



# Alaska Scorecard

Key Issues Impacting  
Alaska Mental Health Trust Beneficiaries



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

Key to symbols:

- Satisfactory
- Uncertain
- Needs Improvement

Most Current U.S. Data	Previous Year's AK Data	Most Current AK Data	Status
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## Health

### Suicide

1	Suicide (rate per 100,000)	12.6	23.6	24.2	
2	Percent of adults reporting serious thoughts of suicide	3.9%	4.4%	4.2%	

### Substance Abuse

3	Alcohol-induced deaths (rate per 100,000)	8.8	33.0	29.4	
4	Percent of adults who engage in heavy drinking	6.2%	6.5%	7.7%	
5	Percent of adults who engage in binge drinking	16.8%	17.3%	18.5%	
6	Percent of population (age 12 and older) who use Illicit drugs	9.2%	14.0%	12.9%	

### Mental Health

7	Days of poor mental health in past month (adults)	3.7	3.3	3.1	
8	Percent of teens who experienced depression during past year	29.9	25.9%	27.2%	

### Access

9	Percent of population without health insurance	14.5%	19.0%	18.5%	
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## Safety

### Protection

10	Children abused and neglected (rate per 1,000)	9.1	15.6	13.0	
11	Substantiated reports of harm to adults (rate per 1,000)	†	1.1	1.2	
12	Injuries to elders due to falls, hospitalized (rate per 100,000)	1,472	1,166	1,061	
13	Traumatic brain injury, hospitalized non-fatal (rate per 100,000)	†	79.9	81.2	

### Justice

14	Percent of incarcerated adults with mental illness or mental disabilities	†	42.0%	65.0%	
15	Rate of criminal recidivism for incarcerated adults with mental illness or mental disabilities	†	39.2%	38.9%	
16	Percent of arrests involving alcohol or drugs	†	42.9%	29.5%	

## Living With Dignity

### Accessible, Affordable Housing

17	Chronic homelessness (rate per 100,000)	26.4	25.1	28.0	
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### Educational Goals

18	Difference between high school graduation rate for students with and without disabilities	†	32.7%	33.0%	
19	Percent of youth who received special education who are employed or enrolled in post-secondary education one year after leaving school	†	58.0%	72.0%	

## Economic Security

20	Percent of minimum wage income needed to afford average housing	†	89.6%	90.7%	
21	Average annual unemployment rate	7.4%	7.0%	6.5%	
22	Percent of SSI recipients who are blind or disabled and are working	4.3%	6.6%	6.8%	

## Prevalence Estimates: Alaska Mental Health Trust Beneficiaries

Alaska Mental Health Trust Beneficiary Population	Number	Population Rate
Serious Mental Illness (ages 18+)	21,754	4.0%
Serious Emotional Disturbance (ages 0 to 17)	12,725	6.7%
Alzheimer's Disease (ages 60+)	6,100	9.0%
Traumatic brain injury (all ages)	11,900	1.6%
Developmental disabilities (all ages)	13,270	1.8%
Dependent on alcohol (ages 12 to 17)	1,000	1.6%
Dependent on alcohol (ages 18+)	20,000	3.7%

December 2014

† No comparable U.S. data available

<http://dhss.alaska.gov/dph/HealthPlanning/Pages/scorecard>

## Health: Suicide

1. **Suicide rate per 100,000** (2013).<sup>a</sup>
2. **Serious thoughts of suicide.** Adults aged 18 and older reporting serious thoughts of suicide in the past year (2012-2013).<sup>b</sup>

## 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 (2013).<sup>a</sup>
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 (2013).<sup>c</sup>
5. **Adults who engage in binge drinking.** Percentage of adults who reported drinking five or more drinks on one occasion in past 30 days (2013).<sup>c</sup>
6. **Population aged 12 and older using illicit drugs.** Percentage of population age 12 and older who report using illicit drugs in the past month, including marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically (2012-2013).<sup>b</sup>

## 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 (2013).<sup>c</sup>
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 (2013).<sup>d</sup>

## Health: Access

9. **Population without health insurance.** Percent of population without health insurance for the entire year (2013).<sup>e</sup>

## Safety: Protection

10. **Children abused and neglected, rate per 1,000.** Child victims aged 0-17, unique counts (2013).<sup>f</sup>
11. **Substantiated reports of harm to adults, rate per 1,000.** (FY2014).<sup>g</sup>
12. **Injuries to elders due to falls, rate per 100,000.** Non-fatal injuries, ages 65+, hospitalized 24 hours or more (2013).<sup>h</sup>
13. **Rate of non-fatal traumatic brain injury per 100,000.** Hospitalized 24 hours or more (2013).<sup>h</sup>

## Safety: Justice

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

15. **Statewide criminal recidivism rates for incarcerated adults with mental illness or mental disabilities.** Rate of re-entry into ADOC for a new crime occurring within one year of initial date of discharge (2012).<sup>j</sup>

16. **Percent of arrests involving alcohol or drugs.** Arrest offenses with Division of AK State Troopers or Wildlife Troopers that were flagged as being related to alcohol and/or drugs (2013).<sup>j</sup>

## 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 (2014).<sup>k</sup>

## Living With Dignity: Education

18. **Difference between high school graduation rate for students with and without disabilities.** Statewide cohort graduation rate (2013-2014).<sup>l</sup>
19. **Percent of youth who received special education who are employed and/or enrolled in post-secondary education one year after leaving school** (2013).<sup>m</sup>

## Economic Security

20. **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 (2014).<sup>n</sup>
21. **Average annual unemployment rate.** Rate represents the number unemployed as a percent of the labor force (2013).<sup>o</sup>
22. **Percent of SSI recipients with blindness or disabilities who are working** (2013).<sup>p</sup>

## Data Sources

- a. Alaska Department of Health and Social Services, Division of Public Health, [Bureau of Vital Statistics](#).
- b. Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, [National Survey on Drug Use and Health](#).
- c. Alaska Department of Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System; U.S. Centers for Disease Control and Prevention (CDC).
- d. Alaska Department of Health and Social Services, Division of Public Health, [Youth Risk Behavior Survey](#); U.S. Centers for Disease Control and Prevention, [Youth Risk Behavior Survey](#).
- e. U.S. Census Bureau and Bureau of Labor Statistics, Current Population Survey, [Health Insurance Coverage Status](#).
- f. 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 2013](#).

- g. Alaska Department of Health and Social Services, Senior and Disabilities Services, [Adult Protective Services](#).
- h. Alaska Department of Health and Social Services, Division of Public Health, [Alaska Trauma Registry](#); U.S. Centers for Disease Control and Prevention (CDC), Injury Prevention & Control, [Data & Statistics](#).
- i. Hornby Zeller Associates, Inc. (May 2014), [A Study of Trust Beneficiaries in the Alaska Department of Corrections](#).
- j. Alaska Public Safety Information Network (AP SIN) case data for [Alaska Department of Public Safety](#), Division of Alaska State Troopers and Wildlife Troopers.
- k. HUD Continuum of Care Homeless Assistance Programs, [2013 HUD Annual Homeless Assessment Report](#).
- l. Alaska Department of Education & Early Development, [Statistics and Reports](#).
- m. [Governor's Council on Disabilities & Special Education](#); Alaska Department of Education & Early Development, [FFY 2012 Annual Performance Report](#).
- n. National Low Income Housing Coalition (2014). [Out of Reach 2014](#).
- o. 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](#).
- p. U.S. Social Security Administration, Office of Retirement and Disability Policy, [SSI Annual Statistical Report, 2013. 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** (2014 estimate). Alaska Department of Health and Social Services. [Alaska's Roadmap to Address Alzheimer's Disease and Related Dementias](#) (12/31/14).
- 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 GCSE (via e-mail 10/21/11).
- Alcohol dependence.** U.S. DHHS, SAMHSA, National Survey on Drug Use and Health. Estimates based on 2010-2011 NSDUHS.

## 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 2013 and 2014 the status of most indicators remained the same; one moved from “needs improvement” to “uncertain,” one moved from “uncertain” to “satisfactory,” and one moved from “uncertain” to “needs improvement.”

## Status information by Scorecard indicator

- Suicide rate per 100,000.** The 2013 Alaska rate is 92% higher than the U.S. rate, and the Alaska rate has varied too much year-to-year to show a clear trend. The resulting status is “needs improvement.” This is the same as last year’s Scorecard status.
- Serious thoughts of suicide.** The 2012-2013 Alaska rate is 8% higher than the U.S. rate, and the Alaska rate has remained generally flat. The status is “uncertain.” This is better than last year’s Scorecard status.
- Alcohol-induced deaths.** The 2013 Alaska rate is 234% higher than the U.S. rate, and the Alaska data show no clear trend. The status is “needs improvement.” This is the same as last year’s Scorecard status.
- Heavy drinking (adults).** The 2013 Alaska rate is 24% higher than the U.S. rate, and the Alaska rate does not show a clear trend, so the status is “needs improvement.” This is worse than last year’s Scorecard status.
- Binge drinking (adults).** The 2013 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 2012-2013 Alaska rate is 40% 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 2013 Alaska rate is 16% lower than the U.S. rate and the Alaska data show no clear trend, so the status is “satisfactory.” This is better than last year’s Scorecard status.
- Teens that experienced depression.** Although the 2013 Alaska rate is 9% below the U.S. rate, the rate is unacceptably high, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
- Population without health insurance.** The 2013 Alaska rate is 28% higher than the U.S. rate, and the Alaska data show an increase in the rate of population without insurance, so the status is “needs improvement.” This is the same as last year’s Scorecard status.

10. **Children abused and neglected.** While the Alaska data show as possible downward trend, the 2013 Alaska rate is 42.9% higher than the U.S. rate. 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 2013 Alaska rate is 28% below the U.S. rate, and the data show a possible downward trend; the status is “satisfactory.” This is the same as last year’s Scorecard status.
13. **Non-fatal traumatic brain injury.** 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 the same as last year’s Scorecard status.
14. **Incarcerated adults with mental illness or mental disabilities.** There are not enough Alaska data to identify a trend. However, the consensus is that the rate is unacceptably high, so the status is “needs improvement.” This is the same as last year’s Scorecard status.
15. **Criminal recidivism for incarcerated adults with mental illness or mental disabilities.** There are not enough Alaska data to identify a trend; there are no comparable U.S. data. The status is “uncertain.” This is the same as last year’s Scorecard status.
16. **Arrests involving alcohol or drugs.** The Alaska rate has decreased in the last year and over the past six years; however, this may be due to record keeping. There are no U.S. data for comparison. The status is “uncertain.” This is the same as last year’s Scorecard status.
17. **Chronic homelessness.** The 2014 Alaska rate is 6% higher than the U.S. rate, but the Alaska data vary too much year-to-year to show a clear trend, so the status is “uncertain.” This is the same as last year’s Scorecard status.
18. **Difference between high school graduation rate for students with and without disabilities.** The 2013-2014 rate shows a greater difference than the previous year; however, there is no evidence of a trend. The status is “uncertain.” This is the same as last year’s Scorecard status.
19. **Percent of youth who received special education and are employed and/or enrolled in post-secondary education.** There is not enough information to identify a trend in Alaska data and no comparable U.S. data; the status is “uncertain.” This is the same as year’s Scorecard status.
20. **Percent of Minimum Wage needed for Average Housing.** The consensus is that 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 2013 Alaska rate is 12% below the U.S. rate and the data show a possible downward trend; 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 2013 Alaska rate is 58% higher than the U.S. rate; the status is “satisfactory.” This is the same as last year’s Scorecard status.

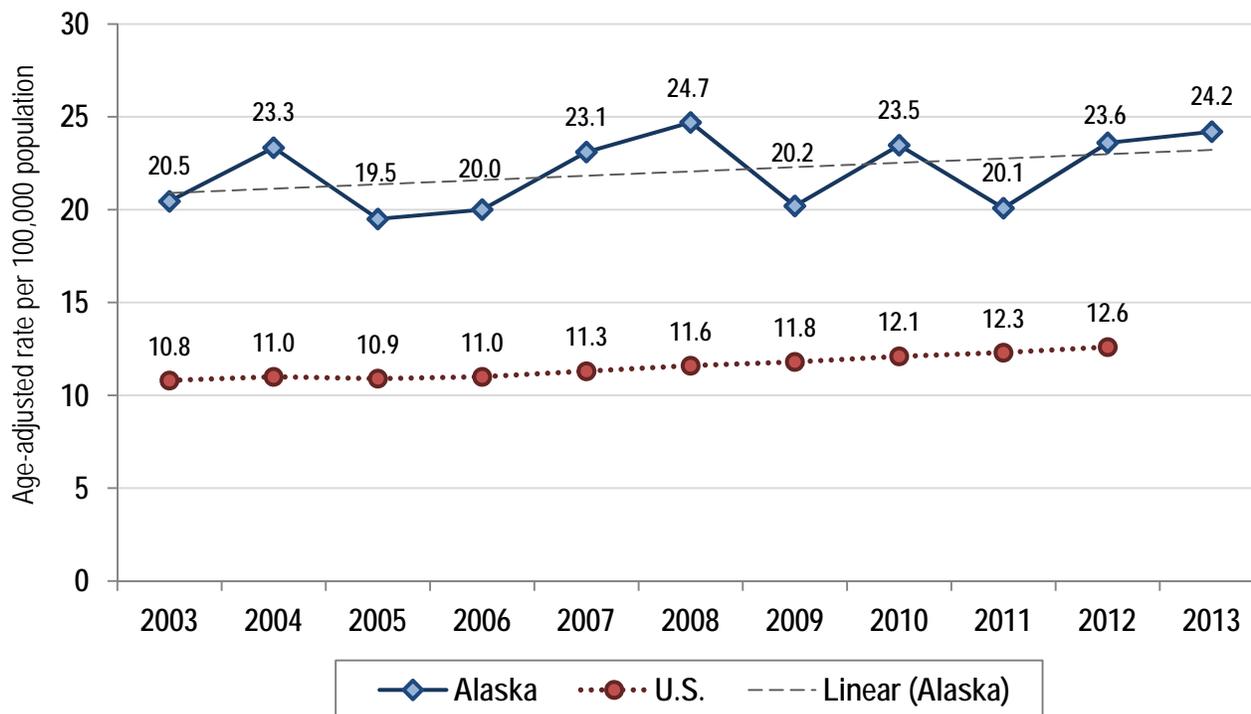
**For further information and data, refer to the Drilldown section of the scorecard at**

<http://dhss.alaska.gov/dph/HealthPlanning/Pages/scorecard>

## Health: Suicide

### 1. Suicide Rate

Suicide rate, Alaska and U.S., 2003 – 2013



Source: Alaska: Alaska Department of Health and Social Services, Bureau of Vital Statistics (via e-mail 10/24/2014); U.S.: Centers for Disease Control and Prevention (2013). *National Vital Statistics Report*, Vol. 61, No. 6, Table 11.<sup>1</sup>

#### Summary and Explanation:

- Between 2000 and 2013, 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).<sup>2</sup>
- 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).<sup>2</sup>
- According to interviews with families of 56 Alaskans who died by suicide:
  - More than half of the decedents had a disability or illness that made it difficult for them to take care of normal daily activities.

