



Alaska Scorecard

Key Issues Impacting Alaska Mental Health Trust Beneficiaries



Click on the title of each indicator for a link to complete sources and information

Key to symbols: Satisfactory Uncertain Needs Improvement

Most Current U.S. Data Previous Year's Alaska Data Most Current Alaska Data Status

Health					
Suicide					
1	Suicide deaths (rate per 100,000 population)	13.0	23.5	22.3	
2	Percent of adults reporting serious thoughts of suicide	3.9%	4.2%	4.2%	
Substance Abuse					
3	Alcohol-induced deaths (rate per 100,000 population)	8.2	29.5	33.6	
4	Percent of adults who engage in heavy drinking	5.9%	7.7%	9.1%	
5	Percent of adults who engage in binge drinking	16.0%	18.5%	20.2%	
6	Percent of population (age 12 and older) who use illicit drugs	9.8%	12.9%	13.2%	
Mental Health					
7	Days of poor mental health in past month (adults)	3.6	3.1	3.1	
8	Percent of teens who experienced depression during past year	29.9	27.2%	33.6%	
Access					
9	Percent of population without health insurance	11.7%	18.5%	17.2%	
Safety					
Protection					
10	Children abused and neglected (rate per 1,000 children 0-17)	9.4	13.0	13.3	
11	Founded reports of harm to adults (rate per 1,000 adults 18+)	*	1.2	1.7	
12	Injuries to elders due to falls, hospitalized (rate per 100,000 population)	1,472	1,061	924	
13	Traumatic brain injury, hospitalized non-fatal (rate per 100,000 population)	91.7	79.5	85.6	
Justice					
14	Percent of incarcerated adults with mental illness or mental disabilities	*	42%	65%	
15	Recidivism rate for incarcerated adults with mental illness or mental disabilities	*	39.2%	38.9%	
16	Percent of arrests involving alcohol or drugs	*	29.5%	40.2%	
Living With Dignity					
Accessible, Affordable Housing					
17	Chronic homelessness (rate per 100,000 population)	26.1	28.0	24.7	
Educational Goals					
18	Difference between high school graduation rates for students with & without disabilities	*	33.0%	21.0%	
19	Percent of youth who received special education who are employed or enrolled in post-secondary education one year after leaving school	*	72.0%	58.8%	
Economic Security					
20	Percent of minimum wage income needed to afford average housing	*	90.7%	83.8%	
21	Average annual unemployment rate	6.2%	6.9%	6.8%	
22	Percent of SSI recipients who are blind or disabled and are working	4.3%	6.8%	6.5%	
Prevalence Estimates: Alaska Mental Health Trust Beneficiaries					
Alaska Mental Health Trust Beneficiary Population		Estimate	Population Rate		
Serious Mental Illness (ages 18+)		21,300	3.9%		
Serious Emotional Disturbance (ages 0 to 17)		12,725	6.7%		
Alzheimer's Disease (ages 65+)		6,400	9.0%		
Traumatic brain injury (all ages)		11,900	1.6%		
Developmental disabilities (all ages)		13,200	1.8%		
Dependent on alcohol (ages 12 to 17)		500	0.8%		
Dependent on alcohol (ages 18+)		19,100	3.5%		

* No comparable U.S. data available

Health: Suicide

1. Suicide mortality rate per 100,000 population, age-adjusted (2014).^a
2. Percentage of non-institutionalized adults aged 18 and older reporting serious thoughts of suicide in the past year (2013-2014).^b

Health: Substance Abuse

3. Alcohol-induced deaths per 100,000 population, age-adjusted. Includes fatalities from alcoholic psychoses, alcohol dependence syndrome, non-dependent abuse of alcohol, alcohol-induced chronic liver disease and cirrhosis, and alcohol poisoning; does not include traumatic injury such as motor vehicle crashes or homicide (2014 Alaska, 2013 U.S.).^a
4. Percentage of adults who reported heavy drinking in past 30 days; defined as two or more drinks daily for men and one or more daily for women (2014).^c
5. Percentage of adults who reported binge drinking in past 30 days; defined as drinking five or more drinks (men) or four or more drinks (women) on one occasion (2014).^c
6. Percentage of population age 12 and older who report using illicit drugs in the past month. Used here, "illicit drugs" includes marijuana/ hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically (2013-2014).^b

Health: Mental Health

7. Mean number of days during the previous 30 days for which respondents aged 18 years or older report that their mental health (including stress, depression, and problems with emotions) was not good (2014).^c
8. Percentage of students in grades 9-12 who reported feeling 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 (2015 Alaska, 2013 U.S.).^d

Health: Access

9. Percent of population without health insurance for the entire year (2014).^e

Safety: Protection

10. Children aged 0-17 abused and neglected, rate per 1,000. (2014).^f
11. Founded reports of harm, rate per 1,000 adults. (FY2015).^g
12. Non-fatal injuries due to falls, ages 65+, hospitalized 24 hours or more, rate per 100,000 (2014 Alaska, 2013 U.S.).^h
13. Non-fatal traumatic brain injury requiring hospitalization of 24 hours or more, rate per 100,000 (2014 Alaska, 2010 U.S.).^h

Safety: Justice

14. Percent of incarcerated adults with mental illness or mental disabilities (2012).ⁱ
15. Statewide recidivism rates for incarcerated adults with mental illness or mental disabilities; defined as a post-conviction re-incarceration within one year of exiting Alaska Department of Corrections custody (2012).ⁱ
16. Percent of arrests by Alaska State Troopers or Wildlife Troopers that were flagged as being related to alcohol and/or drugs (2014).^j

Living With Dignity: Housing

17. Chronically homeless persons, defined as individuals with disabilities who have been continuously homeless for a year or more or who have experienced at least four episodes of homelessness in the past three years, per 100,000 population (2015).^k

Living With Dignity: Education

18. Difference between high school graduation rate for students with and without disabilities. Statewide cohort graduation rate (2014-2015).^l
19. Percent of youth who received special education who are employed and/or enrolled in post-secondary education one year after leaving high school (2014).^m

Economic Security

20. Percent of minimum wage income needed to afford fair-market rent of two-bedroom housing in Alaska (2015).ⁿ
21. Annual unemployment rate, not seasonally adjusted. (2014).^o
22. Percent of SSI recipients with blindness or disabilities who are working (2014).^p

Data Sources

- a. Alaska Department of Health and Social Services, Division of Public Health, [Bureau of Vital Statistics](#); U.S. Centers for Disease Control and Prevention (CDC), [National Center for Health Statistics](#).
- b. Substance Abuse and Mental Health Services Administration (SAMHSA), [National Survey on Drug Use and Health \(NSDUH\)](#).
- c. Alaska Department of Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System; U.S. Centers for Disease Control and Prevention (CDC), [Behavioral Risk Factor Surveillance System](#).
- d. Alaska Department of Health and Social Services, Division of Public Health, [Youth Risk Behavior Survey](#); U.S. Centers for Disease Control and Prevention, [Youth Risk Behavior Survey](#).
- e. U.S. Census Bureau, Current Population Survey, [Health Insurance Coverage in the United States](#).

- f. U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau, [Child Maltreatment Report](#).
- g. Alaska Department of Health and Social Services, Division of Senior and Disabilities Services, [Adult Protective Services](#).
- h. Alaska Department of Health and Social Services, Division of Public Health, [Alaska Trauma Registry](#); U.S. Centers for Disease Control and Prevention (CDC), Injury Prevention & Control, [Data & Statistics](#).
- i. Hornby Zeller Associates, Inc. (May 2014), [A Study of Trust Beneficiaries in the Alaska Department of Corrections](#).
- j. Alaska Department of Public Safety, Divisions of Alaska State Troopers and Wildlife Troopers; Alaska Public Safety Information Network (APSIN) case data.
- k. U.S. Department of Housing and Urban Development (HUD) Office of Community Planning and Development, [Annual Homeless Assessment Report](#).
- l. Alaska Department of Education & Early Development, [Report Card to the Public](#).
- m. [Governor's Council on Disabilities & Special Education, Indicator 14 – Post-School Outcomes Status Report](#).
- n. National Low Income Housing Coalition [Out of Reach](#).
- o. Alaska Department of Labor & Workforce Development, Research and Analysis, [Labor Force Data](#); U.S. Department of Labor, [Bureau of Labor Statistics](#).
- p. U.S. Social Security Administration, Office of Retirement and Disability Policy, [SSI Annual Statistical Report](#).

Alaska Population Rates: Alaska Department of Labor & Workforce Development, [Population Estimates](#).

Prevalence Data – Sources

Mental Illness (SMI and SED). Substance Abuse and Mental Health Services Administration (SAMHSA), [National Survey on Drug Use and Health \(NSDUH\)](#) (2013-2014 estimates).

Alzheimer's Disease. Alzheimer's Association, [Alaska Alzheimer's Statistics](#) (2015).

Traumatic Brain Injury. University of Alaska Center for Human Development, [The Alaska Traumatic Brain Injury Planning Grant Needs & Resources Assessment, June 2001 – January 2003](#) (2003).

Developmental Disabilities. U.S. Department of Health and Human Services, Office of Human Development Services and Gollay, E., [Summary Report on the Implications of Modifying the Definition of a Developmental Disability](#) (1981).

Alcohol dependence. Substance Abuse and Mental Health Services Administration (SAMHSA), [National Survey on Drug Use and Health \(NSDUH\)](#) (2013-2014 estimates).

Key to Scorecard symbols

Alaska vs. U.S. % Difference		Alaska Year-to-Year Trend		Assessment		Status
If	Less than 15%	and	getting better	then	satisfactory	✓
If	Less than 15%	and	getting worse or flat	then	uncertain	↔
If	Greater than 15% to the positive	and	getting better or flat	then	satisfactory	✓
If	Greater than 15% to the positive	and	getting worse	then	uncertain	↔
If	Greater than 15% to the negative	and	getting better	then	uncertain	↔
If	Greater than 15% to the negative	and	getting worse or not clear	then	needs improvement	✗
If	Unacceptably large rate to the negative	then	trend becomes irrelevant	then	needs improvement	✗

How did we determine the status of Scorecard indicators?

The Alaska Department of Health and Social Services, in conjunction with the Trust and the related advisory boards and commission, has produced this Alaska Scorecard annually since 2008.

To determine the status of an indicator, the most current Alaska data are compared to U.S. data to see if there is a difference of more than 15%. Then, the year-to-year Alaska data are examined to see if it shows a clear trend or if it varies so much that a clear trend cannot be determined.

Between 2014 and 2015 the status of most of the 22 indicators remained the same; two moved from “satisfactory” to “uncertain,” and one moved from “uncertain” to “needs improvement.”

Status information by Scorecard indicator

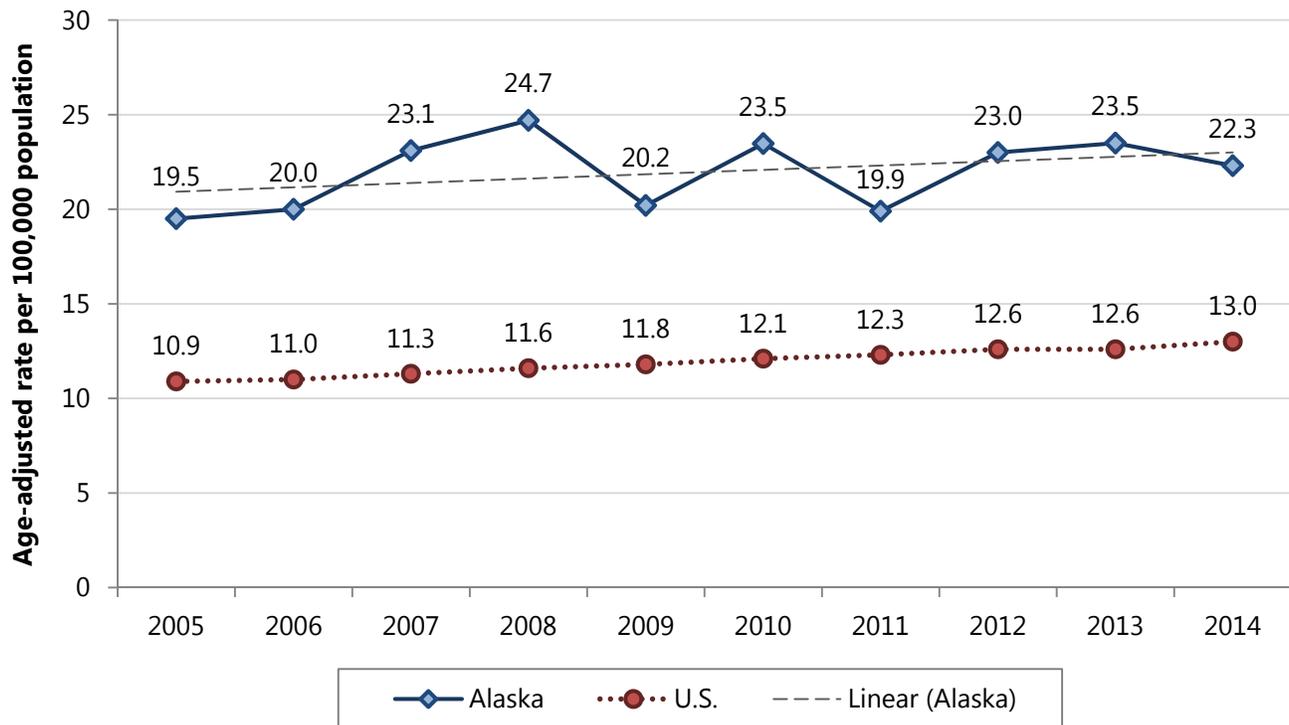
1. **Suicide rate.** The 2014 Alaska rate is 72% higher than the U.S. rate, and the Alaska rate has varied too much year-to-year to show a clear trend. The resulting status is “needs improvement.” This is the same as last year’s Scorecard status.
2. **Serious thoughts of suicide.** The 2013-2014 Alaska rate is 7% higher than the U.S. rate, and the Alaska rate has remained generally flat. The status is “uncertain.” This is the same as last year’s Scorecard status.
3. **Alcohol-induced mortality rate.** The 2014 Alaska rate is 310% higher than the 2013 U.S. rate (the most recent year for which data are available), and the Alaska data show no clear trend. The status is “needs improvement.” This is the same as last year’s Scorecard status.
4. **Heavy drinking (adults).** The 2014 Alaska rate is 54% higher than the U.S. rate, and the Alaska rate does not show a clear trend, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
5. **Binge drinking (adults).** The 2014 Alaska rate is 26% higher than the U.S. rate, and the yearly Alaska data show no clear trend, so the status is “needs improvement.” This is worse than last year’s Scorecard status.
6. **Illicit drug use.** The 2013-2014 Alaska rate is 35% higher than the U.S. rate, and the yearly Alaska data show no clear trend, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
7. **Days of poor mental health.** The 2014 Alaska rate is 15% lower than the U.S. rate and the Alaska data show no clear trend, so the status is “satisfactory.” This is the same as last year’s Scorecard status.

8. **Teens that experienced depression.** The 2015 Alaska rate is 12% above the 2013 U.S. rate (the most recent available) and the rate is unacceptably high, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
9. **Population without health insurance.** The 2014 Alaska rate is 47% higher than the U.S. rate, and although it is an improvement over the 2013 rate, there is no clear trend. The status is “needs improvement.” This is the same as last year’s Scorecard status.
10. **Children abused and neglected.** While the Alaska data show as possible downward trend, the 2014 Alaska rate is 41% higher than the U.S. rate. The status is “needs improvement.” This is the same as last year’s Scorecard status.
11. **Founded reports of harm to adults.** There is not enough information to identify a trend in Alaska data and no comparable U.S. data; the status is “uncertain.” This is the same as last year’s Scorecard status.
12. **Injuries to elders due to falls.** The 2014 Alaska rate is 37% below the 2013 U.S. rate (the latest year of data available), and the data show a possible downward trend; the status is “satisfactory.” This is the same as last year’s Scorecard status.
13. **Non-fatal traumatic brain injury.** There are limited U.S. data for comparison, and the Alaska rate does not show a clear trend. The status is “uncertain.” This is worse than last year’s Scorecard status.
14. **Incarcerated adults with mental illness or mental disabilities.** There are not enough Alaska data to identify a trend. However, the consensus is that the rate is unacceptably high, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
15. **Criminal recidivism for incarcerated adults with mental illness or mental disabilities.** There are not enough Alaska data to identify a trend; there are no comparable U.S. data. The status is “uncertain.” This is the same as last year’s Scorecard status.
16. **Arrests involving alcohol or drugs.** The Alaska rate has decreased in the last year and over the past six years; however, this may be due to record keeping. There are no U.S. data for comparison. The status is “uncertain.” This is the same as last year’s Scorecard status.
17. **Chronic homelessness.** The 2015 Alaska rate is 5% lower than the U.S. rate, but the Alaska data vary too much year-to-year to show a clear trend, so the status is “uncertain.” This is the same as last year’s Scorecard status.
18. **Difference between high school graduation rate for students with and without disabilities.** The 2014-2015 rate shows a smaller difference than the previous year; however, there is no evidence of a trend. The status is “uncertain.” This is the same as last year’s Scorecard status.
19. **Percent of youth who received special education and are employed and/or enrolled in post-secondary education.** There is not enough information to identify a trend in Alaska data and no comparable U.S. data; the status is “uncertain.” This is the same as year’s Scorecard status.
20. **Percent of minimum wage needed to afford housing.** The consensus is that the percentage of income spent on housing in Alaska is unacceptably high, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
21. **Unemployment rate.** The 2014 Alaska rate is 10% above the U.S. rate and the data show a possible downward trend; the resulting status is “uncertain.” This is worse than last year’s Scorecard status.
22. **SSI recipients who are blind or disabled and are working.** The 2014 Alaska rate is 51% higher than the U.S. rate; the status is “satisfactory.” This is the same as last year’s Scorecard status.

