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The rate of non-fatal traumatic brain injury is a key indicator because TBI is a major cause of severe organic brain impairment, a clinical condition defining Trust beneficiary status. A.S. 47.30.056 (e).

Additional Information:

- [Alaska Brain Injury Network](#)
- [Brain Injuries in Alaska: 10 Year TBI Plan \(October 2008\)](#)
- [Alaska Department of Health and Social Services, Division of Public Health, Section of Injury Prevention and EMS](#)
- [Alaska Department of Health and Social Services, Division of Behavior Health, Brain Injury Initiative](#)
- [Examples of Current Initiatives, Projects, and Activities That Fill Service Gaps](#)

⁴³ AIPC Suicide Follow-back Study 2006 (p. 33)

http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/sspcfollwback2-07.pdf

Safety: Justice

14. Drilldown Information — Percent of Incarcerated Adults with Mental Illness or Mental Disabilities

Summary and Explanation:

- Of the adults incarcerated in the Alaska correctional system, approximately 42 percent are Trust beneficiaries with mental illness and/or mental disabilities, mostly incarcerated for misdemeanors.⁴⁴
- By default, the Alaska Department of Corrections has become the largest provider of mental health services in the State of Alaska.⁴⁵
- Alaska has the highest growth rate for incarceration per capita in the USA.⁴⁶
- Beneficiaries of the Alaska Mental Health Trust are at increased risk of involvement with the criminal justice system both as defendants and as victims. Limitations and deficiencies in the community emergency response, treatment, and support systems make criminal justice intervention the default emergency response to the conditions and resulting actions of many Trust beneficiaries.⁴⁷
- A collaborative group under the Alaska Mental Health Trust Disability Justice Focus Area is working to: (1) increase training for criminal justice personnel; (2) sustain and expand therapeutic court models and practices; (3) improve continuity of care for beneficiaries involved with the criminal justice system; (4) increase capacity to meet the needs of beneficiary offenders with cognitive impairments; and (5) develop community-based alternatives to incarceration for beneficiaries.⁴⁸

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The percent of incarcerated adults with mental illness or mental disabilities is a key indicator because it illustrates the magnitude and effects of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. A.S. 47.30.056(b-c). It is also a key indicator because it illustrates the significant economic costs related to mental health with regard to incarceration of Trust beneficiaries. Finally, it is a key indicator because it highlights the need for and economic benefits of timely provision (i.e., prior to the need for incarceration) of reasonable levels of necessary services for people at risk due to mental illness, substance abuse, developmental disabilities, and/or traumatic brain injury. Services to be provided include alcoholism services; housing support services; and vocational services, including prevocational services, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. A.S. 47.30.056(i)(1) and (i)(2)(I).

⁴⁴ Hornby Zeller Associates, Inc. (December, 2007). A Study of Trust Beneficiaries in the Alaska Department of Corrections.

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Email from S. Williams, MSW, AK Mental Health Trust, Disability Justice Focus Area (12/22/09)

⁴⁸ Ibid.

Additional Information:

- Trust *Disability Justice* Focus Area
- Alaska Department of Health and Social Services Division of Behavioral Health
- Alaska Department of Health and Social Services Division of Juvenile Justice
- Alaska Mental Health Board
- Alaska Department of Corrections

Safety: Justice

15. Drilldown Information – Criminal Recidivism Rates for Incarcerated Adults with Mental Illness or Mental Disabilities

Summary and Explanation:

- The criminal recidivism rate for Trust beneficiaries is 36 percent, and the rate for other offenders released from Alaska Department of Corrections is 22 percent.⁴⁹
- Beneficiaries are more likely to recidivate sooner and spend more time in ADOC custody.⁵⁰
- Inmates with severe mental illness were less likely to recidivate than inmates with mild mental illness or substance-related disorders, who had a far higher rate of recidivism.⁵¹

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- Criminal recidivism rates for incarcerated adults with mental illness or mental disabilities are a key indicator because they illustrates the nature and magnitude of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. A.S. 47.30.056(b-c). They are also a key indicator because they illustrate the significant economic costs related to mental health with regard to incarceration of Trust beneficiaries. Finally, they are a key indicator because they highlight the need for and economic benefits of timely provision (i.e., during and immediately following release from incarceration) of reasonable levels of necessary services for people at risk due to mental illness, substance abuse, developmental disabilities, and/or traumatic brain injury. Services to be provided include alcoholism services, housing support services, and vocational services, including prevocational services, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. A.S. 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

