



# Alaska Scorecard 2016

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 (rate per 100,000)                              | 13.3 | 22.3 | 27.1 | X |
| 2 | Percent of adults reporting serious thoughts of suicide | 4.0% | 4.2% | 4.7% | X |

### Substance Abuse

|   |                                                                |       |       |       |   |
|---|----------------------------------------------------------------|-------|-------|-------|---|
| 3 | Alcohol-induced deaths (rate per 100,000)                      | 8.5   | 17.7  | 20.4  | X |
| 4 | Percent of adults who engage in heavy drinking                 | 5.9%  | 9.1%  | 8.0%  | X |
| 5 | Percent of adults who engage in binge drinking                 | 16.3% | 20.2% | 20.5% | X |
| 6 | Percent of population (age 12 and older) who use illicit drugs | 9.8%  | 12.9% | 13.2% | X |

### Mental Health

|   |                                                              |      |       |       |   |
|---|--------------------------------------------------------------|------|-------|-------|---|
| 7 | Days of poor mental health in past month (adults)            | 3.7  | 3.1   | 3.6   | ↔ |
| 8 | Percent of teens who experienced depression during past year | 29.9 | 27.2% | 33.6% | X |

### Access

|   |                                                |      |       |       |   |
|---|------------------------------------------------|------|-------|-------|---|
| 9 | Percent of population without health insurance | 9.4% | 17.2% | 14.9% | ↔ |
|---|------------------------------------------------|------|-------|-------|---|

## Safety

### Protection

|    |                                                                   |       |      |      |   |
|----|-------------------------------------------------------------------|-------|------|------|---|
| 10 | Child maltreatment (rate per 1,000)                               | 9.2   | 13.3 | 15.6 | X |
| 11 | Substantiated reports of harm to adults (rate per 1,000)          | *     | 1.7  | 1.6  | ↔ |
| 12 | Injuries to elders due to falls, hospitalized (rate per 100,000)  | 1,603 | 922  | 953  | ✓ |
| 13 | Traumatic brain injury, hospitalized non-fatal (rate per 100,000) | *     | 85.6 | 83.8 | ↔ |

### Justice

|    |                                                                                                |   |       |       |   |
|----|------------------------------------------------------------------------------------------------|---|-------|-------|---|
| 14 | Percent of incarcerated adults with mental illness or mental disabilities                      | * | 44.1% | 44.1% | X |
| 15 | Rate of criminal recidivism for incarcerated adults with mental illness or mental disabilities | * | 39.2% | 38.9% | ↔ |
| 16 | Percent of arrests involving alcohol or drugs                                                  | * | 40.2% | 38.9% | ↔ |

## Living With Dignity

### Accessible, Affordable Housing

|    |                                         |      |      |      |   |
|----|-----------------------------------------|------|------|------|---|
| 17 | Chronic homelessness (rate per 100,000) | 24.1 | 24.7 | 15.2 | ✓ |
|----|-----------------------------------------|------|------|------|---|

### Educational Goals

|    |                                                                                                                                        |   |       |       |   |
|----|----------------------------------------------------------------------------------------------------------------------------------------|---|-------|-------|---|
| 18 | Difference between high school graduation rate for students with and without disabilities                                              | * | 21.0% | 25.3% | ↔ |
| 19 | Percent of youth who received special education who are employed or enrolled in post-secondary education one year after leaving school | * | 58.8% | 56.3% | ↔ |

## Economic Security

|    |                                                                     |      |       |       |   |
|----|---------------------------------------------------------------------|------|-------|-------|---|
| 20 | Percent of minimum wage income needed to afford average housing     | *    | 83.8% | 77.5% | X |
| 21 | Average annual unemployment rate                                    | 5.3% | 6.9%  | 6.5%  | X |
| 22 | Percent of SSI recipients who are blind or disabled and are working | 4.5% | 6.5%  | 6.6%  | ✓ |

## Prevalence Estimates: Alaska Mental Health Trust Beneficiaries

| Alaska Mental Health Trust Beneficiary Population | Estimate | Population Rate |
|---------------------------------------------------|----------|-----------------|
| Serious Mental Illness (ages 18+)                 | 22,128   | 4.0%            |
| Serious Emotional Disturbance (ages 9 to 17)      | 5,479    | 6.0%            |
| Any Mental Illness (ages 18+)                     | 99,686   | 18.1%           |
| Alzheimer's Disease (ages 60+)                    | 7,108    | 9.0%            |
| Traumatic brain injury (all ages)                 | 11,837   | 1.6%            |
| Developmental disabilities (all ages)             | 13,317   | 1.8%            |
| Dependent on alcohol (ages 12 to 17)              | 528      | 0.9%            |
| Dependent on alcohol (ages 18+)                   | 21,963   | 4.0%            |

\* No comparable U.S. data available

## Health: Suicide

1. Suicide mortality rate per 100,000 population, age-adjusted (2015).<sup>a</sup>
2. Percentage of non-institutionalized adults aged 18 and older reporting serious thoughts of suicide in the past year (2014-2015).<sup>b</sup>

## 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 (Alaska 2015, U.S. 2014).<sup>a</sup>
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 (2015).<sup>c</sup>
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 (2015).<sup>c</sup>
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).<sup>b</sup>

## 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 (2015).<sup>c</sup>
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).<sup>d</sup>

## Health: Access

9. Percentage of population without health insurance for the entire year (2015).<sup>e</sup>

## Safety: Protection

10. Child maltreatment, rate per 1,000 children aged 0-17. (2015).<sup>f</sup>
11. Founded reports of harm, rate per 1,000 adults aged 18+. (FY2016).<sup>g</sup>
12. Non-fatal injuries due to falls, ages 65+, hospitalized 24 hours or more, rate per 100,000 adults aged 65+ (Alaska 2015, U.S. 2014).<sup>h</sup>
13. Non-fatal traumatic brain injury requiring hospitalization of 24 hours or more, rate per 100,000 population (2015).<sup>h</sup>

## Safety: Justice

14. Percentage of incarcerated adults with mental illness or mental disabilities (2012).<sup>i</sup>

15. Statewide criminal recidivism rates for incarcerated adults with mental illness or mental disabilities; defined as re-entry into Alaska Department of Corrections for a new crime occurring within one year of initial date of discharge (2012).<sup>j</sup>
16. Percentage of arrests by Alaska State Troopers or Wildlife Troopers that were flagged as being related to alcohol and/or drugs (2015).<sup>j</sup>

## 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 (2016).<sup>k</sup>

## Living With Dignity: Education

18. Difference between high school graduation rate for students with and without disabilities. Statewide cohort graduation rate (2015-2016).<sup>l</sup>
19. Percentage of youth who received special education who are employed and/or enrolled in post-secondary education one year after leaving school (2013).<sup>m</sup>

## Economic Security

20. Percentage of minimum wage income needed to afford fair-market rent of two-bedroom housing in Alaska (2016).<sup>n</sup>
21. Annual unemployment rate, not seasonally adjusted. (2015).<sup>o</sup>
22. Percentage of SSI recipients with blindness or disabilities who are working (2015).<sup>p</sup>

## 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 and Control, Data and 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 and Early Development, [State Report Cards](#).
- m. [Governor's Council on Disabilities and Special Education](#); Alaska Department of Education and Early Development, [FFY 2014 Annual Performance Report](#).
- n. National Low Income Housing Coalition [Out of Reach](#).
- o. Alaska Department of Labor and 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 and Workforce Development, [Population Estimates](#).

## Prevalence Data – Sources

**Mental Illness. Serious Mental Illness and Any Mental Illness.** Substance Abuse and Mental Health Services Administration (SAMHSA), [National Survey on Drug Use and Health \(NSDUH\)](#) (2014-2015 estimates). **Serious Emotional Disturbance.** [Alaska Behavioral Health System Assessment](#) (2016).

**Alzheimer's Disease.** Alzheimer's Association, [Alaska Alzheimer's Statistics](#) (2016).

**Traumatic Brain Injury.** University of Alaska Center for Human Development, [The Alaska Traumatic Brain Injury \(TBI\) Planning Grant Needs and Resources Assessment, June 2001 – January 2003](#) and Alaska Brain Injury Network (via e-mail 12/16/11).

**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 \(NSDUH\)](#) (2014-2015 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 2015 and 2016 the status of 17 of the 22 indicators remained the same; one improved from “needs improvement” to “uncertain,” one improved from “uncertain” to “satisfactory,” one moved down from “satisfactory” to “uncertain,” and two moved down from “uncertain” to “needs improvement.”

## Status information by Scorecard indicator

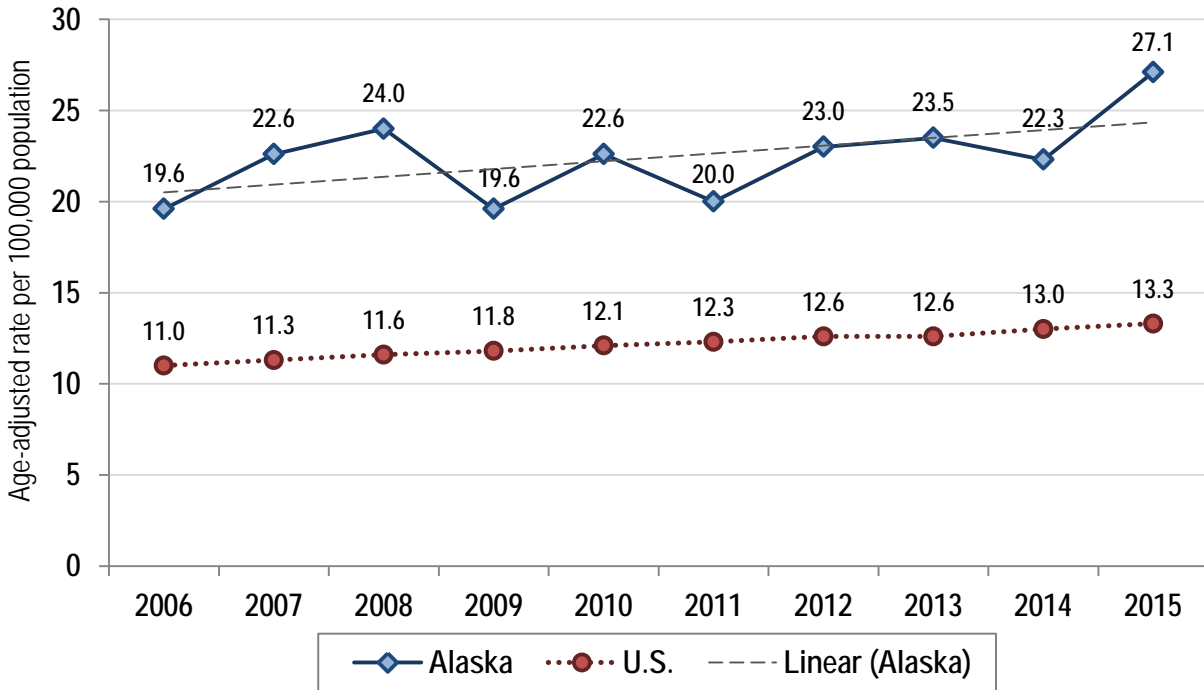
- Suicide rate.** The 2015 Alaska rate is 104% higher than the U.S. rate, and the Alaska rate has varied too much year-to-year to show a clear trend. The resulting status is “needs improvement.” This is the same as last year’s Scorecard status.
- Serious thoughts of suicide.** The 2014-2015 Alaska rate is 17% higher than the U.S. rate, and the Alaska rate has remained generally flat. The status is “needs improvement.” This is worse than last year’s Scorecard status.
- Alcohol-induced mortality rate.** The 2015 Alaska rate is 140% higher than the 2014 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.
- Heavy drinking (adults).** The 2015 Alaska rate is 36% higher than the U.S. rate, and the Alaska rate appears to be increasing, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
- Binge drinking (adults).** The 2015 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 the same as than last year’s Scorecard status.
- 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 2015 Alaska rate is 3% lower than the U.S. rate and the Alaska data show no clear trend, so the status is “uncertain.” This is worse than last year’s Scorecard status.
8. **Teens that experienced depression.** The 2015 Alaska rate is 12% above the U.S. rate and the rate appears to be increasing, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
9. **Population without health insurance.** The 2015 Alaska rate is 59% higher than the U.S. rate; however, the trend appears to be improving. The status is “uncertain.” This is an improvement over last year’s Scorecard status.
10. **Child maltreatment.** The 2015 Alaska rate is 70% higher than the U.S. rate, and the Alaska data show no clear trend. 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 2015 Alaska rate is 41% lower than the 2014 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 the same as 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 2016 Alaska rate is 37% lower than the U.S. rate, and the Alaska data show a possible downward trend. The status is “acceptable.” This is an improvement over last year’s Scorecard status.
18. **Difference between high school graduation rate for students with and without disabilities.** The 2013-2014 rate shows a greater 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. **Percentage 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. **Percentage of minimum wage needed to afford housing.** The percentage of income spent on housing in Alaska more than doubles what is considered affordable, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
21. **Unemployment rate.** The 2014 Alaska rate is 22% higher the U.S. rate and the trend is unclear; the resulting status is “needs improvement.” This is worse than last year’s Scorecard status.
22. **SSI recipients who are blind or disabled and are working.** The 2015 Alaska rate is 47% 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 rate, Alaska and U.S., 2006 – 2015**



**Source:** **Alaska:** Alaska Department of Health and Social Services, Division of Public Health, Health Analytics and Vital Records Section (via e-mail 11/8/2016);  
**U.S.:** Centers for Disease Control and Prevention (2016). *National Center for Health Statistics Data Brief No. 267: Mortality in the United States, 2015.*<sup>1</sup>

**Summary and Explanation:**

- The 2015 Alaska rate of 27.1 per 100,000 age-adjusted population is more than double the U.S. rate of 13.3.
- Between 2006 and 2015, the age-adjusted rate of death by suicide in Alaska averaged nearly twice the U.S. rate.

