

State of Alaska



Statewide Needs Assessment

submitted under the

Affordable Care Act
Maternal, Infant and Early Childhood Home Visiting Program

by

Alaska Department of Health & Social Services
Division of Public Health

Section of Women's, Children's and Family Health
Title V Agency

Submission Date:
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**Memorandum of Agreement
Between
Alaska Division of Public Health, Section of Women's, Children's and Family Health
And
Alaska Head Start
And
Alaska Division of Behavioral Health
And
Alaska Office of Children's Services**

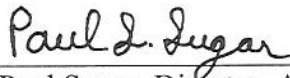
The parties to this Memorandum of Agreement (MOA) support the purpose of the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program and the federal requirement for interagency collaboration. This MOA reiterates and emphasizes the commitment of the stated partners to ensuring that all are involved in planning and implementing the home visiting program. All parties agree to collaborate in the planning and implementation of the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program. Terms of this agreement are subject to receiving federal grants funds and successful procurement process.



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Introduction

This section contains background information about the State of Alaska to give context to the Needs Assessment. Characteristics of geography, racial distribution, and health care delivery systems are unique to this state and strongly influence public health strategies.

Geography

Alaska is one-fifth the size of the continental United States. It has 640 square miles of land for every mile of road compared to Texas, which has 20 square miles for every mile of road.¹ Approximately 75% of Alaskan communities, including the state's capital city of Juneau, are not connected to the road system. Accessing "nearby health services" or specialized health care means travel by commercial jet, small plane, the state marine ferry system, all terrain vehicles, small boats or snow machines. Some residents may travel distances equivalent to traveling from Washington, D.C. to New Orleans for even routine medical care. Moreover, severe weather can render travel impossible, creating especially critical situations in medical emergencies.

The geographic isolation of rural communities means significant challenges in assuring all MCH populations have access to routine preventive care, acute medical and specialty care. Even well-child check-ups, prenatal exams and regular dental exams are difficult to provide. Recruiting and retaining physicians and primary health care providers for non-urban practices is also a barrier to providing health care services.

Population

The 2009 Alaska population was estimated at 692,314². Seventy percent were reported to be Caucasian alone, 16% Alaska Native/American Indian alone, 4% Black alone and 4% Hispanic. Twenty percent were reported to be Alaska Native/American Indian alone or in combination with another race category. Cultural diversity among the non-Native population is increasing. About half the students in the Anchorage School District are ethnic minorities representing 94 different languages spoken at home.

Nine percent of the population lives in remote rural areas, which we define as the census areas of the North Slope Borough, Northwest Arctic Borough, Lake and Peninsula Borough, Wade-Hampton, Bethel, Nome Dillingham, and Yukon/Koyukuk. Within the remote rural area, 31% live in regional centers of Bethel, Barrow, Nome, Kotzebue and Dillingham. The remainder, 69%, lives in 147 small communities where the average population is 276.³ Of the people who dwell in rural areas, 82% are Alaska Natives.

Eighty percent of the population lives in urban areas, defined as the census areas of Anchorage, Juneau, Fairbanks, Matanuska-Susitna, and Kenai Peninsula. These census areas generally correspond to the state's most populated communities of Anchorage, Juneau, Fairbanks, Palmer/Wasilla and Kenai/Soldotna. The Municipality of Anchorage is the home to nearly half the state's population - 42%.

The remainder of the population, 11% of the total, lives in other rural remotes areas. These are the census areas of Aleutians East, Aleutians West, Bristol Bay Borough, Denali Borough, Kodiak Borough, Southeast Fairbanks, Valdez/Cordova, and all census areas in Southeast Alaska except Juneau (Haines Borough, Ketchikan Gateway Borough, Prince of Wales/Outer Ketchikan, Sitka Borough, Hoonah-Angoon, Municipality of Skagway, Wrangell/Petersburg, and Yakutat Borough).

Within the state population, 16%, or 113,574, are under 10 years of age.² Fifty-one percent of family households include children under 18 years.⁴

Health Care Delivery

Health care delivery in Alaska consists of three separate systems. The Alaska Native Tribal Health Consortium (ANTHC) is a consortium of tribal entities that provides several levels of medical care: primary care at village clinics, primary and mid-level primary care at regional hospitals, and tertiary care at the Alaska Native Medical Center in Anchorage. ANTHC is funded by the Indian Health Service.

Health care services are very difficult to deliver in rural Alaska due to high transportation costs and lack of skilled resources in the small communities. A number of innovative systems have been created to overcome these barriers. The Community Health Aide Program is a network of about 500 Community Health Aides/Practitioners (CHAPs) who work in village clinics to provide basic health care services and referrals. The CHAP program is a vital link in the Alaska Tribal Health System. The Alaska Dental Health Aide Therapist Initiative, another ANTHC program, is conducted in collaboration with the University of Washington School of Medicine Physician Assistant Training Program to train Alaska Native dental health technicians for community-level dental disease prevention in underserved Alaska Native populations. The Behavioral Health Aide program, developed collaboratively with the University of Alaska Anchorage, aims to develop village-based behavioral health service capacity. The focus is on prevention, early intervention and case management.

Only two local governments, the Municipality of Anchorage and the North Slope Borough, operate local health departments with very limited health services. The services are primarily disease outbreak investigation and remediation, vaccine administration and some environmental public health oversight. The State of Alaska, Department of Health and Social Services (DHSS), offers a wide range of health assessment and disease prevention services through 20 public health centers and itinerant nursing services. DHSS manages most of the public health programs through grants, contracts and some direct services across the state.

Military hospitals and the Veteran's Administration serve the military population. Private sector physicians, health care providers and hospitals can serve any individual in the general population.

Statewide Data Report

This section presents MCH indicators in eight categories as required by the Supplemental Information Request.

Coordination of Data with Title V, CAPTA and Head Start

Compilation of data for this Needs Assessment was closely coordinated with the Title V Needs Assessment. Both needs assessments were completed by the Alaska MCH Indicator Surveillance Project Manager. Data were readily available for all indicators but not necessarily with the level of granularity desired.

For child maltreatment, we used data from the newly created (2008) Surveillance of Child Abuse and Neglect (SCAN) program, which includes data from the Office of Children's Services (our child welfare agency). In the last several years, the Office of Children's Services has been concentrating its efforts on improving and standardizing its services to children in need of protection. As a result, current CAPTA Needs Assessments were primarily focused on the child welfare system and children in out-of-home placements. The assessments did not have information about community-based and prevention-focused programs.

This Needs Assessment was coordinated with the Head Start Needs Assessment developed by the Department of Education and Early Development, Head Start State Collaboration Office (December 2008). Head Start Program Information Reports data for the three home-based programs could not be extracted from the state wide summary that included Head Start and center-based Early Head Start programs. Additional information from Head Start grantees have been requested for the future updated Needs Assessment.

The data matrix is located at the end of this section. Sources of data are cited in the endnotes.

Definition of "Community"

We defined "community" as the state's 27 census areas. This is the smallest geographic region for which data was available. Due to low population numbers in some of the census areas, some data was only available for the urbanized census areas.

In the data matrix we grouped the data by three types of census areas: Urban, Rural Remote, and Other Rural. These three geographic regions are distinctive with respect to:

- racial composition - rural remote census areas have a higher proportion of Alaska Native population
- density - urban census areas are as densely populated as other cities in the Lower 48 and, with the exception of Juneau, are on the road system. Remote rural census areas have small communities usually located on the coast or rivers and rely on air travel, boat or snow machine during winter.

- health delivery system - access to health services is very limited in remote rural areas.

Two other levels of aggregation are typically used in Alaska studies. Five "EpiRegions" are typically the next level of aggregation above the census area. In addition, the Division of Behavioral Health aggregates their prevalence data by four service delivery regions. Maps of the different regions are in Appendix A.

Birth Outcomes

Infant Mortality⁵

Neonatal mortality rates in Alaska tend to be slightly lower than the national rate but post neonatal mortality rates in Alaska tend to be slightly higher. The 2006-2008 infant mortality rate in Alaska, 7.0 per 1,000 live births, was about the same as the 2008 U.S. rate of 6.7. Infant mortality rates in some of the rural census areas, however, were nearly twice that of the state average. The highest rates occurred in Yukon/Koyukuk (13.1*), Wade Hampton (12.6), Nome (12.3), Bethel (12.2) and Dillingham (11.9*). (Asterisked rates based on < 20 occurrences, use with caution). Infant mortality rates in the urbanized census areas were under the state average by about 13%.

Preterm Births⁶

The 2006-2008 preterm birth rate in Alaska (11%) was 13% below the 2008 national rate of 12.3%. The five regions with the highest preterm rates were in the rural census areas of Skagway-Hoonah-Angoon (18.1%), Bristol Bay (17.2%), Nome (14.8%), North Slope Borough (14.5%), and Wade Hampton (13.4%).

Low Birthweight⁶

The 2006-2008 low birth weight rate in Alaska (6%) was 28% below the 2008 national rate of 8.2%. The five regions with the highest preterm rates were in the rural census areas of Yakutat (8.7%), North Slope Borough (7.5%), Kodiak Island Borough (7.2%), Wrangell/Petersburg (7.2%), and Bristol Bay (6.9%). The average low birth weight rate in the urban census areas was 5.6%.

Poverty

In this section, we use 100% of Federal Poverty Level as the definition for poverty status. The statewide poverty rate for all ages in 2008 was 9.2%. The highest poverty rates were in remote rural census areas: Wade Hampton (29.2%), Yukon/Koyukuk (24.9%), Bethel (21.5%), Nome (20.9%), and Dillingham (19.6%).

It is difficult to describe poverty in rural Alaska because standard measures such as income do not accurately capture all the economic activity where subsistence, sharing and non-cash trading play an important part. In the remote rural areas, government spending (transfer payments, government payroll and payroll for private jobs supported by federal money) accounts for 71% of local residents' income.³ Personal income numbers do not accurately reflect the well-being of

households in remote rural areas because those measures do not take into account the value of subsistence and sharing activities.

Among the urban census areas, the Kenai Peninsula Borough has the highest poverty rate at 10.3%. Juneau, Anchorage and Fairbanks have poverty rates below the state average (6.7%, 7.2%, and 7.5%, respectively).

Crime

In this category we chose to examine juvenile referrals and charges for FY 2009. These data are tracked by the AK Division of Juvenile Justice (DJJ). We also chose to report on arrest rate, which is tracked by the FBI by census area, instead of reported crimes as specified by the guidance.

Other crime statistics are available by community but understanding the complex nature of crime and safety, the difference between the characteristics of crime in urban versus rural areas, and how crime and safety relates to health risk factors in Alaska is extremely complex and beyond the scope of this Needs Assessment. A 1996 survey on public safety and law enforcement of residents in predominately Alaska Native villages revealed that over 75% said alcohol and illegal drugs were the most serious community problem. Their concerns about feeling unsafe in their communities were "often associated with excessive consumption of alcohol and the presence of firearms".⁷ Problems such as suicide attempts, domestic violence and child abuse/neglect were rated as "small" or "medium" problems compared to bootleg alcohol, illegal drug use, and alcohol abuse which were more often rated as "large problem". Attitudes may have changed since then.

