

State of our Community

- Children & Youth Services
 - Jared Parish, Alison Kulas, Brita Bishop, Shannon Cross-Azbill
- Psychiatric Crisis Care & SUD Treatment
 - Randall Burns
- Housing & Homelessness
 - Daniel Delfino
- Criminal Justice System
 - Adam Rutherford

Child Trends: ALCANLink and OCS workload

△ A brief overview



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MCH-Epidemiology

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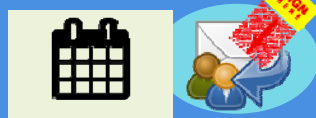
ALCANLink Mixed design approach

Alaska Pregnancy Risk Assessment Monitoring System (Alaska PRAMS)

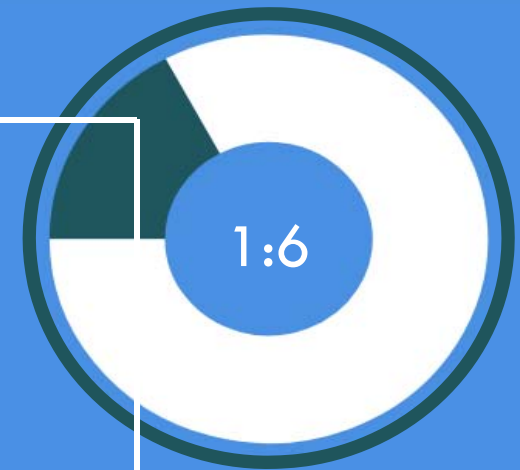
Follow-up



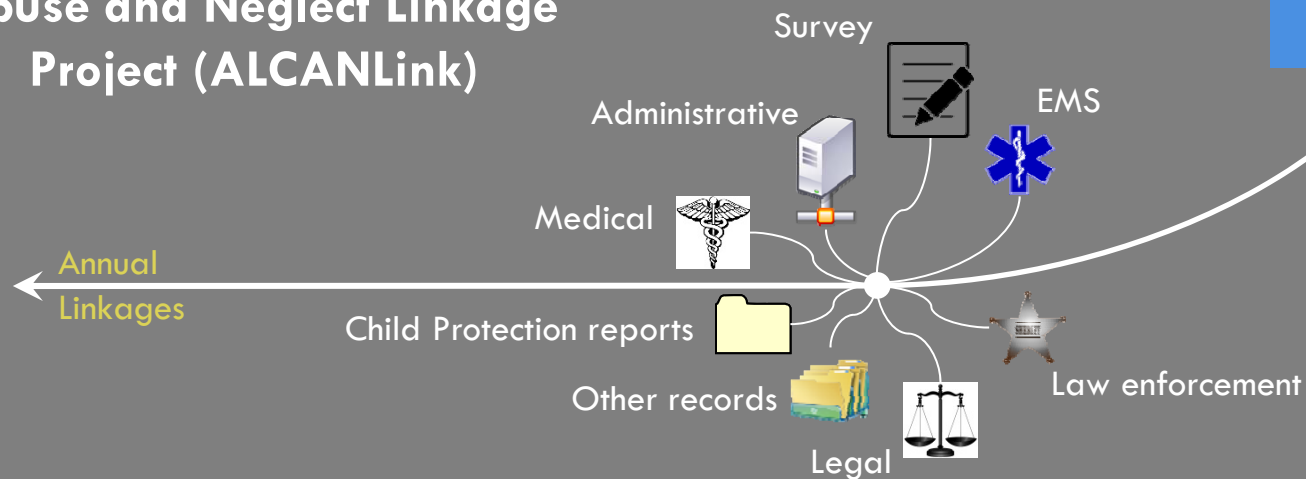
Administration
and response



Maternal
experiences



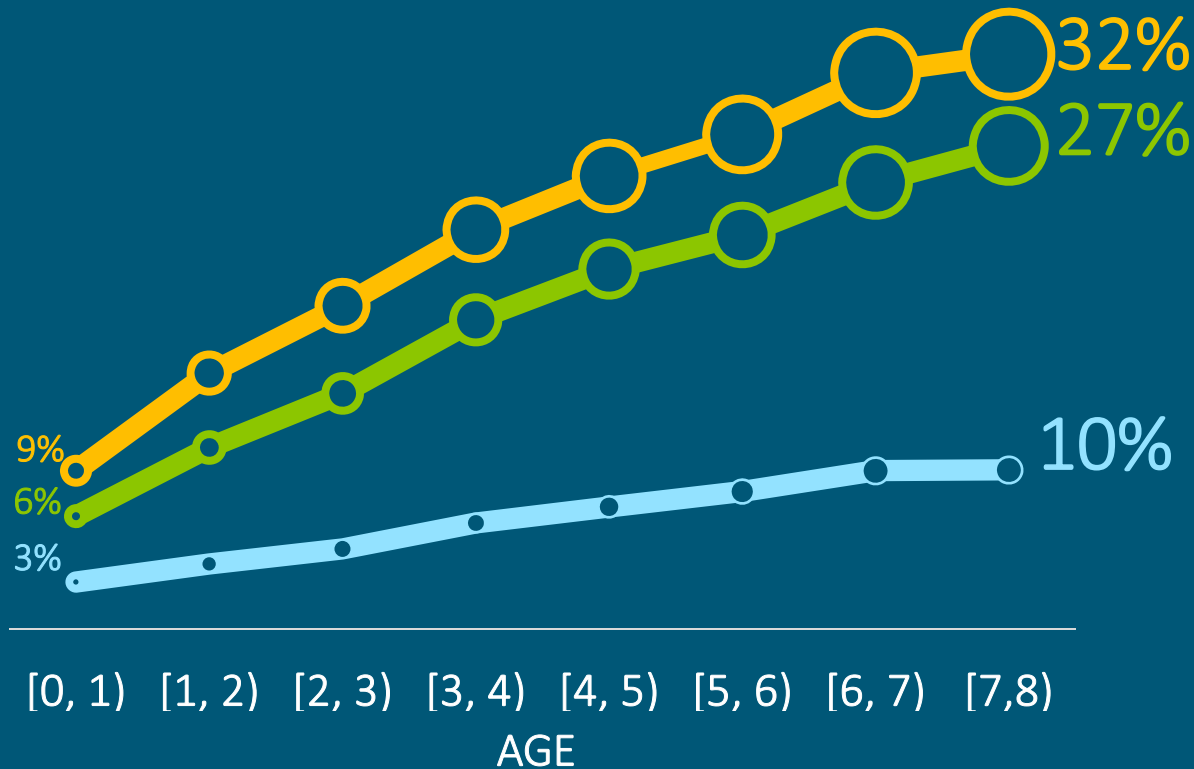
Alaska Longitudinal Child Abuse and Neglect Linkage Project (ALCANLink)



Incidence Proportion

Contact with OCS before age 8
years of age

Among children born during
2009:2011 in Alaska



33,417 AK births



Reported



Screened In

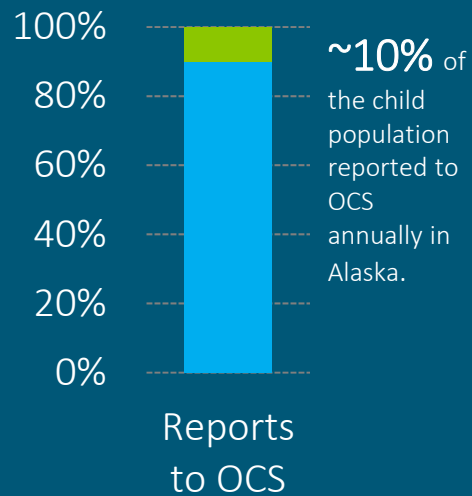


Substantiated

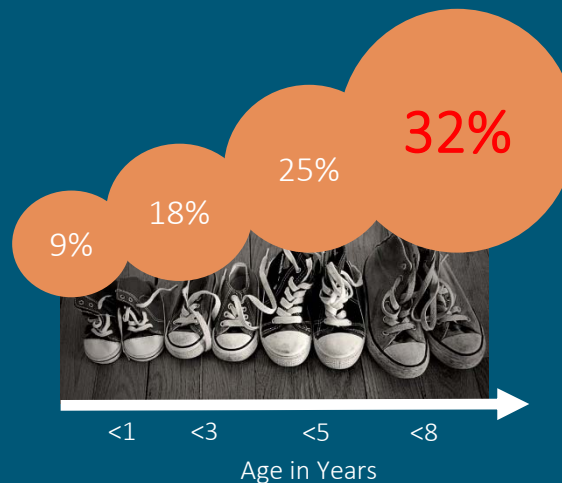


Maltreatment Burden

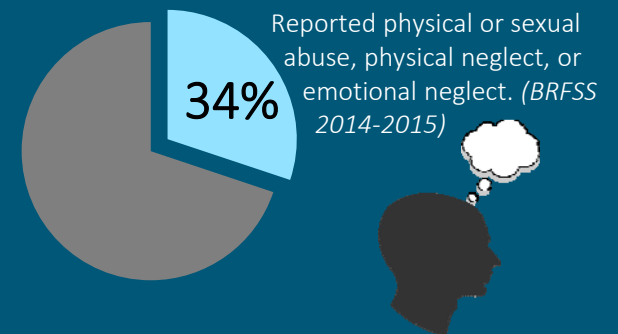
Annual Prevalence
(children ages 0-17 years,
2012-2015)



Cumulative Incidence
(reported to OCS before age 8)



Adult prevalence
(recall of experiences during childhood)

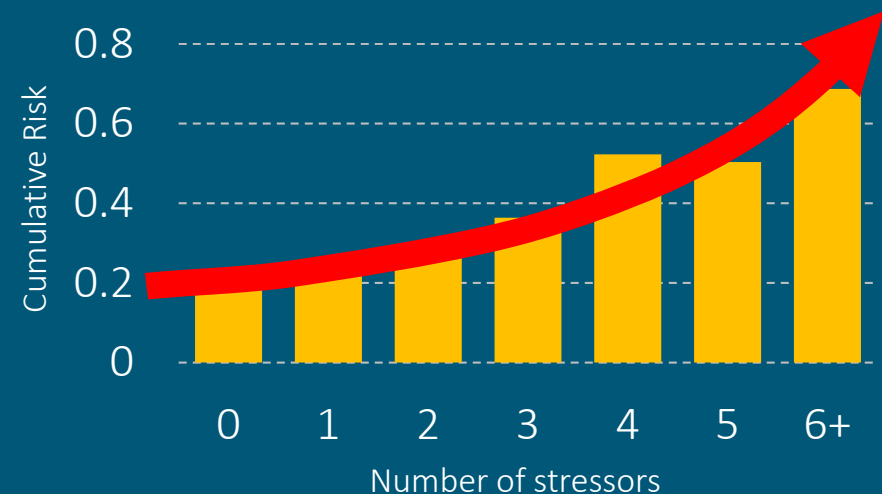


Household dysfunction

16% of children born to mothers reporting that during the 12 months prior to birth they experienced at least 4 of these 13 life events