**Other Facts to Know:**

- In 2015, the age-adjusted suicide mortality rate for Alaska Natives (50.4 per 100,000) was nearly twice that of white Alaskans (22.7 per 100,000).<sup>2</sup>
- The 2014 rate was higher among Alaskans aged 15-24 (37.9 per 100,000) compared to those aged 25 and over (27.0 per 100,000).<sup>3</sup>

<sup>1</sup> Available at: <https://www.cdc.gov/nchs/products/databriefs/db267.htm>.

<sup>2</sup> Alaska Department of Health and Social Services, Division of Public Health, Health Analytics and Vital Records Section.

**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 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).

**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 and 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](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](http://ibis.dhss.alaska.gov/indicator/complete_profile/Suic25up.html)

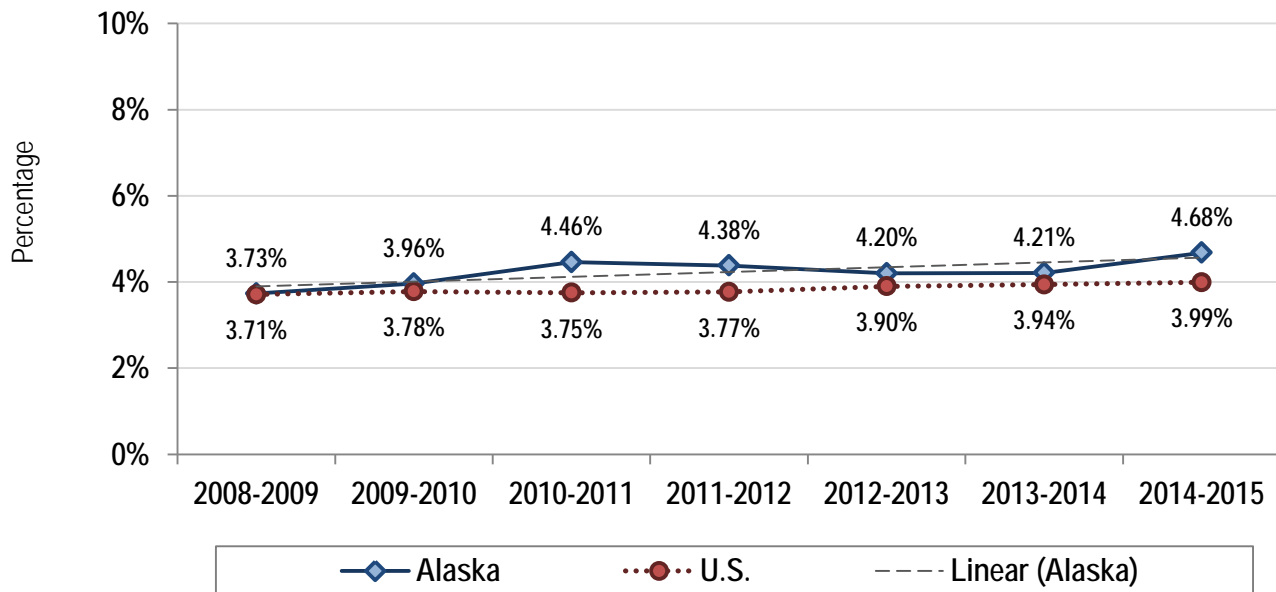
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<sup>3</sup> Department of Health and Social Services, Division of Public Health. *Indicator-Based Information System*. Accessed 1-6-2017. <http://ibis.dhss.alaska.gov/indicator/view/Suic25up.HAR.html> and <http://ibis.dhss.alaska.gov/indicator/view/Suic1524.HAR.html>

## Health: Suicide

### 2. Serious thoughts of suicide

#### Percentage of adults who report serious thoughts of suicide in the past year, Alaska and U.S., 2008 – 2015



**Source:** Alaska and U.S.: Substance Abuse and Mental Health Services Administration (SAMHSA) (2017). *2014-2015 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 14.<sup>4</sup>

#### Summary and Explanation:

- 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 U.S. This question asks all adult respondents if at any time during the past 12 months they had serious thoughts of suicide.
- In the 2014-2015 survey years, 4.68% of Alaska adults reported having serious thoughts of suicide in the past year. This is higher than the U.S. rate of 3.99%.

#### Other Facts to Know:

- The NSDUH reported a significantly higher percentage of Alaska respondents reporting thoughts of suicide among the 18-25 year age group (10.0%) than the 26 and over age group (3.7%).<sup>5</sup>

<sup>4</sup> Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2015.pdf>.

<sup>5</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health (NSDUH), table 14. Available at <https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2015.pdf>.

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

### 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 and 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](http://dhss.alaska.gov/dbh/Documents/02_Department/suicideprevention/SSPC_2012-2017.pdf)

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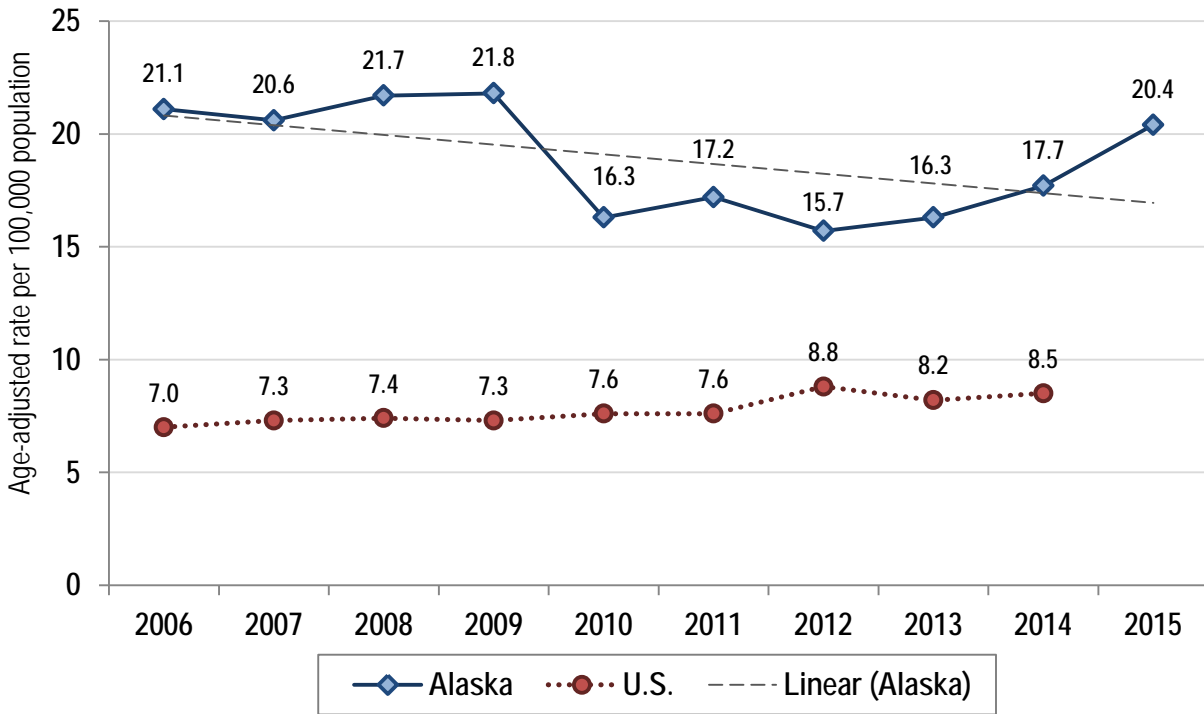
<sup>6</sup> Alaska Department of Health and Social Services, Division of Public Health, *2015 Alaska Youth Risk Behavior Survey Results*. Question 27. Available at [http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS\\_YRBS\\_SummaryTables.pdf](http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS_YRBS_SummaryTables.pdf).



## Health: Substance Abuse

### 3. Alcohol-Induced Deaths

**Alcohol-induced mortality rate, Alaska and U.S., 2006 – 2015**



**Source:** **Alaska:** Department of Health and Social Services, Division of Public Health, Health Analytics and Vital Records Section (11/8/2016, via e-mail);<sup>7</sup>  
**U.S.:** Centers for Disease Control and Prevention (2016). *National Vital Statistics Report*, Vol. 64, No. 4, Table 19.<sup>8</sup>

**Summary and Explanation:**

- The 2015 alcohol-induced mortality rate for Alaska was 20.4 deaths per 100,000 age-adjusted population, more than twice the 2014 U.S. rate of 8.5.
- 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.<sup>9</sup>

<sup>7</sup> An error in case definition caused the Alaska rate to be reported incorrectly in the 2014 and 2015 editions of the *Alaska Scorecard*. The data here have been corrected.

<sup>8</sup> Available at: [https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65\\_04.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf).

<sup>9</sup> Alcohol-induced mortality includes 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 Facts to Know:**

- The alcohol-induced death rate is higher for Alaska Natives than for non-Natives; in 2015, the rate among Alaska Natives was 71.4 per 100,000 and the rate for white Alaskans was 12.1 per 100,000.<sup>10</sup>

**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  
<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](http://ibis.dhss.alaska.gov/indicator/complete_profile/AlcInducedDth.html)

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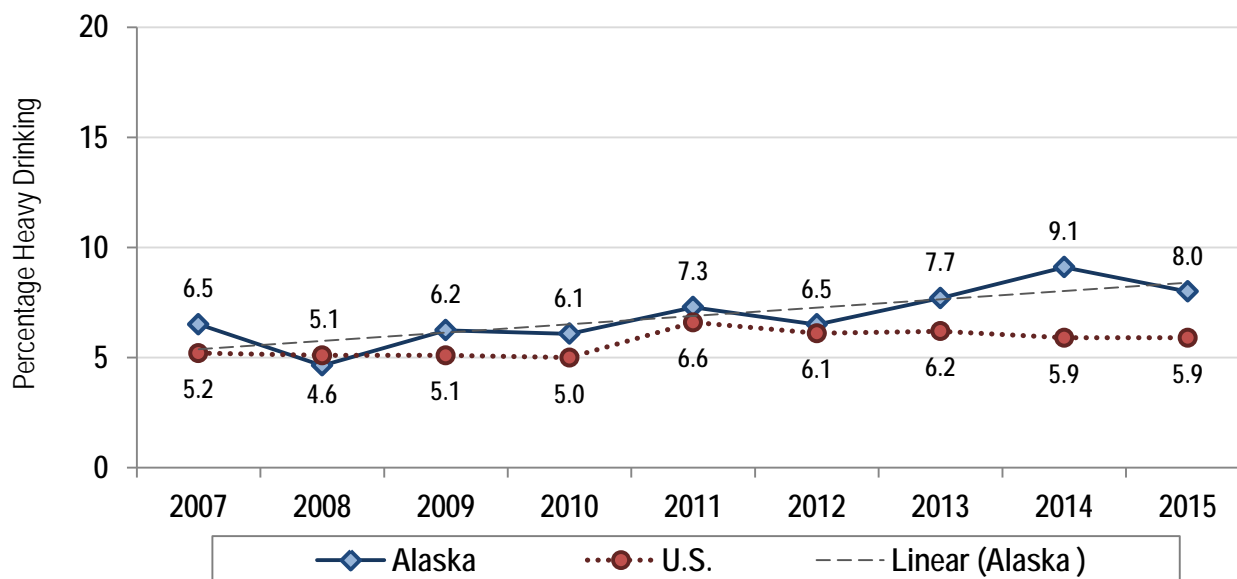
other causes indirectly related to alcohol use, as well as newborn deaths associated with maternal alcohol use.  
[https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65\\_04.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf).

<sup>10</sup> Alaska Department of Health and Social Services, Division of Public Health, Health Analytics and Vital Records Section.

## Health: Substance Abuse

### 4. Adults who Engage in Heavy Drinking

#### Percentage of adults who engage in heavy drinking, Alaska and U.S., 2007 – 2015



**Source:** **Alaska:** Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance System (BRFSS)<sup>11</sup> (via e-mail 11/14/2016);  
**U.S.:** Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System.<sup>12</sup>

#### Summary and Explanation:

- 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.
- Eight percent of Alaskans reported heavy drinking in the 2015 survey, a rate 36% higher than the U.S. median of 5.9%.

#### Other Facts to Know:

- Heavy drinking was higher among women (10.1%) than men (6.1%) in the 2015 Alaska survey. Heavy drinking did not differ significantly between age groups, but was most common among the 18-29 year group (8.6%).<sup>13</sup>

<sup>11</sup> 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.

<sup>12</sup> Available at <http://www.cdc.gov/brfss/>.

<sup>13</sup> Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance System (BRFSS) (via e-mail 11/14/2016).