Health: Suicide

1. Suicide Rate

Suicide mortality rate, Alaska and U.S., 2005 – 2014



Source: **Alaska:** Alaska Department of Health and Social Services, Bureau of Vital Statistics (via e-mail 11/18/2015); **U.S.:** Centers for Disease Control and Prevention (2015). *National Center for Health Statistics Data Brief No. 229: Mortality in the United States, 2014.*¹

Summary and Explanation:

- The 2014 Alaska rate of 22.3 per 100,000 age-adjusted population is 72% higher than the U.S. rate.
- Between 2005 and 2014, the age-adjusted rate of death by suicide in Alaska averaged nearly twice the U.S. rate.

Other Facts to Know:

- In 2013, the age-adjusted suicide mortality rate for Alaska Natives (46.8 per 100,000) was nearly twice that of white Alaskans (23.5 per 100,000).²

¹ Available at <http://www.cdc.gov/nchs/data/DataBriefs/db229.htm>.

² Alaska Department of Health and Social Services. Suicide mortality rate per 100,000 population, by race, Alaska, 2000-2013 http://ibis.dhss.alaska.gov/indicator/view_numbers/SuicDth.Race.html Accessed 12-21-2015.

- The 2013 rate was higher among Alaskans aged 15-24 (41.4 per 100,000) compared to those aged 25 and over (26.9 per 100,000).³ The U.S. rate for the 15-24 age group was 11.1.
- A study of suicide rates during the period 2003-2008 found rates were highest among Alaska Native people living in Northwest Arctic (93.1 per 100,000) and Norton Sound (77.2 per 100,000). Rates were significantly higher in non-“hub communities” (60 per 100,000) than in “hub communities” (25.8 per 100,000).⁴

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 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.) AS 47.30.056(c-d).

Additional Resources:

Alaska Department of Health and Social Services, Division of Behavioral Health
<http://dhss.alaska.gov/dbh/Pages/default.aspx>

Alaska Mental Health Board
<http://dhss.alaska.gov/amhb/Pages/default.aspx>

Statewide Suicide Prevention Council
<http://dhss.alaska.gov/suicideprevention/>

Alaska Center for Health Data & Statistics, *Topic: Suicide*
<http://dhss.alaska.gov/dph/InfoCenter/Pages/topics/suicide.aspx>

Casting the Net Upstream: Promoting Wellness to Prevent Suicide: Alaska State Suicide Prevention Plan, FY 2012-2017
http://dhss.alaska.gov/dbh/Documents/02_Department/suicideprevention/SSPC_2012-2017.pdf

Healthy Alaskans 2020 Leading Health Indicator 7: Suicide Mortality Rate
http://ibis.dhss.alaska.gov/indicator/complete_profile/Suic25up.html

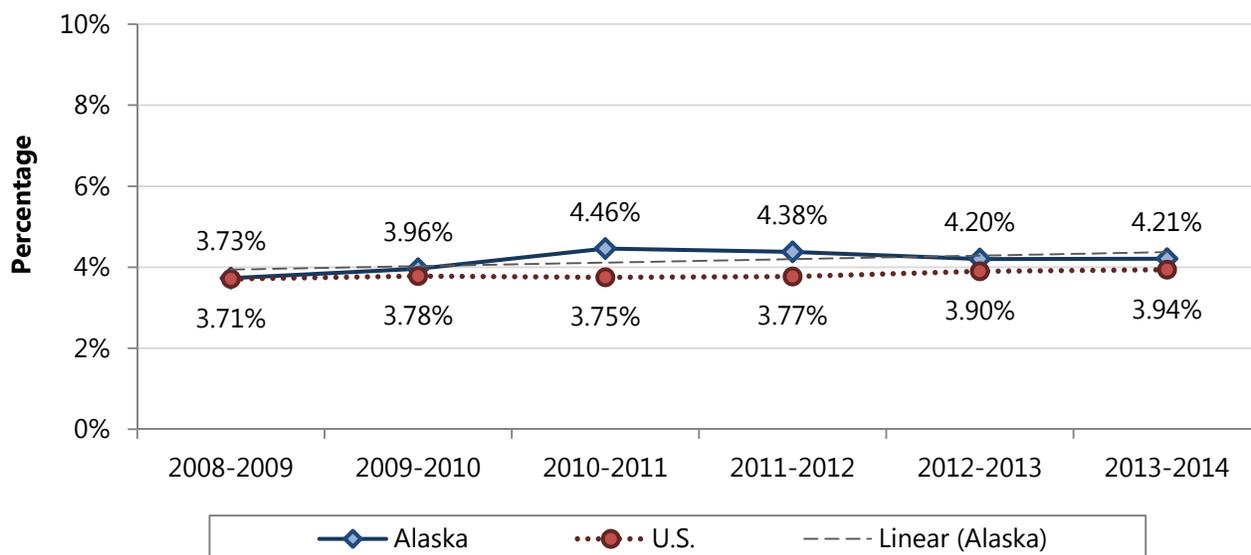
³ http://ibis.dhss.alaska.gov/indicator/view_numbers/Suic1524.HAR.html

⁴ Alaska Department of Health and Social Services (July 30, 2012). *Epidemiology Bulletin: Characteristics of Suicide Among Alaska Native and Alaska non-Native People, 2003-2008*. Available at http://www.epi.hss.state.ak.us/bulletins/docs/rr2012_01.pdf.

Health: Suicide

2. Serious thoughts of suicide

Report serious thoughts of suicide in the past year, adults aged 18 or older, Alaska and U.S., 2008 – 2014



Source: **Alaska and U.S.:** Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health (NSDUH), table 25.5.

Summary and Explanation:

- In the 2013-2014 survey years, 4.21% of Alaska adults reported having serious thoughts of suicide in the past year. This is higher than the U.S. rate of 3.94%.
- The National Survey on Drug Use and Health (NSDUH) measures the prevalence of suicidal thoughts and behavior among civilian, noninstitutionalized adults aged 18 or older in the United States. This question asks all adult respondents if at any time during the past 12 months they had serious thoughts of suicide.

Other Facts to Know:

- According to the 2015 Youth Risk Behavior Survey, 20.1% of Alaskan students in traditional high schools reported seriously considering attempting suicide during the 12 months before the survey.⁶

⁵ Available at <http://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2014.pdf>.

⁶ Alaska Department of Health and Social Services, Division of Public Health, *2013 Alaska Youth Risk Behavior Survey Results*. Question 27. Available at http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS_YRBS_SummaryTables.pdf.

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. (AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- Serious thoughts of suicide is considered a key indicator because of the concern that because they experience a major life impairment from one or more of the clinical conditions defining beneficiary status, Trust beneficiaries may be at a higher risk of suicide. These clinical conditions include: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; dissociative disorders; other psychotic or severe, persistent mental disorders, and substance abuse. AS 47.30.056 (c-d).
- The Statewide Suicide Prevention Council was established by the Alaska Legislature in 2001 and is responsible for advising legislators and the Governor on ways to improve Alaskans' health and wellness by reducing suicide, and improving public awareness of suicide and risk factors, enhancing suicide prevention. AS 44.29.350(a).

Additional Resources:

Alaska Department of Health and Social Services, Division of Behavioral Health
<http://dhss.alaska.gov/dbh/Pages/default.aspx>

Alaska Mental Health Board
<http://dhss.alaska.gov/amhb/Pages/default.aspx>

Statewide Suicide Prevention Council
<http://dhss.alaska.gov/suicideprevention/>

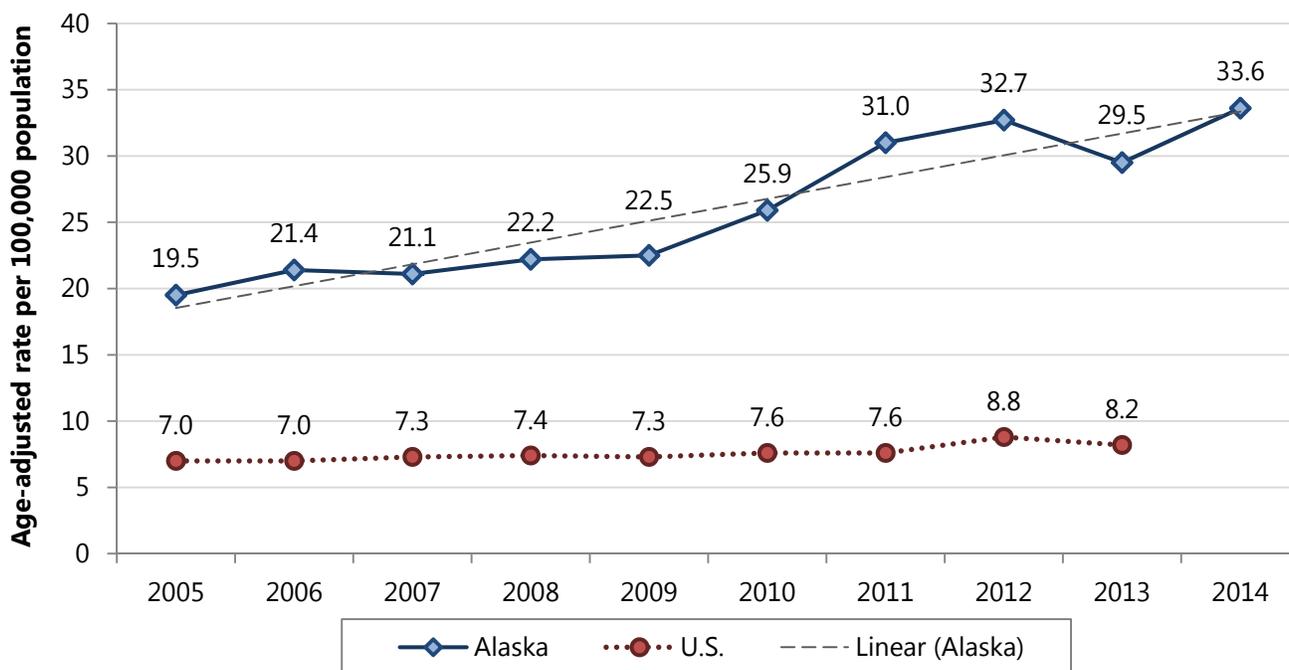
Alaska Center for Health Data & Statistics, *Topic: Suicide*
<http://dhss.alaska.gov/dph/InfoCenter/Pages/topics/suicide.aspx>

Casting the Net Upstream: Promoting Wellness to Prevent Suicide: Alaska State Suicide Prevention Plan, FY 2012-2017
http://dhss.alaska.gov/dbh/Documents/02_Department/suicideprevention/SSPC_2012-2017.pdf

Health: Substance Abuse

3. Alcohol-Induced Deaths

Alcohol induced deaths, Alaska and U.S., 2005 – 2014



Source: **Alaska:** Department of Health and Social Services, Division of Public Health, Bureau of Vital Statistics (11/18/2015, via e-mail);
U.S.: *National Vital Statistics Report*, Vol. 64, No. 2, Table 16.⁷

Summary and Explanation:

- The 2014 alcohol-induced mortality rate for Alaska was 33.6 deaths per 100,000 age-adjusted population, more than three times the 2013 U.S. rate of 8.2.
- 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. It does not include accidents, homicides, and other causes indirectly related to alcohol use.⁸

Other Facts to Know:

⁷ Available at http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf.

⁸ 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; K85.2, Alcohol-induced acute pancreatitis; 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 accidents, homicides, and other causes indirectly related to alcohol use, as well as newborn deaths associated with maternal alcohol use. http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf.

- The alcohol-induced death rate is significantly higher for Alaska Natives than for non-Natives; in 2013, the rate among Alaska Natives was 52.8 per 100,000.⁹

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 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. AS 47.30.056(c) and (f).

Additional Resources:

Alaska Department of Health and Social Services, Division of Behavioral Health
<http://dhss.alaska.gov/dbh/Pages/default.aspx>

Alaska's Behavioral Risk Factor Surveillance System (BRFSS)
<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>

Advisory Board on Alcoholism and Drug Abuse
<http://dhss.alaska.gov/abada/Pages/default.aspx>

Centers for Disease Control and Prevention, *Alcohol and Public Health, Additional Resources*
<http://www.cdc.gov/alcohol/resources.htm>

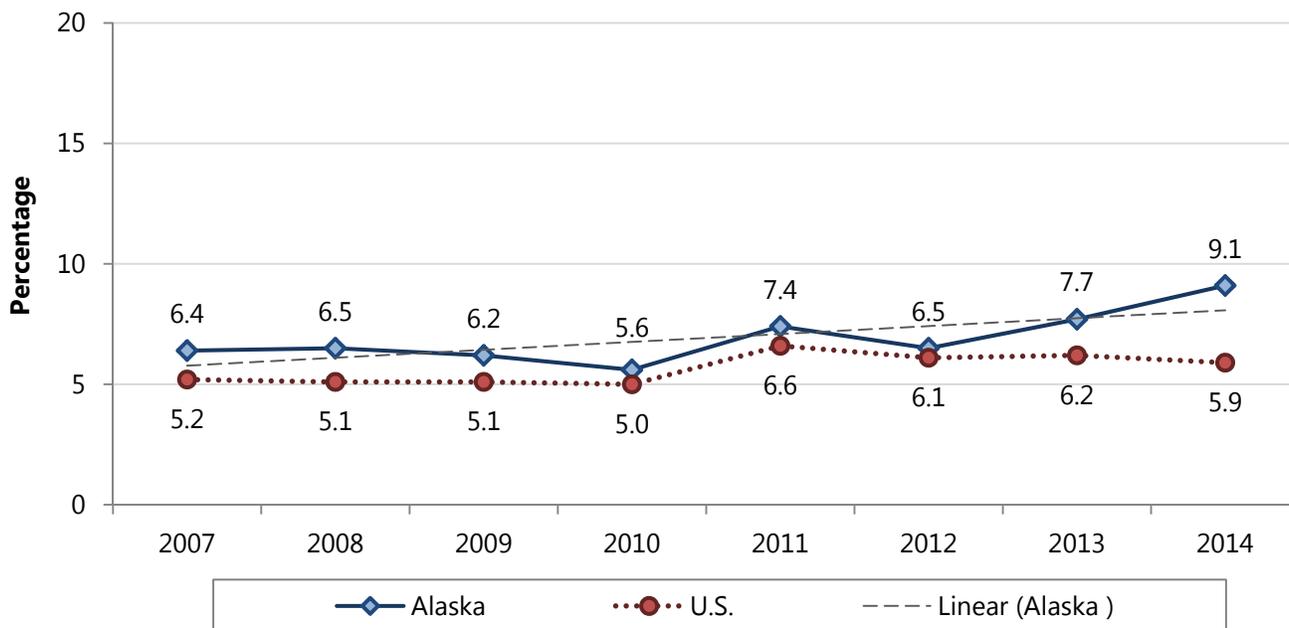
Healthy Alaskans 2020 Leading Health Indicator 14: Alcohol-Induced Mortality Rate
http://ibis.dhss.alaska.gov/indicator/complete_profile/AlcInducedDth.html

⁹ Alaska Department of Health and Social Services, Indicator-Based Information System, *Data List for Alcohol-induced mortality rate per 100,000 population*. Available at http://ibis.dhss.alaska.gov/indicator/view_numbers/AlcInducedDth.HAR.html.

Health: Substance Abuse

4. Adults who Engage in Heavy Drinking

Percentage of adults who engage in heavy drinking, Alaska and U.S., 2007 – 2014



Source: **Alaska:** Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance Survey (BRFSS)¹⁰ (via e-mail 11/4/2015);
U.S.: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System.¹¹

Summary and Explanation:

- In 2014, 9.1% of Alaska adults engaged in heavy drinking, higher than the U.S. rate of 5.9%.
- Heavy drinking is defined as consuming more than two alcoholic drinks (men) or more than one drink (women) each day during the past 30 days. Both heavy drinking and binge drinking are associated with a number of health problems, including chronic disease, unintentional injury, violence, and harm to a developing fetus.¹²

Other Facts to Know:

- The Anchorage Safety Patrol (ASP) and Anchorage Safety Center (ASC) programs operate 24 hours a day, seven days a week. ASP staff take persons incapacitated by drugs or alcohol in

¹⁰ See <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>. With the reporting of 2011 BRFSS data, the CDC introduced a new method of sampling (to include cell phone as well as landline phone numbers) and a new weighting methodology referred to as "raking." These changes improve the overall representativeness of the BRFSS data, and provide a more accurate reflection of the health behaviors and conditions of the population. These changes in methods mean changes in the way data can be used. Trend analyses will eventually focus on years of data (2011 and later) that include both landline and cell phone respondents, and which are weighted using raking methodology.

¹¹ Available at <http://www.cdc.gov/brfss/>.

¹² Centers for Disease Control and Prevention (CDC). *Alcohol and Public Health: Frequently Asked Questions*. Available at <http://www.cdc.gov/alcohol/faqs.htm#10>.

public places into protective custody and transport them to the ASC. 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.¹³

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 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. AS 47.30.056(c) and (f).