- [Alaska Judicial Council \(January 2007\) *Criminal Recidivism in Alaska*](#)
- [Alaska Judicial Council \(February 2007\) *Recidivism in Alaska's Felony Therapeutic Courts*](#)
- [Trust Disability Justice Focus Area](#)
- [Alaska Department of Health and Social Services Division of Behavioral Health](#)
- [Alaska Department of Health and Social Services Division of Juvenile Justice](#)
- [Alaska Mental Health Board](#)
- [Alaska Department of Corrections](#)

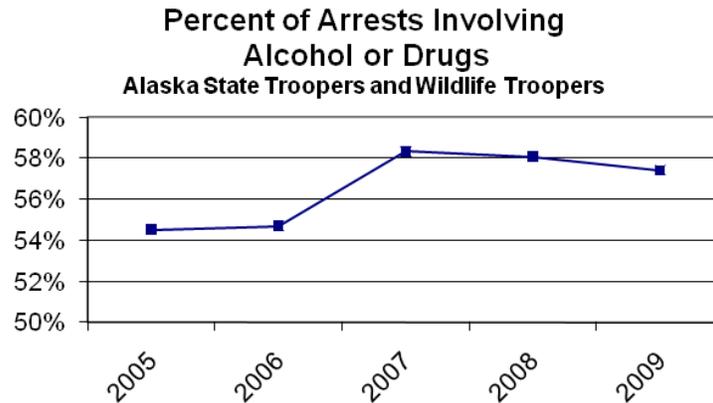
⁴⁹ Hornby Zeller Associates, Inc. (December, 2007). A Study of Trust Beneficiaries in the Alaska Department of Corrections.

⁵⁰ Ibid.

⁵¹ Ibid.

Safety: Justice

16. Drilldown Information — Percent of Arrests Involving Alcohol or Drugs



Source: Alaska Public Safety Information Network (APSIN) case data for AK Dept of Public Safety Division of AK State Troopers and Wildlife Troopers (email 11/16/10)

Summary and Explanation:

- This data includes arrest offenses with Division of AK State Troopers or Wildlife Troopers that were flagged as being related to alcohol and/or drugs.⁵²
- Out of a total of 78,191 arrests by State Troopers in the last 10 years, 42,413 (54%) were flagged as being related to alcohol and/or drugs.⁵³
- The data may be underreported because many offenses could be committed while under the influence of drugs or alcohol but not flagged for this.

This chart does not include charges by municipalities within the state, which are the source of most incarcerations.⁵⁴ For related data in the Anchorage Municipality, see [Anchorage Fire Department Community Service Patrol & Sleep-Off Center 2009 Data Summary and Analysis](#). From 2007 to 2009, Sleep-Off Intakes increased by 18%.

Trend Data:

- [Percent of Arrests Involving Alcohol or Drugs](#)

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The percent of arrests involving alcohol or drugs is a key indicator because it illustrates the magnitude and effects of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. A.S. 47.30.056(b-c). It is also a key indicator because it illustrates the significant costs related to mental health with regard to Public Safety resources. Finally, it is a key indicator because it highlights the need for and

⁵² AK Dept of Public Safety Division of AK State Troopers and Wildlife Troopers (email from N. Smith, 9/30/09)

⁵³ Ibid.

⁵⁴ AK Dept of Corrections (Communication with C. Patrick-Riley, 12/17/08)

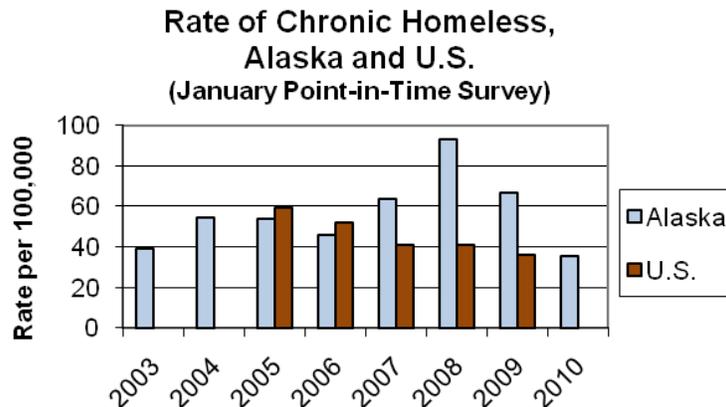
economic benefits of timely provision (i.e., prior to the need for arrest) of reasonable levels of necessary services for people at risk due to mental illness, substance abuse, developmental disabilities, and/or Traumatic Brain Injury. A.S. 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

