



Alaska Scorecard 2018

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)	14.0	25.3	26.9	
2	Percent of adults reporting serious thoughts of suicide	4.2%	5.2%	5.3%	

Substance Abuse

3	Alcohol-induced deaths (rate per 100,000)	9.6	22.9	19.8	
4	Percent of adults (ages 18+) who engage in heavy drinking	5.7%	7.3%	8.4%	
5	Percent of adults (ages 18+) who engage in binge drinking	15.6%	18.1%	17.3%	
6	Percent of population (age 12 and older) who use illicit drugs	10.9%	17.6%	16.8%	
7	Opioid overdose mortality rate	14.9	12.3	13.5	

Mental Health

8	Days of poor mental health in past month (adults ages 18+)	4.0	3.5	3.7	
9	Percent of teens who experienced depression during past year	31.5%	33.6%	36.1%	

Access

10	Percent of population without health insurance	8.7%	14.0%	13.7%	
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Safety

Protection

11	Child maltreatment (rate per 1,000)	9.1	16.8	15	
12	Founded reports of harm to adults (rate per 1,000)	*	1.3	1.5	
13	Injuries to older adults (ages 65+) due to falls, hospitalized (rate per 100,000)	1,720	967	1,069	
14	Traumatic brain injury, hospitalized non-fatal (rate per 100,000)	*	77.0	78.1	

Justice

15	Percent of incarcerated adults with mental illness or mental disabilities	*	44.1%	44.1%	
16	Rate of criminal recidivism for incarcerated adults with mental illness or mental disabilities	*	39.2%	38.9%	
17	Percent of arrests involving alcohol or drugs	*	36.9%	42.5%	

Living With Dignity

Accessible, Affordable Housing

18	Chronic homelessness (rate per 100,000)	27.2	34.6	43.8	
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Educational Goals

19	High School Graduation rate for students with disabilities	*	58.7%	56.9%	
20	Percent of youth who received special education who are employed or enrolled in post-secondary education one year after leaving school	*	66.1%	66.1%	

Economic Security

21	Percentage of income spent on housing if earning minimum wage	*	80.1%	81.9%	
22	Average annual unemployment rate	4.4%	6.9%	7.2%	
23	Percent of adult SSI recipients who are blind or disabled and are working	4.8%	6.6%	6.7%	

Prevalence Estimates: Alaska Mental Health Trust Beneficiaries

Alaska Mental Health Trust Beneficiary Population	Estimate	Population Rate
Serious Mental Illness (ages 18+)	27,528	5.0%
Serious Emotional Disturbance (ages 9 to 17)	5,581	6.0%
Any Mental Illness (ages 18+)	111,429	20.3%
Alzheimer's Disease (ages 65+)	7,500	9.1%
Traumatic brain injury (all ages)	11,793	1.6%
Developmental disabilities (all ages)	11,646	1.6%
Dependent on or abuse of alcohol (ages 12 to 17)	1,341	2.2%
Dependent on or abuse of alcohol (ages 18+)	38,715	7.1%
Dependent on or abuse of illicit drugs (ages 18+)	19,741	3.6%

Revised January 2020

* No comparable U.S. data available

Health: Suicide

1. Suicide mortality rate per 100,000 population, age-adjusted (2017).^a
2. Percentage of non-institutionalized adults (18+) reporting serious thoughts of suicide in the past year (2016-2017).^b

Health: Substance Abuse

3. Alcohol-induced deaths per 100,000 population, age-adjusted. Includes fatalities from alcoholic psychoses, alcohol dependence syndrome, non-dependent abuse of alcohol, alcohol-induced chronic liver disease and cirrhosis, and alcohol poisoning; does not include traumatic injury such as motor vehicle crashes or homicide (Alaska 2017, US 2017).^a
4. Percentage of adults (18+) who reported heavy drinking in past 30 days; defined as 2+ drinks daily for men or 1+ drinks daily for women (2017).^c
5. Percentage of adults (18+) who reported binge drinking in past 30 days; defined as drinking 5+ drinks (men) or 4+ drinks (women) on one occasion (2017).^c
6. Percentage of population age 12 and older who report using illicit drugs in the past month. Used here, "illicit drugs" includes marijuana, hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically (2016-2017).^b
7. Opioid overdose related deaths per 100,000 population, age-adjusted (Alaska 2017, US 2017).^a

Health: Mental Health

8. Mean number of days during the previous 30 days for which respondents aged 18+ report that their mental health (including stress, depression, and problems with emotions) was not good (2017).^c
9. 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 (Alaska 2017, U.S. 2017).^d

Health: Access

10. Percentage of population without health insurance for the entire year (2017).^e

Safety: Protection

11. Child maltreatment, rate per 1,000 children aged 0-17. (2017).^f
12. Founded reports of harm, rate per 1,000 adults aged 18+. (FY 2018).^g
13. Non-fatal injuries due to falls, ages 65+, hospitalized 24 hours or more, rate per 100,000 adults aged 65+ (Alaska 2017, U.S. 2017).^h
14. Non-fatal traumatic brain injury requiring hospitalization of 24 hours or more, rate per 100,000 population (2017).^h

Safety: Justice

15. Percentage of incarcerated adults with mental illness or mental disabilities (2012).^j

16. 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).ⁱ
17. Percentage of arrests by Alaska State Troopers or Wildlife Troopers that were flagged as being related to alcohol and/or drugs (2017).^j

Living With Dignity: Housing

18. 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 (2018).^k

Living With Dignity: Education

19. High school graduation rate for students with disabilities. Statewide cohort graduation rate (2017-2018).^l
20. Percentage of youth who received special education who are employed and/or enrolled in post-secondary education one year after leaving school (FFY 2018).^m

Economic Security

21. Percentage of minimum wage income needed to afford fair-market rent of two-bedroom housing in Alaska (2018).ⁿ
22. Annual unemployment rate, not seasonally adjusted. (2017).^o
23. Percentage of SSI recipients with blindness or disabilities who are working (2017).^p

Data Sources

- a. Alaska Department of Health and Social Services, Division of Public Health, [Health Analytics & Vital Records](#); 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, American Community Survey, [Tables for Health Insurance Coverage](#).
- 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 2018 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 \(NSDUH\)](#) (2016-2017) estimates). **Serious Emotional Disturbance.** Alaska Behavioral Health System Assessment (2016).

Alzheimer's Disease. Alzheimer's Association, 2018 Alzheimer's Disease Facts and Figures.

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. Larson, S.A., Lakin, K.C., Anderson, L. et al. (2001). Prevalence of mental retardation and developmental disabilities: Estimates from the 1994/1995 National Health Interview Survey Disability Supplements. *Am J Ment Retard*, 106(3), 231-252.

Alcohol dependence/ abuse and Illicit drug dependence/abuse. Substance Abuse and Mental Health Services Administration (SAMHSA), [National Survey on Drug Use and Health \(NSDUH\)](#) (2016-2017)

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 2017 and 2018 the status of 21 of the 22 indicators remained the same; one moved down from “uncertain” to “needs improvement.”

Status information by Scorecard indicator

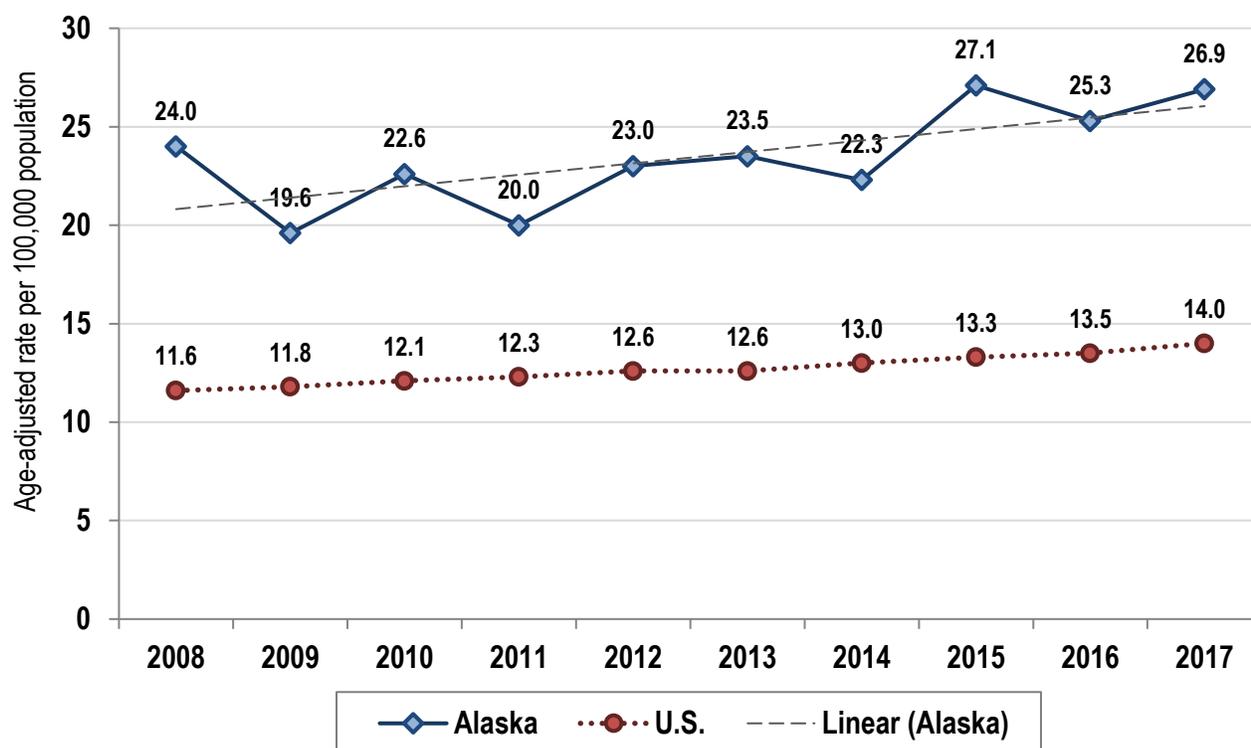
- Suicide rate.** The 2017 Alaska rate is 92% higher than the U.S. rate, and the Alaska rate has varied from year-to-year but has generally increased since 2008. The resulting status is “needs improvement.” This is the same as last year’s Scorecard status.
- Serious thoughts of suicide.** The 2016-2017 Alaska rate is 27% higher than the U.S. rate, and the Alaska rate has been slowly increasing. The status is “needs improvement.” This is the same as last year’s Scorecard status.
- Alcohol-induced mortality rate.** The 2017 Alaska rate is 106% higher than the 2017 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.
- Heavy drinking (adults).** The 2017 Alaska rate is 47% higher than the U.S. rate, and has been generally increasing since 2008, so the status is “needs improvement.” This is a change from last year’s Scorecard status of “Uncertain”.
- Binge drinking (adults).** The 2017 Alaska rate is 11% higher than the U.S. rate, and the yearly Alaska data show no clear trend, so the status is “uncertain.” This is the same as last year’s Scorecard status.
- Illicit drug use.** The 2016-2017 Alaska rate is 54% higher than the U.S. rate, and the yearly Alaska percentage appears to be increasing, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
- Opioid mortality rate.** The 2017 Alaska rate is 10% lower than the U.S. rate, but the Alaska rate has been increasing, so the status is “uncertain.”

8. **Days of poor mental health.** The 2017 Alaska rate is 8% lower than the U.S. rate and the Alaska data show no clear trend, so the status is “uncertain.” This is the same as last year’s Scorecard status.
9. **Teens that experienced depression.** The 2017 Alaska rate is 15% 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.
10. **Population without health insurance.** The 2017 Alaska rate is 58% higher than the U.S. rate; however, the trend appears to be improving. The status is “uncertain.” This is the same as last year’s Scorecard status.
11. **Child maltreatment.** The 2016 Alaska rate is 65% 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.
12. **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.
13. **Injuries to older adults due to falls.** The 2017 Alaska rate is 38% lower than the 2017 U.S. rate (the latest year of data available), and the data show no clear trend; the status is “satisfactory.” This is the same as last year’s Scorecard status.
14. **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.
15. **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.
16. **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.
17. **Arrests involving alcohol or drugs.** The Alaska rate has increased slightly in the last year but has decreased in general 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.
18. **Chronic homelessness.** The 2018 Alaska rate is 61% higher than the U.S. rate, and the Alaska rate appears to be increasing since 2016. The status is “needs improvement.” This is the same as last year’s Scorecard status.
19. **High school graduation rate for students disabilities.** The 2017-2018 rate is very close to the rate in 2016-2017 and has generally increased since 2009-2010. The status is “uncertain.” This is the same as last year’s Scorecard status.
20. **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.
21. **Percentage of income spent on housing if earning minimum wage.** The percentage of income spent on housing in Alaska is more than double what is considered affordable, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
22. **Unemployment rate.** The 2017 Alaska rate is 64% higher the U.S. rate and the trend is increasing slightly; the resulting status is “needs improvement.” This is the same as last year’s Scorecard status.
23. **SSI recipients who are blind or disabled and are working.** The 2017 Alaska rate is 40% 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., 2008 – 2017



Source: **Alaska:** Alaska Department of Health and Social Services (2017). *Alaska Vital Statistics 2017 Annual Report*.¹

U.S.: Centers for Disease Control and Prevention (2018). *National Center for Health Statistics Data Brief No. 293: Mortality in the United States, 2017*.²

Summary and Explanation:

- The 2017 Alaska rate of 26.9 per 100,000 age-adjusted population was almost double the U.S. rate of 14.0.
- Between 2008 and 2017, the age-adjusted rate of death by suicide in Alaska averaged nearly twice the U.S. rate and is currently 92.1% above the national rate.