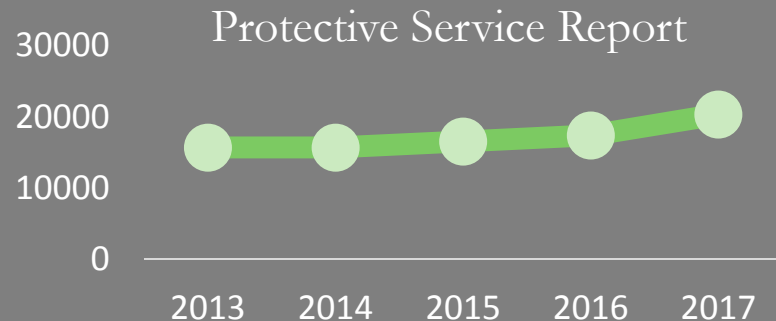
1. Being homeless
2. Husband/partner went to jail
3. Being in a fight
4. Loss of job even though wanted to keep working
5. Husband/partner lost job
6. Argued with husband/partner more than usual
7. Close family member very sick or hospitalized
8. Separated/divorced
9. Moved to a new address
10. Husband/partner said they didn't want pregnancy
11. Has a lot of bills couldn't pay
12. Someone close had problem with drinking/drugs
13. Someone close died

The risk of a child welfare contact increases with the number of stressors reported



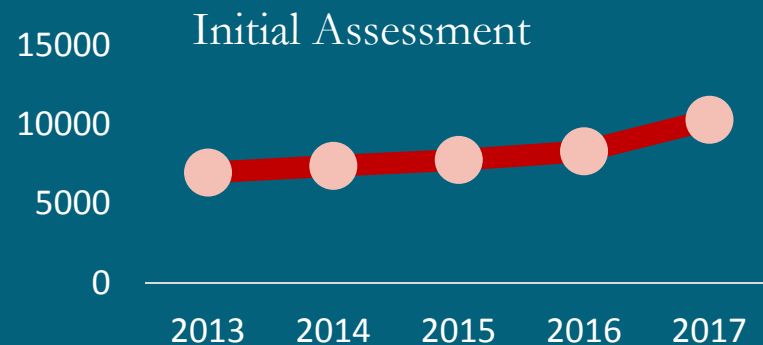
OCS Workload


During 2013-2017



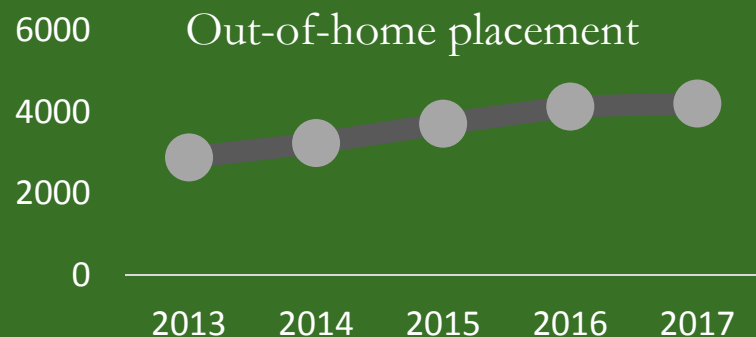
29.6% 


Documented reports of alleged maltreatment to children.



47.8% 

Initial assessments of PSR completed by OCS

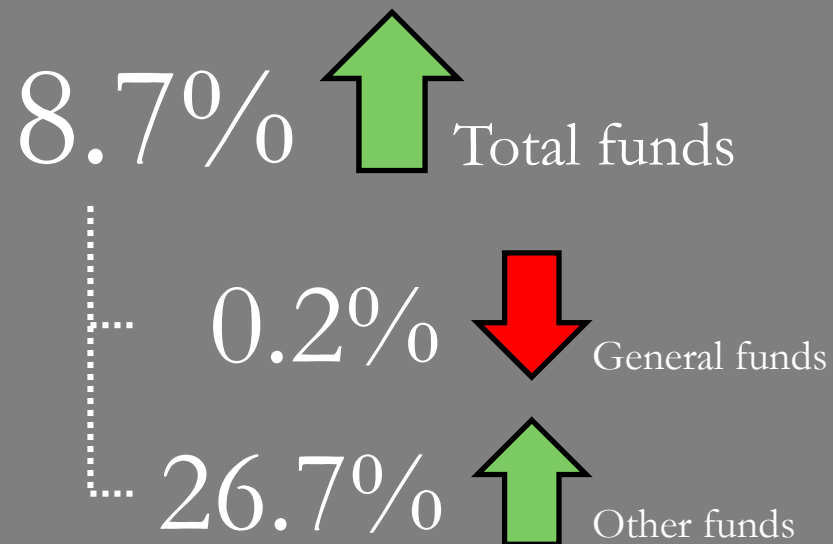


45.8% 

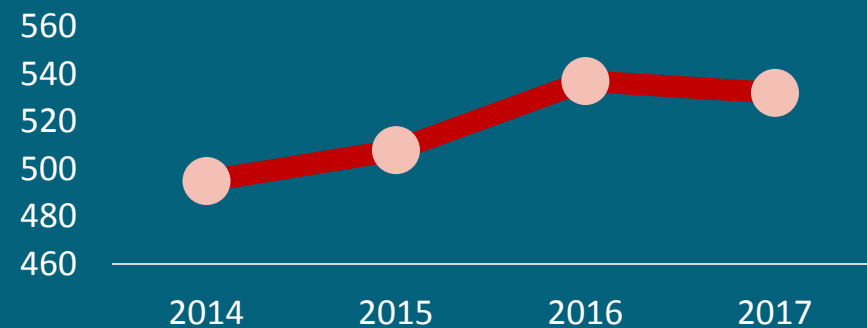
Children who were in Out-of-home services all or part of each period (including trials)

OCS funding

During 2014-2017



Total OCS staff position



7.4% ↑

	2014	2017
Number of PSRs per OCS worker*	31.7	32.7
Number of Initial Assessments per OCS worker*	14.9	15.6
Number of Out-of-home placements per OCS worker*	6.5	7.9

*Should not be interpreted as case loads

Thank you



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- Parrish JW, Young MB, Perham-Hester KA, Gessner BD. Identifying risk factors for child maltreatment in Alaska: a population-based approach. *Am J Prev Med* 2011 Jun;40(6):666-673
- Parrish JW, Lanier P, Newby-Kew A, Arvidson J, Shanahan M. Maternal Intimate Partner Violence Victimization Before and During Pregnancy and Postbirth Child Welfare Contact: A Population-Based Assessment. *Child Maltreat* 2016 Feb;21(1):26-36
- Parrish JW, Shanahan ME, Schnitzer PG, Lanier P, Daniels JL, Marshall SW. Quantifying Sources of Bias in Longitudinal Data Linkage Studies of Child Abuse and Neglect: Measuring the impact of outcome specification, linkage error, and partial cohort follow-up. (Accepted for publication in *Injury Epidemiology*)

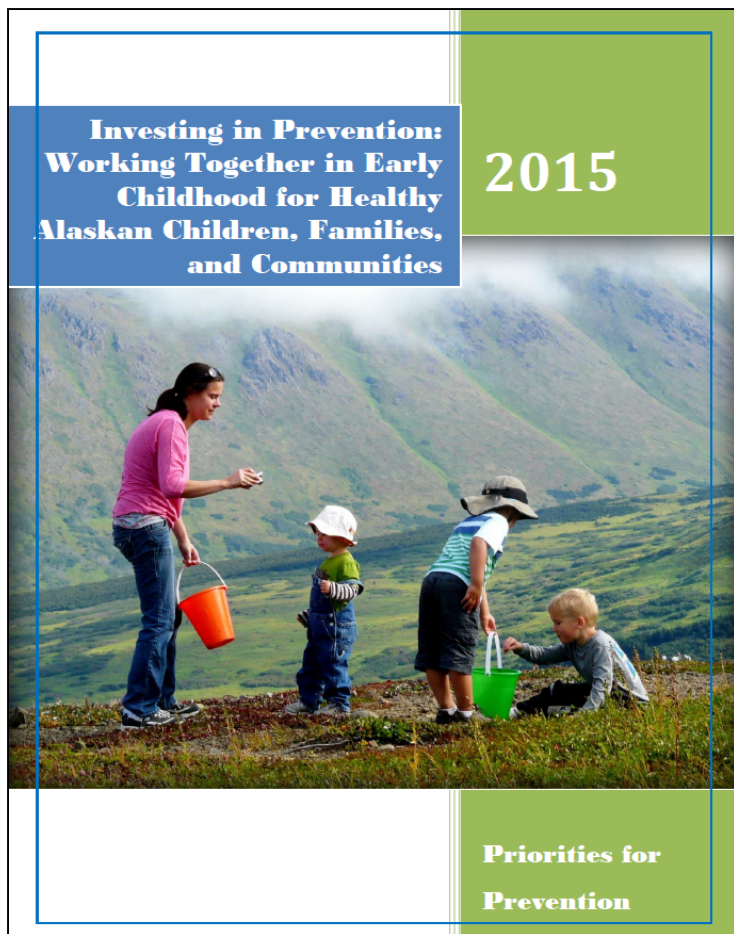




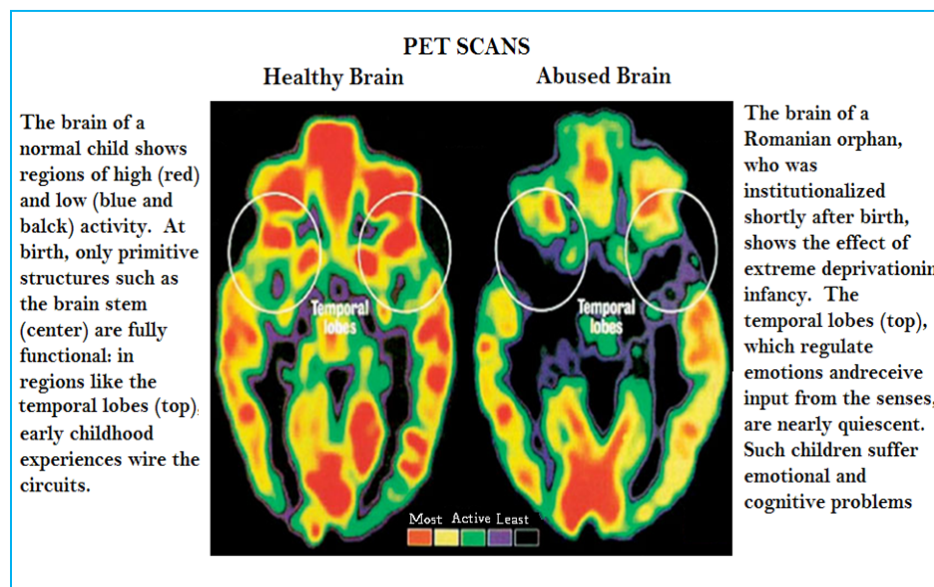
A Coordinated Prevention Opportunity With High Return Potential