- [Trust *Disability Justice* Focus Area](#)
- [Alaska Department of Health and Social Services Division of Behavioral Health](#)
- [Alaska Department of Corrections](#)

Living with Dignity: Accessible, Affordable Housing

17. Drilldown Information — Rate of Chronic Homelessness, Alaska and U.S.



Source: [Alaska Housing Finance Corporation](#) Annual Point-in-Time Survey (email 12/14/10); U.S. Dept of Housing and Urban Development, [Annual Homeless Assessment Report to Congress](#)

Summary and Explanation:

- In 2010 the number of chronically homeless statewide dropped from 453 to 240 (rate of 35 per 100,000 population). The rate of chronic homeless also dropped slightly across the country. According to recent meeting participants from the U.S. Interagency Council on Homelessness, this reduction also occurred across the country.⁵⁵
- According to the Alaska Housing Finance Corporation, after follow-up interviews with providers, it was concluded there were fewer chronic homeless in Alaska and throughout the U.S. because of: (1) better training for those who collect the data; (2) deaths among the chronic population; (3) longer incarcerations (so they are not on the street to count); (4) earlier intervention to keep people from becoming "chronic;" and (5) a few additions to the permanent supportive housing inventory.⁵⁶
- A chronically homeless person is defined as a disabled individual who has been continuously homeless for more than one year or has experienced at least four episodes of homelessness in the past three years.⁵⁷
- The homeless survey is administered as a "Point-in-Time" count, on a specified day during the last week in January of each year. Most of the data is from staff from agencies that serve the homeless, including shelter providers, public health nurses, homeless school liaisons, behavioral health workers, and food bank employees. Students, church volunteers and homeless alumni are also recruited to canvass places frequented by homeless persons. The information is entered into a central data bank where duplicates are identified and eliminated.⁵⁸
- The spike in the 2008 Alaska data could have resulted from: (1) the loss of substance abuse treatment beds; (2) "Project Homeless Connect," a one-day, one-stop service fair for the homeless held in Anchorage which brought more people out of the shadows to be counted;

⁵⁵ [Alaska Housing Finance Corp.](#) (email K. Duncan 12/14/10)

⁵⁶ Ibid

⁵⁸ [Alaska Housing Finance Corp.](#) (email K. Duncan 11/28/08)

and (3) new information received from Immaculate Conception Church's Breadline soup kitchen in Fairbanks.⁵⁹

- The 2007 U.S. "snapshot" shows a drop in the number of chronically homeless persons and in homelessness generally. Comparing the national number of chronically homeless individuals from year to year should be done with caution. Declines can be attributed to several factors including increased funding from HUD and other sources for permanent supportive housing, improved data collection and reporting, and variation in the number of communities reporting these data on an annual basis. Still, these snapshot counts offer communities a powerful tool to gauge their homeless challenge and to create innovative housing solutions in response.⁶⁰

Trend Data:

- [Rate of Chronic Homelessness, Alaska and U.S.](#)

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The rate of chronic homelessness is a key indicator because it illustrates the magnitude and effects of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. A.S. 47.30.056(b-c). It is also a key indicator because it highlights the need for and potential benefits of timely provision of reasonable levels of necessary services for people at risk due to mental illness, substance abuse, developmental disabilities, and/or brain injury. Services to be provided include alcoholism services, housing support services, and vocational services, including prevocational services, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. A.S. 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

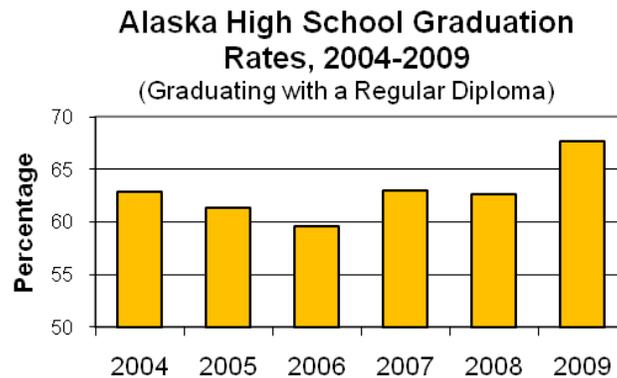
- [Comprehensive Integrated Mental Health Plan Results Area: *Living with Dignity*](#)
- [Estimated Number of Homeless Alaskans by Year](#)
- [Table E-1: Alaska Rent-Wage Disparity by Census Area](#)
- [Trust Affordable Appropriate Housing Focus Area](#)

⁵⁹ Ibid.