- 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.<sup>14</sup>
- In Anchorage, 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 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.<sup>15</sup>

### 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  
<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>

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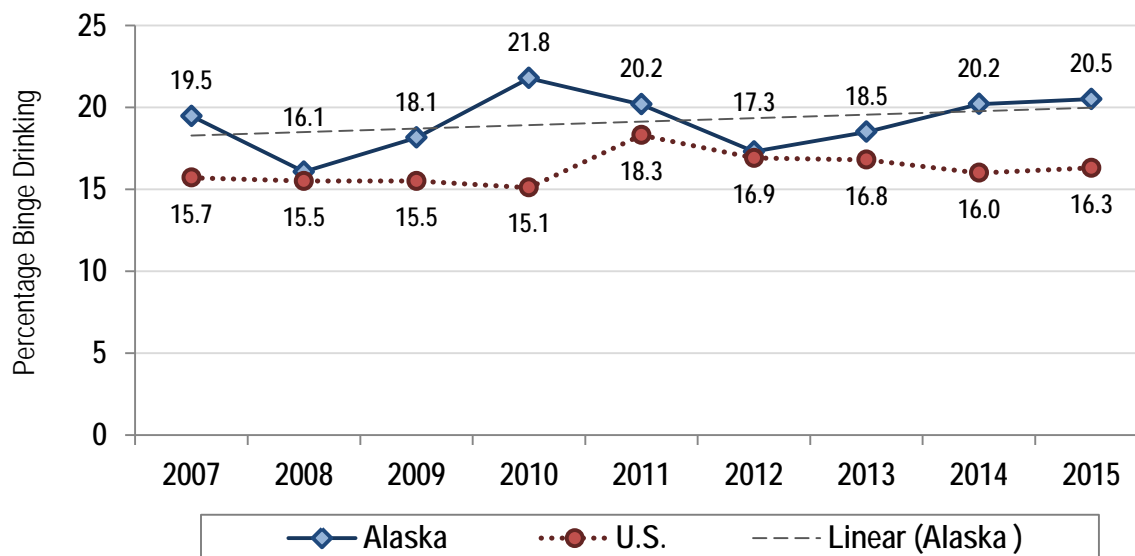
<sup>14</sup> Centers for Disease Control and Prevention (CDC). *Alcohol and Public Health: Frequently Asked Questions*. Available at <http://www.cdc.gov/alcohol/faqs.htm#10>.

<sup>15</sup> 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 – 2015**



**Source:** **Alaska:** Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance System (BRFSS) (via e-mail 11/14/2016).<sup>16</sup>  
**U.S.:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System.<sup>17</sup>

#### 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.<sup>18</sup>
- In 2015, 20.5% of Alaskans reported binge drinking. This rate is 26% higher than the U.S. median of 16.3%.

#### Other Facts to Know:

- Binge drinking in Alaska is significantly higher among men (24.4%) than among women (16.3%). It is highest in the 18-29 year age group (30.0%) and lowest among the 50 years and over age group (13.2%).<sup>19</sup>

<sup>16</sup> 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.

<sup>17</sup> Available at <http://www.cdc.gov/brfss/>.

<sup>18</sup> Centers for Disease Control and Prevention. *Alcohol and Public Health, Frequently Asked Questions*. Available at <http://www.cdc.gov/alcohol/faqs.htm#bingeDrinking>.

<sup>19</sup> Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance System (BRFSS) (via e-mail 11/14/2016).

- 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 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.<sup>20</sup>
- Youth who begin drinking at age 14 or younger are four times more likely to develop dependence.<sup>21</sup>
- 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.<sup>22</sup>

### 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  
<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](http://ibis.dhss.alaska.gov/indicator/complete_profile/AlcConBinDri.html)

<sup>20</sup> 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](http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS_YRBS_SummaryTables.pdf).

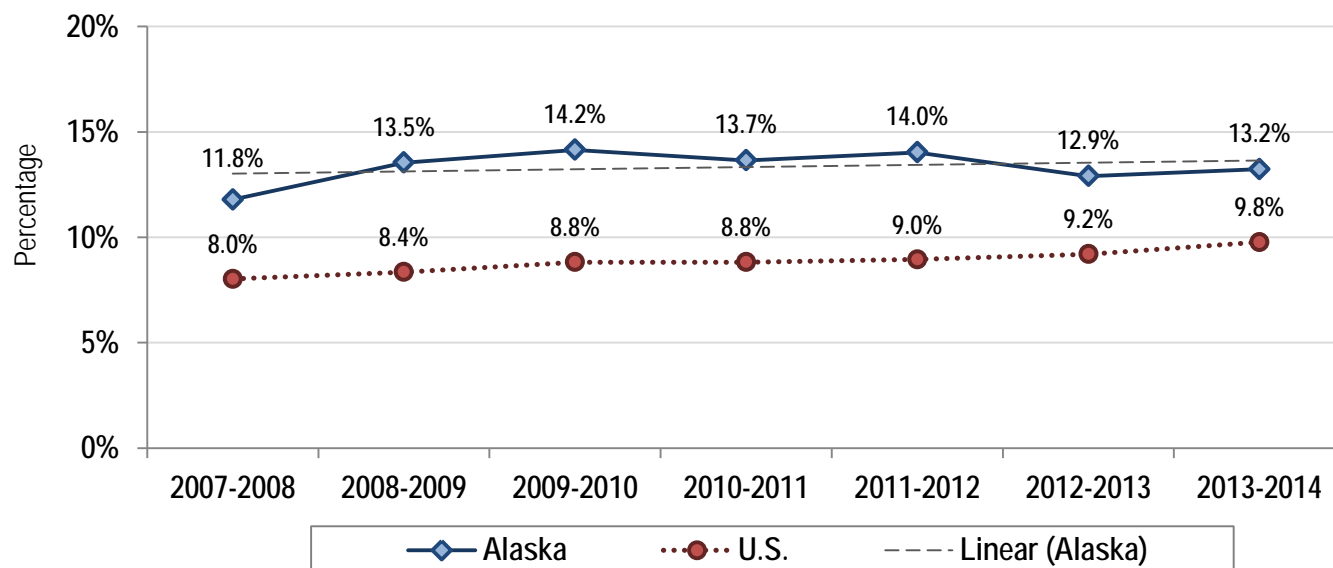
<sup>21</sup> Grant, B.F. and Dawson, D.A. (1997). Age at onset of alcohol abuse and its association with DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiological Survey. *Journal of Substance Abuse*, 9:103-10. <http://www.sciencedirect.com/science/article/pii/S0899328997900092>.

<sup>22</sup> Centers for Disease Control and Prevention (CDC). *Alcohol and Public Health: Frequently Asked Questions*. Available at <http://www.cdc.gov/alcohol/faqs.htm#10>.

## 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)*, Table 1.<sup>23</sup>

#### 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 NSDUH does not differentiate where recreational marijuana use is legal at the state level.
- 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. In Alaska, 24.4% of 18 to 25 year olds reported illicit drug use in the past month, significantly higher than those aged 26 and over (11.6%).<sup>24</sup>
- 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 3.3%.<sup>25</sup>

<sup>23</sup> Available at <http://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2014.pdf>.

<sup>24</sup> 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)*, Table 1. Available at <http://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2014.pdf>.

<sup>25</sup> Ibid.

- According to the National Survey on Drug Use and Health (NSDUH), Alaska ranked 8th among the states and D.C. for illicit drug (including marijuana) 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.<sup>26</sup>
- 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.<sup>27</sup>

### 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 be at increased 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>

Alaska Division of Public Health, *Get the facts about marijuana*

<http://dhss.alaska.gov/dph/Director/Pages/marijuana/facts.aspx>

Alaska Division of Public Health, *Heroin and opioids in the Last Frontier*

<http://dhss.alaska.gov/dph/director/pages/heroin-opioids/default.aspx>

<sup>26</sup> 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)*. Table 6. Available at: <http://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2014.pdf>.

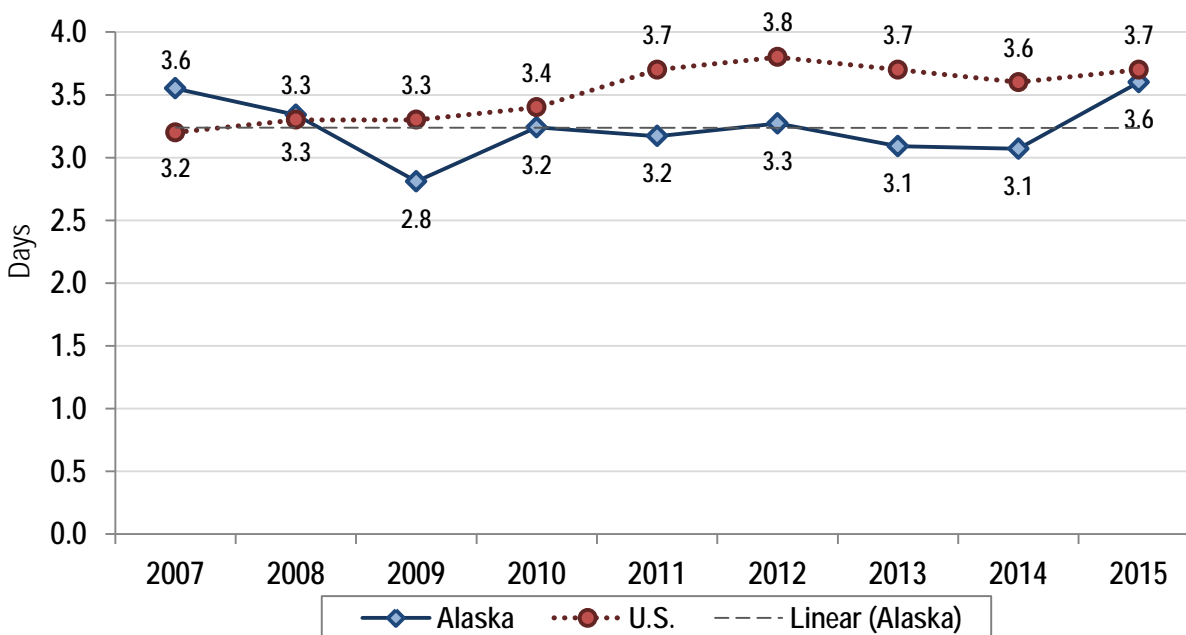
<sup>27</sup> Alaska Department of Health and Social Services, Division of Public Health. 2015 Youth Risk Behavior Survey Results. Available at: [http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS\\_YRBS\\_SummaryTables.pdf](http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS_YRBS_SummaryTables.pdf).



## 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 – 2015



**Source:** **Alaska:** Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance System (BRFSS) (via e-mail 11/14/2016).<sup>28</sup>  
**U.S.:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System.<sup>29</sup>

#### Summary and Explanation:

- According to the 2015 Behavior Risk Factor Surveillance System (BRFSS), Alaska adults reported experiencing mental distress an average of 3.6 days out of the past 30 days, slightly lower than the U.S. median of 3.7 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.

<sup>28</sup> 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.

<sup>29</sup> Available at <http://www.cdc.gov/brfss/>.

**Other Facts to Know:**

- Alaska women reported significantly more days (4.2) of poor mental health in 2015 than men (3.1). The 18-29 year age group reported significantly more days (4.5) than the 50 and above age group (3.0).<sup>30</sup>

**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 (AMHB) and the Advisory Board on Alcoholism and Drug Abuse (ABADA) 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>

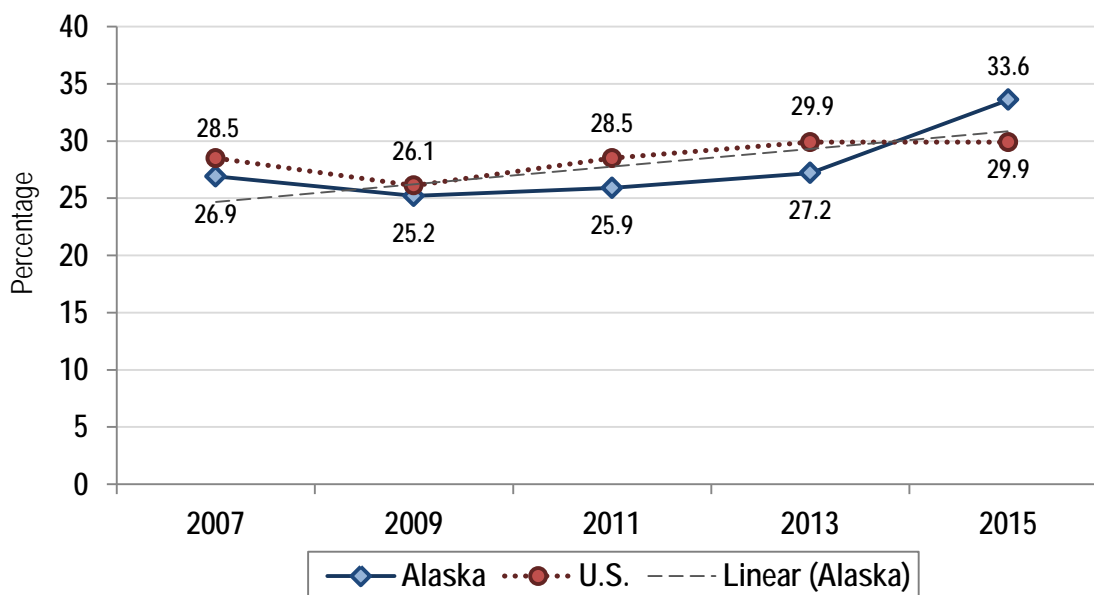
Healthy Alaskans 2020 Leading Health Indicator 9: Mental Health  
[http://ibis.dhss.alaska.gov/indicator/complete\\_profile/HlthStatMent.html](http://ibis.dhss.alaska.gov/indicator/complete_profile/HlthStatMent.html)

<sup>30</sup> Alaska Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance System (BRFSS) (via e-mail 11/14/2016).

## 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., 2007 – 2015**



**Source:** **Alaska:** Alaska Department of Health and Social Services, Division of Public Health, *Youth Risk Behavior Survey Results*.<sup>31</sup>

**U.S.:** Centers for Disease Control and Prevention (2016). Youth Risk Behavior Surveillance--United States, 2015. *MMWR Surveillance Summaries*, Vol. 65, No. 6.<sup>32</sup>

#### Summary and Explanation:

- According to the 2015 Youth Risk Behavior Survey, 33.6% of Alaska 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 U.S. rate of 29.9%.