Additional Resources:

Alaska Department of Health and Social Services, Division of Behavioral Health

<http://dhss.alaska.gov/dbh/Pages/default.aspx>

Alaska's Behavioral Risk Factor Surveillance System (BRFSS)

<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>

Advisory Board on Alcoholism and Drug Abuse

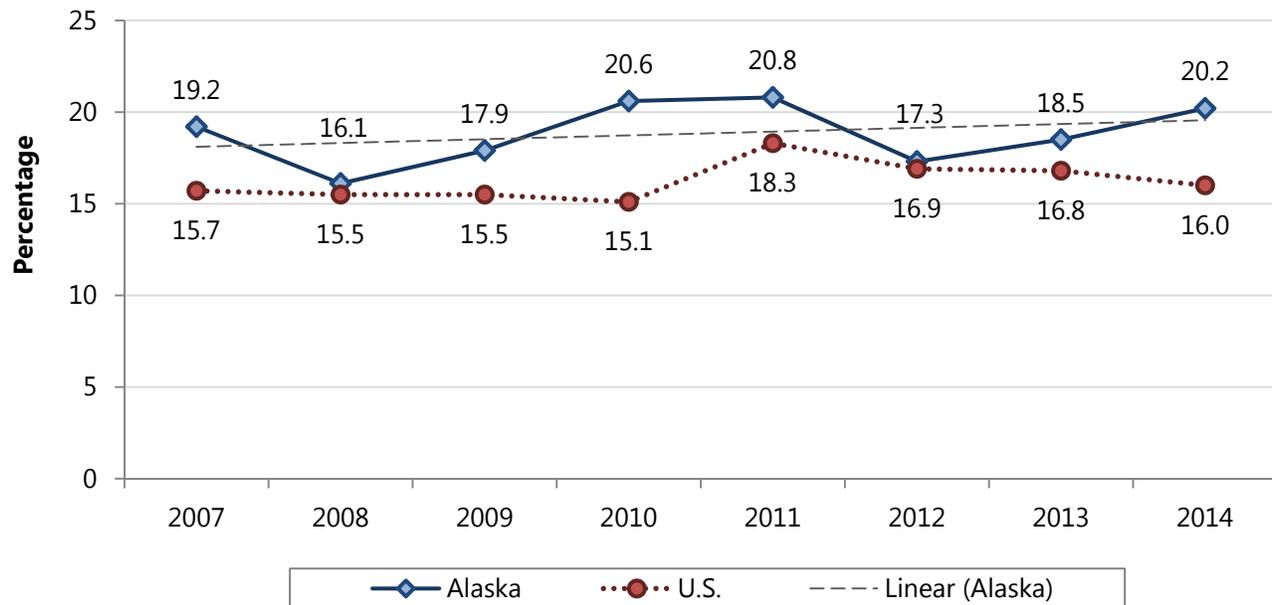
<http://dhss.alaska.gov/abada/Pages/default.aspx>

¹³ Municipality of Anchorage, Health and Human Services, Anchorage Safety Patrol and Center.
<http://www.muni.org/Departments/health/services/Pages/AnchorageSafetyPatrol.aspx>.

Health: Substance Abuse

5. Adults who Engage in Binge Drinking

Percentage of adults who engage in binge drinking, Alaska and U.S., 2007 – 2014



Source: **Alaska:** Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance Survey (BRFSS) (via e-mail 11/4/2015).¹⁴
U.S.: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System.¹⁵

Summary and Explanation:

- Binge drinking is defined as having five or more drinks (men) or four or more drinks (women) on one or more occasions in the past 30 days.¹⁶

Other Facts to Know:

- Binge drinking in Alaska is significantly higher among men (28%) than among women (13%).¹⁷
- According to the 2015 Youth Risk Behavior Survey (YRBS), 12.5% of Alaska's high school students engaged in binge drinking (defined as drinking five or more drinks of alcohol in a

¹⁴ See <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>. With the reporting of 2011 BRFSS data, the CDC introduced a new method of sampling (to include cell phone as well as landline phone numbers) and a new weighting methodology referred to as "raking." These changes improve the overall representativeness of the BRFSS data, and provide a more accurate reflection of the health behaviors and conditions of the population. These changes in methods mean changes in the way data can be used. Trend analyses will eventually focus on years of data (2011 and later) that include both landline and cell phone respondents, and which are weighted using raking methodology.

¹⁵ Available at <http://www.cdc.gov/brfss/>.

¹⁶ Centers for Disease Control and Prevention. *Alcohol and Public Health, Frequently Asked Questions*. Available at <http://www.cdc.gov/alcohol/faqs.htm#bingeDrinking>.

¹⁷ Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance Survey (BRFSS) (via e-mail 11/4/2015).

row or within a couple of hours) at least once during the 30 days prior to the survey. There was not a significant difference in the rate between males and females.¹⁸

- Youth who begin drinking at age 14 or younger are four times more likely to develop dependence.¹⁹

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 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. AS 47.30.056(c) and (f).

Additional Resources:

Alaska Department of Health and Social Services, Division of Behavioral Health
<http://dhss.alaska.gov/dbh/Pages/default.aspx>

Alaska's Behavioral Risk Factor Surveillance System (BRFSS)
<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>

Advisory Board on Alcoholism and Drug Abuse. <http://dhss.alaska.gov/abada/>

Healthy Alaskans 2020 Leading Health Indicator 15: Binge Drinking
http://ibis.dhss.alaska.gov/indicator/complete_profile/AlcConBinDri.html

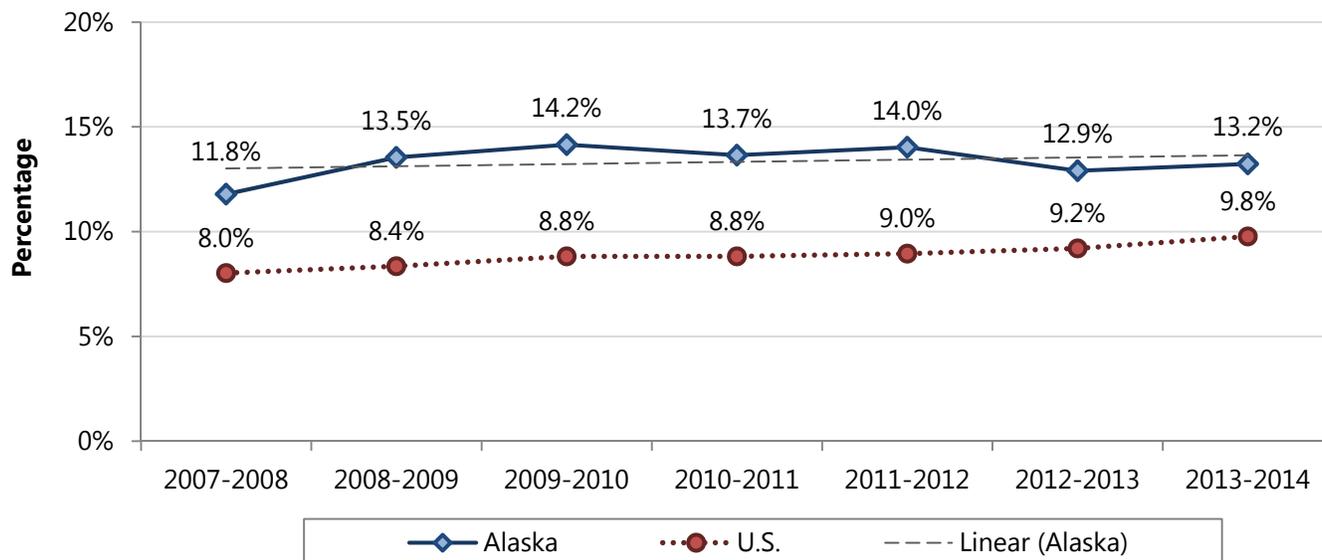
¹⁸ Alaska Department of Health and Social Services, Division of Public Health. Youth Risk Behavior Survey (YRBS). Available at http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS_YRBS_SummaryTables.pdf.

¹⁹ 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*, 9:103-10. <http://www.sciencedirect.com/science/article/pii/S0899328997900092>.

Health: Substance Abuse

6. Illicit Drug Use

Percentage of population aged 12 and over engaging in illicit drug use in past month, Alaska and U.S., 2007 – 2014



Source: Alaska and U.S.: Substance Abuse and Mental Health Services Administration (SAMHSA) (2015). *2013-2014 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*²⁰

Summary and Explanation:

- Illicit drugs, as reported here, include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.
- The percentage of Alaskans ages 12 and older who reported using illicit drugs in the past month in 2013-2014 was 13.2%. The rate of illicit drug use among Alaskans has been consistently at least 25% above the U.S. rate since 2007.

Other Facts to Know:

- In Alaska as well as nationally, the 18 to 25 age group has the highest rate of illicit drug use.²¹
- The percentage of Alaskans aged 12 and over using illicit drugs other than marijuana was 3.5% in 2013-2014. This percentage is higher than the national average of 3.30%.²²
- According to the National Survey on Drug Use and Health (NSDUH), Alaska ranked 8th among the states and D.C. for illicit drug use in 2013-2014 in the 12 and older age group. However, when illicit drug use other than marijuana is taken into account, Alaska is 17th.²³

²⁰ Available at <http://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2014.pdf>.

²¹ Substance Abuse and Mental Health Services Administration (SAMHSA) (2015). *2013-2014 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*. <http://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2014.pdf>.

²² Ibid.

- According to the 2015 Alaska Youth Risk Behavior Survey of students in grades 9–12:
 - 38.8% had ever used marijuana one or more times in their life;
 - 19.0% had used marijuana one or more times during the past 30 days;
 - 14.6% had taken a prescription drug (such as OxyContin, Percocet, codeine, etc.) without a doctor’s prescription one or more times in their life; and,
 - 6.3% had ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled paint or sprays to get high one or more times in their life.²⁴

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 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. AS 47.30.056(c-d).

Additional Resources:

Alaska Department of Health and Social Services, Division of Behavioral Health
<http://dhss.alaska.gov/dbh/Pages/default.aspx>

Advisory Board on Alcoholism and Drug Abuse
<http://dhss.alaska.gov/abada/>

Alaska's Behavioral Risk Factor Surveillance System
<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>

Alaska Youth Risk Behavior Survey
<http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx>

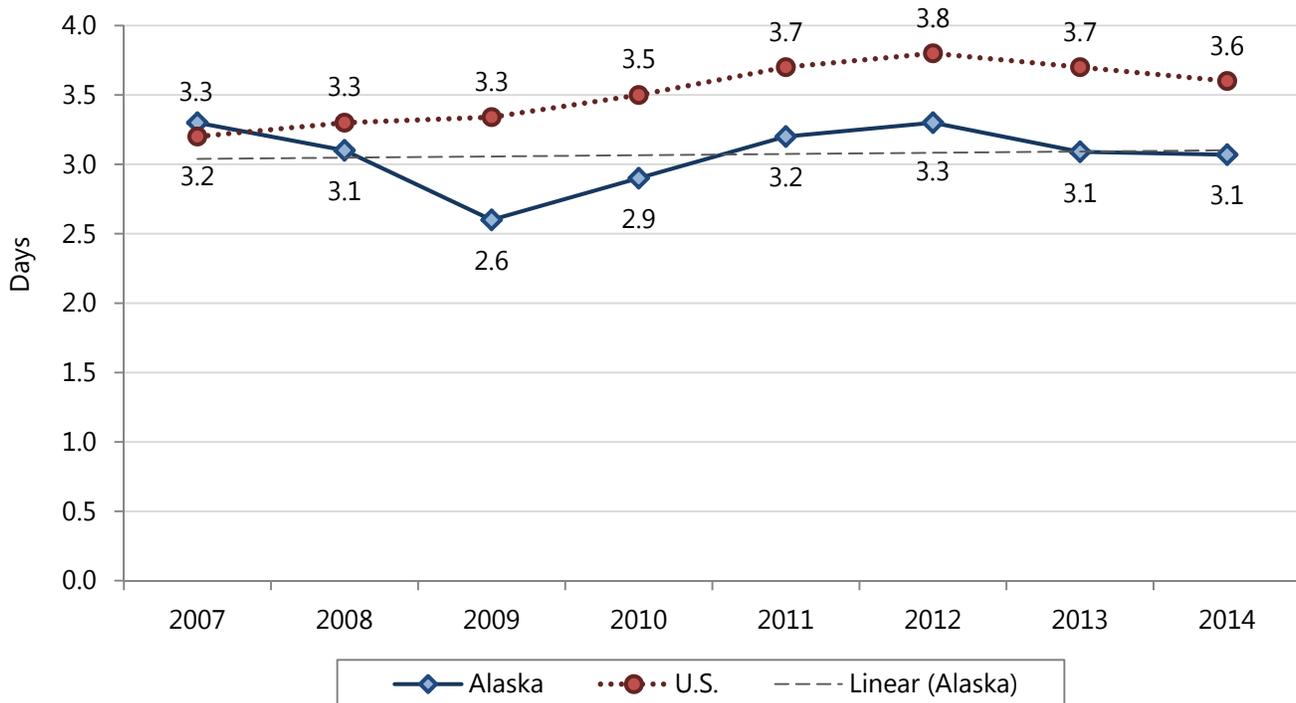
²³ Substance Abuse and Mental Health Services Administration (SAMHSA) (2015). *2013-2014 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*. <http://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2014.pdf>.

²⁴ Alaska Department of Health and Social Services, Division of Public Health. 2015 Youth Risk Behavior Survey Results. Available at http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS_YRBS_SummaryTables.pdf.

Health: Mental Health

7. Days of Poor Mental Health in the Past Month (Adults)

Mean number of days in past month when mental health was not good, adults, Alaska and U.S., 2007 – 2014



Source: **Alaska:** Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance Survey (BRFSS) (via e-mail 11/4/2015).²⁵

U.S.: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System.²⁶

Summary and Explanation:

- According to the 2014 BRFSS, Alaskan adults reported experiencing mental distress an average of 3.1 days out of the past 30 days, lower than the U.S. median of 3.6 days.
- The BRFSS does not collect data from those who are living in an institutional setting. Consequently, those who are experiencing poor mental health days and are living in an institutional setting are not included in these data.

²⁵ Available at <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>. With the reporting of 2011 BRFSS data, the CDC introduced a new method of sampling (to include cell phone as well as landline phone numbers) and a new weighting methodology referred to as "raking." These changes improve the overall representativeness of the BRFSS data, and provide a more accurate reflection of the health behaviors and conditions of the population. These changes in methods mean changes in the way data can be used. Trend analyses will eventually focus on years of data (2011 and later) that include both landline and cell phone respondents, and which are weighted using raking methodology.

²⁶ Available at <http://www.cdc.gov/brfss/>.

Other Facts to Know:

- Alaska women reported significantly more days (3.6) of poor mental health than men (2.6).²⁷

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The Statewide Suicide Prevention Council was established by the Alaska Legislature in 2001 and is responsible for advising legislators and the Governor on ways to improve Alaskans' health and wellness by reducing suicide, and improving public awareness of suicide and risk factors, enhancing suicide prevention. AS 44.29.350(a).
- The Alaska Mental Health Board and the Advisory Board on Alcoholism were established by the Alaska Legislature in 1995 and are jointly charged with planning and coordinating behavioral health services funded by the State of Alaska. The joint mission of AMHB and ABADA is to advocate for programs and services that promote healthy, independent, productive Alaskans. AS 47.30.666(a); AS 44.29.140(a).
- Days with poor mental health is a key indicator because there is a concern that persons experiencing days of poor mental health may 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; and dissociative disorders. AS 47.30.056(c), (d) and (g).

Additional Resources:

Alaska Department of Health and Social Services, Division of Behavioral Health

<http://dhss.alaska.gov/dbh/Pages/default.aspx>

Alaska's Behavioral Risk Factor Surveillance System

<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>

Alaska Mental Health Board

<http://dhss.alaska.gov/amhb/Pages/default.aspx>

Healthy Alaskans 2020 Leading Health Indicator 9: Mental Health

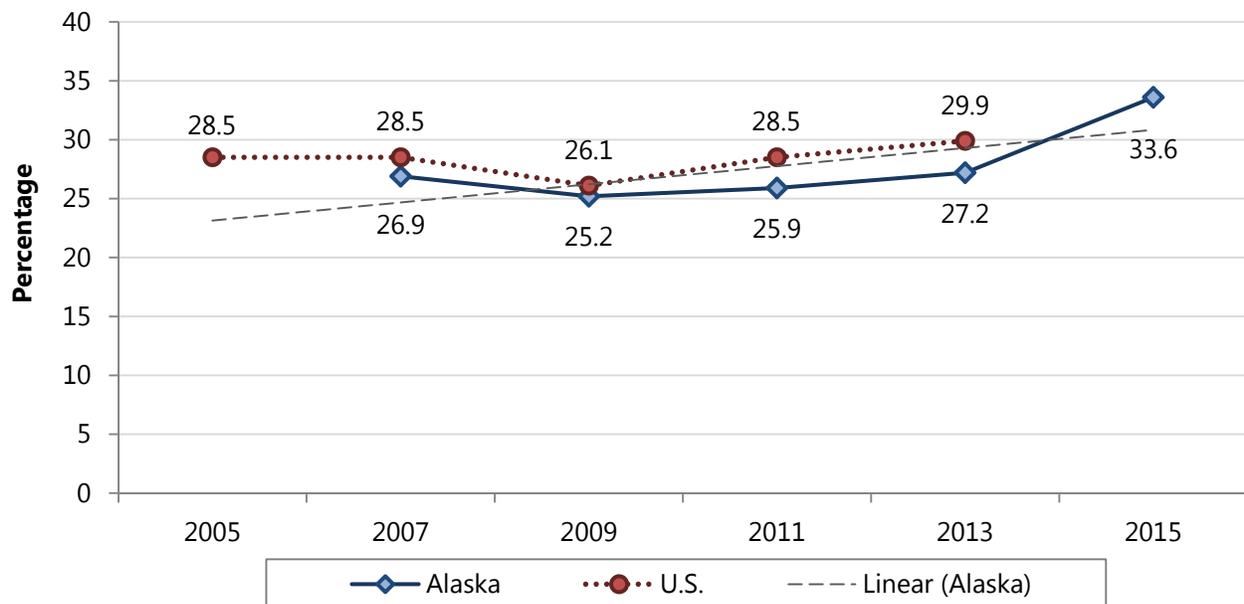
http://ibis.dhss.alaska.gov/indicator/complete_profile/HlthStatMent.html

²⁷ Alaska Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance Survey (BRFSS) (via e-mail 11/4/2015).

Health: Mental Health

8. Teens who Experienced Depression during the Past Year

Percentage of high school students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months, Alaska and U.S., 2005 – 2015



Source: **Alaska:** Alaska Department of Health and Social Services, Division of Public Health, *Youth Risk Behavior Survey Results*,^{28,29}
U.S.: Centers for Disease Control and Prevention (2014). Youth Risk Behavior Surveillance--United States, 2013. *MMWR Surveillance Summaries*, Vol. 63, No. 4. Table 23.³⁰

Summary and Explanation:

- According to the 2015 Youth Risk Behavior Survey, 33.6% of Alaskan students in traditional high schools reported feeling 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. This is higher than the most recent U.S. data available (2013) at 29.9%.
- The 2015 Alaska rate is the highest over the past 10 years.

²⁸ Available at http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS_YRBS_SummaryTables.pdf.

