

Behavioral Health Community Needs Assessment

Prepared by the Ketchikan Wellness Coalition
Behavioral Health Task Force
2016



Ketchikan Wellness Coalition Behavioral Health Needs Assessment

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Ketchikan Wellness Coalition

Behavioral Health Community Needs Assessment

I. Acknowledgements

This Ketchikan Wellness Coalition Behavioral Health Needs Assessment Report was compiled and written by Emily Chapel (Prevention Coordinator, Ketchikan Wellness Coalition Behavioral Health Task Force) with coordination and writing contributions by Deborah Hayden (CEcD, EDFP and Ketchikan Wellness Coalition Prevention Co-Coordinator). The secondary data sources, as well as our Community Needs Survey were researched, developed and written by Emily Chapel. UAS student Morgan Eiseman, Joy Davis ((Educator, University of Idaho, Annette Island School District, Petersburg School District, and University of Alaska) and Diane Gubatayao (educator, Community Connections S.T.A.R. coordinator) conducted the majority of the survey. Dr. Eric Einspruch from Portland State University provided support to insure statistically valid community assessment procedures and survey instruments. Special thanks are extended to the Ketchikan Wellness Coalition and Behavioral Health Task Force participants who provided insight and feedback during the needs assessment process. The wisdom and knowledge of our community BH Task Force members shared helped to focus efforts and insure a quality assessment. A synergy developed between participants that continues to grow throughout our community.

Several members of Ketchikan Wellness Coalition and our statistical specialist, Dr. Einspruch, worked together to guide our data collection process. This group included Emily Chapel, Max Mercer (Strategic Planning Consultant) , Kevin Gadsey (Master in Public Advocacy and Executive Director, Ketchikan Wellness Coalition), and members of the Ketchikan Wellness Coalition’s Behavioral Health Task Force.

Our Prevention Coordinator, Emily Chapel, guided our efforts by leading us through the Strategic Prevention Framework, compiling and assessing community needs, writing our community needs assessment survey, and training surveyors. Behavioral Health Task Force members who assisted in conducting surveys were Diane Gubatayao, Emily Chapel, Joy Davis, and Morgan Erisman (UAS graduate student in Juneau).

Task Force members who analyzed the survey data and provided insights on the major factors contributing to mental health and substance abuse issues include Joy Davis, Bett Jakubek, Christa Bruce-Kotrc, Ruth Bullock (Gateway/Akeela Mental Health Director), Janalee Gage, Diane Gubatayao, Joel Jackson (Gateway/Akeela Center for Human Services Director), Laura Davidson (Ketchikan Public Health) and Kate Helfrich (Gateway/Akeela).

Strategic Planning members who prioritized factors contributing to depression in Ketchikan Borough that were documented on the findings of our needs assessment included Max Mercer, Janalee Gage, Kevin Gadsey, Deborah Hayden, Diane Gubatayao, Joy Davis, Bett Union-Jakubek (PeaceHealth Medical Center Foundation, Community Connections board member), Kate Helfrich, Laura Davidson, Joel Jackson, Gregg Poppen, Christa Bruce-Kotrc, Kathleen Light (Executive Director of the Ketchikan Area Arts and Humanities Council), Sue Bergmann, Linda Worman, and Sara Hargrave.

The Behavioral Health Task Force of the Ketchikan Wellness Coalition continues to work together with the vision of providing all Ketchikan community members with the help and hope they need to be resilient and thrive. We look forward to continuing this process and are grateful for the opportunity to develop needed interventions in our community.

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II. Introduction

Purpose of Assessment

The purpose of the community assessment is to determine the most pressing behavioral health need in the greater Ketchikan area, the underlying causes of that need, and to provide a starting point for addressing those causes in compliance with the Comprehensive Behavioral Health Prevention and Early Intervention Grant that the Ketchikan Wellness Coalition received from the State of Alaska Division of Behavioral Health.

The assessment is also designed to be of use to local organizations, community groups, and the community at large to assist with prioritization, review of resources, and determine funding streams. Ultimately, the assessment is to be used as a tool for future work and to build the foundation for evaluation of implementation strategies.

III. Picture of Ketchikan

Location & Environment

The Ketchikan Gateway Borough (KGB) encompasses a series of communities located on Revillagiedo Island in the heart of the 16 million acre Tongass National Forest and gets an average of 154 inches of rain a year. It encompasses 6,900 square miles. 4,915 of those miles are land. Surrounded by wilderness and only accessible by air or water, the residents of the KGB are in an environment uniquely their own. The KGB is the first stop in Alaska when traveling north from Seattle and provides numerous services (acts as a hub) to the smaller outlying communities outside of its borough boundaries, including the Metlakatla Indian Community and Prince of Wales Island.

Demographics and Size

The U. S. Census in 2014 estimated the KGB to be home to 13, 676 individuals. 23.3% of persons are under 18 years of age and 10.8% over the age of 65. Females make up 48.2% of the population. Racial demographics are demonstrated in the chart below.¹

White	68.4%
Black or African American	0.4%
American Indian and Alaska Native	15.0%
Asian	6.1%
Native Hawaiian & Other Pacific Islander	0.8%
Hispanic or Latino	4.7%
Two or More Races	8.9%

Number of Schools/Education Levels

There are five public elementary schools in the Ketchikan Gateway Borough, one middle school, one public high school, one alternative middle and high school as well as a Fast Track homeschool program. Ketchikan Gateway Borough School District is the home of an online alternative high school, and a Tribal Scholars program. There are also 4 private schools within the Borough boundaries.

The University of Alaska Southeast maintains a Ketchikan campus that offers Bachelors and Associate degrees in Business, Liberal Arts, Social Science and Education; and Certificates and Occupational Endorsements in Arts, Science, Business, Fisheries Technology, Nursing, Radiology and Marine Transportation. UAS Ketchikan also offers Masters degrees in Public Administration and 9 areas of Education.

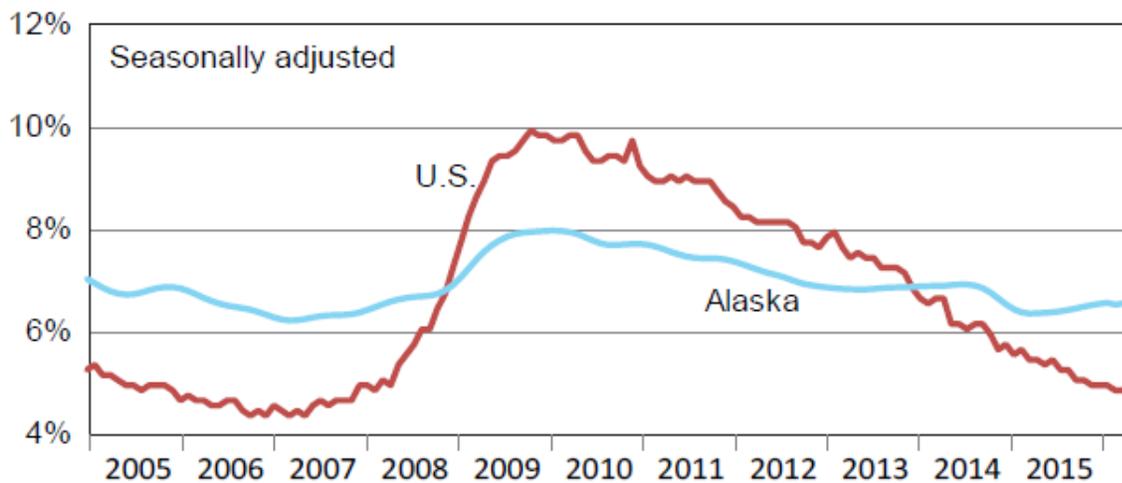
¹ Retrieved 04-14-16 from <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

In the Ketchikan Gateway Borough, 93.5% of adults ages 25 and older reported having graduated from high school or the equivalent. Only 25.4% of the same age bracket reported a Bachelor's degree or higher.

Employment Rates/Housing

The unemployment rate for the Ketchikan Borough has been steadily declining since 2010. In March 2016, the seasonally adjusted rate was 6.6%.²

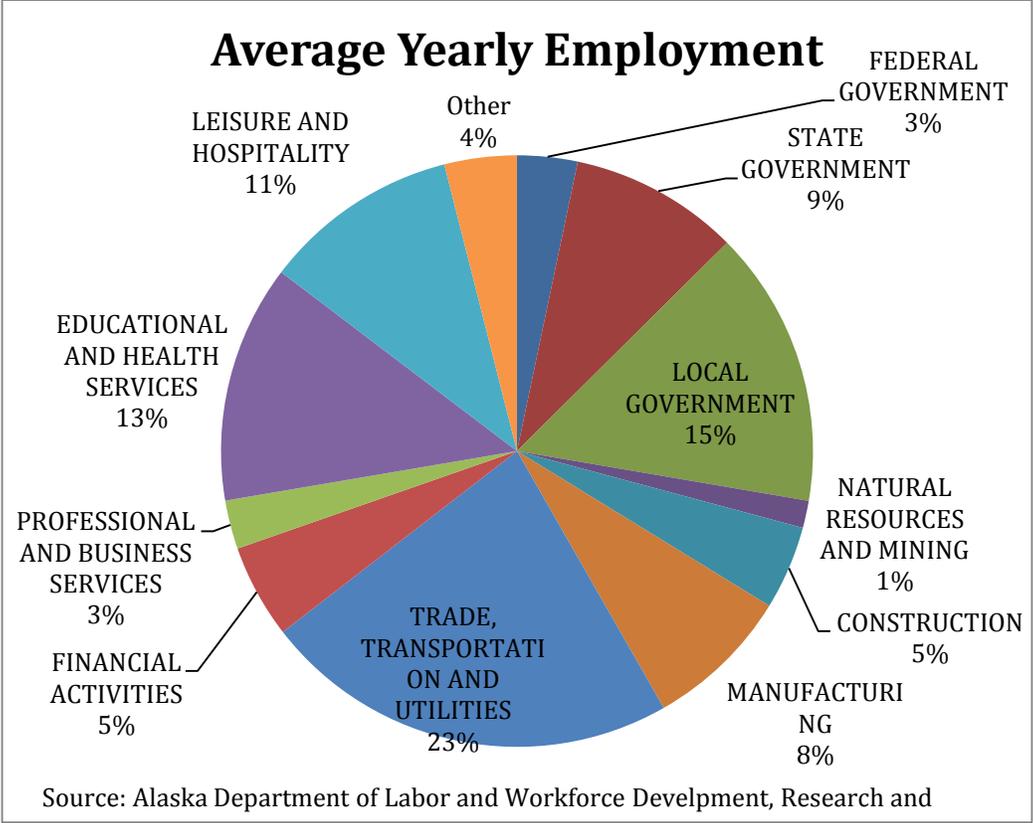
**Unemployment Rates, Alaska and U.S.
January 2005 to March 2016**



Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

The spike in unemployment that began in 2008 and lasted through 2010 corresponded with the deepest economic recession the U. S. had experienced since the 1930s.

² Retrieved 04/18/16 from <http://laborstats.alaska.gov/labforce/graph.pdf>



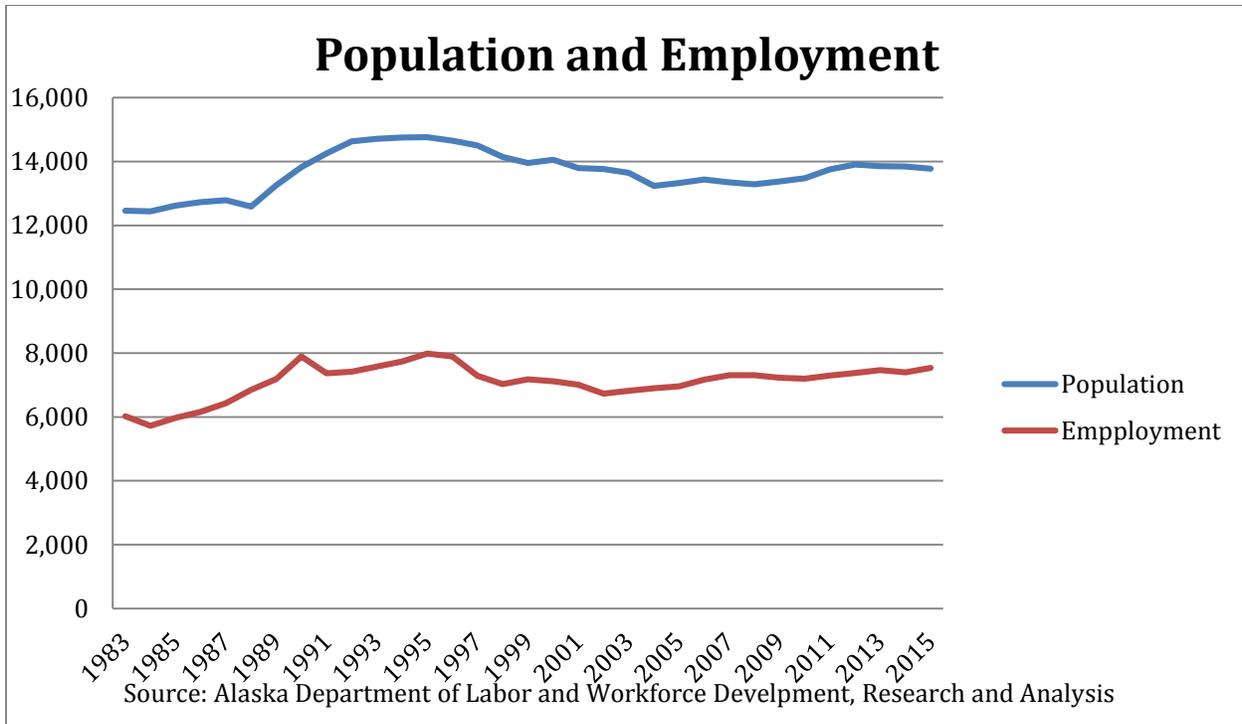
The above chart shows wage employment by industry. Not included in the chart is income produced by those who own their own businesses, such as fishermen, independent tour operators, contractors, consultants, attorneys, dentists and others. Here is the data underlying the chart:

2013 Ketchikan Gateway Borough Wages and Employment

INDUSTRY CODE (NAICS)		AVERAGE EMPLOYMENT	TOTAL WAGE
920010	FEDERAL GOVERNMENT	246	18,142,989
920020	STATE GOVERNMENT	692	37,761,679
920030	LOCAL GOVERNMENT	1,130	53,544,953
120000	NATURAL RESOURCES AND MINING	111	6,325,862
230000	CONSTRUCTION	342	24,049,968
310000	MANUFACTURING	596	23,777,717
500000	TRADE, TRANSPORTATION AND UTILITIES	1,701	63,573,298
600000	FINANCIAL ACTIVITIES	383	18,155,551
700000	PROFESSIONAL AND BUSINESS SERVICES	199	8,341,778

800000	EDUCATIONAL AND HEALTH SERVICES	972	41,828,014
900000	LEISURE AND HOSPITALITY	800	15,771,069
	Other	295	8,028,202
	TOTAL	7,467	319,301,080

The total average number of persons employed in Ketchikan in 2013 was 7,467. Total wages were \$319,301,080. The average annual wage was \$42,761.



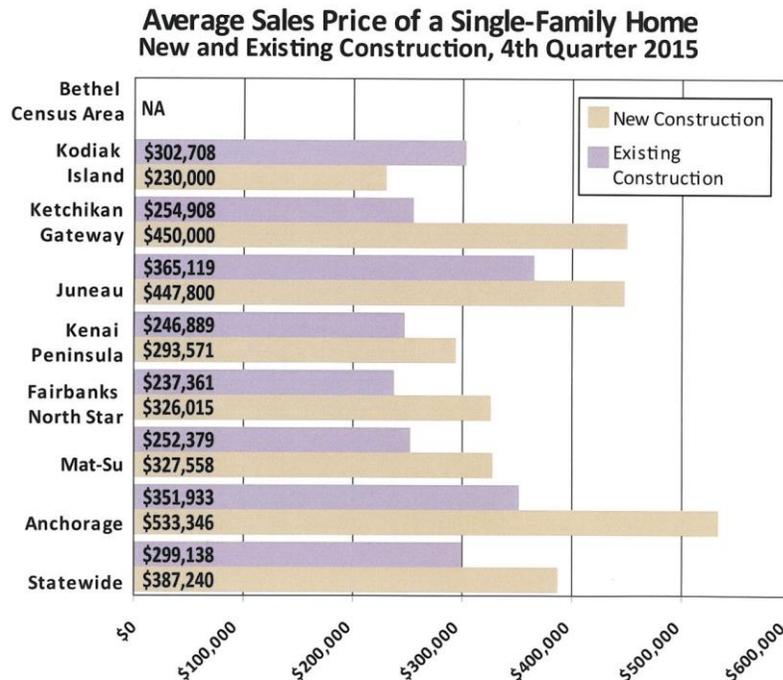
3

The chart above shows the 1989 to 1997 peak in both employment and population when the pulp mill and forest products industry were in full swing. After the 1997 pulp mill closure and the general decline in forest products, it has taken 18 years of economic diversification into tourism, commercial fishing, shipbuilding and other sectors for the population to bump up against the 14,000 mark again and for employment to approach 8,000.

