



Alaska Scorecard

Key Issues Impacting Alaska Mental Health Trust Beneficiaries



✓ Satisfactory

↔ Uncertain

✗ Needs Improvement

Key Population Indicators for Alaska	Most Current U.S. Data	Previous Year's Alaska Data	Most Current Alaska Data	2012 Alaska Target	Status
Health					
Suicide					
1 Suicide (rate per 100,000)	12.0	23.4	20.0	18.0	✗
2 Non-fatal suicide attempts (rate per 100,000)	72.8	103.2	91.9	95.0	✗
Substance Abuse					
3 Alcohol-induced deaths (per 100,000)	7.6	25.9	29.3	17.0	✗
4 Adults who engage in heavy drinking	6.6%	6.1%	7.3%	5.2%	↔
5 Adults who engage in binge drinking	18.3%	21.8%	20.2%	18.0%	↔
6 Illicit drug users (age 12 and older)	8.9%	12.9%	13.5%	10.0%	✗
Mental Health					
7 Days of poor mental health in past month (adults)	3.5	3.2	3.2	3.0	✓
8 Teens who experienced depression during past year	28.5%	25.2%	25.9%	22.5%	✗
Access					
9 Population without health insurance	16.7%	18.0%	18.2%	14.6%	✗
Safety					
Protection					
10 Children abused and neglected (rate per 1,000)	9.1	15.3	14.1	12.3	✗
11 Substantiated reports of harm to adults (rate per 1,000)	†	1.5	1.2	*	↔
12 Injuries to elders due to falls, hospitalized (rate per 100,000)	1,516	1,020	1,085	1,176	✓
13 Traumatic brain injury, hospitalized non-fatal (rate per 100,000)	†	86.9	82.2	82.0	✓
Justice					
14 Percent of incarcerated adults with mental illness or mental disabilities	38.7%	42.0%	no new data	40.0%	✗
15 Criminal recidivism rates for incarcerated adults with mental illness or mental disabilities	†	36.2%	no new data	34.0%	↔
16 Percent of arrests involving alcohol or substance abuse	†	57.4%	55.2%	*	✗
Living With Dignity					
Accessible, Affordable Housing					
17 Chronic homelessness (rate per 100,000)	32.1	37.9	37.8	63.5	↔
Educational Goals					
18 High school graduation rate	†	68.0%	69.6%	*	✓
19 Percent of youth who received special education who are employed or enrolled in post-secondary education one year after leaving school	†	70.5%	69.2%	71.4%	↔
Economic Security					
20 Percent of minimum wage income needed to afford average housing	†	84.3%	79.4%	30.0%	✗
21 Average annual unemployment rate	8.9%	7.6%	7.9%	*	✓
22 Percent of SSI recipients who are blind or disabled and are working	4.5%	6.4%	6.5%	8.0%	✓

Prevalence Estimates: Alaska Mental Health Trust Beneficiaries

Alaska Mental Health Trust Beneficiary Population	Number	Population Rate
Serious Mental Illness (ages 18+)	21,754	4.6%
Serious Emotional Disturbance (ages 0 to 17)	12,725	7.2%
Alzheimer's Disease and Related Disorders (ages 55+)	7,785	5.5%
Traumatic brain injury (all ages)	11,900	1.8%
Developmental disabilities (all ages)	12,784	1.8%
Dependent on alcohol (ages 12 to 17)	1,000	1.6%
Dependent on alcohol (ages 18+)	20,000	3.9%

December 2012

* No target set for this indicator

† No comparable U.S. data available

Health: Suicide

1. **Suicide rate per 100,000** (2011).¹
2. **Non-fatal suicide attempts per 100,000.** Non-fatal suicide attempts requiring hospitalization for at least 24 hours (2010).²

Health: Substance Abuse

3. **Alcohol-induced deaths per 100,000.** Includes fatalities from alcoholic psychoses, alcohol dependence syndrome, non-dependent abuse of alcohol, alcohol-induced chronic liver disease and cirrhosis, and alcohol poisoning (2011).¹
4. **Adults who engage in heavy drinking.** Percentage of adults who reported heavy drinking in past 30 days; defined as two or more drinks daily for men and one or more daily for women (2011).³
5. **Adults who engage in binge drinking.** Percentage of adults who reported drinking five or more drinks on one occasion in past 30 days (2011).³
6. **Illicit drug users.** Percentage of population age 12 and older who report using illicit drugs, including marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically. Alaska rate adjusted per DOLWD population estimates (2010).⁴

Health: Mental Health

7. **Days of poor mental health in past month (adults).** Mean number of days during the previous 30 days for which respondents aged 18 years or older report that their mental health (including stress, depression, and problems with emotions) was not good (2011).³
8. **Teens who experienced depression during 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 past 12 months (2011).⁵

Health: Access

9. **Population without health insurance.** Percent of population without health insurance for the entire year (2011).⁶

Safety: Protection

10. **Children abused and neglected, rate per 1,000.** Child victims aged 0-17, unique counts (2011).⁷
11. **Substantiated reports of harm to adults, rate per 1,000.** (2012).⁸
12. **Injuries to elders due to falls, rate per 100,000.** Non-fatal injuries, ages 65+, hospitalized 24 hours or more (2011).²
13. **Rate of non-fatal traumatic brain injury per 100,000.** Hospitalized 24 hours or more (2011).²

Safety: Justice

14. **Percent of incarcerated adults with mental illness or mental disabilities** (2006).⁹

15. **Statewide criminal recidivism rates for incarcerated adults with mental illness or mental disabilities.** Rate of re-entry into ADOC for a new crime occurring within one year of initial date of discharge (2007).⁹
16. **Percent of arrests involving alcohol or substance abuse.** Arrest offenses with Division of AK State Troopers or Wildlife Troopers that were flagged as being related to alcohol and/or drugs (2011).¹⁰

Living With Dignity: Housing

17. **Rate of chronic homelessness per 100,000 population.** A person with a disabling condition who has been continuously homeless for a year or more or who has had at least four episodes of homelessness in the past three years is considered chronically homeless (2012).¹¹

Living With Dignity: Education

18. **High school graduation rate.** Statewide cohort graduation rate (2011-2012).¹²
19. **Percent of youth who received special education who are employed and/or enrolled in post-secondary education one year after leaving school** (2011).¹³

Economic Security

20. **Percent of minimum wage income needed for average two-bedroom housing in Alaska.** Affordable housing is defined as not more than 30% of one's gross income (2012).¹⁴
21. **Average annual unemployment rate.** Rate represents the number unemployed as a percent of the labor force (2011).¹⁵
22. **Percent of SSI recipients with blindness or disabilities who are working** (2011).¹⁶

Data Sources

1. Alaska Department of Health and Social Services, Division of Public Health, [Bureau of Vital Statistics](#).
2. Alaska Department of Health and Social Services, Division of Public Health, [Alaska Trauma Registry](#); U.S. Centers for Disease Control and Prevention (CDC), Injury Prevention & Control, [Data & Statistics](#).
3. 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).
4. Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, [National Survey on Drug Use and Health](#).
5. 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](#).
6. U.S. Census Bureau and Bureau of Labor Statistics, Current Population Survey, [Health Insurance Coverage Status](#).
7. Alaska Department of Health and Social Services, Office of Children's Services; [Statistical Information](#). U.S. Department of Health and Human Services,

Administration on Children, Youth and Families, Children's Bureau, [Child Maltreatment 2011](#).

8. Alaska Department of Health and Social Services, Senior and Disabilities Services, [Adult Protective Services](#).
9. Hornby Zeller Associates, Inc. (December, 2007), [A Study of Trust Beneficiaries in the Alaska Department of Corrections](#).
10. Alaska Public Safety Information Network (APSIN) case data for [Alaska Department of Public Safety](#), Division of Alaska State Troopers and Wildlife Troopers.
11. HUD Continuum of Care Homeless Assistance Programs, [2012 HUD Annual Homeless Assessment Report](#).
12. Alaska Department of Education & Early Development, Statistics & Reports. [Report Card to the Public](#).
13. [Governor's Council on Disabilities & Special Education](#); Alaska Department of Education & Early Development, [FFY 2010 Annual Performance Report](#).
14. National Low Income Housing Coalition (2012). [Out of Reach 2012](#).
15. Alaska Department of Labor & Workforce Development, Research and Analysis, [Labor Force Data](#); U.S. Department of Labor, Bureau of Labor Statistics, [Labor Force Statistics from the Current Population Survey](#).
16. U.S. Social Security Administration, Office of Retirement and Disability Policy, [SSI Annual Statistical Report, 2011](#). Table 41, [Recipients Who Work](#).

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

Prevalence Data – Sources

Mental Illness (SMI and SED). WICHE Mental Health Program and Holzer, Charles (2008). [2006 Behavioral Health Prevalence Estimates in Alaska: Serious Behavioral Health Disorders in Households](#).

Alzheimer's Disease. Alaska Commission on Aging (via e-mail 10/20/11).

Traumatic Brain Injury. 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 AK Brain Injury Network (via e-mail 12/16/11).

Developmental Disabilities. Gollay, E. (1981). [Summary Report on the Implications of Modifying the Definition of a Developmental Disability](#). U.S. Department of Health, Education and Welfare; and GCDSE (via e-mail 10/21/11).

Alcohol dependence. U.S. DHHS, SAMHSA, [State Estimates of Substance Use and Mental Health from the 2009 National Surveys on Drug Use & Health](#).

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 is compared to U.S. data to see if it is more than 15% higher or lower. Then, the year-to-year Alaska data is examined to see if it shows a clear trend or if it varies so much that a clear trend cannot be determined.

Between 2011 and 2012 the status of most indicators remained the same; one improved and one got worse (see below).

What if a target is met?

The 2012 targets were set in 2008 by leaders of Department of Health and Social Services, the Trust, and the related partner boards and commission. All targets will remain the same while we make sure that the data one year is not an “aberration” and that we stay on track with meeting the target for more than one year. Three of the indicators on the 2012 Scorecard reached the targets set in 2008 (#2 Non-fatal suicide attempts, #12 Injuries to elders due to falls, and #17 Chronic homelessness).

Status information by Scorecard indicator

- Suicide rate per 100,000.** The 2011 Alaska rate is 67% higher than the U.S. rate, and the Alaska rate has varied too much year-to-year to show a clear trend. The resulting status is “needs improvement.” This is the same as last year’s Scorecard status.
- Non-fatal suicide attempts.** The 2010 Alaska rate is 30% higher than the U.S. rate, and the Alaska data vary too much year-to-year to show a clear trend. The status is “needs improvement,” although the most recent data dipped below the target set in 2008. This is the same as last year’s Scorecard status.
- Alcohol-induced deaths.** The 2011 Alaska rate is 286% higher than the U.S. rate, and the Alaska trend shows some evidence of increasing, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
- Heavy drinking (adults).** The 2011 Alaska rate is 11% higher 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.
- Binge drinking (adults).** The 2011 Alaska rate is 10% 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 users.** The 2010 Alaska rate is 52% higher than the U.S. rate, and the yearly Alaska data show no clear trend, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
- Days of poor mental health.** The 2010 Alaska rate is 7% lower than the U.S. rate, and the Alaska data show no clear trend, so the status is “satisfactory.” This is the same as last year’s Scorecard status.

8. **Teens that experienced depression.** Although the 2011 Alaska rate is 9% below the U.S. rate, the Executive Committee* finds it unacceptable that over 25% of Alaska teens experience depression, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
9. **Population without health insurance.** The 2011 Alaska rate is 16% higher than the U.S. rate, and the Alaska data show no clear trend, so the status is “needs improvement.” **This is worse than last year’s Scorecard status.**
10. **Children abused and neglected.** The 2011 Alaska rate is 55% above the U.S. rate, and the Alaska data vary too much year-to-year to show a clear trend, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
11. **Substantiated reports of harm to adults (rate per 1,000).** There is not enough information to identify a trend in Alaska data and no comparable U.S. data; the status is “uncertain.” This is the same as last year’s Scorecard status.
12. **Injuries to elders due to falls.** The 2011 Alaska rate is 28% below the U.S. rate; the status is “satisfactory.” This is the same as last year’s Scorecard status.
13. **Non-fatal traumatic brain injury.** Although there are no U.S. data for comparison, the Alaska rate appears to have improved in the past decade. The status is “satisfactory.” **This is an improvement over last year’s Scorecard status.**
14. **Incarcerated adults with mental illness or mental disabilities.** There are not enough Alaska data to identify a trend, and there are no comparable U.S. data. However, the Executive Committee finds the very high Alaska percentage unacceptable, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
15. **Criminal recidivism for incarcerated adults with mental illness or mental disabilities.** There are not enough Alaska data to identify a trend; there are no comparable U.S. data. The status is “uncertain.” This is the same as last year’s Scorecard status.
16. **Arrests involving alcohol or drugs.** The Alaska data show no clear trend and there are no U.S. data for comparison. The status is “needs improvement.” This is the same as last year’s Scorecard status. There is no target included because the data comes from an agency outside DHSS (Department of Public Safety).
17. **Chronic homelessness.** The 2012 Alaska rate is 18% higher than the U.S. rate, and the Alaska data varies too much year-to-year to show a clear trend, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
18. **High school graduation rates.** The 2012 Alaska rate shows an improving trend; however, the Executive Committee has been concerned about this low percentage. The status is “satisfactory,” this is the same as last year’s Scorecard status.
19. **Percent of youth who received special education and are employed and/or enrolled in post-secondary education.** There is not enough information to identify a trend in Alaska data and no comparable U.S. data; the status is “uncertain.” This is the same as last year’s Scorecard status.
20. **Percent of Minimum Wage needed for Average Housing.** The Executive Committee finds the percentage of income spent on housing in Alaska unacceptably high, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
21. **Average annual unemployment.** The 2011 Alaska rate was 15% below the U.S. rate; the resulting status is “satisfactory.” This is the same as last year’s Scorecard status.
22. **Percent of SSI recipients who are blind or disabled and are working.** The 2011 Alaska rate is 44% higher than the U.S. rate; the status is “satisfactory.” This is the same as last year’s Scorecard status.