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. In Alaska, survey participation requires parental consent. For more information see: <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx>.

²⁹ Weighted statewide data are not available for 2005.

³⁰ Available at <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

Other Facts to Know:

- The 2015 rate was significantly higher among students in alternative (44.6%) than traditional (33.6%) high schools in Alaska.³¹
- The 2015 rate was significantly higher among females than males in both traditional (42.7% and 25.0%, respectively) and alternative (59.6 and 31.0%) high schools in Alaska.³²
- The 2015 survey reported that among students attending a traditional high school in Alaska, 20.1% had seriously considered attempting suicide in the prior 12 months and 16.7% had made a plan about how they would attempt suicide in the prior 12 months.³³

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The Statewide Suicide Prevention Council was established by the Alaska Legislature in 2001 and is responsible for advising legislators and the Governor on ways to improve Alaskans' health and wellness by reducing suicide, and improving public awareness of suicide and risk factors, enhancing suicide prevention. AS 44.29.350(a).
- The Alaska Mental Health Board and the Advisory Board on Alcoholism were established by the Alaska Legislature in 1995 and are jointly charged with planning and coordinating behavioral health services funded by the State of Alaska. The joint mission of AMHB and ABADA is to advocate for programs and services that promote healthy, independent, productive Alaskans. AS 47.30.666(a); AS 44.29.140(a).
- Teens who experience depression is a key indicator because of a concern that students 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; organic mental disorders; personality disorders; and dissociative disorders. AS 47.30.056 (c), (d) and (f).

Additional Resources:

Alaska Department of Health and Social Services Division of Behavioral Health

<http://dhss.alaska.gov/dbh/Pages/default.aspx>

Alaska Mental Health Board

<http://dhss.alaska.gov/amhb/Pages/default.aspx>

Healthy Alaskans 2020 Leading Health Indicator 8: Mental Health: Adolescents

http://ibis.dhss.alaska.gov/indicator/complete_profile/AdolSad.html

³¹ Department of Health and Social Services, Division of Public Health. Alaska 2015 YRBS Traditional HS Detailed Tables and Alaska 2015 YRBS Alternative HS Detailed Tables. Available at <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbsresults.aspx>.

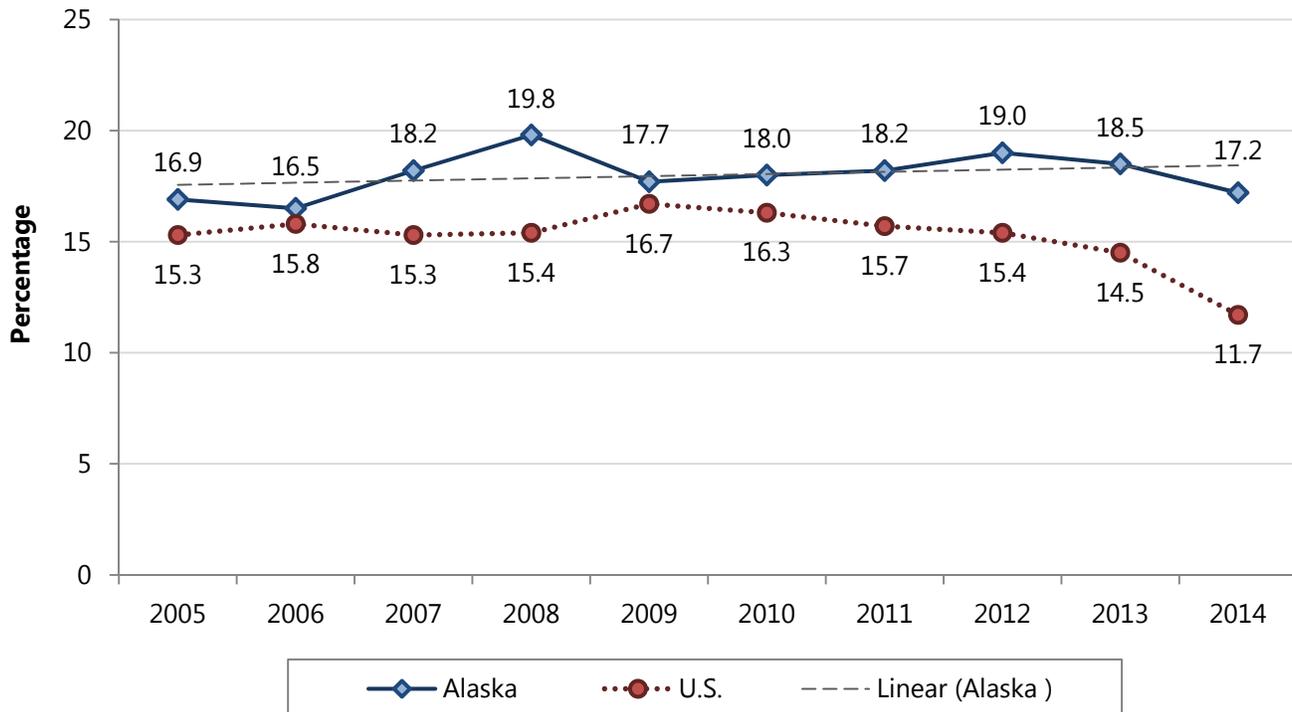
³² Ibid.

³³ Department of Health and Social Services, Division of Public Health. 2015 Youth Risk Behavior Survey Results. <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbsresults.aspx>.

Health: Access

9. Population without Health Insurance

Percentage of population not covered by health insurance for the year, Alaska and U.S., 2005 – 2014



Source: **Alaska and U.S.:** U.S. Census Bureau (2015). Current Population Reports, P60-253, *Health Insurance Coverage in the United States: 2014*. Table A-1: Population Without Health Insurance Coverage by State: 2013 and 2014³⁴

Summary and Explanation:

- 17.2 percent of Alaska's population was counted as uninsured in 2014. This number has remained generally flat since 2005.
- Alaska's percentage of people without health insurance is generally higher than the U.S. average.
- The U.S. rate dropped the most between 2013 and 2014.

Other Facts to Know:

- Alaska has the second highest (behind Texas) proportion of uninsured population.³⁵

³⁴ Available at <http://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253.pdf>.

³⁵ U.S. Census Bureau (2015). *Population Without Health Insurance Coverage by State: 2013 and 2014*. Available at <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2014/uninsbystate.pdf>.

- A 2007 Alaska study found that the people most likely to be uninsured are those who are self-employed, part-time workers, seasonal workers, people who work for small firms, and young adult males.³⁶
- The Census definition of “uninsured” includes American Indian/Alaska Native (AI/AN) people who may have access to IHS-funded services.³⁷ If otherwise-uninsured American Indians and Alaska Natives are re-categorized as “covered,” Alaska’s uninsured rate would be lower.

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 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 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. AS 47.30.056(b-i).

Additional Resources:

Alaska Department of Health and Social Services, Health Planning and Systems Development, *Alaska’s State Planning Grant to Identify Options for Expanding Coverage for Alaska’s Uninsured*

<http://dhss.alaska.gov/dph/HealthPlanning/Pages/PlanningGrant/default.aspx>

The Healthy Alaska Plan (Medicaid expansion and redesign)

<http://dhss.alaska.gov/healthyalaska/Pages/default.aspx>

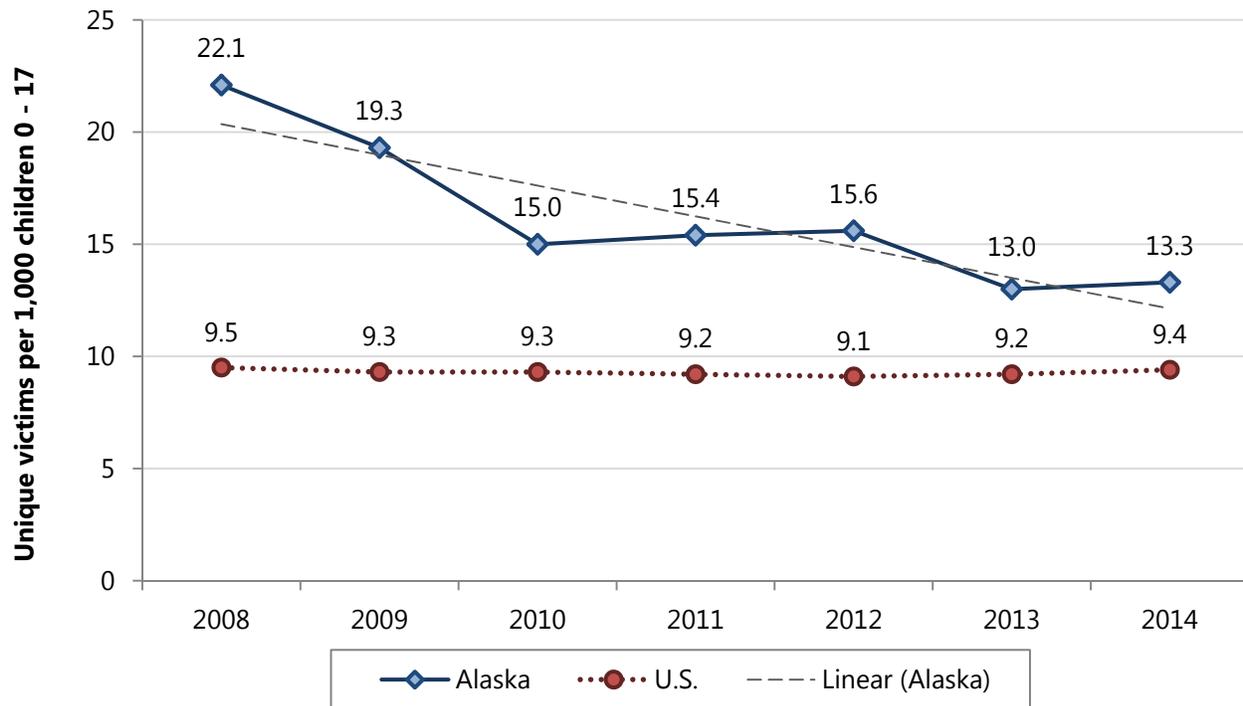
³⁶ Alaska Department of Health and Social Services, Health Planning and Systems Development (2007). *Alaskans’ Health Insurance Coverage: Local and Regional Perspectives* (Presentation). Available at <http://dhss.alaska.gov/dph/HealthPlanning/Documents/planninggrant/assets/July2007Presentation.pdf>.

³⁷ U.S. Census Bureau (2015). Current Population Reports, P60-253, *Health Insurance Coverage in the United States: 2014*. “What is Health Insurance Coverage?” Available at <http://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253.pdf>.

Safety: Protection

10. Child Maltreatment

Rate of child maltreatment, substantiated cases, unique victims aged 0 – 17 years, Alaska and U.S., 2008 – 2014



Source: Alaska and U.S.: U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2016). *Child Maltreatment 2014*.³⁸

Summary and Explanation:

- While the Alaska rate has decreased between 2008 and 2014, the U.S. rate has stayed largely stable. However, the Alaska rate of 13.3 remains more than 40% above the U.S. rate of 9.4 per 1,000 children aged 0-17.³⁹
- Each state defines child abuse and neglect based on standards set by federal law, which includes at a minimum, "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."⁴⁰

³⁸ Available at <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>. 2009 and earlier from <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>.

³⁹ Due to changes to the methods by which Alaska data are extracted and reported, 2013 and later data may not be directly comparable with previous years.

⁴⁰ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2016). *Child maltreatment 2014* and Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C. §5106), as amended by the CAPTA Reauthorization Act of 2010.

Other Facts to Know

- According to the National Child Abuse and Neglect Data System (NCANDS), which collects and analyzes data submitted voluntarily by states, Alaska’s rate of child abuse and neglect ranks 10th in the U.S.⁴¹ Caution should be used in interpreting this figure. Although the differences among state rates may reflect actual abuse or neglect, these data 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 investigations.
- “Adverse Childhood Experiences” (ACEs) include abuse (physical, sexual, and emotional) and household dysfunction (including divorce, witnessing domestic violence, or living with someone who went to jail or prison or had substance abuse or mental health problems). The number of exposures to these traumas in childhood, known as an “ACEs score,” is highly correlated with poor health, social, and economic outcomes in adulthood.⁴²
- In Alaska, the Behavior Risk Factor Surveillance Survey (BRFSS) asked adults about ACEs for the first time in 2013. Alaska’s results were consistent with other studies’ findings: the more ACEs a person has, the more likely he or she is to experience poor health and other negative outcomes.⁴³

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 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 AS 47.30.056(c-f).

Additional Resources:

Alaska Department of Health and Social Services, Office of Children’s Services
<http://dhss.alaska.gov/ocs/>

Healthy Alaskans 2020 Leading Health Indicator 11: Child Abuse and Neglect
http://ibis.dhss.alaska.gov/indicator/complete_profile/ChildAbuse.html

⁴¹ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau (2016). *Child Maltreatment 2014*. Available at <http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf>.

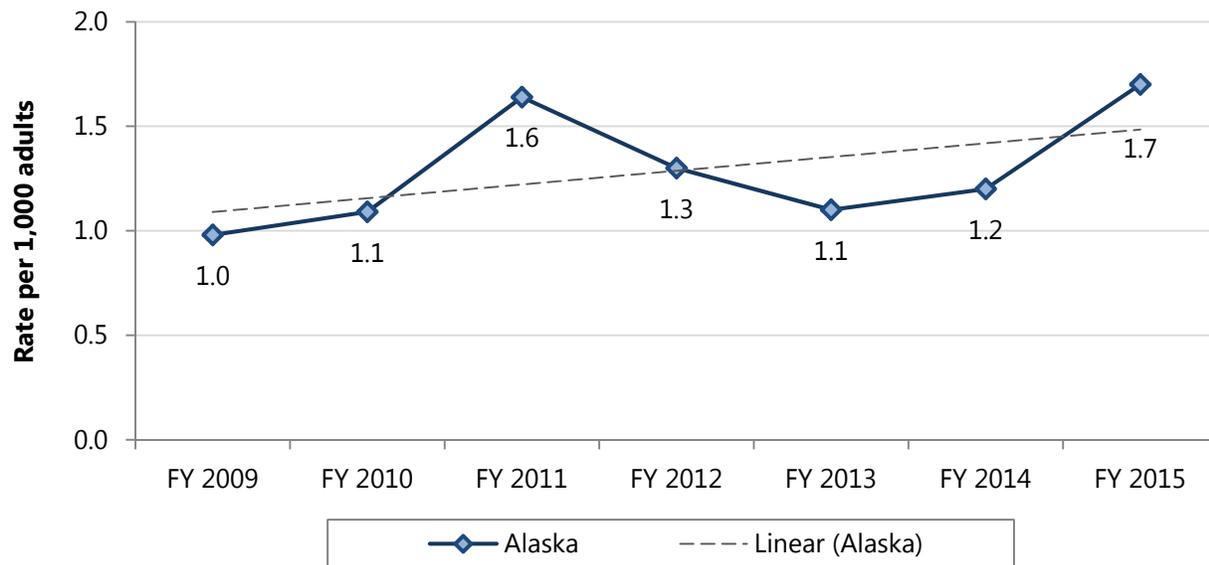
⁴² Alaska Department of Health and Social Services, Advisory Board on Alcoholism and Drug Abuse/Alaska Mental Health Board (2015). *Adverse Childhood Experiences: Overcoming ACEs in Alaska*. Available at <http://dhss.alaska.gov/abada/ace-ak/documents/acesreportalaska.pdf>.

⁴³ Alaska Department of Health and Social Services. *2013 Alaska Behavioral Risk Factor Surveillance System: Adverse Childhood Experiences of Alaskan Adults*. Available at <http://dhss.alaska.gov/abada/ace-ak/Documents/2013-BRFSS-ACEdata201502.pdf>.

Safety: Protection

11. Founded Reports of Harm to Adults (rate per 1,000)

Rate of Founded Reports of Harm to Adults, Alaska, 2009 – 2015



Source: Alaska Department of Health and Social Services, Division of Senior and Disabilities Services, Adult Protective Services (via e-mail, 11/30/2015).

Summary and Explanation:

- The Division of Senior and Disabilities Services reported 949 founded reports of harm to adults in fiscal year 2015, for a rate of 1.7 per 1,000 adults (aged 18 and over).

Other Facts to Know:

- 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.⁴⁴
- APS is a voluntary service, and Alaska law prohibits APS from interfering with adults who are capable of caring for themselves.
- APS works closely with several partner agencies to better serve Alaska's vulnerable adults. These agencies include Office of the Long Term Care Ombudsman, Office of Elder Fraud and Assistance, Medicaid Fraud Control Unit, Certification and Licensing, Office of Public Advocacy and Alaska Disability Resource Center.
- APS has increased outreach efforts by hosting resource fairs, offering trainings to organizations and securing Federal funding for a three year grant to pilot Elder Services Case Management utilizing the Critical Time Intervention model.

⁴⁴ For more information, see <http://dhss.alaska.gov/dsds/Pages/default.aspx>.