⁶⁰ HUD News Release HUD No. 08-113, (July 29, 2008)

Living with Dignity: Educational Goals

18. Drilldown Information — High School Graduation Rate



Source: Alaska Department of Education and Early Development Statistics and Reports

Summary and Explanation:

- The high school graduation rate for Alaska in 2009 was 67.7 percent.
- In 2007 an average of 69 percent of all students in the United States graduated from high school with a regular diploma in four years.⁶¹
- Alaska loses a significant number of students over their four years of high school. Reasons for discontinuing school include pursuing a GED, entering the military, becoming employed, facing family problems, illness, pregnancy, or alcohol/drug dependency, failing, truancy, being expelled due to behavior, transferring to non-district sponsored home schooling, or leaving for unknown reasons without a formal request for transfer of records.⁶²
- Alaska's target for the high school graduation rate has remained at 55.58%. This was the "accountability target" negotiated between the Alaska Department of Education and Early Development with the U.S. Department of Education shortly after the passage of No Child Left Behind (NCLB) in 2002-2003.⁶³

Trend Data:

- [High School Graduation Rates](#)

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).

⁶¹ Alliance for Excellent Education, [Understanding High School Graduation Rates](#)

⁶² Alaska Department of Education and Early Development, Division of Teaching and Learning Support, Assessment and Accountability (email correspondence with K. Lipson, 10/16/06)

⁶³ Alaska Department of Education and Early Development (email correspondence with P. Corazza, 11/9/09)

- The high school graduation rate is a key indicator because it illustrates the magnitude and effects of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. A.S. 47.30.056(b-c). It is also a key indicator because it highlights the need for and potential benefits of timely provision of reasonable levels of necessary services for youth at risk due to mental illness, substance abuse, developmental disabilities, and/or brain injury. A.S. 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

- [High School Graduation Rates for Students Receiving Special Education Compared with Students Not Receiving Special Education](#)
- [Grade 10 Students Passing Qualifying Exams: Students Receiving Special Education and Students Not Receiving Special Education](#)

Living with Dignity: Educational Goals

19. Drilldown Information – Percent of Youth who Received Special Education and are Employed and/or Enrolled in Post-secondary Education One Year after Leaving School

Summary and Explanation:

- This indicator tracks outcomes of youth who had Individualized Education Plans and have exited secondary school.
- In 2009, 64 percent of Alaskan youth in this category became competitively employed and/or enrolled in some type of post-secondary school, within one year after leaving high school. This includes students who dropped out or aged out of high school.⁶⁴
- 2009 data was collected using a revised measure that is not comparable to previous years.⁶⁵

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The percent of youth who received special education who are employed and/or enrolled in post-secondary education one year after leaving school is a key indicator because it illustrates the magnitude and effects of major life impairments suffered by many persons who experience clinical conditions defining Trust beneficiary status. A.S. 47.30.056(b-c). It is also a key indicator because it highlights the need for and potential benefits of timely provision of reasonable levels of necessary services for people at risk due to mental illness, developmental disabilities, and/or brain injury. Services to be provided include alcoholism services; housing support services; and vocational services, including prevocational services, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. A.S. 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

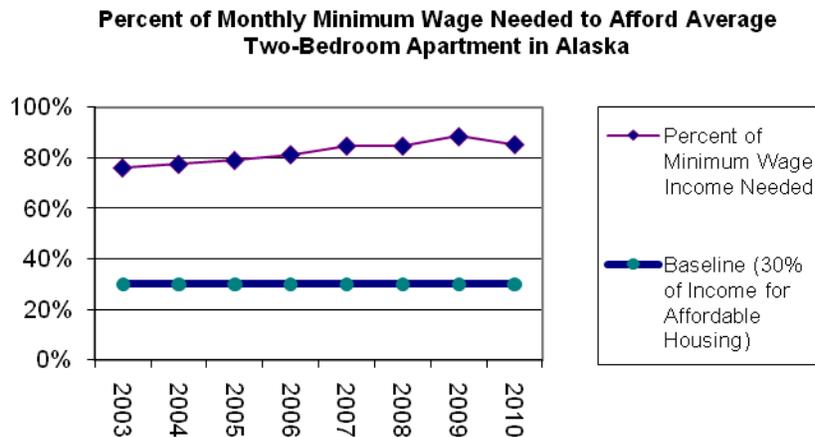
- [Comprehensive Integrated Mental Health Plan Results Area: Living with Dignity](#)
- [High School Graduation Rates for Students Receiving Special Education Compared with Students Not Receiving Special Education](#)
- [Grade 10 Students Passing Qualifying Exams: Students Receiving Special Education and Students Not Receiving Special Education](#)
- [Governor's Council on Disabilities and Special Education](#)
- [Continuum of Care Matrix for Alaskans with Developmental Disabilities](#)

⁶⁴ Governor's Council on Disabilities and Special Education, Research Analyst III, based on report from D. Tarcy, contractor for Office of Special Education (email 11/10/10)

⁶⁵ Ibid.