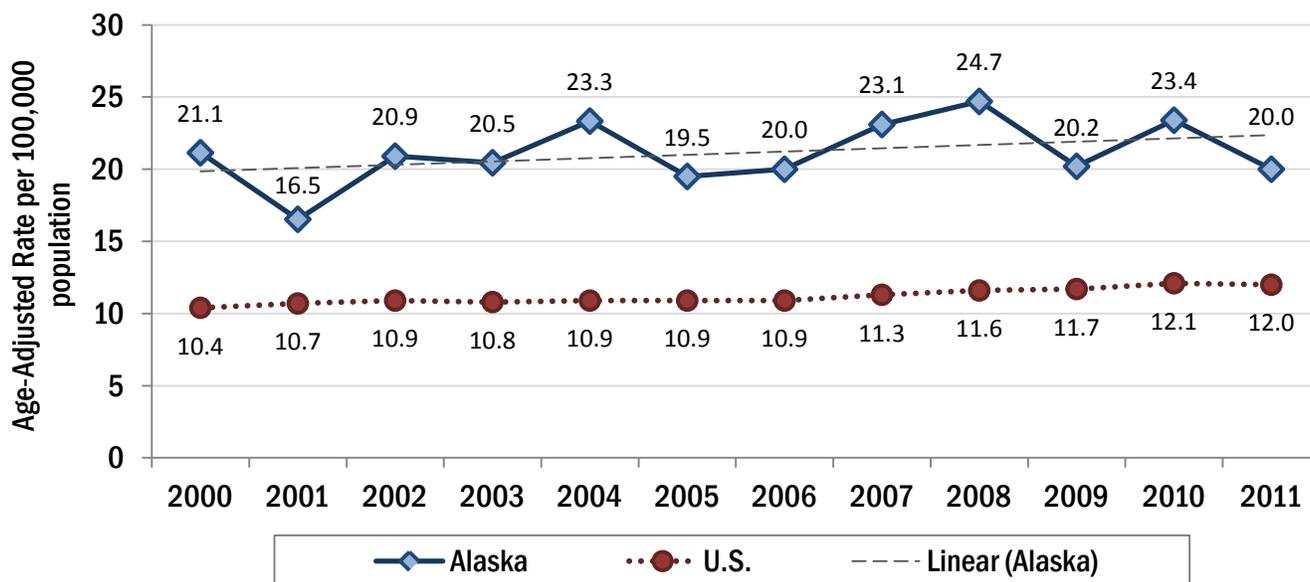
For further information and data, refer to the Drilldown section of the scorecard at
<http://dhss.alaska.gov/dph/HealthPlanning/Documents/scorecard/assets/scorecard.pdf>

* The Comprehensive Integrated Mental Health Plan Executive Committee has consisted of the DHSS Commissioner or designee; the Trust Chief Operating Officer (designated by the Trust Chair); and the Executive Director of ABADA/AMHB (representing the related partner boards and commission).

Health: Suicide

1. Suicide Rate

Suicide Rate, Alaska and U.S., 2000 – 2011



Source: Alaska: Alaska Department of Health and Social Services, Bureau of Vital Statistics (via e-mail 12/12/2012); U.S.: Centers for Disease Control and Prevention (2012). *National Vital Statistics Report*, Vol. 61, No. 6, Table B.¹

Summary and Explanation:

- Alaska's suicide rate dropped between 2010 and 2011; however, the general trend over the past decade has been steady.
- Between 2000 and 2011, the age-adjusted rate of death by suicide in Alaska averaged nearly twice the U.S. rate.
- During the period 2003 – 2008, the suicide rate for Alaska Native people (40.4 per 100,000) was more than twice that of Alaska non-Natives (17.7 per 100,000).²
- Suicide rates during this period were highest for Alaska Native people living in Northwest Arctic (93.1 per 100,000) and Norton Sound (77.2 per 100,000). Rates were significantly higher in non-“hub communities” (60 per 100,000) than in “hub communities” (25.8 per 100,000).²
- According to interviews with families of some of Alaska's suicide victims:
 - More than half of the decedents had a disability or illness that made it difficult for them to take care of normal daily activities.

¹ National rate for 2011 is preliminary. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf.

² Alaska Department of Health and Social Services (July 30, 2012). *Epidemiology Bulletin: Characteristics of Suicide Among Alaska Native and Alaska non-Native People, 2003-2008*. Available at http://www.epi.hss.state.ak.us/bulletins/docs/rr2012_01.pdf.

- Almost two-thirds of decedents were reported to have had current prescriptions for mental health medications at the time of their death but many were not taking the medications as prescribed.
- 43 percent of interviewees said the decedents drank alcohol daily and many indicated binge drinking.³

Statutory Information:

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

Additional Information:

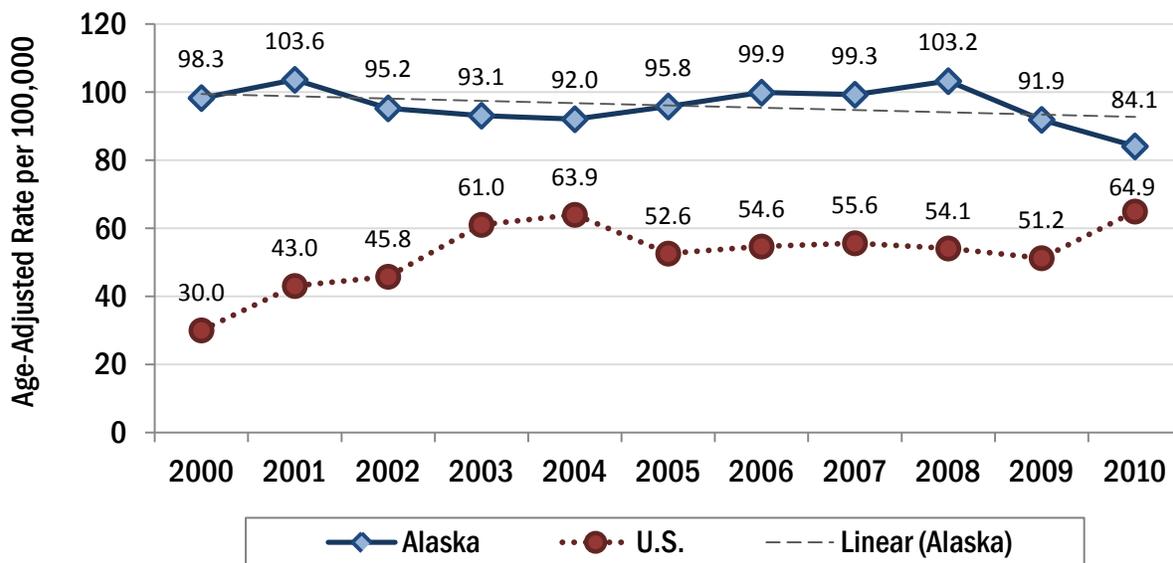
- Alaska Department of Health and Social Services, Division of Behavioral Health.
<http://dhss.alaska.gov/dbh/Pages/default.aspx>
- Alaska Mental Health Board.
<http://dhss.alaska.gov/amhb/Pages/default.aspx>
- Statewide Suicide Prevention Council.
<http://dhss.alaska.gov/suicideprevention/>
- Alaska Center for Health Data & Statistics. *Topic: Suicide*.
<http://dhss.alaska.gov/dph/InfoCenter/Pages/topics/suicide.aspx>
- *Alaska Teen Suicides (Ages 15-19) by Year*.
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/hs-1.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
- *Continuum of Care Matrix for Alaskans with Behavioral Health Disorders (Mental Illness, Alcoholism, Drug Addictions)*.
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinuumbhd.aspx>

³ Alaska Injury Prevention Center (February 2007). *Alaska Suicide Follow-back Study Final Report*. The study was based on interviews about 56 suicide cases of the total 426 suicide cases during the reporting period of 9/1/03 to 8/31/06. There were proportionally fewer rural and Native cases than urban and non-Native cases interviewed. Available at http://dhss.alaska.gov/SuicidePrevention/Documents/pdfs_sspc/sspcfollowback2-07.pdf.

Health: Suicide

2. Non-Fatal Suicide Attempts

Non-Fatal Suicide Attempts Requiring Hospitalization for 24 hours or More, Alaska and U.S., 2000 – 2010



Source: Alaska: Alaska Department of Health and Social Services, Division of Public Health, Section of Emergency Programs, Alaska Trauma Registry (via e-mail 12/13/2012);
U.S.: Centers for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System⁴

Summary and Explanation:

- Over the past decade, Alaska’s rate of non-fatal suicide attempts requiring hospitalization has been higher than the U.S. rate.
- According to the 2011 Youth Risk Behavior Survey, 8.7% of Alaskan high school students attempted suicide one or more times in the past year.⁵
- Alaska rates beginning with 2011 are not directly comparable to previous rates due to a change in inclusion criteria. The Alaska Trauma Registry stopped including selected cases of poisoning among adults, so these cases could not be used in calculating non-fatal suicide attempts.⁶

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

⁴ U.S. Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS). Available at <http://www.cdc.gov/injury/wisqars/index.html>.

⁵ Alaska Department of Health and Social Services, Division of Public Health, 2011 Youth Risk Behavior Survey Results. Available at http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2011AKTradHS_Graphs.pdf.

⁶ Alaska Department of Health and Social Services, Division of Public Health, Section of Injury Prevention and EMS, Alaska Trauma Registry. <http://dhss.alaska.gov/dph/Emergency/Pages/trauma/default.aspx>.

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 suicide attempts is a key indicator because there is a concern that Trust beneficiaries are at higher risk, due to suffering a major life impairment from one or more clinical conditions defining beneficiary status (including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; dissociative disorders; other psychotic or severe and persistent mental disorders manifested by behavioral changes and symptoms of comparable severity to those manifested by persons with (such) mental disorders, as well as substance abuse). AS 47.30.056 (c-d).

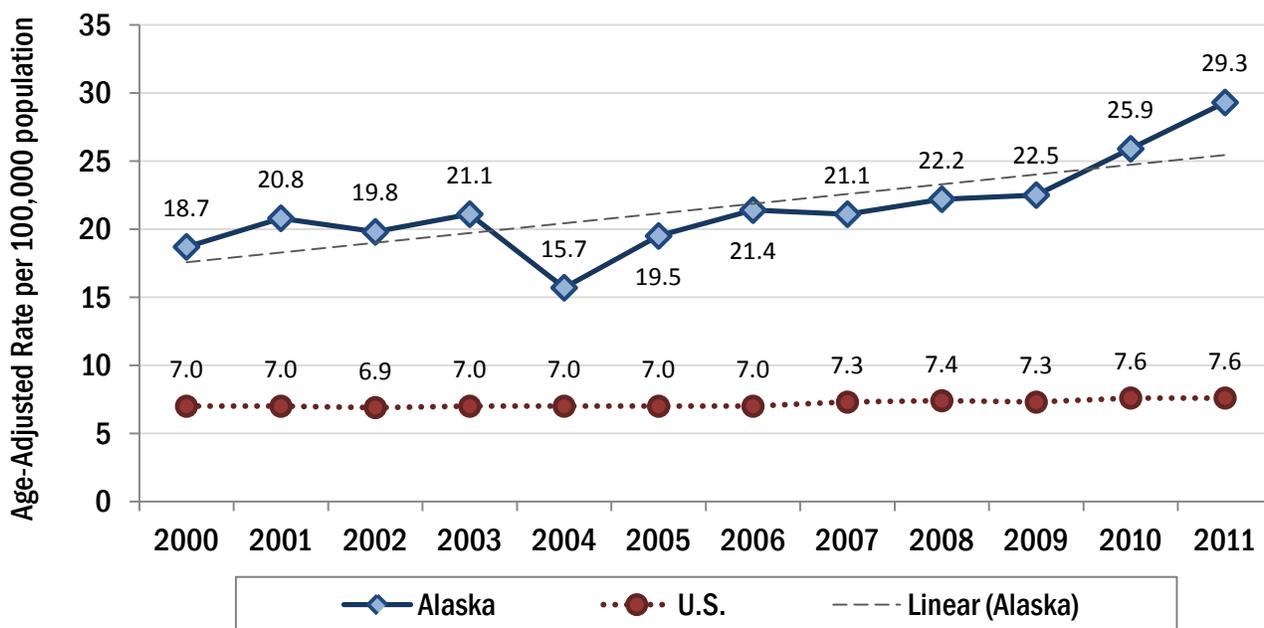
Additional Information:

- Alaska Department of Health and Social Services, Division of Behavioral Health.
<http://dhss.alaska.gov/dbh/Pages/default.aspx>
- Alaska Mental Health Board.
<http://dhss.alaska.gov/amhb/Pages/default.aspx>
- Statewide Suicide Prevention Council.
<http://dhss.alaska.gov/suicideprevention/>
- Alaska Center for Health Data & Statistics. *Topic: Suicide*.
<http://dhss.alaska.gov/dph/InfoCenter/Pages/topics/suicide.aspx>
- *Non-fatal Suicide Attempts by Sex*.
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/hs-2.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
- *Continuum of Care Matrix for Alaskans with Behavioral Health Disorders (Mental Illness, Alcoholism, Drug Addictions)*.
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinuumbhd.aspx>

Health: Substance Abuse

3. Alcohol-Induced Deaths

Alcohol-Induced Deaths, Alaska and U.S., 2000 – 2011



Source: Alaska: DHSS, Division of Public Health, Bureau of Vital Statistics (via e-mail 12/12/12);
U.S.: *National Vital Statistics Report*, Vol. 61, No. 6, Table 2.

Summary and Explanation:

- 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.⁷
- Since 2006, Alaska’s rate of alcohol-induced deaths has been at least three times the U.S. rate.
- The alcohol-induced death rate is significantly higher for Alaska Natives than for non-Natives.⁸

⁷ The list of codes for alcohol-induced causes was expanded in the 2003 data year to be more comprehensive. Causes of death attributable to alcohol-induced mortality include ICD–10 codes E24.4, Alcohol-induced pseudo-Cushing’s syndrome; F10, Mental and behavioral disorders due to alcohol use; G31.2, Degeneration of nervous system due to alcohol; G62.1, Alcoholic polyneuropathy; G72.1, Alcoholic myopathy; I42.6, Alcoholic cardiomyopathy; K29.2, Alcoholic gastritis; K70, Alcoholic liver disease; K86.0, Alcohol-induced chronic pancreatitis; R78.0, Finding of alcohol in blood; X45, Accidental poisoning by and exposure to alcohol; X65, Intentional self-poisoning by and exposure to alcohol; and Y15, Poisoning by and exposure to alcohol, undetermined intent. Alcohol-induced causes exclude newborn deaths associated with maternal alcohol use. See CDC. (2008). *National Vital Statistics Reports*, Volume 56, Number 10, p. 109. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf.

⁸ Alaska Bureau of Vital Statistics, *2009 Annual Report*, p. 41. Available at <http://dhss.alaska.gov/dph/VitalStats/Pages/data/2009ar.aspx>.

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).