The Background



The Brain and Stress



Source: Centers for Disease Control and Prevention



Population Attributable Risk

- Reduction in incidence that would be observed if the population were entirely unexposed compared with the current exposure pattern

Population Attributable Risk -ACEs

Condition	PAR	Beneficiary Group
Suicide Attempt	80%	Mental Health
Substance Abuse in Childhood	79%	Substance Abuse
Injecting Drugs	67%	Substance Abuse
Increased Memory Loss	60%	ADRD
Depression	56%	Mental Health
Illicit Drug Use	56%	Substance Abuse
Anxiety	51%	Mental Health
Marijuana Use	51%	Substance Abuse
ADHD or ADD in Childhood	40%	Mental Health
Learning Disabilities	39%	Developmental Disabilities
Developmental Delay	39%	Developmental Disabilities
Heavy Drinking	28%	Substance Abuse
Speech and Language Delay	22%	Developmental Disabilities
Brain Injury /Concussion	20%	TBI

Mental Health

Substance Abuse

ADRD

Developmental Delays

TBI

Primary Prevention

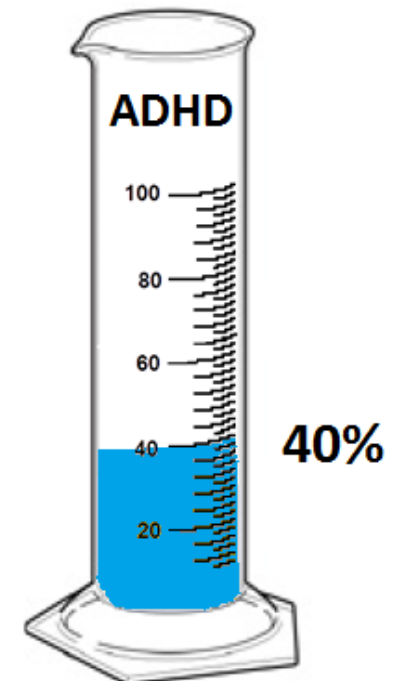
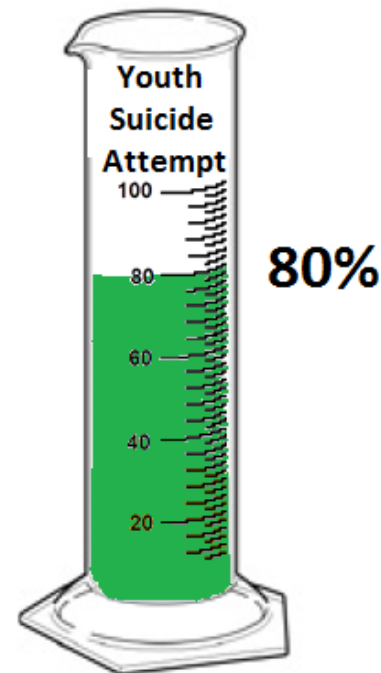
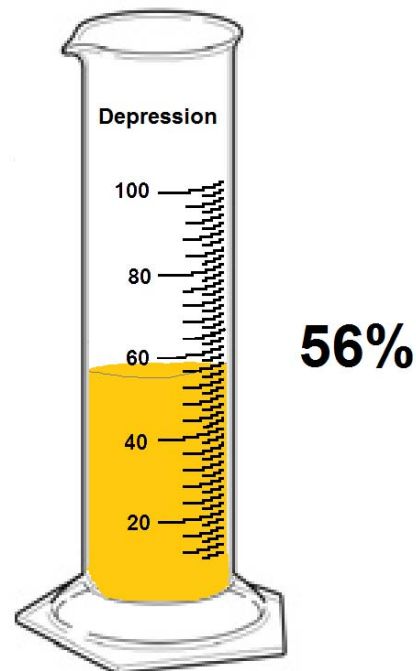
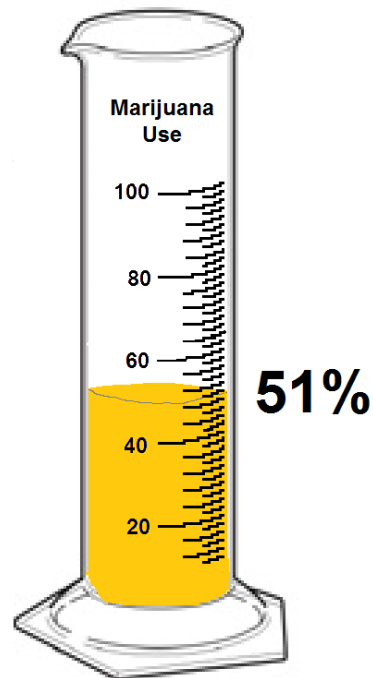
- Research indicates that the majority of these health and social challenges share the same root causes. To reduce health care costs and improve lives:
 - Support quality early childhood programs
 - Ensure access to health care including behavioral health care
 - Strengthen capacity for social emotional learning throughout Alaska's schools
 - Maintain & expand effective prevention efforts

Moving Forward

- “It is the policy of the state to acknowledge and take into account the principles of early childhood and youth brain development and, whenever possible, consider the concepts of early adversity, toxic stress, childhood trauma, and the promotion of resilience through protective relationships, supports, self-regulation, and services.”

-SB105, AS 47.05.060

Population Attributable Risk

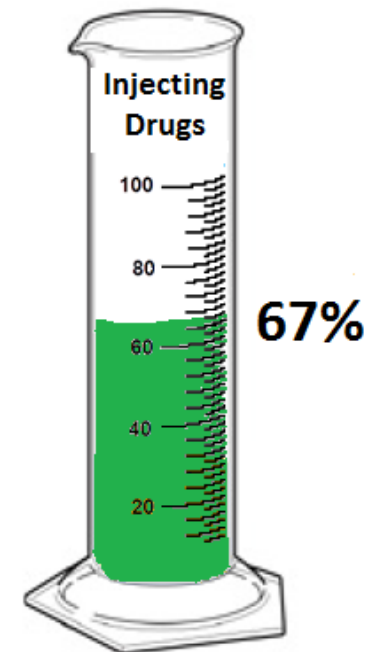
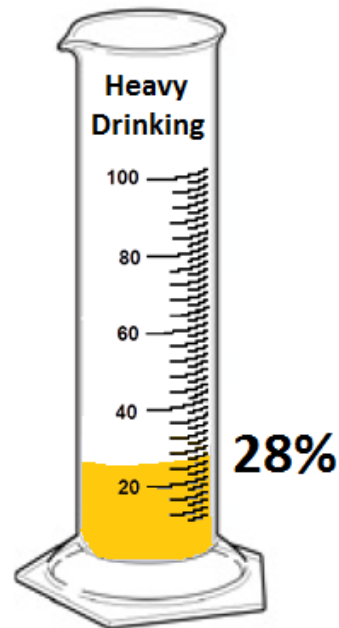
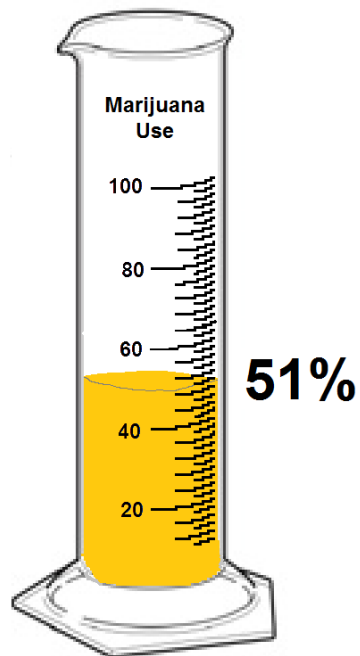