Juvenile referrals and charges were stratified by four regions: the Municipality of Anchorage, Northern Region, Southcentral Region, and Southeast Region. The proportion of total juvenile referrals and total juvenile charges for each region corresponded fairly closely with each region's share of juvenile population. No one region or community could be singled out as having a disproportionate share of juvenile offenders. Anchorage has the largest share of the state's population and therefore had the largest number of juveniles experiencing a referral to DJJ (1,355).⁸ Fairbanks had the second most number of juveniles with a referral to DJJ (379), followed by Mat-Su (346) and Kenai (241).

Arrest data for Alaska is only available for the most populous census areas. The Municipality of Anchorage had the lowest arrest rate of the five urban regions (24.1 per 1,000 residents) and the Matanuska-Susitna Borough had the highest arrest rate (98.4 per 1,000).

School Drop-out Rates⁹

High school drop-out rates by school district are tabulated by the Alaska Department of Education and Early Development (DEED). To approximate rates by census area, we grouped the school districts by the census area where they were located and calculated an arithmetic average of the districts' individual rates. Drop-out rates are tracked for grades 7-12 by DEED.

The average high school dropout rate for the 2008-09 school year in Alaska for grades 7-12 was 5.2%.

The highest drop-out rates were in Northwest Arctic Borough (11.6%), North Slope Borough (11.4%), Bethel (10.3%), Nome (8.8%), and Yukon/Koyukuk (8.7%). Of the five urban census areas, Fairbanks and Mat-Su had the highest drop-out rates (5.9% and 5.1%, respectively).

The lowest graduation rates and the highest dropout rates occurred in remote rural census areas. Northwest Arctic Borough included school districts with the highest dropout rate - 11.6%, more than twice the state average.

Substance Abuse

Survey data from the Behavioral Risk Factor Surveillance System (BRFS) was only available at the state level. In 2009, nearly 18% of Alaska adults reported binge drinking. The Alaska BRFS did not include questions on other substance uses.

In 2007, the Division of Behavioral Health (DBH) and the Mental Health Authority conducted an estimate of 2006 prevalences of serious behavioral health disorders.¹⁷ Data was summarized by four service delivery regions in the state. Four mutually exclusive categories of disorders were defined:

- youth with serious emotional disturbance;
- adults with serious mental illness only;
- adults with substance use disorders only; and
- adults with co-occurring disorders mental health and substance

It was estimated that 51,430 individuals, or 7.9% of the population, had serious behavioral health disorders. Among low-income individuals (defined as below 240% of FPL) 10.9%, or 26,684, had a serious behavioral health disorder. These prevalence estimates excluded individuals in group homes and institutions, and are judged to be very conservative.

Seventy-eight percent of individuals with a serious behavioral health disorder were adults and 22% were youth with serious emotional disturbances.

The overall prevalence of substance use disorders only among low-income individuals was 4.2%. The prevalence was highest among the 18 - 24 age group (8.8% - 8.9%). Among the four regions, Southeast Region had the lowest prevalence of substance use disorders (3.7%) while the Anchorage Region had the highest prevalence (4.5%). The Southcentral Region prevalence was 4.1% and the Northern Region prevalence was 4.2%.

Unemployment

The 2009 average annual unemployment rate in Alaska was 8%¹⁰ compared to 9.3%¹¹ for the U.S. As expected, the highest unemployment rates occurred in rural areas: Wade Hampton

(21.2%), Prince of Wales/Outer Ketchikan (16.1%), Yukon/Koyukuk (15.7%), Hoonah-Angoon (15.1%), and Bethel (14.5%).

Alaska's economy has traditionally followed a boom-and-bust cycle. The petroleum industry and federal spending are two of the three primary sectors that support the state's economy. Due to strength in those sectors, and the fact that Alaska has a small manufacturing industry where the downturn has been the greatest, the recent recession of 2007-2009 was relatively mild in Alaska compared to the rest of the U.S.

Unemployment rates are very high in the rural areas. Job opportunities exist in regional hubs such as Bethel, Nome, Dillingham and Barrow. These jobs tend to be in the public sector driven by state and federal program, with non-profit Native corporations that administer a number of federal health and social service programs, and small businesses. However, these opportunities are non-existent in the surrounding villages. Or, the types of jobs available do not match the local labor supply and so are filled by workers from other areas of the state or outside the state.

Description of unemployment in the remote rural areas has many shortcomings. If subsistence and other activities in the informal non-cash economy could be included in the measurement, employment would be larger than what the data shows.³

Child Maltreatment

During FY 2008 the MCH-Epidemiology Unit established the Alaska Surveillance of Child Abuse and Neglect (SCAN). The objective was to obtain reliable, accurate, and consistent data of child maltreatment through an integrated and centralized data depository. The Alaska SCAN system relies on linking data from various organizations which include, but are not limited to, hospital in-patient records, emergency department records, police and homicide reports, child death review finds, and child protect services reports. The systematic collection of information and application of standardized sensitive public health definitions promotes data consistency over time. For this Needs Assessment, as well as for Alaska's Title V State Performance Indicators, we are used definitions of child maltreatment created under the SCAN program. SCAN program definition of "reported" closely matches the definition used by the Supplemental Information Request ("substantiated/indicated/alternative response victim"). Prevalences calculated for this report may differ from prevalences reported for Alaska from other sources and from national estimates derived from the National Child Abuse and Neglect Data System (NCANDS). Note that maltreatment in cases that were detected but not investigated is described as "potential maltreatment".

During 2007 - 2009, the total number of maltreatment-confirmed, -related and -suspected deaths of children ages 0-9 occurred in four of the urban census areas: Municipality of Anchorage (48), Fairbanks North Star Borough (19), Bethel (14), Nome (12), and Kenai Peninsula Borough (10). Statewide, there were 36 confirmed, 48 related and 65 suspected maltreatment deaths among children 0-9 years of age during 2007 - 2009.

Half of the census areas had no cases or just one case of maltreatment associated child deaths (confirmed, related or suspected).

The highest rates of maltreatment-confirmed, -related and -suspected mortality among children ages 0-9 occurred in the rural census areas. These were: Nome (7.3 per 10,000 population 0-9), Yukon-Koyukuk (5.3 per 10,000 population 0-9), Haines Borough (5.2 per 10,000 population 0-9), Northwest Arctic Borough (4.4 per 10,000 population 0-9) and Bethel (4.3 per 10,000 population 0-9). The statewide rate was 1.8 per 10,000 population 0-9.

Statewide, 88%, of maltreatment-confirmed, -related and -suspected child deaths occurred among children 0-4 years of age,. In 3 of the 5 census areas with the highest rates, all the deaths were among the younger children.

During 2007-2008, nearly 10,000 Alaskan children between 0 and 14 years of age potentially experienced at least one type of maltreatment. The statewide rate of at least one type of reported or detected maltreatment among children 0-14 years was 61.2 per 1,000 child population 0-14. Approximately 70% of the children potentially experiencing maltreatment encountered neglect. Approximately 12% of the children potentially experienced sexual abuse and 12% potentially experienced physical abuse. These are estimates since some children experienced more than one type of maltreatment.

Census areas with the highest rate per 1,000 child population of at least one type of maltreatment were Yukon-Koyukuk (138.2), Wade-Hampton (95.9), Bethel (86.4), Nome (82.4), and Prince of Wales/Outer Ketchikan (79.8).

Domestic Violence¹²

Domestic violence prevalence or incidence data are not available at the state or census area level. Alaska does not participate in the National Incidence Based Reporting System (NIBRS) for the category of domestic violence. The Hospital Discharge Database was determined not to be an accurate source of data for sexual assault-related emergency room visits.

The Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) is a state-specific surveillance project of DHSS and CDC that collects population-based data maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS survey responses may not be generalizable to the overall population. PRAMS data is typically summarized by five major regions: Anchorage/MatSu, Gulf, Interior, Northern, Southeast and Southwest. The Northern and Southwest regions generally encompass the Remote Rural census areas. The Gulf, Interior and Southeast are a mix of Other Rural and Urban census areas. Anchorage/MatSu region encompasses the Municipality of Anchorage and the Matanuska-Susitna Borough which are both Urban areas.

PRAMS have questions relating to intimate partner violence for mothers who recently had a live birth. The survey included the following questions related to physical abuse:

"During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?"

*"During your **most recent pregnancy**, were you physically hurt in any way by your husband or partner?"*

The prevalence of physical abuse among women who recently delivered a live birth, both before and during pregnancy, was highest in the Northern and Southwest regions and lowest in the Gulf region.

Data Matrix

The following data tables are grouped by census area type: remote rural, urban, and other rural. The statewide indicator is shown in each table for comparison. It is helpful to group communities in this way because each census area type share characteristics of racial composition, economic activity, and, most importantly, access to health care services, capacity, and health service delivery system.

Remote Rural Census Areas

NOTES:	Indicator	State of Alaska	Bethel	Dillingham	Lake and Pen	Nome	North Slope Borough	NW Arctic Boro	Wade Hampton	Yukon/Koyukuk
PREMATURE BIRTH										
1, 2	Preterm	10.7%	12.0%	11.2%	7.4%	14.8%	14.5%	10.7%	13.4%	10.9%
LOW BIRTH WEIGHT										
1,2	% Resident live births < 2500 grams	5.9%	5.3%	5.8%	4.9%	6.1%	7.5%	4.9%	5.4%	3.3%
INFANT MORTALITY										
1,3,4	Rate of infant deaths per 1,000 live births	6.3	12.2	11.9*	**	12.3	10.1*	10.7*	12.6	13.1*
POVERTY										
5	% Residents below 100% FPL	9.2%	21.5%	19.6%	17.2%	20.9%	11.4%	16.5%	29.2%	24.9%
CRIME										
6, 7, 8	Juvenile Referrals (ages 0-19) per 100,000 - FY 2009	1455.5	1061.2	1746.0	176.1	2229.4	1832.3	1169.4	1213.3	2214.8
8a	Arrests per 1,000 residents	-	-	-	-	-	-	-	-	-
SCHOOL DROP-OUT RATES										
9, 10, 11	% High school dropouts (grades 7-12), 2009	5.2%	10.3%	7.6%	8.6%	8.8%	11.4%	11.6%	5.5%	8.7%