Other Facts to Know:

- In 2017, the age-adjusted suicide mortality rate for Alaska Natives (51.9 per 100,000) was more than twice that of white Alaskans (21.7 per 100,000).³

¹ Available at: http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/VitalStatistics_Annualreport_2017.pdf.

² Available at: <https://www.cdc.gov/nchs/products/databriefs/db328.htm>

³ Available at: http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/VitalStatistics_Annualreport_2017.pdf.

- The 2017 rate was higher among Alaskans aged 15-24 (46.6 per 100,000) compared to those aged 25 and over (31.1 per 100,000).⁴

Statutory Information:

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

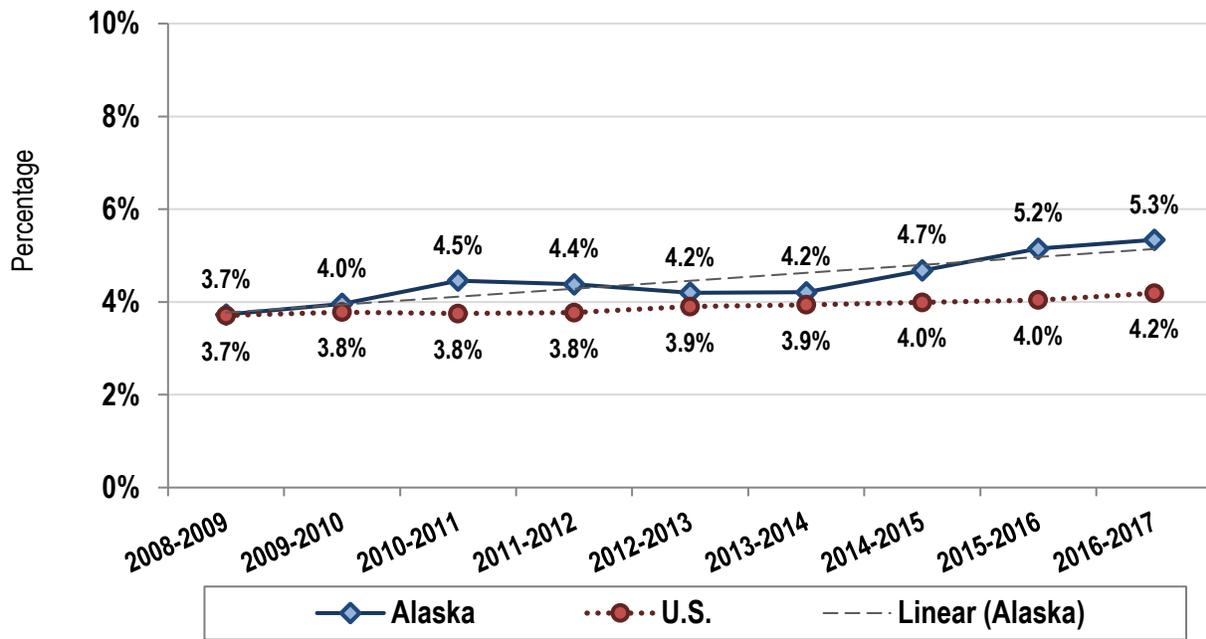
Healthy Alaskans 2020 Leading Health Indicator 7: Suicide Mortality Rate
http://ibis.dhss.alaska.gov/indicator/complete_profile/Suic25up.html

⁴ Ibid.

Health: Suicide

2. Serious thoughts of suicide

Percentage of adults who report serious thoughts of suicide in the past year, Alaska and U.S., 2008-2009 – 2016-2017



Source: Alaska and U.S.: Substance Abuse and Mental Health Services Administration (SAMHSA) (2018). *2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 30.⁵

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.⁶ This question asks all adult respondents if at any time during the past 12 months they had serious thoughts of suicide.
- In the 2016-2017 survey years, 5.3% of Alaska adults reported having serious thoughts of suicide in the past year. This is 27% higher than the U.S. rate of 4%.

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 (13.3%) than the 26 and over age group (4.0%).⁷

⁵ Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

⁶ See: <https://nsduhweb.rti.org/respweb/homepage.cfm>

⁷ Substance Abuse and Mental Health Services Administration (SAMHSA) (2018). *2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 30. Available at:

- According to the 2017 Youth Risk Behavior Survey, 22.8% of Alaska students in traditional high schools reported seriously considering attempting suicide during the 12 months before the survey.⁸

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

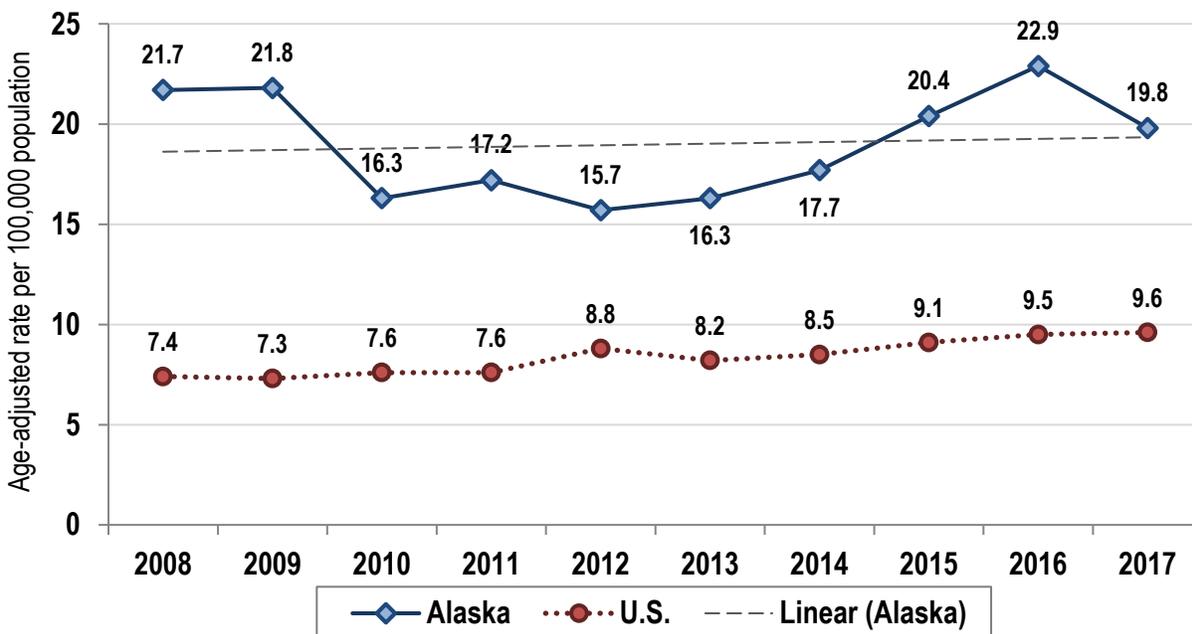
<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

⁸ Alaska Department of Health and Social Services, Division of Public Health, *2017 Alaska Youth Risk Behavior Survey Results*. Question 26. Available at http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2017AKTradHS_YRBS_SummaryTables.pdf.

Health: Substance Abuse

3. Alcohol-Induced Deaths

Alcohol-induced mortality rate, Alaska and U.S., 2008 – 2017



Source: **Alaska:** Alaska Department of Health and Social Services (2017). *Alaska Vital Statistics 2017 Annual Report*.⁹

U.S.: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.¹⁰

Summary and Explanation:

- The 2017 alcohol-induced mortality rate for Alaska was 19.8 deaths per 100,000 age-adjusted population, more than twice the 2017 U.S. rate of 9.6.
- 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.¹¹

⁹ Available at: http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/VitalStatistics_Annualreport_2017.pdf.

¹⁰ Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Dec 7, 2018.

¹¹ 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 causes indirectly related to alcohol use, as well as newborn deaths associated with maternal alcohol use. Available at: https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf, Technical Notes page 62.

Other Facts to Know:

- The alcohol-induced death rate was higher for Alaska Natives than for white individuals; in 2017, the rate among Alaska Natives was 67.9 per 100,000 and the rate for white Alaskans was 12.1 per 100,000.¹²

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>

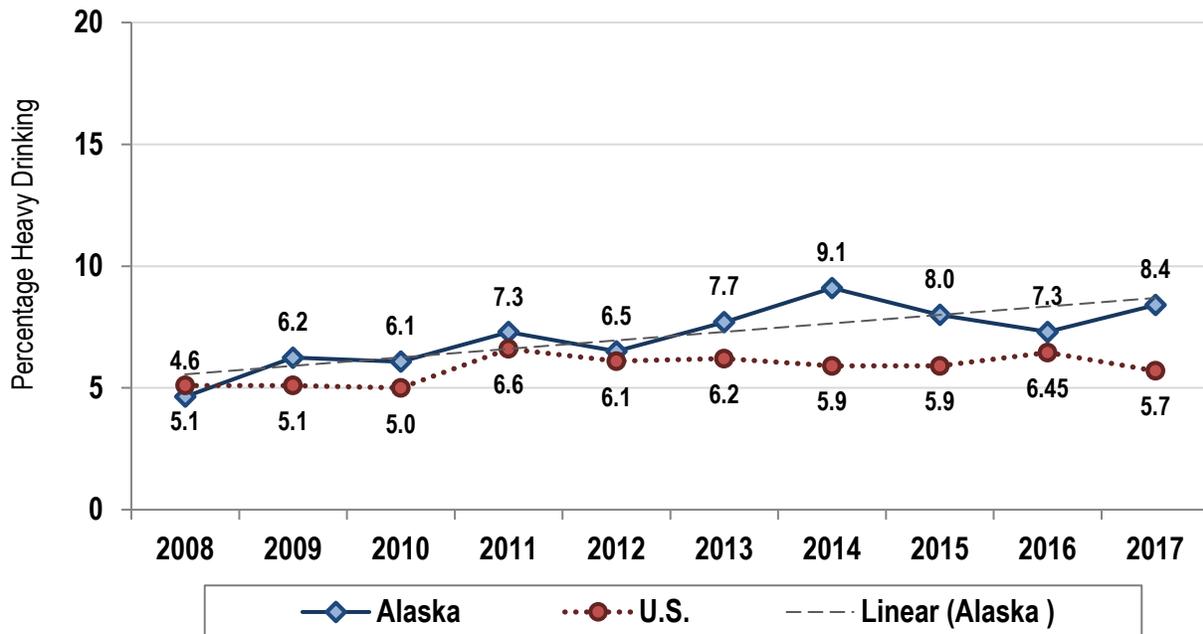
Healthy Alaskans 2020 Leading Health Indicator 14: Alcohol-Induced Mortality Rate
http://ibis.dhss.alaska.gov/indicator/complete_profile/AlcInducedDth.html

¹² Alaska Department of Health and Social Services (2017). *Alaska Vital Statistics 2017 Annual Report*. Available at: http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/VitalStatistics_Annualreport_2017.pdf.

Health: Substance Abuse

4. Adults who Engage in Heavy Drinking

Percentage of adults who engage in heavy drinking, Alaska and U.S., 2007 – 2017



Source: **Alaska:** Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance System (BRFSS) (via email 10/24/2018)¹³;
U.S.: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (via email 10/24/2018).¹⁴

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.¹⁵
- 8.4% of Alaskans reported heavy drinking in the 2017 survey, a rate 47% higher than the U.S. median of 5.7%.

Other Facts to Know:

- Heavy drinking was slightly higher among males (9.0%) than females (7.8%) and was most common among the 35-49 year group (10.5%) in 2017.¹⁶

¹³ 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 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.

¹⁴ See <http://www.cdc.gov/brfss/>.

¹⁵ Centers for Disease Control and Prevention (CDC). *Alcohol and Public Health: Frequently Asked Questions*. Available at <http://www.cdc.gov/alcohol/faqs.htm#10>.

¹⁶ Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance System (BRFSS). See <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx> (via email 10/24/2018).

- 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.¹⁷
- 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.¹⁸

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>

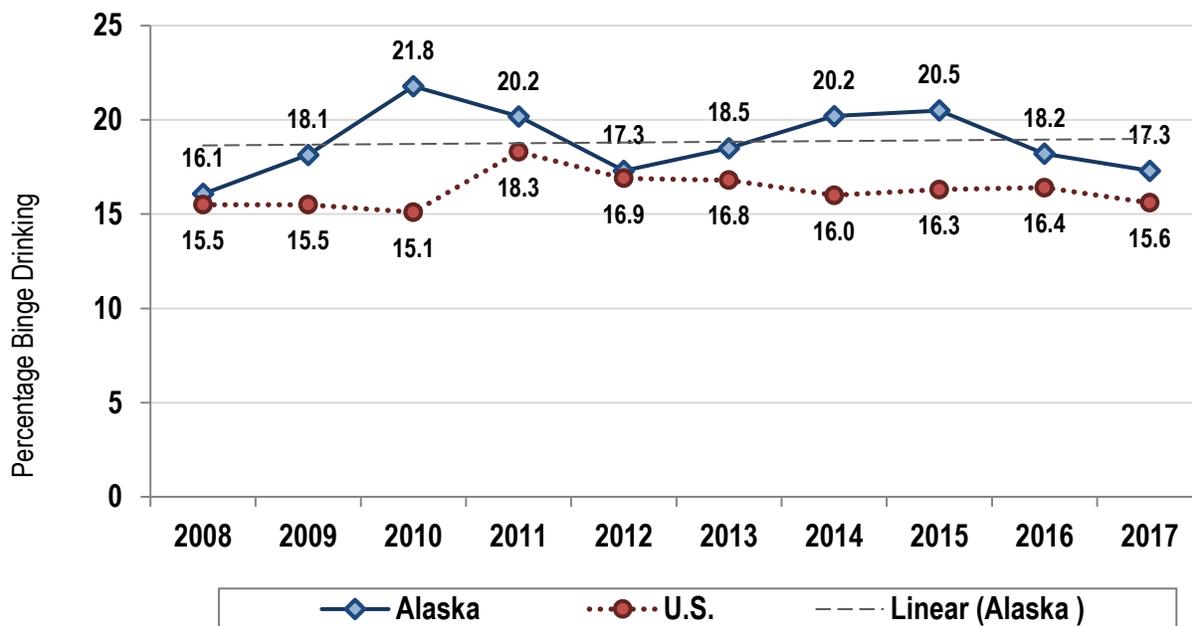
¹⁷ Centers for Disease Control and Prevention (CDC). *Alcohol and Public Health: Frequently Asked Questions*. Available at: <http://www.cdc.gov/alcohol/faqs.htm#10>.