Alaskan Adults

Other Adults

Alaskan Children

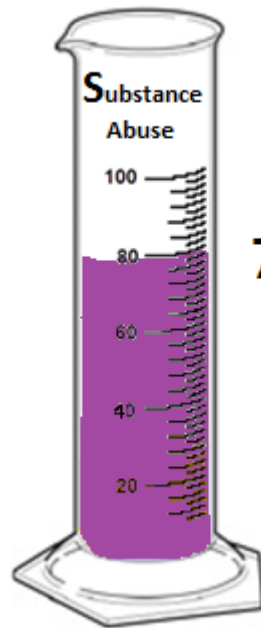
Population Attributable Risk



Alaskan Adults

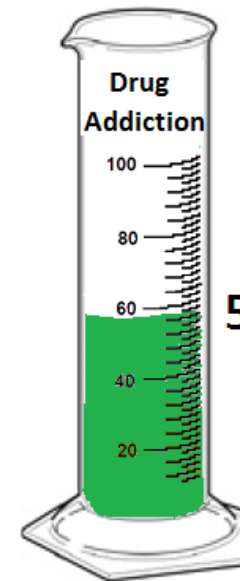
Other Adults

Population Attributable Risk



79%

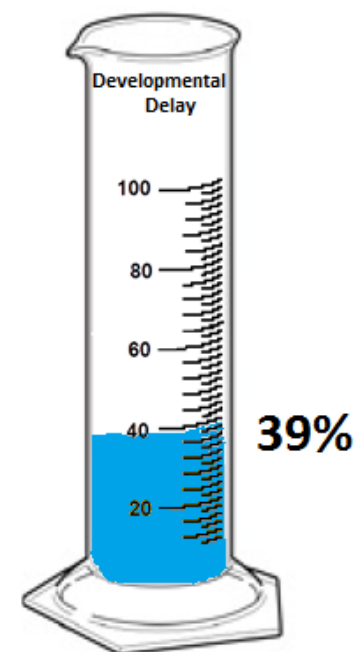
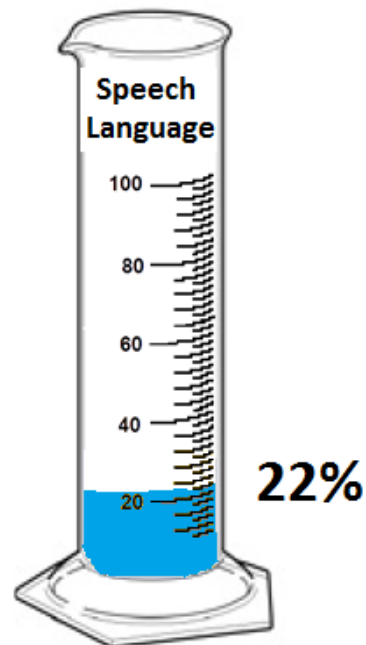
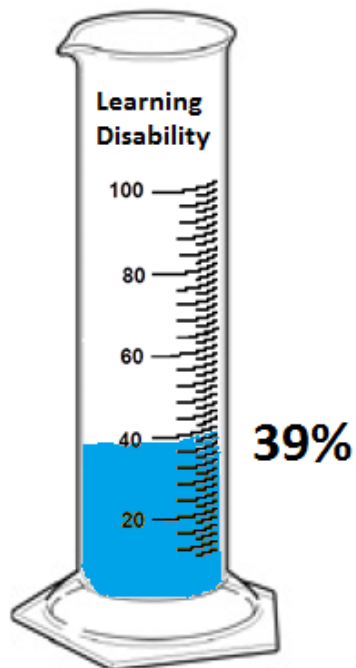
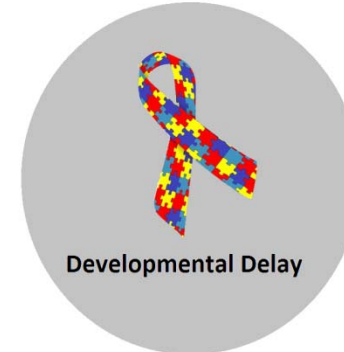
Alaskan Children



56%

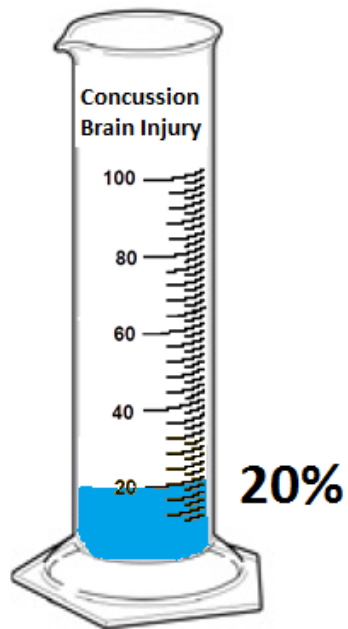
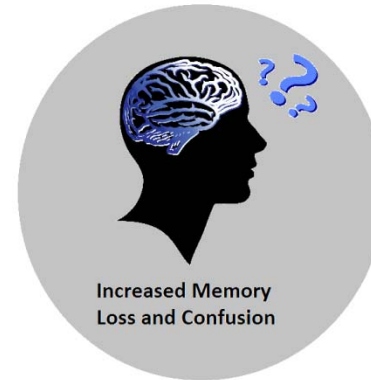
Other Adults

Population Attributable Risk

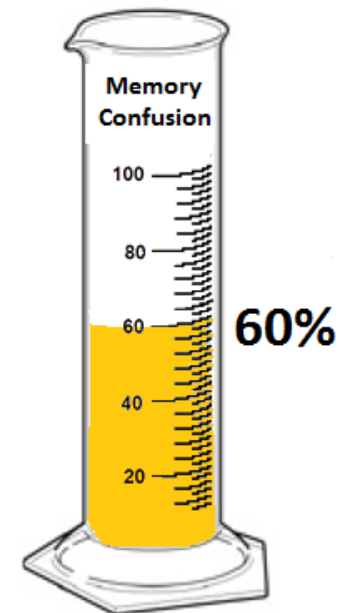


Alaskan Children

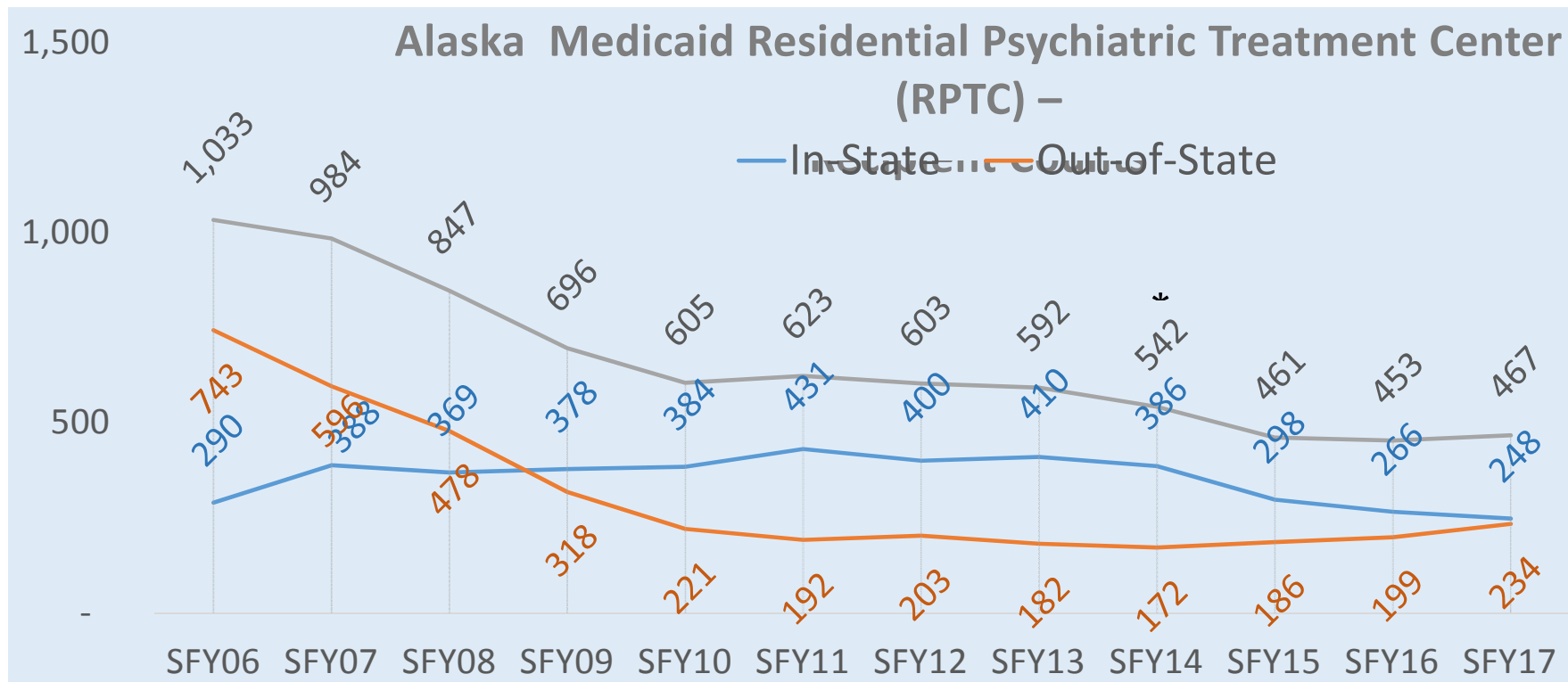
Population Attributable Risk



Alaskan Children



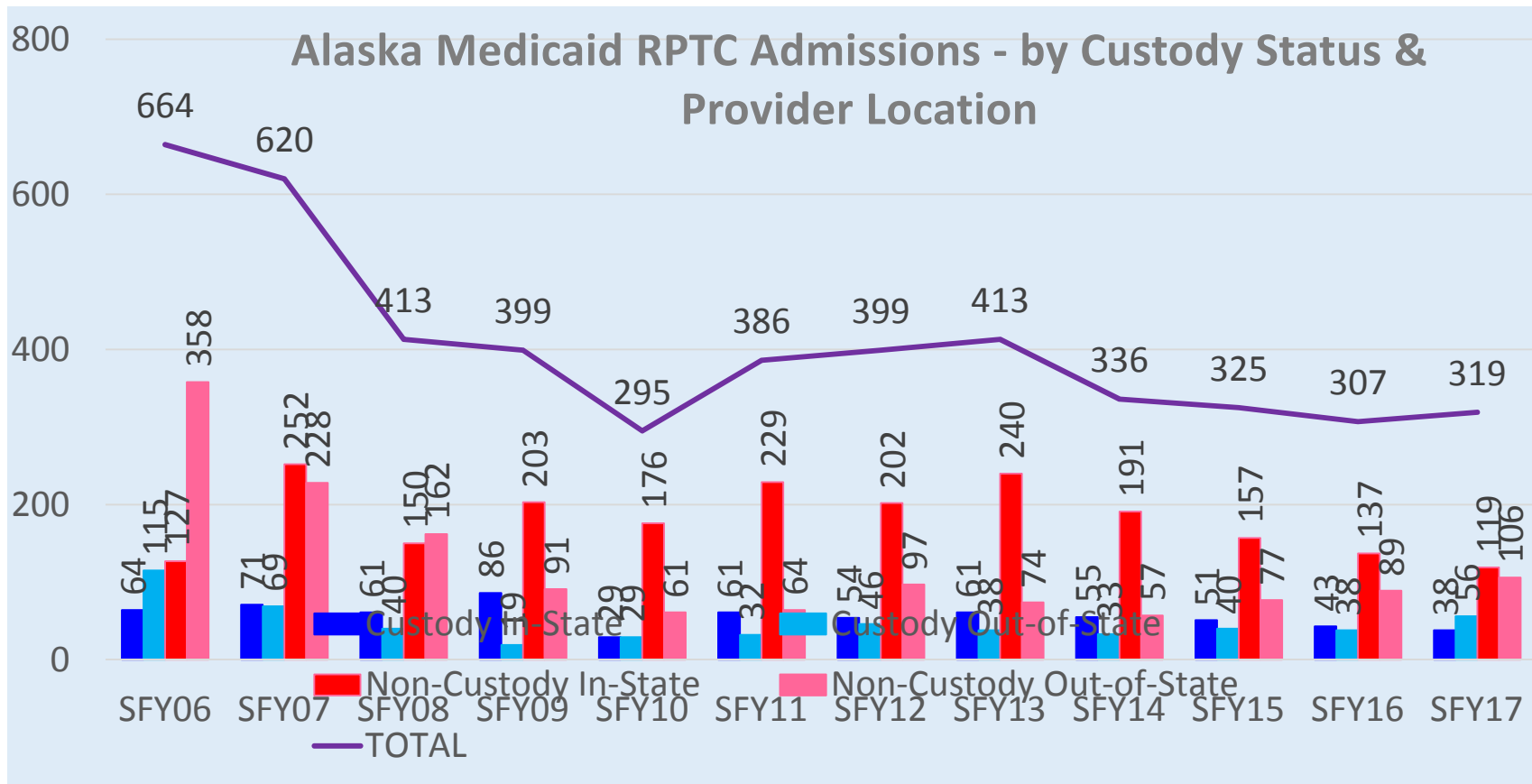
Alaskan Adults



*From FY06 – FY13, total recipients were duplicated. Recipients were counted twice if they were served in both in-state and out of state settings.