Remote Rural Census Areas

NOTES:	Indicator	State of Alaska	Bethel	Dillingham	Lake and Pen	Nome	North Slope Borough	NW Arctic Boro	Wade Hampton	Yukon/Koyukuk
SUBSTANCE ABUSE										
12, 13, 14	Prevalence of Substance Use Disorders,% of Adult population									
	State	3.6%								
	Northern Region	3.8%								
	Southcentral Region	3.7%								
	Anchorage Region	3.6%								
	Southeast Region	3.2%								
	Age --->		12+	12-17	18-25	26+	18+			
15	Binge alcohol use in past month		22.7	9.5	40.8	21.5	24.55			
15	Marijuana use in past month		10.7	10.6	22.7	8.5	10.76			
15	Nonmedical use of prescription drugs in past month		5.1	7.2	10.8	3.7	4.79			
15	Use of illicit drugs, excluding marijuana, in past month		3.9	4.6	8.7	2.8	3.77			
UNEMPLOYMENT										
16	2009 Average Annual Unemployment Rate	8.0%	14.5%	10.3%	8.4%	12.8%	4.7%	12.7%	21.2%	15.7%
CHILD MALTREATMENT (0-14 years)										
17, 18	Rate of reported maltreatment, per 1,000	61.2	86.4	30.3	79.5	72.3	82.4	62.3	95.9	138.2
17, 18	Rate of reported neglect, per 1,000	45.5	64.7	22.6	66.3	56.2	65.8	54.6	75.6	112.5
17, 18	Rate of reported physical abuse, per 1,000	12.6	11.2	4.2	4.8	14.4	10.2	8.1	11.4	13.0
17, 18	Rate of sexual abuse, per 1,000	7.5	11.2	2.1	6.0	7.3	5.0	6.4	9.8	14.9

Remote Rural Census Areas

NOTES:	Indicator	State of Alaska	Bethel	Dillingham	Lake and Pen	Nome	North Slope Borough	NW Arctic Boro	Wade Hampton	Yukon/Koyukuk
DOMESTIC VIOLENCE										
19, 20	Prevalence of physical abuse 12 months before pregnancy	Percent	lower	upper			Percent	lower	upper	
	State	4.38	3.85	4.99	Rural		5.3	4.43	6.32	
	Anchorage/Matsu	4.43	3.72	5.27	Urban		4.04	3.4	4.81	
	Gulf	2.82	1.5	5.22						
	Interior	3.86	2.69	5.49						
	Northern	6.74	4.46	10.06						
	Southeast	4.61	2.92	7.21						
	Southwest	6.25	4.63	8.4						
19, 20	Prevalence of physical abuse during pregnancy	Percent	lower	upper			Percent	lower	upper	
	State	3.31	2.82	3.87	Rural		3.16	2.53	3.95	
	Anchorage/Matsu	3.7	3.02	4.54	Urban		3.37	2.76	4.1	
	Gulf	1.19	0.46	3.06						
	Interior	3.02	2.02	4.49						
	Northern	5.24	3.24	8.35						
	Southeast	1.76	0.84	3.63						
	Southwest	4.34	2.99	6.26						

Urban Census Areas

NOTES:	Indicator	State of Alaska	Anchorage Borough	Fairbanks North Star Borough	Juneau Borough	Kenai Peninsula Borough	Matanuska-Susitna Borough
PREMATURE BIRTH							
1, 2	Preterm	10.7%	10.8%	10.8%	10.5%	7.2%	10.5%
LOW BIRTH WEIGHT							
1,2	% Resident live births < 2500 grams	5.9%	6.2%	5.8%	5.1%	4.7%	6.3%
INFANT MORTALITY							
1,3,4	Rate of infant deaths per 1,000 live births	6.3	5.3	5.2	6.8	5.9	5.4
POVERTY							
5	% Residents below 100% FPL	9.2%	7.2%	7.5%	6.7%	10.3%	9.3%
CRIME							
6, 7, 8	Juvenile Referrals (ages 0-19) per 100,000 - FY 2009	1455	1407	1016	1595	1588	1068
8a	Arrests per 1,000 residents	59.7	24.1	75.6	49.7	83.1	98.4
SCHOOL DROP-OUT RATES							
9, 10, 11	% High school dropouts (grades 7-12), 2009	5.2%	3.4%	5.9%	4.3%	4.4%	5.1%

Urban Census Areas

NOTES:	Indicator	State of Alaska	Anchorage Borough	Fairbanks North Star Borough	Juneau Borough	Kenai Peninsula Borough	Matanuska-Susitna Borough
SUBSTANCE ABUSE							
12, 13, 14	Prevalence of Substance Use Disorders,% of Adult population						
	State	3.6%					
	Northern Region	3.8%					
	Southcentral Region	3.7%					
	Anchorage Region	3.6%					
	Southeast Region	3.2%					
	Age --->	12+	12-17	18-25	26+	18+	
15	Binge alcohol use in past month	22.7	9.5	40.8	21.5	24.55	
15	Marijuana use in past month	10.7	10.6	22.7	8.5	10.76	
15	Nonmedical use of prescription drugs in past month	5.1	7.2	10.8	3.7	4.79	
15	Use of illidit drugs, excluing marijuana, in past month	3.9	4.6	8.7	2.8	3.77	
UNEMPLOYMENT							
16	2009 Average Annual Unemployment Rate	8.0%	6.6%	7.3%	6.1%	10.1%	9.3%
CHILD MALTREATMENT (0-14 years)							
17, 18	Rate of reported maltreatment, per 1,000	61.2	67.1	50.5	69.7	61.5	42.5
17, 18	Rate of reported neglect, per 1,000	45.5	51.6	36.4	51.0	41.7	28.6
17, 18	Rate of reported physical abuse, per 1,000	12.6	16.1	9.3	16.4	12.8	7.9
17, 18	Rate of sexual abuse, per 1,000	7.5	9.7	4.4	8.0	6.0	6.9

Urban Census Areas

NOTES:	Indicator	State of Alaska	Anchorage Borough	Fairbanks North Star Borough	Juneau Borough	Kenai Peninsula Borough	Matanuska-Susitna Borough		
DOMESTIC VIOLENCE									
19, 20	Prevalence of physical abuse 12 months before pregnancy	Percent	lower	upper		Percent	lower	upper	
	State	4.38	3.85	4.99		Rural	5.3	4.43	6.32
	Anchorage/Matsu	4.43	3.72	5.27		Urban	4.04	3.4	4.81
	Gulf	2.82	1.5	5.22					
	Interior	3.86	2.69	5.49					
	Northern	6.74	4.46	10.06					
	Southeast	4.61	2.92	7.21					
	Southwest	6.25	4.63	8.4					
19, 20	Prevalence of physical abuse during pregnancy	Percent	lower	upper		Percent	lower	upper	
	State	3.31	2.82	3.87		Rural	3.16	2.53	3.95
	Anchorage/Matsu	3.7	3.02	4.54		Urban	3.37	2.76	4.1
	Gulf	1.19	0.46	3.06					
	Interior	3.02	2.02	4.49					
	Northern	5.24	3.24	8.35					
	Southeast	1.76	0.84	3.63					
	Southwest	4.34	2.99	6.26					

Other Rural Census Areas

		State of Alaska	Aleutians E	Aleutians W	Bristol B Boro	Denali Boro	Haines Boro	Ketchikan G Boro	Kodiak Isl Boro	PWales/O Ketchikan
NOTES:	Indicator									
PREMATURE BIRTH										
1, 2	Preterm	10.7%	10.7%	11.4%	17.2%	6.2%	17.0%	6.8%	11.8%	11.3%
LOW BIRTH WEIGHT										
1,2	% Resident live births < 2500 grams	5.9%	5.9%	2.5%	6.9%	1.5%	1.7%	4.6%	7.2%	6.3%
INFANT MORTALITY										
1,3,4	Rate of infant deaths per 1,000 live births	6.3	**	**	0	**	**	7.0*	6.0*	11.3*
POVERTY										
5	% Residents below 100% FPL	9.2%	15.3%	9.0%	7.8%	5.4%	10.4%	8.7%	8.0%	15.2%
CRIME										
6, 7, 8	Juvenile Referrals (ages 0-19) per 100,000 - FY 2009	1455	754	257	395	897	1188	2460	1277	1433
8a	Arrests per 1,000 residents	59.7	-	-	-	-	-	-	-	-
SCHOOL DROP-OUT RATES										
9, 10, 11	% High school dropouts (grades 7-12), 2009	5.2%	1.8%	0.4%	3.9%	0.0%	2.6%	6.3%	3.3%	5.7%

Other Rural Census Areas

		State of Alaska	Sitka Borough	Hoonah-Angoon CA	Skagway Muni	SE Fbks	Valdez/Cordova	Wrangell/Petersburg	Yakutat Boro
NOTES:	Indicator								
SUBSTANCE ABUSE									
12, 13, 14	Prevalence of Substance Use Disorders,% of Adult population								
	State	3.6%							
	Northern Region	3.8%							
	Southcentral Region	3.7%							
	Anchorage Region	3.6%							
	Southeast Region	3.2%							
	Age --->		12+	12-17	18-25	26+	18+		
15	Binge alcohol use in past month		22.7	9.5	40.8	21.5	24.55		
15	Marijuana use in past month		10.7	10.6	22.7	8.5	10.76		
15	Nonmedical use of prescription drugs in past month		5.1	7.2	10.8	3.7	4.79		
15	Use of illicit drugs, excluding marijuana, in past month		3.9	4.6	8.7	2.8	3.77		
UNEMPLOYMENT									
16	2009 Average Annual Unemployment Rate	8.0%	6.6%	15.1%	10.1%	8.8%	10.5%	11.2%	
CHILD MALTREATMENT (0-14 years)									
17, 18	Rate of reported maltreatment, per 1,000	61.2	39.2	48.0	36.9	34.5	28.7	41.7	
17, 18	Rate of reported neglect, per 1,000	45.5	30.5	35.0	19.9	27.8	17.8	41.7	
17, 18	Rate of reported physical abuse, per 1,000	12.6	9.6	8.0	5.6	5.5	7.0	8.3	
17, 18	Rate of sexual abuse, per 1,000	7.5	1.7	1.0	4.3	4.5	3.0	0.0	

Other Rural Census Areas

		State of Alaska	Aleutians E	Aleutians W	Bristol B Boro	Denali Boro	Haines Boro	Ketchikan G Boro	Kodiak Isl Boro	PWales/O Ketchikan
NOTES:	Indicator									
DOMESTIC VIOLENCE										
19, 20	Prevalence of physical abuse 12 months before pregnancy		Percent	lower	upper			Percent	lower	upper
		State	4.38	3.85	4.99	Rural		5.3	4.43	6.32
		Anchorage/Matsu	4.43	3.72	5.27	Urban		4.04	3.4	4.81
		Gulf	2.82	1.5	5.22					
		Interior	3.86	2.69	5.49					
		Northern	6.74	4.46	10.06					
		Southeast	4.61	2.92	7.21					
		Southwest	6.25	4.63	8.4					
19, 20	Prevalence of physical abuse during pregnancy		Percent	lower	upper			Percent	lower	upper
		State	3.31	2.82	3.87	Rural		3.16	2.53	3.95
		Anchorage/Matsu	3.7	3.02	4.54	Urban		3.37	2.76	4.1
		Gulf	1.19	0.46	3.06					
		Interior	3.02	2.02	4.49					
		Northern	5.24	3.24	8.35					
		Southeast	1.76	0.84	3.63					
		Southwest	4.34	2.99	6.26					