Statutory Information:

- Alaska law defines a vulnerable adult as a person 18 years of age or older who, because of incapacity, mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, fraud, confinement, or disappearance, is unable to meet the person's own needs or to seek help without assistance. AS 47.24.016.
- Legislation passed in 2012 requires more professionals, including employees of nursing homes and other health care facilities and educators and administrative staff of educational institutions, to report concerns of harm, and expands the definition of harm to include "undue influence" of a vulnerable adult's finances, property, health care, or residence. AS 47.24.100(a).⁴⁵

Additional Resources:

Alaska Department of Health and Social Services, Senior and Disabilities Services, Adult Protective Services

<http://dhss.alaska.gov/dsds/Pages/aps/default.aspx>

Making Reports to Adult Protective Services (Report of Harm)

<http://dhss.alaska.gov/dsds/Pages/aps/apsreportinfo.aspx>

Indicators of Adult Abuse, Neglect, or Exploitation

http://dhss.alaska.gov/dsds/Documents/pdfs/Indicators_adult_abuse_neglect_exploitation.pdf

Alaska Aging and Disability Resource Centers

<http://dhss.alaska.gov/dsds/Pages/adrc/default.aspx>

U.S. Department of Health and Human Services, Administration on Aging, National Center on Elder Abuse

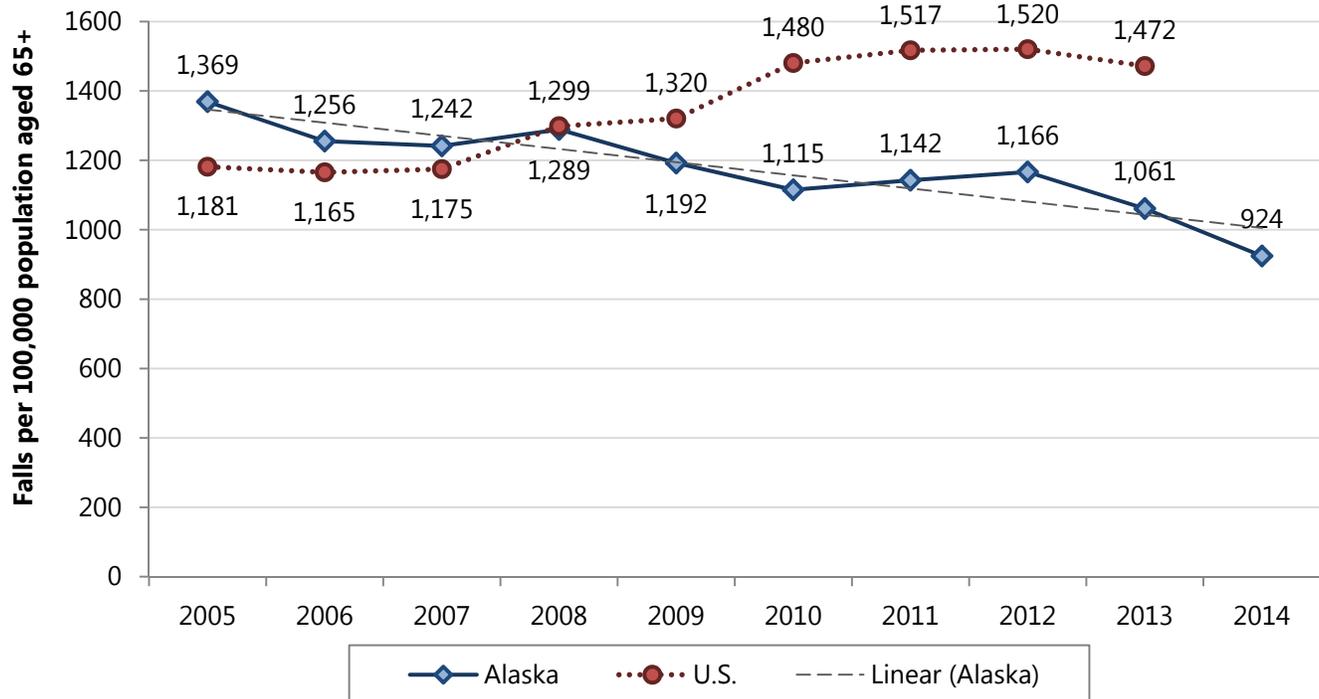
<http://www.ncea.aoa.gov/index.aspx>

⁴⁵ New Legislation passed to protect Alaska's vulnerable adults. <http://dhss.alaska.gov/dsds/Pages/aps/apslaws.aspx>.

Safety: Protection

12. Injuries to Elders due to Falls

Rate of non-fatal injuries requiring hospitalization due to falls, adults 65 and over, Alaska and U.S., 2005 – 2014



Source: **Alaska:** Department of Health and Social Services, Division of Public Health, Section of Emergency Programs, Alaska Trauma Registry (via e-mail 12/4/2015);
U.S.: Centers for Disease Control and Prevention, Injury Prevention and Control, Data and Statistics.⁴⁶

Summary and Explanation:

- The 2014 rate of falls resulting in hospitalization among Alaska adults aged 65 and over was 924 per 100,000. The rate of hospitalized falls by elders in Alaska was higher than the national rate in 2005, but has been lower than the national average each year since 2008.

Other Facts to Know:

- Falls are the leading cause of hospitalized injury in Alaska; falls are the leading cause of fatal injury for Alaskans 75 and older.⁴⁷
- In the U.S. each year, one in every three adults age 65 and older falls.⁴⁸

⁴⁶ WISQARS Database, Non-fatal injury data. Available at <http://www.cdc.gov/injury/wisqars/nonfatal.html>.

⁴⁷ Alaska Department of Health and Social Services, Chronic Disease and Health Promotion. *Alaska Fall-Related Injury Prevention: About*. <http://dhss.alaska.gov/dph/Chronic/Pages/InjuryPrevention/Falls/about.aspx>.

⁴⁸ Centers for Disease Control and Prevention (CDC). *Falls Among Older Adults: An Overview*. <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>.

- Twenty to 30 percent of those who fall experience moderate to severe injuries, such as hip fractures, head traumas, or lacerations. Injuries from falls can make it harder to live independently, and can increase the risk of early death.⁴⁹

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The rate of falls among elderly is a key indicator because such falls can be a cause of traumatic brain injury (TBI). Traumatic brain injury is a major cause of severe organic brain impairment, a clinical condition defining Trust beneficiary status. AS 47.30.056(e).

Additional Resources:

Alaska Department of Health and Social Services, Division of Public Health, Chronic Disease Prevention and Health Promotion

<http://dhss.alaska.gov/dph/Chronic/Pages/InjuryPrevention/default.aspx>

Alaska Department of Health and Social Services, Alaska Commission on Aging

<http://www.alaskaaging.org/>

Alaska Department of Health and Social Services, Division of Public Health, Section of Emergency Programs, Alaska Trauma Registry

<http://dhss.alaska.gov/dph/Emergency/Pages/trauma/default.aspx>

Alaska Senior Fall Prevention Campaign

<http://dhss.alaska.gov/acoa/Pages/falls/default.aspx>

Centers for Disease Control and Prevention, Injury Prevention & Control: Traumatic Brain Injury.

Help Seniors Live Better, Longer: Prevent Brain Injury

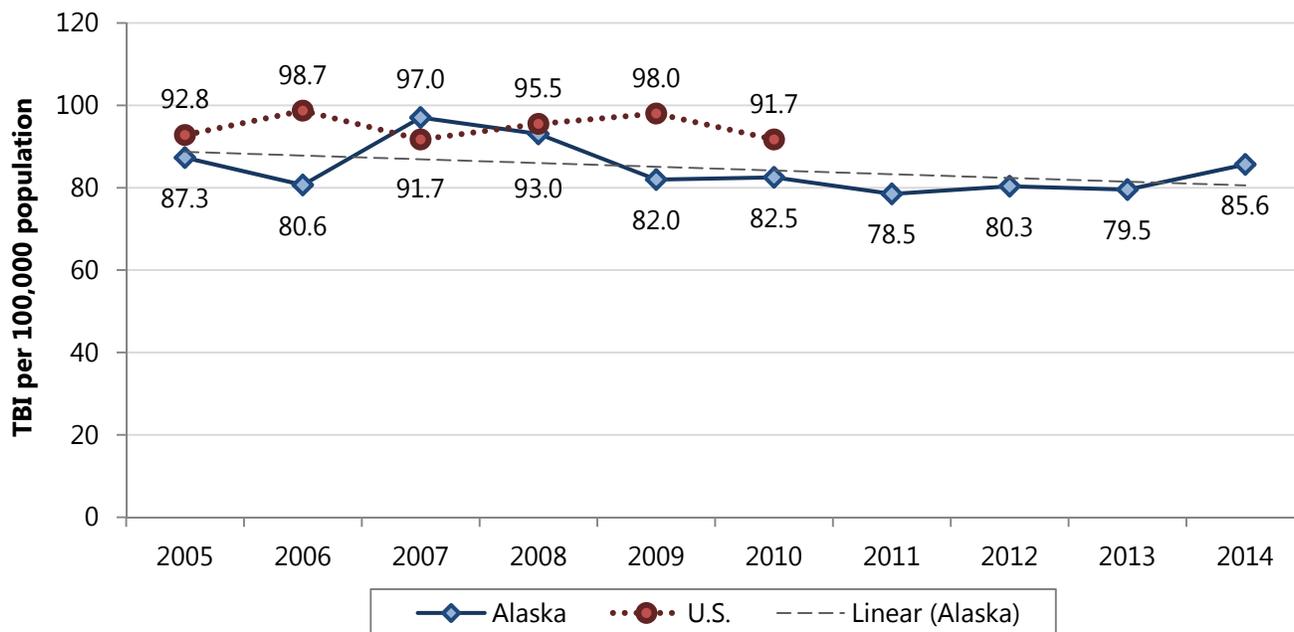
<http://www.cdc.gov/traumaticbraininjury/seniors.html>

⁴⁹ Centers for Disease Control and Prevention (CDC). Home and Recreation Safety. *Important Facts about Falls*.
<http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>.

Safety: Protection

13. Non-Fatal Traumatic Brain Injury

Non-fatal traumatic brain injury requiring hospitalization, Alaska and U.S., 2005 – 2014



Source: **Alaska:** Department of Health and Social Services, Division of Public Health, Section of Emergency Programs, Alaska Trauma Registry (via e-mail 12/04/2015)

U.S.: Centers for Disease Control and Prevention (CDC). Injury Prevention and Control: Traumatic Brain Injury.⁵⁰

Summary and Explanation:

- The rate of non-fatal traumatic brain injury (TBI) requiring hospitalization in Alaska has stayed relatively stable over the past ten years, from 87.3 per 100,000 population in 2005 to 85.6 in 2014.
- Traumatic brain injury 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.⁵¹

Other Facts to Know:

- Individuals with TBI-related disabilities may have physical, cognitive and/or emotional difficulties; these may affect the individual's ability to return to home, school or work, and to

⁵⁰ Available at <http://www.cdc.gov/traumaticbraininjury/data/rates.html>.

⁵¹ Centers for Disease Control and Prevention (2011). *Traumatic Brain Injury*. <http://www.cdc.gov/traumaticbraininjury/basics.html>.

live independently. Cognitive difficulties often have more impact on an individual's recovery and independence than physical limitations.⁵²

- In Alaska, the highest rates of TBI are among Alaska Natives, residents of rural Alaska, youth ages 15-19 involved in motor vehicle crashes, and elders who fall.⁵³
- Among Alaska residents, the top three causes of TBI among those admitted to a hospital between 2001 and 2005 were falls, motor vehicle traffic accidents, and assault.⁵⁴

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 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. AS 47.30.056(e).
- The State of Alaska Traumatic and Acquired Brain Injury (TABI) program funds non-profit agencies to provide services to individuals who have been diagnosed with a traumatic or acquired brain injury. The state has goals in place to expand case management services into rural Alaska, compile a statewide registry of TABI individuals for longitudinal data collection and evaluation of service delivery, and establish standards and recommendations for improvement of prevention, assessment, and care of persons with TABI in the state. AS 47.80.500; AS 47.07.030.

Additional Resources:

Alaska Department of Health and Social Services, Division of Public Health, Chronic Disease Prevention and Health Promotion, Injury Prevention
<http://dhss.alaska.gov/dph/Chronic/Pages/InjuryPrevention/default.aspx>

Alaska Department of Health and Social Services, Division of Behavioral Health, Traumatic Brain Injury Initiative
<http://dhss.alaska.gov/dbh/Pages/Initiatives/tbi/default.aspx>

Alaska Department of Health and Social Services, Division of Senior and Disabilities Services, Traumatic and Acquired Brain Injury Program
<http://dhss.alaska.gov/dsds/Pages/tabi/default.aspx>

Alaska Brain Injury Network
<http://www.alaskabraininjury.net/>

⁵² Alaska Department of Health & Social Services, Division of Behavioral Health, Senior and Disability Services, Alaska Mental Health Trust, and Alaska Brain Injury Network, Inc. (October 2008). *Brain Injuries in Alaska: 10 Year TBI Plan*. Available at <http://www.alaskabraininjury.net/wp-content/uploads/10-Year-TBI-Plan1.pdf>.

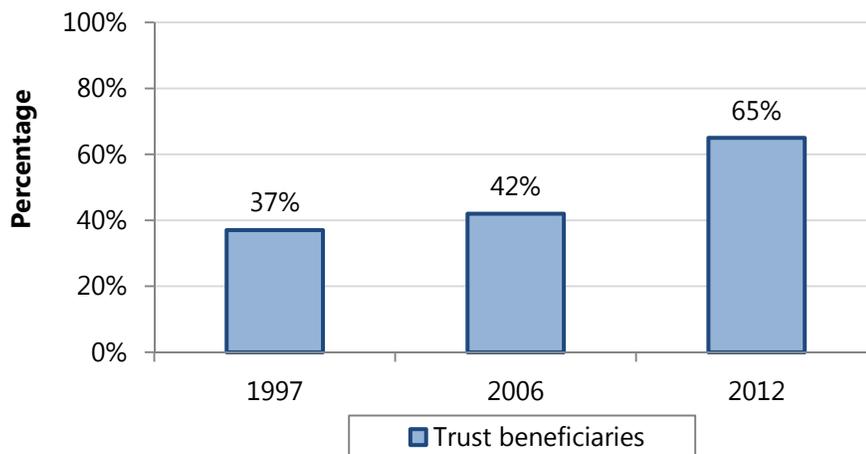
⁵³ Ibid.

⁵⁴ Ibid.

Safety: Justice

14. Percent of Incarcerated Adults with Mental Illness or Mental Disabilities

Percentage of adults incarcerated in the Alaska Department of Corrections who are Trust beneficiaries, 1997, 2006 and 2012



Source: Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*.⁵⁵

Summary and Explanation:

- According to a 2014 study, approximately 65 percent of adults incarcerated in the Alaska Department of Corrections at a given point in 2012 were Trust beneficiaries. This is significantly higher than the 42 percent rate identified in 2006, although study authors note that some of the difference may be attributable to the broader definition of Trust beneficiaries used in 2014.⁵⁶
- Trust beneficiaries include people affected by conditions including mental illness, developmental disability, chronic alcoholism and other substance abuse disorders, Alzheimer's disease and related disorders, and traumatic brain injury.⁵⁷

Other Facts to Know:

- The Alaska Department of Corrections is the largest provider of mental health services in the State of Alaska.⁵⁸
- Trust beneficiaries account for over 42% of bookings each year and 36% of offenders, demonstrating that beneficiaries are more likely to be booked multiple times.⁵⁹

⁵⁵ Available at <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>.

⁵⁶ Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*. <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf> (p. 9). Also see Hornby Zeller Associates, Inc. (December 2007). *A Study of Trust Beneficiaries in the Alaska Department of Corrections*. http://www.mhtrust.org/layouts/mhtrust/files/documents/reports_studies/DOC%20Study%20of%20Trust%20Beneficiaries%20-%20Exec%20Summary.pdf.

⁵⁷ Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*. <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf> (pp. 107-108) and <http://mhtrust.org/about/beneficiaries/>.

⁵⁸ Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*. (p. 48) <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>

- The median length of stay for Trust beneficiaries is significantly longer than for non-Trust beneficiary offenders. Among those committing felonies, it is double; for misdemeanors, it is 150 percent longer.⁶⁰
- Trust beneficiaries 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.⁶¹

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 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. AS 47.30.056(b-c).
- This rate 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. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Resources:

Alaska Department of Health and Social Services, Division of Behavioral Health

<http://dhss.alaska.gov/dbh/Pages/default.aspx>

Alaska Department of Health and Social Services, Division of Juvenile Justice

<http://dhss.alaska.gov/djj/>

Alaska Department of Corrections

<http://doc.alaska.gov/>

Alaska Mental Health Board

<http://dhss.alaska.gov/amhb/>

Alaska Mental Health Trust, Disability Justice Focus Area

<http://mhtrust.org/focus/disability-justice/>

⁵⁹ Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*. (p. 8) <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>

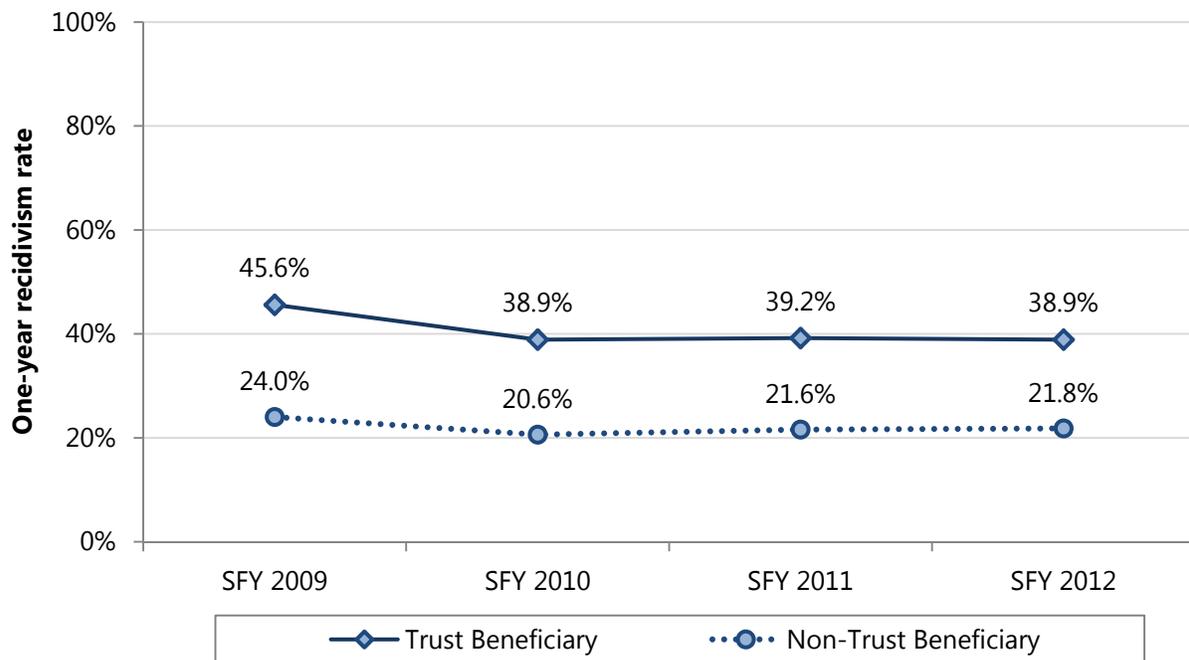
⁶⁰ Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*. (p.12) <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>

⁶¹ Alaska Mental Health Trust Authority. Focus Area: Disability Justice. <http://mhtrust.org/focus/disability-justice/>.