Starting in FY14, totals are unduplicated. (Duplicated totals are: FY14 = 558, FY15 = 484, FY16 = 465, FY17 = 482).

Data from the Division of Behavioral Health, Research and Policy Unit.



Data from the Division of Behavioral Health, Research and Policy Unit

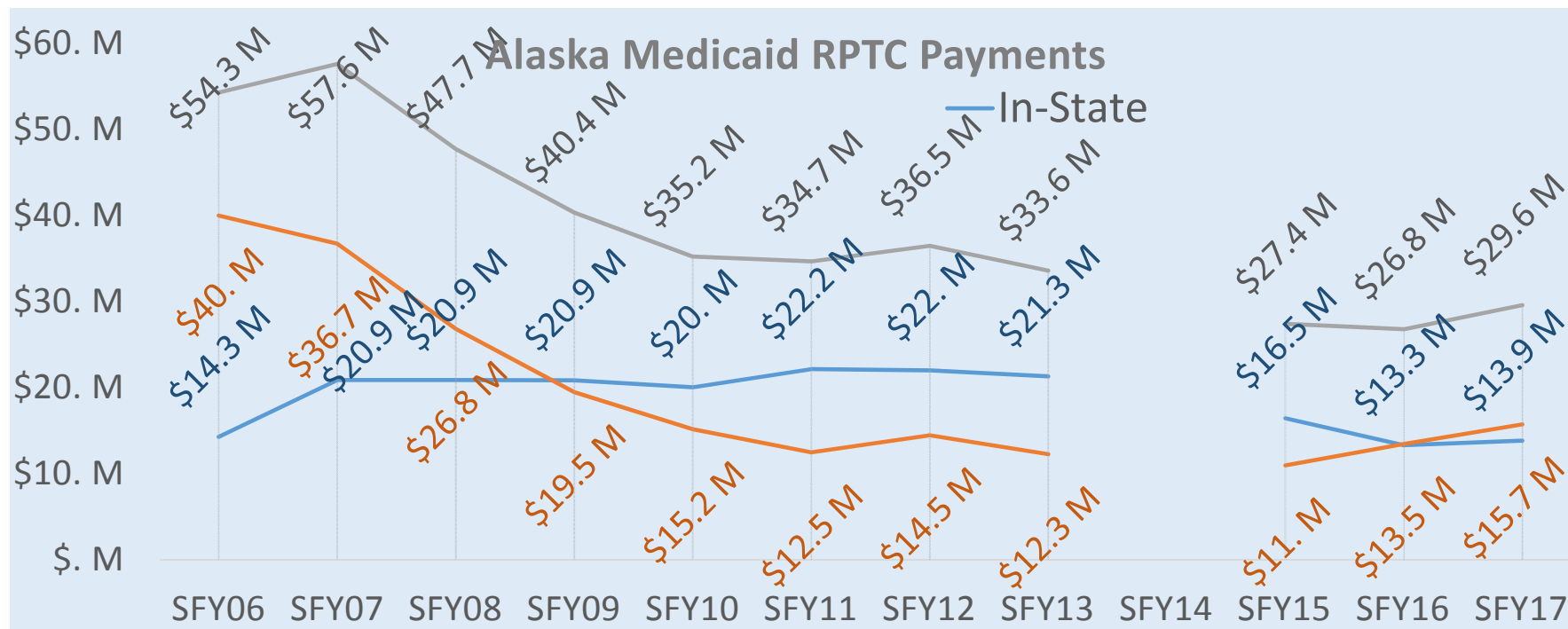
Alaska Medicaid RPTC Recipient Counts - by Age Group and Provider Location

SFY2014 through SFY2017 *

Age Group		SFY14			SFY15			SFY16			SFY17		
		In-State	Out-of-State	Grand Total	In-State	Out-of-State	Grand Total	In-State	Out-of-State	Grand Total	In-State	Out-of-State	Grand Total
6 to 11 years	Count	32	36	65	20	47	61	10	47	56	2	55	57
	% of Whole	6%	7%	12%	4%	10%	13%	2%	10%	12%	0%	12%	12%
12 to 18 years	Count	353	133	473	278	139	400	255	147	391	246	177	408
	% of Whole	65%	25%	87%	60%	30%	87%	56%	32%	86%	53%	38%	87%
19+ years	Count	1	3	4				1	5	6		2	2
	% of Whole	0%	1%	1%	0%	0%	0%	0%	1%	1%	0%	0%	0%
TOTALS	Count	386	172	542	298	186	461	266	199	453	248	234	467
	% of Whole	71%	32%	100%	65%	40%	100%	59%	44%	100%	53%	50%	100%

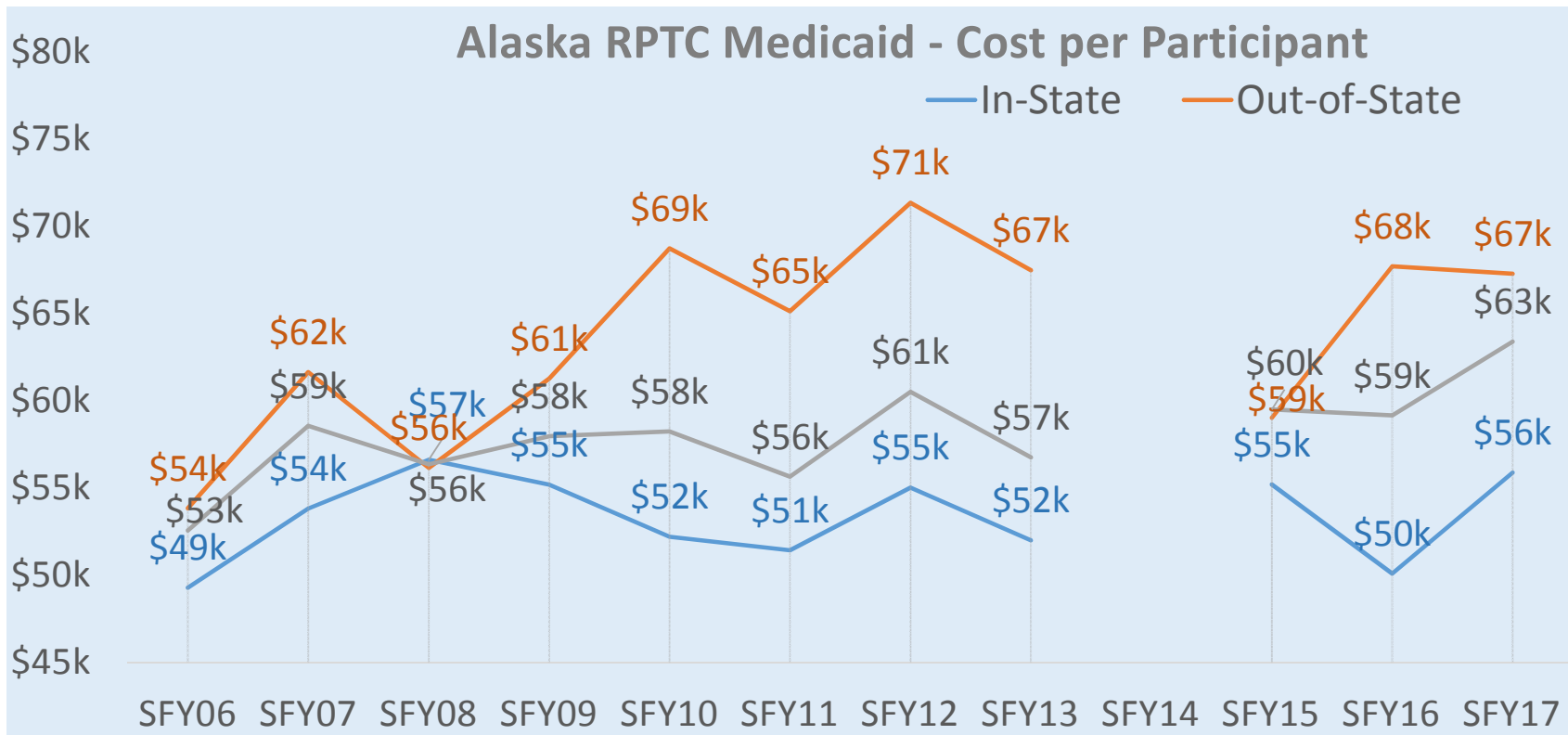
*Age breakout for SFY06-13 is not available.