#### Other Facts to Know:

- The 2015 rate was significantly higher among students in alternative (44.6%) than traditional (33.6%) high schools in Alaska.<sup>33</sup>

<sup>31</sup> Available at [http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS\\_YRBS\\_SummaryTables.pdf](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 U.S. In Alaska, survey participation requires parental consent. For more information see: <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx>.

<sup>32</sup> Available at <https://www.cdc.gov/mmwr/volumes/65/ss/ss6506a1.htm>.

- 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.<sup>34</sup>
- 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.<sup>35</sup>

### 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 (AMHB) and the Advisory Board on Alcoholism and Drug Abuse (ABADA) 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 these teens 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>

Centers for Disease Control and Prevention (CDC). Adolescent and School Health. Youth Risk Behavior Surveillance System  
<http://www.cdc.gov/healthyyouth/yrbs/index.htm>

Healthy Alaskans 2020 Leading Health Indicator 8: Mental Health: Adolescents  
[http://ibis.dhss.alaska.gov/indicator/complete\\_profile/AdolSad.html](http://ibis.dhss.alaska.gov/indicator/complete_profile/AdolSad.html)

<sup>33</sup> 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>.

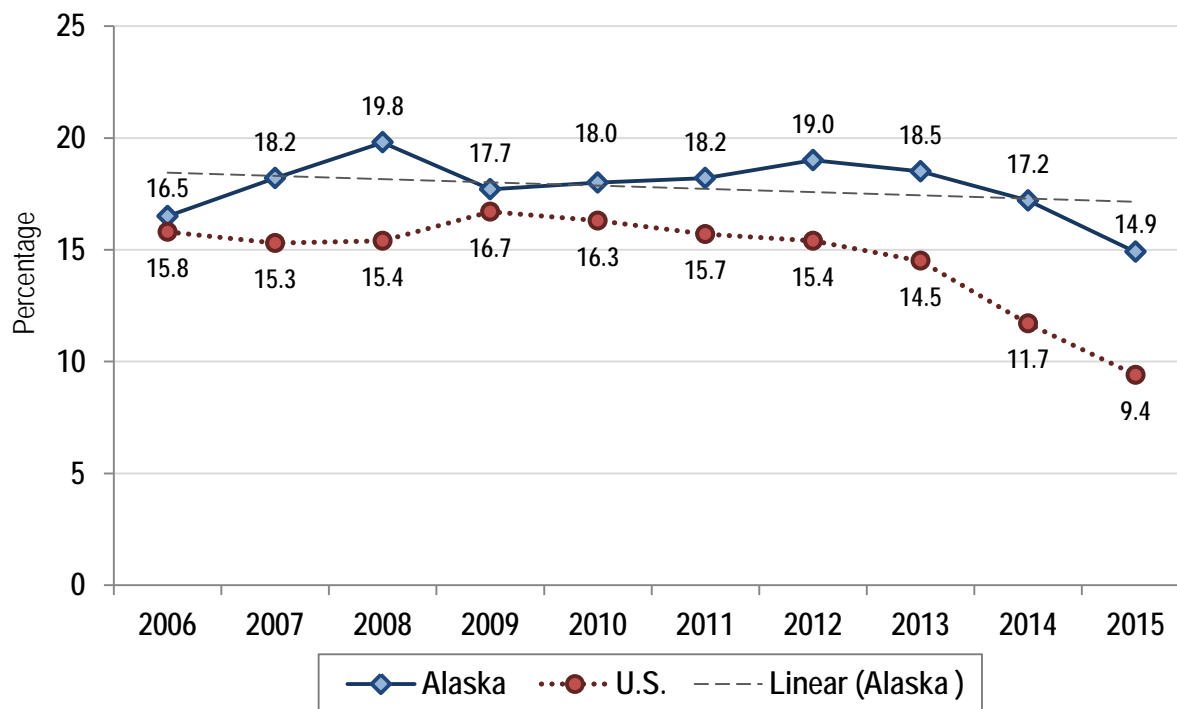
<sup>34</sup> Ibid.

<sup>35</sup> 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., 2006 – 2015



**Source:** U.S. Census Bureau (2016). Current Population Reports, P60-257 (RV), *Health Insurance Coverage in the United States: 2015*. Table A-1: Population Without Health Insurance Coverage by State: 2013 to 2015<sup>36</sup>

#### Summary and Explanation:

- In 2015, 14.9% of Alaska's population was counted as uninsured. Alaska's rate is nearly 60% higher than the U.S. rate of 9.4%.
- Both the Alaska rate and the U.S. rate are at their lowest points in the past ten years. The U.S. rate has fallen each year since 2010. The Alaska rate has been falling since 2013.

#### Other Facts to Know:

- All states' rates decreased between 2013 and 2015 following the introduction of the Affordable Care Act. Among states, Alaska has the second highest (behind Texas) proportion of uninsured population.<sup>37</sup>

<sup>36</sup> Available at <http://www.census.gov/library/publications/2016/demo/p60-257.html>.

<sup>37</sup> U.S. Census Bureau (2016). Current Population Reports, P60-257 (RV), *Health Insurance Coverage in the United States: 2015*. Available at <http://www.census.gov/library/publications/2016/demo/p60-257.html>.

- 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.<sup>38</sup>
- The Census definition of “uninsured” includes American Indian/Alaska Native (AI/AN) people who may have access to IHS-funded services.<sup>39</sup> If otherwise-uninsured American Indians and Alaska Natives are re-categorized as having coverage, 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 percentage 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 may 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’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>

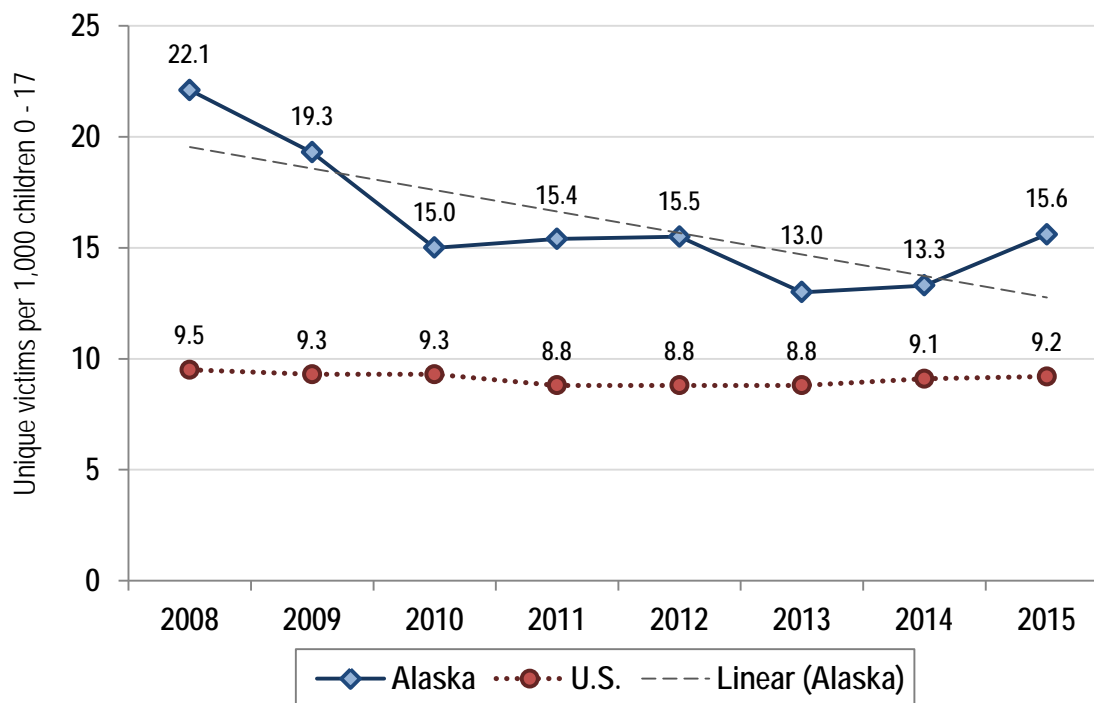
<sup>38</sup> Alaska Department of Health and Social Services, Health Planning and Systems Development (2007). *Alaskans’ Health Insurance Coverage: Local and Regional Perspectives* (Presentation). Available at <http://dhss.alaska.gov/dph/HealthPlanning/Documents/planninggrant/assets/July2007Presentation.pdf>.

<sup>39</sup> 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 – 2015



**Source:** U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). *Child Maltreatment 2015*.<sup>40</sup>

## Summary and Explanation:

- The Alaska rate of child maltreatment, 15.6 per 1,000 children (aged 0-17), is nearly 70% higher than the U.S. rate of 9.2 per 1,000 children.<sup>41</sup>
- 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."<sup>42</sup>

<sup>40</sup> Available from <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>.

<sup>41</sup> 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.

<sup>42</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2017). *Child maltreatment 2015 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 sixth in the U.S.<sup>43</sup> 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.
- The term "Adverse Childhood Experiences" or ACEs refers to categories of childhood trauma, such as 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). These experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the U.S. 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.<sup>44</sup>
- In Alaska, the Behavior Risk Factor Surveillance System (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.<sup>45</sup>

## 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. 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/>

U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Focus Area: Child Abuse and Neglect

<http://www.acf.hhs.gov/programs/cb/focus-areas/child-abuse-neglect>

Healthy Alaskans 2020 Leading Health Indicator 11: Child Abuse and Neglect

[http://ibis.dhss.alaska.gov/indicator/complete\\_profile/ChildAbuse.html](http://ibis.dhss.alaska.gov/indicator/complete_profile/ChildAbuse.html)

<sup>43</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2017). *Child Maltreatment 2015*. Available at <http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf>.

<sup>44</sup> Centers for Disease Control and Prevention (2011). *Adverse Childhood Experiences (ACE) Study*. Available at <http://www.cdc.gov/ace/index.htm>.

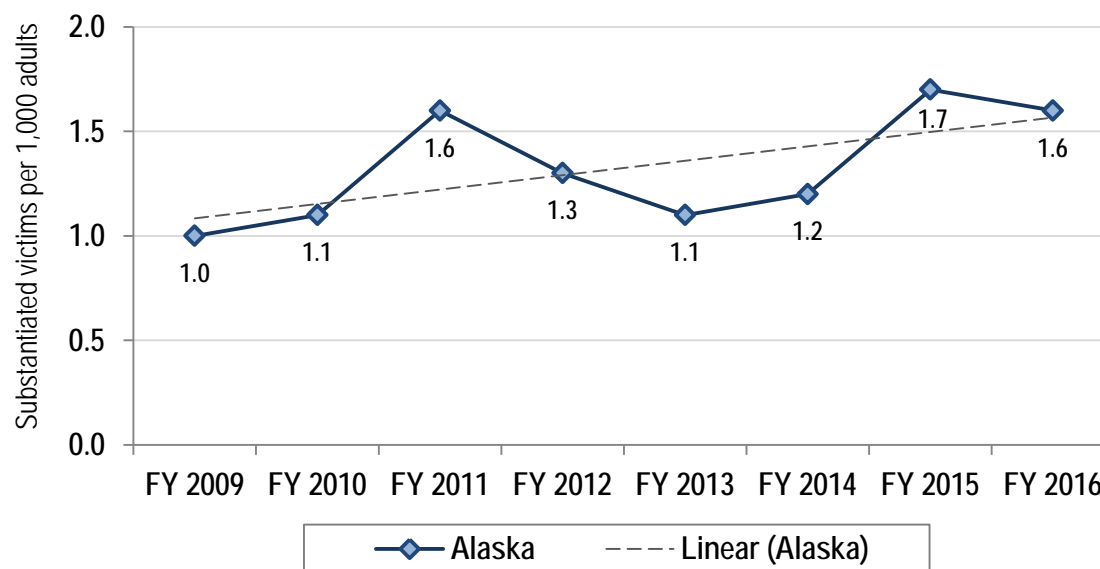
<sup>45</sup> Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse. *Adverse Childhood Experiences of Alaskan Adults*. Available at <http://dhss.alaska.gov/abada/ace-ak/Documents/2013-BRFSS-ACEdata201502.pdf>.



## Safety: Protection

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

#### Rate of Founded Reports of Harm to Adults, Alaska, 2009 – 2016



**Source:** Alaska Department of Health and Social Services, Division of Senior and Disabilities Services, Adult Protective Services (via e-mail, 11/4/2016).

#### Summary and Explanation:

- The Division of Senior and Disabilities Services reported 904 founded reports of harm to adults in fiscal year 2016, for a rate of 1.6 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.<sup>46</sup>
- 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.