Safety: Justice

15. Recidivism Rates for Incarcerated Adults with Mental Illness or Mental Disabilities

One-year Recidivism Rates by Trust Beneficiary Status, Alaska, 2009 – 2012



Source: Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*.⁶²

Summary and Explanation:

- The recidivism rate within the first year of release for Trust beneficiaries averaged 40.9 percent between the years 2009-2012, while the rate for other offenders released from Alaska Department of Corrections averaged 22 percent during the same period.⁶³
- Recidivism here is defined as a post-conviction re-incarceration within one year of exiting Alaska Department of Corrections custody.

Other Facts to Know:

- Trust beneficiaries are more likely than non-beneficiaries to re-enter DOC across other time periods; within 90 days of release, 13.6% of beneficiaries have recidivated, compared to 6.9% of non-beneficiaries. By 6 months, the rates are 25% and 12.8% respectively.⁶⁴

⁶² Available at <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>.

⁶³ Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*. (p. 37) <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>.

⁶⁴ Ibid.

- Trust beneficiaries with previous juvenile justice system involvement showed a higher recidivism rate than those without (48.4% vs. 38.0%).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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- Criminal recidivism rates for incarcerated adults with mental illness or mental disabilities are a key indicator because they illustrate the nature and magnitude of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. AS 47.30.056(b-c).
- Rates 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. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Resources:

Alaska Department of Health and Social Services, Division of Behavioral Health
<http://dhss.alaska.gov/dbh/Pages/default.aspx>

Alaska Department of Health and Social Services, Division of Juvenile Justice
<http://dhss.alaska.gov/djj/>

Alaska Department of Corrections
<http://doc.alaska.gov/>

Alaska Mental Health Board
<http://dhss.alaska.gov/amhb/>

Alaska Judicial Council (2011). *Criminal Recidivism in Alaska, 2008 and 2009*
<http://www.ajc.state.ak.us/reports/recid2011.pdf>

Alaska Judicial Council (2007). *Recidivism in Alaska's Felony Therapeutic Courts*
<http://www.ajc.state.ak.us/reports/recidtherct07.pdf>

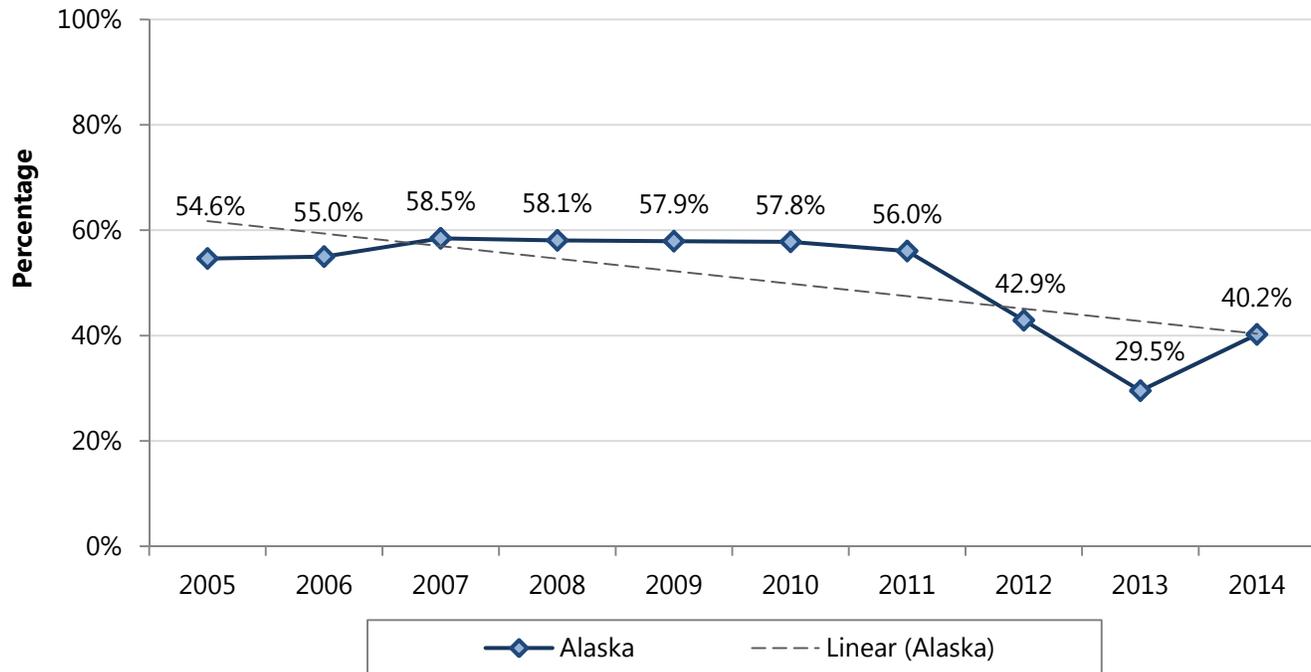
Alaska Mental Health Trust, Disability Justice Focus Area
<http://mhtrust.org/focus/disability-justice/>

⁶⁵ Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*. (p. 15) <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>.

Safety: Justice

16. Percent of Arrests Involving Alcohol or Drugs

**Percentage of Total Arrests Flagged as Involving Alcohol or Drugs,
Alaska, 2005 – 2014**



Source: Alaska Public Safety Information Network (APSIN) case data for Alaska Department of Public Safety, Division of Alaska State Troopers and Wildlife Troopers (via e-mail 12-8-2015).

Summary and Explanation:

- The percentage of arrest offenses flagged by State Troopers or Wildlife Troopers as being related to alcohol or drugs was 40.2% in 2014. Due to a change in the records management system, data may not be comparable year-to-year.⁶⁶
- This chart does not include charges by local jurisdictions within the state, which are the source of most arrests.

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).

⁶⁶ In FY13, DPS transitioned to a new records management system which necessitated the blending of data between the old system and the new system. As a result, some anomalies were discovered in the ability to retrieve comprehensive, accurate statistics; this trend is anticipated to continue through FY14.

- 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. AS 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 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. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Resources:

Alaska Department of Health and Social Services, Division of Behavioral Health

<http://dhss.alaska.gov/dbh/Pages/default.aspx>

Alaska Department of Corrections

<http://doc.alaska.gov/>

Alaska Department of Public Safety, Division of Alaska State Troopers

<http://www.dps.state.ak.us/AST/>

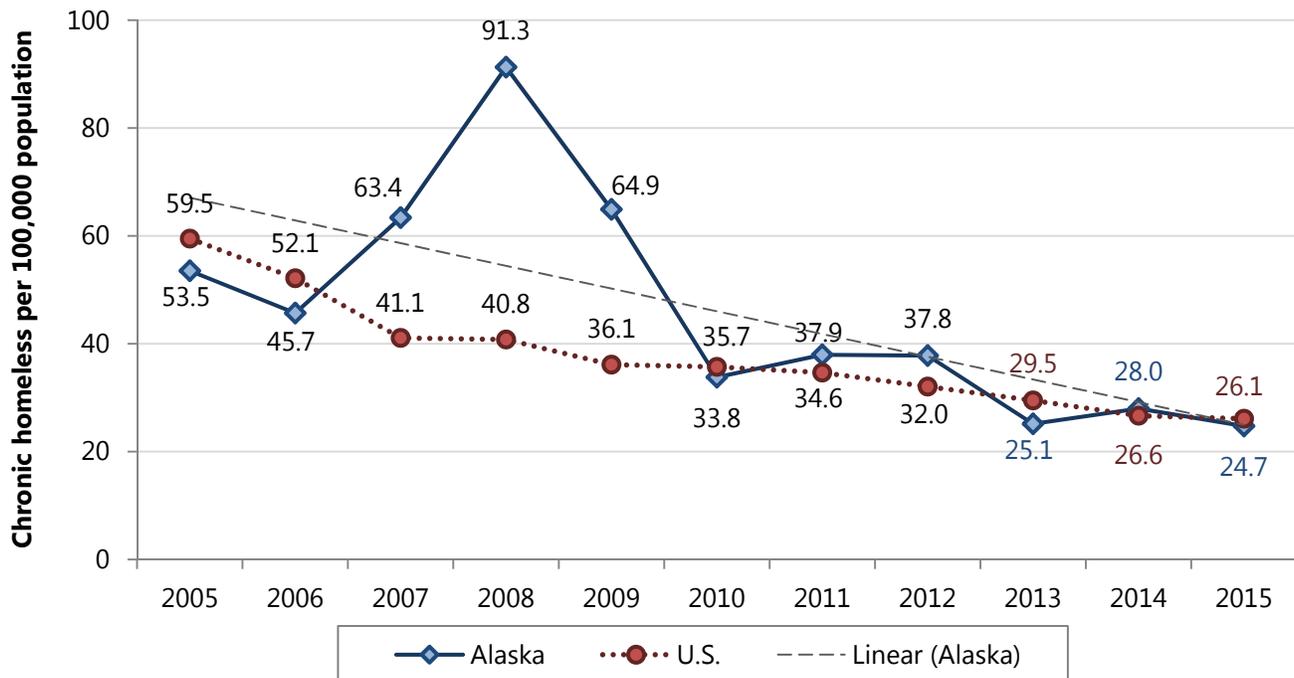
Alaska Mental Health Trust, Disability Justice Focus Area

<http://mhtrust.org/focus/disability-justice/>

Living with Dignity: Accessible, Affordable Housing

17. Rate of Chronic Homelessness

Rate of Chronic Homelessness, Alaska and U.S., 2005 – 2015



Source: **Alaska and U.S.:** U.S. Department of Housing and Urban Development (HUD) (2015). *2015 Annual Homeless Assessment Report to Congress Point in Time Estimates of Homelessness in the U.S.*⁶⁷

Summary and Explanation:

- The January 2015 Point-in-Time survey counted 182 chronically homeless individuals in Alaska, both sheltered and unsheltered, for a rate of 28 per 100,000 population. The count takes place across the country on a specified day in January each year.⁶⁸
- A chronically homeless person is defined as someone who has either been continuously homeless for more than one year or experienced at least four episodes of homelessness in the past three years and experiences a disability.
- According to the Alaska Housing Finance Corporation, the 2008 spike could be attributed to a number of factors, including: (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 to be counted; and (3) new information received from Immaculate Conception Church's Breadline soup kitchen in Fairbanks.⁶⁹

⁶⁷ Available at <https://www.hudexchange.info/resource/4832/2015-ahar-part-1-pit-estimates-of-homelessness/>.

⁶⁸ Housing and Urban Development, *2015 Annual Homeless Assessment Report (AHAR)*, available <https://www.hudexchange.info/resource/4832/2015-ahar-part-1-pit-estimates-of-homelessness/>.

⁶⁹ Alaska Housing Finance Corporation (via e-mail correspondence with K. Duncan, 11/28/2008).

Other Facts to Know:

- According to the Substance Abuse and Mental Health Services Administration (SAMHSA), about 30 percent of chronically homeless persons have mental health conditions, and about half also have co-occurring substance use issues.⁷⁰
- Families are represented among Alaska's homeless. Homeless children are four times as likely to have delayed development, twice as likely to have learning disabilities, and eight times more likely to repeat a grade. They also have double the rate of emotional and behavioral problems and higher rates of physical disabilities and ailments such as asthma, and ADHD.⁷¹

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 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. AS 47.30.056(b-c). It also highlights the need for and benefits of timely provision of services for people at risk of homelessness due to mental illness, substance abuse, developmental disabilities, and/or brain injury. These services include mental health and substance use disorder treatment, housing support, and vocational rehabilitation, including prevocational rehabilitation, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Resources:

Alaska Housing Finance Corporation

<http://www.ahfc.us/home/index.cfm>

Alaska Mental Health Trust. *Affordable Housing Focus Area Fact Sheet*

<http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/Housing-Fact-Sheet-Housing-Jan-2013.pdf>

Anchorage Coalition to End Homelessness, Alaska Homeless Management Information System

<http://www.anchoragehomeless.org/hmis>

U.S. Interagency Council on Homelessness, *People Experiencing Chronic Homelessness*

<http://www.usich.gov/population/chronic>

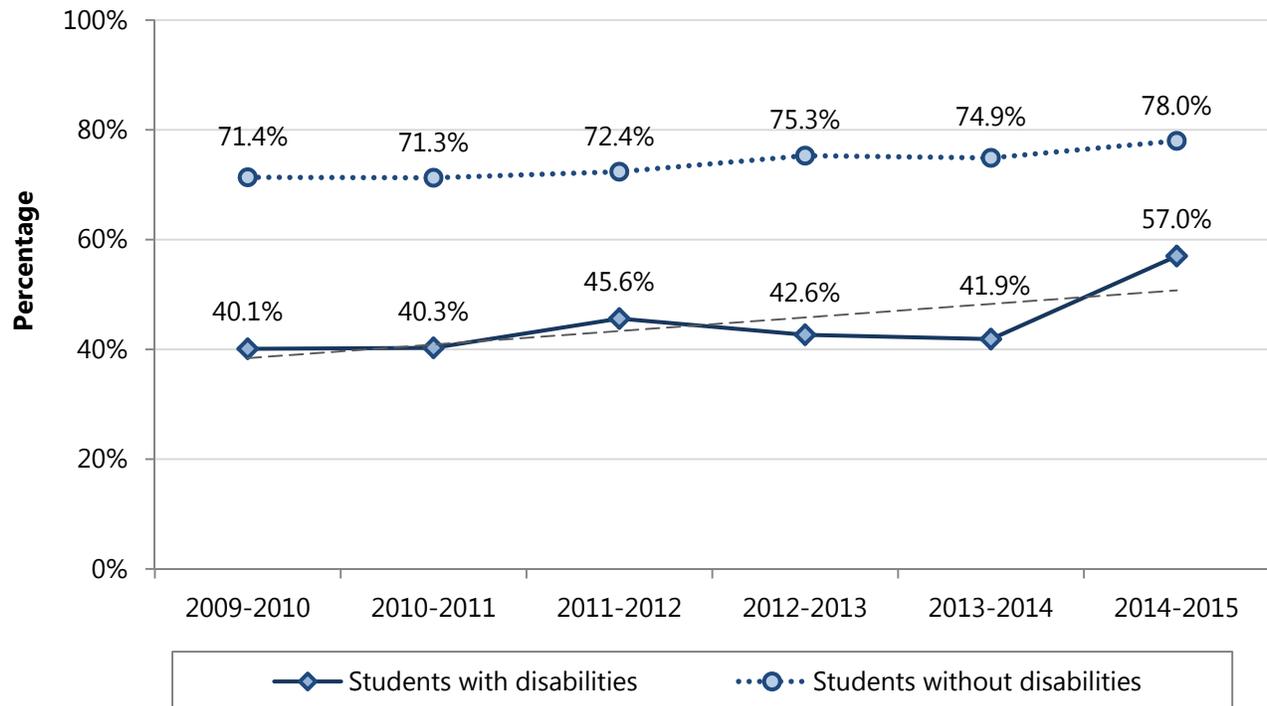
⁷⁰ Substance Abuse and Mental Health Services Administration (SAMHSA) (2011). *Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States*. Available at http://homeless.samhsa.gov/ResourceFiles/hrc_factsheet.pdf.

⁷¹ The National Center on Family Homelessness (2014). *America's Youngest Outcasts*. Available at <http://new.homelesschildrenamerica.org/mediadocs/280.pdf>.

Living with Dignity: Educational Goals

18. High School Graduation Rates

High school graduation rate for students with and without disabilities, Alaska, 2009-2015



Source: Alaska Department of Education and Early Development (2016) *Alaska's Public Schools: 2014-2015 Report card to the public*⁷² and Division of Teaching & Learning Support, via e-mail 1/15/2016.

Summary and Explanation:

- The 2015 high school cohort graduation rate for Alaska students without disabilities was 78.0%, compared to a rate of 57.0% for students with disabilities.
- "Students with disabilities" is used to describe students receiving special education (SPED) services; these students are served under Part B of the Individuals with Disabilities Education Act.
- Beginning with the 2010-2011 academic year, the department has published "cohort" graduation rates, which are calculated by dividing the number of graduates in a cohort group by the number in the cohort group. For example, the 2015 four-year cohort group is defined as all students who first entered grade nine in 2011-2012, attended a public high school in Alaska during the cohort period, and did not transfer to a public or private diploma-track program, emigrate, or die before the end of the 2014-2015 school year.

⁷² Available at <https://education.alaska.gov/ReportCard/2014-2015/reportcard2014-15.pdf>.