Data from the Division of Behavioral Health, Research and Policy Unit



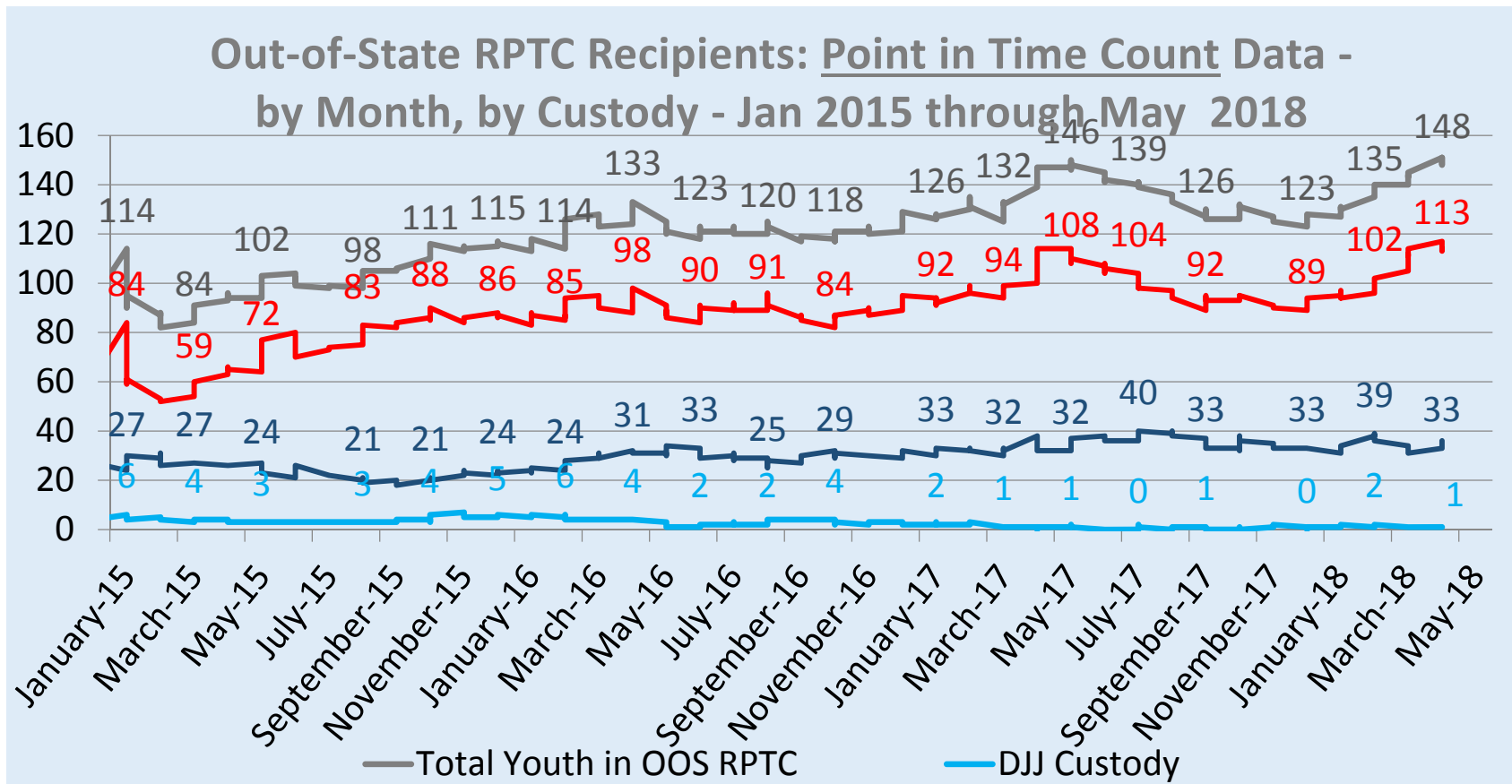
* SFY2014 represents a transition year between Medicaid Management Information Systems (MMIS). Medicaid financial data for the year in question is not summarized for reporting purposes.

Data from the Division of Behavioral Health, Research and Policy Unit



* SFY2014 represents a transition year between Medicaid Management Information Systems (MMIS). Medicaid financial data for the year in question is not summarized for reporting purposes.

Data from the Division of Behavioral Health, Research and Policy Unit



Data from the Division of Behavioral Health, Medicaid Unit based on reporting from Qualis Health

Profile of RPTC Recipients by Race and Gender, SFY2014 - SFY2017												
State Fiscal Year (July 1 - June 30)	All Race TOTAL			American Indian or Alaska Native			White			All Other Races *		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
2014	222	320	542	78	116	194	96	133	229	48	71	119
% of All Race TOTAL	100%	100%	100%	35%	36%	36%	43%	42%	42%	22%	22%	22%
2015	209	252	461	79	73	152	86	114	200	44	65	109
% of All Race TOTAL	100%	100%	100%	38%	29%	33%	41%	45%	43%	21%	26%	24%
2016	205	248	453	73	79	152	81	118	199	51	51	102
% of All Race TOTAL	100%	100%	100%	36%	32%	34%	40%	48%	44%	25%	21%	23%
2017	202	265	467	68	91	159	79	117	196	55	57	112
% of All Race TOTAL	100%	100%	100%	34%	34%	34%	39%	44%	42%	27%	22%	24%
July 2016 Alaska DOLWD Population Estimates (0-20 yrs)	104,321	111,927	216,248	20,171	21,702	41,873	57,687	62,443	120,130	26,463	27,782	54,245
% of Total	100%	100%	100%	19%	19%	19%	55%	56%	56%	25%	25%	25%
e - d	0%	0%	0%	-14%	-15%	-15%	16%	12%	14%	-2%	3%	1%
*Includes "Black or African American", "Asian", "Native Hawaiian or Other Pacific Islander", "Two or More Races", and "Race Not Reported". Does not include "Hispanic" as a race category.												

Data from the Division of Behavioral Health, Medicaid Unit based on reporting from Qualis Health

Alaska Division of Juvenile Justice

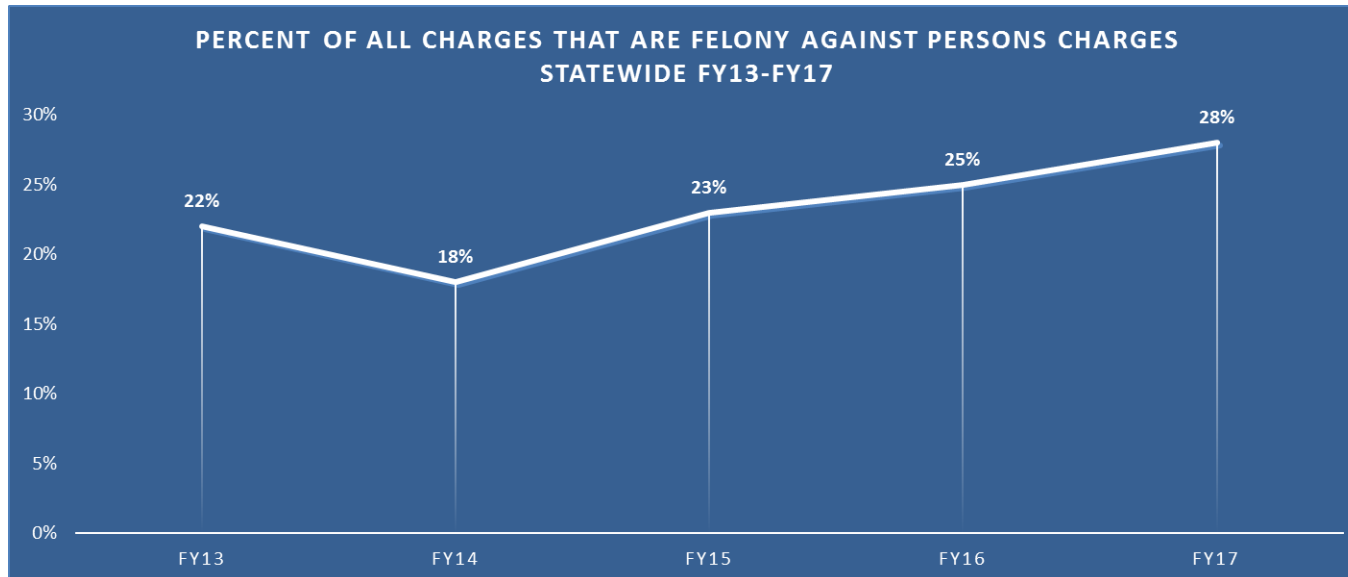
Facility Capacity

	Capacity at Year End	Average Capacity	Avg. Daily Population	% Avg Daily Population
FY15	253	253.1	170.2	67.2%
FY16	260	257.8	165.1	64.0%
FY17	224	234.5	170.9	72.9%
FY18	214	214.0	162.9	76.1%

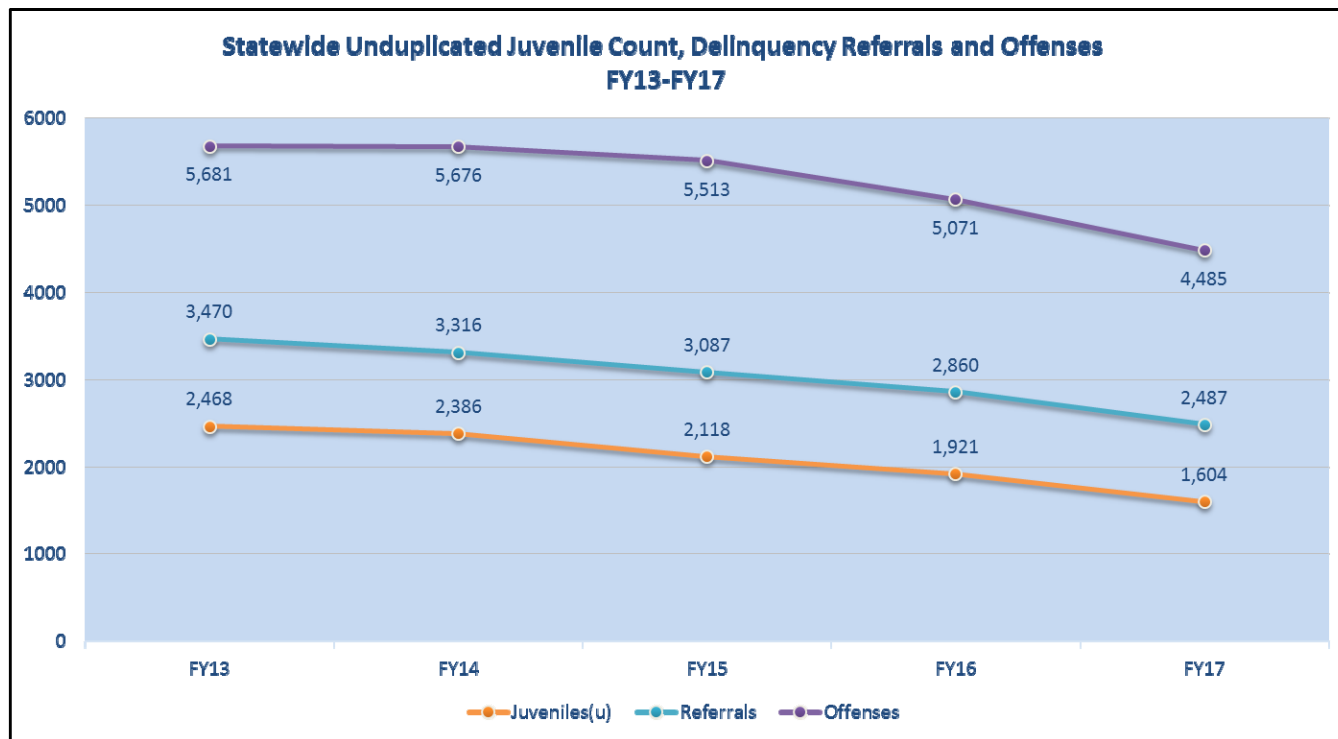
Facility Unit Capacity

	Detention				Treatment			
	Capacity at Year End	Average Capacity	Avg. Daily Population	% Avg Daily Population	Capacity at Year End	Average Capacity	Avg. Daily Population	% Avg Daily Population
FY15	126	120.8	83.0	68.7%	127	132.3	87.2	65.9%
FY16	128	128.0	77.8	60.8%	132	129.8	87.3	67.3%
FY17	106	116.0	84.5	72.8%	118	118.5	86.4	72.9%
FY18	106	106.0	81.2	76.6%	108	108.0	81.7	75.6%

Alaska Division of Juvenile Justice



Alaska Division of Juvenile Justice



Alaska Division of Juvenile Justice

Treatment Admissions and Diagnoses

	Admissions	SA Diagnosis		BH Diagnosis		Both SA & BH	
		#	%	#	%	#	%
FY15	67	44	66%	63	94%	41	61%
FY16	72	56	78%	70	97%	54	75%
FY17	78	68	87%	78	100%	68	87%
FY18	34	35	63%	31	91%	33	63%
Grand Total	273	203	74%	262	96%	198	73%

As of 6/8/18

Note: This includes the latest assessment (DSM-IV or DSM-V).