³ <http://laborstats.alaska.gov/pop/popest.htm>

Housing

According to the US Census, the home ownership rate 2009-2013 was at 58.5% with the median value of owner occupied homes at \$265,000. As noted in the graph below, in the 4th quarter of 2015, the average sales price of an existing home in Ketchikan was \$254,908, and the price for a newly constructed home was \$450,000.⁴



Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

The Average Cost of Rentals in Ketchikan

With the rental rate of a 1-bedroom apartment averaging \$971 per month, as shown in the table below, this type of housing in Ketchikan represents almost half the gross pay of someone earning \$12/hr. A service worker earning \$8/hr would be paying 70% of gross income for this 1-bedroom apartment. Housing in Ketchikan creates financial stress for those earning less than \$20/hr. Availability is also a problem. Ketchikan's lack of flat land limits the ability of developers to build new multi-family housing, or even any housing.

⁴ Retrieved 04-18-16 from <http://laborstats.alaska.gov/housing/graphicpdf/avgsinglefamilyhome.pdf>

Single-Family Rental Costs and Vacancy Rates, continued
 Select Boroughs and Census Areas, 2015

ALASKA HOUSING MARKET INDICATORS, 2015 RESIDENTIAL RENTAL MARKET SURVEY

Survey Area	Average Rent		Median Rent		Number of Units		Vacancy Rate	Percentage of Units with Utilities Included in Contract Rent							
	Contract	Adjusted	Contract	Adjusted	Surveyed	Vacant		Heat	Light	Hot Water	Water	Garbage	Sewer	Snow	
Kenai Peninsula Borough	1 Bedroom	\$635	\$815	\$650	\$831	55	3	5.5%	30.9%	30.9%	34.5%	60.0%	32.7%	60.0%	50.9%
	2 Bedroom	\$837	\$1,094	\$833	\$1,105	77	7	9.1%	9.1%	7.8%	10.4%	51.9%	15.6%	49.4%	26.0%
	3 Bedroom	\$1,082	\$1,376	\$1,100	\$1,400	97	4	4.1%	6.2%	5.2%	9.3%	54.6%	18.6%	50.5%	19.6%
	4 Bedroom	\$1,299	\$1,661	\$1,213	\$1,695	20	2	10.0%	15.0%	5.0%	5.0%	70.0%	30.0%	70.0%	40.0%
Ketchikan Gateway Borough	1 Bedroom	\$863	\$971	\$775	\$974	8	1	12.5%	37.5%	37.5%	50.0%	87.5%	75.0%	87.5%	37.5%
	2 Bedroom	\$804	\$1,025	\$800	\$1,012	9	2	22.2%	33.3%	11.1%	11.1%	44.4%	33.3%	55.6%	11.1%
	3 Bedroom	\$1,214	\$1,515	\$1,200	\$1,594	7	2	28.6%	0.0%	0.0%	14.3%	57.1%	42.9%	71.4%	14.3%
	4 Bedroom	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D
Kodiak Island Borough	1 Bedroom	\$1,257	\$1,437	\$1,100	\$1,260	7	0	0%	42.9%	42.9%	42.9%	100.0%	85.7%	100.0%	14.3%
	2 Bedroom	\$1,319	\$1,673	\$1,400	\$1,696	29	1	3.4%	13.8%	6.9%	20.7%	89.7%	93.1%	89.7%	31.0%
	3 Bedroom	\$1,716	\$2,196	\$1,700	\$2,161	27	3	11.1%	3.7%	3.7%	7.4%	85.2%	77.8%	81.5%	3.7%
	4 Bedroom	\$1,886	\$2,507	\$1,750	\$2,387	7	0	0%	0%	0%	0%	100.0%	100.0%	100.0%	14.3%
Matanuska-Susitna Borough	1 Bedroom	\$782	\$933	\$800	\$950	31	1	3.2%	25.8%	22.6%	25.8%	87.1%	41.9%	83.9%	48.4%
	2 Bedroom	\$997	\$1,182	\$900	\$1,168	59	5	8.5%	30.5%	8.5%	32.2%	79.7%	40.7%	79.7%	35.6%
	3 Bedroom	\$1,447	\$1,680	\$1,400	\$1,670	173	4	2.3%	2.3%	1.7%	2.9%	72.8%	8.1%	79.8%	2.9%
	4 Bedroom	\$1,688	\$1,954	\$1,700	\$1,984	69	2	2.9%	1.4%	1.4%	1.4%	60.9%	5.8%	62.6%	7.2%
Sitka, City and Borough	1 Bedroom	\$894	\$1,021	\$800	\$954	7	2	28.6%	57.1%	57.1%	57.1%	57.1%	57.1%	57.1%	42.9%
	2 Bedroom	\$1,006	\$1,336	\$963	\$1,298	28	4	14.3%	7.1%	3.6%	3.6%	3.6%	3.6%	3.6%	28.6%
	3 Bedroom	\$1,288	\$1,676	\$1,250	\$1,689	15	0	0%	0%	0%	0%	6.7%	6.7%	6.7%	33.3%
	4 Bedroom	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D
Valdez-Cordova CA	1 Bedroom	\$808	\$905	\$625	\$625	6	1	16.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%
	2 Bedroom	\$964	\$1,250	\$850	\$1,196	7	0	0%	14.3%	28.6%	28.6%	28.6%	28.6%	28.6%	14.3%
	3 Bedroom	\$1,587	\$2,016	\$1,600	\$2,011	23	0	0%	0%	0%	0%	17.4%	13.0%	17.4%	8.7%
	4 Bedroom	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D
Wrangell Borough-Petersburg CA	1 Bedroom	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D
	2 Bedroom	\$706	\$986	\$700	\$955	13	0	0%	7.7%	7.7%	15.4%	15.4%	15.4%	30.8%	
	3 Bedroom	\$721	\$1,088	\$635	\$1,063	9	1	11.1%	0%	0%	11.1%	0%	0%	0%	11.1%
	4 Bedroom	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D
Balance of State	1 Bedroom	\$944	\$944	\$900	\$900	9	1	11.1%	66.7%	11.1%	44.4%	44.4%	22.2%	55.6%	55.6%
	2 Bedroom	\$1,028	\$1,028	\$1,050	\$1,050	10	1	10.0%	40.0%	10.0%	20.0%	30.0%	0%	40.0%	40.0%
	3 Bedroom	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D
	4 Bedroom	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D	N/D

Note: Areas or bedroom sizes for which six units or fewer were collected during the survey are not reported for confidentiality purposes.
 Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section and the Alaska Housing Finance Corporation, 2015 Rental Market Survey

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Governance

There are three entities within the Ketchikan Gateway Borough that have governance powers as subdivisions of the State of Alaska; they are the Ketchikan Gateway Borough, the City of Ketchikan, and the City of Saxman. The City of Ketchikan annually dispenses grants to local social service, community development and arts organizations using a percentage of sales tax revenue. The Ketchikan Gateway Borough funds similar grants from its Economic Development and Parks and Recreation funds. Neither of these governments maintains social services within its internal operations or staff. The Borough's governing powers do not include social services. The City of Saxman has no social services functions. The Organized Village of Saxman offers social services under the auspices of the Central Council of Tlingit and Haida Indian Tribes of Alaska.

⁵ Retrieved 04-18-16 from <http://laborstats.alaska.gov/housing/housing.htm>

Ketchikan Indian Community is a federally recognized Indian Tribe with sovereign immunity. It provides a Health Service for Tribal members, housing, Meals and Wheels, a transportation program, and various substance abuse and mental health services as detailed below in the Resources and Gaps section.

Religious Participation

The KGB has 31 religious groups with a total 4,246 adherents to total a little over 30% of the population.

The First United Methodist Church houses a daytime shelter for homeless people. The shelter, operated by the First City Homeless Shelter nonprofit organization, is open from 7 a.m. to 4 p.m. Monday through Saturday and from 8 a.m. to 2 p.m. on Sundays. It offers breakfast daily and lunch on Saturdays. The shelter provides computer access, networking and referrals for job hunting and housing and referrals to other services. Showers and fresh clothing are available.

The Salvation Army provides lunch daily for anyone who comes in the door. On Sundays, St. John's Episcopal Church joins with a coalition of other churches and provides an afternoon meal in the St. John's church building, also for anyone who comes in the door.

These are some of the ways the religious community in Ketchikan attempts to mitigate financial and homelessness stresses that can contribute to, or exacerbate, mental illness, substance abuse and suicide.

History and Community Culture

Ketchikan's History dates back to 1883, when a man named Snow built a salmon saltery at the site of an Alaska Native fish camp on Ketchikan Creek. Two years later, businessmen from Portland, Oregon, hired Mike Martin to investigate possibilities for building a salmon cannery on the banks of Ketchikan Creek. By the early 1900's, Martin and the cannery's manager, George Clark, had set up a partnership and had opened a saltery and a general store. Two years later, with the fishing trade flourishing, Ketchikan was definitely in

business. In 1900, with a population of 800, the town founders officially incorporated the City of Ketchikan.⁶

Launched by fishing, Ketchikan's economy has gone through cycles of mining, forest products and now tourism. Currently, the two largest drivers of Ketchikan's economy are Tourism and Commercial Fishing.

From 1954 until 1997 Louisiana Pacific operated a pulp mill in Ward Cove 4 miles north of the city. When lack of wood supply and other factors caused the mill to close, the community lost 350 jobs and a considerable portion of the retail sector that had depended on that cash flow. The population declined from 14,764 to 13,141, a drop of 11%. Total employment dropped 9.4% from a high of 10,995 to 9,958.

In a show of resilience, the community began courting the cruise ship industry by gathering federal, state, and local funding and investing over \$20 million into creating and enhancing Berths 1, 2, 3, and 4 and the waterfront. In recent years, cruise ship passengers and independent travelers combined have numbered around 980,000 annually.

Commercial Fishing endured a decline in the 1960's when fishing methods overcame the ability of the fishing stocks to reproduce. Commercial fishermen agreed to a 3% tax on their revenues that funded construction of a series of hatcheries, one of which is located at Whitman Lake south of Ketchikan. These hatcheries supply all the commercial species of salmon, and have stabilized the supply of fish for the fishermen. Commercial fishing remains a strong and viable sector of the Ketchikan economy.

The Ketchikan Shipyard, now operated by Vigor Alaska, in development since the 1980s, with an overall investment of more than \$110 million, represents a significant manufacturing presence with 200 year-round employees. The shipyard has built an airport ferry for the Ketchikan Gateway Borough, a fuel barge for Chevron in Vancouver, B.C., a technologically advanced landing craft prototype for the Navy, and the Arctic Prowler fish processing vessel. It carries out dry docking overhauls and repairs for the Alaska Marine Highway System, the commercial fishing fleet and other vessels. Recently, the shipyard

⁶ Retrieved 04-14-16 from <http://www.alaskatravelers.com/ketchika1.htm>

competed for, and received from the Alaska Marine Highway System, the award of a \$101 million contract for two Alaska Class Ferries which it is currently building. The shipyard employs innovative cross-training programs for its workforce that allows it to transfer employees among manufacturing processes rather than laying them off when the process of the ship building or repair moves from one stage to another. This means the shipyard workforce is highly skilled and correspondingly highly paid.

Ketchikan's early culture followed the pattern of natural resource-based communities encompassing hard-driving, hard-drinking, vice-ridden lawlessness. A reputation for wickedness besmirched the town's image. Gradually, the town grew from a primarily male enclave to a community with teachers, nurses who staffed the first hospital built in 1904, and the wives of merchants, craftsmen, bankers, lumbermen, fishermen and miners. By the 1950's, the red light district had shut down, and Ketchikan was becoming better connected, beyond just maritime travel, with the mainstream American culture through air travel and television. Ketchikan maintained its character as a working man's town throughout the twentieth century, but by the year 2000, the downtown bars had mostly become jewelry stores or gift shops, and the downtown waterfront industrial area that had included the Spruce Mill had become an attractive mall of shops and restaurants.

Today, Ketchikan's original romantic pioneer past has become a major tourist attraction in the form of Creek Street, a restored and gentrified former red light district; the Stedman-Thomas Historic District and Newtown, an historic area which was new in 1910.

With long, dark winters and the isolation of its geography as an island at great distance from major metropolitan areas, Ketchikan residents from very early times provided their own entertainment and cultural enrichment by developing a lively and extensive arts community. The First City Players community theater offers eight productions annually, several drama workshops and schools for both adults and children. The Ketchikan Theatre Ballet every year mounts production of the Nutcracker along with 4 additional dance concerts. The Ketchikan Area Arts and Humanities Council has monthly art gallery shows, brings in nationally touring concerts and musicians, produces a wearable arts show, a Winter a

Arts Faire, and the Blueberry Festival as well as fostering and promoting local artists, craftsmen, and musicians. The Community Chorus and Community Concert Band give several concerts each during the course of a year.

The City of Ketchikan supports two museums: The Tongass Historical Museum and the Totem Heritage Center. The Tongass Historical Museum displays artifacts, photographs and exhibits of early Ketchikan history and culture. Ketchikan is home to more totem poles than any other location in the world. The Totem Heritage center The Totem Heritage Center houses and preserves 19th century totem poles retrieved in the 1960s from outlying Alaska Native village sites and serves as a cultural center for the traditional arts of Southeast Alaska Natives. It gives classes in carving, weaving, basketry, northwest coast design and Tlingit, Haida and Tsimshian languages.

The City of Saxman maintains a carving center in which world famous carvers such as Nathan Jackson, whose work is in the Smithsonian and other installations worldwide, and Donny Varnell, another widely displayed carver and artist, create new carvings and totem poles. Saxman also has Totem Row, a street lined on either side with historic totems.

There are several Native American dance groups that perform at community ceremonies and through the summer in a regular schedule at the Totem Bight State Park, which itself displays many totem poles in a rain forest setting together with a tribal house which serves as a venue for cultural performances.

IV. Methods

A multitude of methods and resources were utilized by the Ketchikan Wellness Coalition to gather and analyze pertinent data and other community information for the community needs assessment. The structure and processes utilized is described in the subsequent sections.

V. Structure & Roles

Formation & Structure of the Ketchikan Wellness Coalition

The Ketchikan Wellness Coalition was founded in 2008 in response to results and information from the Compass II survey conducted in 2006 in Ketchikan under the auspices of United Way. In December 2014, the Ketchikan Wellness Coalition called together individuals from multiple sectors to form a “task force” that would specifically focus on the work of the CBHPEI grant. That group has been meeting regularly since that time.

Structure of the Comprehensive Behavioral Health Prevention and Early Intervention Grant Implementation

The Ketchikan Wellness Coalition initially hired a full time staff person to implement the CBHPEI grant and lead the efforts for the community needs assessment. The Behavioral Health task force was formed to support and augment the work of the grant staff and provide a venue for all the different sectors/entities to participate in data collection, grant decisions, and provide the resources needed to complete the needs assessment.

To initiate the Behavioral Health task force, a comprehensive list of all of the entities, individuals, or community partners who may have an interest or stake in the Behavioral Health conditions in the KGB were called together at an initial meeting in December 2014. At the meeting, participants were surveyed on their desired level of involvement, the skills, assets and connections they were bringing to the table, and their particular interest in the subject. These survey results were used to determine how to appropriately utilize each of the individuals and resources present in the room to effectively administer the CBHPEI grant.

The individuals and entities on the Behavioral Health task force are listed below:

Emily Chapel, Ketchikan Wellness Coalition CBHPEI grant staff.
Josh Perry, Coalition member, community at large.
Joy Davis, Coalition member, community at large
Haydie Velez-Colon, Coalition member, community at large.
Diane Gubatayao, Coalition Board Member

Trish Hoover, Coalition Board Member
Peacehealth Medical Center
Gateway Center for Human Services (Akeela)
Ketchikan Indian Community
Ketchikan Gateway Borough School District
Ketchikan Arts and Humanities Council
Ketchikan Regional Youth Facility
Regional Youth Center
Community Connections
Senior Services
Ketchikan Youth Initiatives
Alaska Legal Services

VI. Secondary Data Collection

S

Secondary data documenting the conditions in the Ketchikan Gateway Borough (KGB) concerning substance abuse, suicide, and mental health was compiled from the following sources: Ketchikan Gateway Borough School District YRBS Data, Ketchikan Gateway Borough School Climate & Connectedness Survey, Alaska BRFSS via AKDHSS Division of Public Health, Office of Public Safety Alaska State Troopers, Alaska Court System, Alaska Bureau of Vital Statistics, U.S. Census, Peacehealth Medical Center, Gateway Center for Human Services (Akeela), NAMI Alaska, Ketchikan Compass II Survey, Alaska Housing Authority: Alaska Homeless Survey (Street, Ketchikan), Alaska Department of Labor and Workforce Development, Alaska ACEs Study 2013: Ketchikan Gateway Borough, and Healthy Alaskans 2020. The data is presented in the following categories in the order as follows, substance abuse, suicide, and mental health.

VII. Substance Abuse Information & Data

In 2014, SAMHSA (Substance Abuse and Mental Health Service Administration) reported that about 21.5 million Americans ages 12 and older (8.1%) were classified with a substance use disorder in the past year. According to SAMHSA, substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major

responsibilities at work, school, or home.⁷ Consequences of substance abuse and substance use disorders can be highly detrimental to individuals, families, and communities as well as lead to a variety of other chronic diseases or unintentional injuries.