¹⁸ 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., 2008 – 2017



Source: **Alaska:** Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance System (BRFSS) (via email 10/24/2018).¹⁹
U.S.: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System (via email 10/24/2018).²⁰

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.²¹
- In 2017, 17.3% of Alaskans reported binge drinking. This rate was 11% higher than the U.S. median of 15.6%.

Other Facts to Know:

- Binge drinking in Alaska was higher among men (21.8%) than among women (12.6%) in 2017. The 18-34 year age group had the highest prevalence of binge drinking (22.5%) the 65 years and over age group had the lowest (6.7%).²²

¹⁹ 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 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.

²⁰ See <http://www.cdc.gov/brfss/>.

²¹ Centers for Disease Control and Prevention. *Alcohol and Public Health, Frequently Asked Questions*. Available at: <http://www.cdc.gov/alcohol/faqs.htm#bingeDrinking>.

²² Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance System (BRFSS). See <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx> (via email 10/24/2018).

- According to the 2017 Youth Risk Behavior Survey (YRBS), 13.8% of Alaska’s traditional high school students engaged in binge drinking (defined as drinking five or more drinks for males or four or more drinks for females of alcohol in a row or within a couple of hours) at least once during the 30 days prior to the survey. The rate among males (10.6%) was lower than that among females (17.3%).²³
- Youth who begin drinking at age 14 or younger are four times more likely to develop dependence.²⁴
- 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.²⁵

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

²³ 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/2017AKTradHS_YRBS_SummaryTables.pdf.

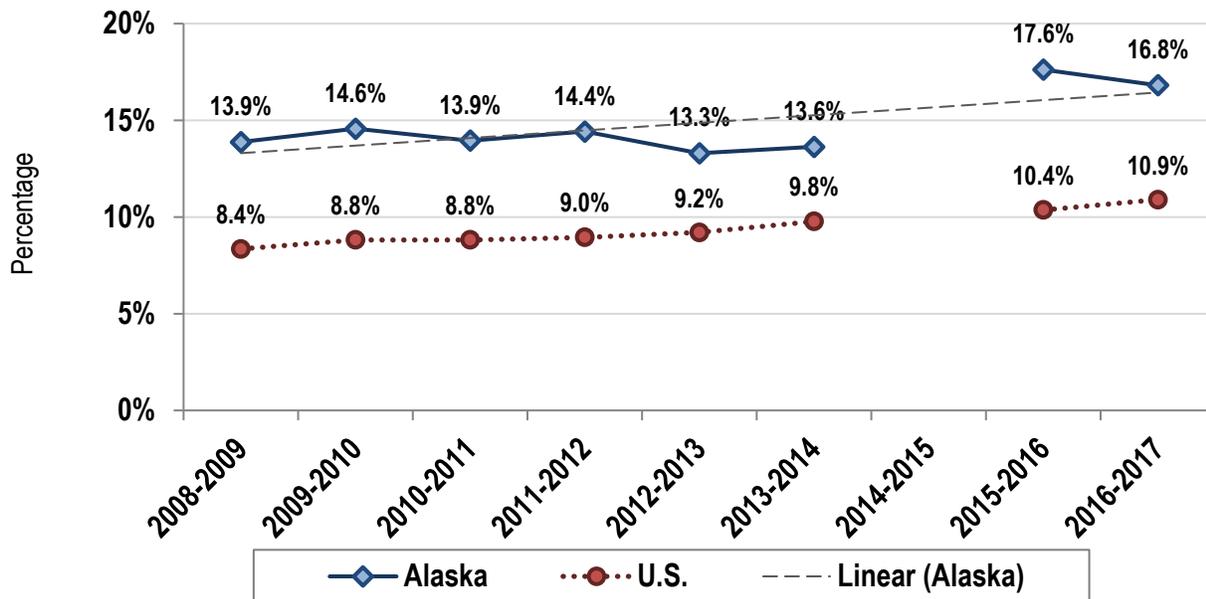
²⁴ Grant, B.F. and Dawson, D.A. (1997). Age at onset of alcohol abuse and its association with DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiological Survey. *Journal of Substance Abuse*, 9:103-10. <http://www.sciencedirect.com/science/article/pii/S0899328997900092>.

²⁵ 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., 2008-2009 – 2016-2017



Source: Alaska and U.S.: Substance Abuse and Mental Health Services Administration (SAMHSA) (2018). *2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 1.²⁶ *

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 2016-2017 was 16.8%. The rate of illicit drug use among Alaskans has been consistently at least 40% above the U.S. rate since 2008 and was 54% higher than the U.S. in the 2016-2017 survey.

Other Facts to Know:

- In Alaska as well as nationally, the 18 to 25 age group had the highest rate of illicit drug use. In Alaska, 27.9% of 18 to 25 year olds reported illicit drug use in the past month, higher than those aged 26 and over (15.8%).²⁷

²⁶ Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

* Illicit drug use was not asked in 2014-2015 survey.

²⁷ Mental Health Services Administration (SAMHSA) (2018) *2016-2017 National Survey on Drug Use and Health Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 1. Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

- The percentage of Alaskans aged 12 and over using illicit drugs other than marijuana was 3.5% in 2016-2017. This percentage is close to the national average of 3.4%.²⁸
- According to the 2017 Alaska Youth Risk Behavior Survey of traditional students in grades 9–12:
 - 41.7% had ever used marijuana one or more times in their life;
 - 21.8 % had used marijuana one or more times during the past 30 days;
 - 15.0% had taken a prescription drug (such as OxyContin, Percocet, codeine, etc.) without a doctor’s prescription one or more times in their life; and,
 - 6.6% 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.²⁹

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>

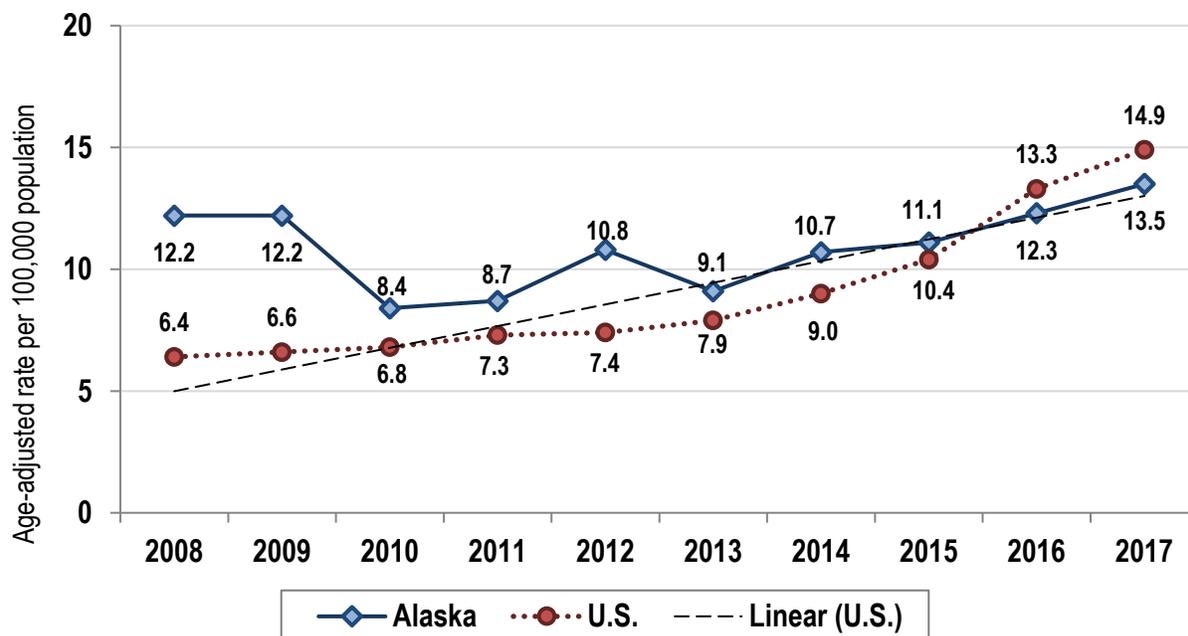
²⁸ Ibid.

²⁹ Alaska Department of Health and Social Services, Division of Public Health. 2017 Youth Risk Behavior Survey Results. Available at: http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2017AKTradHS_YRBS_SummaryTables.pdf.

Health: Substance Abuse

7. Opioid Related Deaths

Opioid overdose mortality rate, Alaska and U.S., 2008 – 2017



Source: **Alaska:** Alaska Department of Health and Social Services (2017). *Alaska Vital Statistics 2017 Annual Report*.³⁰

US: Centers for Disease Control and Prevention (CDC), National Centers for Health Statistics Data Briefs. No. 329. *Drug Overdose Deaths in the United States, 1999-2017*. Data table for Figure 4.³¹

Summary and Explanation:

- Opioids, as reported here, include heroin, natural and semi-synthetic opioids, methadone, and other synthetic opioids.³²
- The 2017 opioid mortality rate for Alaska was 13.5 deaths per 100,000 age-adjusted population, this is lower than the 2017 U.S. rate of 14.9.

Other Facts to Know:

- In 2016-2017 it is estimated that 0.4% of Alaskan's 12 and over had used heroin in the past year. This percentage is slightly higher than the national average of 0.3%.³³
- According to the National Survey on Drug Use and Health (NSDUH), Alaska ranked 6th among the states and D.C. for heroin use in 2016-2017 in the 12 and older age group.³⁴

³⁰ Available at: http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/VitalStatistics_Annualreport_2017.pdf.

³¹ Available at: <https://www.cdc.gov/nchs/data/databriefs/db329-h.pdf>

³² Ibid.

³³ Mental Health Services Administration (SAMHSA) (2018) *2016-2017 National Survey on Drug Use and Health Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

³⁴ Ibid.

- According to the 2017 Alaska Youth Risk Behavior Survey of traditional students in grades 9–12:
 - 2.2% had used heroin one or more times during their life;
 - 1.8% had used heroin one or more times during the past 30 days;
 - 15.0% had taken a prescription drug (such as OxyContin, Percocet, codeine, etc.) without a doctor's prescription one or more times in their life.³⁵

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).
- On February 14, 2017 Alaska Governor Bill Walker declared a state of emergency regarding the high number of opioid related overdoses in the state of Alaska. Statewide response will be coordinated by the Department of Health and Social Services and are authorized to coordinate a response, including establishing a statewide Overdose Response Program, local and regional overdose response programs, healthcare officials, first responders, and the general public to have the ability to dispense and administer naloxone. AS 18.15.390; AS 26.23.020(c); AS26.23.900(2)(e); AS 26.23.020(g)(1)-(3), (10).³⁶
- On October 26, 2017 Eric D. Hargan, Acting Secretary of Health and Human Services, declared a public Health Emergency for the United States based on the consequences of the opioid crisis. Section 319 of Public Health Service Act³⁷

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, *Heroin and opioids in the Last Frontier*
<http://dhss.alaska.gov/dph/director/pages/heroin-opioids/default.aspx>

³⁵ Alaska Department of Health and Social Services, Division of Public Health. 2017 Youth Risk Behavior Survey Results. Available at: http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2017AKTradHS_YRBS_SummaryTables.pdf.