Other Rural Census Areas

		State of Alaska	Sitka Borough	Hoonah-Angoon CA	Skagway Muni	SE Fbks	Valdez/Cordova	Wrangell/Petersburg	Yakutat Boro
NOTES:	Indicator								
PREMATURE BIRTH									
1, 2	Preterm	10.7%	12.4%	18.1%		6.9%	8.6%	9.7%	12.5%
LOW BIRTH WEIGHT									
1,2	% Resident live births < 2500 grams	5.9%	5.3%	5.7%		4.1%	5.6%	7.2%	8.7%
INFANT MORTALITY									
1,3,4	Rate of infant deaths per 1,000 live births	6.3	6.6*	0		**	6.3*	**	**
POVERTY									
5	% Residents below 100% FPL	9.2%	7.8%	15.9%	3.5%	13.3%	8.5%	9.8%	13.3%
CRIME									
6, 7, 8	Juvenile Referrals (ages 0-19) per 100,000 - FY 2009	1455	1435	1180		600	756	1913	1630
8a	Reported Crimes per 1,000 residents	59.7	-	-		-	-	-	-
SCHOOL DROP-OUT RATES									
9, 10, 11	% High school dropouts (grades 7-12), 2009	5.2%	1.7%	3.3%	5.7%	6.8%	6.8%	3.3%	0.0%

Other Rural Census Areas

		State of Alaska	Sitka Borough	Hoonah-Angoon CA	Skagway Muni	SE Fbks	Valdez/Cordova	Wrangell/Petersburg	Yakutat Boro
NOTES:	Indicator								
SUBSTANCE ABUSE									
12, 13, 14	Prevalence of Substance Use Disorders,% of Adult population								
	State	3.6%							
	Northern Region	3.8%							
	Southcentral Region	3.7%							
	Anchorage Region	3.6%							
	Southeast Region	3.2%							
15	Binge alcohol use in past month	17.9%	-	-	-	-	-	-	-
	Marijuana use in past month	-	-	-	-	-	-	-	-
	Nonmedical use of prescription drugs in past month	-	-	-	-	-	-	-	-
	Use of illicit drugs, excluding marijuana, in past month	-	-	-	-	-	-	-	-
UNEMPLOYMENT									
16	2009 Average Annual Unemployment Rate	8.0%	6.6%	15.1%	10.1%	8.8%	10.5%	11.2%	
CHILD MALTREATMENT (0-14 years)									
17, 18	Rate of reported maltreatment, per 1,000	61.2	39.2	48.0	36.9	34.5	28.7	41.7	
17, 18	Rate of reported neglect, per 1,000	45.5	30.5	35.0	19.9	27.8	17.8	41.7	
17, 18	Rate of reported physical abuse, per 1,000	12.6	9.6	8.0	5.6	5.5	7.0	8.3	
17, 18	Rate of sexual abuse, per 1,000	7.5	1.7	1.0	4.3	4.5	3.0	0.0	

Other Rural Census Areas

		State of Alaska	Sitka Borough	Hoonah-Angoon CA	Skagway Muni	SE Fbks	Valdez/Cordova	Wrangell/Petersburg	Yakutat Boro
NOTES:	Indicator								
DOMESTIC VIOLENCE									
19, 20	Prevalence of physical abuse 12 months before pregnancy		Percent	lower	upper		Percent	lower	upper
		State	4.38	3.85	4.99	Rural	5.3	4.43	6.32
		Anchorage/Matsu	4.43	3.72	5.27	Urban	4.04	3.4	4.81
		Gulf	2.82	1.5	5.22				
		Interior	3.86	2.69	5.49				
		Northern	6.74	4.46	10.06				
		Southeast	4.61	2.92	7.21				
		Southwest	6.25	4.63	8.4				
19, 20	Prevalence of physical abuse during pregnancy		Percent	lower	upper		Percent	lower	upper
		State	3.31	2.82	3.87	Rural	3.16	2.53	3.95
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		Gulf	1.19	0.46	3.06				
		Interior	3.02	2.02	4.49				
		Northern	5.24	3.24	8.35				
		Southeast	1.76	0.84	3.63				
		Southwest	4.34	2.99	6.26				

Data Table Notes

1. Source: AK Bureau of Vital Statistics.
2. Percent of live births, 2006 - 2008.
3. Alaska rate for 2006-2008. Other rates for 1999 - 2008.
4. * Rates based on fewer than 20 occurrences, use with caution. ** Rates based on fewer than 6 occurrences are not reported.
5. Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) , State & County Estimates for 2008. Accessed July 16, 2010 from <http://www.census.gov/did/www/saipe/data/statecounty/data/2008.html>
6. Source: DHSS, Div. of Juvenile Justice. Accessed July 17, 2010 from http://www.hss.state.ak.us/djj/information/stats_fy2009/by_city.htm
7. Rate is per 100,000 population. The numerator is # of juveniles 0-18+. Usually older juveniles are referred to the adult system. The denominator is population 0-19.
8. A "referral" is a request by a law enforcement agency for a DJJ response following the arrest of a juvenile or as a result of the submission of a police investigation report alleging the commission of a crime or violation of a court order. A referral is counted as a single episode or event and may relate to multiple charges. "Juveniles" is the number of unique juveniles who were referred to DJJ during the fiscal year. Some juveniles were referred multiple times within the year. Referrals by race is for ages 0 - 18+.
- 8a. Source: Puzzanchera, C., Adams, B., and Kang, W. (2009). "Easy Access to FBI Arrest Statistics 1994-2007" Online. Available: <http://ojjdp.ncjrs.gov/ojstatbb/ezaucr/c>
9. Source: AK Dept. of Education and Early Development. District Dropout rates, 12/16/2009. Accessed 7/16/2010 from <http://www.eed.state.ak.us/stats/DropoutRates/DropoutRatesByDistrict.pdf>
10. The rates represent an arithmetic average of several school districts within one census area.
11. A "dropout" is defined as a student who was enrolled in the district at some time during the school year and whose enrollment terminated. Does not include individuals who completed an approved education program.
12. Source: DHSS, Division of Behavioral Health. (Jan 15, 2008). 2006 Behavioral Health Prevalence Estimates in Alaska: Serious Behavioral Health Disorders by Household
13. Prevalence estimates do not include individuals in institutions, homeless, or military. Prevalence also does not include individuals with serious mental disorders.

14. The Anchorage Region (Anch) is equivalent to the Municipality of Anchorage census area. Southeast Region (SE) consists primarily of "Other Remote" census areas and the urban area of Juneau. The Northern and Southeast (SE) regions are a mix of rural remote, other remote and urban census areas.

15. Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2007. Accessed 9/15/2010 from <http://www.oas.samhsa.gov/2k7/State/Alaska.htm#Tab2>.

16. Source: AK Dept. Of Labor and Workforce Development, Workforce Info, Unemployment Rate. Accessed 7/16/10 from <http://almis.labor.state.ak.us/?PAGEID=67&SUBID=188>

17. Source: AK Surveillance of Child Abuse and Neglect. 2007-2008, ages 0 - 14 years.

18. Prevalence of at least one type of reported maltreatment. Includes substantiated cases and cases where maltreatment was suspected based on Office of Children's Services records and law enforcement records.

19. Source: Alaska PRAMS, 2004-2008. Prevalence is for women who recently had a live birth.

Identification of At Risk Communities

The remote rural census areas of Wade Hampton, Northwest Arctic Borough, Nome, North Slope Borough, Bethel, and Yukon/Koyukuk were ranked among the top five for highest risk for most indicators. In general, census areas in the southeast had the lowest ranked risk.

For the indicator measuring child maltreatment outcomes among children ages 0-14 years, the top five census areas having the highest average cases of at least one type of maltreatment were: Yukon-Koyukuk (138.2), Wade Hampton (95.9), Bethel (86.4), North Slope Borough (82.4), and Prince of Wales/Outer Ketchikan (79.8). The state average was 61.2 per 1,000 population.

Indicators were not available for specific neighborhoods within the Municipality of Anchorage, therefore, we are unable to show a comparison of risk between Anchorage neighborhoods and other communities.

Communities identified as at-risk are:

Community	Existing Home Visiting Program
Bethel Census Area	PAT
Nome Census Area	PAT
Wade Hampton Census Area	PAT
North Slope Borough Census Area	
Northwest Arctic Census Area	
Yukon Koyukuk Census Area	PAT
Municipality of Anchorage	Nutaqsiiviik (AK Native women only)
Matanuska-Susitna Borough	PAT

The selections were based on several factors:

1. All the named census areas except Anchorage and Matanuska-Susitna were most often in the top five rankings for highest risk in the majority of indicators.
2. The first five census areas had the highest ranking for maternal education attainment < 12 years. Our maternal and child health research consistently shows that lower maternal education attainment is associated with poorer health outcomes.
3. The Municipality of Anchorage has 42% of the state's population and therefore the number of families and individuals in need will be large. There are no home visitation services for non-Native women.
4. The Matanuska-Susitna Borough is adjacent to Anchorage and has 12% of the state's population. The number of families and individuals in need will be large.
5. Two-thirds of all births occur in the Municipality of Anchorage and the Matanuska-Susitna Borough census areas. Residents from rural areas commonly go to Anchorage for delivery as well spend time there during the prenatal and postnatal periods.

Capacity Assessment of Existing Home Visiting Programs

Definition of Home Visiting

For the purposes of this Needs Assessment, a home visiting program is one that:

" is a primary service delivery strategy and in which services are offered on a voluntary basis to:

- *pregnant women,*
- *expectant fathers, and*
- *parents and caregivers of children birth to kindergarten entry,*

... targeting participant outcomes which may include:

- *improved maternal and child health;*
- *prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits;*
- *improvement in school readiness and achievement;*
- *reduction in crime or domestic violence;*
- *improvements in family economic self-sufficiency;*
- *improvements in the coordination and referrals for other community resources and supports; or*
- *improvements in parenting skills related to child development."*

Inventory of Home Visiting Programs

There are five programs in Alaska that have a home visitation component:

- The Nutaqsiivik Program¹³ is operated by the Southcentral Foundation (SCF). SCF is the non-profit arm of the Cook Inlet Tribal Council and is part of the tribal health system.
- The Parents-As-Teachers program operates in 47 communities, sponsored by school districts, non-profit organizations, and military programs.
- There are three home-based Early Head Start programs.
- Elmendorf AFB and Fort Richardson army base conducts the New Parent Support Program.
- The Alaska Section of Public Health Nursing has some home visiting services in Fairbanks.