Children are particularly vulnerable to substance abuse in the home. Parental drug and alcohol abuse has been found to be one of the most likely reasons for children to enter into state care and children of drug abusing parents demonstrate more antisocial and aversive behaviors, more depressive symptoms, more anxiety, have problems developing peer relationships, and have higher rates of medical or nutritional disorders.

The annual total estimated societal cost of substance abuse in the United States is **\$510.8 billion**, with an estimated 23.5 million Americans aged 12 and older needing treatment for substance use.⁸

Secondary data on prevalence rates of substance abuse was difficult to obtain from behavioral health providers in the community. Behavioral Health providers were hesitant to disclose prevalence data, even disaggregated data, on numbers of individuals served, demographics of those individuals, substances abuse, etc. Staff was able to determine that this hesitation stemmed from difficulty and time involvement of retrieving information from AKAIMS and the understanding that the State of Alaska was involved in a lawsuit about AKAIMS data and could not release that information themselves. This knowledge led to fear about the same liabilities, despite assurances from the coalition that data would be stored, used, and handled in a sensitive and confidential manner. The entities that were not able to release any information on substance abuse were Ketchikan Indian Community's Behavioral Health Program and private practitioners.

Data on substance abuse in the KGB was collected from the Office of Public Safety, Akeela, Alaska Homeless Survey, BRFSS, and the local Youth Risk Behavioral Survey.

Substance Abuse Data Sources

Office of Public Safety: Alaska State Troopers

⁷ <http://www.samhsa.gov/disorders/substance-use>

⁸ Substance Abuse and Mental Health Services Administration. (2011)

The Office of Public Safety, reported in that the KGB between the years 2010-2014, 43.9% of the total arrests made were related to substance abuse. They also reported that during the same time frame, there were 78 stops for confirmed DUI's and 102 violent crimes committed that had drugs or alcohol involved. There were 7 offenses against minors (which could include minor in vehicle during traffic stops or investigations into child pornography in which the child was unknown) that had drugs or alcohol involved.

2010-2014

Total Arrests: 887

Arrests relating to substance abuse: 390

237 Alcohol only

128 drugs only

25 drugs and alcohol combined

Suspected DUIs: 90

Confirmed DUIs: 78

66 alcohol only

4 drugs only

8 drugs and alcohol combined

Total number of violent crimes with drugs/alcohol involved: 102

84 alcohol only

9 drugs only

9 drugs and alcohol combined

Offenses against minors: 27

7 with drugs or alcohol involved

4 with alcohol only

2 with drugs only

1 with drugs and alcohol combined

Akeela: Gateway Center for Human Services

Akeela reported for the Ketchikan Gateway Borough that in the FY 2014, they served a total of 190 Substance Abuse patients and provided 3668 bed days in the adult residential treatment center, KAR house. There were a total of 12 injection drug users seen during this period.

Total Substance Abuse Patients: 190

121 Adult outpatient
43 KAR house residential treatment patients
21 pregnant women
5 youth and families

It was reported that Akeela had been short staffed in recent months for substance abuse services but that they generally have right around 50 to 60 people at any given time in outpatient SUD services.

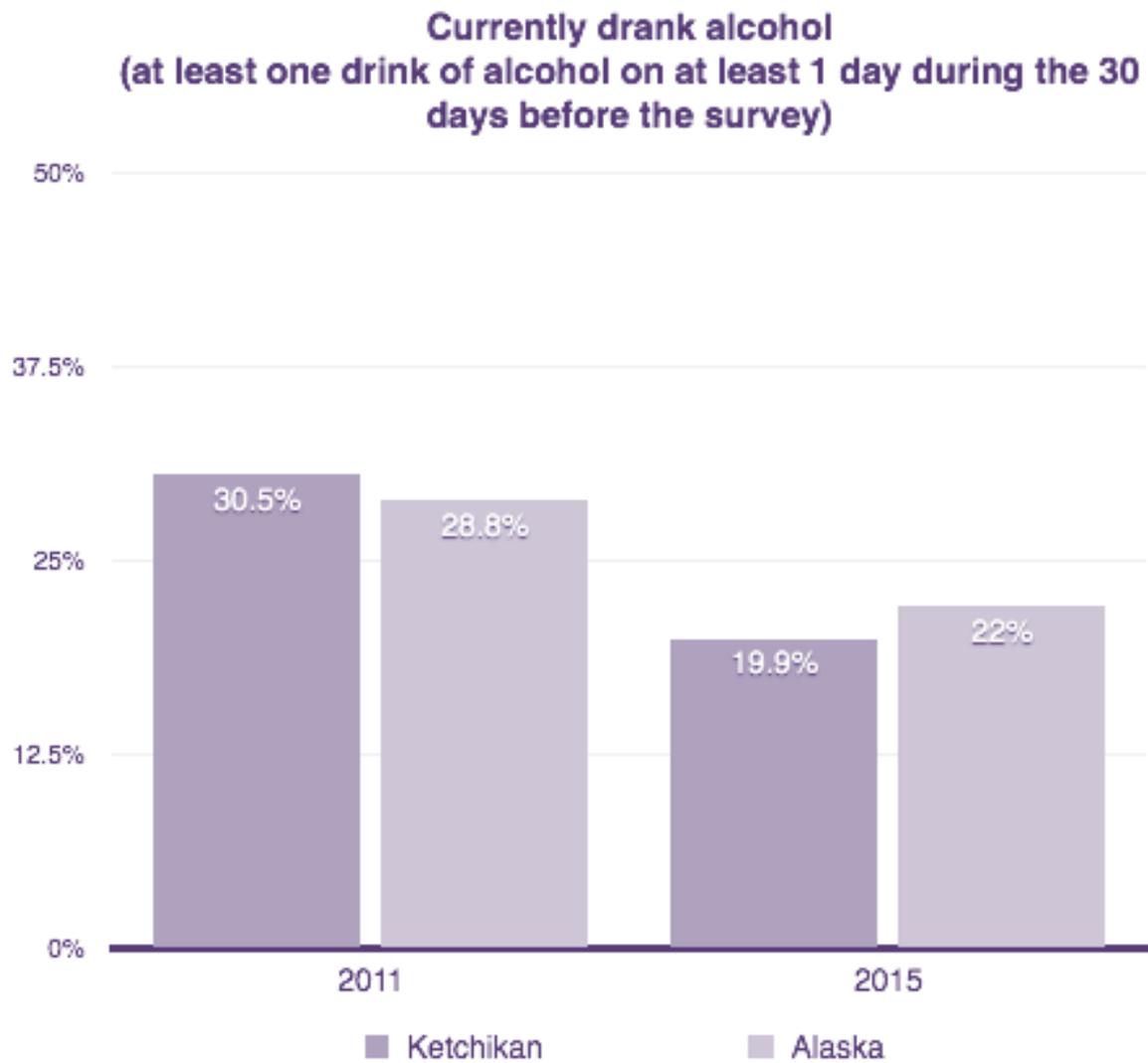
Akeela reports that typically 14 of the 15 beds are full at KAR House at all times. (They could have 15 full, as they usually have a waitlist for those services, but they try to keep a bed open for emergency cases.)

Alaska Homeless Survey: Love In Action

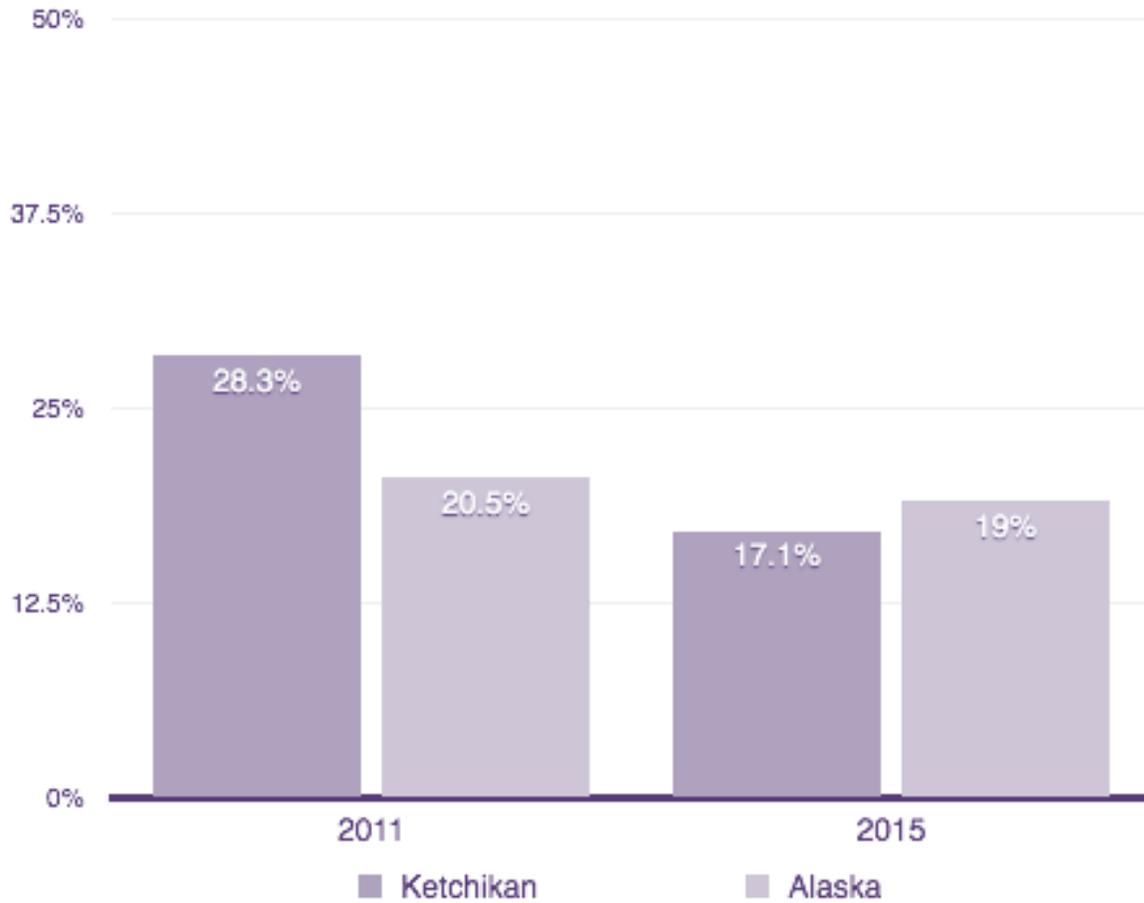
In 2013, Love In Action worked with the Alaska Housing Authority to conduct the Alaska Homeless Survey in the Ketchikan Gateway Borough. Of the 38 homeless individuals who completed the survey, 3 self-reported that they had substance abuse issues.

Total survey respondents: 38
Those self-reporting SA issues: 3
1 Female
2 Males

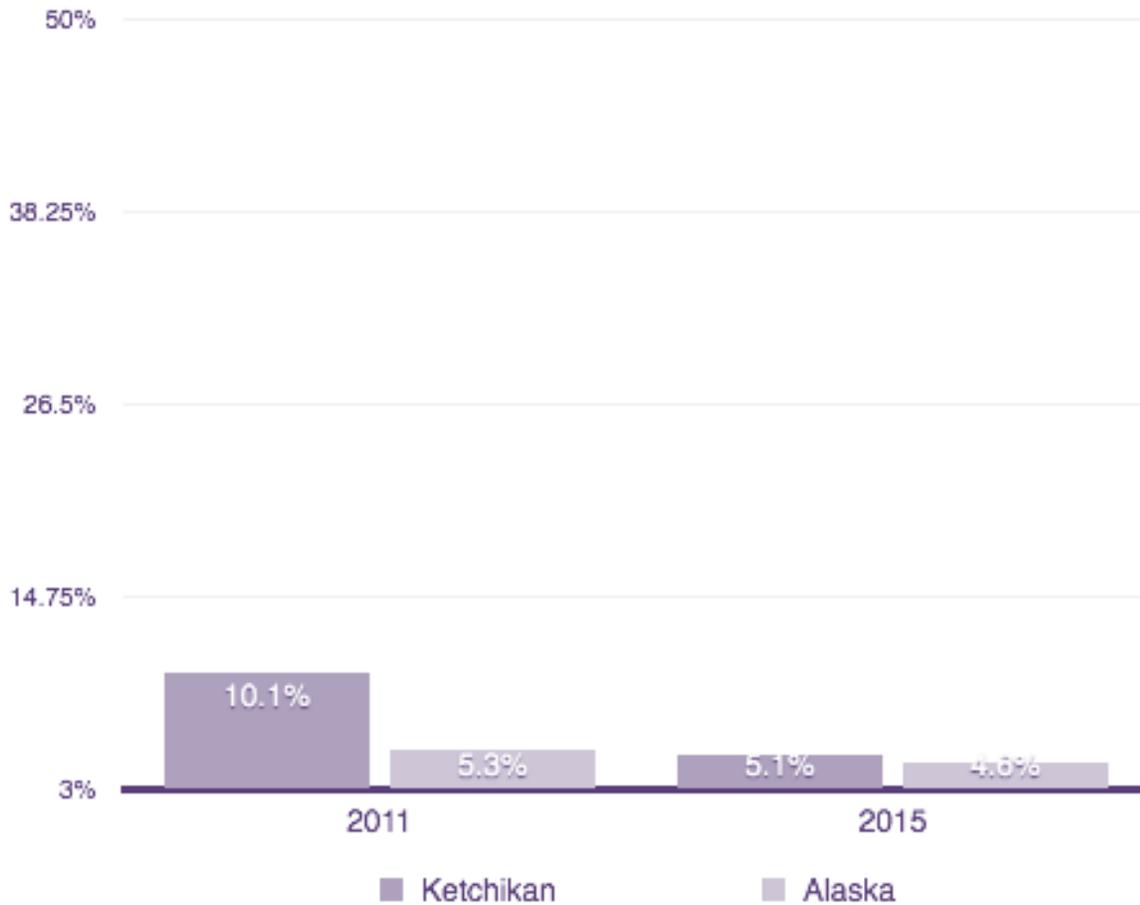
YRBS Data:



Percentage of students who had used marijuana one or more times during the past 30 days



Percentage of students who had used any form of cocaine, including powder, crack, or freebase one or more times during their life



BRFSS

Other Information

The Ketchikan Gateway Borough has no medical detox center and the nearest is located in Juneau, AK – approximately 300 miles north of Ketchikan. PeaceHealth Medical Center is often expected to take on detox patients despite not having the facilities or capacities to do so. It put their staff at and their facilities at risk. There is also no place on the island for individuals to “sleep it off” apart from the outdoors or in private residences.

VIII. Suicide Information & Data

Suicide is recognized nationally as a public health problem that has detrimental and lasting effects on individuals, families, and communities. The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes that suicide is a complex issue and that some of the causes of suicide can be a combination of things such as mental illness, substance abuse, painful losses, exposure to violence, and social isolation.⁹ To understand suicide in the Ketchikan Gateway Borough, secondary data was collected on prevalence and suicide risk and protective factors.

It is believed that suicide costs society more than \$44.6 billion a year in combined medical and work loss costs.¹⁰

Secondary data on suicide in the KGB was collected from the Office of Public Safety, PeaceHealth Medical Center, the Youth Risk Behavior Survey, The School Climate and Connectedness Survey, The Bureau of Vital Statistics, and the Alaska Native Injury Atlas. The information gathered is reported below.

Suicide Data Sources

The Office of Public Safety: Alaska State Troopers

The Office of Public Safety reported that between the years 2010-2014 they responded to 25 suicide/self-harm incidences in the KGB. (This is outside of City limits as the Ketchikan Police Department responds to incidences within the City limits.)

Total Suicide Self Harm Incidences Responded to: 25
15 had no drugs or alcohol involved
10 Had drugs or alcohol involved.