<sup>1</sup> National Vital Statistics Reports, Forthcoming. Available at: [www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63\\_09.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_09.pdf).

<sup>2</sup> 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](http://www.epi.hss.state.ak.us/bulletins/docs/rr2012_01.pdf).

- 43 percent of interviewees said the decedents drank alcohol daily and many indicated binge drinking.
- Almost a quarter had an alcohol problem or dependency.
- More than a quarter had a documented mental health problem.
- Almost all had a serious life stressor, either a physical health, criminal/legal, or financial problem.
- Almost a quarter were current or former U.S. military personnel.<sup>3</sup>

#### 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>

*Casting the Net Upstream: Promoting Wellness to Prevent Suicide: Alaska State Suicide Prevention Plan, FY 2012-2017.*

[http://dhss.alaska.gov/dbh/Documents/02\\_Department/suicideprevention/SSPC\\_2012-2017.pdf](http://dhss.alaska.gov/dbh/Documents/02_Department/suicideprevention/SSPC_2012-2017.pdf)

Healthy Alaskans 2020 Leading Health Indicator 7: Suicide Mortality Rate.

[http://ibis.dhss.alaska.gov/indicator/complete\\_profile/Suic25up.html](http://ibis.dhss.alaska.gov/indicator/complete_profile/Suic25up.html)

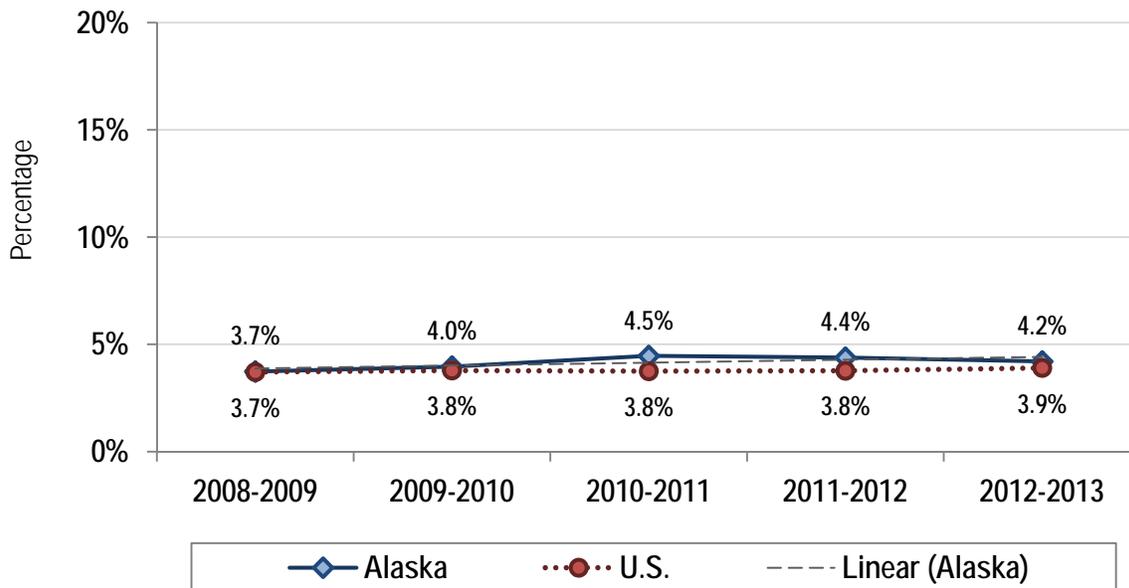
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<sup>3</sup> Alaska Injury Prevention Center, Critical Illness and Trauma Foundation Inc., and American Association of Suicidology. (February 2007). *Alaska Suicide Follow-back Study Final Report*. The study was based on interviews about 56 suicide 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](http://dhss.alaska.gov/SuicidePrevention/Documents/pdfs_sspc/sspcfollowback2-07.pdf).

## Health: Suicide

### 2. Serious thoughts of suicide

#### Suicidal thoughts in the past year, adults aged 18 or older Alaska and U.S., 2008 – 2013



**Source:** Alaska and U.S.: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality. *National Survey on Drug Use and Health (NSDUH)*<sup>4</sup>

#### Summary and Explanation:

- The National Survey on Drug Use and Health (NSDUH) measures the prevalence of suicidal thoughts and behavior among civilian, noninstitutionalized adults aged 18 or older in the United States. This question asks all adult respondents if at any time during the past 12 months they had serious thoughts of suicide.
- According to the 2013 Youth Risk Behavior Survey, 8.4% of Alaskan students in traditional high schools attempted suicide one or more times in the past year.<sup>5</sup>

#### Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. (AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- Serious thoughts of suicide is considered a key indicator because of the concern that, because they experience a major life impairment from one or more of the clinical conditions defining beneficiary status, Trust beneficiaries may be at a higher risk of suicide. These clinical conditions

<sup>4</sup> Available at: <http://www.samhsa.gov/data/sites/default/files/NSDUHmhr2013/NSDUHmhr2013.pdf>.

<sup>5</sup> Alaska Department of Health and Social Services, Division of Public Health, 2013 *Alaska Youth Risk Behavior Survey Results*: Available at [http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2013AKTradHS\\_Graphs.pdf](http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2013AKTradHS_Graphs.pdf).

include: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; dissociative disorders; other psychotic or severe, persistent mental disorders, and substance abuse. AS 47.30.056 (c-d).

- The Statewide Suicide Prevention Council was established by the Alaska Legislature in 2001 and is responsible for advising legislators and the Governor on ways to improve Alaskans' health and wellness by reducing suicide, and improving public awareness of suicide and risk factors, enhancing suicide prevention. AS 44.29.350(a).

**Additional 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>

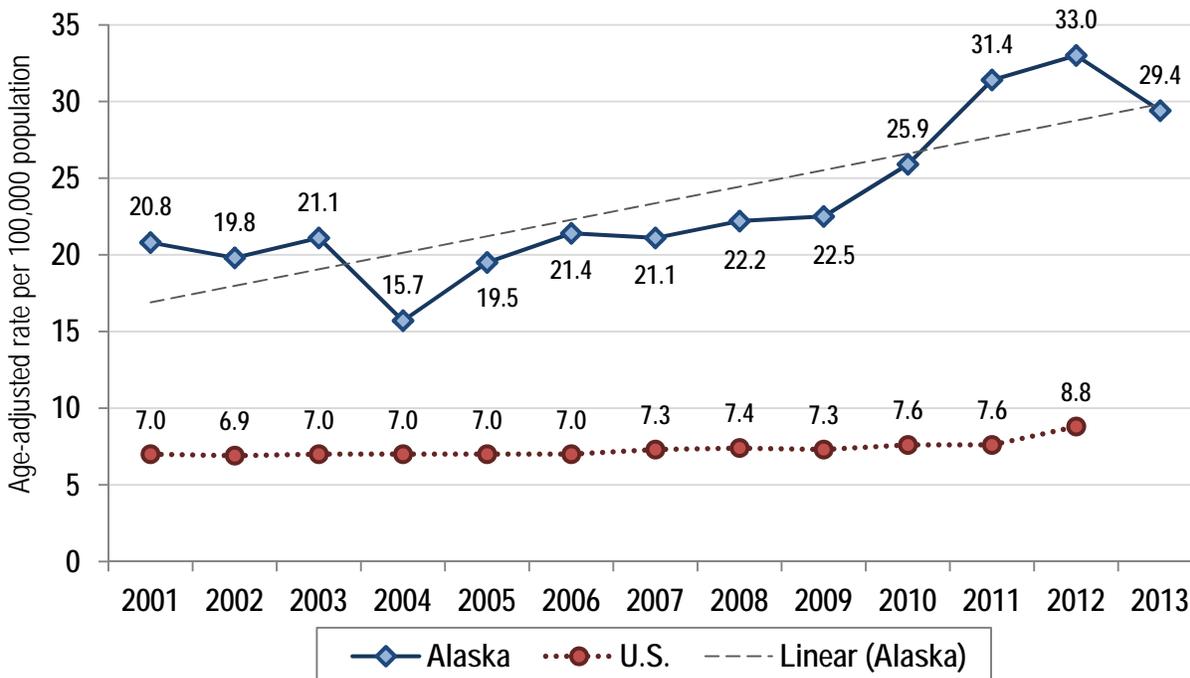
*Casting the Net Upstream: Promoting Wellness to Prevent Suicide: Alaska State Suicide Prevention Plan, FY 2012-2017.*

[http://dhss.alaska.gov/dbh/Documents/02\\_Department/suicideprevention/SSPC\\_2012-2017.pdf](http://dhss.alaska.gov/dbh/Documents/02_Department/suicideprevention/SSPC_2012-2017.pdf)

## Health: Substance Abuse

### 3. Alcohol-Induced Deaths

Alcohol induced deaths, Alaska and U.S., 2001 – 2013



**Source:** Alaska: Department of Health and Social Services, Division of Public Health, Bureau of Vital Statistics (via e-mail 10/24/2014);

U.S.: *National Vital Statistics Report*, Vol. 63, No. 9, Table 11.<sup>6</sup>

#### 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.<sup>7</sup>

<sup>6</sup> Available at: [http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63\\_09.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_09.pdf).

<sup>7</sup> 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](http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf).

- The alcohol-induced death rate is significantly higher for Alaska Natives than for non-Natives.<sup>8</sup>
- Alcohol remains by far the most commonly identified substance of abuse in Alaska violent death victims.<sup>9</sup>

**Statutory Information:**

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

**Additional 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>

Healthy Alaskans 2020 Indicator 14: Alcohol-Induced Mortality Rate.

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

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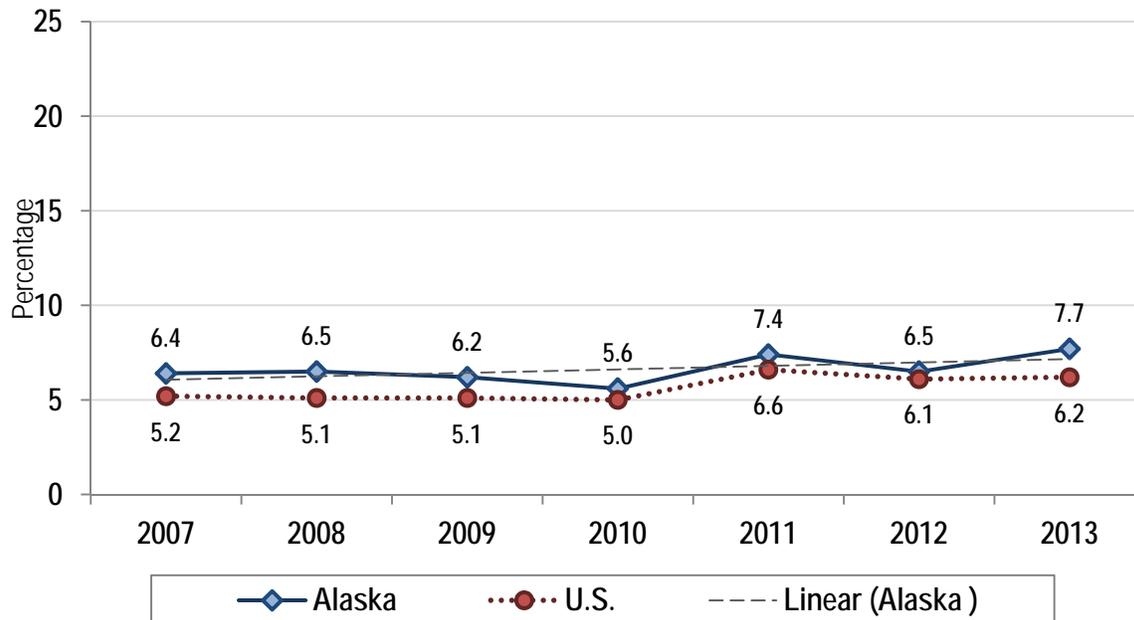
<sup>8</sup> Alaska Bureau of Vital Statistics, *2009 Annual Report*, p. 41. Available at <http://dhss.alaska.gov/dph/VitalStats/Pages/data/2009ar.aspx>.

