

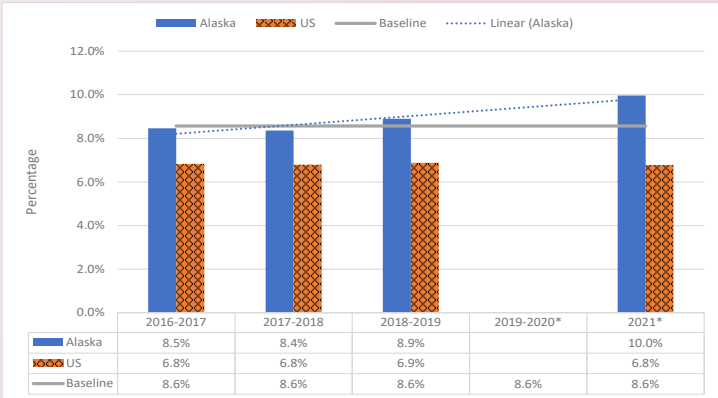
SUBSTANCE USE DISORDER PREVENTION

INDICATOR 11: Percentage of Alaskans needing but not receiving treatment at a specialty facility for substance use in the past year (ages 12+)

Story Behind the Baseline

Historically, Alaska has struggled to deliver a continuum of care that meets the needs of Alaskans struggling with substance use and mental health disorders. A robust continuum of care that delivers services in the right place, and at the right time, is a priority area that will reduce the impact of behavioral health conditions that Alaskans face. Alaskans have, for many years, needed both substance misuse and mental health services above national averages.

Alaska has the 10th highest prevalence rate of adult binge drinking in the country. In 2021, Alaska had the second highest age-adjusted rate in the U.S. of alcohol-induced mortality. According to the 2020-2024 Alaska's Child and Family Services Plan, over 70% of all OCS families are impacted by substance use/misuse and equally as many are impacted by mental health concerns.



Population: Alaska and U.S. (Ages 12+)

Data Source:

- National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia), Table 26

*Note:

- State estimates for 2019-2020 are not available due to methodological concerns with combining 2019-2020 data. Changes to survey methodology following the COVID-19 pandemic in 2020 resulted in estimates that cannot be compared with earlier surveys. Due to major survey revisions in 2021-2022, data for this indicator are no longer comparable to earlier results and are no longer available after 2021. This indicator will be deprecated and replaced with an alternative in a future Scorecard.

What Works?

Alaskans with substance use disorders and mental health needs should have access to the full continuum of care, from prevention and early intervention to treatment and recovery services, that increase the likelihood of long-term recovery.

The Division of Behavioral Health, Prevention & Early Intervention provides grant funding throughout the state, serving both urban and rural service areas. The Comprehensive Behavioral Health Prevention and Early Intervention (CBHPEI) grant focuses on population-based strategies, the prevention of substance misuse and suicide, and the promotion of comprehensive wellness across Alaska with an “upstream” approach. Prevention efforts are community driven and coalition led, with stakeholders representing the diversity of the community or service area. This grant also funded the development of a Statewide Alcohol Prevention Alliance to address underage drinking and adult binge and heavy drinking. Core strategic components include community-based interventions, health equity and mass-reach health communication, promoting Screening, Brief Intervention and Referral to Treatment (SBIRT), surveillance, and evaluation.

A new array of services is available through the Alaska Medicaid 1115 Behavioral Health Demonstration Waiver (1115 Waiver). The 1115 Waiver creates a data-driven, integrated behavioral health system of care for children, youth, and adults with serious mental illness, severe emotional disturbance, and/or substance use disorders. These services include residential treatment for substance use disorder, partial hospitalization program services for substance use disorder and behavioral health, adult mental health residential services, mobile outreach and crisis response services, withdrawal management, and medications for addiction treatment. The 1115 Waiver seeks to increase services for at-risk families to support the healthy development of children and adults through increased outreach, prevention, and early intervention supports.

Ensuring Alaskans have access to the full continuum of care, from early intervention all the way through acute care and treatment and recovery, will be crucial to improving the health outcomes for residents. Moving upstream by increasing prevention and early intervention services will lead to cost savings and improved care for Alaskans.