We conducted a quick survey of programs but were unable to obtain the level of detail requested in the guidance at this time. We have requested additional data for the updated needs assessment.

Program Name: Nutaqsiivik Program

Description: The Nutaqsiivik Program¹⁴ is operated by the Southcentral Foundation, part of the tribal health system.

Home Visiting Model: No specific model but the program has many similarities to Nurse Family Partnership. Families are visited at least once a month for one year and the average visit length is 60 - 90 minutes. Families may receive extended service beyond one year if there are special at-risk issues. Program data are collected and stored using Allscripts electronic health record.

Services Provided:

- Provide support/education to improve outcomes of pregnancy
- Provide support/education to improve infant's health and development
- Promotion of home safety
- Lactation education/consultation
- Assess the need for community resources and make the appropriate referrals
- Care coordination across Southcentral Foundation's health care setting and the municipality
- Provide Synagis, immunizations, flu vaccine and PPD placement/reading as well as contraception information and referral as needed

Type of Service You Deliver	Check all that apply
Screening Services for children or adults	
Child developmental milestones	X
Physical health	X
Social-emotional health	X
Other (list):	X
Education Services	
Health topics	X
Nutrition	X
Parenting skills	X
Prenatal care/family planning	X
Other (list):	
Referrals	
Child care	X
Employment/job training	X
Family planning	X
Mental health	X
Physical health	X
Social services incl. child protection, domestic violence, substance abuse	X
Support groups	X
Other (list):	X transportation
Other Services (Please list):	

Intended Recipients: Client eligibility is restricted to the Alaska Native or American Indian population. They serve pregnant women, women of high social risk or first time mothers.

Targeted goals/outcomes: Nutaqsiivik assists Alaska Native and American Indian families in maintaining healthy lifestyles by providing education and supportive home visiting nurse care for families, mothers and infants. The program also provides improved access to the support and services needed to decrease the risks and complications of pregnancy and early childhood, create safe home environments, strengthen families and move toward self-reliance.

Demographic Characteristics (Aug 2009 - July 2010):

- Low Income (11,320): The number of unique total empanelled individuals who had Medicaid at least once within the last 12 months.
- # of Individuals Who Experienced Some Form of Violence (1,514):_The number of unique total empanelled individuals with an ICD9-CM-Code of any of the following in the last 12 months: 995.81 - 995.85 / V15.41 - V15.42 / V15.49 / V61.11 - V61.12 / V61.21 - V61.22// V71.5 / V71.6 / E960 - E969 / E980 - E989 / E904.0 / E968
- # of Individuals with Some Form of Coded Substance Abuse (1,283): The number of unique total empanelled individuals with an ICD9-CM-Code of any of the following in the last 12 months: 303.0[0-2]/ 303.9[0-2]/ 304.0[0-2]/304.1[0-1]/ 304.2[0-2]/ 304.3[0-2]/ 304.4[0-2]/ 304.50/ 304.6[0-2]/ 304.7[0-2]/ 304.8[0-2]/ 304.9[0-2]/ 304.99
- # of Individuals Who Use Some Form of Tobacco (10,783): The number of unique total empanelled individuals with a positive tobacco screen (current tobacco smoker, current smokeless tobacco user, exposure to environmental tobacco smoke) in the last 12 months.
- # of Children with Low Student Achievement: unknown
- # of Individuals < 21 with Some Form of Coded Developmental Delay or Disability (716):
- # of Individuals with TRICARE as a Guarantor (1,983): The number of unique total empanelled individuals who had TRICARE listed at least once as a guarantee within the last 12 months

Number of individuals or families served:

- Population Assessed (Total#: 59,360) (Under Age 21#: 23,454): The population used for this capacity assessment includes everyone empanelled to a named primary care provider or a color named primary care provider.
- Pregnant Women Under 21 (233): The number of unique empanelled women under age 21 in the last 12 months with an ICD-9-CM code of V22 (Normal Pregnancy) or V23 (Supervision of High Risk Pregnancy).

Geographic Area Served: Anchorage and Matanuska-Susitna Valley

Program Name: Parents As Teachers

Description: Parents as Teachers (PAT) is an early childhood parent education and family support program. State funding for PAT commenced in June 2010. Information for this assessment was based on 12 programs that submitted an annual report for 2009-2010.¹⁵ Nineteen sites are operated by RurAL CAP, others are operated by school districts and other non-profit agencies.

Home Visiting Model: Parents As Teachers is a voluntary home visiting program. Certified parent educators work closely with parents, providing information and tools to assist them in helping their children reach their full potential.

Services Provided: Each family receives at least one monthly visit and high needs families may receive more than once visit per month. Families are offered at least one monthly group meeting. Enrolled children receive developmental, hearing, vision, dental, and health screenings at least once each program year. Resource referrals are also made.

Intended Recipients: Some programs serve families throughout pregnancy until their child turns three years of age, while others continue to serve families until their child enters kindergarten. Families with multiple children may be enrolled longer. Half the Alaska programs targeted communities identified as high risk.

Targeted goals/outcomes: Parents receive valuable information on each stage of development and learn fun activities that capture teachable moments in everyday life that will enhance their children's language development, intellectual growth, social development, and motor skills. Goals include increasing parent knowledge of early childhood development and improving parenting practices; providing early detection of developmental delays and health issues; preventing child abuse and neglect; and increasing children's school readiness and school success.

Demographic Characteristics (2009-2010):

- approximately 19% of families had 3 or more risk characteristics
- 48 prenatal women served
- 27 homeless or transient families
- 131 families included at least one first time parent
- 20 families with teen parents
- 239 families with CYSHCN
- 159 families with low parental education attainment
- 624 low income families
- 102 families who are not native English speakers
- 126 single-parent families
- 33 families with chemical dependencies
- 35 families with low birth weight infants

Number of individuals or families served (2009-2010):

- 1130 families served
- 1335 children served
- 563 families received referrals
- 914 children completely screened; 251 children partially screened

Geographic Area Served: In 2010, PAT sites were located in the following EpiRegions:

- Southeast - Hydaburg, Hoonah, Kake, Haines, Ketchikan
- Anchorage/MatSu - Anchorage, Seward, Whittier, Elmendorf AFB, Fort Richardson
- Gulf Coast - Valdez, Copper Center, Kluti-Kaah, Kodiak
- Interior - Fairbanks, Fort Wainwright, Tok, Aniak, Crooked Creek, Chuathbuluk
- Southwest - Port Alsworth, Nondalton, Newhalen, Iguigig, Levelock, Koliganek, Pilot Point, Port Heiden, Chignik Lake, Perryville, Tooksook Bay, Chevak, Mountain Village, Alakanuk, Emmonak, Stebbins, Napaskiak, Akiachak, Tuluksak
- Northern - Unalakleet, Savoonga

Program Name: Early Head Start.

There are 3 Early Head Start programs using the home-based model. Data on the individual programs could not be extracted from the Head Start Program Information Report (PIR). A total of 417 children in 2008-2009 were served by the home-based programs. One of the programs serves Anchorage. Additional information has been requested.

Program Name: New Parent Support Program (NPSP).

Description: The NPSP was established by federal law in order to help build strong healthy military families. Program benefits are available to military families who are expecting a child. It is a part of the Family Advocacy Program (FAP).

Home Visiting Model: New Parent Support Program (NPSP)

Services Provided: The program includes home visits by NPSP staff and may also include supervised playgroups; parenting classes; and access to books, booklets, and other written materials on parenting. In addition, program participants have access to trained staff that can answer their parenting questions, or refer them to other appropriate resources.

Intended Recipients: Military families who are expecting a child or who have a child or children up to three years of age (five years of age for the Marine Corps).

Targeted goals/outcomes: To prevent family maltreatment and to identify and treat families where a maltreatment incident has occurred. Family maltreatment includes partner/child physical, sexual, emotional abuse or neglect.

Demographic Characteristics: unknown

Number of individuals or families served (2009): unknown

Geographic Area Served: Elmendorf AFB/Fort Richardson/Anchorage/Eagle River

Program Name: Fairbanks Public Health Nursing, Family Health Team

Description: none

Home Visiting Model: none

Services Provided: referrals, parent education

Intended Recipients: Resident of the Fairbanks North Star Borough; pregnant, or family with children age 0-5 (majority of services are provided to families with children age 0-3; unable to access equivalent care from another provider; could benefit from services within the scope of Public Health Nursing practice.

Targeted goals/outcomes: unknown

Demographic Characteristics: unknown

Number of individuals or families served (2009): unknown

Geographic Area Served: Fairbanks North Star Borough

Existing Home Visiting Programs Meeting the Needs of Eligible Families

In this section we discuss the extent to which existing home visiting programs/initiatives are meeting the needs of eligible families and identify gaps or duplications in services.

Infrastructure To Support Home Visiting Programs

Nutaqsiivik has been in existence since 1994 and has an annual funding level of \$1.2 - 1.4 million. It is operated by the Southcentral Foundation (SCF), an Alaska Native-owned, nonprofit health care organization serving nearly 60,000 Alaska Native and American Indian people living in Anchorage, Matanuska-Susitna Valley, and 60 rural villages in the Anchorage Service Unit. Incorporated in 1982 under the tribal authority of Cook Inlet Region, Inc., Southcentral Foundation is the largest of the CIRI nonprofits. The website is: <http://www.southcentralfoundation.com/>

The Parents As Teachers Alaska State Office is located within RurAL CAP's Child Development Division. Funding for the State Office is provided through a partnership with the Alaska Parent

Information and Resource Center located within the Southeast Regional Resource Center. State Office services include but are not limited to providing:

- Technical assistance to agencies utilizing the Parents as Teachers' Born to Learn curriculum
- Core curriculum trainings and additional professional development opportunities
- Information on early childhood issues and initiatives locally and nationwide

Of the families and children participating in PAT programs, 21% are in programs sponsored by school districts, 71% are in programs sponsored by non-profit organizations, and 7% are with military programs. The PAT Alaska State Office website is:

http://www.ruralcap.com/index.php?option=com_content&view=article&id=196&Itemid=299

The Alaska State Head Start Program is housed within the Department of Education and Early Development. The purpose of the state Head Start program is to assist local Head Start grantees in meeting the twenty percent local match requirement of federal Head Start grants; to address poverty of access; to provide financial assistance for providing direct services for Head Start families and children; to provide financial assistance; and to provide technical assistance in training and monitoring to the Head Start programs.

There are numerous coalitions in Alaska that promote a system of early care and education to promote school readiness, strong families, and a strong workforce. These include: Best Beginnings, Alaska Child Care Resource and Referral Network (thread), the Alaska Association for the Education of Young Children, the Alaska Head Start Association, and the Alaska Infant Learning Program Association

For the military population, Congress has mandated that each Service provide a core program of home visiting for at risk families. In addition, each Service provides a program to support military families, addressing needs as simple as finding a playgroup or as complex as meeting the demands of single-parenting when the service member is deployed. Home visits to low needs families is an unmet need.