<sup>9</sup> Department of Health and Social Services, Section of Epidemiology (2014). *Toxicology Findings Associated with Violent Deaths – Alaska, 2003–2012*. Available at: [http://www.epi.hss.state.ak.us/bulletins/docs/b2014\\_24.pdf](http://www.epi.hss.state.ak.us/bulletins/docs/b2014_24.pdf).

## Health: Substance Abuse

### 4. Adults who Engage in Heavy Drinking

Percentage of adults who engage in heavy drinking, Alaska and U.S., 2007 – 2013



**Source:** Alaska: Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance Survey (BRFSS)<sup>10</sup> (via e-mail 11/21/2014);  
U.S.: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System.<sup>11</sup>

#### Summary and Explanation:

- Heavy drinking is defined as consuming more than two alcoholic drinks (men) or more than one drink (women) *each* day during the past 30 days. Both heavy drinking and binge drinking are associated with a number of health problems, including chronic disease, unintentional injury, violence, and harm to a developing fetus.<sup>12</sup>
- 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 drugs or alcohol in public places into protective custody and transport them to the Safety Center located in the Anchorage Jail Complex. Clients are assessed using basic physiological parameters, and those

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

<sup>11</sup> Available at <http://apps.nccd.cdc.gov/brfss/>.

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

falling outside safe standards for sleep-off are taken to hospitals for medical clearance or further care.<sup>13</sup>

**Statutory Information:**

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

**Additional 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>

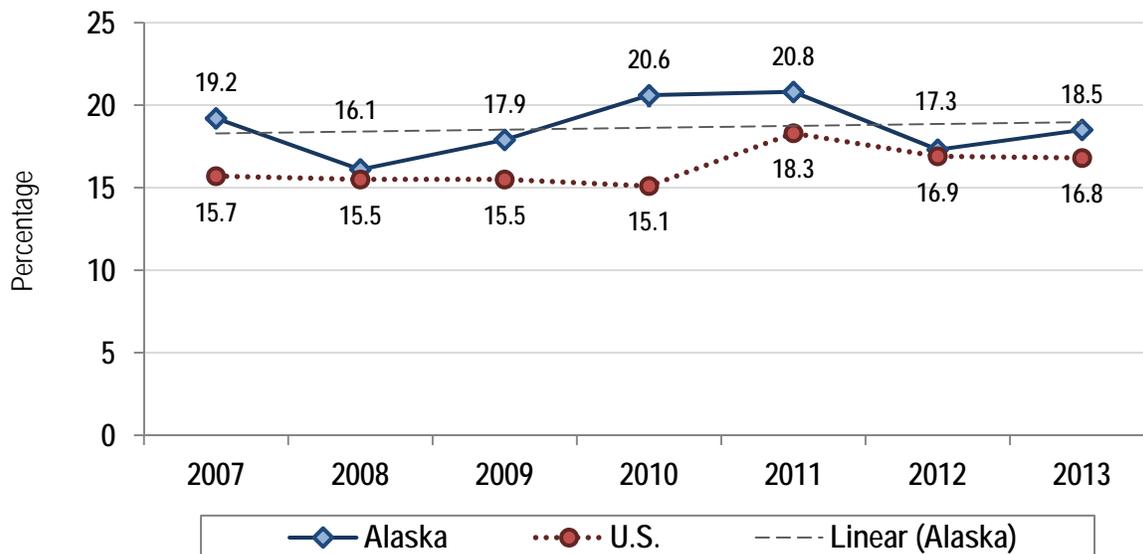
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<sup>13</sup> Municipality of Anchorage, Health and Human Services, Anchorage Safety Patrol and Center.  
<http://www.muni.org/Departments/health/services/Pages/AnchorageSafetyPatrol.aspx>

## Health: Substance Abuse

### 5. Adults who Engage in Binge Drinking

#### Percentage of adults who engage in binge drinking, Alaska and U.S., 2007 – 2013



**Source:** Alaska: Department of Health and Social Services, Division of Public Health. Behavioral Risk Factor Surveillance Survey (BRFSS) (via e-mail 11/21/2014).<sup>14</sup>  
U.S.: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System.<sup>15</sup>

#### Summary and Explanation:

- Binge drinking is defined as having five or more drinks (men) or four or more drinks (women) on one or more occasions in the past 30 days.<sup>16</sup>
- Binge drinking in Alaska is significantly higher among men (28%) than among women (13%).<sup>17</sup>
- According to the 2013 Youth Risk Behavior Survey (YRBS), 13% of Alaska's high school students engaged in binge drinking during the past 30 days.<sup>18</sup>
- Youth who begin drinking at age 14 or younger are four times more likely to develop dependence.<sup>19</sup>

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

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

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

<sup>17</sup> 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>.

<sup>18</sup> 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/2013YRBS\\_PreliminaryHighlights.pdf](http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2013YRBS_PreliminaryHighlights.pdf).

- Underage drinking is a factor in nearly half of all teen automobile crashes, the leading cause of death among teenagers.<sup>20</sup>

**Statutory Information:**

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

**Additional 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>

Healthy Alaskans 2020 Leading Health Indicator 15: Binge Drinking

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

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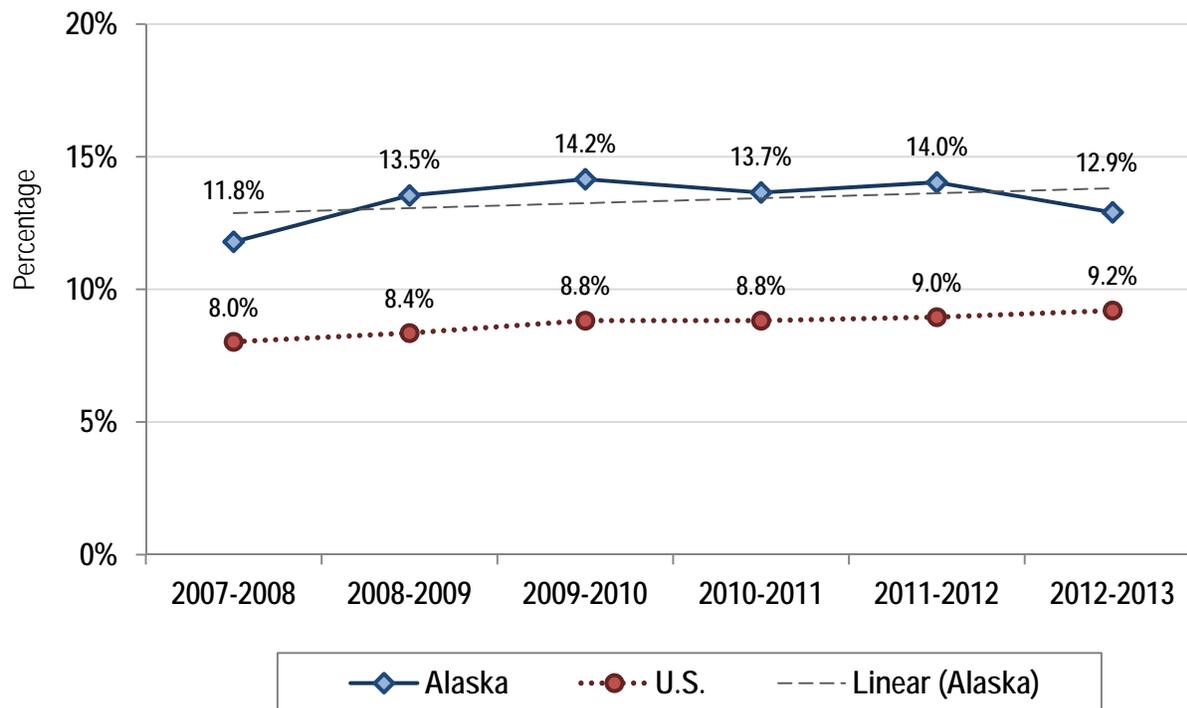
<sup>19</sup> Grant, B.F. & Dawson, D.A. (1997). Age at onset of alcohol abuse and its association with DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiological Survey. *Journal of Substance Abuse*, 9:103-10. <http://www.sciencedirect.com/science/article/pii/S0899328997900092>.

<sup>20</sup> 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., 2007 – 2013



Source: Alaska and U.S.: Substance Abuse and Mental Health Services Administration (SAMHSA) (2014). *Results from 2013 National Survey on Drug Use and Health*.<sup>21</sup>

#### Summary and Explanation:

- Illicit drugs, as reported here, include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.<sup>22</sup>
- Although the percentage of Alaskans ages 12 and older who reported using illicit drugs dropped in 2012-2013 (12.9%), illicit drug use is consistently at least 25% above the national percentage.
- In Alaska, the 18 to 25 age group has the highest rates of illicit drug use.<sup>23</sup>
- The percentage of Alaskans using illicit drugs other than marijuana was 2.9% in 2012-2013. This percentage is lower than the national average of 3.36%.<sup>24</sup>

<sup>21</sup> Available at <http://www.samhsa.gov/data/NSDUH/2013SummNatFindDetTables/Index.aspx>.

<sup>22</sup> SAMHSA. *Key Definitions for the 2013 Detailed Tables and National Findings Report*. Available at <http://www.samhsa.gov/data/NSDUH/2013SummNatFindDetTables/DetTabs/NSDUH-DetTabsGlossary2013.htm>.

<sup>23</sup> SAMHSA, *National Survey on Drug Use and Health, 2011-2012 NSDUH State Estimates of Substance Use and Mental Disorders*. Available at <http://www.samhsa.gov/data/NSDUH/2k12State/NSDUHsae2012/Index.aspx>.

- According to the National Survey on Drug Use and Health (NSDUH), Alaska ranked 7th among the states and D.C. for illicit drug use in 2012-2013 in the 12 and older age group. However, when illicit drug use other than marijuana is taken into account, Alaska is not in the top ten.<sup>25</sup>
- According to the 2013 Alaska Youth Risk Behavior Survey of students in grades 9–12:
  - 39.0% had used marijuana one or more times in their life;
  - 19.7% had used marijuana one or more times during the past 30 days;
  - 13.5% had taken a prescription drug (such as OxyContin, Percocet, codeine, etc.) without a doctor's prescription one or more times in their life; and,
  - 6.6% had sniffed glue, breathed the contents of aerosol spray cans, or inhaled paint or sprays to get high one or more times in their life.<sup>26</sup>
- 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.<sup>27</sup>

#### Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The rate of illicit drug use by Alaskans 12 and older is a key indicator because individuals who use illicit drugs can 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>

<sup>24</sup> SAMHSA, National Survey on Drug Use and Health, 2012-2013 NSDUH State Estimates of Substance Use and Mental Disorders. Available at <http://www.samhsa.gov/data/sites/default/files/NSDUHStateEst2012-2013-p1/ChangeTabs/NSDUHsaeShortTermCHG2013.pdf>

<sup>25</sup> SAMHSA, National Survey on Drug Use and Health, 2012-2013 NSDUH State Estimates of Substance Use and Mental Disorders. Available at <http://www.samhsa.gov/data/sites/default/files/NSDUHStateEst2012-2013-p1/ChangeTabs/NSDUHsaeShortTermCHG2013.pdf>

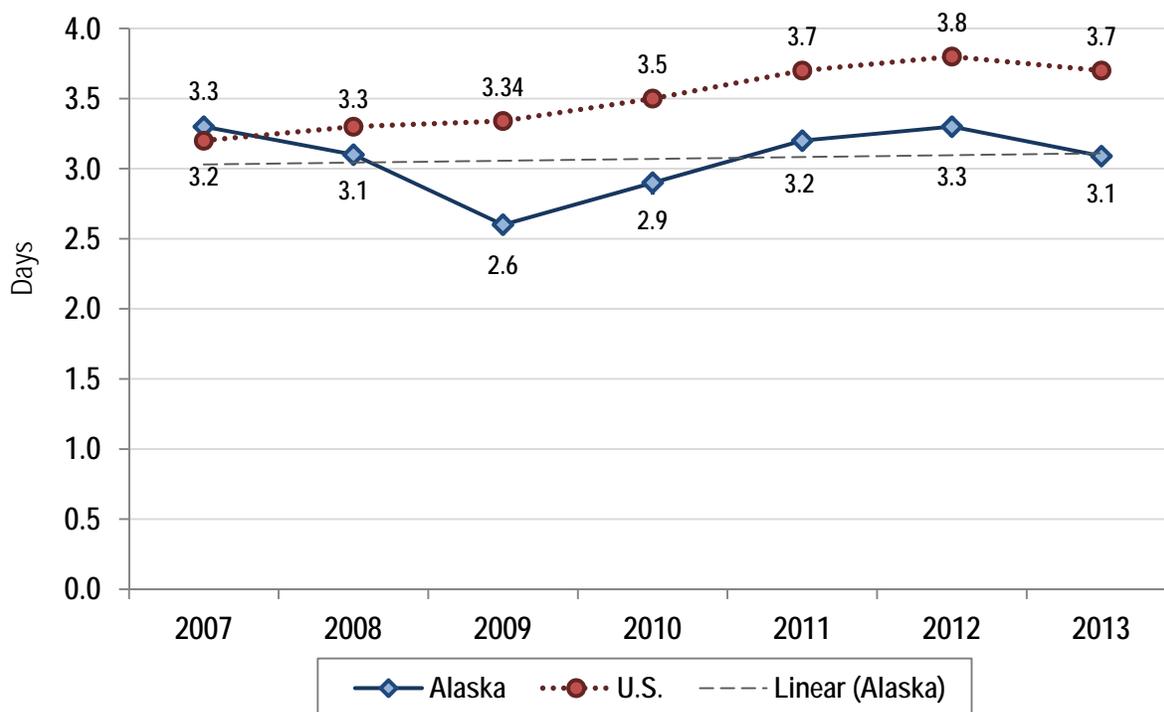
<sup>26</sup> Alaska Youth Risk Behavior Survey. Available at: <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbsresults.aspx>.