Economic Security

20. Drilldown Information — Percent of Minimum Wage Income Needed for Average 2-Bedroom Housing in Alaska



Source: National Low Income Housing Coalition “Out of Reach” reports

Summary and Explanation:

- The amount of minimum wage income needed to afford housing in Alaska rose steadily between 2003 and 2009, as housing costs increased and the minimum wage stayed the same. It dropped slightly in 2010 when the minimum wage was increased.⁶⁶
- In 2009, an Alaskan earning minimum wage (\$7.25 per hour) would need to work 112 hours per week, 52 weeks per year to afford an average 2-bedroom apartment in Alaska.⁶⁷
- A housing unit is considered affordable if it costs no more than 30% of one’s income.⁶⁸
- The current Fair Market Rent (FMR) for a two-bedroom apartment in Alaska is \$1059. In order to afford this, a household must earn a “Housing Wage” of \$20.36, assuming a 40-hour work week, 52 weeks per year.⁶⁹

Trend Data:

- [Percent of Minimum Wage Income Needed for Average 2-bedroom Housing in Alaska](#)

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The percent of minimum wage income needed for a average 2-bedroom housing in Alaska is a key indicator because it illustrates the significance and effect of a major life impairment

⁶⁶ Summary of Alaska Wage and Hour Act (minimum wage was raised 1/1/03 and 1/1/10)

⁶⁷ National Low Income Housing Coalition “Out of Reach” reports

⁶⁸ Ibid.

⁶⁹ Ibid.

suffered by many persons who experience clinical conditions defining Trust beneficiary status—the difficulty of being able to afford decent housing. A.S. 47.30.056(b-c). It is also a key indicator because it highlights the need for and potential benefits of timely provision of reasonable levels of necessary services for people at risk due to mental illness, developmental disabilities, substance abuse, and/or brain injury. Services to be provided include alcoholism services, housing support services, and vocational services, including prevocational services, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. A.S. 47.30.056(i)(1) and (i)(2)(I).

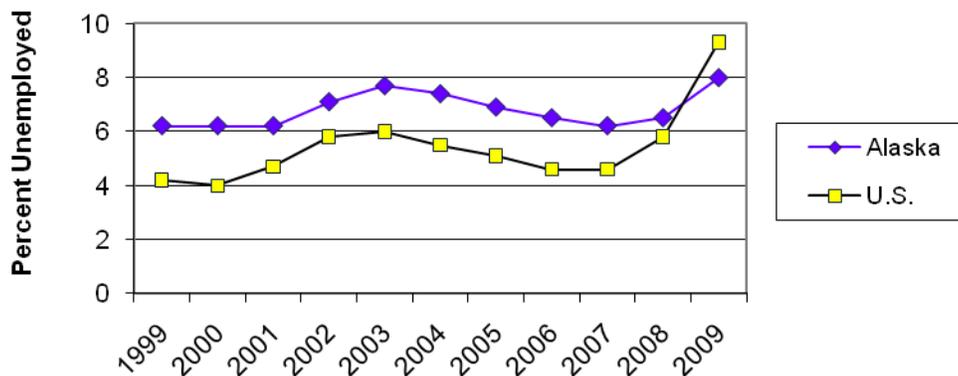
Additional Information:

- [Comprehensive Integrated Mental Health Plan Results Area: Economic Security](#)
- [Alaska Rent-Wage Disparity by Census Area](#)
- [Trust Affordable Appropriate Housing Focus Area](#)
- [Alaska Department of Health and Social Services Division of Public Assistance](#)
- [Comprehensive Integrated Mental Health Plan: Current Services](#)
- [Alaska Housing Finance Corporation](#)

Economic Security

21. Drilldown Information – Average Annual Unemployment Rate

Average Annual Unemployment Rate, Alaska and
U.S. by Year, 1999-2009



Sources: *Alaska Dept. of Labor and Workforce Development*; *U.S. Dept. of Labor, Labor Force Statistics from the Current Population Survey*