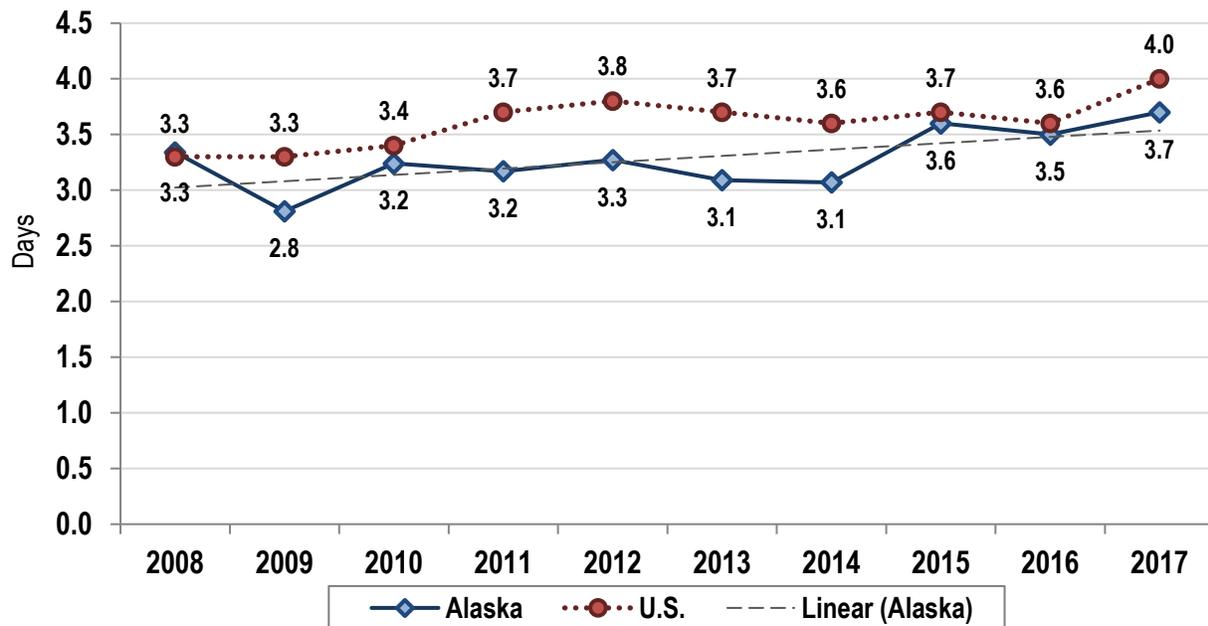
³⁶ https://gov.alaska.gov/wp-content/uploads/sites/5/2017021417_Opioid-Disaster-Declaration.pdf

³⁷ <https://www.hhs.gov/sites/default/files/opioid%20PHE%20Declaration-no-sig.pdf>

Health: Mental Health

8. 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., 2008 – 2017



Source: **Alaska:** Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance System (BRFSS) (via email 10/24/2018).³⁸
U.S.: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System (via email 10/24/2018).³⁹

Summary and Explanation:

- According to the 2017 Behavior Risk Factor Surveillance System (BRFSS), Alaska adults reported experiencing mental distress an average of 3.7 days out of the past 30 days, slightly lower than the U.S. median of 4.0 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.⁴⁰

³⁸ 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 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.

³⁹ See at <http://www.cdc.gov/brfss/>.

⁴⁰ Ibid.

Other Facts to Know:

- Alaska women reported slightly more days (3.9) of poor mental health in 2017 than men (3.5). The 18-24 year age group reported more than twice the number of days (4.6) than the 65 and above age group (2.1).⁴¹

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>

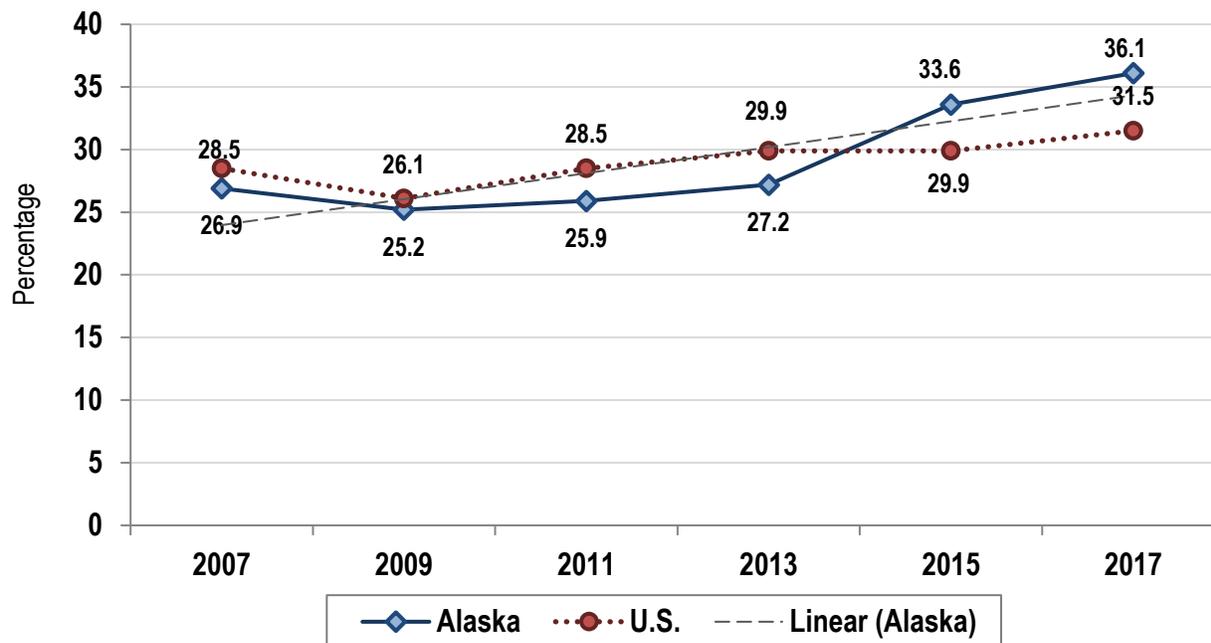
Healthy Alaskans 2020 Leading Health Indicator 9: Mental Health
http://ibis.dhss.alaska.gov/indicator/complete_profile/HlthStatMent.html

⁴¹ Alaska Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance System (BRFSS)
<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx> (via email 10/24/2018).

Health: Mental Health

9. 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 – 2017



Source: **Alaska:** Alaska Department of Health and Social Services, Division of Public Health, *Youth Risk Behavior Survey Results*.⁴²

U.S.: Centers for Disease Control and Prevention (2016). Youth Risk Behavior Surveillance--United States, 2017. *MMWR Surveillance Summaries*, Vol. 67, No. 8.⁴³

Summary and Explanation:

- According to the 2017 Youth Risk Behavior Survey, 36.1% 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.

Other Facts to Know:

- The rate was significantly higher among students in alternative (51.1%) than traditional (36.1%) high schools in Alaska in 2017.⁴⁴

⁴² Available at http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2017AKTradHS_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>.

⁴³ Available at <https://www.cdc.gov/mmwr/volumes/65/ss/ss6506a1.htm>.

⁴⁴ Department of Health and Social Services, Division of Public Health. Alaska 2017 YRBS Traditional HS Detailed Tables and Alaska 2017 YRBS Alternative HS Detailed Tables. Available at <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbsresults.aspx>.

- In 2017, the rate was significantly higher among females than males in both traditional (48.0% and 25.5%, respectively) and alternative (63.4% and 39.6%) high schools in Alaska.⁴⁵
- The 2017 survey reported that among students attending a traditional high school in Alaska, 22.8% had seriously considered attempting suicide in the prior 12 months and 20.7% had made a plan about how they would attempt suicide in the prior 12 months.⁴⁶

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

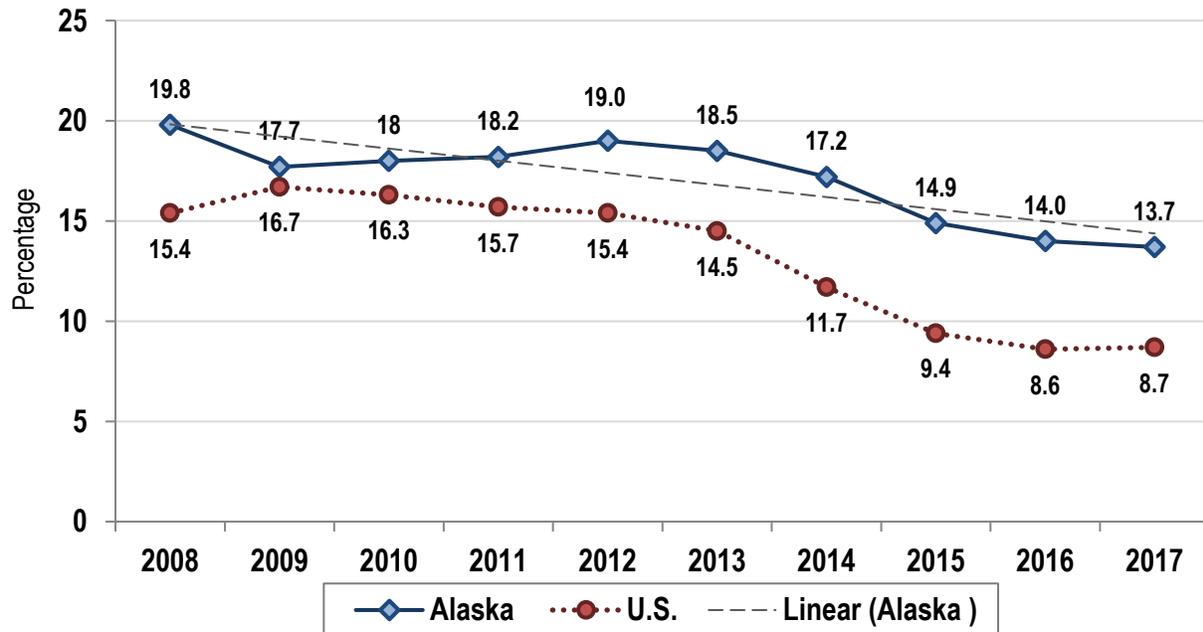
⁴⁵ Ibid.

⁴⁶ Ibid.

Health: Access

10. Population without Health Insurance

Percentage of population not covered by health insurance for the year, Alaska and U.S., 2008 – 2017



Source: U.S. Census Bureau (2018). American Community Survey Tables for Health Insurance Coverage. Table HI-05.⁴⁷

Summary and Explanation:

- In 2017, 13.7% of Alaska's population was counted as uninsured. Alaska's rate was nearly 58% higher than the U.S. rate of 8.7%.
- 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 2009. The Alaska rate has been steadily falling since 2013.

Other Facts to Know:

- Uninsured rates decreased between 2013 and 2017 following the introduction of the Affordable Care Act. Among states, Alaska had the third highest (behind Texas and Oklahoma) proportion of uninsured population in 2017.⁴⁸
- The Census definition of "uninsured" includes American Indian/Alaska Native (AI/AN) people who may have access to IHS-funded services.⁴⁹ If otherwise-uninsured American Indians

⁴⁷ Available at [American Community Survey Tables for Health Insurance Coverage](#).

⁴⁸ U.S. Census Bureau (2018). American Community Survey Tables for Health Insurance Coverage. Table HI-12. Available at: [American Community Survey Tables for Health Insurance Coverage](#).

⁴⁹ 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>.

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).

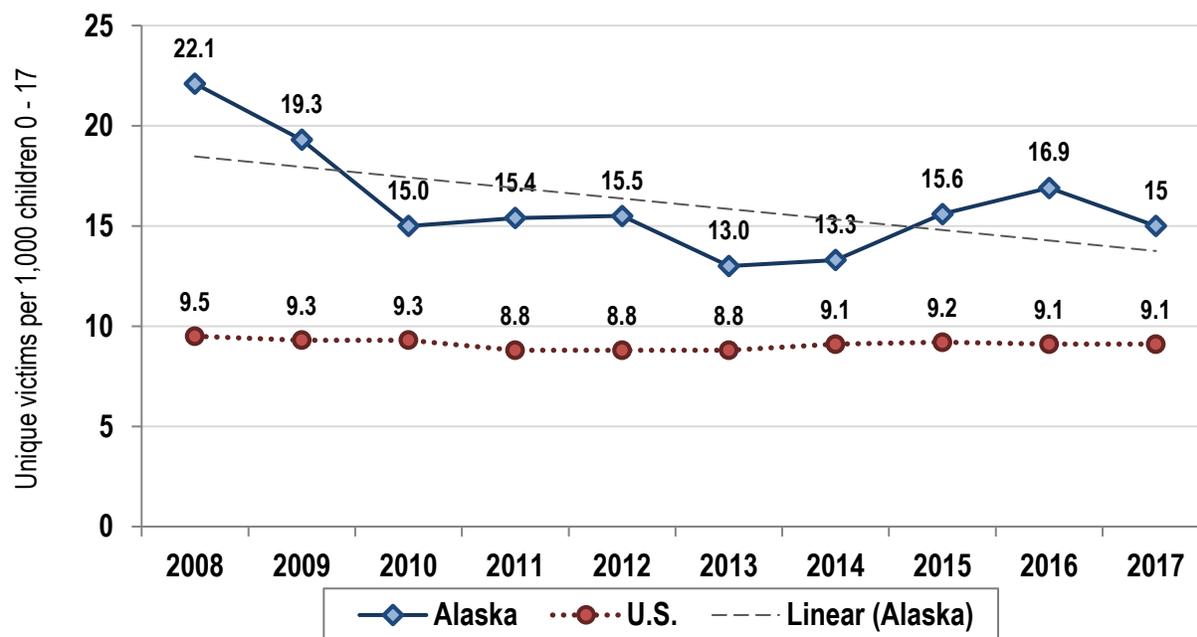
Additional Resources:

The Healthy Alaska Plan (Medicaid expansion and redesign)
<http://dhss.alaska.gov/healthyalaska/Pages/default.aspx>

Safety: Protection

11. Child Maltreatment

Rate of child maltreatment, substantiated cases, unique victims aged 0 – 17 years, Alaska and U.S., 2008 – 2017



Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2019). *Child Maltreatment 2017*.⁵⁰

Summary and Explanation:

- The Alaska rate of child maltreatment, 15.0 per 1,000 children (aged 0-17), was nearly 65% higher than the U.S. rate of 9.1 per 1,000 children.⁵¹
- 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."⁵²

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

⁵⁰ 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>.

⁵¹ 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.

⁵² 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.

ranks eleventh in the U.S.⁵³ 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.⁵⁴
- In Alaska, the Behavioral Risk Factor Surveillance System (BRFSS) asked adults about ACEs from 2013 to 2015. 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.⁵⁵

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

⁵³ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau (2019). *Child Maltreatment 2017*. Available at <https://www.acf.hhs.gov/cb/resource/child-maltreatment-2017>.