<sup>27</sup> 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](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 – 2013



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

#### Summary and Explanation:

- According to the 2013 BRFSS, Alaskan adults reported experiencing mental distress an average of 3.1 days out of the past 30 days.<sup>29</sup>

<sup>28</sup> With the reporting of 2011 BRFSS data, the CDC introduced a new method of sampling (to include cell phone as well as landline phone numbers) and a new weighting methodology referred to as “raking.” These changes improve the overall representativeness of the BRFSS data, and provide a more accurate reflection of the health behaviors and conditions of the population. These changes in methods mean changes in the way data can be used. Trend analyses will eventually focus on years of data (2011 and later) that include both landline and cell phone respondents, and which are weighted using raking methodology.

<sup>29</sup> 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>.

- The BRFSS does not collect data from those who are living in an institutional setting. Consequently, those who are experiencing poor mental health days and are living in an institutional setting are not included in these data.

**Statutory Information:**

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The Statewide Suicide Prevention Council was established by the Alaska Legislature in 2001 and is responsible for advising legislators and the Governor on ways to improve Alaskans' health and wellness by reducing suicide, and improving public awareness of suicide and risk factors, enhancing suicide prevention. AS 44.29.350(a).
- The Alaska Mental Health Board and the Advisory Board on Alcoholism were established by the Alaska Legislature in 1995 and are jointly charged with planning and coordinating behavioral health services funded by the State of Alaska. The joint mission of AMHB and ABADA is to advocate for programs and services that promote healthy, independent, productive Alaskans. AS 47.30.666(a); AS 44.29.140(a).
- Days with poor mental health is a key indicator because there is a concern that persons experiencing days of poor mental health may be at heightened risk of experiencing, major life impairment from with one or more clinical conditions defining Trust beneficiary status, including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; and dissociative disorders. AS 47.30.056(c), (d) and (g).

**Additional 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>

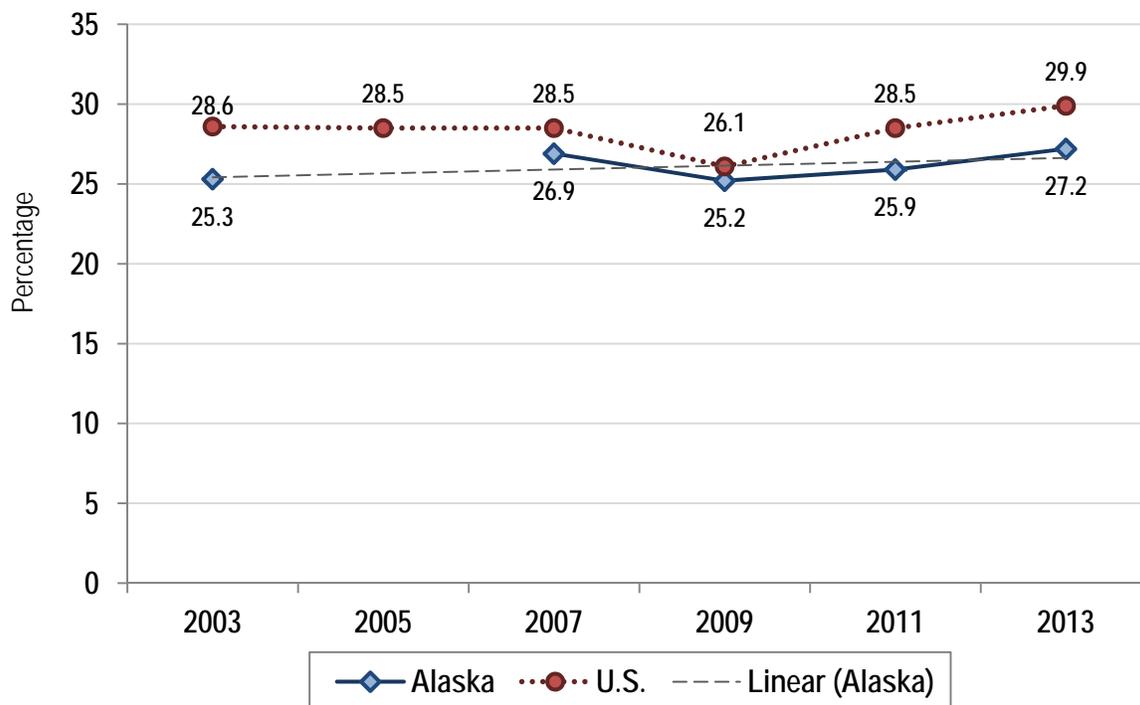
Alaska Mental Health Board.  
<http://dhss.alaska.gov/amhb/Pages/default.aspx>

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

## 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 – 2013



**Source:** Alaska: Alaska Department of Health and Social Services, Division of Public Health, *Youth Risk Behavior Survey Results*;<sup>30,31</sup>  
 U.S.: Centers for Disease Control and Prevention (2014). *Youth Risk Behavior Surveillance--United States, 2013. MMWR Surveillance Summaries*, Vol. 63, No. 4. Table 23.<sup>32</sup>

#### Summary and Explanation:

- According to the 2013 Youth Risk Behavior Survey, 27.2% 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.

<sup>30</sup> Available at [http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2013AKTradHS\\_Graphs.pdf](http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2013AKTradHS_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>.

<sup>31</sup> Weighted statewide data is not available for 2005.

<sup>32</sup> Available at <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

- The 2013 rate of depression was significantly higher among females (35.7%) than males (19.0%) in traditional high schools in Alaska.
- The 2011 rate was higher among students in alternative (39.8%) than traditional (27.2%) high schools in Alaska.
- Among students attending a traditional Alaska high school, the 2013 Youth Risk Behavior Survey reported that in the prior 12 months:
  - 13.9% had made a plan about how they would attempt suicide
  - 20.7% had been bullied on school property
  - 9.1% had been hit, slapped or physically hurt on purpose by their boyfriend or girlfriend.<sup>33</sup>

#### Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The Statewide Suicide Prevention Council was established by the Alaska Legislature in 2001 and is responsible for advising legislators and the Governor on ways to improve Alaskans' health and wellness by reducing suicide, and improving public awareness of suicide and risk factors, enhancing suicide prevention. AS 44.29.350(a).
- The Alaska Mental Health Board and the Advisory Board on Alcoholism were established by the Alaska Legislature in 1995 and are jointly charged with planning and coordinating behavioral health services funded by the State of Alaska. The joint mission of AMHB and ABADA is to advocate for programs and services that promote healthy, independent, productive Alaskans. AS 47.30.666(a); AS 44.29.140(a).
- Teens who experience depression is a key indicator because of a concern that students experience, or are at risk of experiencing, major life impairment from one or more clinical conditions defining Trust beneficiary status, including: schizophrenia; delusional (paranoid) disorder; mood disorders; anxiety disorders; somatoform disorders; organic mental disorders; personality disorders; and dissociative disorders. AS 47.30.056 (c), (d) and (f).

#### Additional 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>

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>

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

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

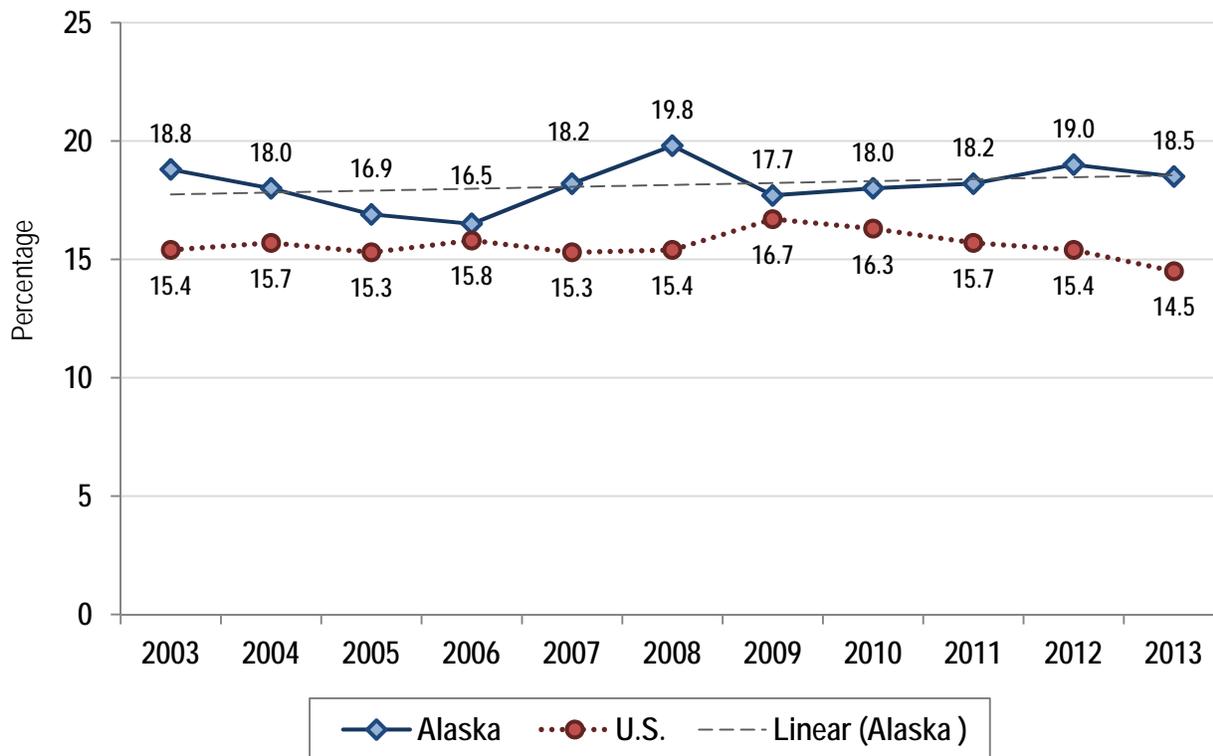
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<sup>33</sup> Department of Health and Social Services, Division of Public Health. 2013 Youth Risk Behavior Survey Results. [http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2013AKTradHS\\_Graphs.pdf](http://dhss.alaska.gov/dph/Chronic/Documents/School/pubs/2013AKTradHS_Graphs.pdf)

## Health: Access

### 9. Population without Health Insurance

Percentage of population not covered by health insurance for the year, Alaska and U.S., 2003 – 2013



Source: U.S. Census Bureau, American Community Survey (ACS). (2014). Table HI05. Health Insurance Coverage Status and Type of Coverage by State for All People: 2013.<sup>34</sup>

#### Summary and Explanation:

- Eighteen and a half percent of Alaska's population was counted as uninsured in 2013. This number has remained generally flat since 2003.
- 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 males<sup>35</sup>

<sup>34</sup> Available at <https://www.census.gov/hhes/www/hlthins/data/incpovhlth/2013/acs-tables.html>.

<sup>35</sup> Alaska Department of Health and Social Services, Health Planning and Systems Development (2007). *Alaskans' Health Insurance Coverage: Local and Regional Perspectives* (Presentation). Available at <http://dhss.alaska.gov/dph/HealthPlanning/Documents/planninggrant/assets/July2007Presentation.pdf>.

- More than half of the uninsured work for small firms.<sup>36</sup>
- The Census definition of “uninsured” includes American Indian/Alaska Native (AI/AN) people who may have access to IHS-funded services. If otherwise-uninsured American Indians and Alaska Natives are re-categorized as “covered,” Alaska’s uninsured rate drops to 14%.<sup>37</sup>

**Statutory Information:**

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

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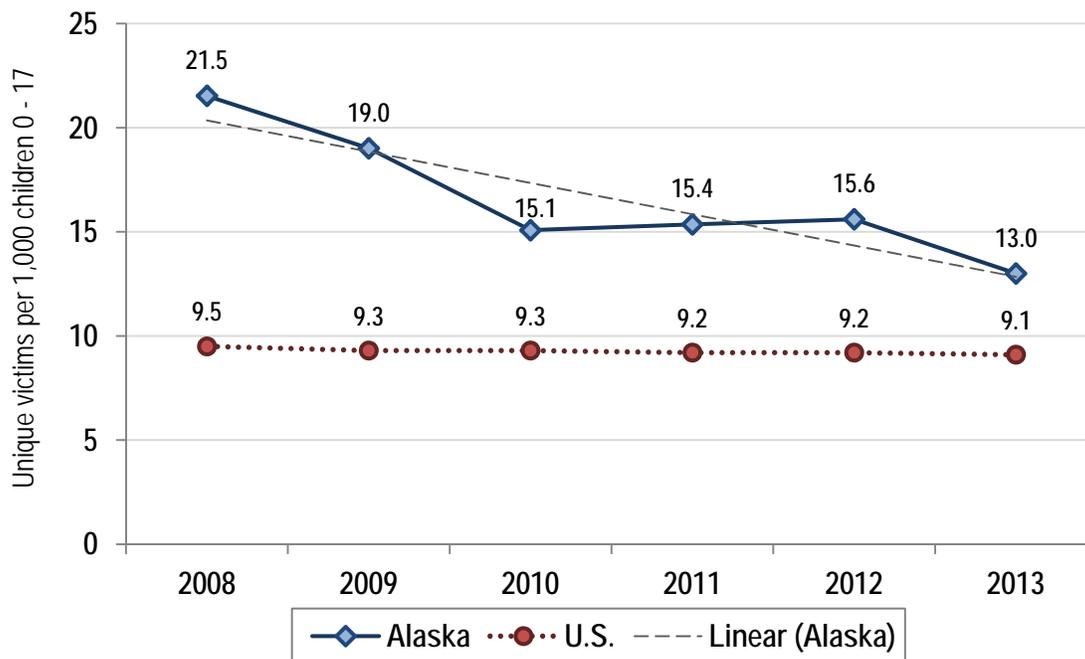
<sup>36</sup> Alaska Department of Health and Social Services, Health Planning and Systems Development (2007). *Alaskans’ Health Insurance Coverage: Local and Regional Perspectives* (Presentation). Available at <http://dhss.alaska.gov/dph/HealthPlanning/Documents/planninggrant/assets/July2007Presentation.pdf>.