PeaceHealth Medical Center

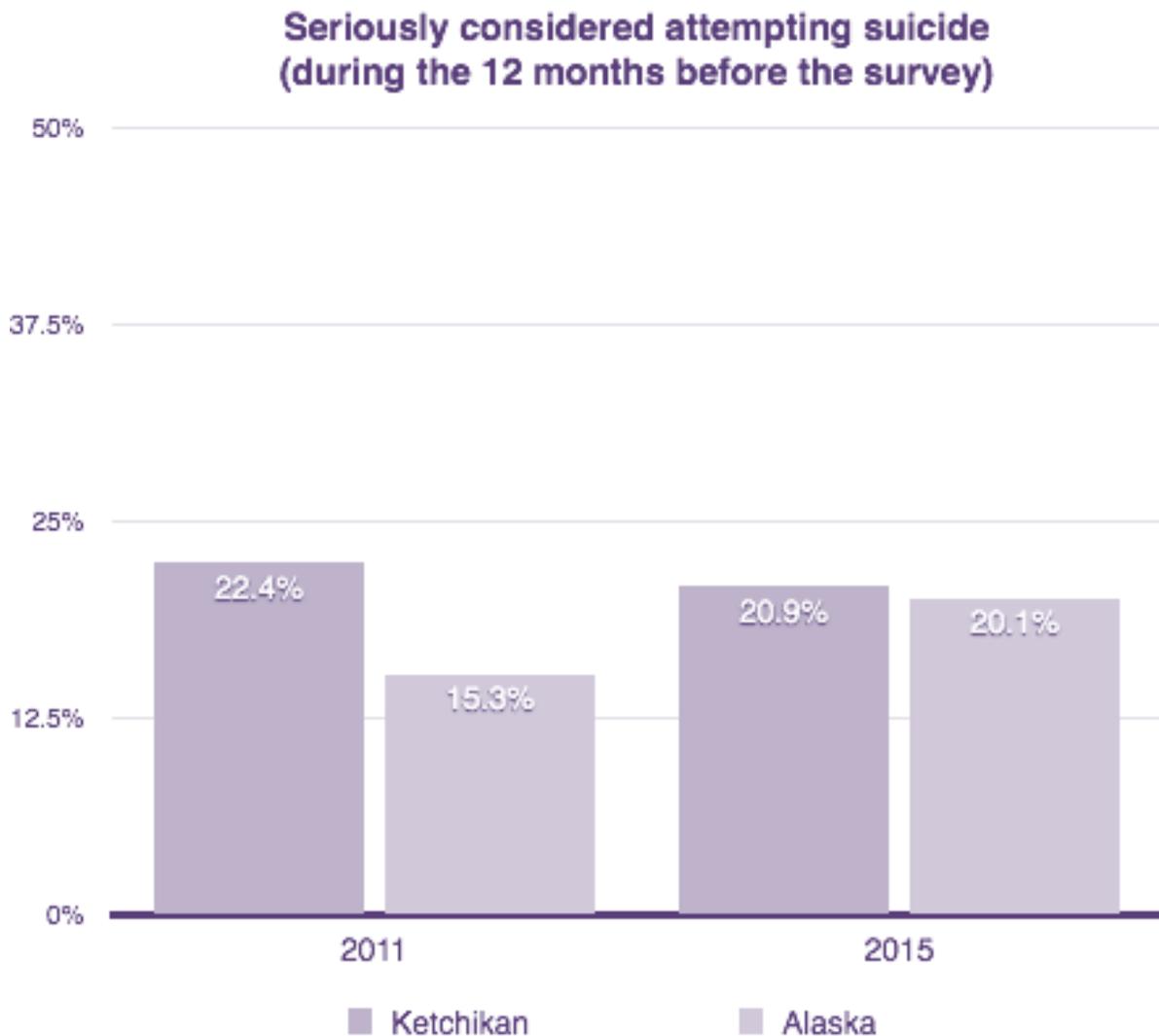
⁹ <http://www.samhsa.gov/suicide-prevention>

¹⁰ CDC 2012

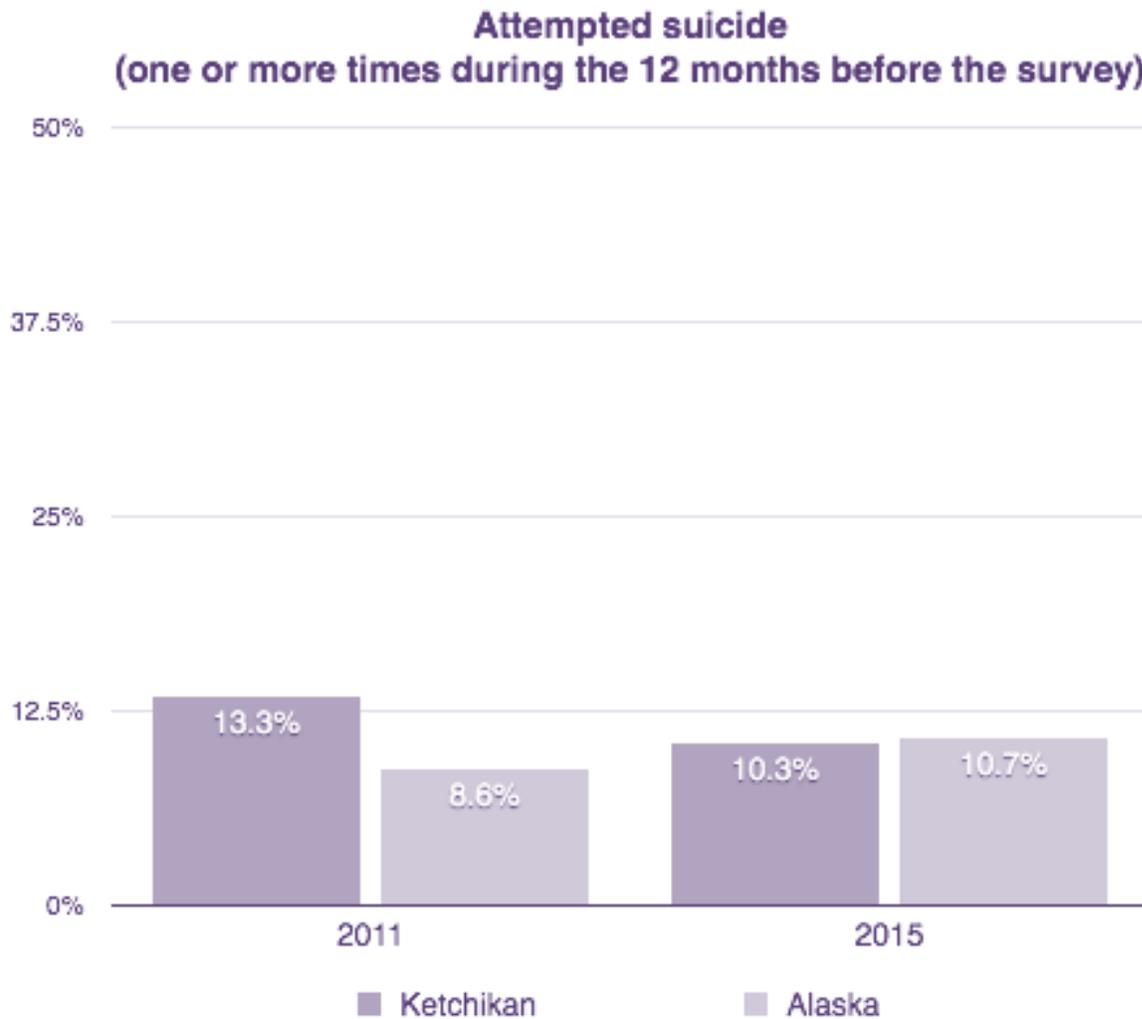
PeaceHealth Medical Center is the primary care facility in the KGB, it is the home to the only Emergency Room (ER) in our area. They reported a total of 484 Title 47 holds between the years 2010-2014. Title 47 holds are incidences when an individual is deemed to be a danger to themselves, others, or are at risk of harm if released.

Youth Risk Behavior Survey

The data indicated in the bar graphs below was collected from traditional high school populations. YRBS data from the KGB in 2013 did not have a high enough response rate to be included in the comparisons.

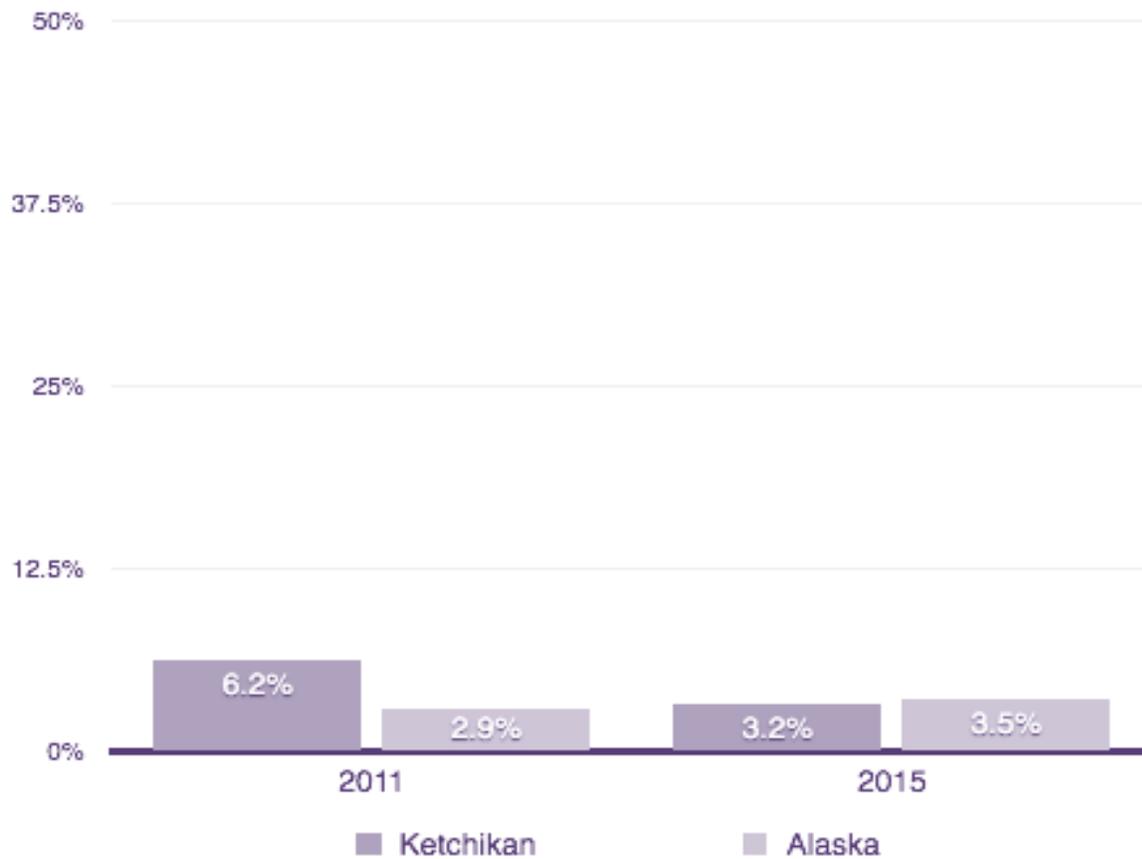


The data reveals that in traditional high schools in the KGB, suicide ideation has declined slightly in the past 4 years, while on the state level it has increased at an even higher percentage rate. Ketchikan and the State of Alaska both report higher rates of suicide ideation than the national average of 15.8% for traditional high school students in 2011 (2015 national YRBS data was not yet available).



The trend as seen in suicide ideation continues in suicide attempts within the KGB as traditional high school students report having a slightly lower rate in 2015 than in 2011 and the State of Alaska average had a slight increase between these same years. Both Ketchikan and Alaska had higher rates than the national average for 2011 which was reported at 7.8% (2015 national YRBS data was not yet available).

Attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)



Bureau of Vital Statistics

The Bureau of Vital Statistics released information on the numbers of completed suicides in the KGB. It was broken down by race/ethnicity and age. Please note that there is an overlap in the years reported. This was due to the small sample and need for anonymity.

Years	Total	Race & Age	Race & Age	Notes
2006-2010	Total Suicides: 17	White total: 15 Ages 15-24: 5 25-34: 3 35-44: 2 45-54: 2 55-64: 1 65-74: 1 75-84: 1	Native total: 2 Ages 15-24: 2	No other race had a reported suicide in Ketchikan during this time frame. Percent per race population in KGB: White: .16% Native: .11%
2009-2013	Total Suicides: 19	White total: 16 Ages 15-24: 3 25-34: 2 35-44: 3 45-54: 4 55-64: 1 65-74: 2 75-84: 1	Native total: 3 Ages 15-24: 2 35-44: 1	No other race had a reported suicide in Ketchikan during this time frame. Percent per race population in KGB: White: .17% Native: .16%

It is interesting to note that unlike other areas in the State of Alaska, where Alaska Native populations experience a higher rate of suicide than other racial/ethnic groups, the Ketchikan Gateway Borough rates of suicide among Alaska Native people was comparable to, or slightly less than, other racial/ethnic groups in the community. This is based upon the data provided by the Bureau of Vital Statistics and the census data on racial composition in the KGB.

IX. Mental Health Information & Data

In 2014, SAMHSA's National Survey on Drug Use and Health estimated that 43.6 million (18.1%) Americans ages 18 and up experienced some form of mental illness¹¹ and the World Health Organization reported that 1 in 4 people experience mental disorders placing mental disorders among the leading causes of ill-health and disability worldwide.¹²

Mental, emotional, and behavioral disorders among youth cost **\$247** billion annually in mental health and health services, lost productivity, and crime.¹³

Mental Health Data Sources

The Office of Public Safety: Alaska State Troopers

The Office Of Public Safety, reported in that the KGB between the years 2010-2014, there were a total of 27 mental health transports and 14.8%, or 4, of the transports had drugs or alcohol involved and the majority at 62.9%, were confirmed not to have substances involved.

2010-2014

Total Mental Health Transports: 27
Alcohol involved: 3
Drugs involved: 1
No drugs or alcohol Involved: 17
Unknown if drugs of alcohol involved: 6

Akeela

¹¹ Retrieved 04-18-16 from: <http://www.samhsa.gov/data> HHS Publication No. SMA 15-4927, NSDUH Series H-50). Page 28.

¹² http://www.who.int/whr/2001/media_centre/press_release/en/

¹³ (The National Research Council and the Institute of Medicine of the National Academies 2009)

Gateway/Akeela reported on total numbers served in each mental health program. It was shared that the majority of those not SED or SMI were referred out to other providers.

July 2013-June 2014

Total Mental Health Patients Served: 279

60 SED Youth
38 Youth other than SED
168 SMI Adults
13 Adults other than SMI

Screened Positive for Traumatic Brain Injury (TMI): 112

July 2014-June 2015

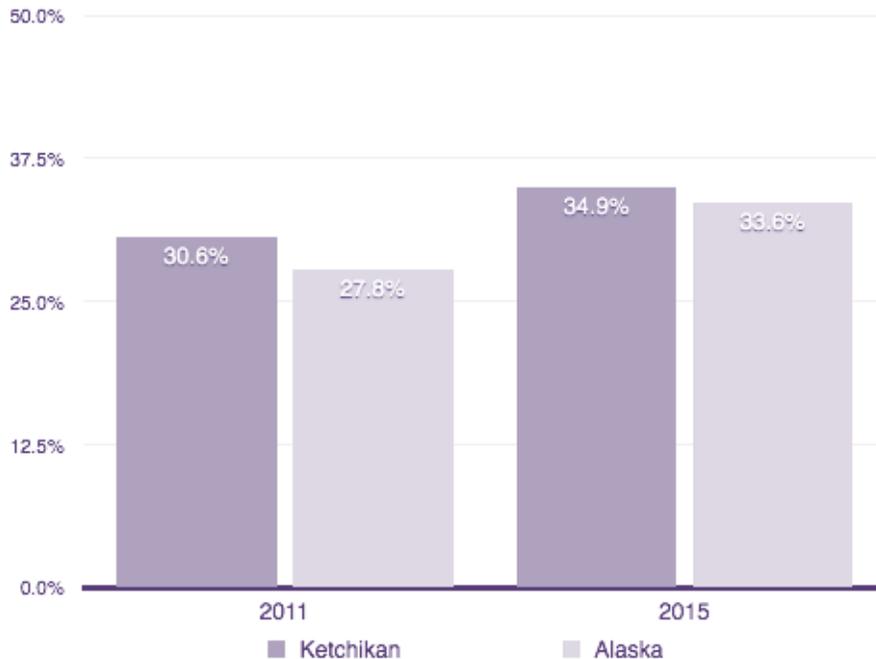
Total Mental Health Patients Served: 245

67 SED Youth
14 Youth other than SED
154 SMI Adults
10 Adults other than SMI

Screened Positive for Traumatic Brain Injury (TMI): 71

YRBS

Felt sad or hopeless (almost everyday for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey)



Behavioral Risk Factor Surveillance System

These data have been provided in 3-year averages (2012-2014) to ensure a large enough sample size for breakdowns by the aforementioned subcategories. Below are definitions for each indicator.¹⁴

POOR MENTAL HEALTH DAYS (MEAN)

Weighted mean number of days reported by adults aged 18 years and older on the Behavioral Risk Factor Surveillance System (BRFSS) to the question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

EVER TOLD HAD A DEPRESSIVE DISORDER

The percentage of adults (18 years of age and older) who have ever been told by a health professional that they have a depressive disorder.

FREQUENT MENTAL DISTRESS

The percentage of adults (18 years of age and older) experiencing "Frequent Mental Distress," defined as answering 6 days or more to the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your

¹⁴ Data supplied by Aulasa Liendo, MA, MPH, BRFSS Coordinator, Section of Chronic Disease Prevention and Health Promotion, Division of Public Health, Alaska Department of Health and Social Services

mental health not good?"