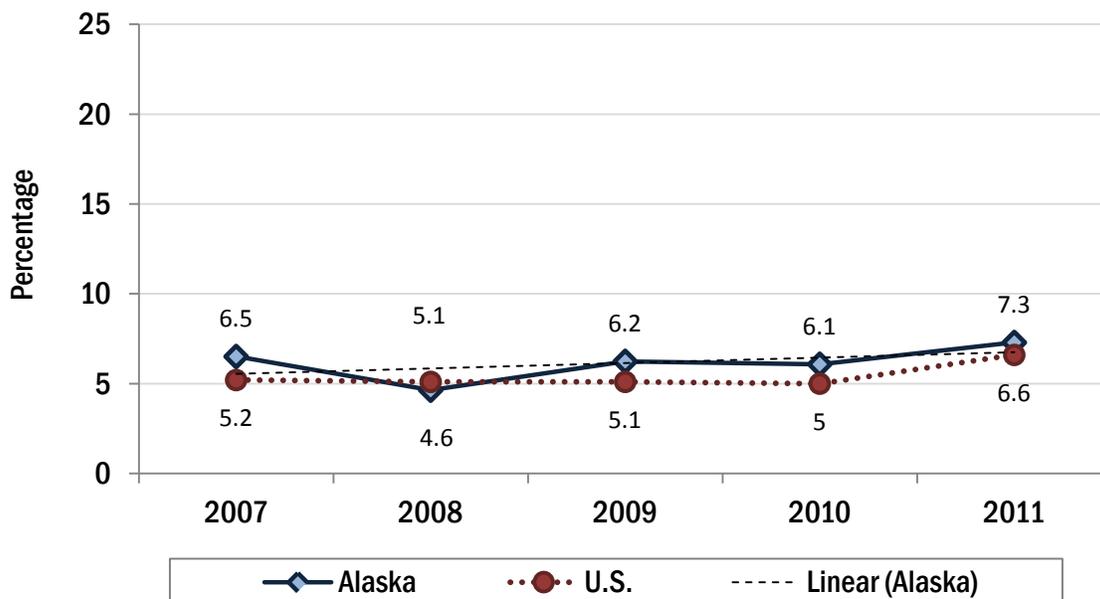
Additional Information:

- Alaska Department of Health and Social Services, Division of Behavioral Health.
<http://dhss.alaska.gov/dbh/Pages/default.aspx>
- Alaska's Behavioral Risk Factor Surveillance System (BRFSS).
<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>
- Advisory Board on Alcoholism and Drug Abuse.
<http://dhss.alaska.gov/abada/Pages/default.aspx>
- Centers for Disease Control and Prevention. *Alcohol and Public Health, Additional Resources*.
<http://www.cdc.gov/alcohol/resources.htm>
- *Adults who Engage in Heavy Drinking, Alaska and U.S.*
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/2.aspx>
- *Adults who Engage in Binge Drinking, Alaska and U.S.*
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/3.aspx>

Health: Substance Abuse

4. Adults who Engage in Heavy Drinking

Percentage of Adults who Engage in Heavy Drinking, Alaska and U.S., 2007 – 2011



Source: Alaska: Behavioral Risk Factor Surveillance Survey (BRFSS)⁹ (via e-mail 12/12/2012);
U.S.: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System.¹⁰

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. 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.¹¹
- In 2011, Alaska ranked number 13 in the U.S. for heavy drinking.¹²
- For Anchorage data about public inebriate pick-up, transport and sleep-off, refer to the Anchorage Safety Patrol program. ASP staff take persons incapacitated by alcohol in public places into protective custody and transport them to the Safety Center located in the Anchorage

⁹ With the reporting of 2011 BRFSS data, the CDC introduced a new method of sampling (to include cell phone as well as landline phone numbers) and a new weighting methodology referred to as “raking.” These changes improve the overall representativeness of the BRFSS data, and provide a more accurate reflection of the health behaviors and conditions of the population. However, in addition to having possible effects on the results, 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.

¹⁰ Available at <http://apps.nccd.cdc.gov/brfss/>.

¹¹ Centers for Disease Control and Prevention (CDC). *Alcohol and Public Health: Frequently Asked Questions*. Available at <http://www.cdc.gov/alcohol/faqs.htm#10>.

¹² Centers for Disease Control and Prevention (CDC). *BRFSS Prevalence and Trends Data*. Available at <http://apps.nccd.cdc.gov/brfss/list.asp?cat=AC&yr=2011&qkey=8381&state=AK>.

Jail Complex. Clients are assessed using basic physiological parameters, and those falling outside safe standards for sleep-off are taken to hospitals for medical clearance or further care.¹³

Statutory Information:

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

Additional Information:

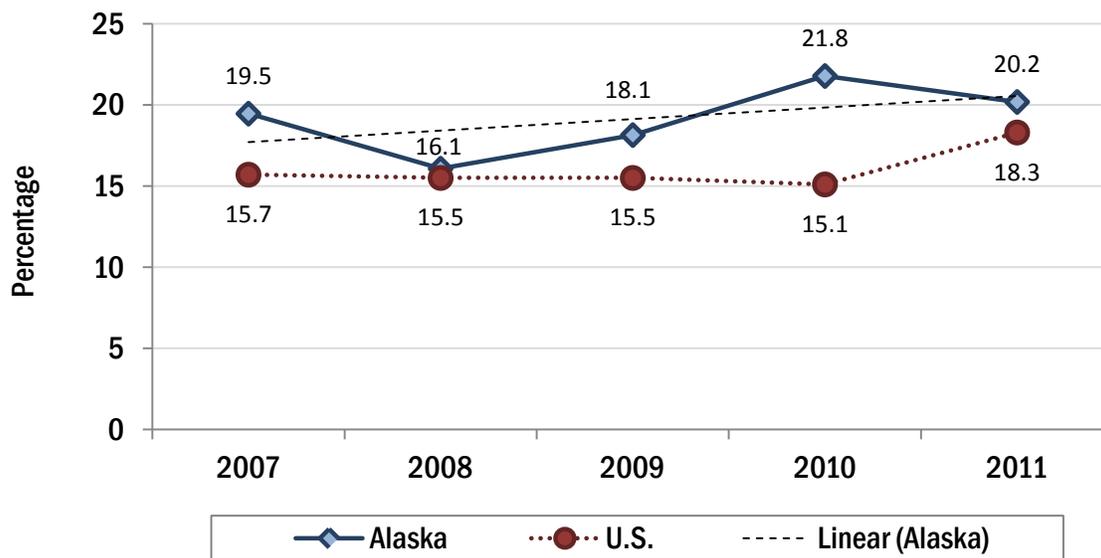
- Alaska Department of Health and Social Services, Division of Behavioral Health.
<http://dhss.alaska.gov/dbh/Pages/default.aspx>
- Alaska's Behavioral Risk Factor Surveillance System (BRFSS).
<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>
- Advisory Board on Alcoholism and Drug Abuse.
<http://dhss.alaska.gov/abada/Pages/default.aspx>
- *Influences on Substance Use in Alaska: Significant Risk and Protective Factors Influencing Adolescent Substance Use and Their Indicators* (November 2007).
<http://dhss.alaska.gov/dph/HealthPlanning/Documents/movingforward/assets/PreventionIndicators.pdf>
- *Continuum of Care Matrix for Alaskans with Behavioral Health Disorders (Mental Illness, Alcoholism, Drug Addictions)*.
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinuumbhd.aspx>
- *Adults who Engage in Binge Drinking, Alaska and U.S.*
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/3.aspx>

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

Health: Substance Abuse

5. Adults who Engage in Binge Drinking

Percentage of Adults who Engage in Binge Drinking, Alaska and U.S., 2007 – 2011



Source: Alaska: Department of Health and Social Services, Behavioral Risk Factor Surveillance Survey (BRFSS) (via e-mail 12/12/2012);¹⁴
U.S.: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System.¹⁵

Summary and Explanation:

- Binge drinking is defined as having five or more drinks (men) or four or more drinks (women) on one or more occasions in the past 30 days.¹⁶
- In 2011, Alaska ranked 9th among the 50 states for binge drinking among adults.¹⁷
- Binge drinking in Alaska is significantly higher among men (28%) than among women (13%).¹⁸
- According to the 2011 Youth Risk Behavior Survey (YRBS), 17% of Alaska's high school students engaged in binge drinking during the past year.¹⁹

¹⁴ With the reporting of 2011 BRFSS data, the CDC introduced a new method of sampling (to include cell phone as well as landline phone numbers) and a new weighting methodology referred to as "raking." These changes improve the overall representativeness of the BRFSS data, and provide a more accurate reflection of the health behaviors and conditions of the population. However, in addition to having possible effects on the results, these changes in methods mean changes in the way data can be used. Trend analyses will eventually focus on years of data (2011 and later) that include both landline and cell phone respondents, and which are weighted using raking methodology.

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

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

¹⁷ Centers for Disease Control and Prevention (2011). *BRFSS Prevalence and Trends Data*. Available at <http://apps.nccd.cdc.gov/brfss/list.asp?cat=AC&yr=2011&qkey=8371&state=AK>.

¹⁸ Alaska Department of Health and Social Services, Division of Public Health (2010). *Alaska BRFSS Highlights*. <http://dhss.alaska.gov/dph/Chronic/Documents/brfss/pubs/BRFSSsum10.pdf>.

- Youth who begin drinking at age 14 or younger are four times more likely to develop dependence.²⁰
- Underage drinking is a factor in nearly half of all teen automobile crashes, the leading cause of death among teenagers.²¹

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 Information:

- Alaska Department of Health and Social Services, Division of Behavioral Health. <http://dhss.alaska.gov/dbh/Pages/default.aspx>
- Alaska's Behavioral Risk Factor Surveillance System (BRFSS). <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>
- Advisory Board on Alcoholism and Drug Abuse. <http://dhss.alaska.gov/abada/>
- Alaska Department of Health and Social Services, Alaska Center for Health Data and Statistics. Informed Alaskans. <http://dhss.alaska.gov/dph/infocenter/Pages/default.aspx>
- *Adults who Engage in Binge Drinking, Alaska and U.S.* <http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/3.aspx>
- *Influences on Substance Use in Alaska: Significant Risk and Protective Factors Influencing Adolescent Substance Use and Their Indicators* (November 2007). <http://dhss.alaska.gov/dph/HealthPlanning/Documents/movingforward/assets/PreventionIndicators.pdf>
- *Continuum of Care Matrix for Alaskans with Behavioral Health Disorders (Mental Illness, Alcoholism, Drug Addictions)*. <http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinumbhd.aspx>

¹⁹ Percent of YRBS respondents who had five or more drinks of alcohol in a row, that is, within a couple of hours, on at least one day during the 30 days before the survey. See:

http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2011YRBS_Highlights.pdf

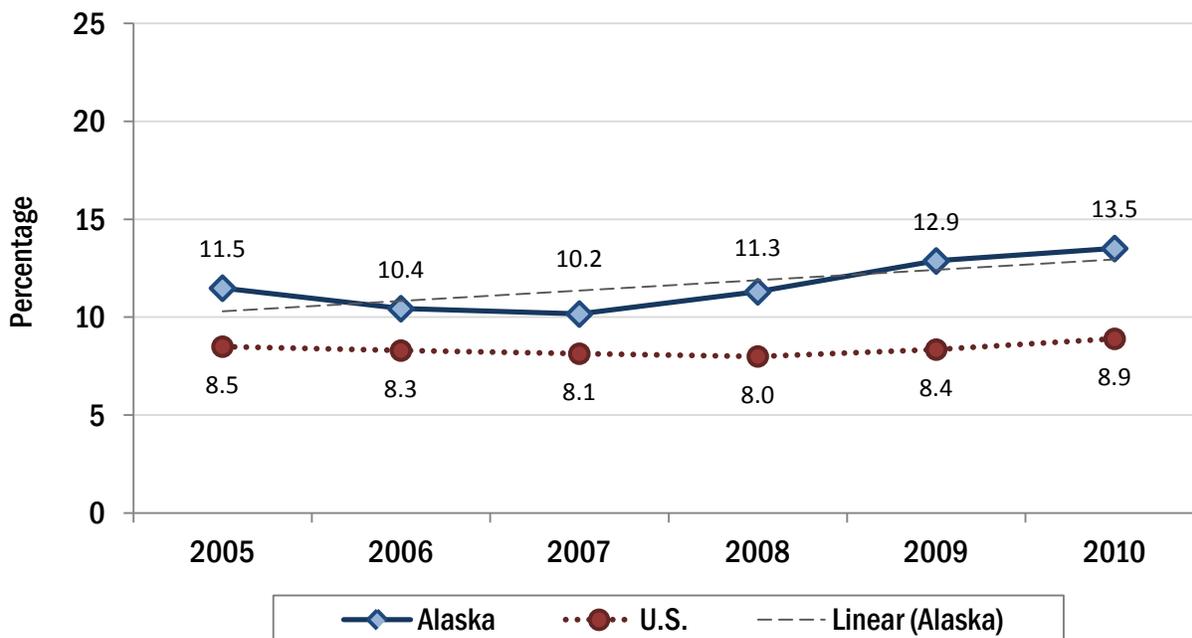
²⁰ Grant, B.F. & Dawson, D.A. (1997). Age at onset of alcohol abuse and its association with DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiological Survey. *Journal of Substance Abuse*, 9:103-10. <http://www.sciencedirect.com/science/article/pii/S0899328997900092>.

²¹ American Medical Association (2009). *Facts About Youth and Alcohol*. <http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/alcohol-other-drug-abuse/facts-about-youth-alcohol.page>.

Health: Substance Abuse

6. Illicit Drug Use

Percentage of Population Aged 12 and Over Engaging in Illicit Drug Use, Alaska and U.S., 2005 – 2010



Source: Substance Abuse and Mental Health Services Administration (2012). *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings*, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725.²²

Summary and Explanation:

- Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.²³
- The percentage of illicit drug users ages 12 and older in Alaska rose between 2007 and 2010, and is consistently at least 25% above the national percentage during this time period.
- According to the National Survey on Drug Use and Health (NSDUH), Alaska ranked 3rd among the states and D.C. for illicit drug use in 2009 (ages 12 and above).²⁴
- In Alaska, the 18 to 25 age group has the highest rates of illicit drug use.²⁵

²² Available at <http://www.samhsa.gov/data/NSDUH.aspx>. Alaska rates calculated using Alaska Department of Labor population estimates.