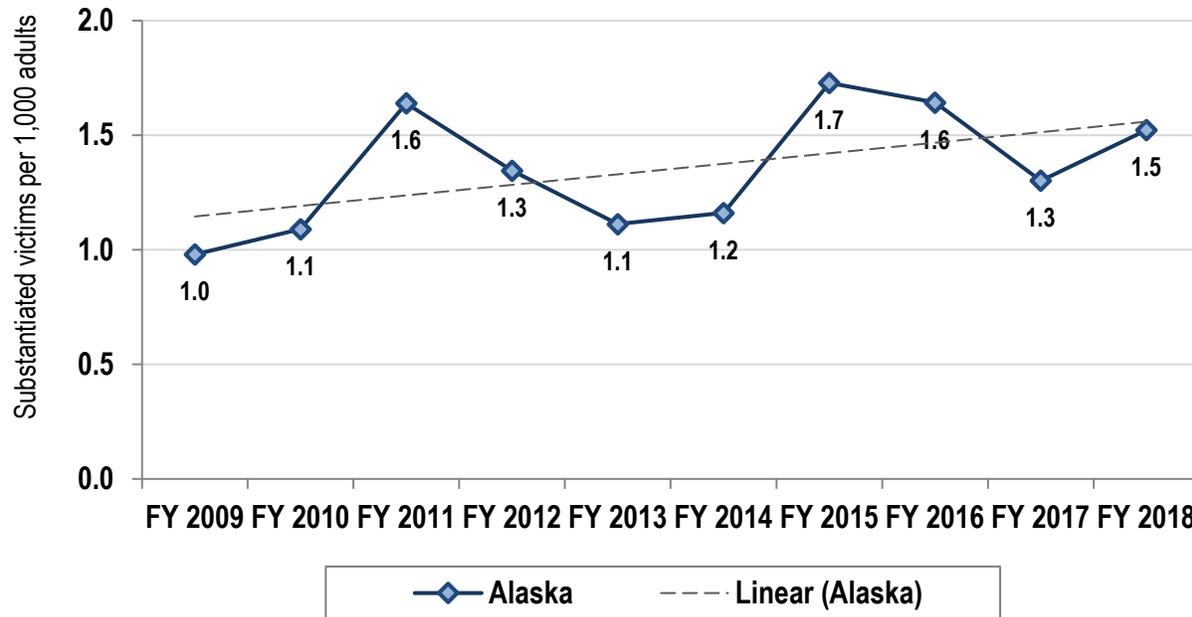
⁵⁴ Centers for Disease Control and Prevention (2011). *Adverse Childhood Experiences (ACE) Study*. Available at <http://www.cdc.gov/ace/index.htm>.

⁵⁵ 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

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

Rate of Founded Reports of Harm to Adults, Alaska, FY 2009 – FY 2018



Source: Alaska Department of Health and Social Services, Division of Senior and Disabilities Services, Adult Protective Services (via e-mail, 12/11/2018).

Summary and Explanation:

- The Division of Senior and Disabilities Services reported 835 founded reports of harm to adults in fiscal year 2018, for a rate of 1.5 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.⁵⁶
- 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.

⁵⁶ For more information, see <http://dhss.alaska.gov/dsds/Pages/aps/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).⁵⁷

Additional Resources:

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

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

Making Reports to Adult Protective Services (Report of Harm)

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

Indicators of Adult Abuse, Neglect, or Exploitation

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

Alaska 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

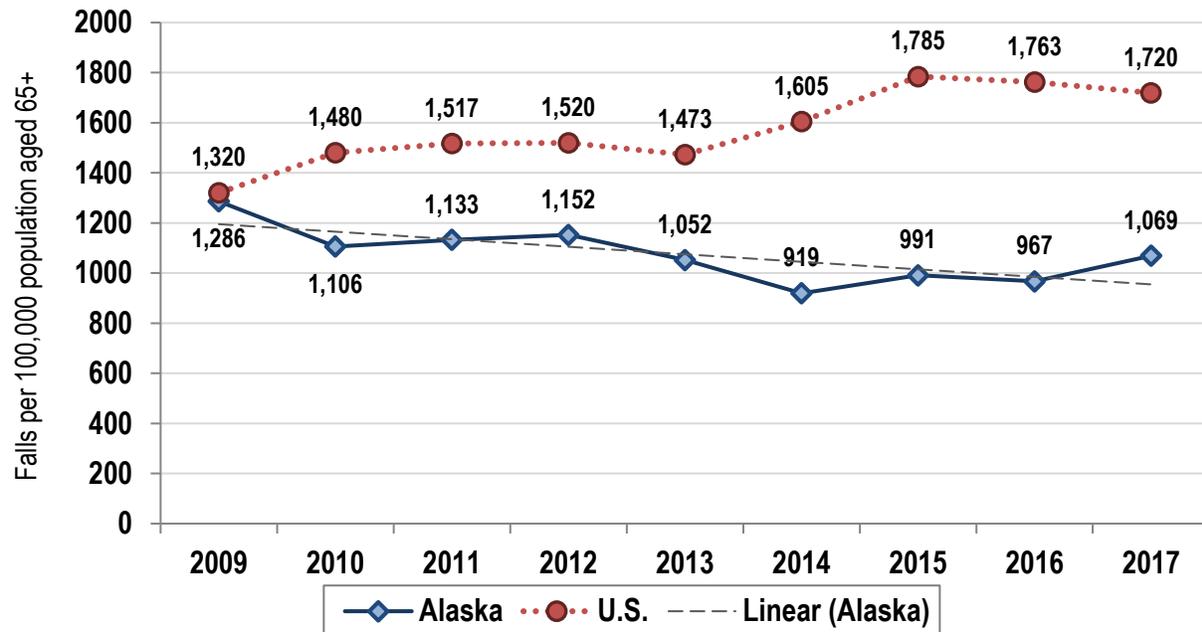
<https://ncea.acl.gov/>

⁵⁷ New Legislation passed to protect Alaska's vulnerable adults. <http://dhss.alaska.gov/dsds/Pages/aps/apslaws.aspx>.

Safety: Protection

13. Injuries to Older Adults due to Falls

Rate of non-fatal injuries requiring hospitalization due to falls, adults 65 and over, Alaska and U.S., 2009 – 2017



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 01/07/2019).
U.S.: Centers for Disease Control and Prevention, Injury Prevention and Control, Data and Statistics.^{58 *}

Summary and Explanation:

- The 2017 rate of falls resulting in hospitalization among Alaska adults aged 65 and over was 1,069 per 100,000. In 2017, the US rate was 1,720 per 100,000. The rate of hospitalized falls by older adults in Alaska has been lower than the national rate each year since 2009.

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.⁵⁹
- In the U.S. each year, more than one of every four adults age 65 and older falls.⁶⁰

⁵⁸ WISQARS Database, Non-fatal injury data. Available at <http://www.cdc.gov/injury/wisqars/nonfatal.html>.

⁵⁹ 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>.

⁶⁰ Centers for Disease Control and Prevention (CDC). *Falls Among Older Adults: An Overview*. <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>.

*2017 US data not available at time of report.

- 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.⁶¹

Statutory Information:

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

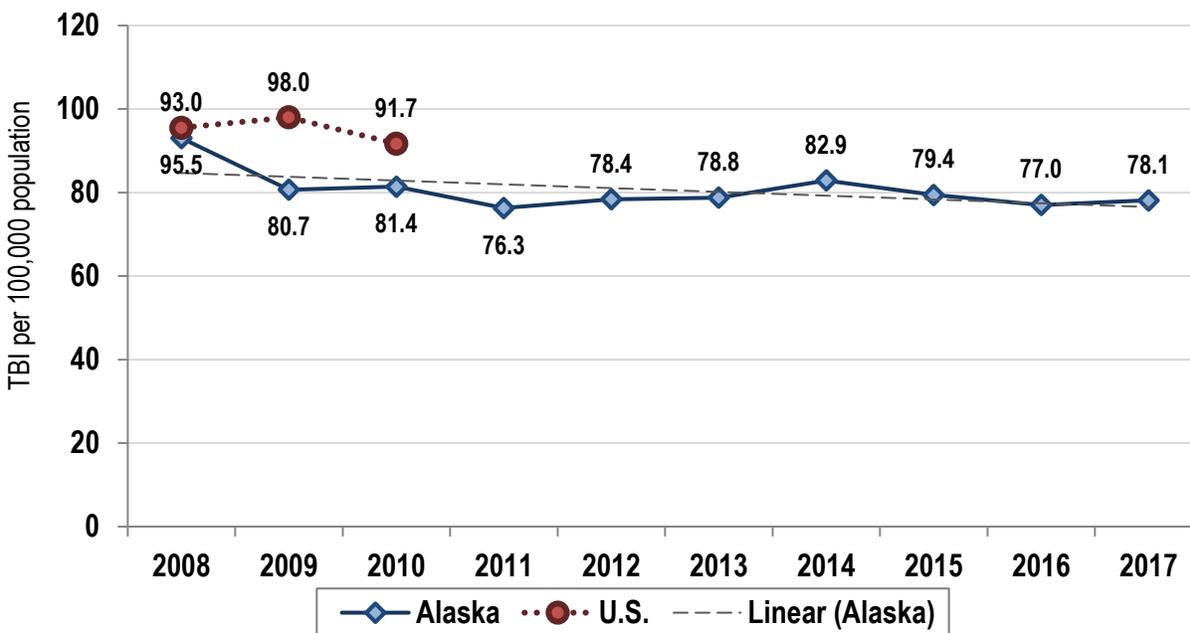
<http://dhss.alaska.gov/acoa/Pages/falls/default.aspx>

⁶¹ 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

14. Non-Fatal Traumatic Brain Injury

Non-fatal traumatic brain injury requiring hospitalization, Alaska and U.S., 2008 – 2017



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 01/07/2019).
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.* ^{62*}

Summary and Explanation:

- The rate of non-fatal traumatic brain injury (TBI) requiring hospitalization in Alaska dropped between 2008 and 2009 and then remained relatively stable, from 95.5 per 100,000 population in 2008 to 78.1 in 2017.
- 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.⁶³

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

⁶² Available at <http://www.cdc.gov/traumaticbraininjury/data/rates.html>.

⁶³ Centers for Disease Control and Prevention (2016). *Basic information about Traumatic Brain Injury.* <http://www.cdc.gov/traumaticbraininjury/basics.html>.

*US study ended in 2010.

live independently. Cognitive difficulties often have more impact on an individual's recovery and independence than physical limitations.⁶⁴

- 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 older adults who fall.⁶⁵
- 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.⁶⁶

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/>

⁶⁴ 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: <https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/resources/>

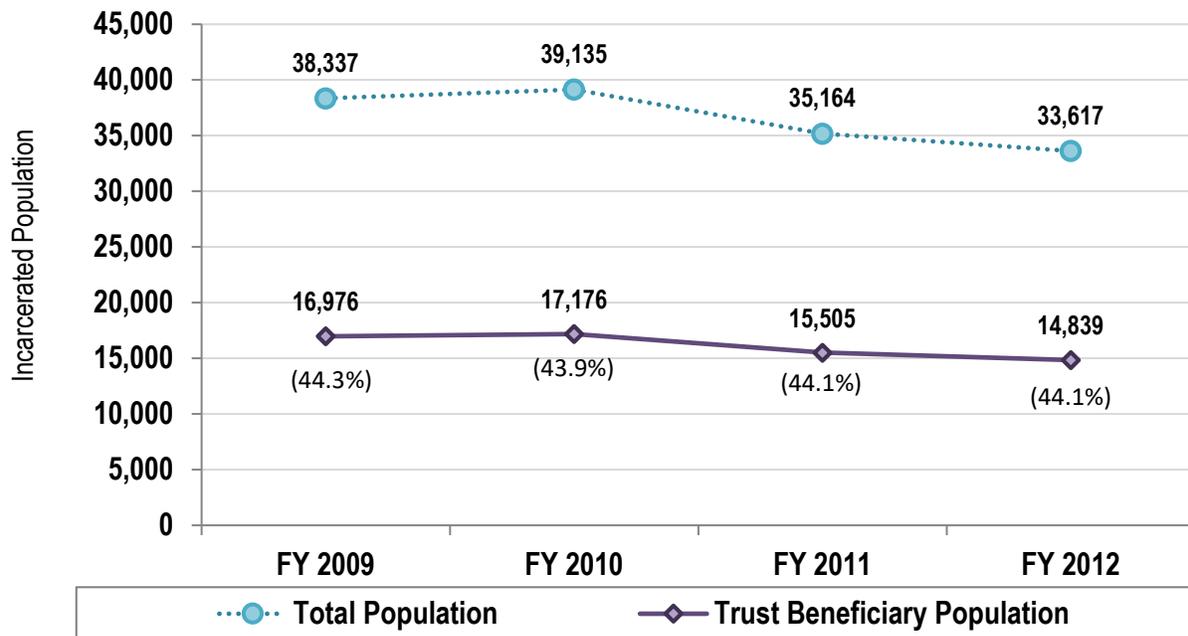
⁶⁵ Ibid.

⁶⁶ Ibid.

Safety: Justice

15. Percentage of Incarcerated Adults with Mental Illness or Mental Disabilities

Percentage of adults incarcerated in the Alaska Department of Corrections who are Trust beneficiaries, FY 2009 – FY 2012



Source: Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*.⁶⁷

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:

- The Alaska Department of Corrections has become the largest provider of mental health services in the State of Alaska.⁶⁸
- 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.⁶⁹

⁶⁷ Available at: <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>.

⁶⁸ Ibid.

⁶⁹ Ibid.