<sup>46</sup> 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).<sup>47</sup>

**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](http://dhss.alaska.gov/dsds/Documents/pdfs/Indicators_adult_abuse_neglect_exploitation.pdf)

Alaska Commission on Aging

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

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

<https://ncea.acl.gov/>

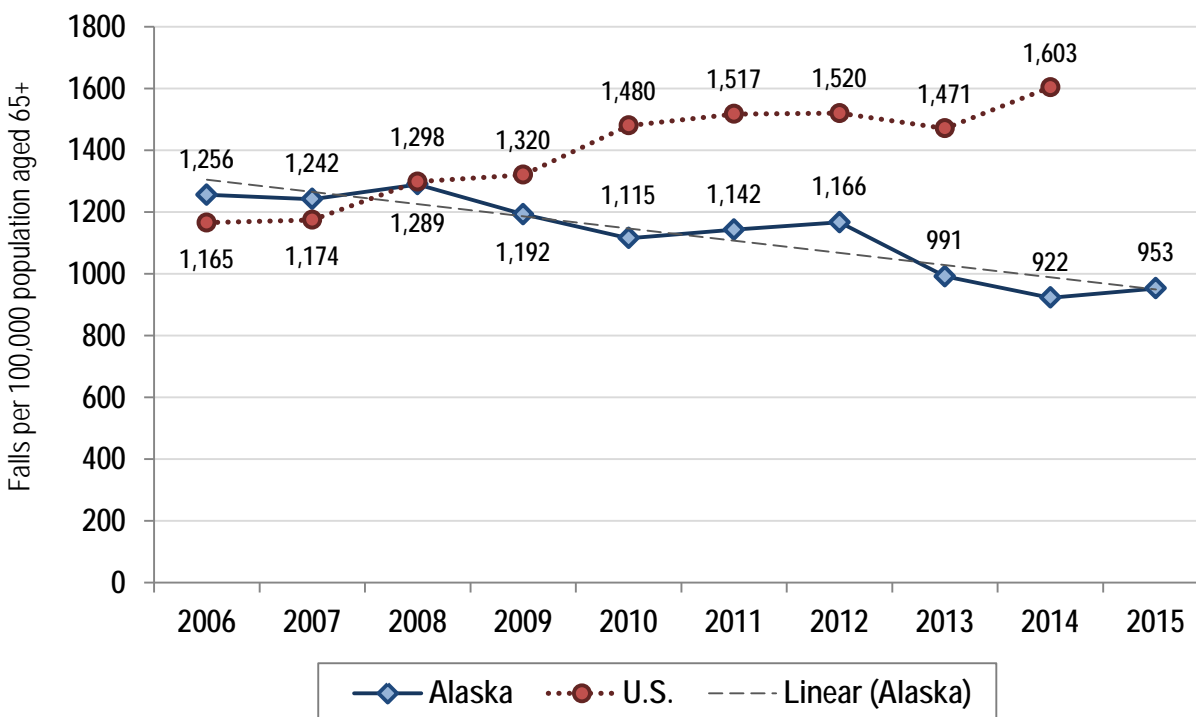
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<sup>47</sup> New Legislation passed to protect Alaska's vulnerable adults. <http://dhss.alaska.gov/dsds/Pages/aps/apslaws.aspx>.

## 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., 2006 – 2015



**Source:** **Alaska:** Department of Health and Social Services, Division of Public Health, Section of Rural and Community Health Systems, Alaska Trauma Registry (via e-mail 11/8/2016).  
**U.S.:** Centers for Disease Control and Prevention, Injury Prevention and Control, Data and Statistics.<sup>48</sup>

#### Summary and Explanation:

- The 2015 rate of falls resulting in hospitalization among Alaska adults aged 65 and over was 953 per 100,000 in 2015. In 2014, the most recent year for which U.S. data are available, the rate was 1,603 per 100,000. The rate of hospitalized falls by elders in Alaska has been lower than the national rate 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.<sup>49</sup>
- In the U.S. each year, more than one of every four adults age 65 and older falls.<sup>50</sup>

<sup>48</sup> WISQARS Database, Non-fatal injury data. Available at <http://www.cdc.gov/injury/wisqars/nonfatal.html>.

<sup>49</sup> 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>.

<sup>50</sup> Centers for Disease Control and Prevention (CDC). *Falls Among Older Adults: An Overview*. <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>.

- Twenty percent of falls result in serious injury, such as fractures, head traumas, or lacerations. Falls are the most common cause of traumatic brain injuries (TBI). Injuries from falls can make it harder to live independently, and can increase the risk of early death.<sup>51</sup>

**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>

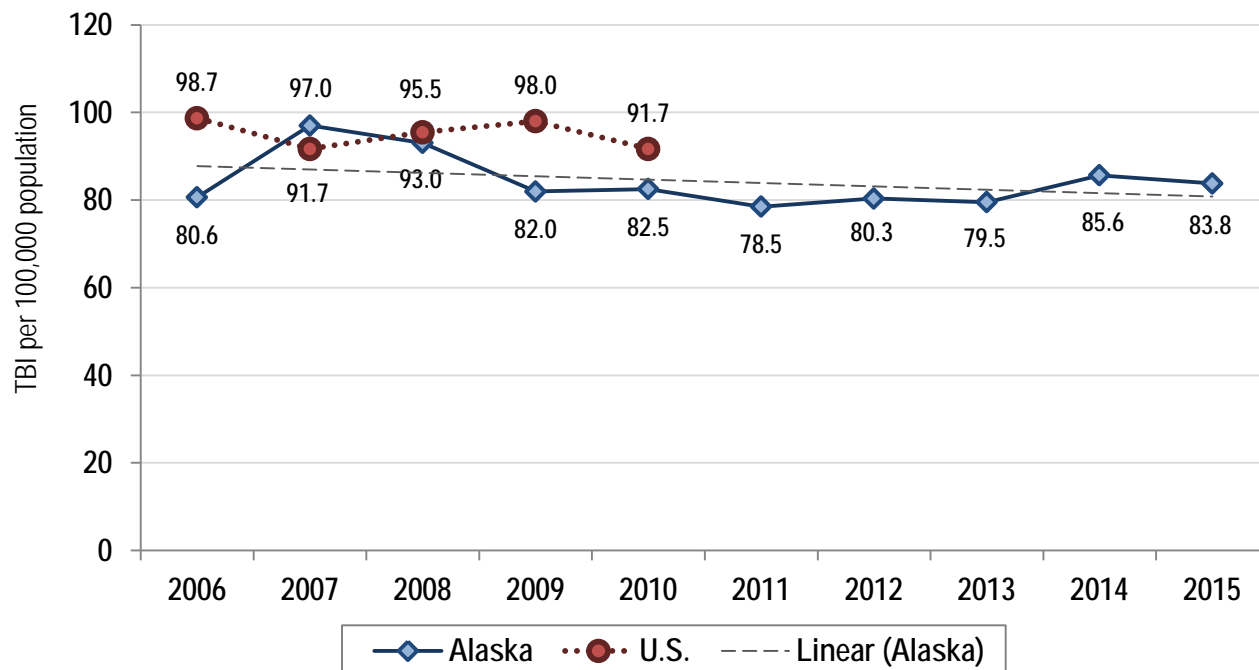
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<sup>51</sup> Centers for Disease Control and Prevention (CDC). Home and Recreational Safety. *Important Facts about Falls*. <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>.

## Safety: Protection

### 13. Non-Fatal Traumatic Brain Injury

#### Non-fatal traumatic brain injury requiring hospitalization, Alaska and U.S., 2006 – 2015



**Source:** **Alaska:** Department of Health and Social Services, Division of Public Health, Section of Rural and Community Health Systems, Alaska Trauma Registry (via e-mail 11/8/2016).  
**U.S.:** Centers for Disease Control and Prevention (CDC). Injury Prevention and Control: Traumatic Brain Injury. *Rates of TBI-related Emergency Department Visits, Hospitalizations, and Deaths — United States, 2001–2010.*<sup>52</sup>

#### 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 80.6 per 100,000 population in 2006 to 83.6 in 2015.
- 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.<sup>53</sup>

#### 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

<sup>52</sup> Available at <http://www.cdc.gov/traumaticbraininjury/data/rates.html>.

<sup>53</sup> Centers for Disease Control and Prevention (2016). *Basic information about 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.<sup>54</sup>

- 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.<sup>55</sup>
- 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.<sup>56</sup>

### 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/>

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<sup>54</sup> Alaska Department of Health and Social Services, Division of Behavioral Health; Division of Senior and Disability Services; Alaska Mental Health Trust Authority; 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>.

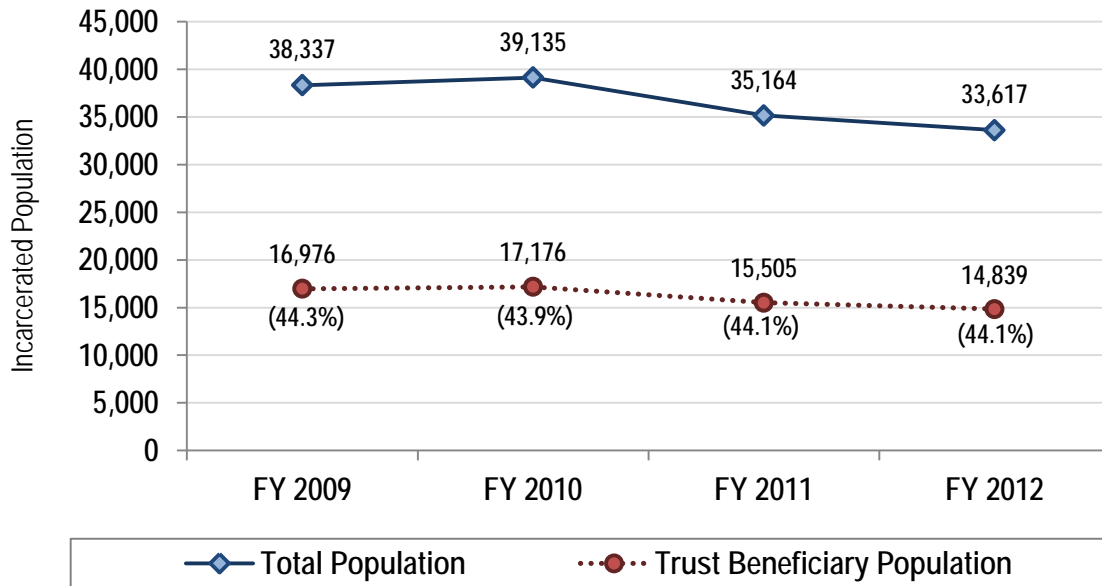
<sup>55</sup> Ibid.

<sup>56</sup> Ibid.

## Safety: Justice

### 14. Percentage of Incarcerated Adults with Mental Illness or Mental Disabilities

**Adults in custody of the Alaska Department of Corrections, total and Trust beneficiaries, FY2009 – FY2012**



**Source:** Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska’s Department of Corrections*. Table 5b: Overall distribution of Trust beneficiaries in custody of the Alaska Department of Corrections over time.<sup>57</sup>

**Summary and Explanation:**

- Over a four-year study period, the percentage of Trust beneficiaries the population in custody of the Alaska Department of Correction ranged from 43.9% to 44.3%.
- Over the same period, the percentage of Trust beneficiaries comprised between 38.4% and 39.5% of unique offenders, suggesting that trust beneficiaries are more likely to be arrested and booked multiple times than other offenders.

**Other Facts to Know:**

- A single point-in-time study in June 2012 found approximately 65% of adults incarcerated in the Alaska correctional system are Trust beneficiaries with mental illness and/or mental disabilities, mostly incarcerated for misdemeanors. This is higher than the 42% rate identified in a single day in 2006 and 37% in 1997. However, the study notes that these differences may be attributed to better identification of Trust beneficiaries.<sup>58</sup>
- The Alaska Department of Corrections has become the largest provider of mental health services in the State of Alaska.<sup>59</sup>

<sup>57</sup> Available at: <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>.

<sup>58</sup> 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>.

<sup>59</sup> Ibid.

- Alaska has the highest growth rate for incarceration per capita in the U.S.; since 2000, the average number of sentenced inmates in Alaska has increased each year an average of 2.4% per year higher than the national average.<sup>60</sup>
- 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.<sup>61</sup>
- 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% longer.<sup>62</sup>

### 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 percentage 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)(l).

### 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/>

<sup>60</sup> 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>.

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

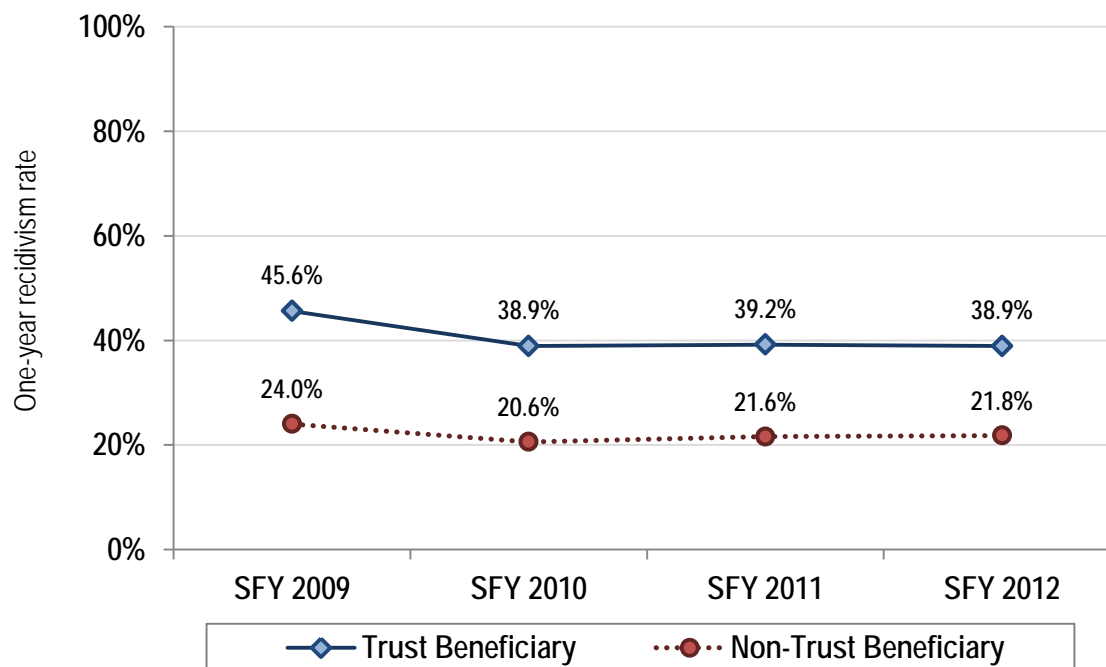
<sup>62</sup> Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*. <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>.