Sources:

- [State of Alaska, Department of Health, Division of Behavioral Health, Alaska Substance Use Disorder and Behavioral Health Program \(SUD-BHP\) 1115 Evaluation Design FY19-FY24](#)
- [Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Alaska, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA-20-Baro-19-AK. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020](#)
- [Healthy Alaskans](#)
- [2020-2024 Alaska's Child and Family Services Plan](#)

SUBSTANCE USE DISORDER PREVENTION

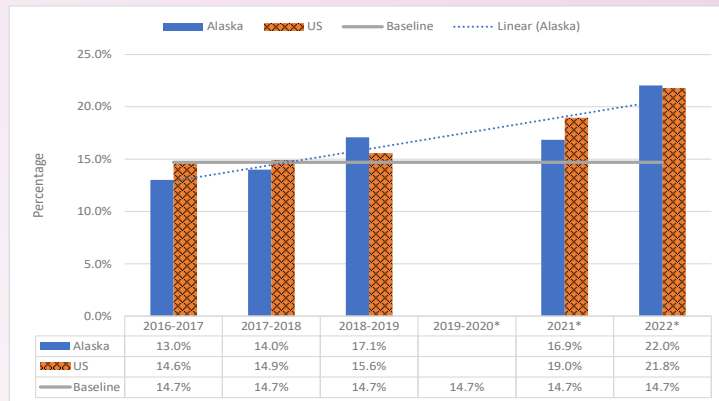
INDICATOR 12: Percentage of Alaskans who received mental health services in the past year (ages 18+)

Story Behind the Baseline

Historically, Alaska has struggled with delivering a continuum of care that meets the mental health needs of Alaskans. A robust continuum of care that delivers services in the right place, and at the right time, is a priority to reduce the impact of behavioral health conditions that Alaskans face.

According to the 2018-2019 National Survey on Drug Use and Health (NSDUH), 21.47% of Alaskan adults reported experiencing a mental illness in the past year. From 2017–2019, among adults 18 and older, the annual average prevalence of past-year mental health service use among those with any mental illness (AMI) in Alaska was 38.9%. Data from the 2018 Behavioral Risk Factor Surveillance Survey (BRFSS) shows that 11.3% of Alaskans reported frequent mental distress (14 or more days per month of poor mental health) and Alaska’s 2019 suicide rate of 28.7 per 100,000 was almost twice the national rate of 14.5 per 100,000.

In addition to elevated rates for many substance misuse and mental health concerns, Alaskans face special challenges related to geography, population, weather, and size, which make it difficult to effectively provide services. Access to services varies widely depending on clients’ needs, their location, and their ability to pay. Many of Alaska’s remote communities



Population: Alaska and U.S. (Ages 18+)

Data Source:

- [National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\), Table 29](#)

*Note:

- State estimates for 2019-2020 are not available due to methodological concerns with combining 2019-2020 data. Changes to survey methodology following the COVID-19 pandemic in 2020 resulted in estimates that cannot be compared with earlier surveys. Due to major survey revisions in 2021-2022, data for this indicator are no longer comparable to earlier results.

are medically under-served for both primary care and mental health services. Many of these communities are located hundreds of miles from a regional medical center and individuals travel long distances for services. Urban areas and rural towns have more access to mental health professionals, yet Alaska still struggles with retention and recruitment of behavioral health professionals. Furthermore, significant economic disparities are prevalent in Alaska, and social determinants of health play a large role in behavioral health outcomes.

What Works?

Alaskans with behavioral health conditions need a full continuum of care, from prevention and early intervention to treatment and recovery services, that increase the likelihood of long-term recovery. Risk and protective factors (conditions in people’s lives that make them more or less likely to use alcohol, tobacco, or illicit drugs, or experience a mental health crisis), play an important role in successful prevention strategies. Successful prevention decreases risk factors and enhances protective factors. Using a shared risk and protective factor approach can be an effective prevention strategy and allows prevention efforts to have a greater reach across multiple areas of concern. Focusing on reducing risk factors while increasing protective factors will have the largest impact on many behavioral health challenges, including substance misuse, depression, violence, and suicide.