FY18 DSM data is incomplete due to recent admissions

Alaska Division of Juvenile Justice

DSM V Diagnoses

Row Labels	Diagnoses	Pct	Cum Pct
Substance-Related and Addictive Disorders	338	21.3%	21.3%
Disruptive, Impulse-Control, and Conduct Disorders	335	21.2%	42.5%
Trauma- and Stressor-Related Disorders	179	11.3%	53.8%
Other Conditions That May Be a Focus of Clinical Attention	177	11.2%	65.0%
Depressive Disorders	170	10.8%	75.8%
Neurodevelopmental Disorders	161	10.3%	86.1%
Anxiety Disorders	49	3.1%	89.2%
Other Mental Disorders	33	2.1%	91.3%
Neurocognitive Disorders	30	1.9%	93.2%
Bipolar and Related Disorders	18	1.7%	94.9%
Personality Disorders	17	1.1%	95.9%
Schizophrenia Spectrum and Other Psychotic Disorders	13	0.8%	96.3%
Sexual Dysfunctions	12	0.8%	97.0%
Paraphilic Disorders	11	0.7%	97.7%
Dissociative Disorders	8	0.5%	98.2%
Medication-Induced Movement Disorders and Other Adverse Effects of Medication	7	0.5%	98.7%
Obsessive-Compulsive and Related Disorders	5	0.3%	99.0%
Feeding and Eating Disorders	5	0.3%	99.3%
Gender Dysphoria	4	0.2%	99.6%
Somatic Symptom and Related Disorders	3	0.2%	99.7%
Elimination Disorders	2	0.1%	99.8%
Sleep-Wake Disorders	2	0.1%	100.0%
Grand Total	1579	100.00%	

Note: An individual may have more than one diagnosis.

As of 6/14/2018

DBH SFY18 Funding Snapshot

- DBH has 76 treatment grantees. Of them, 67 provide behavioral health services and have Department approval to bill Medicaid.
- In addition, 25 non-grantee behavioral health providers (almost entirely providing SUD treatment) have received Department approval.
- DBH has 43 behavioral health prevention grantees.
- For FY18, DBH grant funding awarded totaled: \$64,901,019.
 - \$ 9,139,652 was for the prevention component.
 - \$ 55,761,367 was for the treatment component.
- \$ 8,720,550 of the \$64.9 Million came from federal grant dollars (\$6,213,100 treatment and \$2,507,450 prevention)
- The smallest grant was for \$100.00 and the largest grant was for \$4,315,010.

DBH SFY17 Community Behavioral Health Clinic (CBHC) Medicaid Funding

DBH Grantees	\$	144,088,695
Non-DBH For-Profit Providers	\$	211,462
	\$	144,300,158

DBH SFY17 BH Treatment Providers (FFS and TER)

All DBH behavioral health treatment grantees provided the following Medicaid services in SFY17 (July 1, 2016 – June 30, 2017) at an average cost of \$9,532 p/p

Age Group/BH Population		Unduplicated Client Count	Medicaid Payments
Youth	COD	273	\$3,877,220
	MH	4,130	\$66,005,343
	SUD	256	\$2,292,026
	Youth Subtotal	4,337	\$72,174,588
Adult	COD	2,077	\$8,042,498
	MH	5,606	\$34,066,870
	SUD	5,043	\$30,016,202
	Adult Subtotal	10,801	\$72,125,569
TOTAL	COD	2,350	\$11,919,717
	MH	9,736	\$100,072,213
	SUD	5,299	\$32,308,227
TOTAL		15,138	\$144,300,158

Youth = 0 – 17

Adult = 18+

DBH SFY18 Treatment Client/Service Counts

AKAIMS Data (with EDI Agencies) – Includes data from 7/1/17 – 3/31/18 (9 months)

All Grantees		
	Client Count	Service Count
MH and COD	10,422	379,921
SA and COD	6,173	179,886
Total Count	14,839	484,357

Adult Grantees		
	Client Count	Service Count
MH and COD	7,078	221,105
SA and COD	5,850	168,099
Total Count	11,383	326,514

Youth Grantees		
	Client Count	Service Count
MH and COD	3,344	156,235
SA and COD	323	11,787
Total Count	3,456	157,843

All Non-Grantees		
	Client Count	Service Count
MH and COD	210	3,118
SA and COD	568	12,307
Total Count	693	13,241

Adult Non-Grantees		
	Client Count	Service Count
MH and COD	186	2,997
SA and COD	566	12,302
Total Count	667	13,115

Youth Non-Grantees		
	Client Count	Service Count
MH and COD	24	121
SA and COD	2	5
Total Count	26	126

\$12 Million in new funding for Substance Use Disorder Treatment

- Medically-Monitored Withdrawal Management (“Detoxification”) Services
 - Especially in Southcentral Alaska (Anchorage and the MatSu Valley)
- Ambulatory Withdrawal Management
 - Individuals who experience mild to moderate withdrawal and have a stable living situation can receive medical attention while residing in their homes (focus on rural communities).
- Residential and Intensive Outpatient Substance Use Disorder Treatment and Recovery
 - Following medically managed withdrawal management (generally 5 to 10 days), successful recovery requires immediate linkage to an appropriate level of continued SUD treatment.
- Sobering Center or 72-Hour Substance Misuse Crisis Evaluation Services
 - Communities need options for residents who simply need a safe, medically monitored location, other than local hospital emergency departments or local community jails, to recover from their current substance abuse incident (Southcentral Alaska focus).
- Housing Assistance and Supports
 - Having a roof over one’s head is key to recovering from substance misuse and abuse.
 - Recovery also requires community support systems, including ongoing substance use disorder treatment (MAT), intensive case management services, and rental assistance (including assistance in interfacing with landlords).

Crime Rates in Alaska 1986-2016

Making Use of the Past to Understand the Present

April 27, 2018

Objectives

- Provide some historical perspective to the volume of crime Alaska is currently experiencing.
- Why?
 - Provide an empirical “check” on our **perceptions** of crime.
 - Do our perceptions match what the data tell us?
 - Is our current level of crime **abnormal**?
 - Is our current level of crime higher/lower than in the past?
 - Timing isn’t everything, but it’s an important thing...
 - A “cause” must precede in time its effect.

Property Crimes

Larceny theft

Burglary

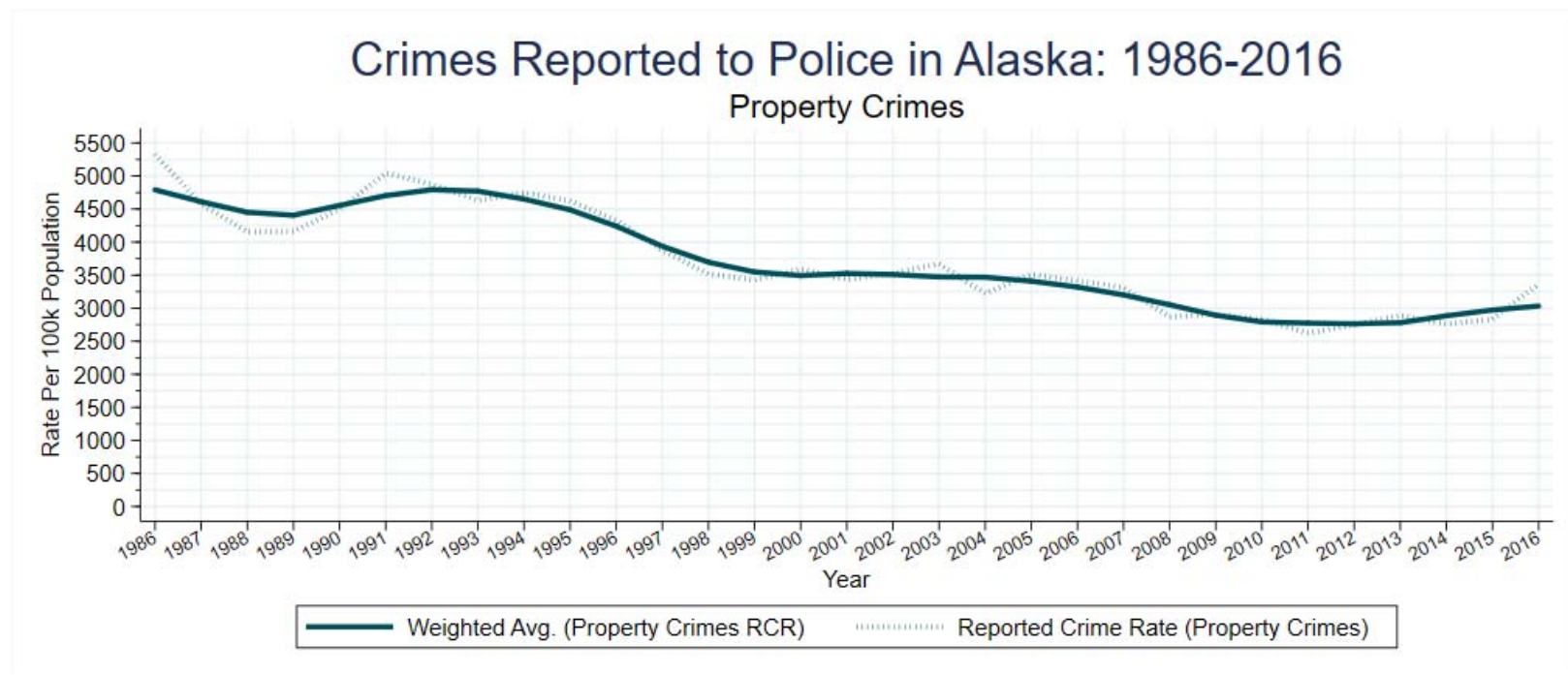
Motor vehicle theft

A Few Quick Notes

- Data represent crimes **known to police**.
 - Only about half of all crime incidents are ever reported.
- UCR data are a flawed measure of crime **volume**. But, because the data are collected uniformly each year UCR data are a good source of data for measuring **changes** in the volume of crime over time
 - The “dark figure of crime” is consistent from year to year
- Data are for **Alaska**, not Anchorage
 - Crime tends to be variable according to geography/location