## Safety: Justice

### 15. Criminal 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*.<sup>63</sup>

#### Summary and Explanation:

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

#### Other Facts to Know:

- Within the first year post-release, Trust beneficiaries recidivate at nearly twice the rate of non-beneficiaries; they are more likely to recidivate during the first six months post-release.<sup>64</sup>

<sup>63</sup> Available at: <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>.

<sup>64</sup> Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*. Available at: <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.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).
- 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>

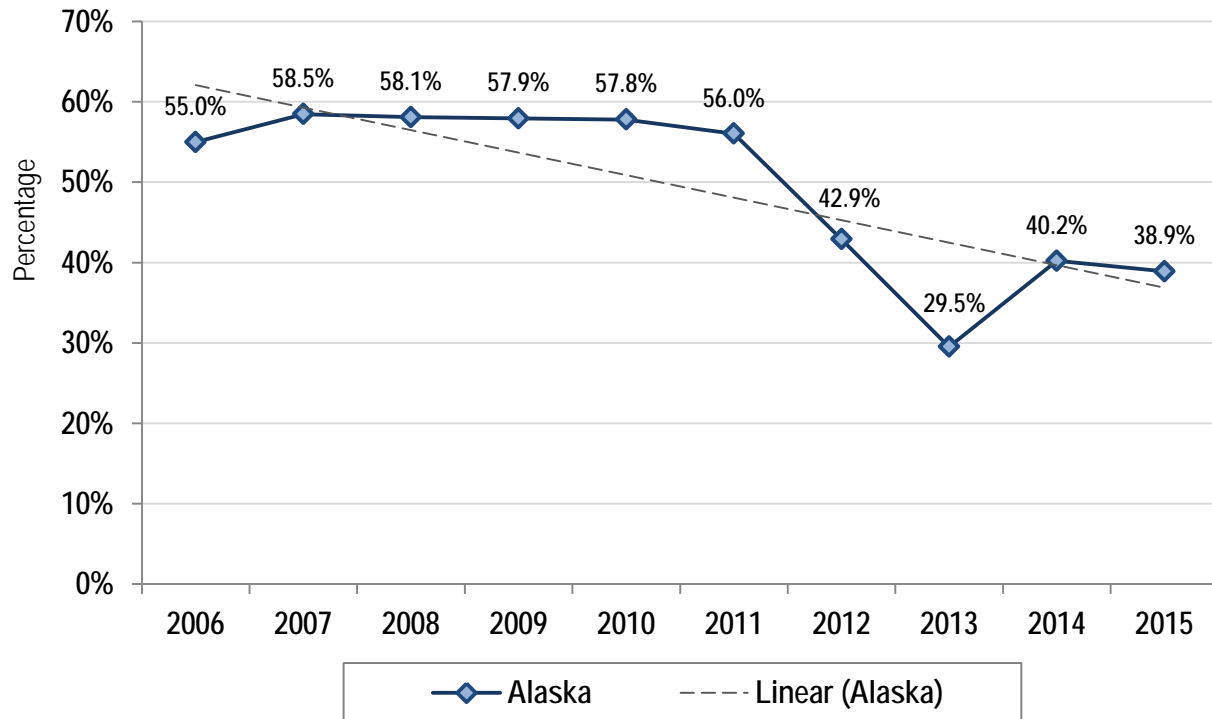
Alaska Judicial Council (2007). *Recidivism in Alaska's Felony Therapeutic Courts*  
<http://www.ajc.state.ak.us/reports/recidtherct07.pdf>

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

## Safety: Justice

### 16. Percentage of Arrests Involving Alcohol or Drugs

#### Percentage of Total Arrests Flagged as Involving Alcohol or Drugs, Alaska, 2006 – 2015



**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 11-4-2016).

#### Summary and Explanation:

- The percentage of arrest offenses flagged by State Troopers or Wildlife Troopers as being related to alcohol or drugs was 38.9% in 2014. Due to a change in the records management system, data may not be comparable year-to-year.<sup>65</sup>
- 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).

<sup>65</sup> 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.

- The percentage 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/>

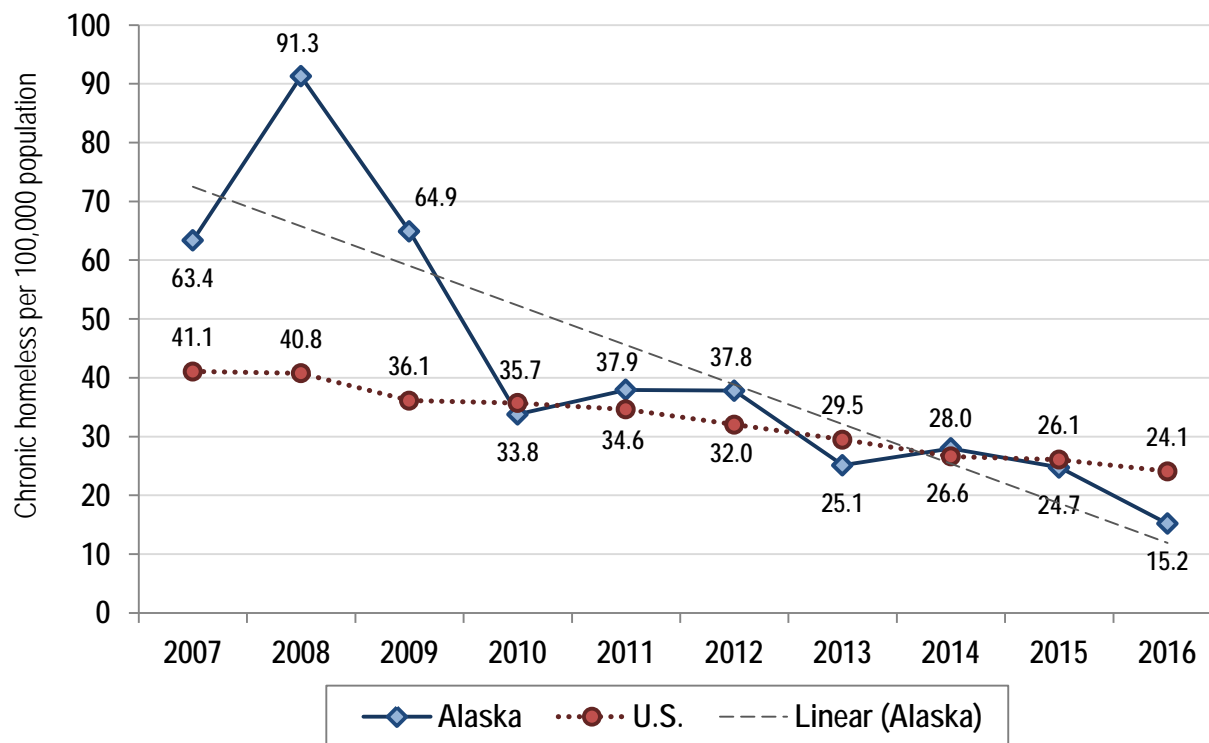
Alaska Department of Public Safety, Division of Alaska State Troopers  
<http://www.dps.state.ak.us/AST/>

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., 2007 – 2016



**Source:** Alaska and U.S.: U.S. Department of Housing and Urban Development (2016). The 2016 *Annual Homeless Assessment Report (AHAR) to Congress*. Part 1: Point in Time Estimates of Homelessness in the U.S.<sup>66</sup>

#### Summary and Explanation:

- The January 2016 Point-in-Time survey counted 112 chronically homeless individuals in Alaska, both sheltered and unsheltered, for a rate of 15.2 per 100,000 population. The U.S. rate is higher, at 24.1 per 100,000 population. The point-in-time count takes place across the country on a specified day in January each year.<sup>67</sup>
- A chronically homeless person is defined as someone who experiences a disability and has either been continuously homeless for more than one year or experienced at least four episodes of homelessness in the past three years where the combined length of time homeless is at least 12 months.
- The 2016 Point-in-Time count identified a total of 1,527 homeless individuals, including 413 people in families with children, and 173 unaccompanied youth.<sup>68</sup>

<sup>66</sup> Available at <https://www.hudexchange.info/resource/5178/2016-ahar-part-1-pit-estimates-of-homelessness/>.

<sup>67</sup> Housing and Urban Development (2016). The 2016 *Annual Homeless Assessment Report (AHAR) to Congress*, available at <https://www.hudexchange.info/resource/5178/2016-ahar-part-1-pit-estimates-of-homelessness/>.

<sup>68</sup> Ibid.

- According to the Alaska Housing Finance Corporation, the 2008 spike could be attributed to a number of factors, including: the loss of substance abuse treatment beds; “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 new information received from Immaculate Conception Church’s Breadline soup kitchen in Fairbanks.<sup>69</sup>

### Other Facts to Know:

- According to the Substance Abuse and Mental Health Services Administration (SAMHSA), about 30% of chronically homeless persons have mental health conditions, and about half also have co-occurring substance use issues.<sup>70</sup>
- 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.<sup>71</sup>

### 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>

Alaska Coalition on Housing and Homelessness

<http://www.alaskahousing-homeless.org/>

Anchorage Coalition to End Homelessness

<http://anchoragehomeless.org/>

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

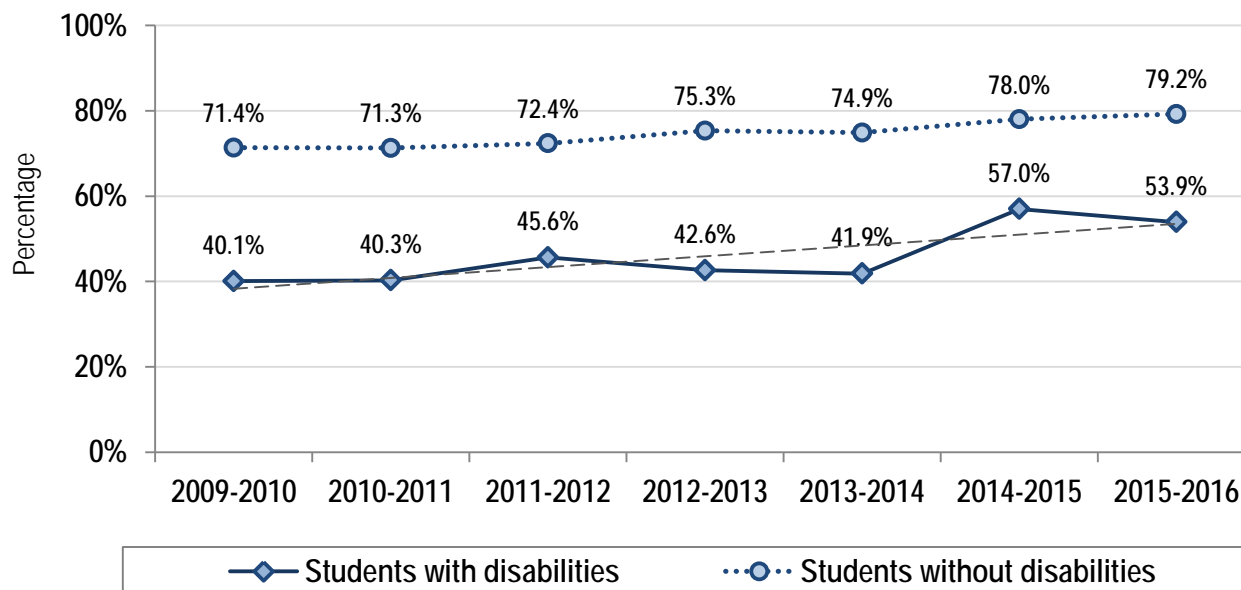
<sup>70</sup> Substance Abuse and Mental Health Services Administration (SAMHSA) (2011). *Homelessness and Housing: Overview*. <https://www.samhsa.gov/homelessness-housing>.

<sup>71</sup> The National Center on Family Homelessness (2014). *America’s Youngest Outcasts*. Available at <http://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf>.

## Living with Dignity: Educational Goals

### 18. High School Graduation Rates

#### High school graduation rate for students with and without disabilities, Alaska, 2009-2010 through 2015-2016



**Source:** Alaska Department of Education and Early Development, Statistics and Reports (2017). *2015-2016 Report Card to the Public.*<sup>72</sup>

Note: 2010-2011 and following years calculated using 4-year cohort rate method.

#### Summary and Explanation:

- The 2015-2016 high school cohort graduation rate for Alaska students without disabilities was 79.2%, compared to a rate of 53.9% 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.
- The calculation of graduation rates changed between 2009-2010 and 2010-2011 school years shown in the chart above.
  - Through 2009-2010, the department used a method referred to as the “leaver rate,” calculated by dividing the number of graduates by the sum of the following: 1) the number of graduates, 2) the number of dropouts from the current school year’s 12th-grade class, 3) unduplicated dropouts from the previous year’s 11th-grade class, 4) unduplicated dropouts from the tenth-grade class from two years’ prior, and 5) unduplicated dropouts from the 9th-grade class from three years’ prior.

<sup>72</sup> Available at <https://education.alaska.gov/ReportCard/2015-2016/reportcard2015-16.pdf>.

- 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 2011 four-year cohort group is defined as all students who first entered grade nine in 2007-2008, attended a public high school in Alaska during the cohort period, and did not transfer to a private school or to a public school outside Alaska, or die before the end of the 2010-2011 school year.