- 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.⁷⁰
- 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.⁷¹

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority, and partner organizations work cooperatively to plan, budget, and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The 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/Criminal Justice Reform
<https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/what-we-do/disability-justice-criminal-justice-reform/>

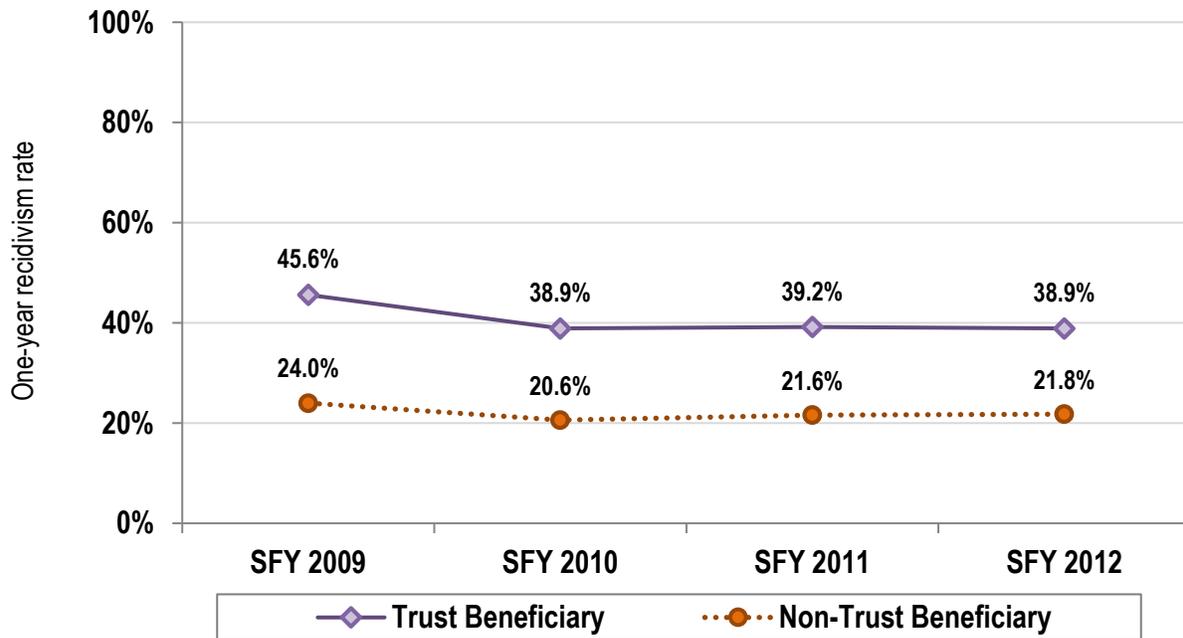
⁷⁰ Alaska Mental Health Trust Authority. Disability Justice/Criminal Justice Reform. <https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/what-we-do/disability-justice-criminal-justice-reform/>.

⁷¹ 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

16. Criminal Recidivism Rates for Incarcerated Adults with Mental Illness or Mental Disabilities

One-year recidivism rates by Trust Beneficiary status, Alaska, SFY 2009 – SFY 2012



Source: Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska’s Department of Corrections*.⁷²

Summary and Explanation:

- The criminal recidivism rate within the first year of release for Trust beneficiaries averaged 40.7% 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.⁷³

⁷² Available at: <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>.

⁷³ 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>

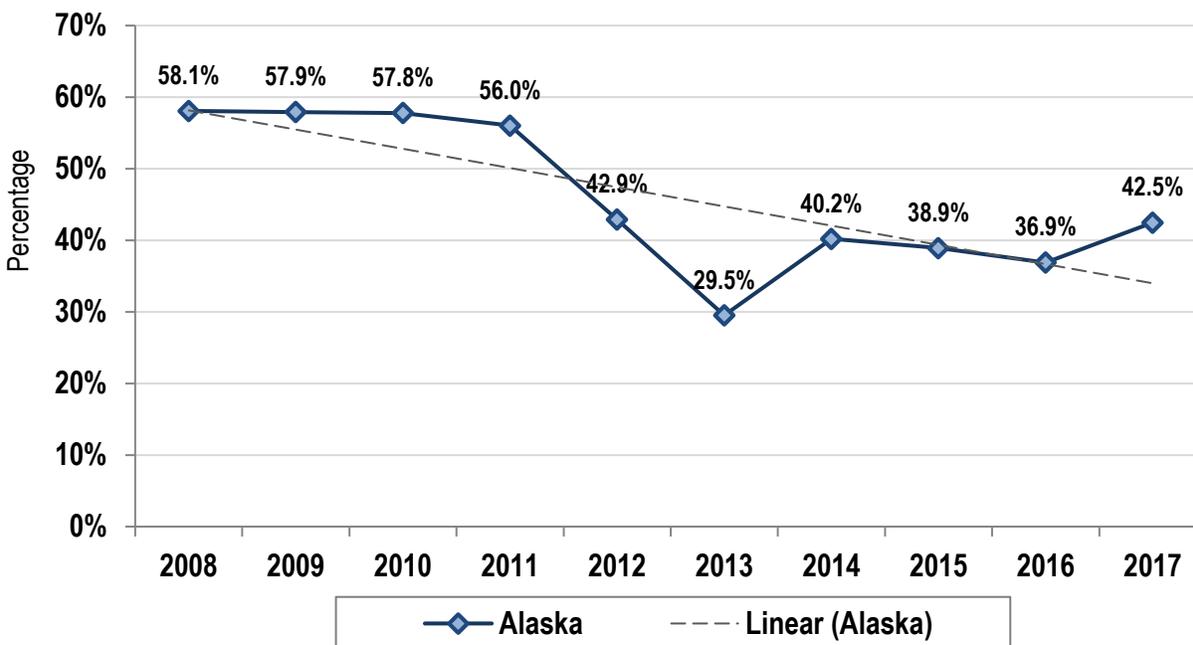
Alaska Judicial Council (2007). *Recidivism in Alaska's Felony Therapeutic Courts*
<http://www.ajc.state.ak.us/reports/recidtherct07.pdf>

Alaska Mental Health Trust, Disability Justice/Criminal Justice Reform
<https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/what-we-do/disability-justice-criminal-justice-reform/>

Safety: Justice

17. Percentage of Arrests Involving Alcohol or Drugs

Percentage of Total Arrests Flagged as Involving Alcohol or Drugs, Alaska, 2008 – 2017



Source: Alaska Public Safety Information Network (APSIN) case data for Alaska Department of Public Safety, Division of Alaska State Troopers and Wildlife Troopers (via e-mail 12-13-2018).

Summary and Explanation:

- The percentage of arrest offenses flagged by State Troopers or Wildlife Troopers as being related to alcohol or drugs was 42.5% in 2017. Due to a change in the records management system, data may not be comparable year-to-year.⁷⁴
- 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).
- 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

⁷⁴ 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.

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/>

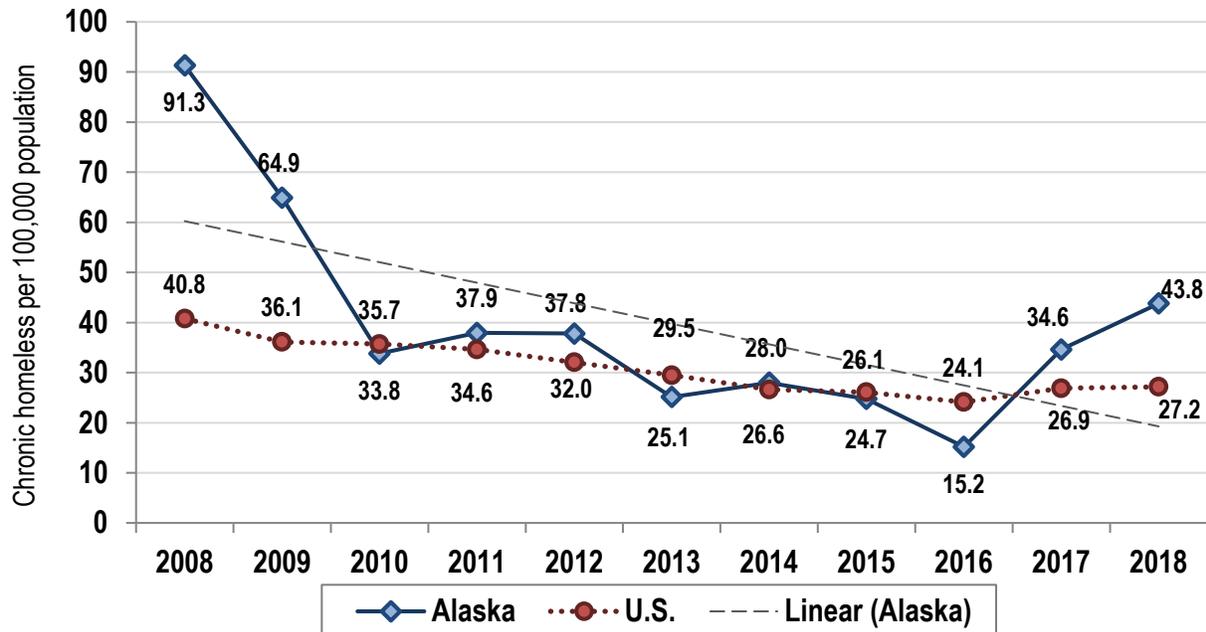
Alaska Department of Public Safety, Division of Alaska State Troopers
<http://www.dps.state.ak.us/AST/>

Alaska Mental Health Trust, Disability Justice/Criminal Justice Reform
<https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/what-we-do/disability-justice-criminal-justice-reform/>

Living with Dignity: Accessible, Affordable Housing

18. Rate of Chronic Homelessness

Rate of Chronic Homelessness, Alaska and U.S., 2008 – 2018



Source: **Alaska and U.S.:** U.S. Department of Housing and Urban Development (2018). The 2018 *Annual Homeless Assessment Report (AHAR) to Congress*. Part 1: Point in Time Estimates of Homelessness in the U.S.⁷⁵; Population estimates for rates: US Census Bureau, Population Division⁷⁶

Summary and Explanation:

- The January 2018 Point-in-Time survey counted 323 chronically homeless individuals in Alaska, both sheltered and unsheltered, for a rate of 43.8 per 100,000 population point-in-time count takes place across the country on a specified day in January each year.⁷⁷
- According to the Alaska Homeless Management Information System, from July 1, 2017 through June 30, 2018 there were 1,865 Alaskan’s classified as chronically homeless. Seventy four percent of these individuals are estimated to be Alaska Mental Health Trust beneficiaries. It is estimated that the estimates of chronically homeless are low, the remoteness of Alaska makes it difficult to obtain a representative number.⁷⁸
- 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.

⁷⁵Available at <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>.

⁷⁶US: Table 1. Monthly Population Estimates for the United States: April 1, 2010 to December 1, 2019 (NA-EST2018-01), Dec 2018; Alaska: Table 1. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2018 (NST-EST2018-01), Dec 2018.

⁷⁷U.S. Department of Housing and Urban Development (2017). The 2018 *Annual Homeless Assessment Report (AHAR) to Congress*. Part 1: Point in Time Estimates of Homelessness in the U.S. Available at <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>

⁷⁸Alaska Homeless Management Information System (HMIS) (via e-mail 11/12/2018)

- 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.⁷⁹
- The 2018 Point-in-Time count identified a total of 2,016 homeless individuals, including 582 people in families with children, and 163 unaccompanied youth in Alaska.⁸⁰

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.⁸¹
- 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.⁸²

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)(l).

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>

⁷⁹ Alaska Housing Finance Corporation (via e-mail correspondence with K. Duncan, 11/28/2008).

⁸⁰ U.S. Department of Housing and Urban Development (2017). *The 2018 Annual Homeless Assessment Report (AHAR) to Congress*. Part 1: Point in Time Estimates of Homelessness in the U.S. Available at <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>

⁸¹ Substance Abuse and Mental Health Services Administration (SAMHSA) (2011). *Homelessness and Housing: Overview*. <https://www.samhsa.gov/homelessness-housing>.

⁸² 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>.