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- 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. AS 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. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Resources:

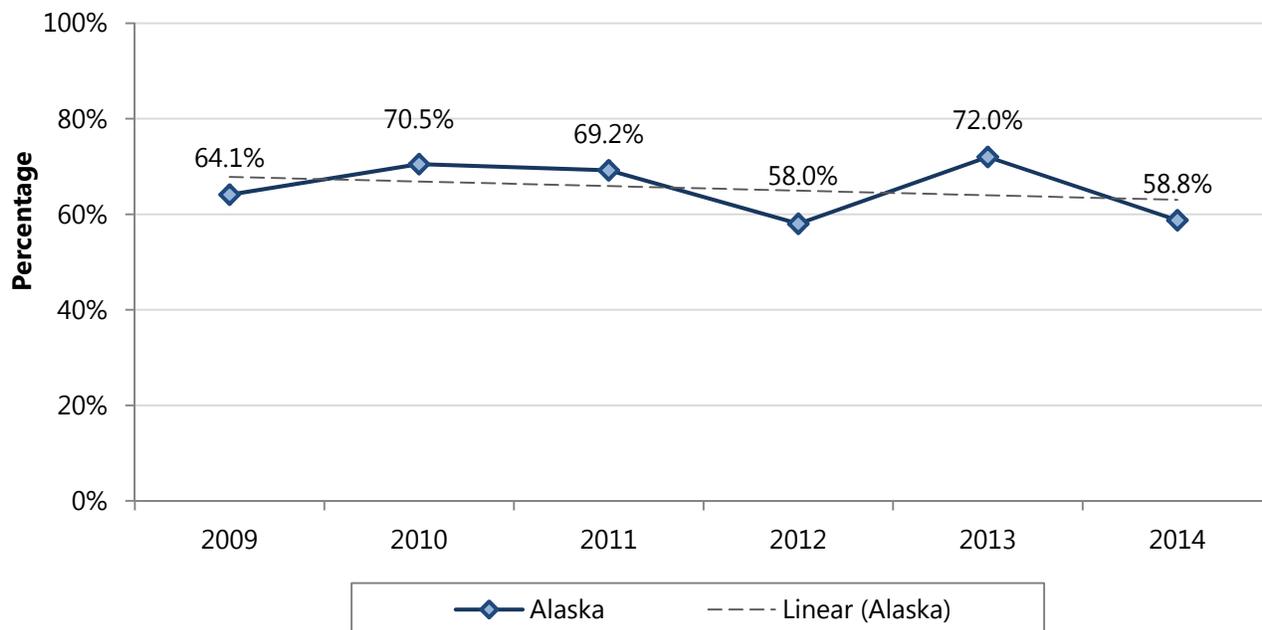
Alaska Department of Education and Early Development
<http://education.alaska.gov/>

Alaska Department of Education and Early Development, *Report Card to the Public, State Report Cards*
<http://education.alaska.gov/reportcard/>

Living with Dignity: Educational Goals

19. Youth who Received Special Education and are Employed and/or Enrolled in Post-Secondary Education One Year After Leaving School

Percentage of youth who had Individualized Education Plans in effect at the time they left school and were enrolled in postsecondary education or training program, and/or employed within one year of leaving high school, Alaska, 2009 – 2014



Source: Governor's Council on Disabilities and Special Education. *Indicator 14: Post-school outcomes status report* (via e-mail); Alaska Department of Education and Early Development. *Individuals with Disabilities Education Act (IDEA) Annual Performance Report*.⁷³

Summary and Explanation:

- This indicator tracks outcomes of youth who had Individualized Education Plans (IEPs) in effect at the time they left school.
- In 2014, 58.8% of Alaskan youth in this category were enrolled in higher education or another type of post-secondary education or training program and/or competitively employed or in some other employment within one year after leaving high school.

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).

⁷³ Available at https://education.alaska.gov/tls/sped/pdf/FY14_General/APRSPP-2013B-AK.pdf.

- 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. AS 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. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Resources:

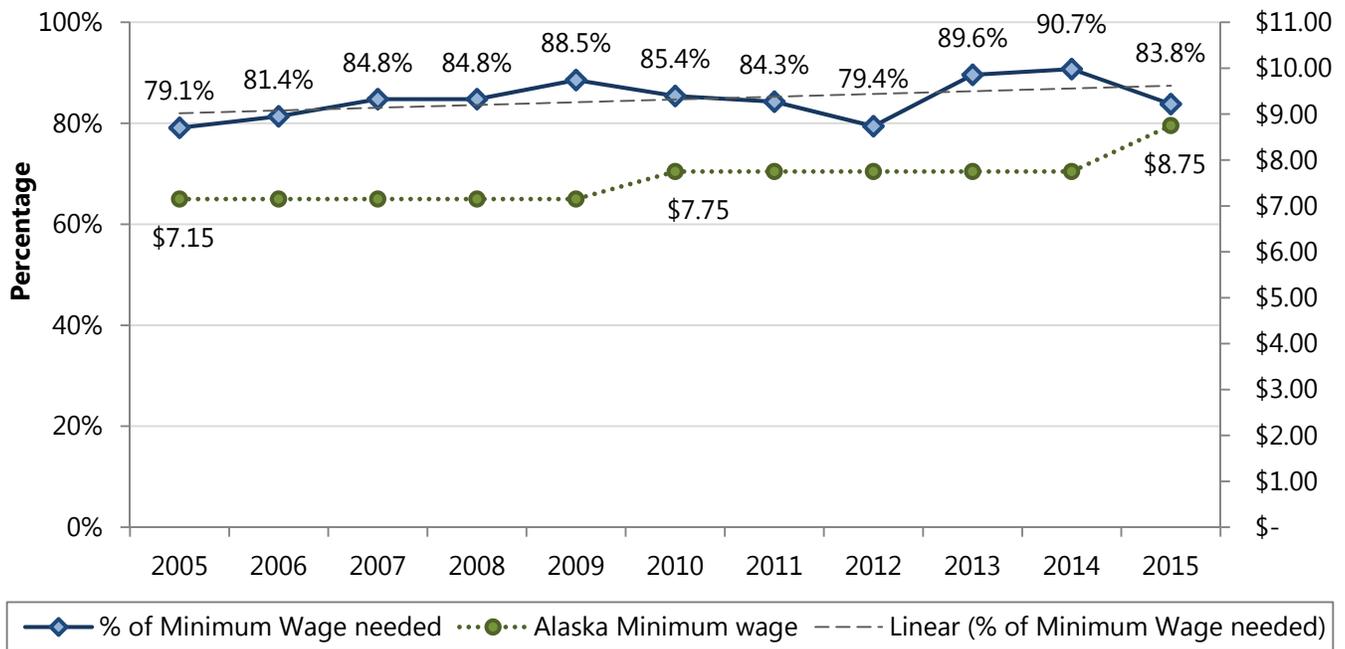
Alaska Department of Education and Early Development, Data and Statistics
<http://education.alaska.gov/stats/facts.html>

Governor’s Council on Disabilities and Special Education
<http://dhss.alaska.gov/gcdse/>

Economic Security

20. Percent of Minimum Wage Income Needed for Average Two-Bedroom Housing in Alaska

Percent of monthly minimum wage needed to afford average two-bedroom rental housing in Alaska, 2005 - 2015



Source: **Housing data:** National Low Income Housing Coalition (2015). *Out of Reach*.⁷⁴
Wage data: Alaska Department of Labor and Workforce Development.⁷⁵

Summary and Explanation:

- The proportion of full-time minimum wage income needed to afford housing in Alaska remained high between 2005 and 2015. During this period, it ranged from a low of 79.1% to a high of 90.7%, dropping slightly to 83.8% when the minimum wage was increased to \$8.75 in 2015.
- The current Fair Market Rent (FMR) for a two-bedroom apartment in Alaska is \$1,173.

Other Facts to Know:

- A housing unit is considered affordable if it costs no more than 30 percent of one’s income.⁷⁶
- To afford the FMR for an average two-bedroom apartment in Alaska at not more than 30% gross income, a household must earn a “Housing Wage” of \$22.55, assuming a 40-hour work

⁷⁴ Available at <http://nlihc.org/oor/2015>.

⁷⁵ Available at <http://labor.alaska.gov/lss/whact.htm>.

⁷⁶ National Low Income Housing Coalition. (2015). *Out of Reach*. Available at <http://nlihc.org/oor/2015>.

week, 52 weeks per year. Alaska ranks 9th most expensive among the states for housing by this measure.⁷⁷

- In 2015, an Alaskan earning minimum wage (\$8.75 per hour) would need to work 103 hours per week, 52 weeks per year to afford the FMR for an average two-bedroom apartment in Alaska at not more than 30% of gross income.⁷⁸
- In November of 2014 Alaska approved minimum wages increases through a ballot measure. The first increase took place in February 2015, when a \$1.00 increase brought the state minimum wage to \$8.75; the second increase of \$1.00 took effect January 1, 2016. After 2016, the minimum wage will be kept at least \$1.00 above the federal minimum wage.⁷⁹

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The percent of minimum wage income needed for an average two-bedroom housing in Alaska 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 being able to afford decent housing. AS 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. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Resources:

Alaska Department of Health and Social Services, Division of Public Assistance
<http://dhss.alaska.gov/dpa/Pages/default.aspx>

Alaska Mental Health Trust Authority. Focus Area: Housing and Long-Term Services and Supports
<http://mhtrust.org/focus/housing-long-term-services-support/>

Alaska Mental Health Trust Authority. *Affordable Housing Focus Area Fact Sheet*
<http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/Housing-Fact-Sheet-Housing-Jan-2013.pdf>

Alaska Housing Finance Corporation
<http://www.ahfc.us/home/index.cfm>

⁷⁷ National Low Income Housing Coalition (2015). *Out of Reach*. Available at <http://nlihc.org/oor/2015>.

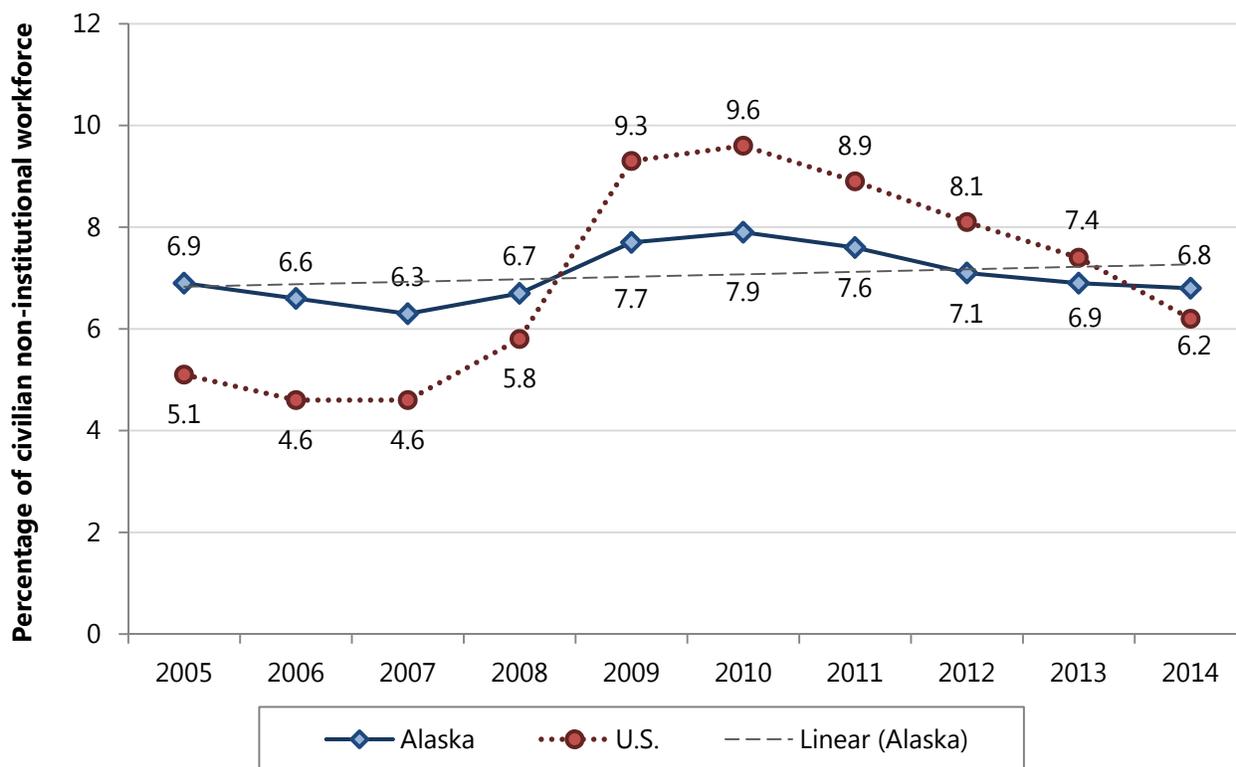
⁷⁸ National Low Income Housing Coalition. (2015). *Out of Reach 2015: Alaska*. Available at <http://nlihc.org/oor/alaska>.

⁷⁹ Alaska Department of Labor and Workforce Development, Division of Labor Standards and Safety. "New Alaska Minimum Wage Effective January 1, 2016." <http://labor.state.ak.us/lss/whhome.htm>.

Economic Security

21. Unemployment Rate

Average annual unemployment rate, Alaska and U.S., 2005 – 2014



Source: **Alaska:** Alaska Department of Labor and Workforce Development (2014). *Annual Unemployment Rates for Alaska and U.S. 2010 to 2014*.⁸⁰
U.S.: U.S. Department of Labor (2014). *Labor Force Statistics from the Current Population Survey*.⁸¹

Summary and Explanation:

- Persons are classified as unemployed if they do not have a job, have actively looked for work in the prior four weeks, and are currently available for work. Persons who are not working and are 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.⁸²
- Data presented in these charts are not seasonally adjusted. Seasonally adjusted unemployment rates tend to be slightly higher.⁸³

⁸⁰ Available at <http://live.laborstats.alaska.gov/labforce/labdata.cfm?s=2&a=0>.

⁸¹ Available at <http://www.bls.gov/cps/>.

⁸² U.S. Department of Labor. *Labor Force Statistics from the Current Population Survey*. Available at <http://www.bls.gov/cps/lfcharacteristics.htm>

⁸³ Alaska Department of Labor and Workforce Analysis. *Seasonal adjustment and how it works*. Available at <http://live.laborstats.alaska.gov/labforce/seasonal.cfm>.

Statutory Information:

- 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.
- 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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).

Additional Resources:

Alaska Department of Labor and Workforce Development

<http://labor.alaska.gov/>

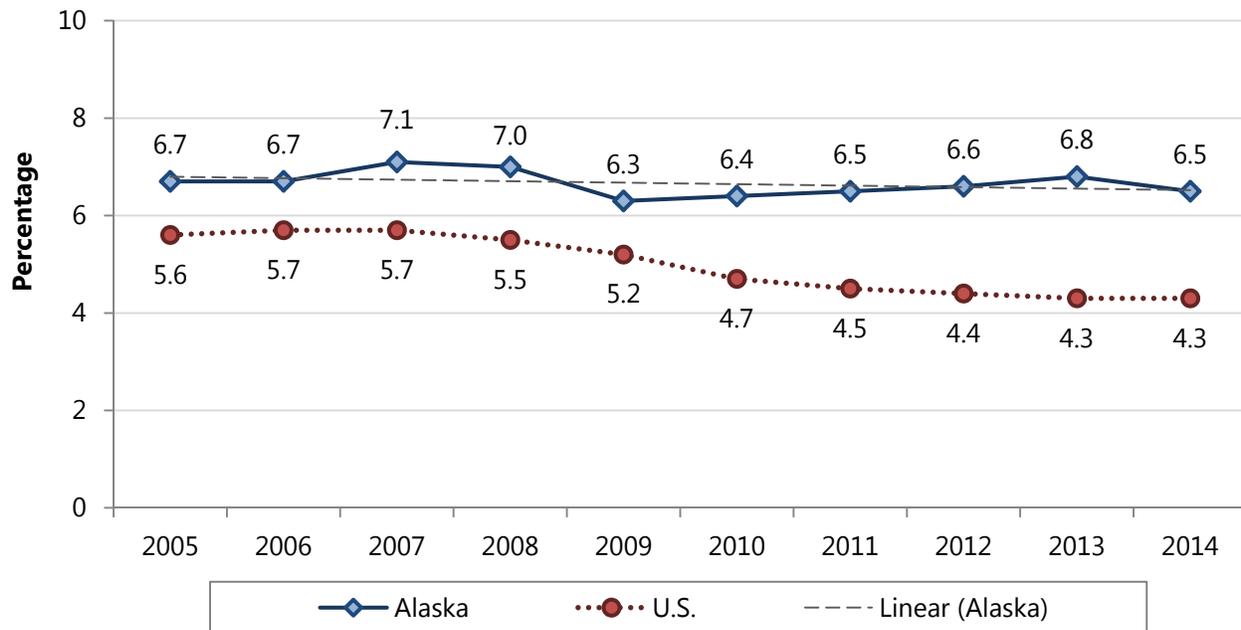
Alaska Mental Health Trust Authority, Focus Area: Workforce Development

<http://mhtrust.org/focus/workforce-development/>

Economic Security

22. Percent of Blind or Disabled SSI Recipients who are Working

Percent of SSI recipients who are blind or disabled and are working, Alaska and U.S., 2005 – 2014



Source: Alaska and U.S.: U.S. Social Security Administration, Office of Retirement and Disability Policy. *SSI Annual Statistics Report, 2014*. Table 40: Blind and disabled recipients who work, selected months 1976-2014; Table 41: Blind and disabled recipients who work, by state or other area, December 2014.⁸⁴

Summary and Explanation:

- The percent of Alaska Supplemental Security Income (SSI) recipients who are blind or disabled and who work has remained relatively consistent throughout the decade, and remains higher than the U.S. rate, which has fallen somewhat over the past 10 years. In 2014, the Alaska rate was 6.5% and the national average was 4.3%.
- Supplemental Security Income (SSI) is a federal financial assistance program that provides monthly payments to adults and children with qualifying disabilities who have limited income and resources.⁸⁵

Other Facts to Know:

- Programs such as the Working Disabled Medicaid Buy-In and other Social Security Administration incentives exist to help people with disabilities continue working. Working Disabled Medicaid Buy-In extends access to Medicaid to working individuals with disabilities

⁸⁴ Available at https://www.ssa.gov/policy/docs/statcomps/ssi_asr/2014/sect07.html#table41.

⁸⁵ Social Security Administration. Supplemental Security Income Benefits. <https://www.ssa.gov/disabilityssi/ssi.html>.

whose earned income or spouse's earned income makes them ineligible for public assistance. Some participants are required to pay a premium, based on a sliding fee schedule.⁸⁶

- A 2011 study of Alaskans with physical disabilities found that respondents rated the following supports and services as most important in their decisions to either get or keep employment:
 - Transportation
 - Ability to take time off for health-related reasons
 - Paid personal assistant services at home
 - Affordable health insurance
 - Assistive technology services and devices.⁸⁷

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The percent of SSI recipients who are blind or disabled and 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. AS 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 Alzheimer's 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. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Resources:

Governor's Council on Disabilities and Special Education

<http://dhss.alaska.gov/gcdse/>

Alaska Department of Labor and Workforce Development

<http://labor.alaska.gov/>

Alaska Works Initiative

<http://www.alaskaworksinitiative.org/>

UAA Center for Human Development

<http://www.uaa.alaska.edu/centerforhumandevlopment/>

Social Security Administration, Disability Benefits

<http://www.ssa.gov/pgm/disability.htm>

Alaska Mental Health Trust Authority, Focus Area: Beneficiary Employment and Engagement.