²³ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 and 2010 (Revised March 2012). Table 13. *Selected Drug Use, Perceptions of Great Risk, Average Annual Marijuana Initiates, Past Year Substance Dependence or Abuse, Needing But Not Receiving Treatment, and Past Year Mental Health Measures in Alaska, by Age Group: Estimated Numbers (in Thousands), Annual Averages Based on 2009-2010 NSDUHs.*

²⁴ Ibid.

²⁵ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 and 2010 (Revised March 2012). Table 13. *Selected Drug Use, Perceptions of Great Risk, Average Annual Marijuana Initiates,*

- According to the 2011 Alaska Youth Risk Behavior Survey, which surveyed a representative sample of traditional public high school (grades 9-12) students:
 - 41 percent had used marijuana one or more times in their life,
 - 21 percent had used marijuana one or more times during the past 30 days,
 - 16 percent had taken a prescription drug (such as OxyContin, Percocet, codeine, etc.) without a doctor's prescription one or more times in their life,
 - 7 percent had sniffed glue, breathed the contents of aerosol spray cans, or inhaled paint or sprays to get high one or more times in their life.²⁶
- Drug-induced deaths can be expressed as Years of Potential Life Lost (YPLL), an estimate of the average time a person would have lived had he/she not died prematurely due to drug use. According to a 2009 Alaska Bureau of Vital Statistics report, drug-induced deaths resulted in 4,219.5 years of potential life lost, or an average 32 years per decedent.²⁷

Statutory Information:

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

Additional Information:

- 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 (BRFSS). <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>
- *Influences on Substance Use in Alaska: Significant Risk and Protective Factors Influencing Adolescent Substance Use and Their Indicators* (November 2007). <http://dhss.alaska.gov/dph/HealthPlanning/Documents/movingforward/assets/PreventionIndicators.pdf>

Past Year Substance Dependence or Abuse, Needing But Not Receiving Treatment, and Past Year Mental Health Measures in Alaska, by Age Group: Percentages, Annual Averages Based on 2009-2010 NSDUHs.

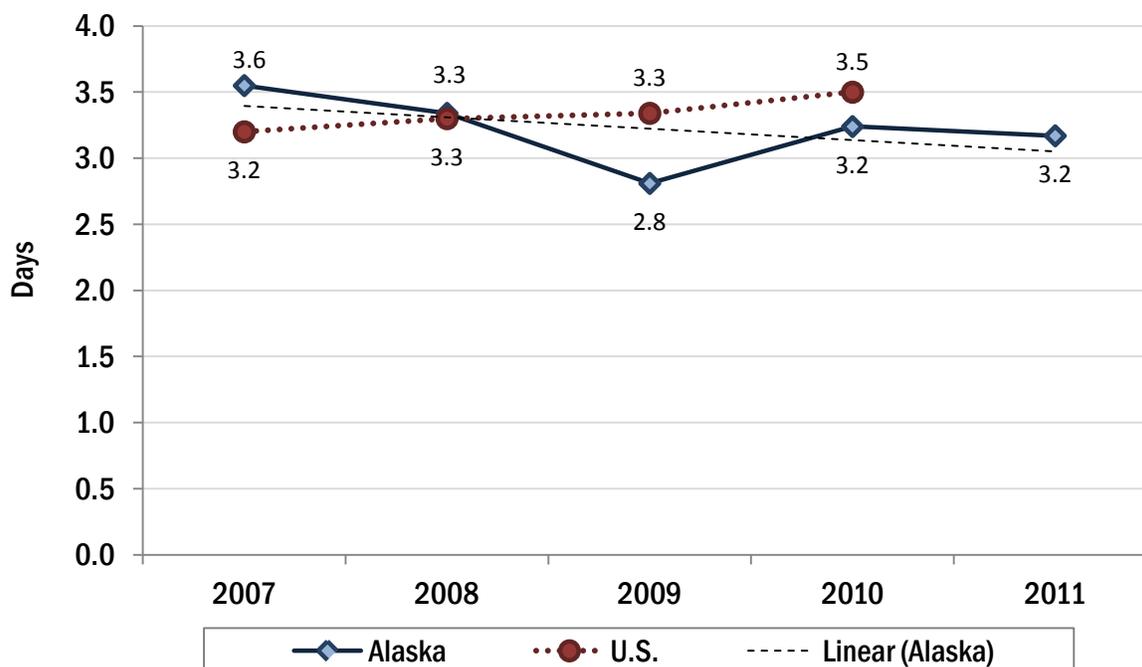
²⁶ Alaska Department of Health and Social Services, Chronic Disease Prevention and Health Promotion. *2011 Youth Risk Behavior Survey Results*. Available at <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbsresults.aspx>.

²⁷ Alaska Department of Health and Social Services, Bureau of Vital Statistics. *2009 Annual Report*. Available at http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/2009/2009_Annual_Report.pdf.

Health: Mental Health

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

Mean Number of Days in Past Month When Mental Health was Not Good, Adults, Alaska and U.S., 2007 – 2010



Source: Alaska: Department of Health and Social Services, Division of Public Health, Standard and Supplemental Behavioral Risk Factor Surveillance Survey (BRFSS).²⁸

Summary and Explanation:

- According to the 2010 BRFSS, 8.6 percent of Alaskan adults reported experiencing mental distress on 14 or more days of the past 30 days.²⁹
- Significantly more Alaskan females than males reported moderate to severe depression in 2009.
- Other Alaskans who reported more moderate to severe depression include:
 - those in the “near poor” income group (vs. “middle/high” income group)

²⁸ With the reporting of 2011 BRFSS data, the CDC introduced a new method of sampling (to include cell phone as well as landline phone numbers) and a new weighting methodology referred to as “raking.” These changes improve the overall representativeness of the BRFSS data, and provide a more accurate reflection of the health behaviors and conditions of the population. However, in addition to having possible effects on the results, 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.

²⁹ Alaska’s Behavior Risk Factor Surveillance System (BRFSS).
<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>. For technical information about the indicator, see:
<http://apps.nccd.cdc.gov/cdi/ViewIndDefinition.aspx?IndicatorDefinitionId=88>.

- those who receive social support sometimes, rarely, or never
 - those who reported a disability or activity limitation
 - those who are unemployed or unable to work
 - those with fair or poor general health³⁰
- The BRFSS does not collect data from those who are living in an institutional setting. Consequently, those who are experiencing bad mental health days and are living in an institutional setting are not included in these data.

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

Additional Information:

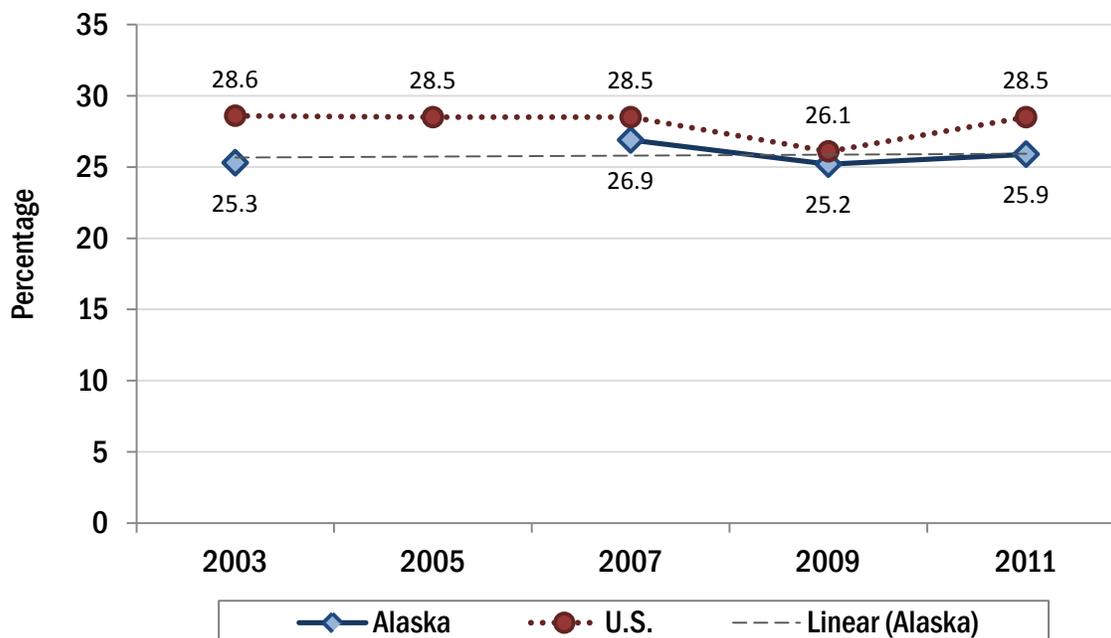
- Alaska Department of Health and Social Services, Division of Behavioral Health. <http://dhss.alaska.gov/dbh/Pages/default.aspx>
- Alaska's Behavioral Risk Factor Surveillance System (BRFSS). <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>
- Alaska Mental Health Board. <http://dhss.alaska.gov/amhb/Pages/default.aspx>
- *Days of Poor Mental Health in Past Month by Age Group, 2009*. <http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/1.aspx>
- *Percent of Alaskans Reporting Frequent Mental Distress, 2000-2009*. <http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/hm-1.aspx>
- *Continuum of Care Matrix for Alaskans with Behavioral Health Disorders (Mental Illness, Alcoholism, Drug Addictions)*. <http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinuumhd.aspx>

³⁰ Alaska's Behavior Risk Factor Surveillance System (BRFSS). Pages 28-31. Available at http://dhss.alaska.gov/dph/Chronic/Documents/brfss/pubs/BRFSS09_FullReport.pdf.

Health: Mental Health

8. Teens who Experienced Depression during the Past Year

Percentage of high school students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months, Alaska and U.S., 2003 – 2011



Source: Alaska: Alaska Department of Health and Social Services, Division of Public Health, *Youth Risk Behavior Survey Results*;^{31,32}
U.S.: Centers for Disease Control and Prevention (2012). *Youth Risk Behavior Surveillance--United States, 2011. MMWR Surveillance Summaries*, Vol. 61, No. 4.³³

Summary and Explanation:

- According to the 2011 Youth Risk Behavior Survey, 26% of Alaskan students in traditional high schools felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during past 12 months.

³¹ Available at http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2011AKTradHS_Graphs.pdf. The Youth Risk Behavior Survey (YRBS) is a national survey developed by the Division of Adolescent and School Health, Centers for Disease Control and Prevention (CDC) in collaboration with 71 state and local departments of education and 19 federal agencies. The survey is a component of a larger national effort to assess priority health risk behaviors that contribute to the leading causes of mortality, morbidity and social problems among youth and adults in the United States. These results are needed to evaluate the effectiveness of programs in reducing negative student behaviors. The survey provides valuable information about positive behaviors among students. In Alaska, survey participation requires parental consent. For more information see: <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx>.

³² Weighted statewide data is not available for 2005.

³³ Available at <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

- The 2011 rate of depression is significantly higher among females (32.8%) than males (19.4%) in traditional high schools in Alaska.
- The 2011 rate is higher among students in alternative high schools in Alaska, where nearly 38% of students experienced depression.
- The 2011 Youth Risk Behavior Survey of Alaska high school students (attending traditional high school) also reported the following, based on the prior 12 months:
 - 13% had made a plan about how they would attempt suicide
 - 23% had been bullied on school property
 - 12% had been hit, slapped or physically hurt on purpose by their boyfriend or girlfriend.³⁴

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The percent of high school students experiencing depression is a key indicator because of a concern that they experience, or are at risk of experiencing, major life impairment from one or more clinical conditions defining Trust beneficiary status, including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; dissociative disorders; alcohol depressive disorder; other psychotic or severe and persistent disorders manifested by behavioral changes and symptoms of comparable severity to those manifested by persons with (such) mental disorders; alcohol withdrawal delirium (delirium tremens); alcohol hallucinosis; alcohol amnestic disorder; dementia associated with alcoholism; alcohol-induced organic mental disorder; alcoholic depressive disorder; and other severe and persistent disorders associated with a history of prolonged or excessive drinking or episodes of drinking out of control and manifested by behavioral changes and symptoms similar to those manifested by persons with (such) disorders. AS 47.30.056 (c), (d) and (f).

Additional Information:

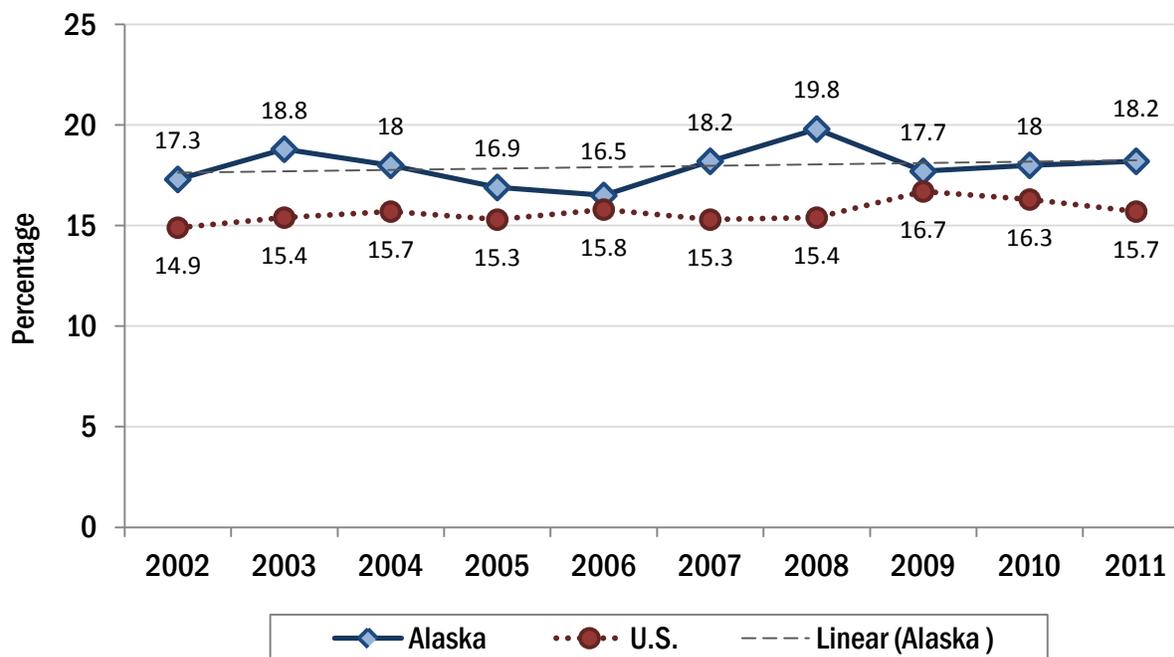
- Alaska Department of Health and Social Services Division of Behavioral Health. <http://dhss.alaska.gov/dbh/Pages/default.aspx>
- Alaska Mental Health Board. <http://dhss.alaska.gov/amhb/Pages/default.aspx>
- Alaska's Youth Risk Behavior Survey (YRBS). <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx>
- *Continuum of Care Matrix for Alaskans with Behavioral Health Disorders (Mental Illness, Alcoholism, Drug Addictions)*. <http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinuumbfd.aspx>
- Centers for Disease Control and Prevention (CDC). Adolescent and School Health. Youth Risk Behavior Surveillance System (YRBSS). <http://www.cdc.gov/healthyyouth/yrbs/index.htm>

³⁴ Department of Health and Social Services, Division of Public Health. *2011 Youth Risk Behavior Survey Results*. http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2011AKTradHS_Graphs.pdf.