Alaska Coalition on Housing and Homelessness

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

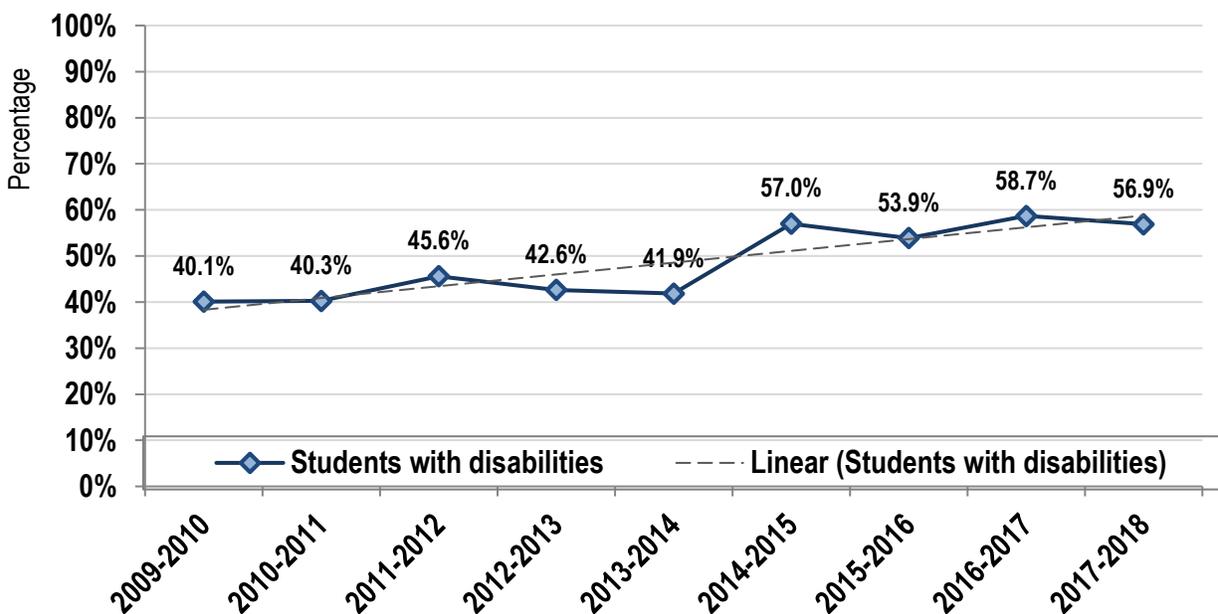
Anchorage Coalition to End Homelessness

<http://anchoragehomeless.org/>

Living with Dignity: Educational Goals

19. High School Graduation Rates

High school graduation rate for students with disabilities, Alaska, 2009-2010 through 2017-2018



Source: Alaska Department of Education and Early Development (via e-mail 12/3/2018)⁸³

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

Summary and Explanation:

- The 2016-2017 high school cohort graduation rate for Alaska students with disabilities was 56.9%.
- “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.
 - Beginning with the 2010-2011 academic year, the department has published “cohort” graduation rates, which are calculated by dividing the number of

⁸³ See <https://education.alaska.gov/ReportCard>

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/>

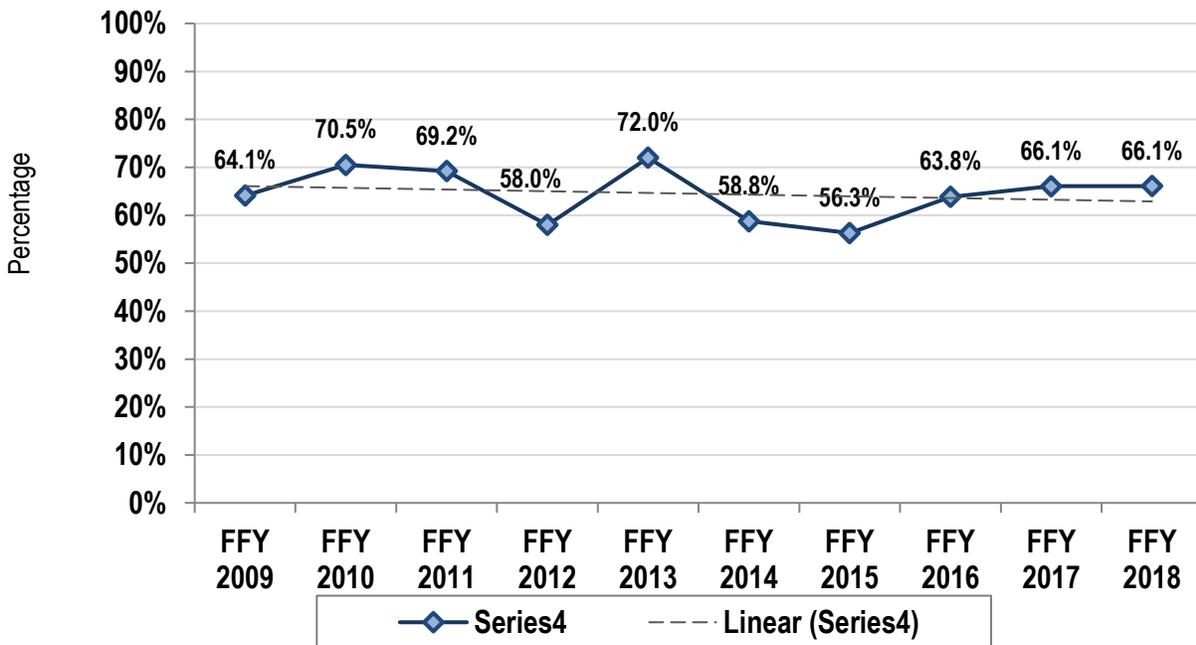
Alaska Department of Education and Early Development. *Special Education Handbook*
https://education.alaska.gov/tls/sped/pdf/Handbook/AK_SPED_Handbook.pdf

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

20. 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 – FFY2018



Source: Alaska Department of Education and Early Development. *FFY 2018 Part B State Performance Plan and Annual Performance Report*. Indicator 14: Post-School Outcomes (2018).⁸⁴

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 2016, 66.1% 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).

⁸⁴ Available at: <https://osep.grads360.org/#report/apr/publicView>

- 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 Center
<https://education.alaska.gov/data-center>

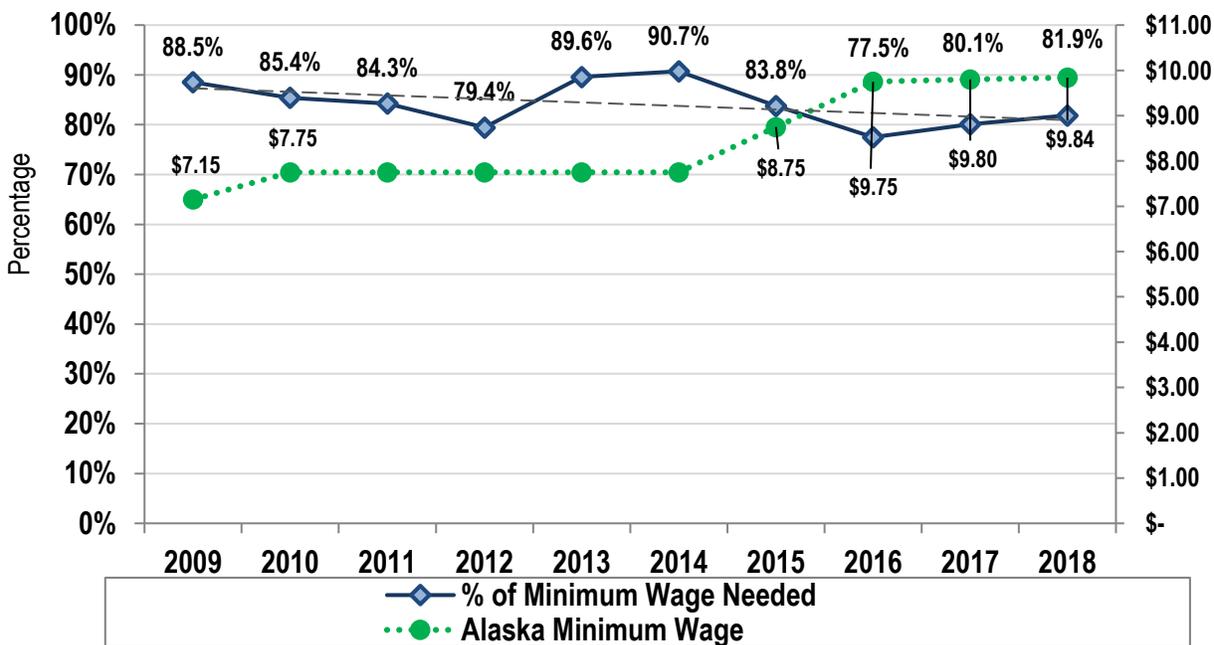
Alaska Department of Education and Early Development. *Special Education Handbook*
https://education.alaska.gov/tls/sped/pdf/Handbook/AK_SPED_Handbook.pdf

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

Economic Security

21. Percentage of Income Spent on Housing if Earning Minimum Wage

Percentage of income spent on housing if earning minimum wage in Alaska, 2009 - 2018



Source: **Housing data:** National Low Income Housing Coalition (2018). *Out of Reach*.⁸⁵
Wage data: Alaska Department of Labor and Workforce Development.⁸⁶

Summary and Explanation:

- The proportion of full-time minimum wage income needed to afford housing in Alaska remained high between 2009 and 2018. 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.⁸⁷
- The current Fair Market Rent (FMR) for a two-bedroom apartment in Alaska is \$1,289. 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.⁸⁸

⁸⁵ Available at <http://nlihc.org/oor/>.

⁸⁶ Available at <http://labor.alaska.gov/lss/whact.htm>.

⁸⁷ National Low Income Housing Coalition. (2018). *Out of Reach*. Available at <http://nlihc.org/oor/>.

⁸⁸ *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 \$24.80, assuming a 40-hour work week, 52 weeks per year. Alaska ranks 10th most expensive among the states for housing by this measure.⁸⁹
- In 2018, an Alaskan earning minimum wage (\$9.84 per hour) would need to work 101 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.⁹⁰
- 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.⁹¹

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. Housing and Long-Term Services and Supports
<https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/what-we-do/housing-and-long-term-services-and-supports/>

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>

⁸⁹ National Low Income Housing Coalition. (2018). *Out of Reach*. Available at <http://nlihc.org/oor/>.

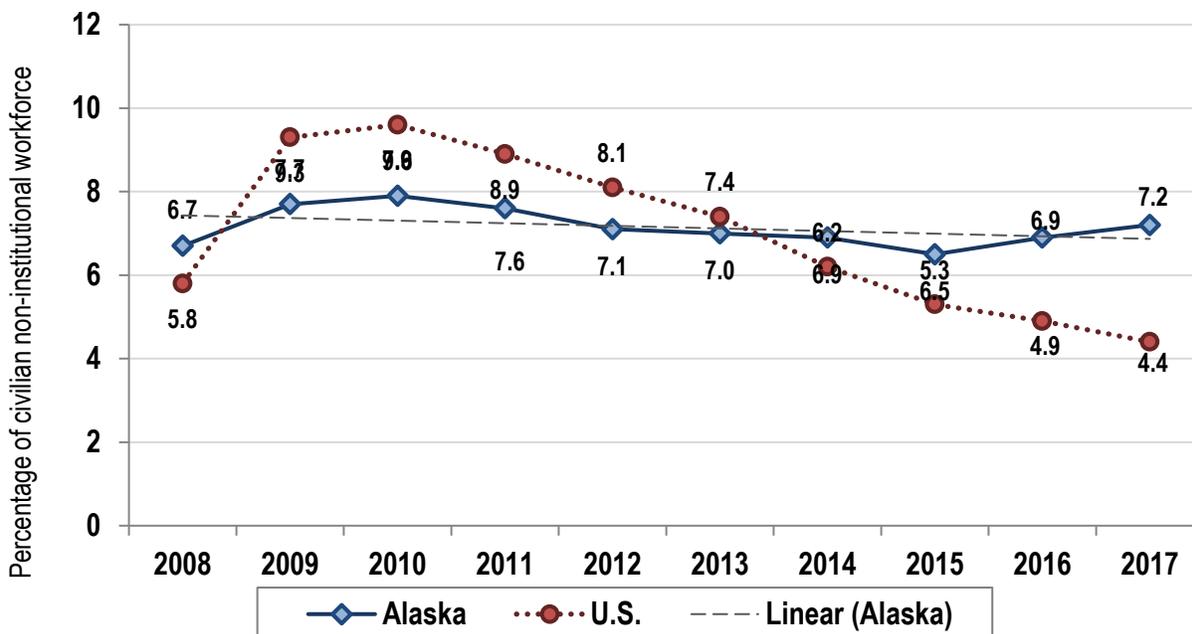
⁹⁰ Ibid.

⁹¹ Alaska Department of Labor and Workforce Development, Division of Labor Standards and Safety.
<http://labor.state.ak.us/lss/whhome.htm>.

Economic Security

22. Unemployment Rate

Average annual unemployment rate, Alaska and U.S., 2008 – 2017



Source: Alaska: Alaska Department of Labor and Workforce Development (2017). *Annual Unemployment Rates for Alaska and U.S. 2010 to 2018*.⁹²

U.S.: U.S. Department of Labor (2017). *Labor Force Statistics from the Current Population Survey*.⁹³

Summary and Explanation:

- In 2017, Alaska's annual average unemployment rate was 7.2%, which was 64% higher than the U.S. rate of 4.4%.
- 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.⁹⁴
- Data presented in these charts are not seasonally adjusted. Seasonally adjusted unemployment rates tend to be slightly higher.⁹⁵

⁹² Available at <http://live.laborstats.alaska.gov/labforce/labdata.cfm?s=2&a=0>.

⁹³ Available at <http://www.bls.gov/cps/>.

⁹⁴ U.S. Department of Labor. *Labor Force Statistics from the Current Population Survey*. Available at <http://www.bls.gov/cps/lfcharacteristics.htm>.

⁹⁵ Alaska Department of Labor and Workforce Analysis. *Seasonal adjustment and how it works*. Available at <http://live.laborstats.alaska.gov/labforce/seasonal.cfm>.

Statutory Information:

- The average annual unemployment rate is a key indicator because it reflects underlying economic conditions that might disproportionately affect Trust beneficiaries and their opportunities for work, decent housing, and adequate health care.
- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority, and partner organizations work cooperatively to plan, budget, and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).