The Division of Behavioral Health, Prevention & Early Intervention provides grant funding throughout the state, serving both urban and rural service areas. The Comprehensive Behavioral Health Prevention and Early Intervention (CBHPEI) grant focuses on population-based strategies, the prevention of substance misuse and suicide, and the promotion of comprehensive wellness across Alaska, with an “upstream” approach. Prevention efforts are community driven and coalition led, with stakeholders representing the diversity of the community or service area.

A new array of services is available through the Alaska Medicaid 1115 Behavioral Health Demonstration Waiver (1115 Waiver). The 1115 Waiver creates a data-driven, integrated behavioral health system of care for children, youth, and adults with serious mental illness, severe emotional disturbance, and/or substance use disorders. These services include residential treatment for substance use disorder, partial hospitalization program services for substance use disorder and behavioral health, adult mental health residential services, and mobile outreach and crisis response services. The 1115 Waiver seeks to increase services for at-risk families in order to support the healthy development of children and adults through increased outreach, prevention, and early intervention supports.

Alaska’s current healthcare system needs changes that empower patients and healthcare providers. Alaska's SHARP Program is the statewide support-for-service effort that provides

partial financial support to healthcare practitioners in medical, dental, and behavioral health disciplines. It is a public-private partnership working to improve the recruitment, retention, and distribution of health professionals for Alaska.

Ensuring Alaskans have access to the full continuum of care, from early intervention all the way through acute care and treatment and recovery, will be crucial to improving the health outcomes for residents. Moving upstream by increasing prevention and early intervention services will lead to cost savings and improved care for Alaskans.

Sources:

- [State of Alaska, Department of Health, Division of Behavioral Health, Alaska Substance Use Disorder and Behavioral Health Program \(SUD-BHP\) 1115 Evaluation Design FY19-FY24](#)
- [Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Alaska, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA-20-Baro-19-AK. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.](#)
- [National Survey on Drug Use and Health: Comparison of 2017-2018 and 2018-2019 Population Percentages \(50 States and the District of Columbia\)](#)
- [Alaska's SHARP Program](#)
- [Healthy Alaskans](#)



SUBSTANCE USE DISORDER PREVENTION

INDICATOR 13: Rate of alcohol-induced mortality (rate per 100,000; age-adjusted)

Story Behind the Baseline

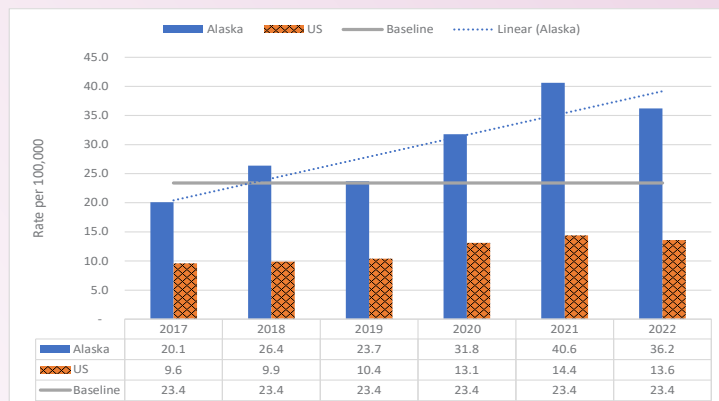
Alcohol-induced mortality includes deaths from causes such as degeneration of the nervous system due to alcohol, alcoholic liver disease, gastritis, myopathy, pancreatitis, poisoning, and more. It does not include accidents, homicides, and other causes indirectly related to alcohol use.

Alcohol misuse and alcohol use disorders negatively impacts the health of the individual, family, and the larger community. According to the 2018 Report on the Economic Costs of Alcohol Misuse in Alaska, the 2018 combined estimated direct costs of substance-use disorders –

to state and local governments, employers, and residents of Alaska – totaled \$3.45 billion. Approximately \$2.39 billion (69% of total costs) were due to alcohol misuse.

Alaskans who misuse alcohol are more vulnerable to the progression of an addiction and often experience barriers to accessing treatment. These barriers can include a lack of available treatment options, lack of insurance or funds to pay for services, long waitlists, past criminal convictions, stigma, and lack of access to transportation, housing, and employment. People with co-occurring disorders (a substance use disorder combined with another disorder, such as mental illness or a developmental disability) often experience greater symptom severity that requires specialized interventions which may not be available in their community.

Alcohol use is strongly associated with a wide range of serious long-term health effects,



Population: Alaska and U.S.