Program Evaluations

Program evaluations of existing home visiting programs were not available to include in this Needs Assessment. Therefore, we are unable to offer insight to the quality or effectiveness of existing programs.

Gaps and Duplications in Early Childhood Home Visitation Services

Two of the programs are located in Anchorage - Nutaqsiivik and Parents As Teachers. These two programs cover different target populations.

Gaps in home visitation services include:

- Services for non-native families and individuals in the state's five urban census areas. Approximately 40% of white, non-Hispanic women delivering a live birth in 2007 was a

Medicaid recipient at any time during pregnancy, for prenatal care, or for delivery¹². In 2008, that translated to approximately 2500 women who could have been eligible.

- services in approximately 100 small rural communities currently not served by an existing Early Head Start or PAT program
- services in regional hubs in western and northern Alaska (Nome, Barrow, Bethel, Dillingham, Unalakleet)
- services for non-English speaking immigrant families and individuals, primarily in Anchorage

Capacity Assessment of Substance Abuse and Counseling Programs

Introduction

Over the last ten years, DHSS and its partner agencies have been systematically improving the state's capacity to offer mental health services through infrastructure-building services: planning, policy development, coordination, standards development and systems of care. Below is a brief description of important planning decisions.¹⁶

In June 2000, Alaska began a multi-year planning effort to improve the integration of mental health and substance abuse treatment for individuals with co-occurring disorders. DHSS, along with its partner agencies, such as the Alaska Mental Health Trust Authority and the Advisory Board on Alcoholism and Drug Abuse, agreed to adopt the Comprehensive, Continuous, Integrated System of Care (CCISC) model for creating statewide systems change.

In 2002, The Division of Alcohol and Drug Abuse and the Division of Mental Health and Developmental Disabilities were integrated into a new Division of Behavioral Health (DBH).

In 2004, Alaska was one of 7 states to receive the first round of the SAMHSA COSGIG (Co-Occurring Substance Related and Mental Disorders) grant. The grant was used to fund the Behavioral Health Integration Project. The objective was to develop a new behavioral health system for the state. In FY 2006, the Division began to require local, integrated community planning by grantees proposing to offer behavioral health services.

Community Planning and Service Areas

The Community Planning for the Mental Health and Substance Abuse Integration Policy Statement¹⁶ clarifies how grantees who provide behavioral health services are required to use the community planning process. The planning process is designed to ensure that multiple service providers will coordinate their programs and that a continuum of behavioral health services is offered in the service area. The range of behavioral services should include prevention, early intervention, and treatment. DBH (Division of Behavioral Health) has organized the state into four Regions covering 32 Community Planning and Service Areas. Each of the Regions, except for the Anchorage Region which only covers the Municipality of Anchorage, includes a mix of urban, remote rural and other rural census areas.

Target and Priority Populations¹⁶

Priority populations are Alaskans who:

Experience Mental Illness

- Emergency psychiatric needs
- Adults experiencing serious mental illness (SMI)
- Youth experiencing serious emotional disturbance (SED)

Abuse or Are Dependent on Alcohol, Tobacco or Other Drugs

- Pregnant women who are IV drug users
- Pregnant women

- IV drug users
- Women with dependent children
- Individuals needing residential and/or community-based substance abuse treatment

Alaskans with ...

- Co-occurring disorders (mental health, substance use disorder, and/or developmental disabilities)
- Traumatic brain injury (disabling cognitive, behavioral, and/or emotional impairments)
- Fetal Alcohol Spectrum Disorders
- Trauma (adverse experience)
- At-Risk (harm to self and/or others)

Number of Individuals Served by DBH Grantees, FY 2008

An estimate of the 2006 prevalence of serious behavioral health disorders was conducted by DBH in 2007.¹⁷ An analysis of the number of clients served by DBH grantees in FY 2008 relative to the 2006 prevalence estimates (for low-income households) provides an *indication* of regional target population estimated need and penetration rates of service delivery. For the DBH prevalence analysis, several caveats must be noted:

- Prevalence estimates were based on the "synthetic estimation" methodology which used epidemiological data from national surveys.
- Individuals in group homes and institutions were not included in the prevalence estimates.
- Low income was considered to be 240% of FPL.
- Prevalence estimates were conservative and should be interpreted with caution.
- Percent served is inflated because the prevalence is for adults but 'number served' is for adults and youth.

In 2008, approximately 5,180 youths and adults were served by DBH grantees. (Figure 1) Seventy-two percent were treated on an outpatient basis.

Of the four regional service areas, the Anchorage Region had the highest unmet need. At the most, 34% of low income households with substance use disorders were being served. The Southeast Region appeared to have the highest met need (127%). The Northern and Southcentral Regions had similar rates of met need among low income households (48% and 46%, respectively). (

Figure 1) Future studies will assess reasons for unmet need - a lack of outreach, stigma about receiving services, or a shortage of funding.¹⁷

FY 2010 List of Grantees

The Community Planning for the Mental Health and Substance Abuse Integration Policy Statement, updated April 5, 2010¹⁶, includes a list of all FY 2010 behavioral treatment program grantees sponsored by the Division of Behavioral Health, organized by Community Planning and Service Area. This list is in Appendix B.

Although there are many grantees of the Division of Behavioral Health who offer substance abuse treatment, there is only one in-patient treatment facility for women who are pregnant and/or have children.

Dena A Coy, operated by the South Central Foundation, is a vital program serving both Alaska Native families and non-Native families in the Mat-Su Valley as well as referrals that come from all parts of the state. They offer a residential A&D treatment program for women who have the option to bring their children with them while they are in treatment. Dena A Coy also has an outpatient program that is community-based, so even though their focus is on women (pregnant and otherwise) with addiction problems, they include family members and the broader community in their treatment approach. They have a growing need that they are not always able to accommodate. Health care providers repeatedly report that a lack of treatment services for pregnant and parenting women impacts the ability to adequately care for women and impact birth outcomes in a positive manner.

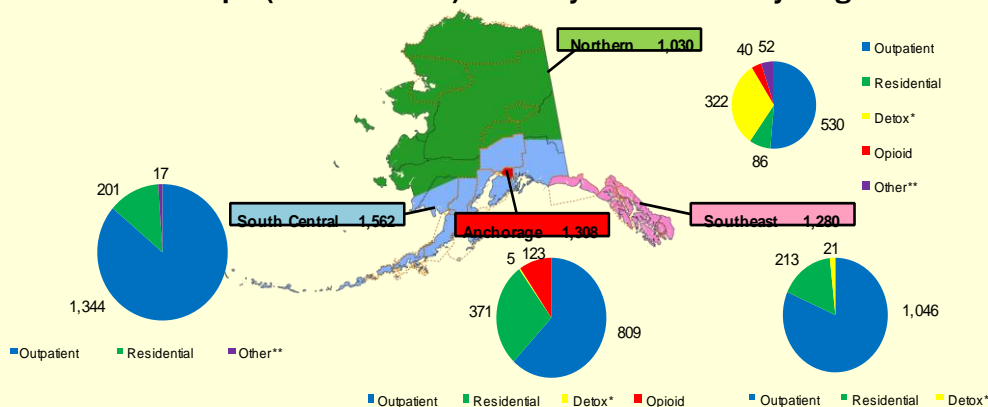
Substance Use Disorder Prevalence* (Adults) and FY 2008 People (Adults & Youth) Served by DBH Grantees by Region

Region	Total Substance Use Disorders (Adults) -Includes Co-Occurring-				Total Substance Use Disorders (Adults & Youth Combined) -Includes Co-Occurring-		
	Total Household Prevalence	Prev Rate	Low Income Household Prevalence	Prev Rate	People Served by DBH	% Served Total Household	% Served Low Income Household
Anchorage	8,681	4.40%	3,843	6.19%	1,308	15.07%	34.04%
Northern	4,085	4.87%	2,163	6.31%	1,030	25.21%	47.62%
South Central	6,387	4.69%	3,383	5.94%	1,562	24.46%	46.17%
Southeast	2,162	4.10%	1,008	5.45%	1,280	59.20%	126.98%
Total	21,315	4.53%	10,397	6.05%	5,180	24.30%	49.82%

* Prevalence estimates are for community-based individuals; prevalence estimates are conservative.

Note: % Served is inflated because prevalence is for adults and number served is for adults and youth.

FY 2008 People (Adults & Youth) Served by DBH Community Program Grantees



*Detox: Anchorage and Southeast detox numbers may be higher than reported here

**Other: Therapeutic Courts & Recovery Camps (limited to Grantee organizations only)

July 2010

8/2/2010



Figure 1 Substance Use Disorder Prevalence (Adults) and FY 2008 People (Adults & Youth) Served by DBH Grantees by Region¹⁸

Summary of Needs Assessment Results

In this section we provide a narrative summary of the needs assessment results, including a discussion of how the State will address unmet needs.

Challenges in Identifying and Compiling Data

The major challenge in compiling data for this Needs Assessment was one typically faced in all research studies of Alaska topics - small numbers. Some indicators could not be stratified by census area because small numbers do not give statistically reliable measures. Other indicators could only be stratified by larger geographic regions such as the five EpiRegions. Analyzing data by such large geographic areas are not particularly useful in narrowing down communities of need.

We did not have time to compile census data by census tract for the Municipality of Anchorage, Fairbanks, Juneau and the other urban centers. This would have involved significant research of census data public files - the data was not available on the U.S. census website. Therefore we are unable to quantify, within the framework of this Needs Assessment, the extent of eligible families and individuals in those areas. We will do this in the updated Needs Assessment if necessary.

Communities Identified As At Risk And In Need of Improved/Expanded Home Visiting Services

For many indicators, remote rural census areas such as Wade Hampton, Northwest Arctic Borough, Nome, North Slope Borough, Bethel, and Yukon/Koyukuk were ranked among the top five for highest risk. In general, census areas in the southeast had the lowest ranked risk.

Communities identified as risk are:

Community	Existing Home Visiting Program
Bethel Census Area	PAT
Nome Census Area	PAT
Wade Hampton Census Area	PAT
North Slope Borough Census Area	
Northwest Arctic Census Area	
Yukon Koyukuk Census Area	PAT
Municipality of Anchorage	Nutaqsiviik (AK Native women only)
Matanuska-Susitna Borough	PAT

Gaps in Services to MCH populations

There are many gaps in direct care services and preventive population-based services. This preliminary list is based on stakeholder comments we received during the Title V Needs

Assessment planning process and during our frequent and regular contacts with stakeholders throughout the year. These services would help families achieve good outcomes in health, safety and strong parent-child relationships. This list may be expanded or refined for the future updated Needs Assessment. We will determine whether these and additional gaps can be addressed with a home visitation program.