<sup>37</sup> U.S. Census Bureau. American Community Survey. *Health Insurance Coverage Status, Table S2701*. American Fact Finder. Available at <https://www.census.gov/hhes/www/hlthins/data/incpovhlth/2013/acs-tables.html>.

## Safety: Protection

### 10. Child Maltreatment

#### Rate of child maltreatment, substantiated cases, unique victims aged 0 – 17 years, Alaska and U.S., 2008 – 2013



Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015).<sup>38</sup>

#### 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.<sup>39</sup>
- According to a national report, Alaska's rate of child abuse and neglect ranks eleventh in the U.S., improving from last year's ranking of fifth.<sup>40</sup> Caution should be used in interpreting this figure. Although the differences among state rates may reflect actual abuse or neglect, these data can also be impacted by state-to-state variation in statutory jurisdiction, agency screening processes and definitions, and the ability of states to receive, respond to, and document investigations.

<sup>38</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2015). *Child maltreatment 2013*. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

<sup>39</sup> 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.

<sup>40</sup> U.S. DHHS, Administration for Children and Families, *Child Maltreatment 2013*, Table 3-3 *Child Victims*. Available at <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2013-data-tables>.

- Adverse Childhood Experiences include abuse, neglect, and household disruption (divorce, incarceration, substance abuse, or mental health problems).<sup>41</sup>
- 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 childhood 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 correlation between ACEs and risk behaviors such as early initiation of smoking, sexual activity, illicit drug use, adolescent pregnancies, and suicide attempts.<sup>42</sup>
- The ACE Study used a scoring method to determine the “dose” of each study participant’s exposure to childhood trauma. Experiencing one category of ACE qualifies as one ACE. When points are added up, the ACE score is determined; an ACE score of zero would mean that a person reported no exposure to any of the categories of trauma listed as ACE. An ACE score of 8 would mean that a person reported exposure to all of the categories of trauma from the list. The greater the number of ACEs experienced, the more likely an individual is to experience any number of poor health related outcomes.<sup>43</sup>

#### Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The rate of child abuse and neglect is a key indicator because a significant amount of child abuse and neglect is committed by persons suffering major life impairment from one or more clinical conditions defining Trust beneficiary status. It is also an important indicator because child abuse and neglect often results in the victim experiencing major life impairment from one or more clinical conditions defining Trust beneficiary status, both in childhood as well as later in life. 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 2012*.

<http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2012>

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

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

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<sup>41</sup> Centers for Disease Control and Prevention (2011). *Adverse Childhood Experiences (ACE) Study*. Available at <http://www.cdc.gov/ace/index.htm>.

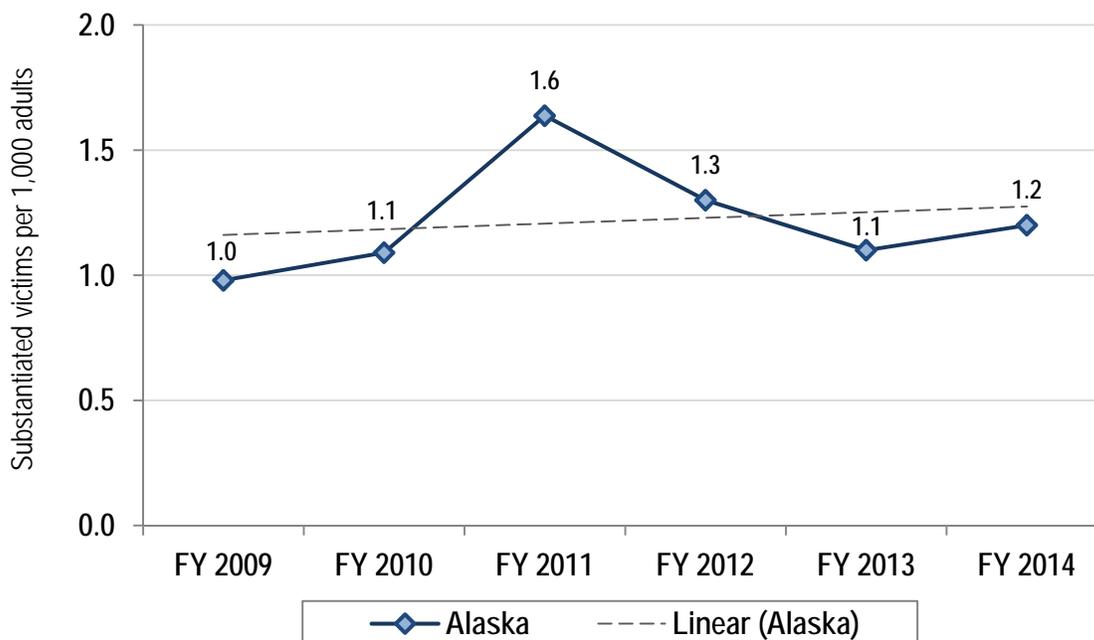
<sup>42</sup> Centers for Disease Control and Prevention (2011). *Adverse Childhood Experiences (ACE) Study*. Available at <http://www.cdc.gov/ace/index.htm>.

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

## Safety: Protection

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

#### Rate of Substantiated Reports of Harm to Adults, Alaska, 2009 – 2014



**Source:** Alaska Department of Health and Social Services, Senior and Disabilities Services, Adult Protective Services (via e-mail 12/08/2014).

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

#### 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

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

use of drugs, chronic intoxication, fraud, confinement, or disappearance, is unable to meet the person's own needs or to seek help without assistance. AS 47.24.016.

- Legislation passed in 2012 requires more professionals, including employees of nursing homes and other health care facilities and educators and administrative staff of educational institutions, to report concerns of harm, and expands the definition of harm to include “undue influence” of a vulnerable adult’s finances, property, health care, or residence. AS 47.24.100(a).<sup>45</sup>

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

Alaska Disability Resource Center.

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

U.S. Administration on Aging, National Center on Elder Abuse, Aging and Disability Resource Centers.

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

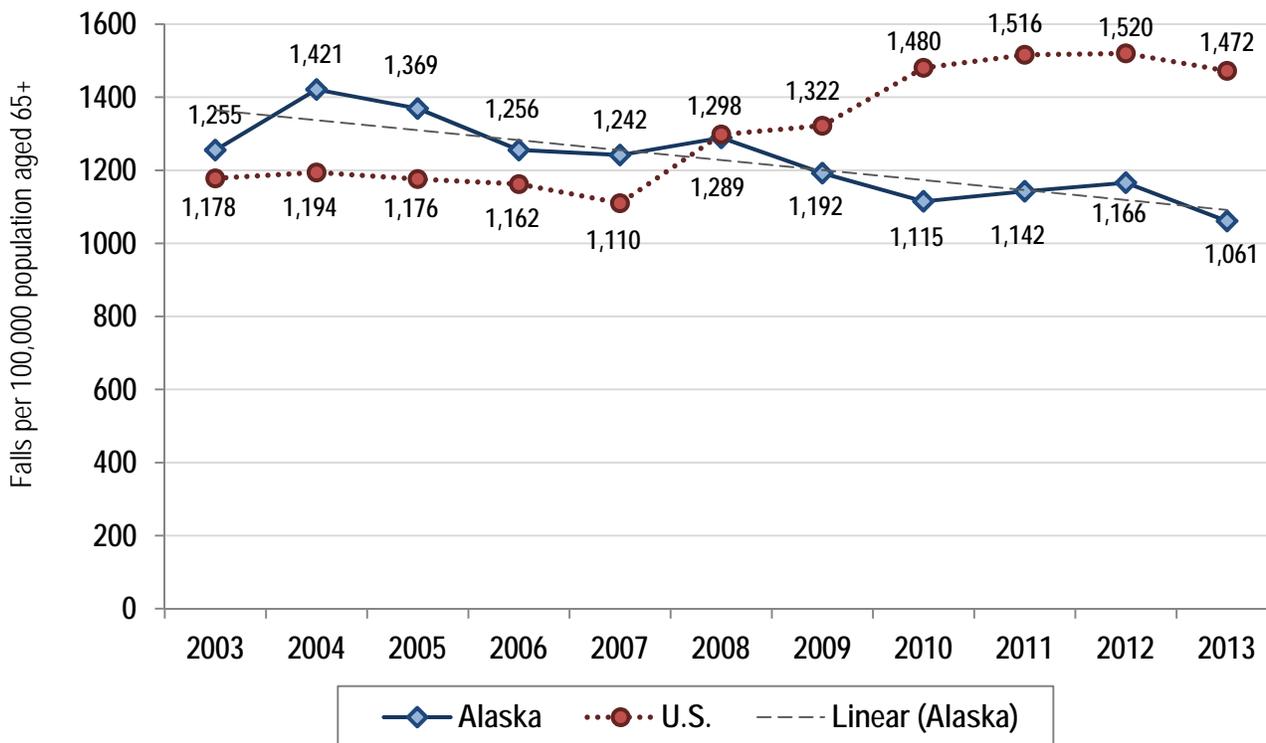
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<sup>45</sup> New Legislation passed to protect Alaska's vulnerable adults. <http://dhss.alaska.gov/dsds/Pages/aps/apslaws.aspx>.

## Safety: Protection

### 12. Injuries to Elders due to Falls

#### Non-fatal injuries requiring hospitalization due to falls, adults 65 and over, Alaska and U.S., 2003 – 2013



**Source:** Alaska: Department of Health and Social Services, Division of Public Health, Section of Emergency Programs, Alaska Trauma Registry (via e-mail 11/24/2014);  
U.S.: Centers for Disease Control and Prevention, Injury Prevention and Control, Data and Statistics.<sup>46</sup>

#### 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.<sup>47</sup>
- In the U.S. each year, one in every three adults age 65 and older falls.<sup>48</sup>

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

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

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

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

**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>

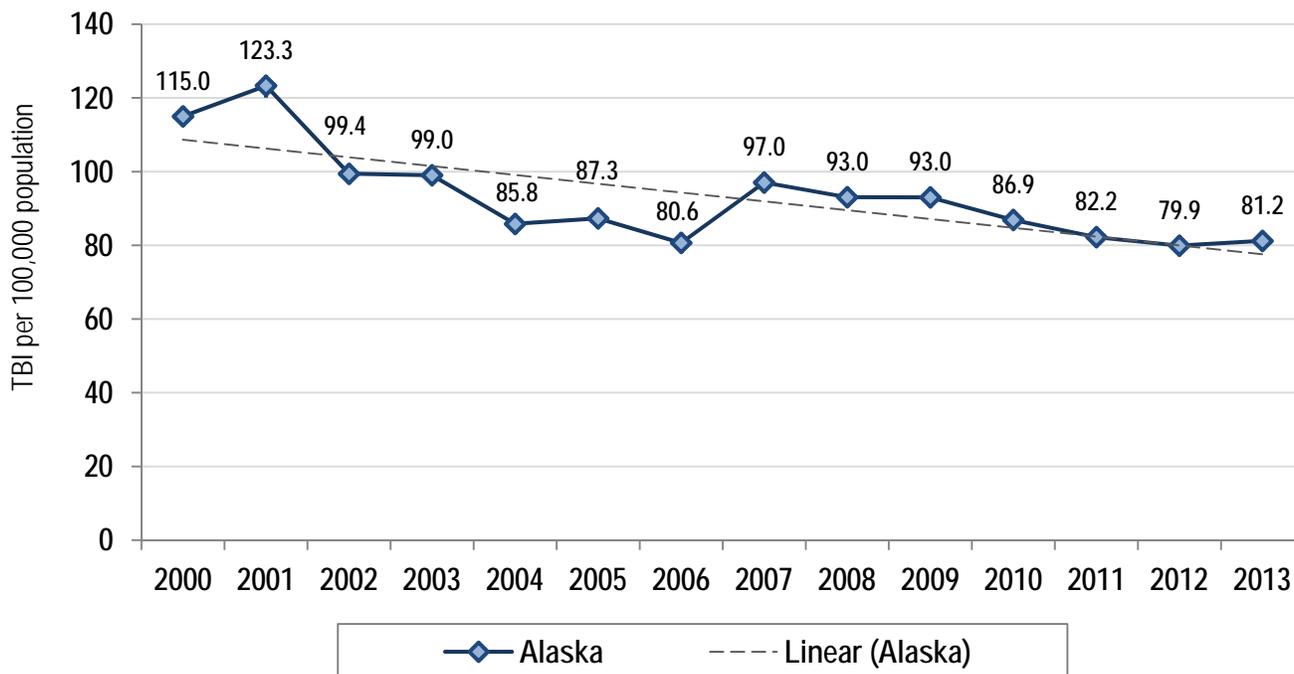
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<sup>49</sup> Centers for Disease Control and Prevention (CDC). *Falls Among Older Adults: An Overview.*  
<http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>.