Health: Access

9. Population without Health Insurance

Percentage of People Not Covered by Health Insurance for the Year, Alaska and U.S., 2002 – 2011



Source: U.S. Census Bureau, Current Population Survey (CPS). (2012). Table H106. Health Insurance Coverage Status and Type of Coverage by State for All People: 2011. *Annual Social and Economic Supplement*.³⁵

Summary and Explanation:

- Over 18 percent of Alaska’s population was counted as uninsured in 2011. This number has remained generally flat since 2002.
- Alaska’s percentage of people without health insurance is generally higher than the U.S. average.
- People most likely to be uninsured are those who are:
 - Self-employed
 - Part-time workers
 - Seasonal workers and/or
 - People who work for small firms
 - Young adult males³⁶
- More than half of the uninsured work for small firms³⁷

³⁵ Available at http://www.census.gov/hhes/www/cpstables/032012/health/h06_000.xls.

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

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The percent of people without health insurance for the entire year is a key indicator because those without health insurance who experience one or more clinical conditions defining Trust beneficiary status cannot access, or have significant difficulty accessing, reasonable levels of necessary services authorized by Alaska Statute, including: emergency services; screening examination and evaluation services; inpatient care; crisis stabilization services; treatment services; dispensing of psychotropic and other medication; detoxification; therapy and aftercare; case management; development of individualized treatment plans; daily living skills training; socialization activities; recreation; transportation; day care support; residential services; crisis or respite care; services provide via group homes, halfway houses or supervised apartments; intermediate care; long-term care; in-home care; vocational services; outpatient screening, diagnosis, and treatment; individual, family, and group psychotherapy, counseling, and referral; and prevention and education services. AS 47.30.056(b-i).

Additional Information:

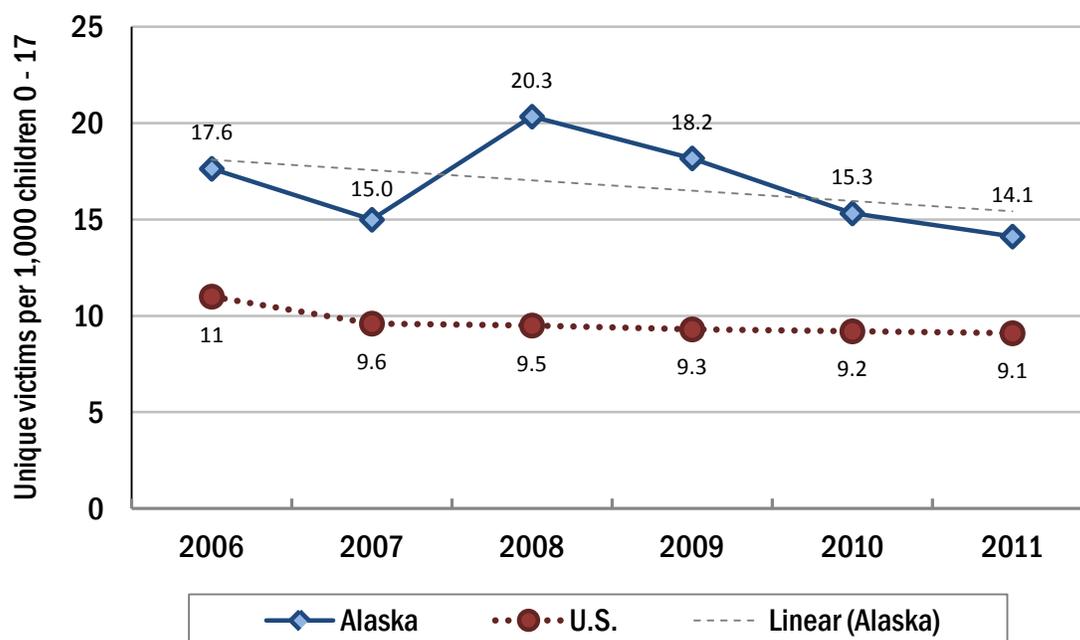
- Alaska Department of Health and Social Services, Health Planning and Systems Development, *Alaska's State Planning Grant to Identify Options for Expanding Coverage for Alaska's Uninsured*. <http://dhss.alaska.gov/dph/HealthPlanning/Pages/PlanningGrant/default.aspx>
- *Key Informant Interviews – Assessing the high rate of Alaskans without Health Insurance*. <http://dhss.alaska.gov/dph/HealthPlanning/Documents/planninggrant/assets/keyInformantsReport.pdf>

³⁷ Alaska Department of Health and Social Services, Health Planning and Systems Development (2007). *Alaskans' Health Insurance Coverage: Local and Regional Perspectives* (Presentation). Available at <http://dhss.alaska.gov/dph/HealthPlanning/Documents/planninggrant/assets/July2007Presentation.pdf>.

Safety: Protection

10. Child Maltreatment

Rate of Child Maltreatment, Substantiated Cases, Unique Victims 0 – 17 years, Alaska and U.S., 2006 – 2011



Source: Alaska: Department of Health and Social Services, Office of Children’s Services (2006 – 2011). *Allegation and Victim Data*.³⁸ Population estimates from Alaska Department of Labor and Workforce Development;³⁹ U.S.: U.S. Department of Health and Human Services (DHHS), Administration for Children and Families, Children's Bureau, *Child Maltreatment 2011*, Table 3-3 “Child Victims, 2011” (p. 32).⁴⁰

Summary and Explanation:

- Child abuse and neglect is defined as:
 - Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
 - An act or failure to act which presents an imminent risk of serious harm.⁴¹
- According to a national report, Alaska’s rate of child abuse and neglect ranks fifth in the U.S. (below District of Columbia, New York, Kentucky, and Arkansas).⁴² Caution should be used in interpreting this figure. Although the differences among state rates may reflect actual

³⁸ Available at <http://dhss.alaska.gov/ocs/>.

³⁹ Available at <http://labor.alaska.gov/research/pop/popest.htm>.

⁴⁰ Available at <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2011>.

⁴¹ Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended by the Keeping Children and Families Safe Act of 2003.

⁴² U.S. DHHS, Administration for Children and Families, *Child Maltreatment 2011*, Chapter 3, Table 3-5 *Child Victims* (p. 33). Available at <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2011>.

abuse/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 Adverse Childhood Experiences (ACE) Study was a major investigation conducted on the links between childhood maltreatment and later-life health and well-being. The ACE Study findings suggest that adverse child experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. The study shows a strong and graded relationship to health-related behaviors and outcomes during childhood and adolescence including early initiation of smoking, sexual activity, and illicit drug use, adolescent pregnancies, and suicide attempts. Adverse experiences included abuse, neglect, and household disruption (divorce, incarceration, substance abuse, mental health problems).⁴³

Statutory Information:

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

Additional Information:

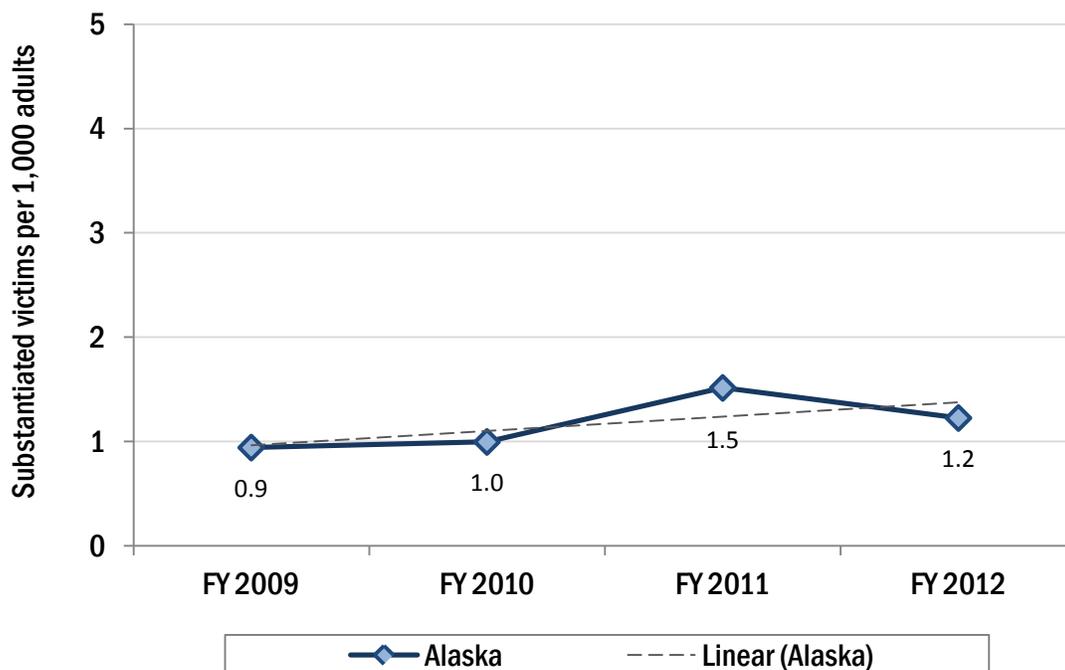
- Alaska Department of Health and Social Services, Office of Children’s Services.
<http://dhss.alaska.gov/ocs/>
- U.S. Department of Health and Human Services, Children’s Bureau. *Child Maltreatment 2011*.
<http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2011>

⁴³ Centers for Disease Control and Prevention (2011). *Adverse Childhood Experiences (ACE) Study*. Available at <http://www.cdc.gov/ace/index.htm>.

Safety: Protection

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

Rate of Substantiated Reports of Harm to Adults, Alaska, 2009 – 2012



Source: Alaska Department of Health and Social Services, Senior and Disabilities Services, Adult Protective Services (via e-mail 12/21/2012).

Summary and Explanation:

- The mission of Adult Protective Services (APS) is to prevent or stop harm to vulnerable adults resulting from abandonment, abuse, exploitation, neglect or self-neglect.⁴⁴
- APS is a voluntary service, and Alaska law prohibits APS from interfering with adults who are capable of caring for themselves.

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.
- New legislation⁴⁵ passed in 2012 requires more professionals, including employees of nursing homes and other health care facilities and educators and administrative staff of educational

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

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

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).

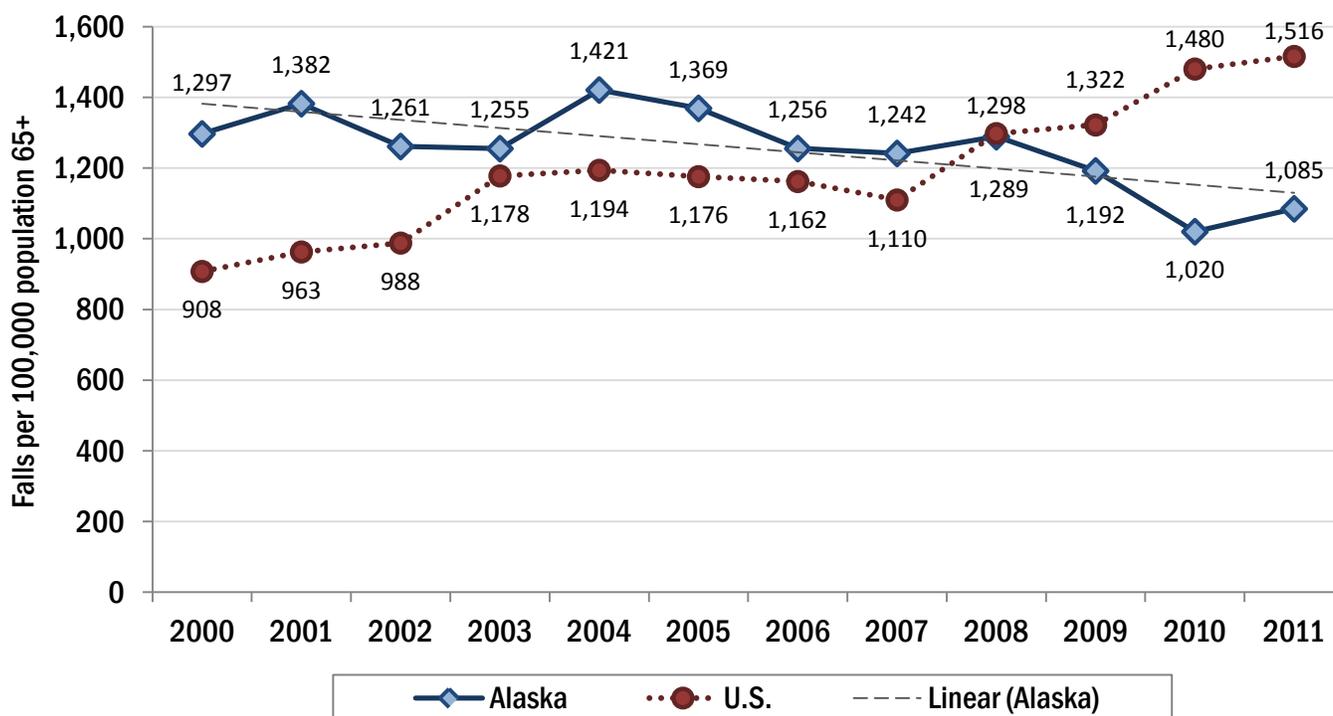
Additional Information:

- 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
- U.S. Administration on Aging, National Center on Elder Abuse, Aging and Disability Resource Centers. http://www.ncea.aoa.gov/ncearoot/Main_Site/Resources/Community_Outreach/ADRC.aspx

Safety: Protection

12. Injuries to Elders due to Falls

Non-fatal Injuries Requiring Hospitalization due to Falls, Adults 65 and Over, Alaska and U.S., 2000 – 2011



Source: Alaska: Department of Health and Social Services, Division of Public Health, Section of Emergency Programs, Alaska Trauma Registry (via e-mail 12/13/2012);
U.S.: Centers for Disease Control and Prevention, Injury Prevention and Control, Data and Statistics.⁴⁶