- Assistance to families from rural areas who move to or spend considerable time in urban areas in making a successful transition to the urban lifestyle and in establishing culturally appropriate social connections. (related to Title V priority "Support communities to increase family and youth resiliency")
- Lack of inpatient and outpatient substance abuse treatment services for pregnant and parenting women (related to Title V priority "Reduce substance abuse among families, including alcohol, tobacco and drugs")
- Lack of reproductive health services to low income families, including access to affordable long-acting reversible contraceptives and standardized sex education for teens and young adults (related to Title V priority "Reduce the risks associated with unintended pregnancy and teen pregnancy")
- Intimate partner violence prevention, including teen dating violence (related to Title V priority "Reduce intimate partner violence (IPV) including teen dating violence")
- Lack of safe long term housing options for women in abusive home situations especially when there are other children in the family.
- Lack of behavioral health service providers skilled in caring for postpartum women and women with co-occurring behavioral or medical conditions.
- Screening and treatment for post partum depression (related to Title V priority "Increase universal screening for post partum depression in women")
- Standardized and universal developmental and behavioral health screening of children (related to Title V priority "Implement standardized screening for developmental delay and behavioral health in children 0 - 21 years")
- Lack of easily accessible alternative programs for pregnant or parenting women to complete their GED or high school diploma, especially in rural and small urban communities.
- Lack of sub-specialty capacity statewide, but particularly outside of Anchorage.

The Head Start Needs Assessment¹⁹ (Dec 2008) contained these findings. The first two and last two bullets typify the challenges of capacity in rural areas and must be addressed when considering home visitation programs in rural and even smaller urban communities.

- *There exists a high rate of transiency among professionals working in the human service field in Alaska. This becomes not only a workforce challenge, but also is an obstacle to the consistency and continuity of collaborations between Head Start programs and community service organizations.*
- *Success is often contingent on relationships. When people know each other and have figured out how the system works, they are able to work more effectively together with positive results for children. High turnover negatively impacts successful collaboration.*
- *Lack of comprehensive child care services is a major problem for families.*

- *Access to medical home, oral health care and mental health care is limited and sometimes extremely limited. Some providers do not accept Denali Kid Care, some areas have no providers, and there is very limited availability of mental health services in all locations.*
- *Health care is a challenging issue in Alaska. The primary challenge is the lack of availability, especially in rural and remote areas. Villages are served by health aids and itinerate public health practitioners. Alternately, children must be flown to a service area.*
- *The lack of preventive health care makes it difficult to meet Head Start Performance Standards in the areas of physical, oral and mental health.*

While the Head Start Needs Assessment noted many strategies that worked well, the list of obstacles was long and not unfamiliar to Title V stakeholders across the state. Obstacles exist in the areas of access to oral health, meeting standards of the Early Head Start program, and poverty of access.

Addressing Gaps In Services to Individuals and Families in High Risk Communities

The Title V Needs Assessment planning process, conducted in Spring 2010, emphasizes collaboration and partnerships as the way to expand the state's capacity to serve the MCH population. This strategy was strongly supported by MCH stakeholders. Examples of the types of collaborations among state, tribal, non-profit and private organizations that has improved capacity since 2005 can be found in the 2011 - 2015 Title V Needs Assessment.

The State will apply for a grant to conduct a prenatal and early childhood home visitation program or expand an existing program. Implementing home visitation will be based on several considerations, such as:

- Literature review of current home visitation models and findings of program evaluations.
- Suitability of models that have been proven effective for the state's high risk population and environment. High risk populations could include Alaska Native, immigrant, and non-English speaking families.
- Workforce and infrastructure capacity in high risk communities.
- Cost effectiveness and the ability to sustain the model over the long term.
- Lessons learned from delivering health care services through the CHAP program and through public health nursing, as well as lessons learned from Head Start, Early Head Start, and Parents As Teachers programs.
- Lessons learned from the Nutaqsiviik home visitation program.
- Lessons learned from the Healthy Families Alaska, a home visitation program that was implemented from 1996 to 2005 in Anchorage (two sites), Wasilla, Fairbanks, Juneau, Kenai and Dillingham. (The program was found to have no measurable impact on child maltreatment outcomes²⁰).

All stakeholders, including our program partners in CAPTA, Head Start, ECCS program, Title V, Division of Behavioral Health, substance abuse treatment programs providers, Council in Domestic Violence, and providers in the tribal health system, will be included in the discussion. We will also include staff members from the Nutaqsiviik home visitation program, Parents as

Teachers and Early Head Start will also be considered for inclusion. In addition, partners from the Division of Public Assistance programs including the Families' First Initiative, the Women's, Infant and Child Nutrition programs will be invited. Finally, staff members from the Department of Education and Early Development who work with alternative schools, especially those supporting pregnant and parenting teens, and staff from the Division of Juvenile Justice will be invited to obtain their experiences in working with teens and young adults.

We will use a decision-making process similar to the one used for the Title V Needs Assessment. The World Café model is a technique to create collaborative and creative dialogue among small (3-4 people) groups from diverse backgrounds. After small group discussions, all stakeholders convene in one group to harvest ideas and find common themes. Prior to the conversation, Needs Assessment data from this effort will be disseminated. Though Alaska is geographically very large and service delivery is challenging, in reality our community is small. Many of the stakeholders for this project are essentially the same as for Title V so there will likely be good conversation and consensus building.

This structured process for decision making will be used to rank-ordering and prioritize high risk communities and consider models for home visiting. Depending on the size of the group, many of the invitees will likely serve on a steering committee during planning, implementation and evaluation of whatever model is chosen. These partners will help develop a priority list of services that need to be upgraded, modified or established if pregnant women, their partners and children are to receive the best outcomes possible over their life course.