## Safety: Protection

### 13. Non-Fatal Traumatic Brain Injury

Non-fatal traumatic brain injury requiring hospitalization,  
Alaska, 2000 – 2013



Source: Alaska: Department of Health and Social Services, Division of Public Health, Section of Emergency Programs, Alaska Trauma Registry (via e-mail 12/04/2014)

#### Summary and Explanation:

- The rate of non-fatal traumatic brain injury (TBI) in Alaska has decreased from 115.0 per 100,000 population in 2000 to 81.2 in 2013.
- Traumatic brain injury is an injury caused by a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI.<sup>50</sup>
- 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.<sup>51</sup>

<sup>50</sup> Centers for Disease Control and Prevention (2011). *Traumatic Brain Injury*. <http://www.cdc.gov/traumaticbraininjury/>.

<sup>51</sup> 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>.

- In Alaska, the highest rates of TBI are among Alaska Natives, residents of rural Alaska, youth ages 15-19 involved in motor vehicle crashes, and elders who fall.<sup>52</sup>
- Among Alaska residents, the top three causes of TBI among those admitted to a hospital between 2001 and 2005 were falls, motor vehicle traffic accidents, and assault.<sup>53</sup>
- 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.<sup>54</sup>

#### Statutory Information:

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The rate of non-fatal traumatic brain injury is a key indicator because TBI is a major cause of severe organic brain impairment, a clinical condition defining Trust beneficiary status. AS 47.30.056(e).
- The State of Alaska Traumatic and Acquired Brain Injury (TABI) program funds non-profit agencies to provide services to individuals who have been diagnosed with a traumatic or acquired brain injury. The state has goals in place to expand case management services into rural Alaska, compile a statewide registry of TABI individuals for longitudinal data collection and evaluation of service delivery, and establish standards and recommendations for improvement of prevention, assessment, and care of persons with TABI in the state. AS 47.80.500; AS 47.07.030.

#### Additional 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>

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<sup>52</sup> Ibid.

<sup>53</sup> 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>.

<sup>54</sup> 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](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 65 percent of adults incarcerated in the Alaska correctional system are Trust beneficiaries with mental illness and/or mental disabilities, mostly incarcerated for misdemeanors. This is significantly higher than the 42 percent rate identified in 2007.<sup>55,56</sup>
- The Alaska Department of Corrections has become the largest provider of mental health services in the State of Alaska.<sup>57</sup>
- Alaska has the highest growth rate for incarceration per capita in the U.S.; since 2000, the average number of sentenced inmates in Alaska has increased each year an average of 2.4% per year higher than the national average.<sup>58</sup>
- Trust beneficiaries are at increased risk of involvement with the criminal justice system both as defendants and as victims. Limitations and deficiencies in the community emergency response, treatment, and support systems make criminal justice intervention the default emergency response to the conditions and resulting actions of many Trust beneficiaries.<sup>59</sup>
- Of incarcerated Trust beneficiaries with identifiable mental health disorders, 70.1 percent were substance abuse-related.<sup>60</sup>
- The median length of stay for Trust beneficiaries is significantly longer than for other offenders. For those committing felonies, it is double that of a non-Trust offender; for misdemeanors, it is 150 percent longer.<sup>61</sup>

#### Statutory Information:

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

<sup>55</sup> Hornby Zeller Associates, Inc. (December 2007). *A Study of Trust Beneficiaries in the Alaska Department of Corrections*. [http://www.mhtrust.org/layouts/mhtrust/files/documents/reports\\_studies/DOC%20Study%20of%20Trust%20Beneficiaries%20-%20Exec%20Summary.pdf](http://www.mhtrust.org/layouts/mhtrust/files/documents/reports_studies/DOC%20Study%20of%20Trust%20Beneficiaries%20-%20Exec%20Summary.pdf)

<sup>56</sup> Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*. [http://www.mhtrust.org/layouts/mhtrust/files/documents/focus\\_DisabilityJustice/ADOC%20Trust%20Beneficiaries%20May%202014%20FINAL%20PRINT.pdf](http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_DisabilityJustice/ADOC%20Trust%20Beneficiaries%20May%202014%20FINAL%20PRINT.pdf)

<sup>57</sup> Ibid.

<sup>58</sup> Ibid.

<sup>59</sup> 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](http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_DisabilityJustice/Disability%20Justice%20Planning_Overview_%20Implementation_Strategies_.pdf)

<sup>60</sup> Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*. [http://www.mhtrust.org/layouts/mhtrust/files/documents/focus\\_DisabilityJustice/ADOC%20Trust%20Beneficiaries%20May%202014%20FINAL%20PRINT.pdf](http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_DisabilityJustice/ADOC%20Trust%20Beneficiaries%20May%202014%20FINAL%20PRINT.pdf)

<sup>61</sup> Ibid.

- The percent of incarcerated adults with mental illness or mental disabilities is a key indicator because it illustrates the magnitude and effects of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. AS 47.30.056(b-c).
- This rate is also a key indicator because it illustrates the significant economic costs related to mental health with regard to incarceration of Trust beneficiaries. Finally, it is a key indicator because it highlights the need for and economic benefits of timely provision (i.e., prior to the need for incarceration) of reasonable levels of necessary services for people at risk due to mental illness, substance abuse, developmental disabilities, and/or traumatic brain injury. Services to be provided include alcoholism services; housing support services; and vocational services, including prevocational services, work adjustment, supported work, sheltered work, and training in which participants achieve useful work experience. AS 47.30.056(i)(1) and (i)(2)(l).

**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/>

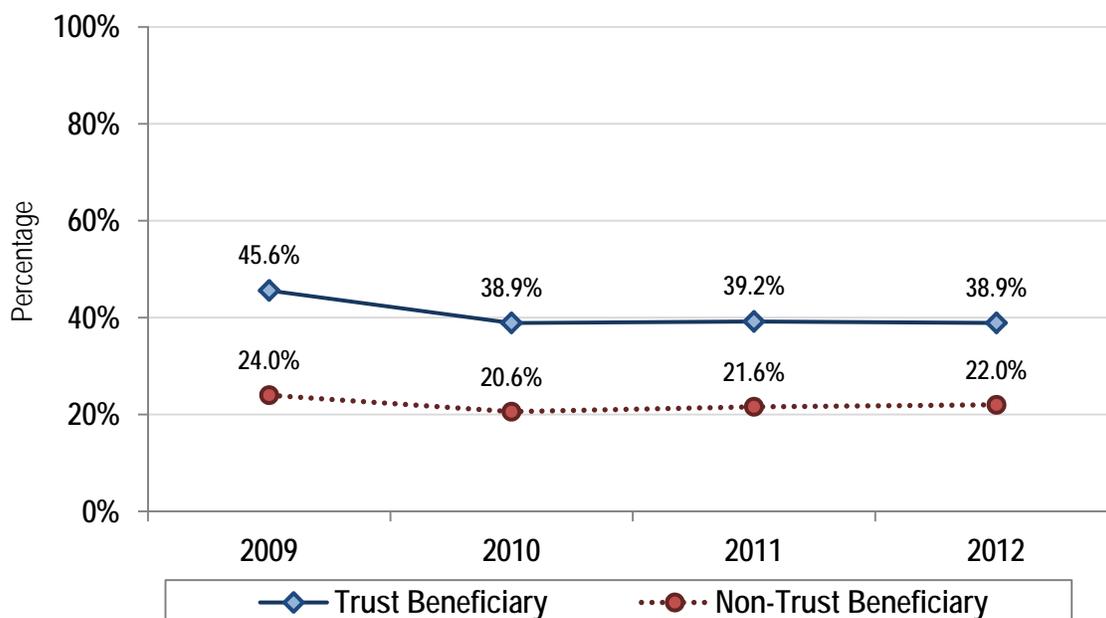
Alaska Mental Health Trust, Disability Justice Focus Area.

[http://www.mhtrust.org/layouts/mhtrust/files/documents/focus\\_DisabilityJustice/Disability%20Justice%20Planning\\_Overview\\_%20Implementation\\_Strategies\\_.pdf](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

Recidivism Rates for Incarcerated Adults in Alaska, 2009 – 2012



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

#### Summary and Explanation:

- The criminal recidivism rate within the first year of release for Trust beneficiaries averaged 40.9 percent between the years 2009-2012, while the rate for other offenders released (from Alaska Department of Corrections) averaged 22 percent during the same period according to the 2014 study.<sup>62</sup>
- Trust beneficiaries are more likely to recidivate during the first six months post-release.<sup>63</sup>
- Having a criminal history and a substance abuse disorder increased the odds of a Trust beneficiary recidivating.<sup>64</sup>
- Nome had the highest recidivism rate at 50.3 percent.<sup>65</sup>

<sup>62</sup> Hornby Zeller Associates, Inc. (May 2014). *Trust Beneficiaries in Alaska's Department of Corrections*. Available at: [http://www.mhtrust.org/layouts/mhtrust/files/documents/focus\\_DisabilityJustice/ADOC%20Trust%20Beneficiaries%20May%202014%20FINAL%20PRINT.pdf](http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_DisabilityJustice/ADOC%20Trust%20Beneficiaries%20May%202014%20FINAL%20PRINT.pdf).

<sup>63</sup> Ibid.

<sup>64</sup> Ibid.

<sup>65</sup> Ibid.

**Statutory Information:**

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

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

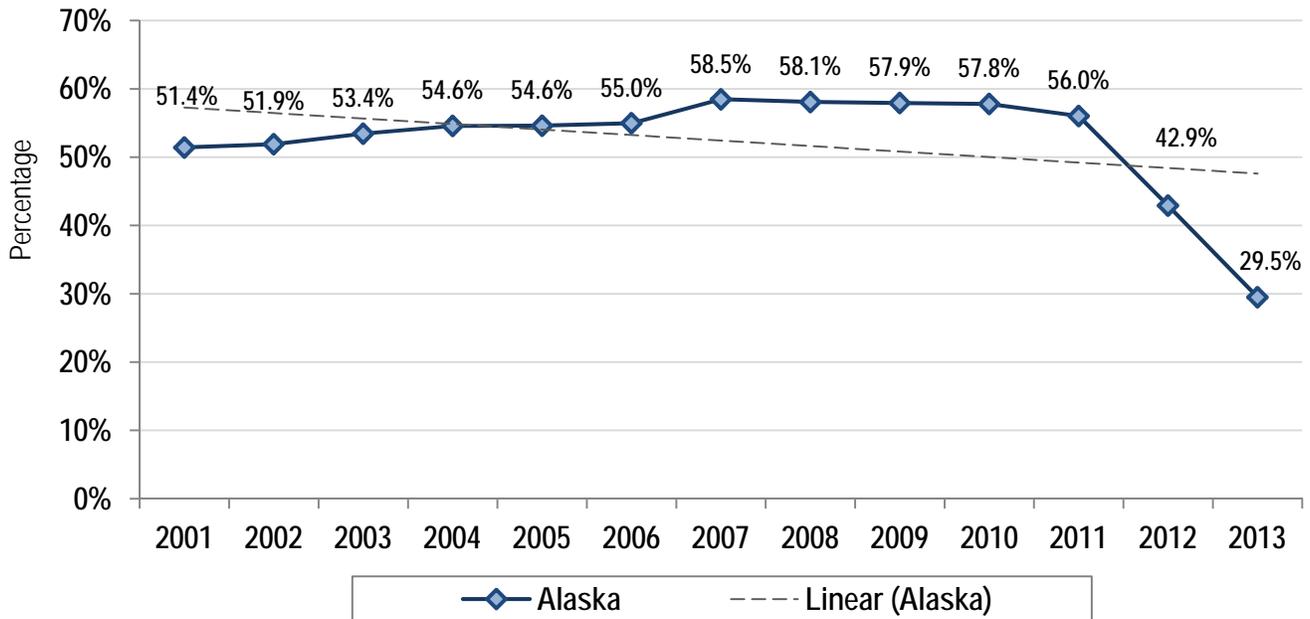
Alaska Judicial Council (2007). *Recidivism in Alaska's Felony Therapeutic Courts*.  
<http://www.ajc.state.ak.us/reports/recidtherct07.pdf>

Alaska Mental Health Trust, Disability Justice Focus Area.  
[http://www.mhtrust.org/layouts/mhtrust/files/documents/focus\\_DisabilityJustice/Disability%20Justice%20Planning\\_Overview\\_%20Implementation\\_Strategies\\_.pdf](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 – 2013



**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 10/28/2014).

**Summary and Explanation:**

- The percentage of arrest offenses flagged by State Troopers or Wildlife Troopers as being related to alcohol or drugs was 29.5% in 2013; however, this may be attributed to a change in the records management system.<sup>66</sup>
- 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.<sup>67</sup>

**Statutory Information:**

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

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

<sup>67</sup> <http://www.muni.org/Departments/health/services/Pages/AnchorageSafetyPatrol.aspx>.