**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. *Special Education Handbook*

[https://education.alaska.gov/tls/sped/pdf/Handbook/AK\\_SPED\\_Handbook.pdf](https://education.alaska.gov/tls/sped/pdf/Handbook/AK_SPED_Handbook.pdf)

Alaska Department of Education and Early Development. *Report Card to the Public, State Report Cards*

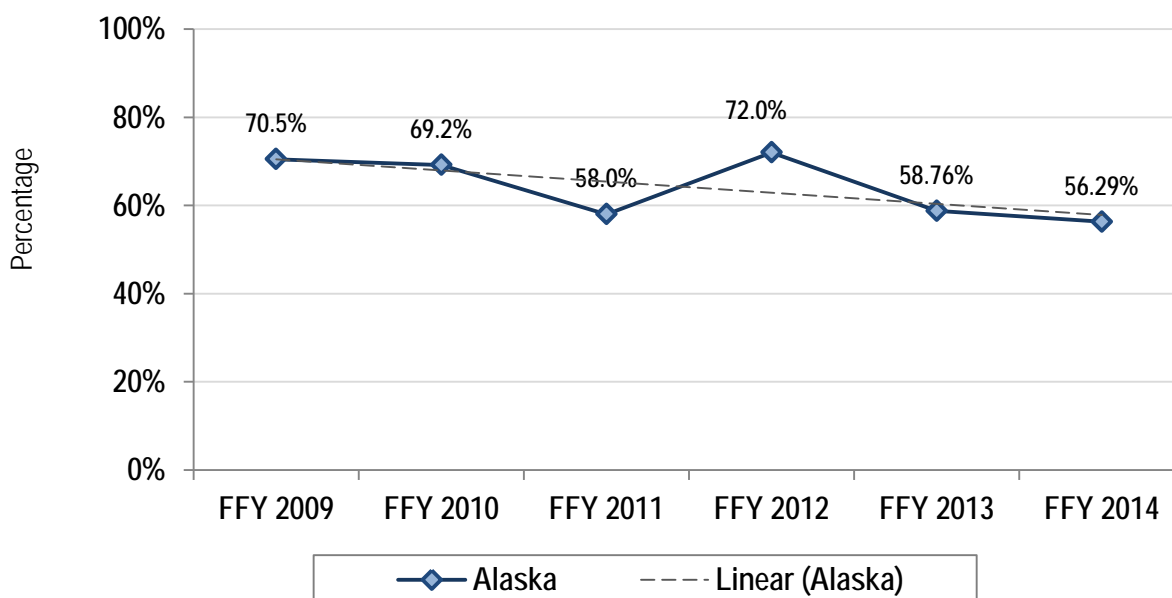
<http://education.alaska.gov/reportcard/>



## 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, FFY2009 – FY2014**



**Source:** Alaska Department of Education and Early Development. *FFY 2014 Part B State Performance Plan and Annual Performance Report*. Indicator 14: Post-School Outcomes (2016).<sup>73</sup>

#### Summary and Explanation:

- This indicator tracks outcomes of youth who had Individualized Education Plans (IEPs) in effect at the time they left school.
- In FFY 2014, 56% of Alaska youth in this category were either working or enrolled in higher education or another type of post-secondary education or training program 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).

<sup>73</sup> Available at <https://osep.grads360.org/services/PDCService.svc/GetPDCDocumentFile?fileId=19076>.

- The percentage 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>

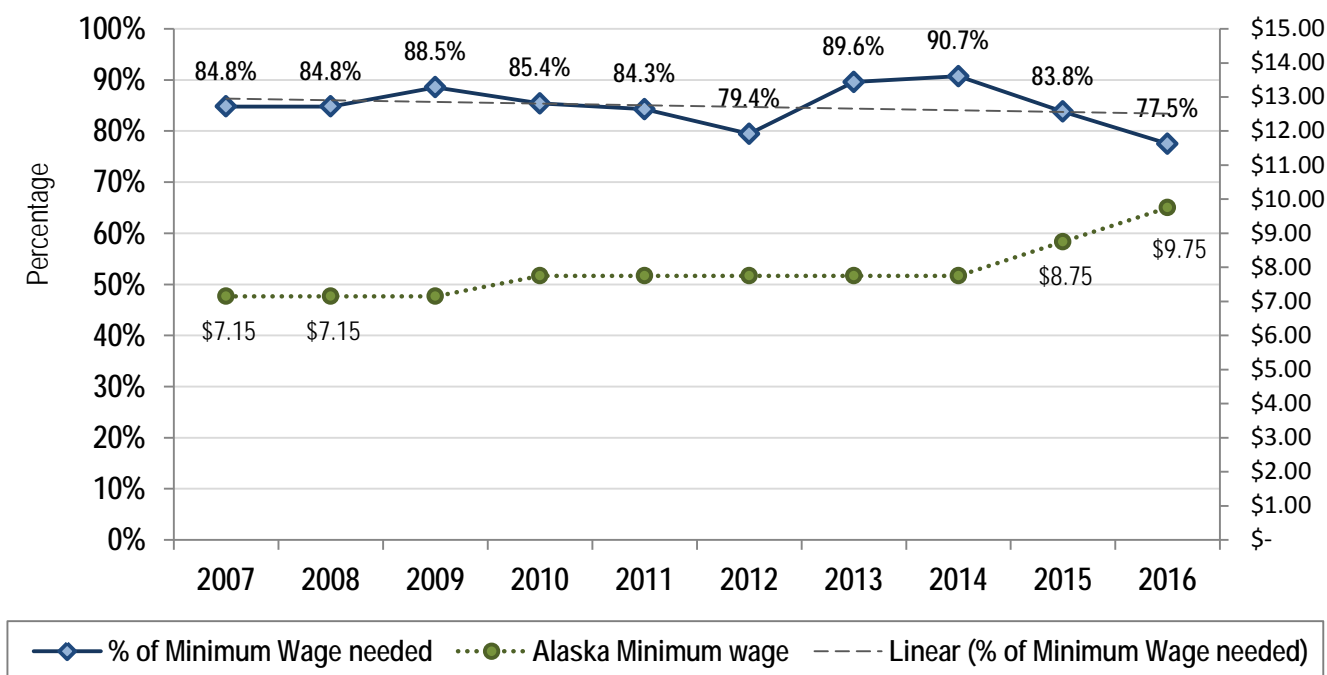
Alaska Department of Education and Early Development. *Special Education Handbook*  
[https://education.alaska.gov/tls/sped/pdf/Handbook/AK\\_SPED\\_Handbook.pdf](https://education.alaska.gov/tls/sped/pdf/Handbook/AK_SPED_Handbook.pdf)

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

## Economic Security

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

Percentage of full-time minimum wage needed to afford average two-bedroom rental housing in Alaska, 2007 - 2016



Source: **Housing data:** National Low Income Housing Coalition (2016). *Out of Reach*.<sup>74</sup>  
**Wage data:** Alaska Department of Labor and Workforce Development.<sup>75</sup>

#### Summary and Explanation:

- The proportion of full-time minimum wage income needed to afford housing in Alaska remained high between 2007 and 2016. From a high of 90.7% in 2014, it dropped to 83.8% when the minimum wage was increased to \$8.75 in 2015, and again to 77.5% when the minimum wage was increased to \$9.75 in 2016.
- A housing unit is considered affordable if it costs no more than 30% of one's income.<sup>76</sup>
- The current Fair Market Rent (FMR) for a two-bedroom apartment in Alaska is \$1,209. The FMR is an estimate of what a household could expect to pay for in rent and utilities for a modest unit in the current market.<sup>77</sup>

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

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

<sup>76</sup> National Low Income Housing Coalition. (2016). *Out of Reach*. Available at <http://nlihc.org/oor/>.

<sup>77</sup> Ibid.

**Other Facts to Know:**

- 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 \$23.25, assuming a 40-hour work week, 52 weeks per year. Alaska ranks 9th most expensive among the states for housing by this measure.<sup>78</sup>
- In 2016, an Alaskan earning minimum wage (\$9.75 per hour) would need to work 95 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.<sup>79</sup>
- In November 2014 Alaskans approved increases to the minimum wage through a ballot measure. The first increase took place in February 2015, with a \$1.00 increase bringing the state minimum wage to \$8.75. A second \$1.00 increase January 2016 brought the minimum wage to \$9.75. After this increase, the minimum wage will be kept at least \$1.00 above the federal minimum wage.<sup>80</sup>

**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 percentage of minimum wage income needed for an average two-bedroom housing 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>

<sup>78</sup> National Low Income Housing Coalition (2016). *Out of Reach*. Available at <http://nlihc.org/oor>.

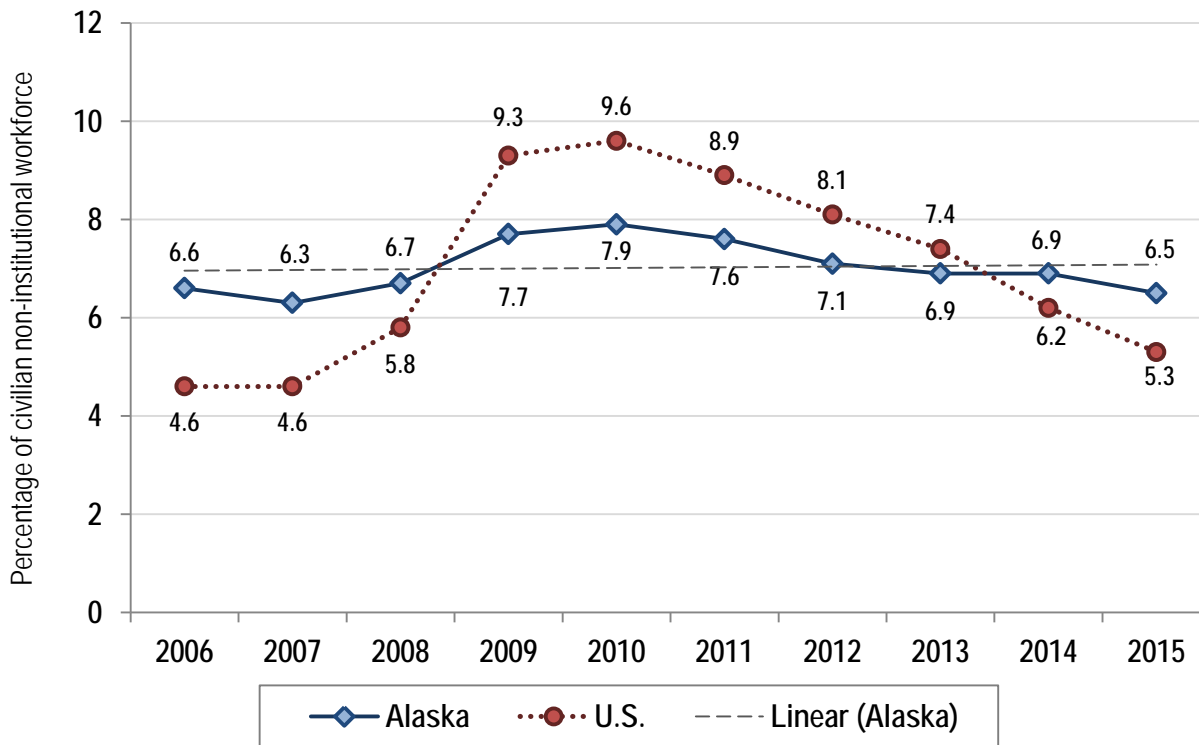
<sup>79</sup> National Low Income Housing Coalition. (2016). *Out of Reach 2016: Alaska*. Available at <http://nlihc.org/oor/alaska>.

<sup>80</sup> Alaska Department of Labor and Workforce Development, Division of Labor Standards and Safety.  
<http://labor.state.ak.us/lss/whhome.htm>.

## Economic Security

### 21. Unemployment Rate

#### Average annual unemployment rate, Alaska and U.S., 2006 – 2015



**Source:** **Alaska:** Alaska Department of Labor and Workforce Development (2016). *Annual Unemployment Rates for Alaska and U.S. 2010 to 2015*.<sup>81</sup>  
**U.S.:** U.S. Department of Labor (2016). *Labor Force Statistics from the Current Population Survey*.<sup>82</sup>

#### Summary and Explanation:

- In 2015, Alaska's annual average unemployment rate was 6.5%, which was 23% higher than the U.S. rate of 5.3%.
- The unemployment rate represents the number unemployed as a percentage of the labor force.
- 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.<sup>83</sup>

<sup>81</sup> Available at <http://live.laborstats.alaska.gov/labforce/labdata.cfm?s=2&a=0>.

<sup>82</sup> Available at <http://www.bls.gov/cps/>.

<sup>83</sup> U.S. Department of Labor. *Labor Force Statistics from the Current Population Survey*. Available at <http://www.bls.gov/cps/lfcharacteristics.htm>.