Summary and Explanation:

- The rate of hospitalized falls by elders in Alaska was higher than the national rate in 2000, but has been lower than the national average each year since 2008.
- Falls are the leading cause of hospitalized injury in Alaska; falls are the leading cause of fatal injury for Alaskans 75 and older.⁴⁷
- In the U.S. each year, one in every three adults age 65 and older falls.⁴⁸

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

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

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

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

Additional Information:

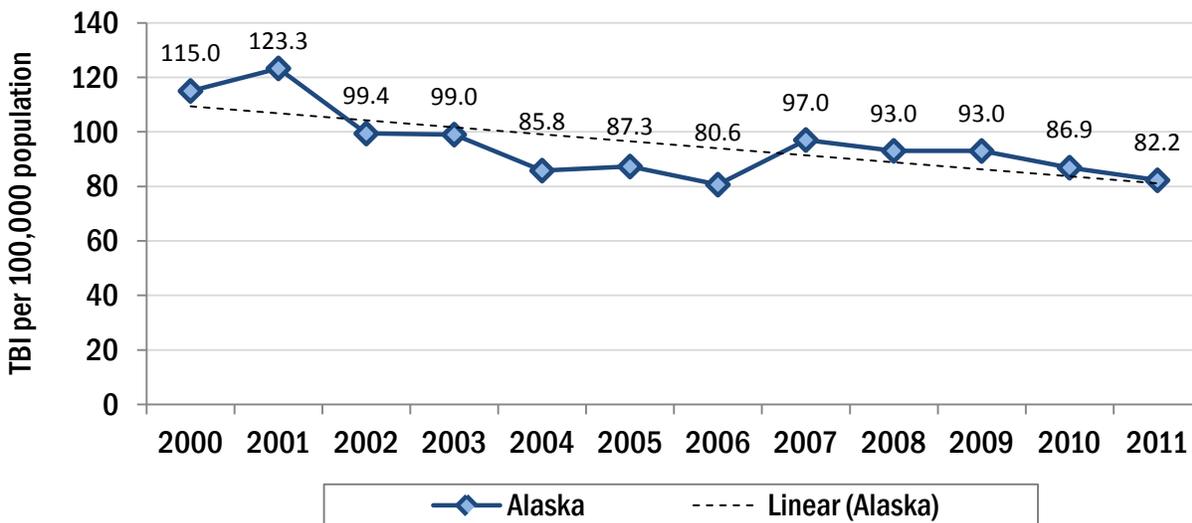
- Alaska Department of Health and Social Services, Division of Public Health, Chronic Disease Prevention and Health Promotion.
<http://dhss.alaska.gov/dph/Chronic/Pages/InjuryPrevention/default.aspx>
- Alaska Department of Health and Social Services, Alaska Commission on Aging.
<http://www.alaskaaging.org/>
- Alaska Department of Health and Social Services, Division of Public Health, Section of Emergency Programs, Alaska Trauma Registry.
<http://dhss.alaska.gov/dph/Emergency/Pages/trauma/default.aspx>
- Alaska Senior Fall Prevention Campaign. <http://dhss.alaska.gov/acoa/Pages/falls/default.aspx>
- Centers for Disease Control and Prevention. Injury Prevention & Control: Traumatic Brain Injury. *Help Seniors Live Better, Longer: Prevent Brain Injury.*
<http://www.cdc.gov/traumaticbraininjury/seniors.html>

⁴⁹ Centers for Disease Control and Prevention (CDC). *Falls Among Older Adults: An Overview.*
<http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>.

Safety: Protection

13. Non-Fatal Traumatic Brain Injury

Non-Fatal Traumatic Brain Injury Requiring Hospitalization,
Alaska and U.S., 2000 – 2011



Source: Alaska: Department of Health and Social Services, Division of Public Health, Section of Emergency Programs, Alaska Trauma Registry (via e-mail 12/13/2012);
U.S.: Centers for Disease Control and Prevention, Injury Prevention and Control, Data and Statistics.⁵⁰

Summary and Explanation:

- The rate of non-fatal traumatic brain injury (TBI) in Alaska decreased to 82.2 per 100,000 in 2011.
- Traumatic brain injury is an injury caused by a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI.⁵¹
- Individuals who 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 live independently. Cognitive difficulties often have more impact on an individual's recovery and independence than physical limitations.⁵²
- In Alaska, the highest rates of TBI are among Alaska Natives, residents of rural Alaska, youth ages 15-19 involved in motor vehicle crashes, and elders who fall.⁵³

⁵⁰ U.S. Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS). *Non-fatal Injury Data*. Available at <http://www.cdc.gov/injury/wisqars/nonfatal.html>.

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

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

⁵³ Ibid.

- Among Alaska residents, the top three causes of TBI among those admitted to a hospital between 2001 and 2005 were falls, motor vehicle traffic accidents, and assault.⁵⁴
- Nine of the 28 respondents to the Alaska Injury Prevention Center’s *Suicide Follow-back Study* who were asked about TBI (32%) reported that the decedent had suffered a traumatic brain injury at some point.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 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 Information:

- 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/>
- Alaska Brain Injury Network. *Ten Year Plan for TBI in Alaska*.
<http://www.alaskabraininjury.net/programs/tbi-advisory-board/planning/>
- 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>

⁵⁴ Alaska Department of Health & Social Services, Division of Behavioral Health, Senior and Disability Services, Alaska Mental Health Trust, and Alaska Brain Injury Network, Inc. (October, 2008). *Brain Injuries in Alaska: 10 Year TBI Plan*. Available at <http://www.alaskabraininjury.net/wp-content/uploads/10-Year-TBI-Plan1.pdf>.

⁵⁵ Alaska Injury Prevention Center (2007). *Suicide Follow-back Study Final Report*. (p. 33). Available at http://dhss.alaska.gov/SuicidePrevention/Documents/pdfs_sspc/sspcfollowback2-07.pdf.

Safety: Justice

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

Summary and Explanation:

- Approximately 42 percent of adults incarcerated in the Alaska correctional system are Trust beneficiaries with mental illness and/or mental disabilities, mostly incarcerated for misdemeanors.⁵⁶
- The Alaska Department of Corrections has become the largest provider of mental health services in the State of Alaska.⁵⁷
- Alaska has the highest growth rate for incarceration per capita in the U.S.⁵⁸
- Beneficiaries of the Alaska Mental Health Trust are at increased risk of involvement with the criminal justice system both as defendants and as victims. Limitations and deficiencies in the community emergency response, treatment, and support systems make criminal justice intervention the default emergency response to the conditions and resulting actions of many Trust beneficiaries.⁵⁹
- A collaborative group under the Alaska Mental Health Trust Disability Justice Focus Area is working to: (1) increase training for criminal justice personnel; (2) sustain and expand therapeutic court models and practices; (3) improve continuity of care for beneficiaries involved with the criminal justice system; (4) increase capacity to meet the needs of beneficiary offenders with cognitive impairments; and (5) develop community-based alternatives to incarceration for beneficiaries.⁶⁰

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The percent of incarcerated adults with mental illness or mental disabilities is a key indicator because it illustrates the magnitude and effects of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. AS 47.30.056(b-c). It is also a key indicator because it illustrates the significant economic costs related to mental health with regard to incarceration of Trust beneficiaries. Finally, it is a key indicator because it highlights the need for and economic benefits of timely provision (i.e., prior to the need for incarceration) of

⁵⁶ Hornby Zeller Associates, Inc. (December 2007). *A Study of Trust Beneficiaries in the Alaska Department of Corrections*. http://www.mhtrust.org/layouts/mhtrust/files/documents/reports_studies/12-07%20Final%20DOC%20Trust%20Beneficiary%20Study.pdf.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Alaska Mental Health Trust, Disability Justice Focus Area (2008). *Justice for Trust Beneficiaries Initiative*. http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_DisabilityJustice/Disability%20Justice%20Planning_Overview_%20Implementation_Strategies_.pdf.

⁶⁰ S. Williams, MSW, Alaska Mental Health Trust, Disability Justice Focus Area (via e-mail communication, 12/22/2009).

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 Information:

- Alaska Department of Health and Social Services, Division of Behavioral Health. <http://dhss.alaska.gov/dbh/Pages/default.aspx>
- Alaska Department of Health and Social Services, Division of Juvenile Justice. <http://dhss.alaska.gov/djj/>
- Alaska Department of Corrections. <http://doc.alaska.gov/>
- Alaska Mental Health Board. <http://dhss.alaska.gov/amhb/>
- Alaska Mental Health Trust, Disability Justice Focus Area. http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_DisabilityJustice/Disability%20Justice%20Planning_Overview_%20Implementation_Strategies_.pdf

Safety: Justice

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

Summary and Explanation:

- According to a 2007 study, the criminal recidivism rate for Trust beneficiaries is 36 percent, and the rate for other offenders released from Alaska Department of Corrections is 22 percent.⁶¹
- Trust Beneficiaries are more likely to recidivate sooner and spend more time in ADOC custody.⁶²
- Inmates with severe mental illness were less likely to recidivate than inmates with mild mental illness or substance-related disorders, who had a far higher rate of recidivism.⁶³

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). They are also a key indicator because they illustrate the significant economic costs related to mental health with regard to incarceration of Trust beneficiaries. Finally, they are a key indicator because they highlight the need for and economic benefits of timely provision (i.e., during and immediately following release from incarceration) of reasonable levels of necessary services for people at risk due to mental illness, substance abuse, developmental disabilities, and/or traumatic brain injury. Services to be provided include alcoholism services, housing support services, and vocational services, including prevocational services, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. AS 47.30.056(i)(1) and (i)(2)(I).

Additional Information:

- 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/>

⁶¹ Hornby Zeller Associates, Inc. (December 2007). A Study of Trust Beneficiaries in the Alaska Department of Corrections. http://www.mhtrust.org/layouts/mhtrust/files/documents/reports_studies/12-07%20Final%20DOC%20Trust%20Beneficiary%20Study.pdf.

⁶² Ibid.

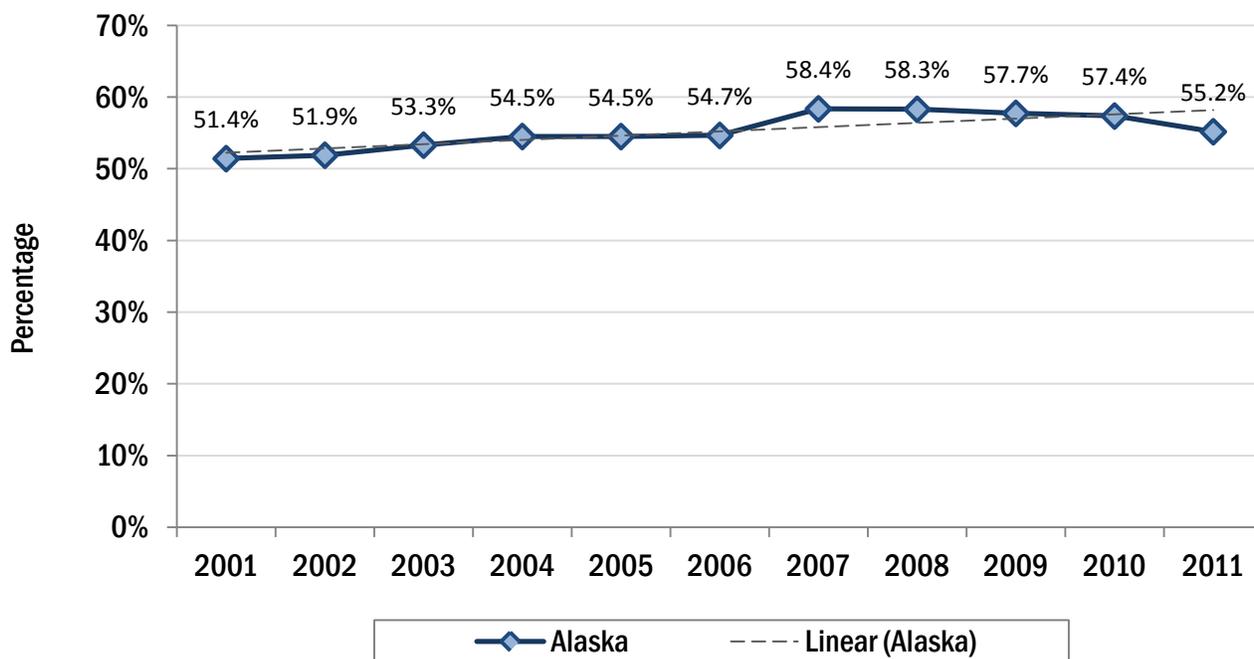
⁶³ Ibid.

- Alaska Judicial Council (2011). *Criminal Recidivism in Alaska, 2008 and 2009*.
<http://www.ajc.state.ak.us/reports/ucid2011.pdf>
- Alaska Judicial Council (2007). *Recidivism in Alaska's Felony Therapeutic Courts*.
<http://www.ajc.state.ak.us/reports/ucidtherct07.pdf>
- Alaska Mental Health Trust, Disability Justice Focus Area.
http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_DisabilityJustice/Disability%20Justice%20Planning_Overview_%20Implementation_Strategies_.pdf

Safety: Justice

16. Percent of Arrests Involving Alcohol or Drugs

Percentage of Total Arrests Flagged as Involving Alcohol or Drugs,
Alaska, 2001 – 2011



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 12/11/2012).

Summary and Explanation:

- The percentage of arrest offenses flagged by State Troopers or Wildlife Troopers as being related to alcohol or drugs has decreased slightly each year since 2008, though the trend in the past decade has remained steady or slightly upward.
- Out of a total 86,681 arrests by State Troopers in the last 11 years, 55 percent (47,253) were flagged as being related to alcohol and/or drugs.⁶⁴
- This chart does not include charges by local jurisdictions within the state, which are the source of most arrests. For related data in the Anchorage Municipality, refer to the Anchorage Safety Patrol and Center.⁶⁵

Statutory Information:

⁶⁴ 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 12/11/2012).

⁶⁵ <http://www.muni.org/Departments/health/pages/AnchorageSafetyPatrol.aspx>.

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The percent of arrests involving alcohol or drugs is a key indicator because it illustrates the magnitude and effects of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. AS 47.30.056(b-c). It is also a key indicator because it illustrates the significant costs related to mental health with regard to Public Safety resources. Finally, it is a key indicator because it highlights the need for and economic benefits of timely provision (i.e., prior to the need for arrest) of reasonable levels of necessary services for people at risk due to mental illness, substance abuse, developmental disabilities, and/or Traumatic Brain Injury. AS 47.30.056(i)(1) and (i)(2)(I).