<http://mhtrust.org/focus/beneficiary-employment-engagement/>

⁸⁶ Alaska Department of Health and Social Services, Division of Public Assistance. *Working Disabled Medicaid Buy-In Category*. Available at [http://dhss.alaska.gov/gcdse/Documents/committees/et/MED17\(06-3968\)rev12%20121.pdf](http://dhss.alaska.gov/gcdse/Documents/committees/et/MED17(06-3968)rev12%20121.pdf).

⁸⁷ University of Alaska, Anchorage, Center for Human Development (2012). *Employment Barriers Survey for Adults with Physical Disabilities*. Available at http://www.uaa.alaska.edu/centerforhumandevlopment/Employment_Barriers_Survey/upload/EBS_report_FINAL_report-2.pdf.

Prevalence Estimates

Mental Illness: Serious Mental Illness and Serious Emotional Disturbance

Serious Mental Illness (Adults)

Alaska population aged 18 and over (2014 estimate)	Percentage with Serious Mental Illness (SMI)	Estimate of Alaskans with SMI
547,212	3.9%	21,341

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health (NSDUH). 2013-2014 estimates.⁸⁸

Population estimate: Alaska Department of Labor and Workforce Development⁸⁹

Summary and Explanation:

- Serious mental illness among people ages 18 and older is defined at the federal level as having, at any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, and bipolar disorder, and other mental disorders that cause serious impairment.⁹⁰
- According to SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH), an estimated 43.6 million (18.1%) Americans ages 18 and up experienced some form of mental illness.⁹¹
- People with bipolar and related disorders experience atypical, dramatic swings in mood, and activity levels that go from periods of feeling intensely happy, irritable, and impulsive to periods of intense sadness and feelings of hopelessness.⁹²
- Depressive disorders are among the most common mental health disorders in the U.S. They are characterized by a sad, hopeless, empty, or irritable mood, and somatic and cognitive changes that significantly interfere with daily life.⁹³
- The defining characteristic of schizophrenia and other psychotic disorders is abnormalities in one or more of five domains: delusions, hallucinations, disorganized thinking, grossly disorganized or abnormal motor behavior, and negative symptoms, which include diminished emotional expression and a decrease in the ability to engage in self-initiated activities. The lifetime prevalence of schizophrenia is estimated to be about 1% of the population. Symptoms of schizophrenia typically manifest between the ages of 16 and 30. As with other forms of

⁸⁸ Table 23 Serious Mental Illness in the Past Year, by Age Group and State. Available at <http://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2014.pdf>.

⁸⁹ Available at <http://laborstats.alaska.gov/pop/popest.htm>.

⁹⁰ Substance Abuse and Mental Health Services Administration (SAMHSA). "Mental and Substance Use Disorders." Available at <http://www.samhsa.gov/disorders>; and *Estimation Methodology for Adults with Serious Mental Illness*. Federal Register Vol. 64, Number 121 (June 24, 1999) pp. 33890-33897.

⁹¹ Substance Abuse and Mental Health Services Administration (SAMHSA). "Mental and Substance Use Disorders." Available at <http://www.samhsa.gov/disorders>.

⁹² Ibid.

⁹³ Ibid.

serious mental illness, schizophrenia is related to homelessness, involvement with the criminal justice system, and other negative outcomes.⁹⁴

Serious Emotional Disturbance (ages 0 to 17)

Alaska population aged 0 – 17 years (2014 estimate)	Percentage with Serious Emotional Disturbance (SED)	Estimate of Alaskans with SED
188,389	6.7%	12,679

Source: WICHE Mental Health Program and Holzer, Charles (2008). *2006 Behavioral Health Prevalence Estimates in Alaska: Serious Behavioral Health Disorders in Households*.

Population estimate: Alaska Department of Labor and Workforce Development⁹⁵

Summary and Explanation:

- The term “serious emotional disturbance” (SED) is used to refer to children and youth who have had a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.
- A Centers for Disease Control and Prevention (CDC) review of population-level information found that an estimated 13 to 20% of children live with a mental disorder, but current national surveys do not have an indicator of SED.”⁹⁶

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- Beneficiaries of the Trust include the following broad groups of Alaskans with mental illness, developmental disabilities, chronic alcoholism and other substance related disorders, Alzheimer’s disease and related dementia, and traumatic brain injuries. The Trust also works in prevention and early intervention services for individuals at risk of becoming beneficiaries. The Trust considers prevention of these conditions, where possible, to be part of its mandate.⁹⁷

Further Resources:

Alaska Department of Health and Social Services, Division of Behavioral Health
<http://dhss.alaska.gov/dbh/Pages/default.aspx>

Alaska Mental Health Board
<http://dhss.alaska.gov/amhb/Pages/default.aspx>

⁹⁴ Ibid.

⁹⁵ Available at <http://laborstats.alaska.gov/pop/popest.htm>.

⁹⁶ Substance Abuse and Mental Health Services Administration (SAMHSA). “Mental and Substance Use Disorders.” Available at <http://www.samhsa.gov/disorders>.

⁹⁷ Alaska Mental Health Trust Authority. *Beneficiaries*. Available at <http://mhtrust.org/about/beneficiaries/>.

Prevalence Estimates

Alzheimer's Disease

Percentage of Seniors (ages 65+) with Alzheimer's Disease

Alaska population aged 65+ (2014 estimate)	Percentage with Alzheimer's disease	Estimate of Alaskans aged 65+ with Alzheimer's Disease
71,080	9.0%	6,400

Source: Alzheimer's Association (2015). *Alaska Alzheimer's Statistics*⁹⁸ and Alaska Commission on Aging.⁹⁹
Population estimate: Alaska Department of Labor and Workforce Development¹⁰⁰

Summary and Explanation:

- Alzheimer's disease, the most common form of dementia, involves the parts of the brain that control thought, memory, and language. It is a progressive disease starting with mild memory loss and can eventually lead to loss of the ability to carry on a conversation and respond to the environment, affecting a person's ability to carry out activities of daily living.¹⁰¹
- An estimated 9 percent of Alaska seniors 65 and older have Alzheimer's disease. The number of individuals over age 65 with Alzheimer's is projected to grow to 11,000 in 2025. These projections do not include the number of people with related dementias (including vascular dementia, Parkinson's disease, Lewy body dementia, and other forms) and those younger than 65.¹⁰²
- Alzheimer's Disease and related dementias most commonly affect people over the age of 65, although approximately 4% of diagnoses are in younger people aged 30-64.¹⁰³
- A report to the House Health and Social Services Committee reported the following findings from a series of Family Caregiver Community Forums:
 - There is a lack of public awareness and misunderstanding about Alzheimer's disease and related dementia.
 - Services for people with ADRD are inadequate.
 - Unpaid caregivers are often stressed and unprepared.
 - There is an acute need for safe and appropriate housing for seniors with ADRD and those with challenging behaviors.
 - There is a critical need to improve safety for persons with ADRD.¹⁰⁴

⁹⁸ Available at http://www.alz.org/documents_custom/facts_2015/alz_ff_alaska.pdf.

⁹⁹ Alaska Commission on Aging <http://dhss.alaska.gov/acoa>.

¹⁰⁰ Available at <http://laborstats.alaska.gov/pop/popest.htm>.

¹⁰¹ Centers for Disease Control and Prevention. *What is Alzheimer's Disease?* Available at <http://www.cdc.gov/aging/aginginfo/alzheimers.htm>.

¹⁰² Alaska Commission on Aging (2014). *Alaska's Roadmap to Address Alzheimer's Disease and Related Dementias*. Available at <http://dhss.alaska.gov/acoa/Documents/documents/Alaskas-Roadmap-to-Address-ADRD.pdf>.

¹⁰³ Ibid.

¹⁰⁴ Alaska Commission on Aging, and Alaska Mental Health Trust Authority (March 3, 2015). *Alaska's Roadmap to Address Alzheimer's Disease and Related Dementias, Presentation to the House Health & Social Services Committee*. Available at <http://dhss.alaska.gov/acoa/Documents/ADRRoadmap-HouseHSScomm.pdf>.

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- Beneficiaries of the Trust include the following broad groups of Alaskans with mental illness, developmental disabilities, chronic alcoholism and other substance related disorders, Alzheimer's disease and related dementia, and traumatic brain injuries. The Trust also works in prevention and early intervention services for individuals at risk of becoming beneficiaries. The Trust considers prevention of these conditions, where possible, to be part of its mandate.¹⁰⁵
- 20 AAC 40.550. People with Alzheimer's disease or related dementia (a) Subject to (b) of this section, people with Alzheimer's disease or related dementia are persons who (1) can be diagnosed using the DSM-IV-TR with Axis I delirium, dementia, amnesic, or other cognitive disorders comparable to those listed at AS 47.30.056(g)(1) - (4) or with a comparable disorder using the ICD-9-CM; or (2) as a result of adult onset cognitive impairment that is progressive and degenerative in nature, require (A) supervision and cueing from other individuals in order adequately and routinely to perform activities of daily living; or (B) protection from the consequences of their impaired judgment, of fluctuations in their decision-making capacity, or of their frequent impulsive, inappropriate, or disruptive behavior when this behavior poses health or safety hazards to themselves or to others. (b) In addition to persons described in (a) of this section, people with Alzheimer's disease or related dementia include persons with conditions that support a DSM-IV-TR Axis I diagnosis of "other conditions that may be a focus of clinical attention" or a comparable ICD-9-CM diagnosis, even though that condition is not due to a mental disorder described at AS 47.30.056(g)(1) - (4) or (a) of this section.¹⁰⁶

Further Resources:

Alaska Commission on Aging

<http://dhss.alaska.gov/acoa/Pages/default.aspx>

Alaska's Roadmap to Address Alzheimer's Disease and Related Dementias (2014)

<http://dhss.alaska.gov/acoa/Documents/documents/Alaskas-Roadmap-to-Address-ADRD.pdf>

Alzheimer's Resource of Alaska

<http://www.alzalaska.org/>

Alaska Mental Health Trust Authority, Focus Area: Housing and Long-Term Services & Supports

<http://mhtrust.org/focus/housing-long-term-services-support/>

¹⁰⁵ Alaska Mental Health Trust Authority. *Beneficiaries*. Available at <http://mhtrust.org/about/beneficiaries/>.

¹⁰⁶ Available at <http://www.legis.state.ak.us/basis/statutes.asp#47.30.056>.

Prevalence Estimates

Traumatic Brain Injury

Traumatic brain injury (all ages)

Alaska population (2014 estimate)	Percentage with Traumatic Brain Injury	Estimate of Alaskans living with a Traumatic Brain Injury
735,601	1.6%	11,770

Source: University of Alaska Center for Human Development (2003). The Alaska Traumatic Brain Injury (TBI) Planning Grant Needs and Resources Assessment, June 2001 – January 2003, and Alaska Brain Injury Network.

Population estimate: Alaska Department of Labor and Workforce Development¹⁰⁷

Summary and Explanation:

- A traumatic brain injury 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. Effects of TBI may include impaired thinking, memory, sensation, or emotional functioning, and may last a few days to a lifetime.¹⁰⁸
- Traumatic brain injuries are classified as “mild,” moderate or severe. Mild traumatic brain injury (MTBI), or concussion, is one of the most common neurologic disorders.
- Most people recover from a mild TBI, but some have serious long-term consequences. (“Mild” is a medical term associated with loss of consciousness, not necessarily associated with functional outcomes.)¹⁰⁹
- The CDC found that very young children ages 0 to 4 years had the highest rate of TBI-related emergency department visits (1,035.0 per 100,000 population), followed by older adolescents ages 15 to 19 years (661.1 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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- Beneficiaries of the Trust include the following broad groups of Alaskans with mental illness, developmental disabilities, chronic alcoholism and other substance related disorders, Alzheimer’s disease and related dementia, and traumatic brain injuries. The Trust also works in prevention and early intervention services for individuals at risk of becoming beneficiaries. The Trust considers prevention of these conditions, where possible, to be part of its mandate.¹¹⁰

¹⁰⁷ <http://laborstats.alaska.gov/pop/popest.htm>

¹⁰⁸ Centers for Disease Control and Prevention. *Traumatic Brain Injury in the United States: Fact Sheet*. http://www.cdc.gov/traumaticbraininjury/get_the_facts.html.

¹⁰⁹ Alaska Brain Injury Network. *Info and Tools*. Available at <http://www.alaskabraininjury.net/brain-injury-info/>.

¹¹⁰ Alaska Mental Health Trust Authority. *Beneficiaries*. <http://mhtrust.org/about/beneficiaries/>

Further Resources:

Alaska Department of Health and Social Services, Division of Public Health, Chronic Disease Prevention and Health Promotion, Injury Prevention

<http://dhss.alaska.gov/dph/Chronic/Pages/InjuryPrevention/default.aspx>

Alaska Department of Health and Social Services, Division of Behavioral Health, Traumatic Brain Injury Initiative

<http://dhss.alaska.gov/dbh/Pages/Initiatives/tbi/default.aspx>

Alaska Department of Health and Social Services, Division of Senior and Disabilities Services, Traumatic and Acquired Brain Injury Program

<http://dhss.alaska.gov/dsds/Pages/tabi/default.aspx>

Alaska Brain Injury Network

<http://www.alaskabraininjury.org/>

Prevalence Estimates

Developmental Disabilities

Developmental disabilities (all ages)

Alaska population (2014 estimate)	Percentage with developmental disabilities	Estimate of Alaskans living with a developmental disability
735,601	1.8	13,241

Source: Gollay, E. (1981). Summary Report on the Implications of Modifying the Definition of a Developmental Disability. U.S. Department of Health, Education and Welfare; and Governor's Council on Disabilities and Special Education.

Population estimate: Alaska Department of Labor and Workforce Development¹¹¹

Summary and Explanation:

- In general, a developmental disability is a severe chronic disability that is attributable to mental and/or physical impairments, is manifested before 22 years of age, is likely to continue indefinitely, and results in substantial functional limitations of certain major life activities. Children under age 10 are considered to have a developmental disability if he or she has a high probability of meeting the criteria later in life without services and supports.¹¹²
- The Developmental Disabilities Assistance and Bill of Rights Act of 2000 established program areas including State Councils on Developmental Disabilities, and other support and advocacy programs such as family support programs.¹¹³

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- Beneficiaries of the Trust include the following broad groups of Alaskans with mental illness, developmental disabilities, chronic alcoholism and other substance related disorders, Alzheimer's disease and related dementia, and traumatic brain injuries. The Trust also works in prevention and early intervention services for individuals at risk of becoming beneficiaries. The Trust considers prevention of these conditions, where possible, to be part of its mandate.¹¹⁴

Further Resources:

Governor's Council on Disabilities and Special Education

<http://dhss.alaska.gov/gcdse>

DHSS Division of Senior and Disabilities Services

<http://dhss.alaska.gov/dsds>

¹¹¹ Available at <http://laborstats.alaska.gov/pop/popest.htm>.

¹¹² Administration on Intellectual and Developmental Disabilities (AIDD). *The Developmental Disabilities Assistance and Bill of Rights Act of 2000*. Available at http://www.acl.gov/Programs/AIDD/DDA_BOR_ACT_2000/p2_tI_subtitleA.aspx.

¹¹³ Administration on Intellectual and Developmental Disabilities (AIDD). *History of the DD Act*. Available at http://www.acl.gov/Programs/AIDD/DD_History/index.aspx.

¹¹⁴ Alaska Mental Health Trust Authority. Beneficiaries Available at <http://mhtrust.org/about/beneficiaries/>.

Prevalence Estimates

Alcohol Dependence

Percent dependent on alcohol: Youth (aged 12-17) and Adults (aged 18+)

	Alaska population (2014 estimate)	Percentage dependent on Alcohol	Estimate of Alaskans dependent on alcohol
Ages 12 to 17	60,680	0.77%	467
Ages 18+	547,212	3.49%	19,098

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health (NSDUH). 2013-2014 estimates.¹¹⁵

Population estimate: Alaska Department of Labor and Workforce Development¹¹⁶

Summary and Explanation:

- Dependency on alcohol, also known as alcohol addiction or alcoholism, is a chronic disease; its symptoms include a strong craving for alcohol, continued use of alcohol despite repeated physical, psychological, or interpersonal problems, and the inability to limit drinking.¹¹⁷
- Mental and substance use disorders affect people from all walks of life and all age groups. These illnesses are common, recurrent, and often serious, but they are treatable and many people do recover. Learning about some of the most common mental and substance use disorders can help people recognize their signs and to seek help.

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. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- Beneficiaries of the Trust include the following broad groups of Alaskans with mental illness, developmental disabilities, chronic alcoholism and other substance related disorders, Alzheimer's disease and related dementia, and traumatic brain injuries. The Trust also works in prevention and early intervention services for individuals at risk of becoming beneficiaries. The Trust considers prevention of these conditions, where possible, to be part of its mandate.¹¹⁸

¹¹⁵ Available at <http://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2014.pdf>.

¹¹⁶ Available at <http://laborstats.alaska.gov/pop/popest.htm>

¹¹⁷ Centers for Disease Control and Prevention. *Alcohol and Public Health: Frequently asked questions*. <http://www.cdc.gov/alcohol/faqs.htm>.

¹¹⁸ Alaska Mental Health Trust Authority. *Beneficiaries*. <http://mhtrust.org/about/beneficiaries/>

Further Resources:

Alaska Department of Health and Social Services, Division of Behavioral Health.

<http://dhss.alaska.gov/dbh/Pages/default.aspx>

Advisory Board on Alcoholism and Drug Abuse.

<http://dhss.alaska.gov/abada/Pages/default.aspx>

Centers for Disease Control and Prevention. Alcohol and Public Health, Additional Resources.

<http://www.cdc.gov/alcohol/resources.htm>