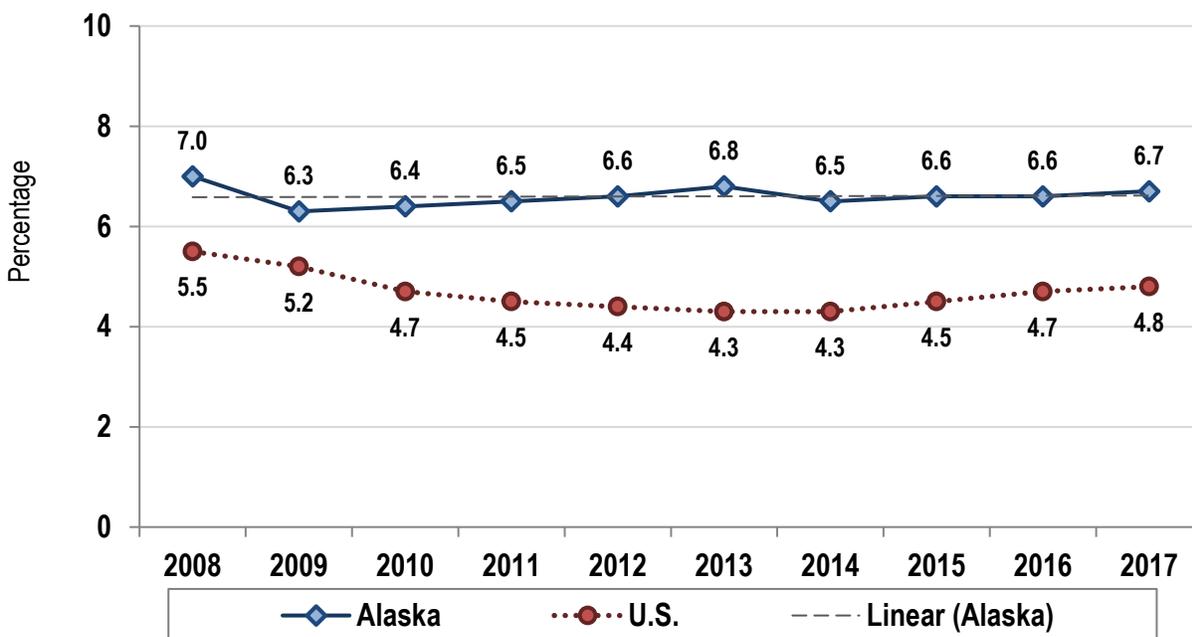
Additional Resources:

Alaska Department of Labor and Workforce Development
<http://labor.alaska.gov/>

Economic Security

23. Percentage of Blind or Disabled Adult SSI Recipients who are Working

Percentage of blind or disabled Adult Supplemental Security Income (SSI) recipients who are working, Alaska and U.S., 2008 – 2017



Source: U.S. Social Security Administration, Office of Retirement and Disability Policy. *SSI Annual Statistics Report, 2017*. Table 41: Blind and disabled recipients who work, by state or other area, September 2018.⁹⁶

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 2017, the Alaska rate was 6.7% and the national average was 4.8%.
- 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.⁹⁷

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

⁹⁶ Available at: https://www.ssa.gov/policy/docs/statcomps/ssi_asr/

⁹⁷ 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.⁹⁸

- 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.⁹⁹

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. Beneficiary Employment and Engagement

<https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/what-we-do/beneficiary-employment-and-engagement/>

⁹⁸ 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>.

⁹⁹ Ibid.

Prevalence Estimates

Mental Illness: Adults and Children

Serious Mental Illness (Adults)

Alaska population aged 18 and over (2017 estimate)	Percentage with Serious Mental Illness (SMI)	Estimate of Alaskans with SMI
548,373	5.0%	27,528

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) (2018). *2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 27.¹⁰⁰

Population data: Alaska Department of Labor and Workforce Development.¹⁰¹

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.¹⁰²
- 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 (2017 estimate)	Percentage with any mental illness in past year	Estimate of Alaskans with any mental illness in past year
548,373	20.3%	111,429

Source Substance Abuse and Mental Health Services Administration (SAMHSA) (2018). *2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 27.¹⁰³

Population data: Alaska Department of Labor and Workforce Development.¹⁰⁴

¹⁰⁰ Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

¹⁰¹ Available at: <http://live.laborstats.alaska.gov/pop/index.cfm>

¹⁰² Substance Abuse and Mental Health Services Administration (SAMHSA) (2018). *2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 27. Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

¹⁰³ Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

¹⁰⁴ Available at: <http://live.laborstats.alaska.gov/pop/index.cfm>

Summary and Explanation:

- According to SAMHSA's 2016-2017 National Survey on Drug Use and Health (NSDUH), an estimated 46.9 million Americans ages 18 and up (18.6% of the population) experienced some form of mental illness.^{105,106}
- 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.¹⁰⁷
- 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.¹⁰⁸
- 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.¹⁰⁹

Serious Emotional Disturbance (ages 9 to 17)

Alaska population aged 9 – 17 years (2017 estimate)	Percentage with Serious Emotional Disturbance (SED)	Estimate of Alaskans with SED
93,012	6.0%	5,581

Source: Alaska Behavioral Health System Assessment (2016 Update). Estimate based on methodology by Costello et al., recommended by the Center for Mental Health Services for state and regional estimates.¹¹⁰ Population data: Alaska Department of Labor and Workforce Development.¹¹¹

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.¹¹²

¹⁰⁵ US Census Bureau, Population Division. Estimates of the Total Resident Population and Resident Population Age 18 Years and Older for the United States, States, and Puerto Rico: July 1, 2017 (SCPRC-EST2017-18+POP-RES). December 2017. Available at: <https://www.census.gov/data/datasets/2017/demo/popest/nation-detail.html>.

¹⁰⁶ Substance Abuse and Mental Health Services Administration (SAMHSA) (2018). *2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 27. Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

¹⁰⁷ Substance Abuse and Mental Health Services Administration (SAMHSA), Mental Disorders. See: <https://www.samhsa.gov/disorders/mental>.

¹⁰⁸ Ibid.

¹⁰⁹ Ibid.

¹¹⁰ Available at: http://mhtrust.org/mhtawp/wp-content/uploads/2015/11/BH-Systems-Assessment-Report_Updated-1.22.2016_email.pdf

¹¹¹ Available at: <http://live.laborstats.alaska.gov/pop/index.cfm>

¹¹² Substance Abuse and Mental Health Services Administration (SAMHSA), Mental and Substance Use Disorders. See: <http://www.samhsa.gov/disorders>

- 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.¹¹³

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority, and partner organizations work cooperatively to plan, budget, and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- Beneficiaries of the Trust include the following broad groups: Alaskans with mental illness, developmental disabilities, chronic alcoholism and other substance related disorders, Alzheimer's disease and related dementia, and traumatic brain injuries. The Trust also works in prevention and early intervention services for individuals at risk of becoming beneficiaries. The Trust considers prevention of these conditions, where possible, to be part of its mandate.¹¹⁴

Further Resources:

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>

¹¹³ Ibid.

¹¹⁴ Alaska Mental Health Trust Authority. FAQs. <https://alaskamentalhealthtrust.org/about/faq/>.

Prevalence Estimates

Alzheimer's Disease

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

Alaska population aged 65+ (2017 estimate)	Percentage with Alzheimer's disease	Estimate of Alaskans aged 65+ with Alzheimer's Disease
82,686	9.1%	7,500

Source: Alzheimer's Association. *2018 Alzheimer's Disease Facts and Figures*.¹¹⁵, and Alaska Commission on Aging.¹¹⁶

Population data: Alaska Department of Labor and Workforce Development.¹¹⁷

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.¹¹⁸
- An estimated 9.1% 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 65.¹¹⁹
- 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 30-64.¹²⁰
- 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.¹²¹

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

¹¹⁵ Available at: <https://www.alz.org/media/HomeOffice/Facts%20and%20Figures/facts-and-figures.pdf>

¹¹⁶ Alaska Commission on Aging. See: <http://dhss.alaska.gov/acoa>.

¹¹⁷ Available at Available at: <http://live.laborstats.alaska.gov/pop/index.cfm>

¹¹⁸ Centers for Disease Control and Prevention. *What is Alzheimer's Disease?* <http://www.cdc.gov/aging/aginginfo/alzheimers.htm>.

¹¹⁹ 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>.

¹²⁰ Ibid.

¹²¹ 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.¹²²

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/>

¹²² Alaska Mental Health Trust Authority. FAQs. <https://alaskamentalhealthtrust.org/about/faq/>.

Prevalence Estimates

Traumatic Brain Injury

Traumatic brain injury (all ages)

Alaska population (2017 estimate)	Percentage with Traumatic Brain Injury	Estimate of Alaskans living with a Traumatic Brain Injury
737,080	1.6%	11,793

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.¹²³

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.¹²⁴
- 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.¹²⁵
- 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).¹²⁶
- Since the assessment published out by the Alaska Traumatic Brain Injury Network, methodologies have been updated in assessing the number of individuals who have experienced traumatic brain injury. It is expected that the estimated number of Alaskan’s with traumatic brain injuries will be significantly higher using these new methodologies.¹²⁷

Statutory Information:

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- 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.

¹²³ Available at <http://live.laborstats.alaska.gov/pop/index.cfm>

¹²⁴ Centers for Disease Control and Prevention. TBI: Get the Facts. Available at: http://www.cdc.gov/traumaticbraininjury/get_the_facts.html.

¹²⁵ Ibid.

¹²⁶ 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.

¹²⁷ Prevalence of Traumatic Brain Injury in the General Adult Population: A Meta-Analysis (2016) Neuroepidemiology. DOI: 10.1159/000343275

Further Resources:

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

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

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

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

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

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

Alaska Brain Injury Network

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

Prevalence Estimates

Developmental Disabilities

Developmental disabilities (all ages)

Alaska population (2017 estimate)	Percentage with developmental disabilities	Estimate of Alaskans living with a developmental disability
737,080	1.6%	11,646

Source: Larson, S.A., Lakin, K.C., Anderson, L., Kwak, N., Lee, J., & Anderson, D. (2001). Prevalence of mental retardation and developmental disabilities: Estimates from the 1994/1995 National Health Interview Survey Disability Supplements. *American Journal on Mental Retardation*, 106(3), 231-252.
Population data: Alaska Department of Labor and Workforce Development.¹²⁸

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.¹²⁹
- 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.¹³⁰

Statutory Information:

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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>

¹²⁸ Available at <http://live.laborstats.alaska.gov/pop/index.cfm>.

¹²⁹ Administration for Community Living (ACL). *The Developmental Disabilities Assistance and Bill of Rights Act of 2000*. Available at <https://acl.gov/about-acl/authorizing-statutes/developmental-disabilities-assistance-and-bill-rights-act-2000>.

¹³⁰ Ibid.

¹³¹ Alaska Mental Health Trust Authority. FAQs. <https://alaskamentalhealthtrust.org/about/faq/>

Prevalence Estimates

Alcohol Abuse and Dependence

Percentage abusing or dependent on alcohol (Alcohol Use Disorder): Youth (aged 12-17) and Adults (aged 18+)

	Alaska population (2017 estimate)	Percentage with alcohol use disorder	Estimate of Alaskans with alcohol use disorder
Ages 12 to 17	60,680	2.2%	1,341
Ages 18+	548,373	7.1%	38,715

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) (2018). *2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 22.¹³²
Population data: Alaska Department of Labor and Workforce Development.¹³³

Summary and Explanation:

- In the National Survey on Drug Use and Health, Alcohol Use Disorder is defined as meeting criteria for alcohol dependence or abuse as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).¹³⁴
- Abuse criteria include finding that drinking is interfering with taking care of home or family, having legal problems because of drinking, and continuing to drink even though it was causing trouble with family or friends. Dependence criteria include having withdrawal symptoms when the effects of alcohol are wearing off, wanting to cut down or stop drinking and not being able to, and finding you need to drink more to get the effect you want.¹³⁵
- The DSM-V has updated these criteria into a single list with mild to severe levels of Alcohol Use Disorder depending on the number of criteria met.¹³⁶

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

¹³² Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

¹³³ Available at: <http://live.laborstats.alaska.gov/pop/index.cfm>

¹³⁴ Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

¹³⁵ National Institute on Alcohol Abuse and Alcoholism (NIAAA) Alcohol Use Disorder: A comparison between DSM-IV and DSM-V. Available at: <https://pubs.niaaa.nih.gov/publications/dsmfactsheet/dsmfact.pdf>.

¹³⁶ Ibid.

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 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>

Prevalence Estimates

Illicit Drug Abuse and Dependence

Percentage abusing or dependent on illicit drugs (Illicit Drug Use Disorder): Youth (aged 12-17) and Adults (aged 18+)

	Alaska population (2017 estimate)	Percentage with Illicit Drug Use Disorder	Estimate of Alaskans with Illicit Drug Use Disorder
Ages 12 to 17	60,680	4.6%	2,761
Ages 18+	548,373	3.6%	19,741

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) (2018). *2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 20.¹³⁷

Population data: Alaska Department of Labor and Workforce Development.¹³⁸

Summary and Explanation:

- On the National Survey of Drug Use and Health, Illicit Drug Use Disorder is defined as abuse of or dependence on illicit drugs as defined by the DSM-IV. Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutic drugs that were misused.¹³⁹
- Abuse and dependence criteria in the DSM-IV mirror those for Alcohol Use Disorder. The DSM-V has updated these criteria into a single list with mild to severe levels Illicit Drug Use Disorder depending on the number of criteria met.¹⁴⁰
- According to SAMHSA's 2016-2017 National Survey on Drug Use and Health (NSDUH), an estimated 7.8 million Americans ages 12 and up (2.8% of the 12 and older population) had an illicit drug use disorder in the past year.^{141,142}

Statutory Information:

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¹³⁷ Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

¹³⁸ Available at: <http://live.laborstats.alaska.gov/pop/index.cfm>

¹³⁹ Substance Abuse and Mental Health Services Administration (SAMHSA) (2018). *2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 20. Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

¹⁴⁰ Substance Abuse and Mental Health Services Administration (SAMHSA) (2016). *Impact of the DSM-IV to DSM-V changes on the National Survey of Drug Use and Health*. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DSM5ImpactAdultMI-2016.pdf>

¹⁴¹ Substance Abuse and Mental Health Services Administration (SAMHSA) (2018). *2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*, Table 20. Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

¹⁴² U.S. Census Bureau, Population Division. Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States: April 1, 2010 to July 1, 2017. June 2018.

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