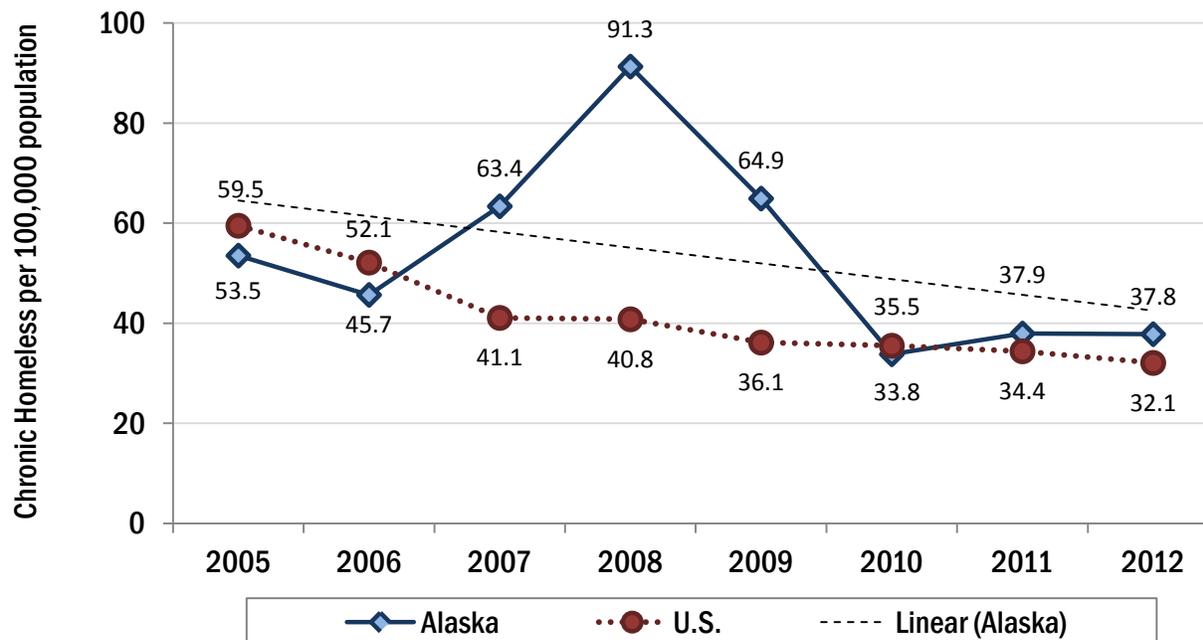
Additional Information:

- Alaska Department of Health and Social Services, Division of Behavioral Health.
<http://dhss.alaska.gov/dbh/Pages/default.aspx>
- Alaska Department of Corrections. <http://doc.alaska.gov/>
- Alaska Department of Public Safety, Division of Alaska State Troopers.
<http://www.dps.state.ak.us/AST/>
- Alaska Mental Health Trust, Disability Justice Focus Area.
http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_DisabilityJustice/Disability%20Justice%20Planning_Overview_%20Implementation_Strategies_.pdf

Living with Dignity: Accessible, Affordable Housing

17. Rate of Chronic Homelessness

Rate of Chronic Homelessness, Alaska and U.S., 2005 – 2012



Source: Alaska: Alaska Housing Finance Corporation *Annual Point-in-Time Surveys*.⁶⁶ HUD Continuum of Care Homeless Assistance Programs. (2012). *Homeless Populations and Subpopulations*;⁶⁷
U.S.: Department of Housing and Urban Development. (2012). *Annual Homeless Assessment Report to Congress*.⁶⁸

Summary and Explanation:

- The January 2012 Point-in-Time survey counted 273 chronically homeless persons in Alaska, both sheltered and unsheltered. The count takes place across the country on a specified day in January each year.
- A chronically homeless person is defined as a disabled individual who has been continuously homeless for more than one year or has experienced at least four episodes of homelessness in the past three years.⁶⁹
- According to the Alaska Housing Finance Corporation, the 2008 spike could be attributed to a number of factors, including: (1) the loss of substance abuse treatment beds; (2) "Project Homeless Connect," a one-day, one-stop service fair for the homeless held in Anchorage which

⁶⁶ Available at http://www.ahfc.us/grants/homeless_survey_reports.cfm.

⁶⁷ Available at http://www.hudhre.info/CoC_Reports/2012_ak_pops_sub.pdf.

⁶⁸ Available at <http://www.hudhre.info/index.cfm?do=viewResource&ResourceID=4726>.

⁶⁹ Ibid.

brought more people out of the shadows to be counted; and (3) new information received from Immaculate Conception Church's Breadline soup kitchen in Fairbanks.⁷⁰

- According to the Substance Abuse and Mental Health Services Administration (SAMHSA), about 30 percent of chronically homeless persons have mental health conditions, and about half have co-occurring issues with substance use.⁷¹

Statutory Information:

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

Additional Information:

- Alaska Housing Finance Corporation. <http://www.ahfc.us/home/index.cfm>
- Comprehensive Integrated Mental Health Plan. *Estimated Rates of Homelessness*. <http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/10.aspx>
- Alaska Mental Health Trust. *Affordable Housing Focus Area Fact Sheet*. http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_affordablehousing/Housing%20Fact%20Sheet%20Jan%202012.pdf
- Alaska Homeless Management and Information System. <http://www.muni.org/Departments/health/services/Pages/link.aspx>
- SAMHSA Homelessness Resource Center. <http://homeless.samhsa.gov/>
- U.S. Interagency Council on Homelessness. *People Experiencing Chronic Homelessness*. <http://www.usich.gov/population/chronic>

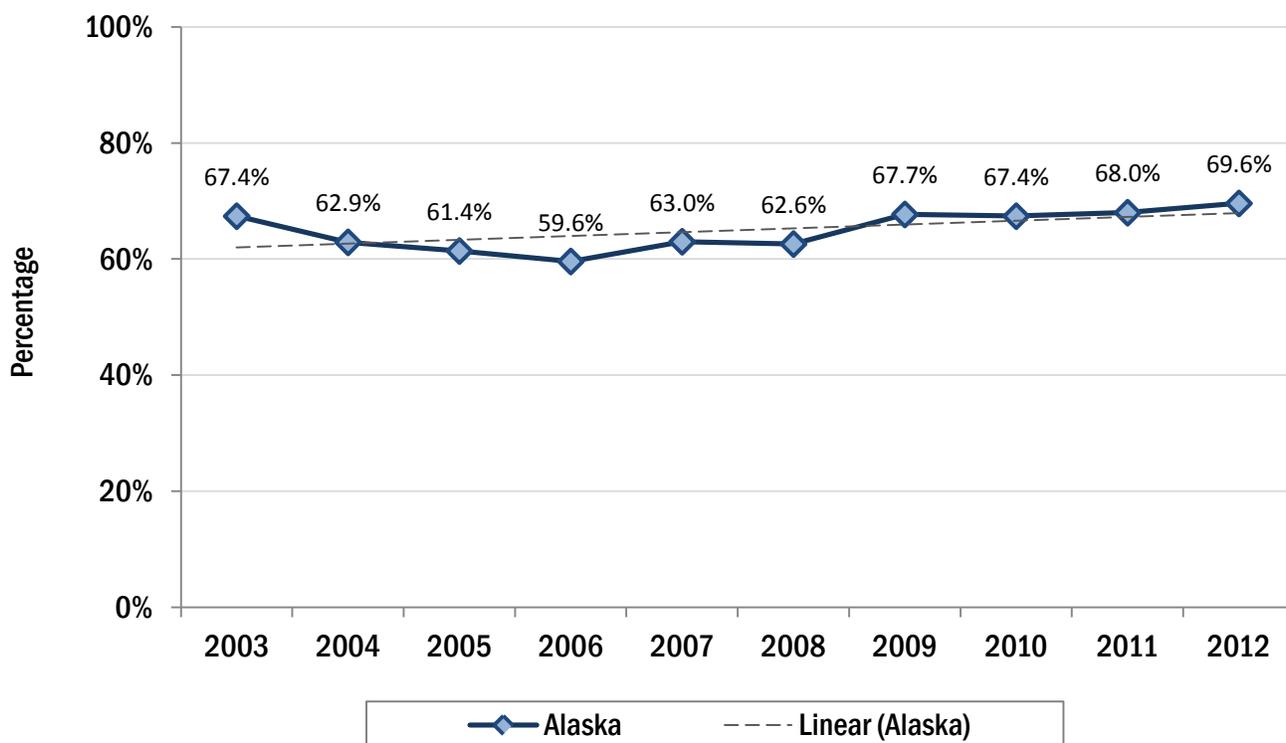
⁷⁰ Alaska Housing Finance Corporation (via e-mail correspondence with K. Duncan, 11/28/2008).

⁷¹ SAMHSA (2011). *Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States*. Available at http://homeless.samhsa.gov/ResourceFiles/hrc_factsheet.pdf.

Living with Dignity: Educational Goals

18. High School Graduation Rate

Percentage of High Schoolers Graduating Public Schools with a Regular Diploma, Alaska, 2003 – 2012



Source: Alaska Department of Education and Early Development, Statistics and Reports (via e-mail, 12/12/2012).

Summary and Explanation:

- The high school cohort graduation rate for Alaska in 2011 was 69.6 percent.
- Alaska loses a significant number of students over their four years of high school. Reasons for discontinuing school include pursuing a GED, entering the military, becoming employed, facing family problems, illness, pregnancy, or alcohol/drug dependency, failing, truancy, being expelled due to behavior, transferring to non-district sponsored home schooling, or leaving for unknown reasons without a formal request for transfer of records.⁷²
- Alaska's target for the high school graduation rate increased to 85 percent beginning with school year 2011.⁷³

⁷² Alaska Department of Education and Early Development, Division of Teaching and Learning Support, Assessment and Accountability (via e-mail correspondence with K. Lipson, 10/16/2006).

⁷³ Alaska Department of Education and Early Development (via e-mail correspondence with E. Caldwell, 12/12/2012).

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).

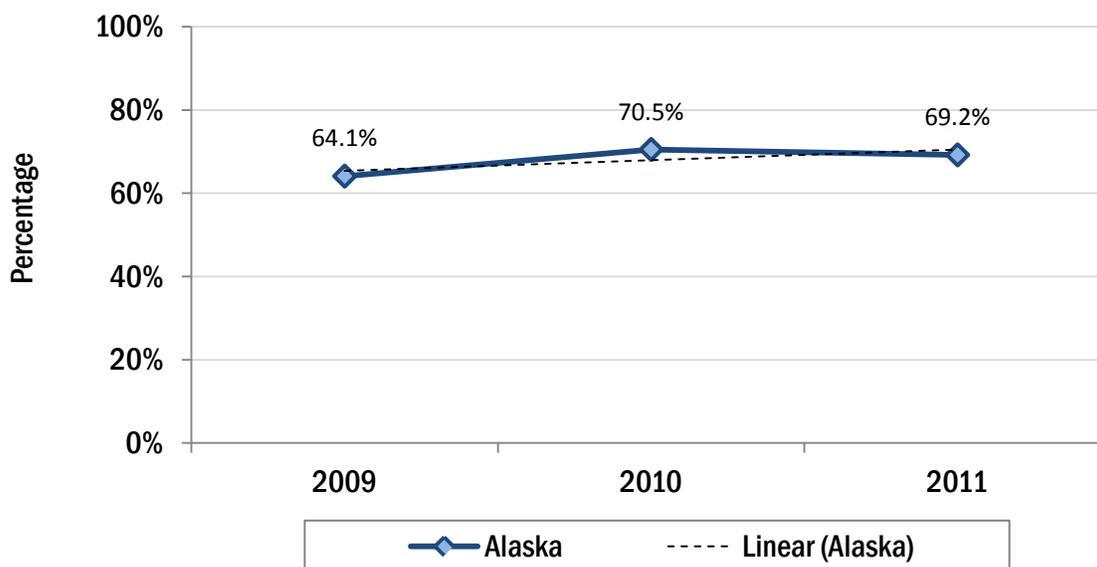
Additional Information:

- Alaska Department of Education and Early Development. <http://education.alaska.gov/>
- High School Graduation Rates for Students Receiving Special Education Compared with Students Not Receiving Special Education. <http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/11.aspx>
- Grade 10 Students Passing Qualifying Exams: Students Receiving Special Education and Students Not Receiving Special Education. <http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/dl-1.aspx>
- Graduation Rate Methodology Fact Sheet. http://education.alaska.gov/stats/HSGraduates/grad_rate_factsheet.docx
- Alaska Department of Education and Early Development. *Report Card to the Public, State Report Cards.* <http://education.alaska.gov/reportcard/>

Living with Dignity: Educational Goals

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

Percentage of youth who had Individualized Education Plans in effect at the time they left school and were enrolled in postsecondary education or training program, and/or employed within one year of leaving high school, Alaska, 2009 – 2011



Source: Alaska Department of Education and Early Development, *Individuals with Disabilities Education Act (IDEA) Annual Performance Report FFY 2010*.⁷⁴

Summary and Explanation:

- This indicator tracks outcomes of youth who had Individualized Education Plans (IEPs) in effect at the time they left school.
- In 2011, 69.2 percent of Alaskan youth in this category were 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).
- The percent of youth who received special education who are employed and/or enrolled in post-secondary education one year after leaving school is a key indicator because it illustrates the

⁷⁴ Available at

<http://education.alaska.gov/tls/sped/pdf/APR%20Updates/120417%20AK%20B%20FFY%202010%20APR.pdf>.

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)(l).