POOR MENTAL HEALTH DAYS (MEAN)						
KETCHIKAN GATEWAY BOROUGH COMPARISON 2012-2014			Estimate	95% Confidence Interval		Unweighted Count
				Lower	Upper	
KETCHIKAN GATEWAY BOROUGH	Mean	NUMBER OF DAYS MENTAL HEALTH NOT GOOD (RECODED)	3.6464	2.6283	4.6645	369
SOUTHEAST REGION (OTHER THAN KGB)	Mean	NUMBER OF DAYS MENTAL HEALTH NOT GOOD (RECODED)	3.3269	2.7919	3.8618	1569
REMAINDER OF ALASKA	Mean	NUMBER OF DAYS MENTAL HEALTH NOT GOOD (RECODED)	3.0276	2.8375	3.2177	11113

EVER TOLD HAD A DEPRESSIVE DISORDER							
EVER TOLD HAD A DEPRESSIVE DISORDER			KETCHIKAN GATEWAY BOROUGH COMPARISON 2012-2014				
			KETCHIKAN GATEWAY BOROUGH	SOUTHEAST REGION (OTHER THAN KGB)	REMAINDER OF ALASKA	Total	
YES	% within KETCHIKAN GATEWAY BOROUGH COMPARISON 2012-2014	Estimate	18.8%	17.4%	16.4%	16.5%	
		95% Confidence Interval	Lower	14.2%	15.0%	15.4%	15.6%
		Upper	24.4%	20.1%	17.4%	17.4%	
		Unweighted Count	79	277	1893	2249	
NO	% within KETCHIKAN GATEWAY BOROUGH COMPARISON 2012-2014	Estimate	81.2%	82.6%	83.6%	83.5%	
		95% Confidence Interval	Lower	75.6%	79.9%	82.6%	82.6%
		Upper	85.8%	85.0%	84.6%	84.4%	
		Unweighted Count	293	1314	9391	10998	
Total	% within KETCHIKAN GATEWAY BOROUGH COMPARISON 2012-2014	Estimate	100.0%	100.0%	100.0%	100.0%	
		95% Confidence Interval	Lower	100.0%	100.0%	100.0%	100.0%
		Upper	100.0%	100.0%	100.0%	100.0%	
		Unweighted Count	372	1591	11284	13247	

Ketchikan Wellness Coalition

Behavioral Health Community Needs Assessment

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good for 14+ days.	
	Ketchikan
2011	20.10%
2012	16.30%

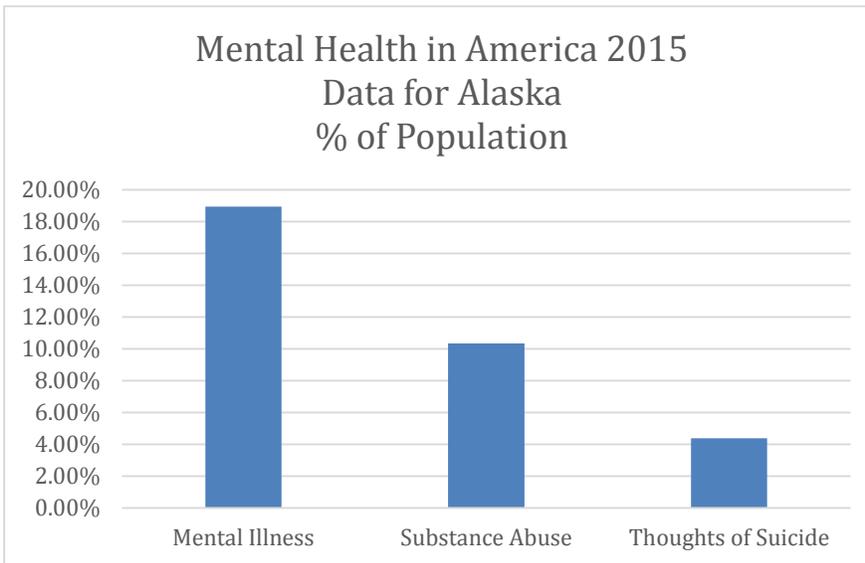
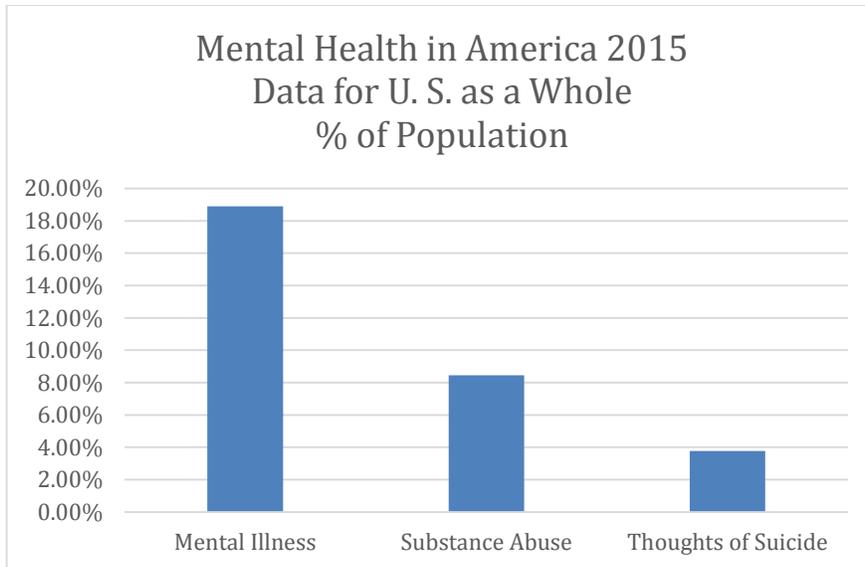
Other Information

The since April 2011, the Ketchikan Gateway Borough has been a nationally designated Health Provider Shortage Area (HPSA) in regards to Mental Health. Our designation is considered “HPSA Geographic High Needs” and we have a HPSA score of 18 for Mental Health – the highest possible score is 26. Scores are based upon four criteria: Population-to-Primary Care Physician Ratio, Percent of the Population with Incomes below 100% of the Poverty level, Infant Mortality Rate or Low Birth Weight Rate (whichever scores more highly), and Travel Time or Distance to nearest available source of care (whichever scores more highly).

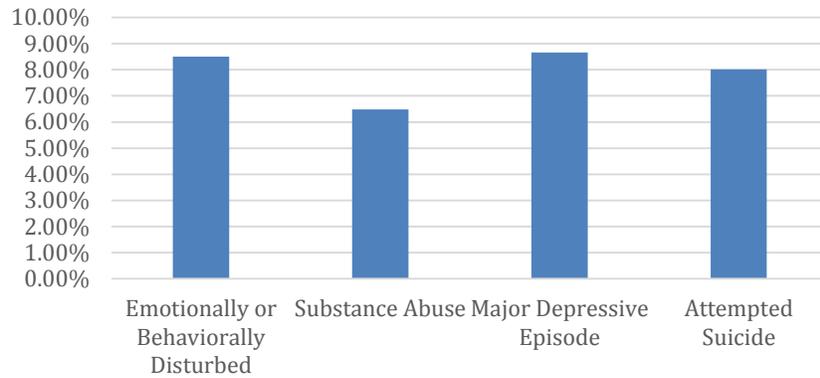
Mental Health America

Mental Health America is an organization that has produced extensive data comparing and ranking states on their incidence of mental health issues and how well they care for people with these conditions. The Mental Health America report, “Parity or Disparity: The State of Mental Health in America 2015,” appears on the Alaska DPHSS website.¹⁵ The following charts represent data from this report.

¹⁵ <http://dhss.alaska.gov/dbh/Documents/Parity%20or%20Disparity%202015%20Report.pdf>



Mental Health in America 2015
Child and Youth Data For U. S.
% of Population



Other Contributing Information & Data

Bullying

The CDC reports that “Youth who report frequently bullying others and youth who report being frequently bullied are at increased risk for suicide-related behavior.”¹⁶ Crisis Trends for the Crisis Textline reports that Alaska ranks as the sixth highest state nationally where individuals are utilizing the Crisis Text line to report and seek help with bullying. Bullying rates in our local area in comparison to State and National levels are indicated in the charts below.

YRBS Data		
Percentage of students who had been bullied on school property during the past 12 months	2011	2015
Ketchikan	25.9%	
Alaska	24.4%	22.8%
US	20.1%	Not Available
Percentage of students who were electronically bullied during the past 12 months	2011	2015
Ketchikan	19.5%	
Alaska	16.9%	17.7%
US	16.2%	Not Available

¹⁶ <http://www.cdc.gov/violenceprevention/pdf/bullying-suicide-translation-final-a.pdf>

X. Primary Data Collection

Community Survey

Process

The KWC's Behavioral Health task force decided early in 2015 that they would like to conduct a community survey to gather further information about the behavioral health conditions in the Ketchikan Gateway Borough. To begin the process, the KWC contracted with ELE Consulting and Jonathan Wunrow to provide technical assistance and guidance through the survey process as well as a two day training on data and evaluation.

The data and evaluation training for coalition members was completed in January 2015. KWC grant staff worked with the contractors for the remainder of the fiscal year to determine sample size, mode of sampling, and method for implementing the survey.

Discussion took place over the course of several months on the best possible way to implement the survey, what the focus population would be, and how the sample would be derived. It was decided that ethically, and legally, we could not survey youth under the age of 18 and that the process for getting legal and ethical clearance was beyond our means. The focus population became adults in the KGB. It was decided by the behavioral health task force that a telephonic survey was the option most suited to our needs and abilities.

During this same time, the Behavioral Health task force and grant staff worked to create the survey instrument to be implemented within the community. Expertise was sought from our consultants, local university professors, and professionals in the behavioral health arena. Drafts were written, refined, and re-written. The final draft was approved by the Behavioral Health task force in June 2015.

To do a telephonic survey, a complete list of all adult residents living in the Ketchikan Gateway Borough boundaries was needed to derive an accurate sample. After some trial and error, exploration of the voter registration lists, inquiries at the local newspaper and utilities providers, it was discovered that such a list did not exist locally. It was determined that most accurate list would be from the Alaska Permanent Fund Division. A list of phone

numbers from all adult residents residing in the zip codes associated with the Ketchikan Gateway Borough who filed for a PFD the year previously was generated with the help of the Division of Behavioral Health. These phone numbers had no names or personal information affiliated, but were confirmed to be only adult residents. The list generated had nearly 10,000 phone numbers for the KGB (US Census reported in 2010 that there were 10,405 adult residents of the KGB). It was recognized that there were some gaps in the list those who had been convicted of a felony, those who didn't file, had just moved into the community, etc.

XI. Community Survey Results

Demographic Information

Gender	
Female	58.6%
Male	37.3%
Declined	4%

Racial Demographic Information of Survey Respondents	
White	74.6%
American Indian and Alaska Native	10.6%
Filipino	4%
Multi-Racial	2.6%
Other	2.6%
Declined	5.3%

Age of Survey Respondents	
18-25	6.6%
26-35	9.3%
36-45	13.3%
46-55	18.6%
56-65	25.3%
66-75	16%
76-85	6.6%
86+	0%
Declined	4%

Children In the Home	
Yes	37.3%
No	62.6%

Owned Or Rented	
Owned	73.3%
Rented	26.6%

Average Household Size	2.73
------------------------	------

Where you do you live?	
Lived Within Ketchikan City Limits	54.6%
Lived in the Borough Outside City Limits	45.3%

Notes: The demographic information collected from survey respondents, shows that although not an exact match, our survey respondents were fairly representative of the Ketchikan community. The biggest data gaps are highlighted below:

Racial Demographics:

White:
Survey: 74.6%
Census: 68.1%

We also did not ask about Hispanic or Latino descent.

Age Demographics:

The difference in age demographics between the Survey Responses and US Census data was seen primarily in populations 55+.

Survey:
56-65: 25.3%
66-75: 16%
76-85: 6.6%

Census:
55-64: 14.1%
65-74: 6.1%
75-84: 2.7%

Kids in Home/Family Households

Es

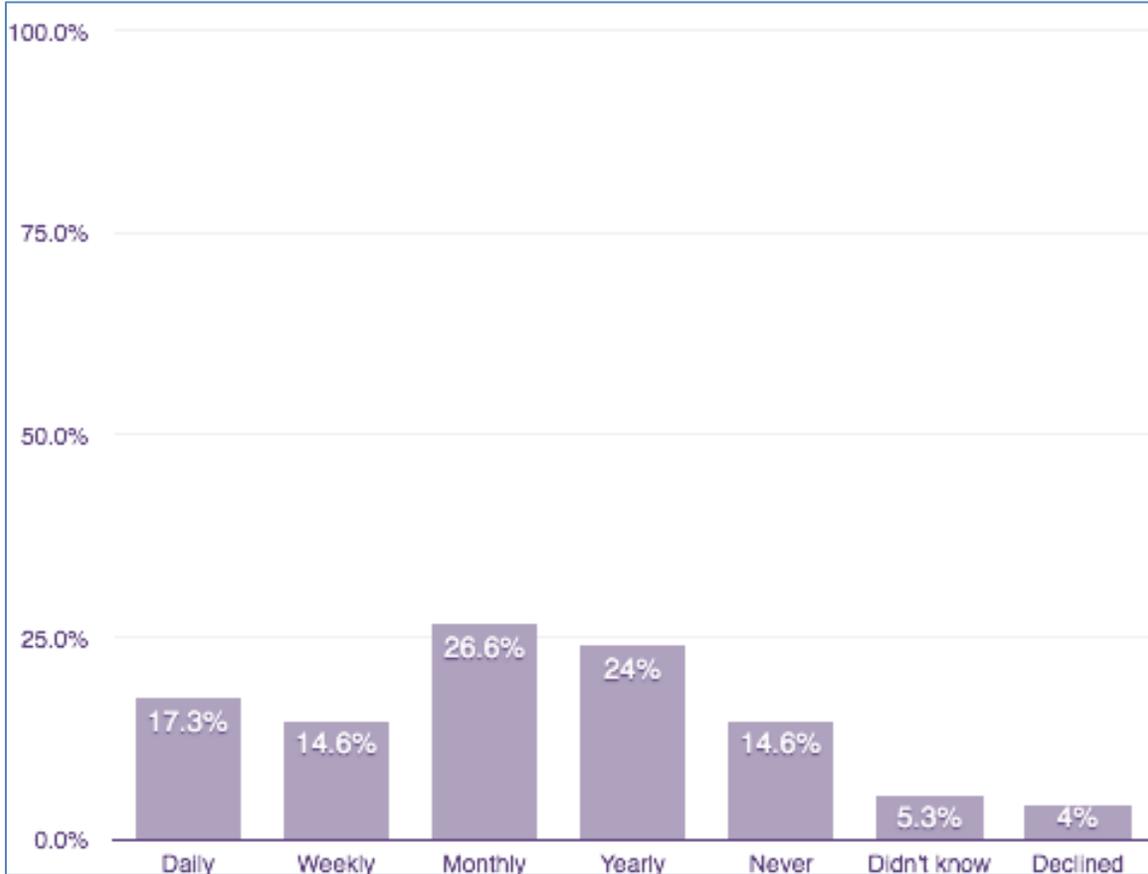
Marital Status	
Married	62.6%
Divorced	6.6%
Widowed	10.6%
Separated	0%
Single	12%
Member of Unmarried Couple	4%
Declined	4%

Economic Status Growing Up	
Poor	18.6%
Middle Class	64%
Upper Middle Class	8%
Wealthy	1.3%
Unsure	2.6%
Declined	5.3%

Education Level	
Less than high school	4%
High School/GED	18.6%
Some College	36%
Trade School	9%
Bachelors Degree	17.3%
More than a Bachelors Degree	5.3%
Other	1.3%
Declined	6.7%

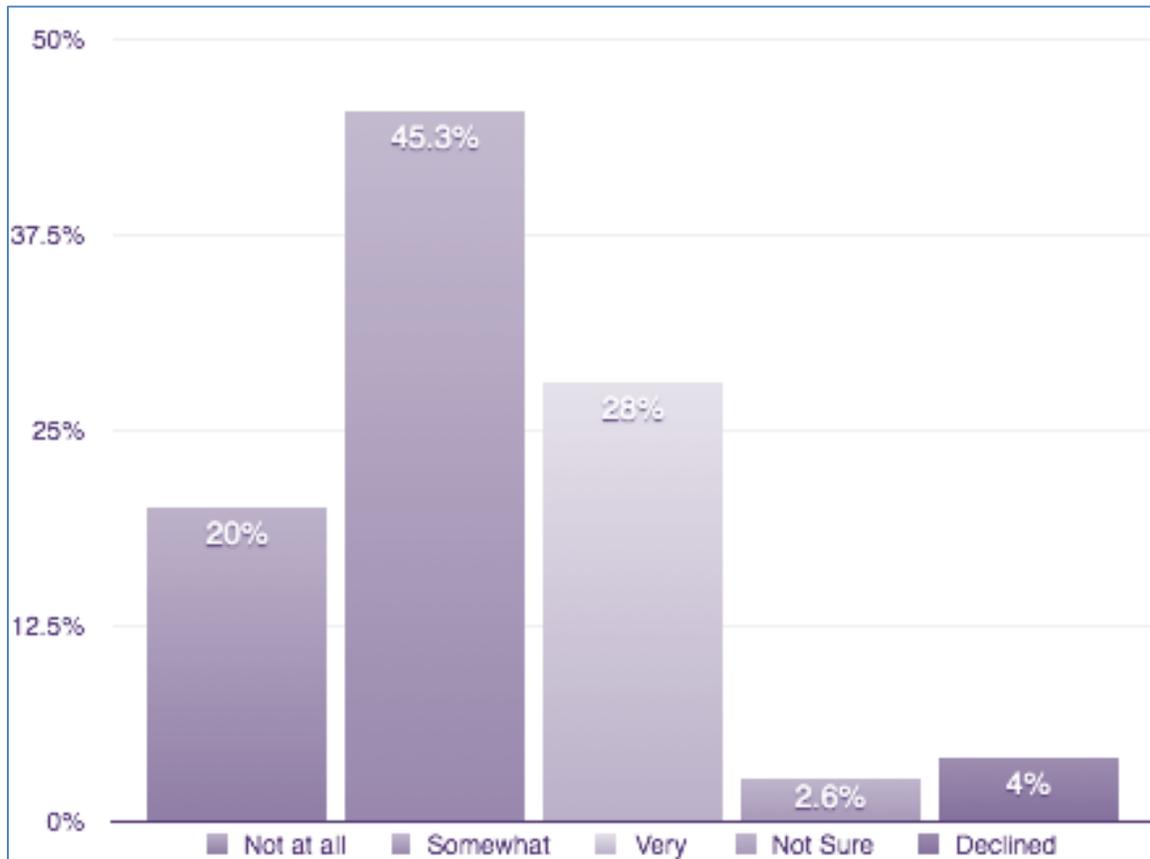
Questionnaire Results

How often do you experience mental or emotional difficulty, which may include stress, depression, anxiety, pass trauma, or problems with your emotions?