Data Sources:

- [Alaska Division of Public Health, Health Analytics and Vital Records Section](#)
- [Center for Disease Control and Prevention, WONDER Online Database](#)

Data Source Contact:

- Research Unit, Health Analytics and Vital Records;
Division of Public Health, Department of Health
[Email: healthanalytics@alaska.gov](mailto:healthanalytics@alaska.gov)

including chronic liver disease and cirrhosis, diseases of the heart, and some cancers. All of these conditions are leading causes of death, both in Alaska and nationwide. Alaska experiences higher rates of alcohol-attributable mortality than most other states and the U.S. as a whole. In 2015, it was reported that Alaska’s alcohol-attributable mortality rate was the third highest in the nation, and alcohol-attributable causes accounted for more deaths during 2010–2016 than methamphetamine and opioid-attributable causes combined. From 2012–2016, the age-adjusted rate of alcohol-induced deaths in Alaska was nearly double the national rate (18.6 per 100,000 persons compared to 9.8 per 100,000 persons).

Services for alcohol misuse in Alaska are funded through a variety of means, including Medicaid reimbursement, private insurance, state-funded grant dollars to community nonprofits, tribal organizations, and local government providers. State-funded Behavioral Health Treatment and Recovery grants pay for withdrawal management, outpatient treatment, and residential treatment services to low-income youth and adults with moderate to severe behavioral health disorders. Behavioral health treatment providers report that resources have not kept pace with the actual costs associated with serving the growing number of Alaskans who need addiction services. Due to ongoing flat-funding and state grant reductions for behavioral health services, providers have been facing an aging infrastructure, an inability to recruit and retain treatment professionals, attrition of staff, and an increased demand from a statewide addiction epidemic.

What Works?

Alaskans who experience substance use disorders need a full continuum of care, from prevention and early intervention to treatment and recovery services, that increase the likelihood of long-term recovery. These services can include, but are not limited to, substance use prevention and early intervention, outpatient treatment, ambulatory withdrawal management, Medication Assisted Treatment (MAT), crisis stabilization, peer support and reentry services, and long-term recovery supports.

Alaska’s Medicaid 1115 Behavioral Health Demonstration Waiver (1115 Waiver) was approved by the Centers for Medicare and Medicaid Services (CMS) in 2019. Through the 1115 Waiver, a new array of services is available. The 1115 Waiver creates a data-driven, integrated behavioral health system of care for children, youth, and adults with serious mental illness, severe emotional disturbance, and/or substance use disorders. These services include, but are not limited to, residential treatment for substance use disorder, partial hospitalization program services for substance use disorder and behavioral health, adult mental health residential services, mobile outreach and crisis response services, withdrawal management, and medications for addiction treatment. The 1115 Waiver ensures that Medicaid recipients will have options across the full continuum of care, from early intervention all the way through

acute care.

The Alaska Division of Behavioral Health, Prevention & Early Intervention provides grant funding throughout the state, serving both urban and rural service areas. The Comprehensive Behavioral Health Prevention and Early Intervention (CBHPEI) grant focuses on population-based strategies, the prevention of substance misuse and suicide, and the promotion of comprehensive wellness across Alaska with an “upstream” approach. Prevention efforts are community driven and coalition led, with stakeholders representing the diversity of the community or service area. This grant also funded the development of a Statewide Alcohol Prevention Alliance to address underage drinking and adult binge and heavy drinking. Core strategic components include community-based interventions, health equity and mass-reach health communication, promoting Screening, Brief Intervention and Referral to Treatment (SBIRT), surveillance, and evaluation.

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Sources:

- [Alaska Epidemiology Bulletin. “Health Impacts of Alcohol Misuse in Alaska”. Volume 20, No 2, May 7, 2018](#)
- [The Economic Costs of Alcohol Misuse in Alaska Summary](#)
- [The Economic Costs of Alcohol Misuse in Alaska Full Report](#)
- Alaska Trauma Registry, the Alaska Department of Education and Early Development, and the Alaska Birth Defects Registry
- [2019 State of Alaska Epidemiologic Profile on Substance Use, Abuse, and Dependency](#)
- [Alaska Behavioral Health Provider Service Standards & Administrative Procedures For SUD Provider Services](#)