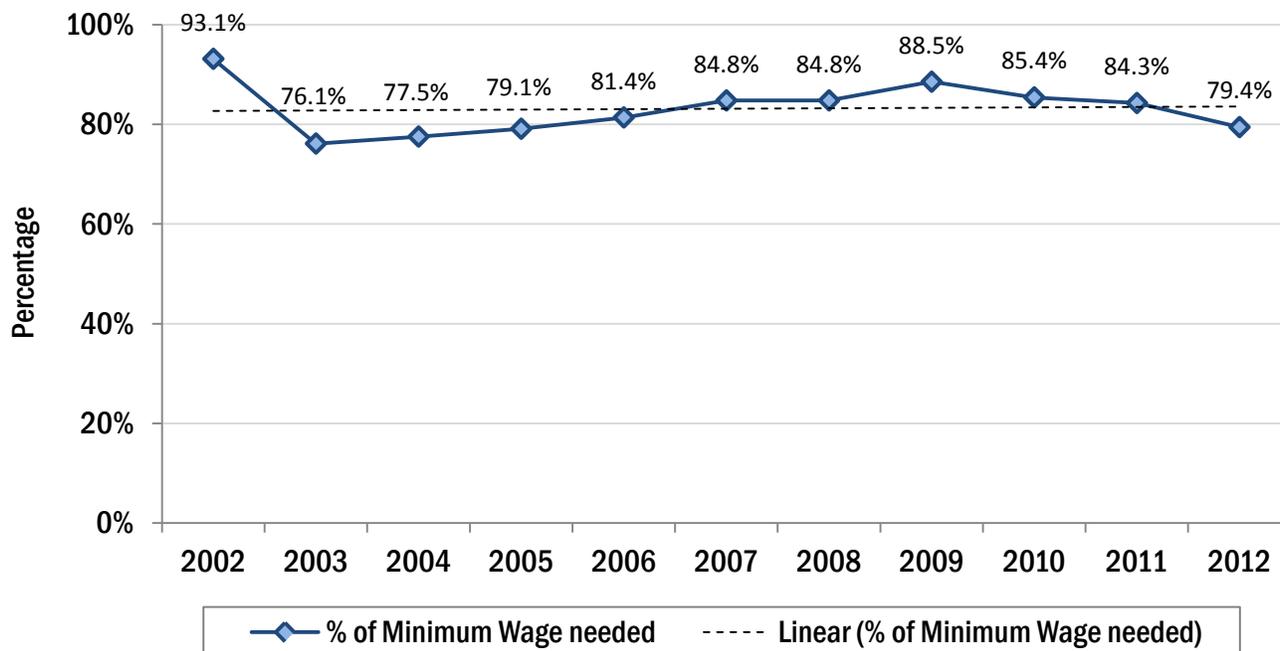
Additional Information:

- Alaska Department of Education and Early Development, Data and Statistics.
<http://education.alaska.gov/stats/facts.html>
- Governor’s Council on Disabilities and Special Education. <http://dhss.alaska.gov/gcdse/>
- Comprehensive Integrated Mental Health Plan Results Area: Living with Dignity
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/areas/dignity.aspx>
- High School Graduation Rates for Students Receiving Special Education Compared with Students Not Receiving Special Education.
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/11.aspx>
- Grade 10 Students Passing Qualifying Exams: Students Receiving Special Education and Students Not Receiving Special Education.
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/charts/dl-1.aspx>
- Continuum of Care Matrix for Alaskans with Developmental Disabilities.
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/carecontinuumdd.aspx>

Economic Security

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

Percent of Monthly Minimum Wage Needed to Afford Average Two-Bedroom Apartment in Alaska, 2002 - 2012



Source: National Low Income Housing Coalition. (2012). *Out of Reach*.⁷⁵

Summary and Explanation:

- The proportion of minimum wage income needed to afford housing in Alaska rose steadily between 2003 (when minimum wage increased from \$5.65 to \$7.15) and 2009; during this period housing costs increased while the minimum wage stayed the same. It dropped slightly in 2010 when the minimum wage was increased to \$7.75 per hour, and has dropped further in the years following.⁷⁶
- The current Fair Market Rent (FMR) for a two-bedroom apartment in Alaska is \$985. In order to afford such a rent at not more than 30 percent gross income, a household must earn a “Housing Wage” of \$18.94, assuming a 40-hour work week, 52 weeks per year. Alaska ranks 12th most expensive among the states for housing by this measure.⁷⁷

⁷⁵ Available at <http://nlihc.org/oor/2012>.

⁷⁶ Wage data from Alaska Department of Labor and Workforce Development (2011) *Summary of Alaska Wage and Hour Act*. Available at <http://labor.alaska.gov/lss/forms/sum-wh-act-1.pdf>.

⁷⁷ National Low Income Housing Coalition (2012). *Out of Reach*. Available at <http://nlihc.org/oor/2012>.

- A housing unit is considered affordable if it costs no more than 30 percent of one's income.⁷⁸
- In 2012, an Alaskan earning minimum wage (\$7.75 per hour) would need to work 98 hours per week, 52 weeks per year to afford the Fair Market Rate for an average two-bedroom apartment in Alaska.⁷⁹

Statutory Information:

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

Additional Information:

- Comprehensive Integrated Mental Health Plan Results Area: Economic Security. <http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/areas/security.aspx>
- Alaska Rent-Wage Disparity by Census Area, 2009. <http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/matrices/rentwage.aspx>
- Alaska Department of Health and Social Services, Division of Public Assistance. <http://dhss.alaska.gov/dpa/Pages/default.aspx>
- Alaska Mental Health Trust. *Affordable Housing Focus Area Fact Sheet*. http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_affordablehousing/Housing%20Fact%20Sheet%20Jan%202012.pdf
- Alaska Housing Finance Corporation. <http://www.ahfc.us/home/index.cfm>
- National Low Income Housing Coalition. *Out of Reach Reports*. <http://nlihc.org/oor/>

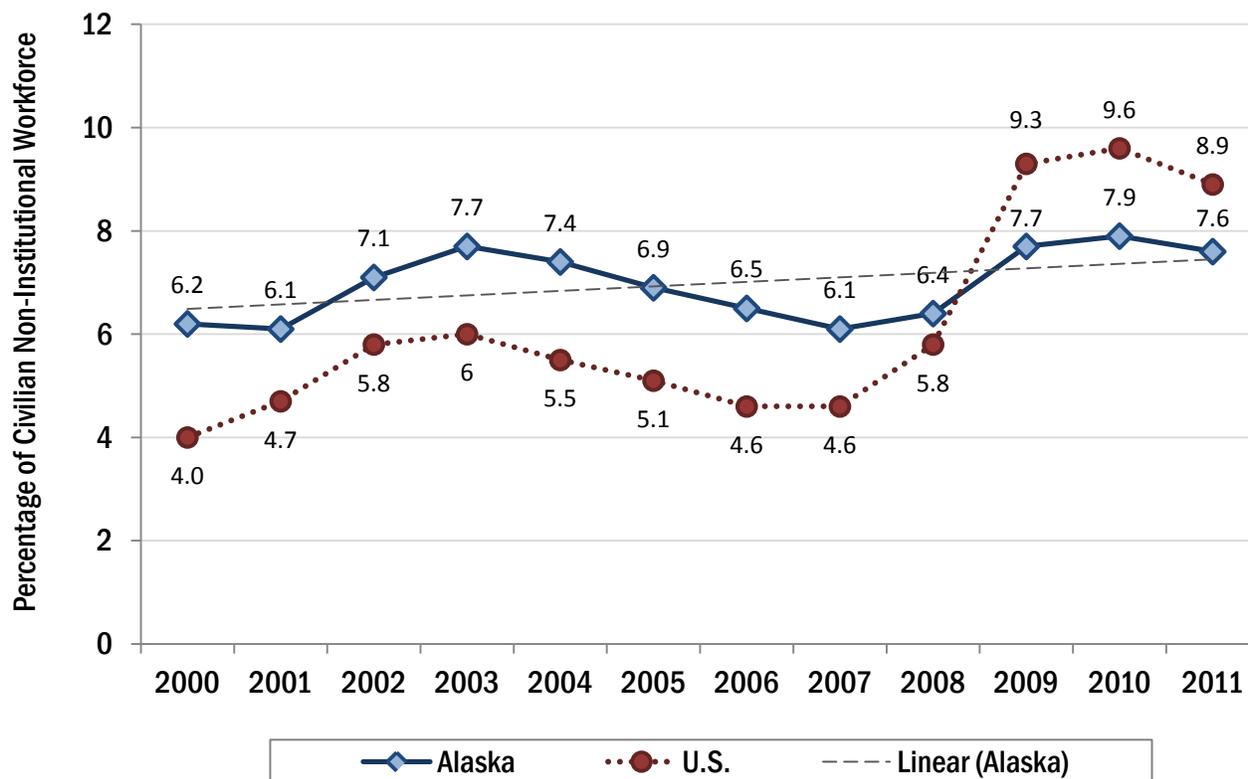
⁷⁸ National Low Income Housing Coalition. (2012). *Out of Reach*. Available at <http://nlihc.org/oor/2012>.

⁷⁹ Ibid.

Economic Security

21. Unemployment Rate

Average Annual Unemployment Rate, Alaska and U.S., 2000 – 2011



Source: Alaska: Alaska Department of Labor and Workforce Development. (2012). *Annual Unemployment Rates, Alaska and U.S., January 2000 to 2011*.⁸⁰
U.S.: U.S. Department of Labor. (2012). *Labor Force Statistics from the Current Population Survey*.⁸¹

Summary and Explanation:

- Persons are classified as unemployed if they do not have a job, have actively looked for work in the prior four weeks, and are currently available for work. Persons who are not working and are waiting to be recalled to a job from which they had been temporarily laid off are also included as unemployed. The unemployment rate represents the number unemployed as a percent of the labor force.⁸²

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

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

⁸² U.S. Department of Labor. (2012). *Labor Force Statistics from the Current Population Survey*. Available at <http://www.bls.gov/cps/>.

- Data presented in these charts are not seasonally adjusted. Seasonally adjusted rates tend to be slightly higher.⁸³

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 Information:

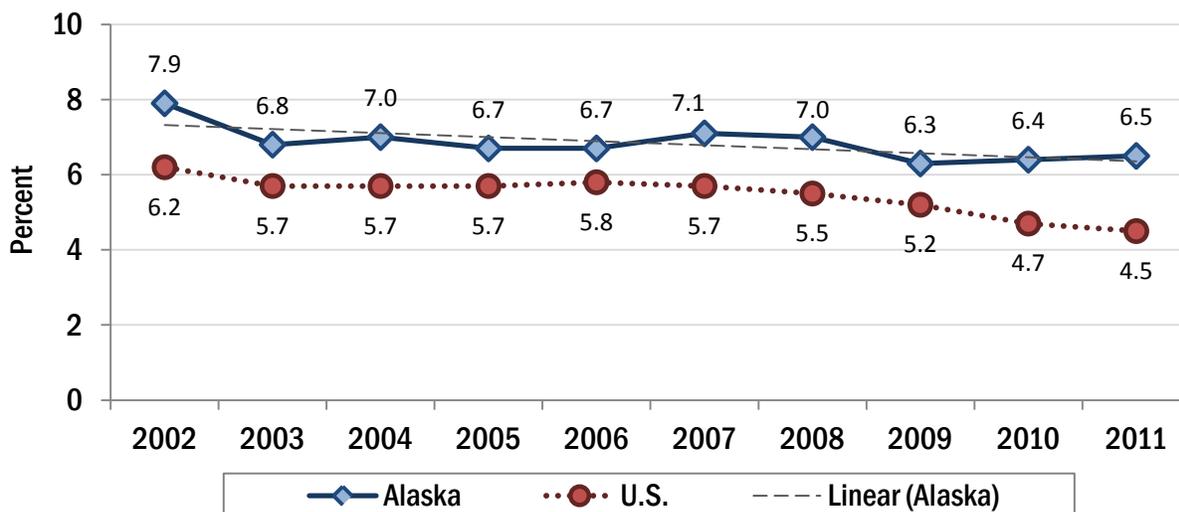
- Comprehensive Integrated Mental Health Plan Results Area: Economic Security
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/areas/security.aspx>
- Current Services and Service Gap Analysis.
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/services/default.aspx>
- Alaska Department of Labor and Workforce Development. <http://labor.alaska.gov/>

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

Economic Security

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

Percent of SSI Recipients who are Blind or Disabled and are Working, Alaska and U.S., 2002 – 2011



Source: U.S. Social Security Administration, Office of Retirement and Disability Policy. (2011). Table 41, Recipients Who Work. *SSI Annual Statistical Reports*.⁸⁴

Summary and Explanation:

- The percent of Supplemental Security Income (SSI) recipients who are blind or disabled and who work has remained relatively consistent throughout the decade. In 2011, the Alaska rate was 6.5 percent and the national average was 4.5 percent.
- According to the Social Security Administration, less than one-half of one percent of SSI⁸⁵ and/or Social Security Disability Insurance (SSDI)⁸⁶ recipients secures employment at a level sufficient to leave the SSI or SSDI program.
- 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 many SSI and SSDI

⁸⁴ Available at http://www.ssa.gov/policy/docs/statcomps/ssi_asr/2011/sect07.html#table41.

⁸⁵ SSI is a federal financial assistance program, financed through general tax revenues, that provides monthly payments to adults and children with qualifying disabilities who have limited income and resources, which meet the living arrangement requirements, and are otherwise eligible. Monthly payment varies up to the maximum federal benefit rate which is standardized in all States, but not everyone gets the same amount because it may be supplemented by the State or decreased by other income and resources. For more information, see <http://www.ssa.gov/pgm/ssi.htm>.

⁸⁶ SSDI is a federal disability insurance program that is financed with Social Security taxes paid by workers, employers and self-employed persons. To be eligible, the worker must earn sufficient “work credits” based on taxable work. Disability benefits are payable to workers who are disabled, widow(er)s or adults who have been disabled since childhood, who are otherwise eligible. Auxiliary benefits may be payable to a worker’s dependents. Monthly disability benefit payment is based on the Social Security earnings record of the insured worker on whose Social Security number the disability claim is filed. For more information, see <http://www.socialsecurity.gov/pgm/disability.htm>.

recipients are afraid they might lose cash assistance and Medicaid-funded services if they seek work.⁸⁷

- 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.⁸⁸

Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The Percent of SSI Recipients with Blindness or Disabilities who are Working is a key indicator because it illustrates the significance and effect of a major life impairment suffered by many persons who experience clinical conditions defining Trust beneficiary status—the difficulty of securing and holding down a job. 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 Information:

- Comprehensive Integrated Mental Health Plan Results Area: Economic Security. <http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/areas/security.aspx>
- Comprehensive Integrated Mental Health Plan: *Current Services and Gaps Analysis*. <http://dhss.alaska.gov/dph/HealthPlanning/Pages/movingforward/services/default.aspx>
- Governor’s Council on Disabilities and Special Education. <http://dhss.alaska.gov/gcdse/>
- Alaska Department of Labor and Workforce Development. <http://labor.alaska.gov/>
- Alaska Works Initiative. <http://www.alaskaworksinitiative.org/>
- UAA Center for Human Development. <http://www.uaa.alaska.edu/centerforhumandevlopment/>
- Social Security Administration, Disability Benefits. <http://www.ssa.gov/pgm/disability.htm>

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

⁸⁸ Ibid.