- 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/>

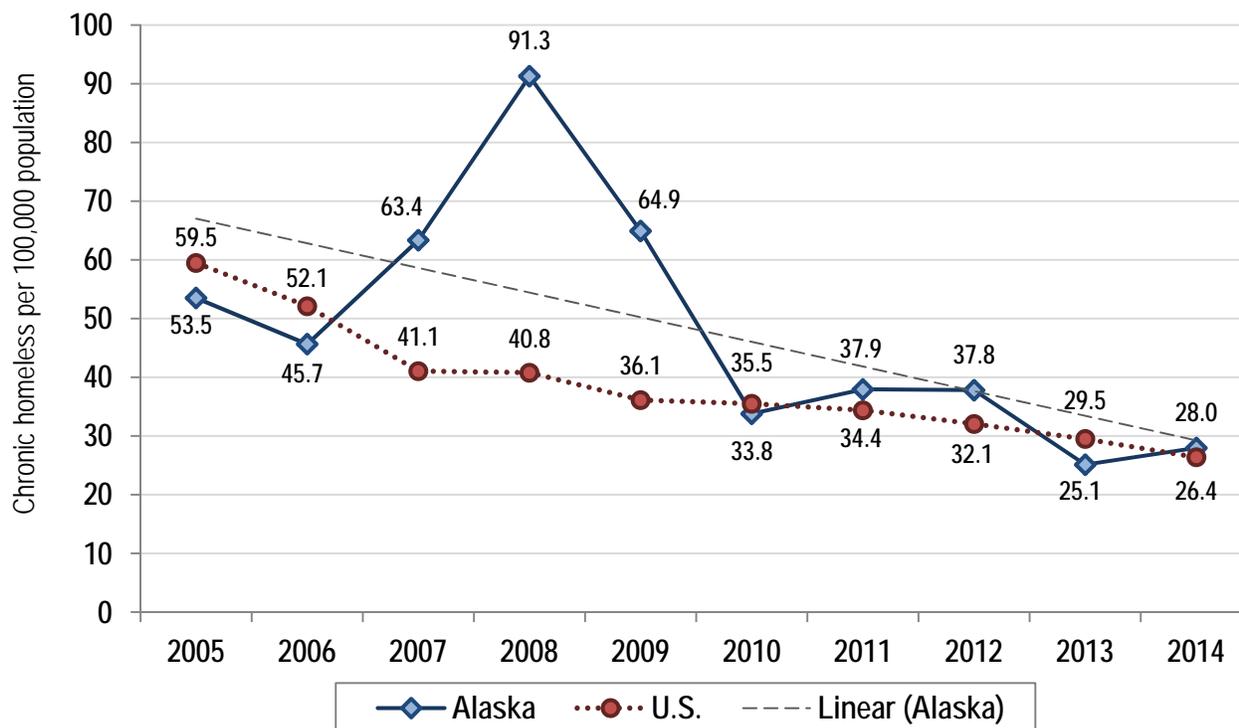
Alaska Mental Health Trust, Disability Justice Focus Area.

[http://www.mhtrust.org/layouts/mhtrust/files/documents/focus\\_DisabilityJustice/Disability%20Justice%20Planning\\_Overview\\_%20Implementation\\_Strategies\\_.pdf](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 – 2014



Source: Alaska and U.S.: Department of Housing and Urban Development (HUD) (2014). *Annual Homeless Assessment Report to Congress*.<sup>68</sup>

#### Summary and Explanation:

- The January 2014 Point-in-Time survey counted 182 chronically homeless individuals in Alaska, both sheltered and unsheltered. The count takes place across the country on a specified day in January each year.<sup>69</sup>
- A chronically homeless person is defined as someone who has either been continuously homeless for more than one year or experienced at least four episodes of homelessness in the past three years and experiences a disability.
- According to the Alaska Housing Finance Corporation, the 2008 spike could be attributed to a number of factors, including: (1) the loss of substance abuse treatment beds; (2) "Project Homeless Connect," a one-day, one-stop service fair for the homeless held in Anchorage which

<sup>68</sup> Available at <https://www.hudexchange.info/resource/4074/2014-ahar-part-1-pit-estimates-of-homelessness/>.

<sup>69</sup> Housing and Urban Development, 2014 *Annual Homeless Assessment Report (AHAR)*, available <https://www.hudexchange.info/resource/4074/2014-ahar-part-1-pit-estimates-of-homelessness/>.

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.<sup>70</sup>

- According to the Substance Abuse and Mental Health Services Administration (SAMHSA), about 30 percent of chronically homeless persons have mental health conditions, and about half also have co-occurring substance use issues.<sup>71</sup>
- Families are an increasingly represented among Alaska's homeless, and Alaska's composite rank for risk of child homelessness is 23rd among the 50 states. Homeless children are four times as likely to have delayed development, twice as likely to have learning disabilities, and eight times more likely to repeat a grade. They also have double the rate of emotional and behavioral problems and higher rates of physical disabilities and ailments such as asthma, and ADHD.<sup>72</sup>

#### Statutory Information:

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

#### Additional Information:

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

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

[http://www.mhtrust.org/layouts/mhtrust/files/documents/focus\\_affordablehousing/Housing%20Fact%20Sheet%20Housing%20Jan%202013.pdf](http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_affordablehousing/Housing%20Fact%20Sheet%20Housing%20Jan%202013.pdf)

Alaska Homeless Management Information System.

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

SAMHSA Homelessness Resource Center.

<http://homeless.samhsa.gov/>

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

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

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

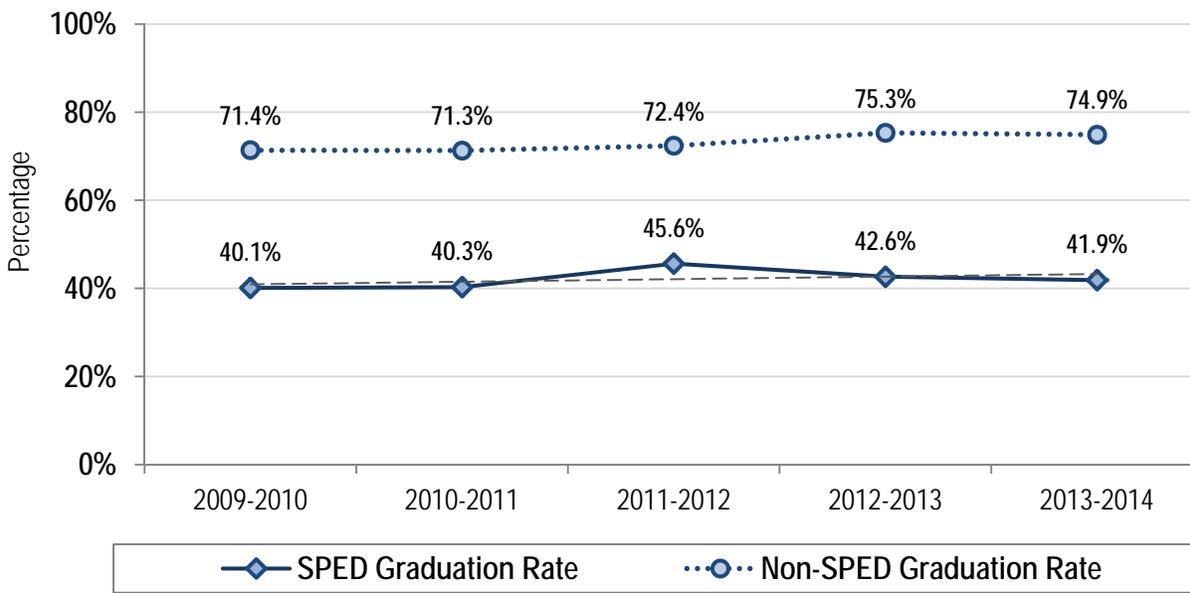
<sup>71</sup> SAMHSA (2011). *Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States*. Available at [http://homeless.samhsa.gov/ResourceFiles/hrc\\_factsheet.pdf](http://homeless.samhsa.gov/ResourceFiles/hrc_factsheet.pdf).

<sup>72</sup> The National Center on Family Homelessness (2014). *America's Youngest Outcasts*. Available at <http://new.homelesschildrenamerica.org/mediadocs/280.pdf>.

## Living with Dignity: Educational Goals

### 18. High School Graduation Rates

#### High school graduation rate for students with and without disabilities, Alaska, 2009-2014



**Source:** Alaska Department of Education and Early Development, Statistics and Reports (via e-mail, 2014).  
 Note: 2010-2011 and following years calculated using 4-year cohort rate method.

#### Summary and Explanation:

- The 2014 high school cohort graduation rate for Alaska students without disabilities was 74.9%, compared to a rate of 41.9% for students with disabilities.<sup>73</sup>
- “Students with disabilities” is used to describe students receiving special education (SPED) services; these students are served under Part B of the Individuals with Disabilities Education Act.
- The calculation of graduation rates changed between 2009-2010 and 2010-2011 school years shown in the chart above.
  - Through 2009-2010, the department used a method referred to as the “leaver rate,” calculated by dividing the number of graduates by the sum of the following: 1) the number of graduates, 2) the number of dropouts from the current school year’s 12th-grade class, 3) unduplicated dropouts from the previous year’s 11th-grade class, 4) unduplicated dropouts from the tenth-grade class from two years’ prior, and 5) unduplicated dropouts from the 9th-grade class from three years’ prior.
  - Beginning with the 2010-2011 academic year, the department has published “cohort” graduation rates, which are calculated by dividing the number of graduates in a cohort

<sup>73</sup> Alaska Department of Education & Early Development, via email (2014) and *2012-2013 Graduation Rates by Subgroup*. Available at <http://education.alaska.gov/stats/GradRatesSub/2013GradRatesSubgroup.pdf>.

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

**Statutory Information:**

- Per Alaska Statute, the Department of Health and Social Services, the Alaska Mental Health Trust Authority and partner organizations work cooperatively to plan, budget and implement an integrated comprehensive mental health program for Alaska. AS 47.30.660(a); AS 47.30.011(b); AS 37.14.003(a); AS 47.30.046(a).
- The high school graduation rate is a key indicator because it illustrates the magnitude and effects of major life impairments suffered by persons who experience clinical conditions defining Trust beneficiary status. AS 47.30.056(b-c). It is also a key indicator because it highlights the need for and potential benefits of timely provision of reasonable levels of necessary services for youth at risk due to mental illness, substance abuse, developmental disabilities, and/or brain injury. AS 47.30.056(i)(1) and (i)(2)(l).

**Additional Information:**

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

Alaska Department of Education and Early Development. *Special Education Handbook 2013.*

<http://education.alaska.gov/TLS/SPED/pdf/FY13%20Handbook/AK%20SPED%20Handbook%20130208.pdf>

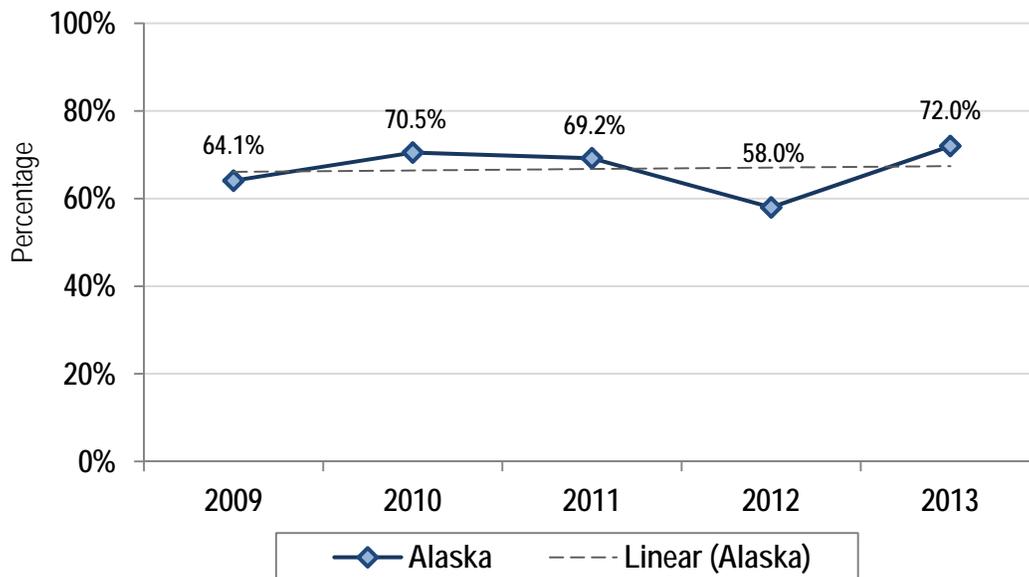
Alaska Department of Education and Early Development. *Report Card to the Public, State Report Cards.*

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

## Living with Dignity: Educational Goals

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

Percentage of youth who had Individualized Education Plans in effect at the time they left school and were enrolled in postsecondary education or training program, and/or employed within one year of leaving high school, Alaska, 2009 – 2013



**Source:** Alaska Department of Education and Early Development. *Individuals with Disabilities Education Act (IDEA) Annual Performance Report (Revised April 30, 2014)*.<sup>74</sup>

#### Summary and Explanation:

- This indicator tracks outcomes of youth who had Individualized Education Plans (IEPs) in effect at the time they left school.
- In 2013, 72% 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 magnitude and effects of major life impairments suffered by many persons who experience

<sup>74</sup> Available at [http://education.alaska.gov/TLS/SPED/pdf/FY14%20General%20Updates/AK\\_B\\_FFY\\_2012\\_APR.pdf](http://education.alaska.gov/TLS/SPED/pdf/FY14%20General%20Updates/AK_B_FFY_2012_APR.pdf).