Summary and Explanation:

- Persons are classified as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work. Persons who were not working and were waiting to be recalled to a job from which they had been temporarily laid off are also included as unemployed. The unemployment rate represents the number unemployed as a percent of the labor force.⁷⁰
- Alaska's unemployment rate is usually above that of the U.S. partially due to the seasonality of Alaska's work. Data presented in these charts are not seasonally adjusted. Seasonally adjusted rates tend to be slightly higher.⁷¹
- The average annual unemployment rate is a key indicator because it reflects underlying economic conditions that might disproportionately affect Trust beneficiaries and their opportunities for work, decent housing, and adequate health care.

Trend Data:

- [Average Annual Unemployment Rate](#)

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).

⁷⁰ U.S. Dept of Labor, Bureau of Labor Statistics, Labor Force Statistics from the Current Population Survey

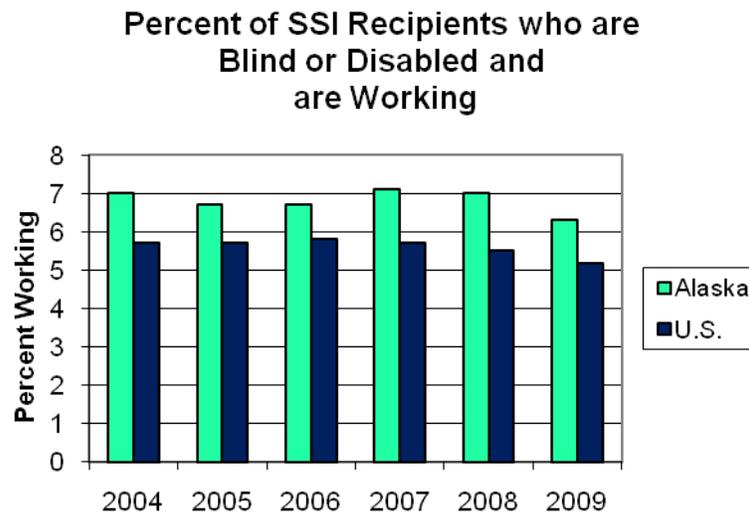
⁷¹ Alaska Dept of Labor and Workforce Development, Research and Analysis Section, Labor Force Statistics by Month

Additional Information:

- Comprehensive Integrated Mental Health Plan Results Area: Economic Security
- Current Initiatives
- Current Services and Service Gap Analysis
- Alaska Department of Labor and Workforce Development

Economic Security

22. Drilldown Information — Percent of SSI Recipients who are Blind or Disabled and are Working



Source: US Social Security Administration, Office of Retirement and Disability Policy, SSI Annual Statistical Reports, 2009, [Table 41, Recipients Who Work](#).

Summary and Explanation:

- Alaskans on SSI and/or SSDI are among the lowest-income groups in the country. According to the Social Security Administration, less than one-half of one percent of SSI and/or SSDI recipients secures employment sufficient enough for them to leave the SSI or SSDI program. Although work incentives exist to help people go to work, the vast majority of recipients are afraid they might lose cash assistance and Medicaid-supported services if they seek employment. Since an individual's disability does not go away just because he or she becomes employed, they need continued services, which are often available only through Medicaid. These services include personal care assistance, in-home supports, ongoing supported employment services and rehabilitation services.⁷²

Trend Data:

- [Percent of SSI Recipients who are Blind or Disabled and are Working](#)

⁷² Governor's Council on Disabilities and Special Education (email communication with M. Ryan, 12/15/08)

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. A.S. 47.30.660(a); A.S. 47.30.011(b); A.S. 37.14.003(a); A.S. 47.30.046(a).
- The Percent of SSI Recipients with Blindness or Disabilities who are Working is a key indicator because it illustrates the significance and effect of a major life impairment suffered by many persons who experience clinical conditions defining Trust beneficiary status—the difficulty of securing and holding down a job. A.S. 47.30.056(b-c). It is also a key indicator because it highlights the need for and potential benefits of timely provision of reasonable levels of necessary services for those at risk due to mental illness, developmental disabilities, and/or Alzheimers Disease and related disorders (such as traumatic brain injury). Services under statute include housing support services and vocational services, including prevocational services, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. A.S. 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

- [Comprehensive Integrated Mental Health Plan Results Area: Economic Security](#)
- [Governor's Council on Disabilities and Special Education](#)
- [Comprehensive Integrated Mental Health Plan: Current Services](#)