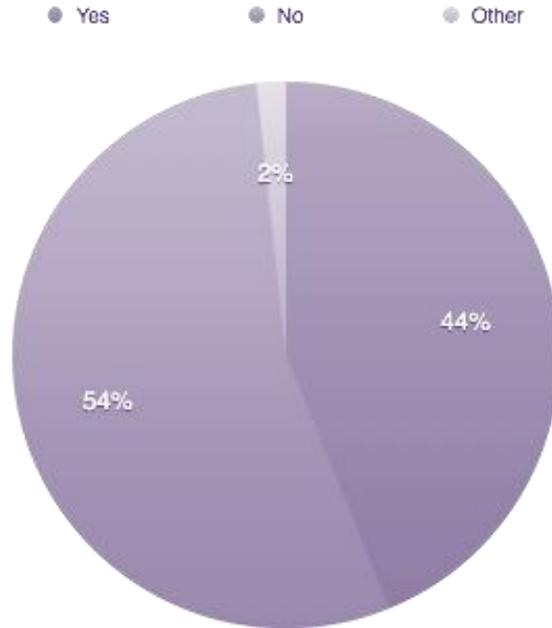
17.3% experienced mental or emotional difficulty daily
14.6% experienced mental or emotional difficulty weekly
32% experience mental or emotional difficulty a few times a week <i>or more</i>
26.6% experience mental or emotional difficulty a few times monthly
24% experienced mental or emotional difficulty a few times a year
14.6% never experienced mental or emotional difficulty
5.3% didn't know if they experienced mental or emotional difficulty
4% declined to respond

How familiar are you with the services that support you during mental or emotional difficulties in your community?

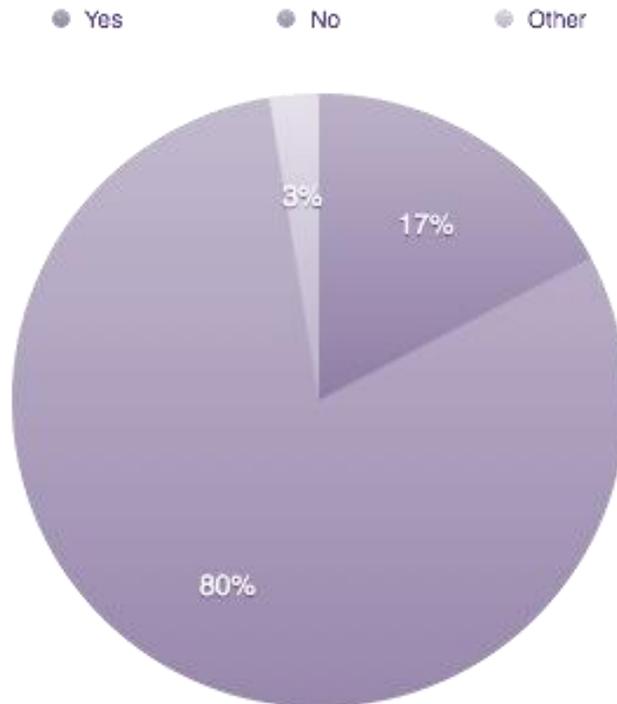


20% not at all familiar with the services that support you during mental or emotional difficulty.
45.3% felt somewhat familiar services that support you during mental or emotional difficulty.
28% felt very familiar with the services that support you during mental or emotional difficulty.
2.6% weren't sure
4% declined to respond

As an adult, have you ever received professional counseling or therapy services related to mental or emotional well-being?

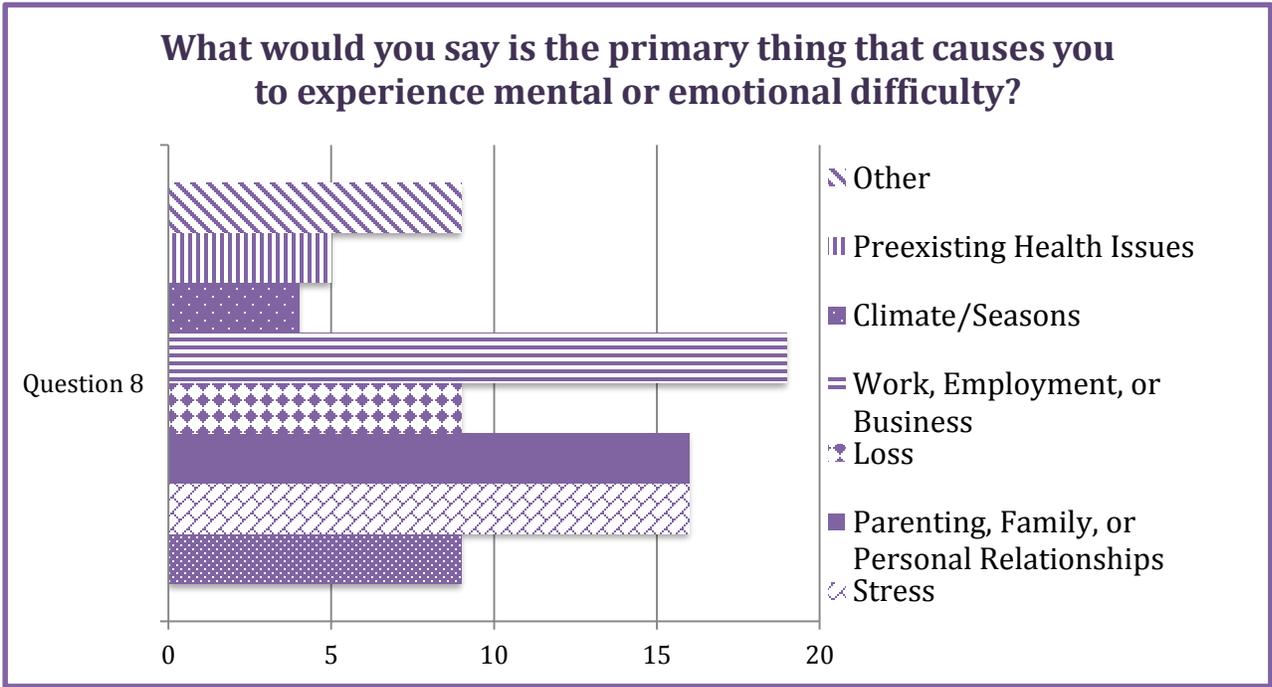


Before the age of 18 did you ever received professional counseling or therapy services related to mental or emotional well-being?

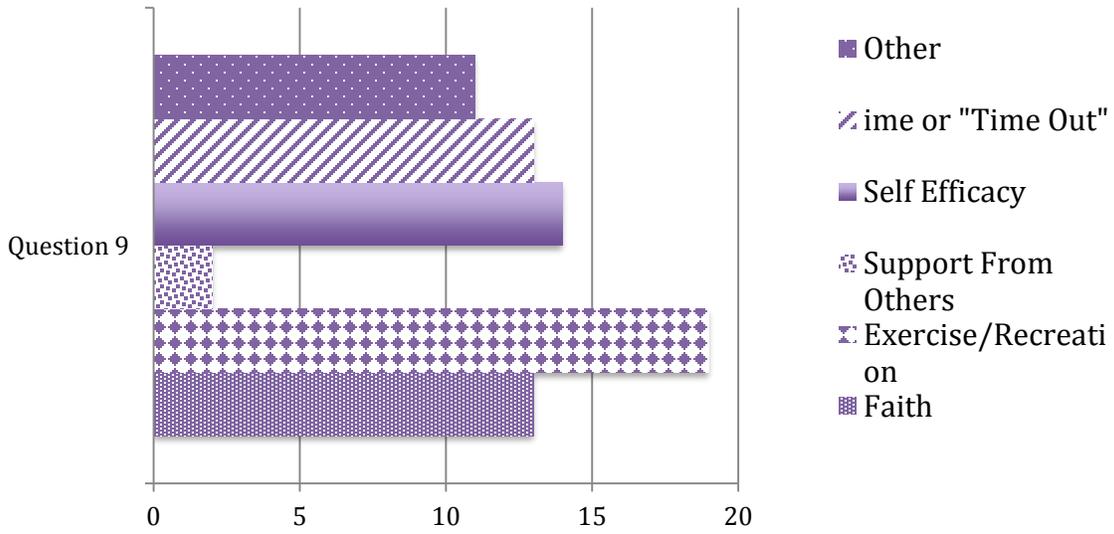


If replied YES to experiencing mental or emotional difficulty a <i>few times weekly or more.</i>		
	YES	NO
As an adult received professional counseling or therapy related to mental or emotional well-being.	62.5%	37.5%
Before age 18, received professional counseling or therapy related to mental or emotional well-being.	12.5%	87.5%
Notes: Of those adults who experience regular mental or emotional difficulty, few of them had ever received professional counseling or therapy before the age of 18.		

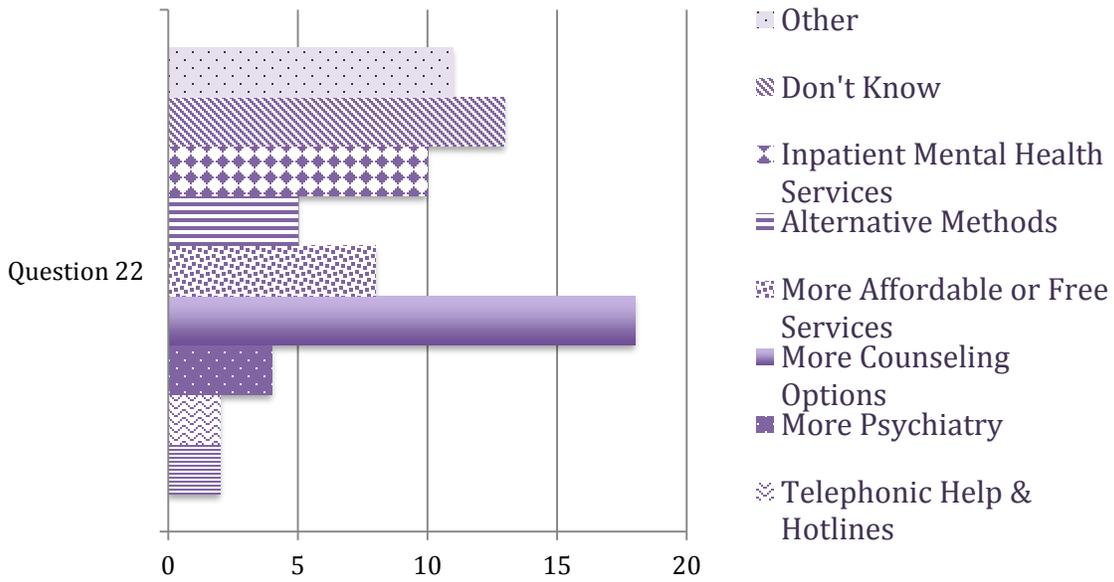
If reported YES to experiencing mental or emotional difficulty a <i>few times monthly or less</i>		
	YES	NO
As an adult received professional counseling or therapy related to mental or emotional well-being.	32.7%	67.3%
Before age 18, received professional counseling or therapy related to mental or emotional well-being.	20.4%	79.6%
Notes: Of those adults who reported experiencing mental or emotional difficulty less often, a higher percentage had received professional counseling or therapy for mental or emotional difficulty before the age of 18. They also reported lower level of attending counseling or therapy services for mental or emotional difficulty as adults.		

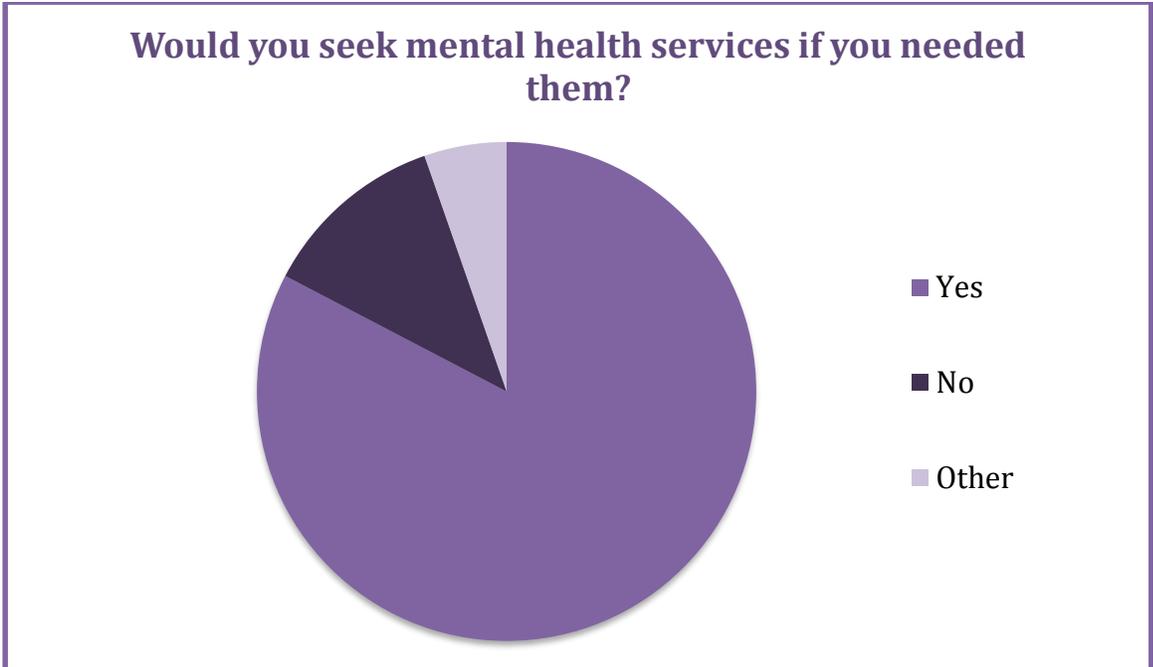


If/When you experience mental or emotional difficulty, what helps you cope?



What Programs or services do you wish were available for people who are experiencing mental or emotional difficulty?

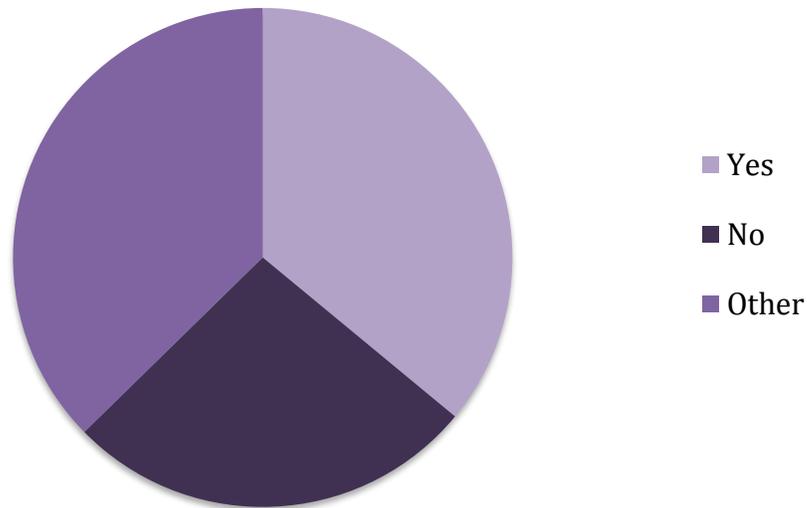




If responded “no” or “other”, why or why not.

- Not sure
- Never will need it
- In this town with a he/she probably not
- Don't have a great view of mental health in Ketchikan
- I'd find another way
- I have never felt like I needed them
- Don't know about services
- Can't say
- Depends on where they come from
- I don't necessarily need it. I try to figure things out on my own. Maybe it's confidentiality. People see you walking in and out of places.

Do you think other adults in Ketchikan would seek mental health services if they needed them?



If responded “no” or “other”, why or why not.