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

**Additional Information:**

Alaska Department of Education and Early Development, Data and Statistics.

<http://education.alaska.gov/stats/facts.html>

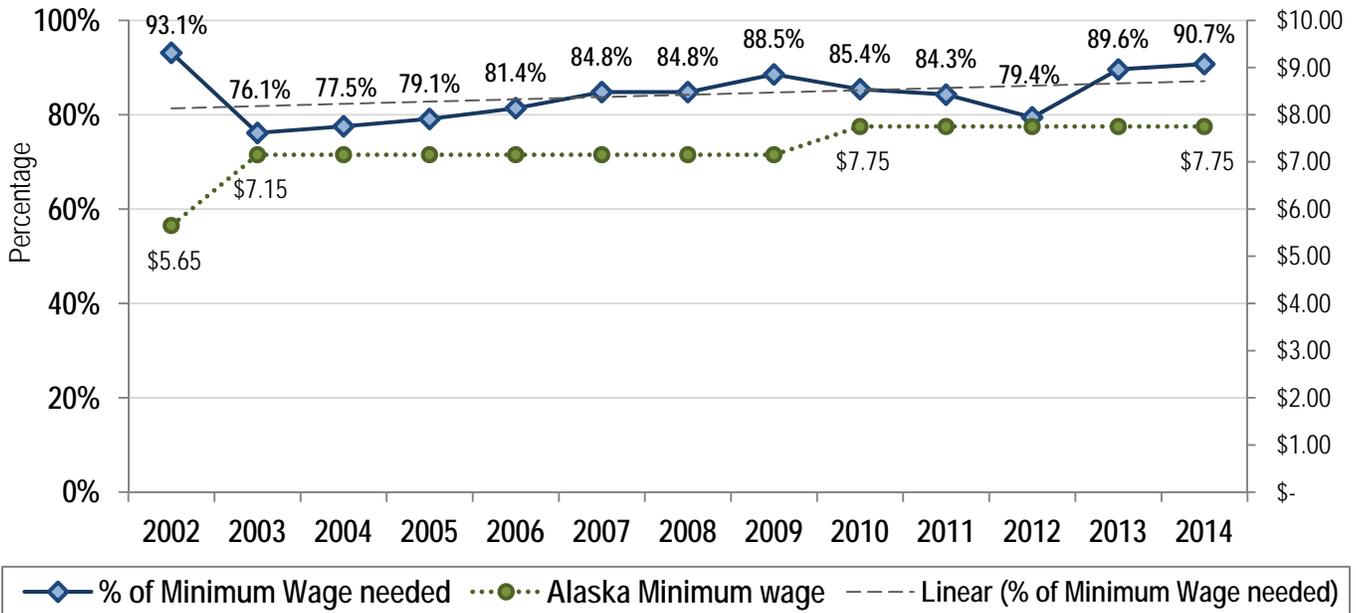
Governor's Council on Disabilities and Special Education.

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

## 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 - 2014



Source: National Low Income Housing Coalition, (2014). *Out of Reach*.<sup>75</sup>

#### 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, but increased with housing prices to 90.7% in 2014.<sup>76</sup>
- The current Fair Market Rent (FMR) for a two-bedroom apartment in Alaska is \$1,125. In order to afford such a rent at not more than 30 percent gross income, a household must earn a “Housing Wage” of \$21.63, assuming a 40-hour work week, 52 weeks per year. Alaska ranks 9th most expensive among the states for housing by this measure.<sup>77</sup>
- In November of 2014 Alaska approved minimum wages increases through a ballot measure. The first increase will take place in February 2015, with a \$1.00 increase, bringing the state

<sup>75</sup> Available at <http://nlihc.org/oor/2014>.

<sup>76</sup> 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>.

<sup>77</sup> National Low Income Housing Coalition (2014). *Out of Reach*. Available at <http://nlihc.org/oor/2014>.

minimum wage to \$8.75. Another \$1 increase is scheduled for January 1, 2016, followed by indexed annual increases beginning January 1, 2017.<sup>78</sup>

- A housing unit is considered affordable if it costs no more than 30 percent of one's income.<sup>79</sup>
- In 2014, an Alaskan earning minimum wage (\$7.75 per hour) would need to work 112 hours per week, 52 weeks per year to afford the Fair Market Rate for an average two-bedroom apartment in Alaska.<sup>80</sup>

#### Statutory Information:

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

#### Additional Information:

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%20Housing%20Jan%202013.pdf](http://www.mhtrust.org/layouts/mhtrust/files/documents/focus_affordablehousing/Housing%20Fact%20Sheet%20Housing%20Jan%202013.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/>

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<sup>78</sup> National Conference of State Legislatures. State Minimum Wages 2014-2015. Available at <http://www.ncsl.org/research/labor-and-employment/state-minimum-wage-chart.aspx>

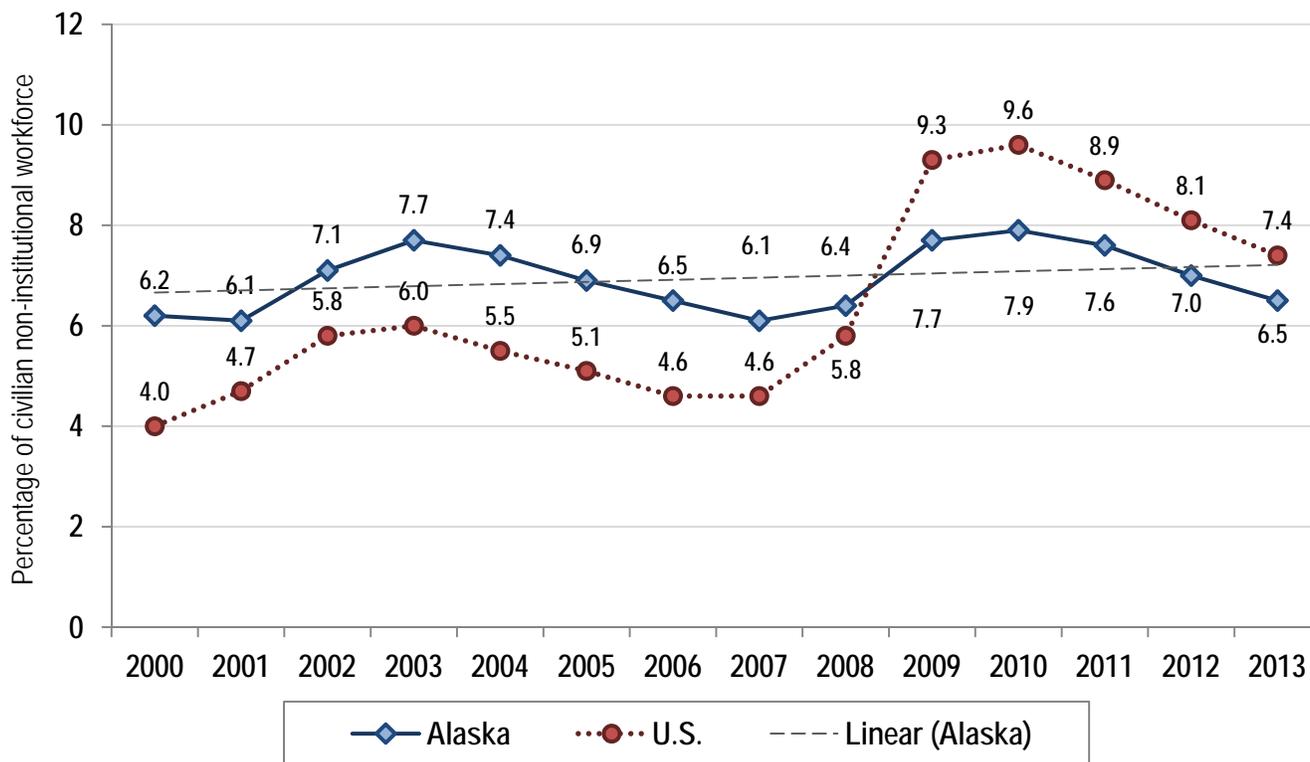
<sup>79</sup> National Low Income Housing Coalition. (2014). *Out of Reach*. Available at <http://nlihc.org/oor/2014>.

<sup>80</sup> National Low Income Housing Coalition. (2014). *Out of Reach 2014: Alaska*. Available at <http://nlihc.org/oor/2014/AK>.

## Economic Security

### 21. Unemployment Rate

Average annual unemployment rate, Alaska and U.S., 2000 – 2013



**Source:** Alaska: Alaska Department of Labor and Workforce Development (2014). *Annual Unemployment Rates for Alaska and U.S. 2000 to 2013*;<sup>81</sup>

U.S.: U.S. Department of Labor (2014). *Labor Force Statistics from the Current Population Survey*.<sup>82</sup>

#### 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.<sup>83</sup>
- Data presented in these charts are not seasonally adjusted. Seasonally adjusted rates tend to be slightly higher.<sup>84</sup>

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

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

<sup>83</sup> U.S. Department of Labor (2013). *Labor Force Statistics from the Current Population Survey*. Available at <http://www.bls.gov/cps/>.

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

**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:**

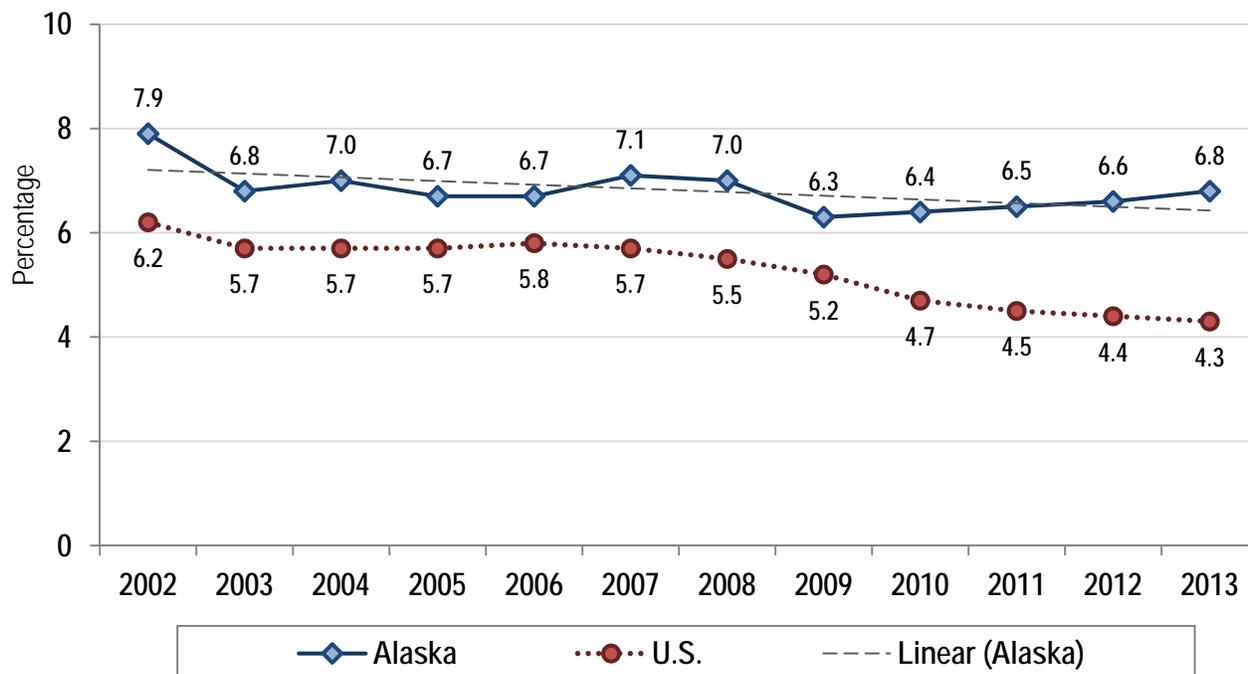
Alaska Department of Labor and Workforce Development.

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

## 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 – 2013



Source: U.S. Social Security Administration, Office of Retirement and Disability Policy. *SSI Annual Statistics Report, 2013*. Table 41: Blind and disabled recipients who work.<sup>85</sup>

#### 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 2013, the Alaska rate was 6.8% and the national average was 4.3%.
- According to the Social Security Administration, less than one-half of one percent of SSI<sup>86</sup> and/or Social Security Disability Insurance (SSDI)<sup>87</sup> recipients secures employment at a level sufficient to leave the SSI or SSDI program.

<sup>85</sup> Available at [http://www.ssa.gov/policy/docs/statcomps/ssi\\_asr/2013/sect07.html#table41](http://www.ssa.gov/policy/docs/statcomps/ssi_asr/2013/sect07.html#table41).

<sup>86</sup> 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>.

<sup>87</sup> 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>.

- 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 recipients are afraid they might lose cash assistance and Medicaid-funded services if they seek work.<sup>88</sup>
- Some individuals with disabilities need continued services and supports often available only through Medicaid. Needed services include personal care assistance, in-home supports, ongoing supported employment services, and rehabilitation services.
- Surveyed Alaskans with disabilities rated the following supports and services as most important in their decisions to either get or stay at a job:
  - Transportation
  - Ability to take time off for health-related reasons
  - Paid personal assistant services at home
  - Affordable health insurance
  - Assistive technology services and devices.<sup>89</sup>

#### Statutory Information:

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

#### Additional Information:

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>

<sup>88</sup> 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](http://www.uaa.alaska.edu/centerforhumandevlopment/Employment_Barriers_Survey/upload/EBS_report_FINAL_report-2.pdf).

<sup>89</sup> Ibid.