Appendix A

Regional Maps



Figure 3 Alaska

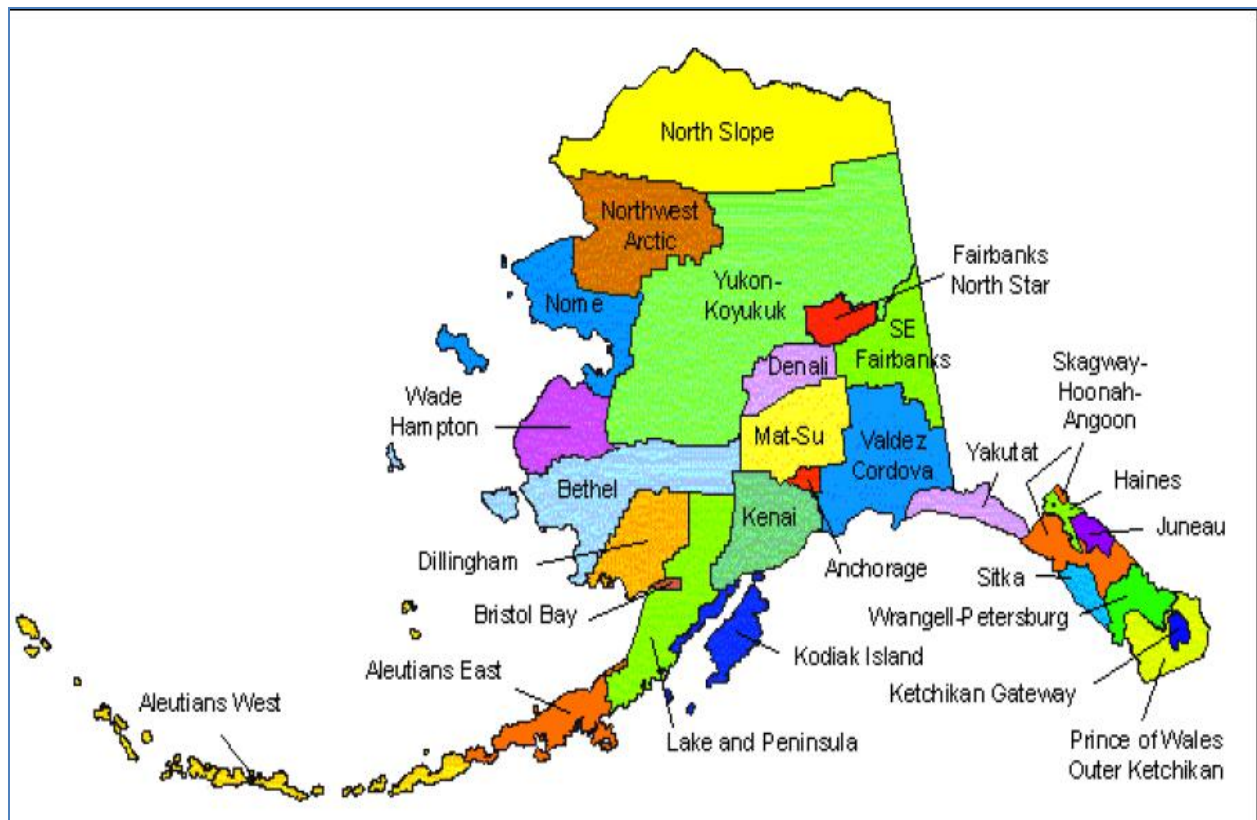


Figure 4 Alaska Census Areas

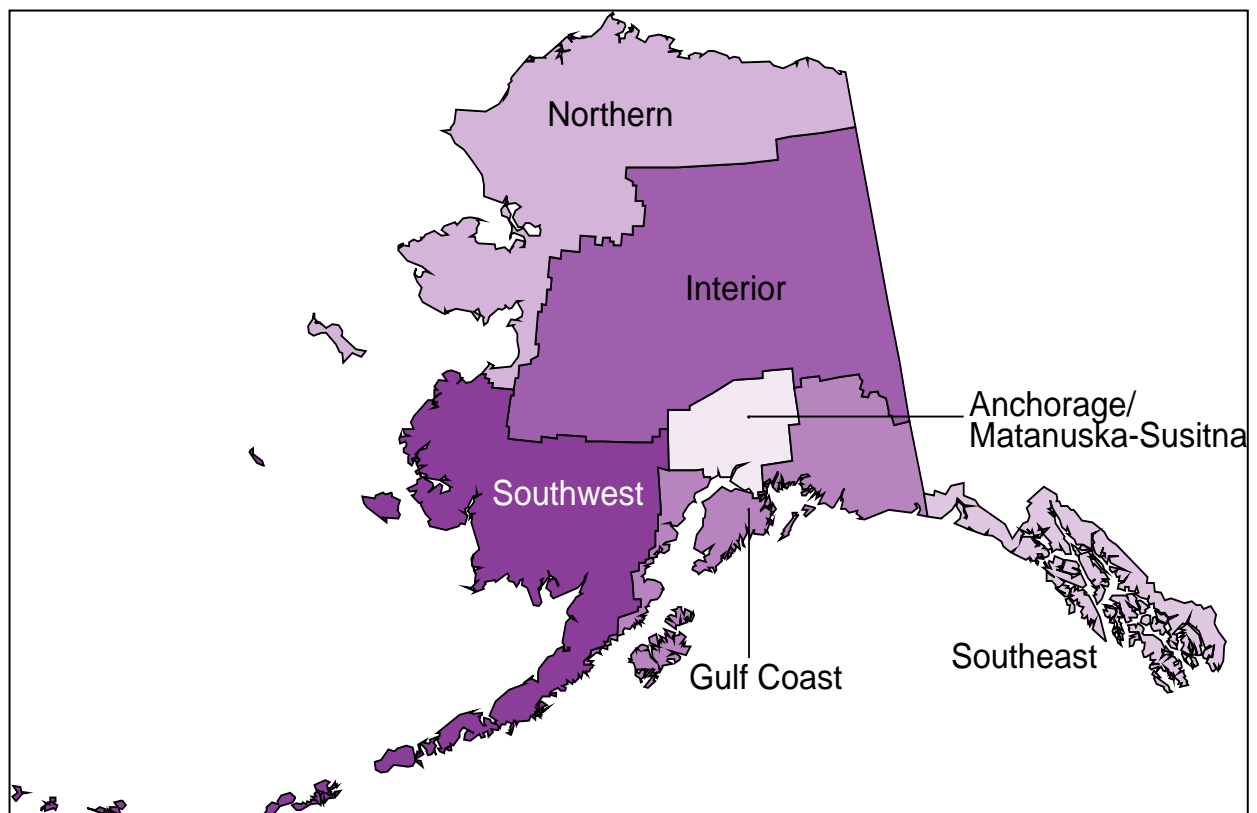


Figure 5 Epi Regions

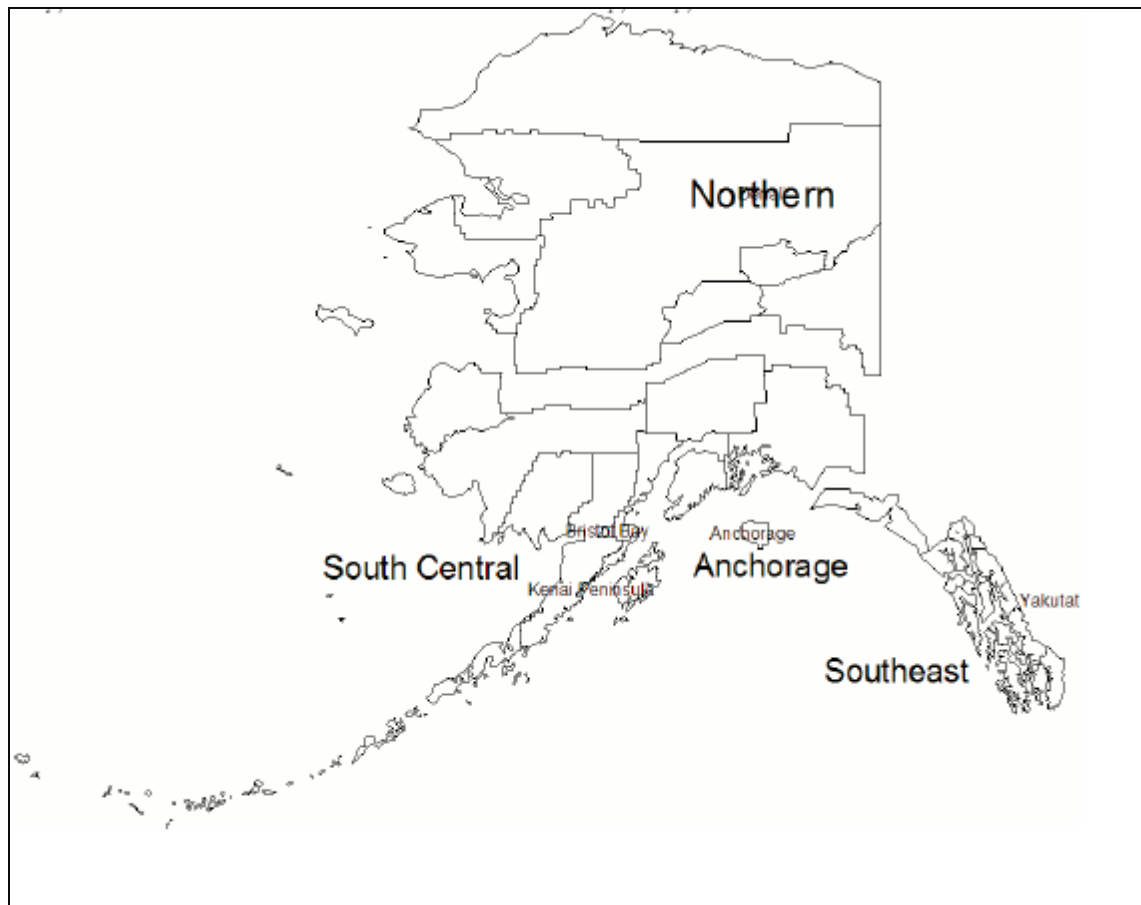


Figure 6 Division of Behavioral Health - Four Division Planning Regions

Appendix B

Division of Behavioral Health, FY 2010 Grantees¹⁶

Community	Grantee	Program Type
Region: Anchorage		
Municipality of Anchorage	Access Alaska	Mental Health Grantee
	Akeela Treatment Services, Inc.	Mental Health Grantee & Substance Abuse Grantee
	Alaska Children's Services	Mental Health Grantee
	Alaska Mental Health Consumer Web	Mental Health Grantee
	Alternatives Comm Men Health dba Denali Family Services	Mental Health Grantee
	Anchorage Community Mental Health Sys	Mental Health Grantee
	ARC of Anchorage	Mental Health Grantee
	Assets	Mental Health Grantee
	CHOICES	Mental Health Grantee
	Cook Inlet Tribal Council, Inc.	Substance Abuse Grantee
	Hope Community Resources, Inc.	Mental Health Grantee
	Narcotic Drug Treatment Center	Substance Abuse Grantee
	Providence Health System (Providence Crisis Respite Center)	Mental Health Grantee
	Providence Health System (Psych ER)	Mental Health Grantee
	Salvation Army - Booth Memorial	Substance Abuse Grantee
	Salvation Army - Clitheroe Center	Substance Abuse Grantee
	Southcentral Foundation	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
	Special Education Service Agency	Mental Health Grantee
	Volunteers of America of Alaska	Mental Health and Substance Abuse Grantee
Region: Northern		
Barrow	North Slope Borough	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
Bethel	City of Bethel	Substance Abuse Grantee
	Yukon-Kuskokwim Health Corporation	Community Behavioral Health Center Mental Health and Substance Abuse Grantee
Fairbanks	Boys and Girls Home of Alaska	Mental Health Grantee
	Fairbanks Community Behavioral Health Center	Community Behavioral Health Center ; Mental Health Grantee
	Fairbanks Native Association	Substance Abuse Grantee
	Fairbanks Resource Agency	Mental Health Grantee
	Family Centered Services of Alaska	Mental Health Grantee
	Interior Aids Association	Substance Abuse Grantee
	Presbyterian Hospitality House	Mental Health Grantee

FORT YUKON	Yukon Flats CARE (Funded by IHS - Not funded by DBH)	Mental Health Grantee
KOTZEBUE	Maniilaq Association	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
MCGRATH	Southcentral Foundation	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
NENANA	Railbelt Mental Health & Addictions	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
NOME	Norton Sound Health Corp.	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
TANANA CHIEFS CONFERENCE	Tanana Chiefs Conference, Inc.	Mental Health and Substance Abuse Grantee
TOK	Tok Area Counseling Center	Community Behavioral Health Center; Mental Health Grantee
Region: Southcentral		
COPPER CENTER	Copper River Native Association	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
CORDOVA	Cordova Community Medical Clinic - dba - Sound Alternatives	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
DILLINGHAM	Bristol Bay Area Health Corporation	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
EASTERN ALEUTIAN ISLANDS	Eastern Aleutian Tribes Inc	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
HOMER	South Peninsula Behavioral Health Services, Inc.	Community Behavioral Health Center ; Mental Health Grantee
KENAI	Central Peninsula General Hospital	Mental Health and Substance Abuse Grantee
	Cook Inlet Council on Alcohol & Drug Abuse	Cook Inlet Council on Alcohol & Drug Abuse
	Frontier Community Services	Mental Health Grantee
	Kenai Peninsula Community Care Center	Mental Health Grantee
	Kenaitze Indian Tribe	Mental Health and Substance Abuse Grantee
	Peninsula Community Health Centers of Alaska, Inc.	Community Behavioral Health Center ; Mental Health Grantee
KODIAK	Kodiak Area Native Association	Mental Health Grantee
	Providence Kodiak Island Counseling Center	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
PALMER & WASILLA	Alaska Addiction Rehab Service - Nugen's Ranch Alaska Family Services	Substance Abuse Grantee Mental Health and Substance Abuse Grantee
	Co-Occurring Disorders Institute, Inc	Mental Health Grantee

	Daybreak, Inc	Mental Health Grantee
	Mat-Su Health Services, Inc.	Community Behavioral Health Center Mental Health Grantee
SEWARD	Seaview Community Services	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
VALDEZ	Providence Valdez Counseling Center	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
WEST ALEUTIAN & PRIBILOF ISLANDS	WEST ALEUTIAN & PRIBILOF ISLANDS	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
Region: Southeast		
HAINES	Lynn Canal Counseling Center	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
JUNEAU	Catholic Community Services	Mental Health Grantee
	Gastineau Human Services, Corp.	Substance Abuse Grantee
	Juneau Alliance for Mental Health, Inc.	Community Behavioral Health Center Mental Health Grantee
	Juneau Youth Services, Inc.	Mental Health and Substance Abuse Grantee
	Polaris House	Mental Health Grantee
	Rainforest Recovery Center	Substance Abuse Grantee
	SouthEast Alaska Regional Health Consortium	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
KETCHIKAN & METLA KATLA	Community Connections	Mental Health Grantee
	Gateway Center for Human Services	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
	Ketchikan Indian Community	Substance Abuse Grantee
	Metlakatla Indian Community	Mental Health Grantee
	Residential Youth Care, Inc.	Mental Health Grantee
PETERSBURG	Petersburg Mental Health Services	Community Behavioral Health Center; Mental Health and Substance Abuse Grantee
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM (SEARHC) AREA	SouthEast Alaska Regional Health Consortium	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
SITKA	Sitka Counseling and Prevention Services	Community Behavioral Health Center ; Mental Health and Substance Abuse Grantee
	Youth Advocates of Sitka, Inc.	Mental Health Grantee
WRANGELL	Alaska Island Community Services	Community Behavioral Health

		Center ; Mental Health and Substance Abuse Grantee
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