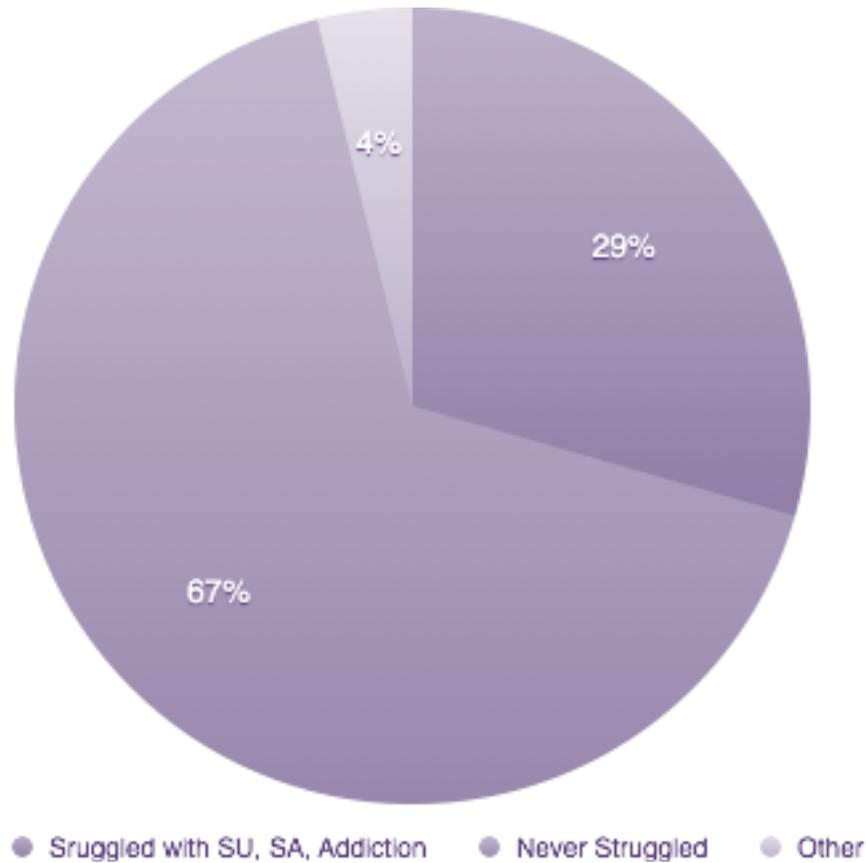
- Financial; stigma; small town
- People are not as understanding
- A lot cope with drugs/alcohol
- They just won't go
- People are too proud
- Depends on the person. In our society we don't like mental illness.
- No system for people without money. People can't afford it
- Most people don't think they have problems when they do.
- Don't know.
- Only a few people would seek services, a small percentage, though most people would not. People can't afford it or don't have time.
- Some people may not realize they need help or may not know where to go.
- There's a lot that don't seek services because they are not thinking correctly. They don't see themselves as needing help.
- Don't know how to reach out.
- Some people feel they're going to get through it and they don't need help.
- Reserved, self-enclosed, wouldn't risk it.
- The perceived stigma – someone might find out. It might affect job prospects.
- Environment and people they surround themselves with wouldn't encourage them to seek help.
- I think the majority of them seek other ways to deal with it such as alcohol or recreational drugs.
- When people get depressed, mentally, they're scared to seek help or “show” weakness.
- There's a stigma to go to Gateway or a psychiatrist.

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- Stubbornness or unable to identify the problem.
- It doesn't occur to them that it is an option or would be helpful.
- Because they don't realize they need help.
- That's up to the individual person.
- Because of shame or money. Some job applications ask and they may not hire you if you said you had.
- Stigma. Not wanting help.
- Stigmas. A lot more awareness. Lessening the stigma.
- Depends on where they come from.
- Ketchikan is private; keep things to yourself.
- Self-awareness of conditions. Stigma for seeking help.
- Depends on the person.
- Seeking help would be seen as a "weakness". "People are supposed to handle things" is the perception.
- Discomfort of being in such a small town – no privacy.
- Fear of having done something wrong or being seen as weak. Insecure that something terrible might come out.
- People are too proud.
- Personality
- People keep to themselves.
- Still a stigma.
- No confidentiality.

Have you ever struggled, or are you currently struggling with:

- Substance Use,
- Substance Abuse,
- Substance Addiction or
- Never Struggled with these things



For those that reported having struggled with substance use, abuse or addiction, 82.6% provided info on the substances they struggled with or were struggling with.

Substances reported:

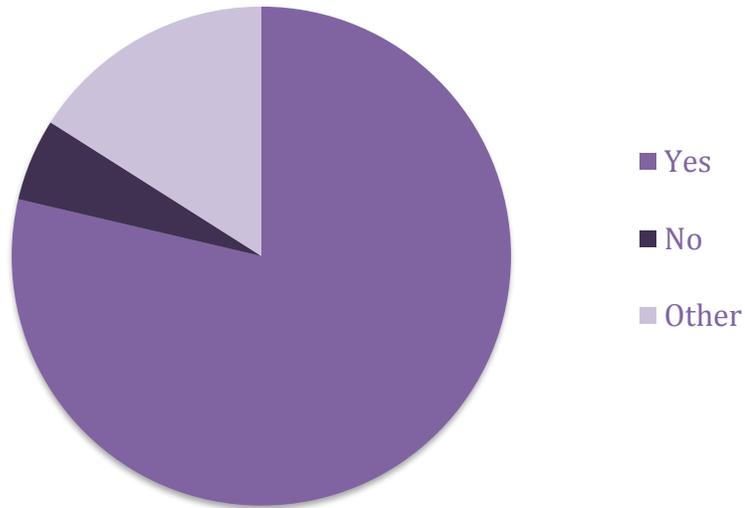
Alcohol	Fentanyl
Cocaine	Speed
Marijuana	LSD
Nicotine	Methamphetamines
Pills	Crack

Notes: Alcohol was the most widely reported substance, 63% of those who provided information on the substances they struggled with mentioned alcohol as the sole substance, or one of the substances. The data also indicates that 1/3 of the survey respondents had had substance use, abuse, or addiction directly affect their lives.

What would you say is the primary reason you struggle or have struggled with substances?

- Daily Stress; no tools to cope.
- Depression; no father; mom beat me up; failed marriage; working three jobs.
- Trying to deal with stuff going on in my life.
- Socializing – having a good time.
- Don't have a lot of self-worth. Raised in a family where there was a lot of abuse. I was trying to forget about it.
- Being young and curious.
- Tried it as a kid...family intervened.
- I have genetic addiction – no healthy limit on intake.
- Drank in high school – seemed like the only thing to do. Influence of peers.
- No will power.
- Bone pain.
- I don't really know.
- Cannot connect with people. Lack of connection to God. Other means to cope, numb, not feel pain.
- I was a party girl, but that passed.
- Social thing to do as a young adult. Groups I belonged to were all into drinking. Away from my family, just what couples did in the Coast Guard setting. Loneliness. Second husband in clubs that had a lot of drinking.
- Girlfriend liked the drugs.

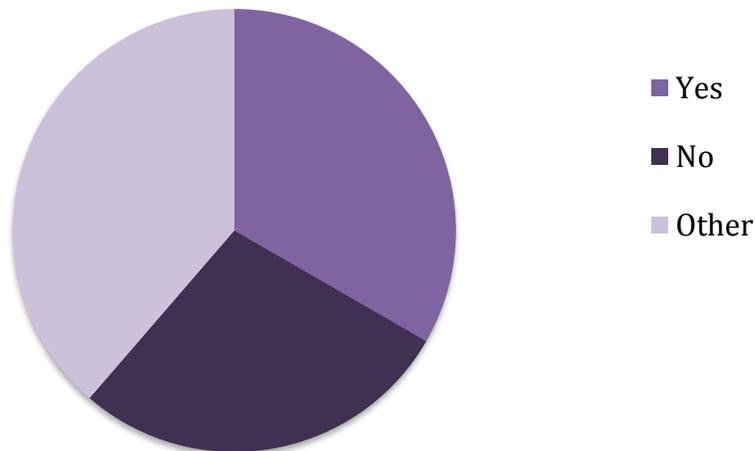
Would you seek services if you were struggling with substances?



If responded “no” or “other”, why or why not.

- More independent. I don't ask for help
- Because I can't see myself ever struggling with substances.
- Don't know.
- Most alcoholics or drug abusers would not seek treatment. They only would under pressure by family, work, or court order.
- Not with a he/she.
- I'd talk to my nurse or doctor.
- Until I would be forced into treatment, I wouldn't go.
- It depends on where you are in your life to ask for help.

Do you think other adults in Ketchikan would seek services if they were struggling with substances?

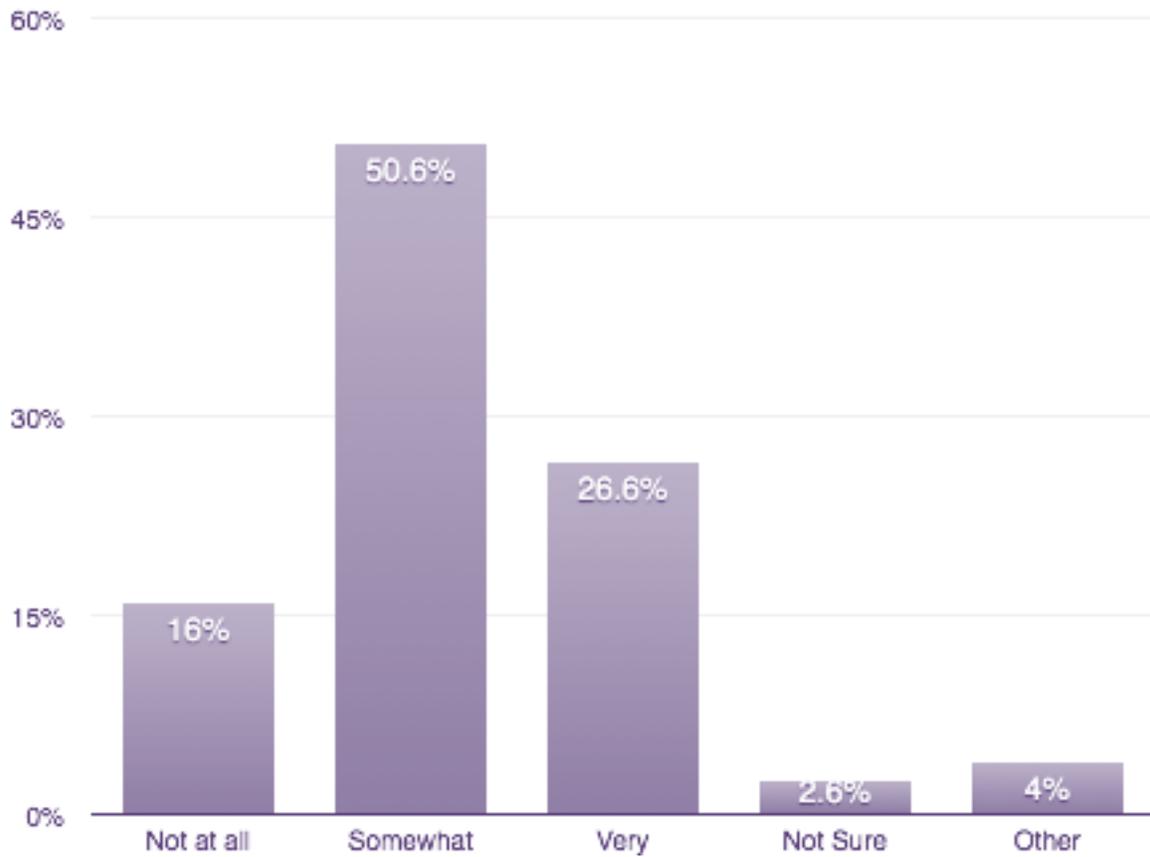


If responded “no” or “other”, why or why not.

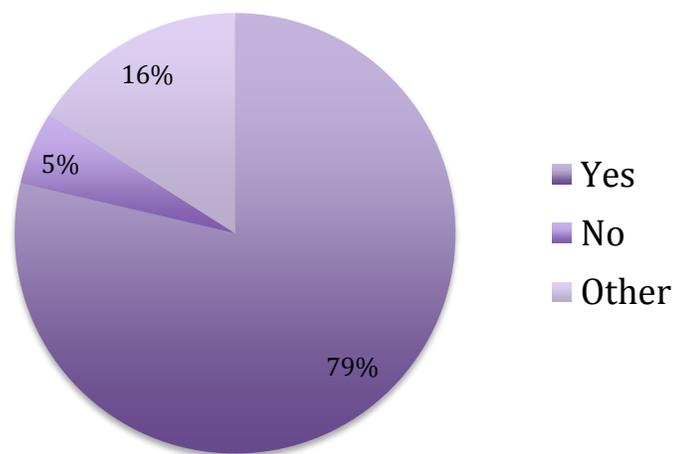
- Financial, stigma, small town.
- People are stubborn.
- A lot cope with drugs and alcohol. Don't want help.
- Most people don't seek help.
- Depends on the person. Make people more aware.
- Not unless they are forced to.
- Very few unless they had a big problem.
- Don't know.
- Most of them like their alcohol and drugs.
- Very few without external pressure.
- Some people may not realize they need help or may not know where to go.
- On an individual basis. Depends on whether or not you can if you have an issue. Most people are in denial of that.
- I don't think generally a lot of them do unless forced to by family or work issues.
- Denial.
- Some people wouldn't think they have a problem and refuse to seek help.
- Takes a certain type of individual to figure out they have a problem.
- Not voluntarily. Only if they were forced to.
- Denial.
- A hard thing to fight substance abuse.
- Some are happy with partying, some don't know how to go about quitting.
- Everyone has their own demons.
- Stigmatized. Not okay to be perceived as weak.
- Depends on whether or not a person is confident with self.

- One of the biggest steps for people to make in life.
- Pride. Don't want people to know their problems.
- A lot depends on their mental health. Thinking that AA is just for "homeless" or "drunks" and are embarrassed.
- Denial and distrust.
- Some feel they don't have a problem.
- Keep to themselves or don't care.
- They need encouragement.
- Confidentiality. People aren't ready.

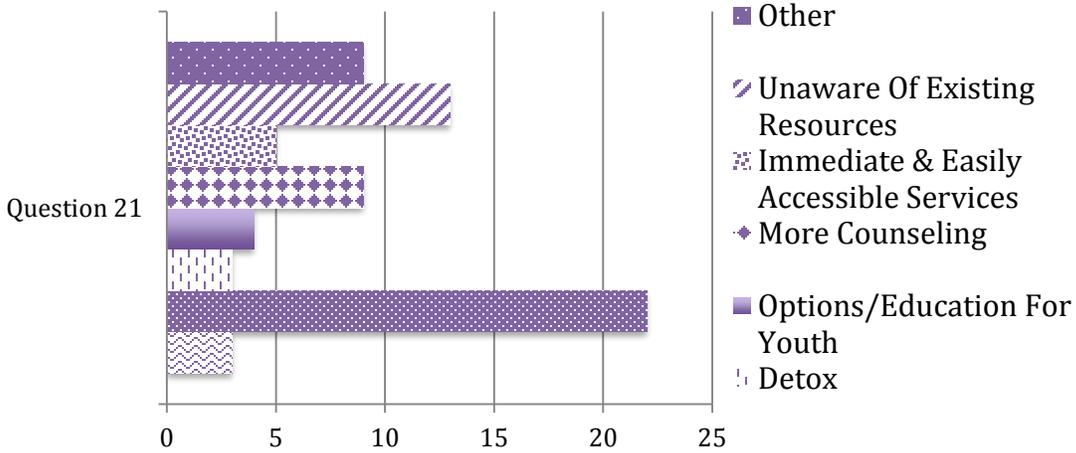
How familiar are you with services that help people when they are struggling with substances in your community?



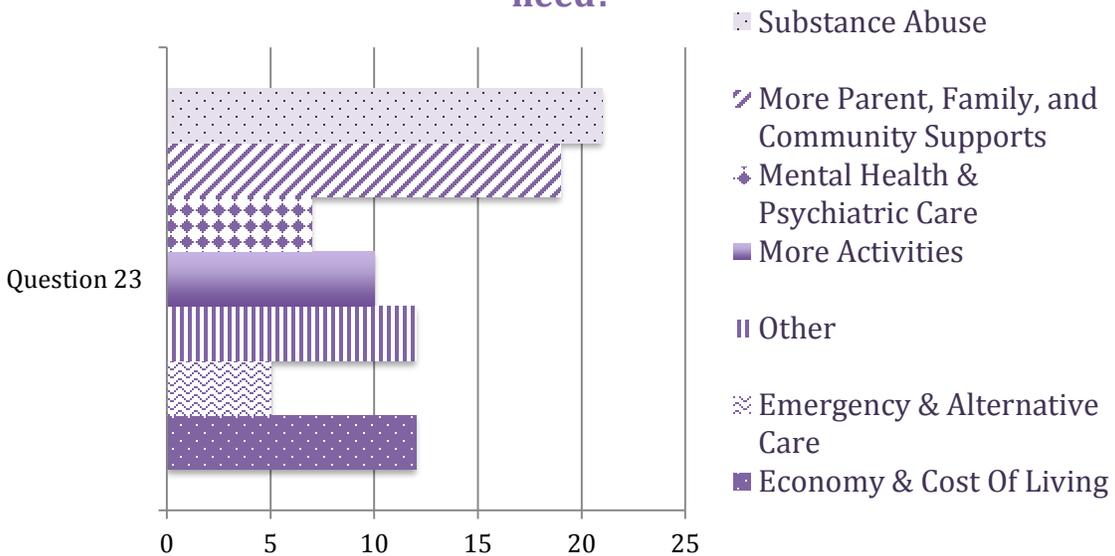
Would you seek services if you were struggling with substances?