Property Crimes (All)

Reported to Police



Violent Crimes

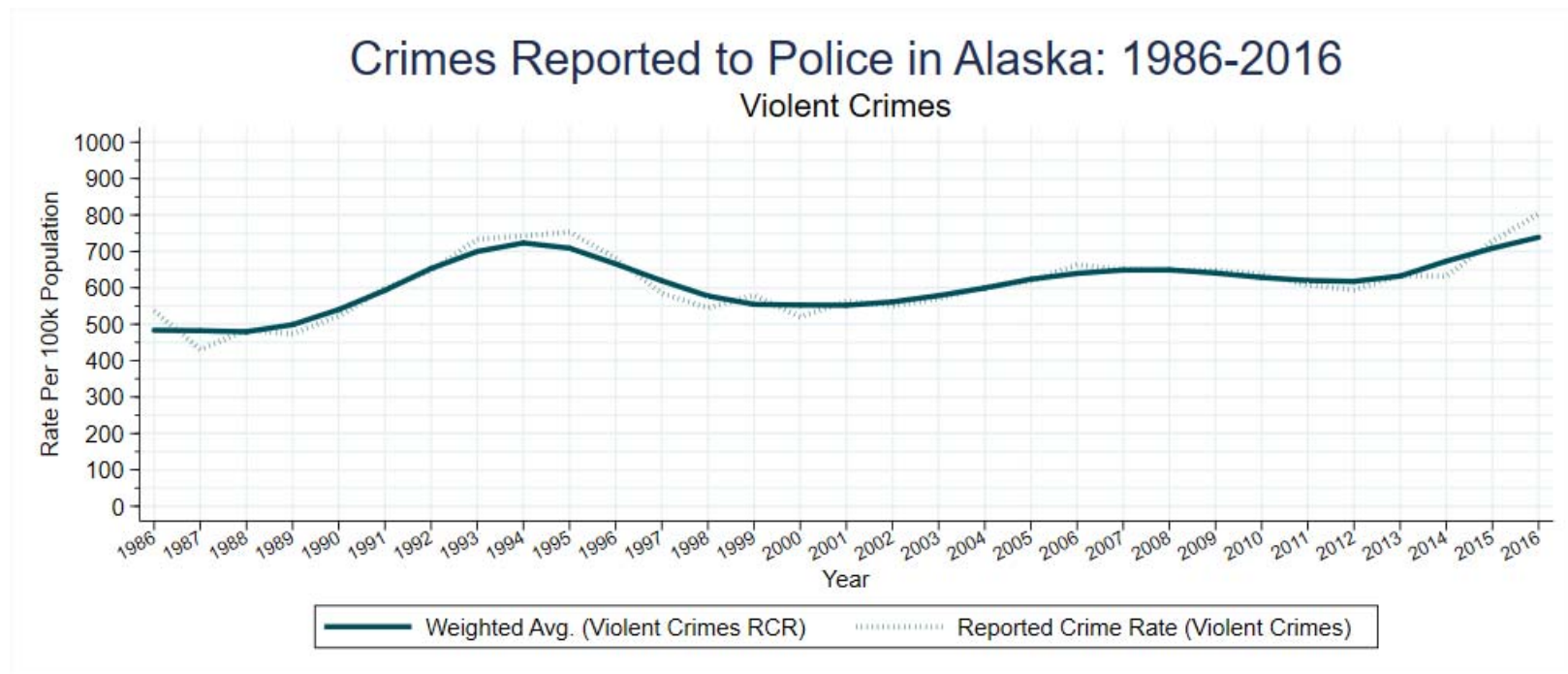
Murder/non-negligent homicide

Aggravated assault

Rape

Violent Crimes (All)

Reported to Police



Discussion

What do these crime trend data tell us?

Discussion Questions

- Is it helpful to see Alaska's crime trends **over time**? Why? Why not?
- Do our **perceptions** of crime match what we know about crime empirically?
- Based on the data presented, would you conclude that our current level of crime is **abnormal**?
- **When** did things begin to change?
 - How does the timing of change influence our theories?

Contact Information

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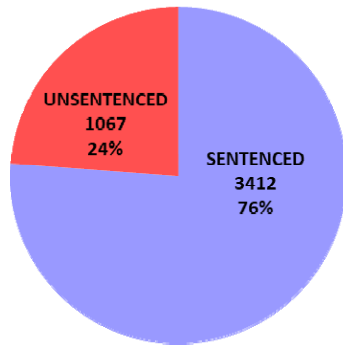
Trends Within Criminal Justice Population

DOC at a Glance

- ▣ Alaska is one of six states in the country that operates a unified correctional system – a combination of both jails and prisons.
- ▣ 12 facilities
- ▣ 4,200 inmates
- ▣ 29,481 bookings (17,565 unique individuals)
- ▣ 30,239 releases
- ▣ 250 offenders in eight Community Residential Centers
- ▣ 160 offenders in 15 contract jails
- ▣ 5,187 offenders on probation or parole

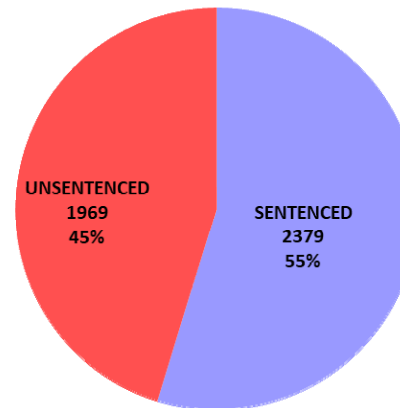
Population Trends

PRISON POPULATION BY LEGAL STATUS: JULY 2008

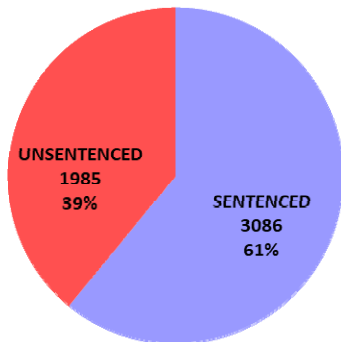


The percent of unsentenced offenders has grown from 24% of the prison population in 2008 to 45% in 2018.

PRISON POPULATION BY LEGAL STATUS: JAN. 2018



PRISON POPULATION BY LEGAL STATUS: JULY 2014



***By default,
Alaska Department of Corrections is the
state's largest provider of:***

- ▣ *Mental health services;*
- ▣ *Substance abuse treatment; and*
- ▣ *Drug & alcohol detoxification services.*

Behavior Health at a Glance

- 65% of DOC's offender population have been identified as Trust Beneficiaries.
- 22% experience a severe and persistent mental illness.
- 61% increase from FY08 to FY16 in the total number of contacts each year.
- 19% increase in the number of offenders diagnosed with SPMI since FY08.
- Trust Beneficiaries with reported clinical characteristics, 70% were substance abuse-related.
- Trust Beneficiaries were significantly more likely to be convicted of felony crimes (34.6%) than the rest of the ADOC inmate population (21.4%).
- The median length (or mid-point) of stay for Trust Beneficiaries is significantly longer than for other offenders.
 - For those committing felonies, it is double that of a non-Beneficiary
 - For misdemeanors, it is 150 percent longer.

Behavior Health at a Glance cont...

- Within the first year after release Trust Beneficiaries recidivate at nearly twice the rate of those who are not Trust Beneficiaries (40.9% vs. 22.0%).
- Alaska Natives are a disproportionate share of the Trust Beneficiary population, representing over one third of the total (38.5%) compared to their share of the State's general population in the community (15%).
- 5.4% increase in the number of female Beneficiaries.
- Female Beneficiaries represent 30% of the Beneficiaries served within DOC.
 - 840 female beneficiaries on any given day.
- 5.7% increase in female Beneficiaries requiring acute mental health treatment.

Trends within AKDOC

- ▣ Offenders are coming into our system with more acute needs than ever before.
- ▣ Mentally ill offenders are incarcerated for longer periods of time than non-mentally ill offenders.
- ▣ Increase in comorbidity of substance use, mental illness along with complex medical issues.
- ▣ Substance use complicating other medical conditions and pregnancy.
- ▣ Needs of aging population are increasing.
- ▣ Complicated detoxification and withdrawal processes.
- ▣ Increased Methadone and Suboxone patients needing bridging/tapers.
- ▣ Increase in Youthful Offenders.

Trends within AKDOC continued..

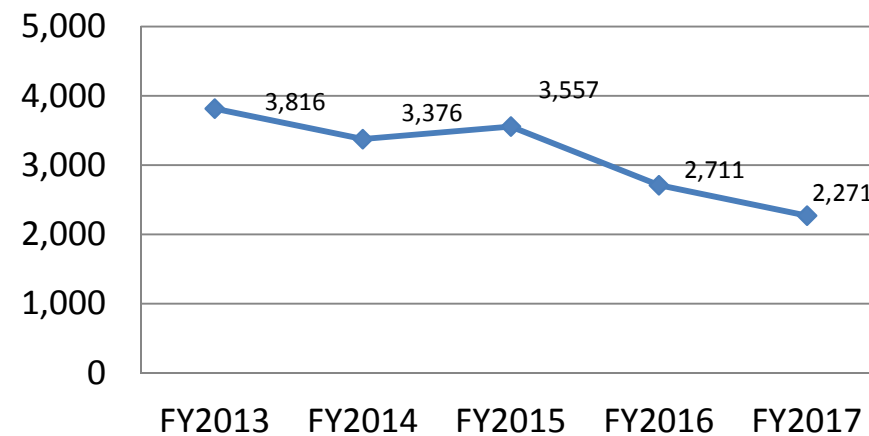
- Increase number of female beneficiaries.
- Increase demand in Acute placement.
- Increase in community partner collaborations.
- Pre-Trial managing large number of beneficiaries.
- Decrease in the length time offenders remaining in custody in pre-trial setting.
 - Rapid turnaround time.

Trends within AKDOC continued..

- Increase in number of individuals detoxing.
 - Often complicated by use of synthetics and blending of multiple substances.
 - 32% of assessed population diagnosed with Opioid Use Disorder.
- Increase in length of time to connections with benefits.
 - GR, Social Security
- Decrease in number of T47's with DOC.

Title 47 Holds

by Fiscal Year 2013-2017



Fiscal Year	Title 47 Bookings
FY2013	3,816
FY2014	3,376
FY2015	3,557
FY2016	2,711
FY2017	2,271