- Data presented in these charts are not seasonally adjusted. Seasonally adjusted unemployment rates tend to be slightly higher.<sup>84</sup>

**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/>

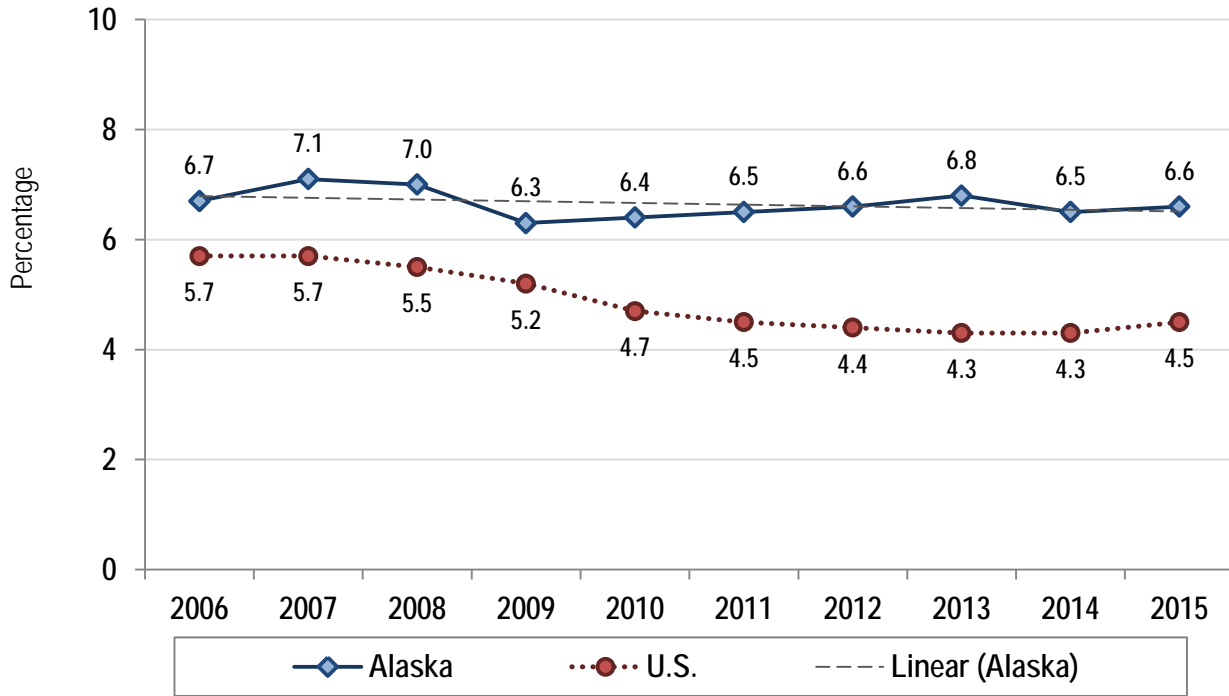
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<sup>84</sup> Alaska Department of Labor and Workforce Analysis. *Seasonal adjustment and how it works*. Available at <http://live.laborstats.alaska.gov/labforce/seasonal.cfm>.

## Economic Security

### 22. Percentage of Blind or Disabled SSI Recipients who are Working

**Percentage of Supplemental Security Income (SSI) recipients who are blind or disabled and are working, Alaska and U.S., 2006 – 2015**



**Source:** U.S. Social Security Administration, Office of Retirement and Disability Policy. *SSI Annual Statistics Report, 2015*. Table 41: Blind and disabled recipients who work, by state or other area, December 2015.<sup>85</sup>

**Summary and Explanation:**

- The percentage 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 2015, the Alaska rate was 6.6% and the national average was 4.5%.
- 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.<sup>86</sup>

**Other Facts to Know:**

- Programs such as the Working Disabled Medicaid Buy-in and other Social Security Administration work incentives exist to help people go to work, but studies have found that

<sup>85</sup> Available at [https://www.ssa.gov/policy/docs/statcomps/ssi\\_asr/2015/ssi\\_asr15.pdf](https://www.ssa.gov/policy/docs/statcomps/ssi_asr/2015/ssi_asr15.pdf).

<sup>86</sup> Social Security Administration. Supplemental Security Income Benefits. Available at <https://www.ssa.gov/disabilityssi/ssi.html>.

many SSI and SSDI recipients are afraid they might lose cash assistance and Medicaid-funded services if they seek work.<sup>87</sup>

- Some individuals with disabilities need continued services and supports often available only through Medicaid. Needed services include personal care assistance, in-home supports, ongoing supported employment services, and rehabilitation services.
- Surveyed Alaskans with disabilities rated the following supports and services as most important in their decisions to either get or stay at a job:
  - Transportation
  - Ability to take time off for health-related reasons
  - Paid personal assistant services at home
  - Affordable health insurance
  - Assistive technology services and devices.<sup>88</sup>

### 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 percentage 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/centerforhumandevelopment/>

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

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

<sup>87</sup> University of Alaska, Anchorage, Center for Human Development (2012). *Employment Barriers Survey for Adults with Physical Disabilities*. Available at <https://www.uaa.alaska.edu/academics/college-of-health/departments/center-for-human-development/employment-barriers-survey>.

<sup>88</sup> Ibid.



## Prevalence Estimates

### Mental Illness: Adults and Children

#### Serious Mental Illness (Adults)

| Alaska population aged 18 and over (2016 estimate) | Percentage with Serious Mental Illness (SMI) | Estimate of Alaskans with SMI |
|----------------------------------------------------|----------------------------------------------|-------------------------------|
| 550,448                                            | 4.02%                                        | 22,128                        |

**Source:** Substance Abuse and Mental Health Services Administration (SAMHSA) (2017). *2014-2015 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 12.<sup>89</sup>

Population data: Alaska Department of Labor and Workforce Development.<sup>90</sup>

#### Summary and Explanation:

- Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, as assessed by the Mental Health Surveillance Study (MHSS) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Research Version, Axis I Disorders (MHSS-SCID), which is based on the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. SMI includes individuals with diagnoses resulting in serious functional impairment.
- 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.

#### Any Mental Illness (Adults)

| Alaska population aged 18 and over (2016 estimate) | Percentage with any mental illness in past year | Estimate of Alaskans with any mental illness in past year |
|----------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|
| 550,448                                            | 18.11%                                          | 99,686                                                    |

**Source:** 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)*, Table 13.<sup>91</sup>

Population data: Alaska Department of Labor and Workforce Development.<sup>92</sup>

#### Summary and Explanation:

- According to SAMHSA's 2013-2014 National Survey on Drug Use and Health (NSDUH), an estimated 43.6 million Americans ages 18 and up (18.3% of the population) experienced some form of mental illness.
- 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.

<sup>89</sup> Available at <https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2015.pdf>.

<sup>90</sup> Available at <http://laborstats.alaska.gov/pop/popest.htm>.

<sup>91</sup> Available at <https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2015.pdf>.

<sup>92</sup> Available at <http://laborstats.alaska.gov/pop/popest.htm>.

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

### Serious Emotional Disturbance (ages 9 to 17)

| Alaska population aged 9 – 17 years (2016 estimate) | Percentage with Serious Emotional Disturbance (SED) | Estimate of Alaskans with SED |
|-----------------------------------------------------|-----------------------------------------------------|-------------------------------|
| 91,312                                              | 6.0%                                                | 5,479                         |

**Source:** Alaska Behavioral Health System Assessment (2014). Estimate based on methodology by Costello et al., recommended by the Center for Mental Health Services for state and regional estimates.<sup>93</sup>  
Population data: Alaska Department of Labor and Workforce Development.<sup>94</sup>

#### 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 estimates of the number of children with a mental disorder range from 13 to 20%, but current national surveys do not have an indicator of SED.<sup>95</sup>

#### 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: 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.<sup>96</sup>

#### 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>

<sup>93</sup> Available at <http://mhtrust.org/impact/behavioral-health-systems-assessment/>.

<sup>94</sup> Available at <http://laborstats.alaska.gov/pop/popest.htm>.

<sup>95</sup> Available at <http://www.samhsa.gov/disorders>

<sup>96</sup> Alaska Mental Health Trust Authority. *Beneficiaries*. <http://mhtrust.org/about/beneficiaries/>.

## Prevalence Estimates

### Alzheimer's Disease

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

| Alaska population aged 65+ (2016 estimate) | Percentage with Alzheimer's disease | Estimate of Alaskans aged 65+ with Alzheimer's Disease |
|--------------------------------------------|-------------------------------------|--------------------------------------------------------|
| 78,980                                     | 9.0%                                | 7,108                                                  |

**Source:** Alzheimer's Association (2015). *Alaska Alzheimer's Statistics*<sup>97</sup> and Alaska Commission on Aging.<sup>98</sup>  
Population data: Alaska Department of Labor and Workforce Development.<sup>99</sup>

#### 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.<sup>100</sup>
- An estimated 9% 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.<sup>101</sup>
- Alzheimer's Disease and related dementias (ADRD) most commonly affect people over the age of 65, although approximately 4% of diagnoses are in younger people aged 30-64.<sup>102</sup>
- 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.<sup>103</sup>

#### 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

<sup>97</sup> Alzheimer's Association. *Alaska Alzheimer's Statistics* (2015). Available at [http://www.alz.org/documents\\_custom/facts\\_2015/alz\\_ff\\_alaska.pdf](http://www.alz.org/documents_custom/facts_2015/alz_ff_alaska.pdf).

<sup>98</sup> Alaska Commission on Aging. <http://dhss.alaska.gov/acoa>.

<sup>99</sup> Available at <http://laborstats.alaska.gov/pop/popest.htm>.

<sup>100</sup> Centers for Disease Control and Prevention. *What is Alzheimer's Disease?* <http://www.cdc.gov/aging/aginginfo/alzheimers.htm>.

<sup>101</sup> 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>.

<sup>102</sup> Ibid.

<sup>103</sup> 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 and Social Services Committee. Available at <http://dhss.alaska.gov/acoa/Documents/ADRDRoadmap-HouseHSScomm.pdf>.

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.<sup>104</sup>

**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 and Supports

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

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<sup>104</sup> Alaska Mental Health Trust Authority. *Beneficiaries*. <http://mhtrust.org/about/beneficiaries/>.

## Prevalence Estimates

### Traumatic Brain Injury

#### Traumatic brain injury (all ages)

| Alaska population (2016 estimate) | Percentage with Traumatic Brain Injury | Estimate of Alaskans living with a Traumatic Brain Injury |
|-----------------------------------|----------------------------------------|-----------------------------------------------------------|
| 739,828                           | 1.6%                                   | 11,837                                                    |

**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 data: Alaska Department of Labor and Workforce Development.<sup>105</sup>

#### Definition:

- 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.<sup>106</sup>
- Traumatic brain injuries are classified as “mild,” moderate, or severe. Most people recover from a mild TBI, but some have serious long-term consequences. “Mild” is a medical term associated with loss of consciousness, and is not necessarily associated with functional outcomes.<sup>107</sup>
- Nationally, very young children (ages 0 to 4 years) have the highest rate of TBI-related emergency department visits (2,193 per 100,000 population), followed the 15-24 year old age group (982 per 100,000).<sup>108</sup>

#### 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.

#### 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>

<sup>105</sup> Available at <http://laborstats.alaska.gov/pop/popest.htm>

<sup>106</sup> Centers for Disease Control and Prevention. *Traumatic Brain Injury in the United States: Fact Sheet*. Available at [http://www.cdc.gov/traumaticbraininjury/get\\_the\\_facts.html](http://www.cdc.gov/traumaticbraininjury/get_the_facts.html).

<sup>107</sup> Alaska Brain Injury Network. *Info and Tools*. Available at <http://alaskabraininjury.net/brain-injury-info/>.

<sup>108</sup> Centers for Disease Control and Prevention (CDC). *Rates of TBI-related Emergency Department Visits by Age Group — United States, 2001–2010*. Available at [https://www.cdc.gov/traumaticbraininjury/data/rates\\_ed\\_byage.html](https://www.cdc.gov/traumaticbraininjury/data/rates_ed_byage.html).

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/>

## Prevalence Estimates

### Developmental Disabilities

#### Developmental disabilities (all ages)

| Alaska population<br>(2016 estimate) | Percentage with<br>developmental disabilities | Estimate of Alaskans living<br>with a developmental<br>disability |
|--------------------------------------|-----------------------------------------------|-------------------------------------------------------------------|
| 739,828                              | 1.8%                                          | 13,317                                                            |

**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 data: Alaska Department of Labor and Workforce Development.<sup>109</sup>

#### 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.<sup>110</sup>
- 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.<sup>111</sup>

#### 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).
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#### Further Resources:

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

DHSS Division of Senior and Disabilities Services  
<http://dhss.alaska.gov/dsds>

<sup>109</sup> Available at <http://live.laborstats.alaska.gov/pop/index.cfm>.

<sup>110</sup> 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\\_tl\\_subtitleA.aspx](http://www.acl.gov/Programs/AIDD/DDA_BOR_ACT_2000/p2_tl_subtitleA.aspx).

<sup>111</sup> Administration on Intellectual and Developmental Disabilities (AIDD). *History of the DD Act*. Available at [http://www.acl.gov/Programs/AIDD/DD\\_History/index.aspx](http://www.acl.gov/Programs/AIDD/DD_History/index.aspx).

<sup>112</sup> Alaska Mental Health Trust Authority. *Beneficiaries*. <http://mhtrust.org/about/beneficiaries/>.

## Prevalence Estimates

### Alcohol Dependence

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

|                      | Alaska population<br>(2016 estimate) | Percentage dependent<br>on Alcohol | Estimate of Alaskans<br>dependent on alcohol |
|----------------------|--------------------------------------|------------------------------------|----------------------------------------------|
| <b>Ages 12 to 17</b> | 60,688                               | 0.87%                              | 528                                          |
| <b>Ages 18+</b>      | 550,448                              | 3.99%                              | 21,963                                       |

**Source:** Substance Abuse and Mental Health Services Administration (SAMHSA) (2017). *2014-2015 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 11.<sup>113</sup>

Population estimate: Alaska Department of Labor and Workforce Development.<sup>114</sup>

#### 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.<sup>115</sup>

#### 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).
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#### 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>

<sup>113</sup> Available at <https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2015.pdf>.

<sup>114</sup> Available at: <http://laborstats.alaska.gov/pop/popest.htm>.

<sup>115</sup> Centers for Disease Control and Prevention. *Alcohol and Public Health: Frequently asked questions*. Available at <http://www.cdc.gov/alcohol/faqs.htm>.