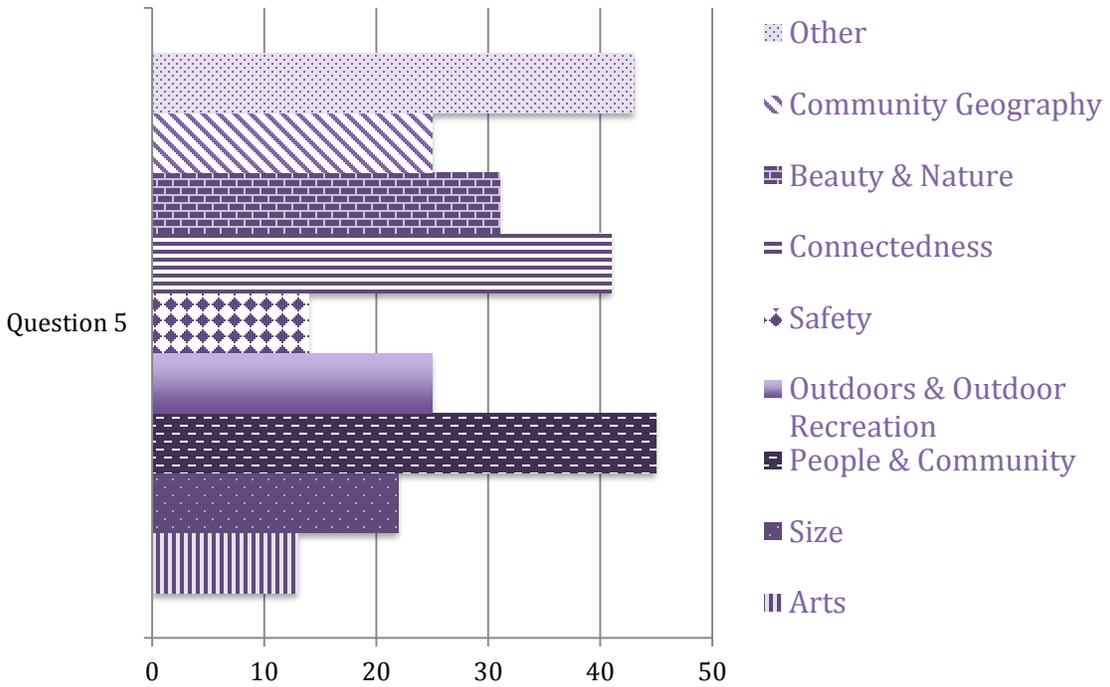
What programs or services do you wish were available for people who are struggling with substances?



What do you think is the community's most pressing need?



What are three things about your community that make it a good place to live?



XII. Prioritization & Focus Area

Methodology

The task force generated the criteria by which the focus area would be determined. The criteria included:

- Magnitude
- Severity
- Changeability
- Social Impact
- Economic Burden
- Trends
- Other Efforts
- Potential For Collaboration
- Effectiveness Of Current Efforts
- Past Attempts

The prioritization tools can be viewed in the appendix.

The prioritization process went through a first round with individuals ranking the issues on a scale of 1-5 on the above mentioned criteria. The results are indicated below.

Mental Health Priority Ranking Averages

Severity: 3

Magnitude: 2.75

Economic Burden: 4

Social Impact: 3.25

Trends: 2.5

Total: 15.5

Suicide Priority Ranking Averages

Severity: 3.5

Magnitude: 2.25

Economic Burden: 3

Social Impact: 3

Trends: 2.5

Total: 14.25

Substance Abuse Priority Ranking Averages

Severity: 3.25

Magnitude: 4.25

Economic Burden: 4.75
Social Impact: 3.75
Trends: 2
Total: 18

Focus Area Selection

Over several meetings, the Behavioral Health task force reviewed current data, discussed the prioritization process, and finally used a prioritization tool and extensive discussion to narrow the focus area to mental health, and more specifically, depression.

The overall ranking point totals showed the task force viewed substance abuse as a more severe issue than mental health, with suicide as less severe than the first two when using this ranking scale. However, discussion following the ranking exercise pointed out that the ranking tool allowed only for ranking each category as a single entity, not in comparison with the other categories. In other words, substance abuse, mental health and suicide were not ranked in relation to each other in terms of which the respondent viewed as more severe, of greater magnitude, having greater social impact etc., than the other two.

Task force members also considered the relatively large number of existing programs and initiatives that are currently addressing substance abuse in Ketchikan and the paucity of efforts and programs addressing mental health and particularly depression. The Ketchikan Wellness Coalition currently administers a federal Drug-Free Communities Program which is managed by the Substance Abuse Task Force, all of which address substance abuse. In addition, a local business, Tongass Substance Screening, has emphasizes on substance abuse prevention. Akeela has outpatient substance abuse treatment programs, and KAR house has a residential treatment program. Ketchikan Indian Community offers substance use disorder outpatient services, Adolescent Prevention services and Drug and Alcohol Information Schools.

Survey respondents often cited lack of services, difficulty accessing existing services or inability to pay for them as reasons for continuing to struggle with mental health issues. While a few agencies have mental health programs, and there are four licensed counselors, one psychiatrist in private practice and a psychiatric nurse at PeaceHealth Medical Center, these resources do not at all compare with the resources available for substance abuse.

Depression, suicide and substance abuse have interrelationships with depression being a risk factor for both suicide and substance abuse, while substance abuse can also be a risk factor for depression and suicide.

The Substance Abuse and Mental Health Services Administration (SAMHSA) states that depression and other mood disorders are the most critical risk factors for suicide, followed by substance abuse and access to lethal means. “The most critical risk factors for suicide are prior suicide attempts, mood disorders (such as depression)”¹⁷

According to the American Psychiatric Association’s diagnostic criteria for Major Depressive Disorder, a person must experience five or more symptoms below for a continuous period of at least two weeks.

- Feelings of sadness, hopelessness, depressed mood
- Loss of interest or pleasure in activities that used to be enjoyable
- Change in weight or appetite (either increase or decrease)
- Change in activity: psychomotor agitation (being more active than usual) or psychomotor retardation (being less active than usual)
- Insomnia (difficulty sleeping) or sleeping too much
- Feeling tired or not having any energy
- Feelings of guilt or worthlessness
- Difficulties concentrating and paying attention

¹⁷ Retrieved 04-14-16 from <http://www.samhsa.gov/suicide-prevention>

- Thoughts of death or suicide.¹⁸

Key informant interviews were conducted with two licensed Ketchikan professional counselors. The first responded that 100% of clients experienced depressive symptom, of these, 20% also had substance abuse issues, and 30% had attempted suicide or had suicidal thoughts. The second reported that 80% of clients had depressive symptoms.

Community Readiness Survey

How did Ketchikan select Depression as a focus area?

Of the 6 key respondents interviewed using the Tri-Ethnic Community Readiness protocol, the average response was “7” when asked the following question: “On a scale of 1 to 10, how much of a concern do you feel anxiety and depression is in Ketchikan?” This suggests that key informants, selected by the local Behavioral Health Coalition, believe that Depression and Anxiety is a significant concern for the community.

Recognition of Interrelationship between Depression and Substance Abuse

Even though the Behavioral Health Task Force chose depression as the focus area for this Assessment, the members recognize the impact and relationship with depression of both substance abuse and suicide and will continue to keep those categories in the conversation and in action considerations as this process moves forward.

¹⁸ Retrieved 04-14-16 from <http://www.cdc.gov/mentalhealth/basics/mental-illness/depression.htm>

XIII. Selection and Prioritization of Intermediate Variables

Depression Risk and Protective Factors

Depression Risk Factors

According to the National Institute for Mental Health, the risk factors for depression include:

Personal or family history of depression
Major life changes, trauma, or stress
Certain physical illnesses and medications¹⁹

The American Psychiatry Association identifies the following as risk factors for depression:

- Biochemistry: Differences in certain chemicals in the brain may contribute to symptoms of depression.
- Genetics: Depression can run in families. For example, if one identical twin has depression, the other has a 70 percent chance of having the illness sometime in life.
- Personality: People with low self-esteem, who are easily overwhelmed by stress, or who are generally pessimistic appear to be more likely to experience depression.
- Environmental factors: Continuous exposure to violence, neglect, abuse or poverty may make some people more vulnerable to depression.²⁰

While biochemistry, genetics, family history, major life changes, and environmental factors certainly are risk factors for depression, one criterion for the CBHPEI grant

¹⁹ Retrieved 04-14-16 from http://www.nimh.nih.gov/health/topics/depression/index.shtml#part_145396

²⁰ Retrieved 04-14-16 from <https://www.psychiatry.org/patients-families/depression/what-is-depression>

requires that the risk and protective factors chosen must be subject to measurable change within a two year period. Further, the prevention effort must have a strong relationship to the occurrence of depression in Ketchikan.

At its meeting on March 29, 2016, the Behavioral Health Task Force reviewed the survey data and identified the following as risk factors for depression in Ketchikan:

Risk Factors:

- a. Malnourishment in general and Vitamin D deficiency (especially in Ketchikan)
- b. Isolation
- c. False ideals of image and performance propagated by media
- d. Social media replaces self—inhibits development of self-identity
- e. Lack of connection/support, even in a community with as much connection as Ketchikan
- f. The economic depression of 2008-2013 and economic distress even now
- g. Denial, lack of self-recognition of one’s mental condition
- h. Stigma around seeking treatment
- i. Lack of knowledge about treatment and payment options
- j. ACES (Adverse Childhood Experience)

In a meeting on April 5, 2016, the BH Task Force further examined this list of risk factors and determined that the ones that had the strongest relationship to depression in Ketchikan and that could be changed were:

- Stigma around seeking treatment
- Lack of knowledge about treatment and payment options, including low cost or free sources of assistance

Stigma

The survey respondents for mental health in Ketchikan expressed a strong perception of the stigma related to mental illness and seeking treatment:

- Financial; stigma; small town
- People are not as understanding
- People are too proud
- Depends on the person. In our society we don’t like mental illness.
- Reserved, self-enclosed, wouldn’t risk it.

- The perceived stigma – someone might find out. It might affect job prospects.
- When people get depressed, mentally, they're scared to seek help or "show" weakness.
- There's a stigma to go to Gateway or a psychiatrist.
- People see you walking in and out of places.

Ketchikan Wellness Coalition staff and consultants met, reviewed clinical definitions of stigma and proposed the following working definition for this Assessment:

Definition of Stigma:

Stigma encompasses a set of negative concepts pervasive in society and internalized by both the stigmatizers and the stigmatized. These negative concepts represent an external evaluation of a person or group as different from societal norms, lesser, tainted, disfavored or dishonored, and are then internalized by members of the society and by the stigmatized person or group themselves. From the perceptions of the difference from societal norms, the stigmatizers develop internal fear, disgust, revulsion and pity which manifest externally as discrimination in employment, housing, marriage and health care; outright physical brutalization; and shunning. The stigmatized individuals internalize the concepts in the form of low self-esteem, shame, diminished expectations, lack of confidence and hopelessness.

Once labeled with mental illness, and especially with depression, individuals become subject to perceptions among the general population and even health care professionals that they are unpredictable, dangerous, violent, unreliable and not capable of performing everyday tasks.²¹

²¹ Overton and Medina, (2008). The Stigma of Mental Illness. *Journal of Counseling and Development*, 86, 143-151.

Gerand, Lingler, Conner, Dew, (2009). Diagnostic Labels, Stigma, and Participation in Research Related to Dementia and Mild Cognitive Impairment. *Res Gerontol Nurs*, 2, 112-121.

Amresh Shrivastava, Megan Johnston, Yves Bureau, (2012). Stigma of Mental Illness-1: Clinical Reflections. *Mens Sana Monograph* Jan-Dec; 70-84.

Changing Stigma

An article by Sadie F. Dignfelder in the American Psychological Association's publication *Monitor on Psychology* suggests that anti-stigma campaigns which convey the message that mental illness is a disease like any other do not work and may even increase the stigma of mental illness by reinforcing fear in the general population. The article quotes research by University of Calgary stigma-researcher, JianLi Wang, which showed survey respondents could believe that mental illness is a disease like any other and still be afraid of mentally ill people. The article then describes a Scottish anti-stigma campaign that focused on positive stories about the accomplishments and contributions of people with mental illness. The author of the Scottish study launched the Scottish Mental Health Arts and Film Festival, which showcases the music, film, comedy, literature and theater contributions by people with mental illness. The festival also sponsors a contest for films showing people with mental illness in realistic, holistic ways.

The festival has drawn as many as 12,000 attendees and generated 120 newspaper articles that emphasized people with mental illness are active, useful members of society.²²

Whatever strategy the Ketchikan Wellness Coalition Behavioral Health Task Force chooses in addressing stigma, the indication is that stigma can be changed with positive messages about the value to society of people with mental illness.

Lack of Knowledge of Treatment and Payment Options

At the March 22 Behavioral Health Task Force meeting, a participant from PeaceHealth Medical Center, explained that clinicians seldom refer patients to counseling or psychological services providers because they don't know who these providers are or what services are available.

²² Retrieved 04-16-16 from <http://www.apa.org/monitor/2009/06/stigma.aspx>

In addition, this Assessment's survey results had the following responses regarding seeking mental health services:

- Don't have a great view of mental health in Ketchikan
- Don't know about services
- No system for people without money. People can't afford it
- People can't afford it or don't have time.
- Some people may not realize they need help or may not know where to go.

These results indicate a pervasive lack of knowledge about treatment and payment options in Ketchikan. If people do not go to treatment for depression because they don't know about options, think they can't afford it, or physicians have not referred them, they will have a much more difficult time recovering and may not recover to the point that their hopelessness ends in drug addiction or suicide.

Lack of knowledge among the medical community and among people with depression can be changed with awareness efforts, and can be measured by the numbers of people referred or those seeking treatment. The counselors themselves will know when there is an increase in their practice. The counselors can ask their new patients how they became aware of the counseling option. Without infringing on confidentiality, this can reveal how many new patients sought treatment after gaining new knowledge about the possibility of treatment.

Depression Protective Factors

Participants at the Behavioral Health Task Force meeting of March 29 identified the following factors as protective against depression:

- a. Connectedness and support
- b. Arts programs
- c. Craft Groups
- d. Group activities
- e. Being in a natural, outdoor environment
- f. A sense of purpose from being involved in community service

Certainly there are many arts programs, craft groups, and group activities available in Ketchikan as noted above in the section describing Ketchikan's culture. The natural, outdoor environment is almost unavoidable in that any excursion outside

one's home entails the experience of this environment. Residents many times have noted that Ketchikan has an unusual degree of connectedness and support not experienced in similar communities. There are many opportunities for community service and the rewarding sense of self it brings through service groups such as Rotary, Lions, Eagles, Moose, the religious communities, and specifically for young people in high school groups.

A depressed person may not be aware of these opportunities or have the energy, self-esteem, or degree of hope necessary to participate in them. The challenge will be to promote and encourage participation in the vast array of Ketchikan's supportive groups and activities that enhance self-esteem and a sense of connectedness.

Community Readiness Survey

Why did the KWC select and prioritize the identified intermediate variables?

Six (6) Community Readiness Interviews completed on behalf of Ketchikan's behavioral health coalition suggested that both stigma and lack of knowledge of treatment and payment options are prominent issues.

- Intermediate Variable 1: Stigma around seeking treatment.
 - The Community Readiness Interviews were scanned for themes across the 6 responses. Response themes around stigma included:
 - Even if people know depression is a problem in the community statistically, they disregard the notion that depression is affecting them or their friends/family because identifying as depressed has negative connotations.
 - Fear of telling someone, scared that they will be judged or be told to toughen up.
 - People aren't talking about depression openly because they feel ashamed which perpetuates that myth that it is not a pervasive problem.

- Intermediate Variable 2: Lack of knowledge about treatment and payment options, including low or free sources of assistance.

- Community Readiness Interviews were scanned for themes across the 6 interviews. Response themes around the community's knowledge of treatment and payment options included:
 - A general sense that the local provider/resource system minimizes depression, does not prioritize it. Other than SAIL, interviewees couldn't really identify any one else specifically talking about/addressing depression. They knew of Gateway and a fewer number knew of KIC or Peace Health but they had almost no detailed sense of what those providers offered.
 - Both the community at large and the provider network lack accurate and/or comprehensive information about what efforts are available to address depression in Ketchikan. No centralized source for information is present. Front-line referrers and concerned others (e.g. clergy, friends, resource agencies) lack clear and updated information regarding the best options for linking people to support or treatment.
 - Referral sources do not have a good understanding of the cost or payment options available and cannot effectively guide those who believe treatment isn't affordable for them.

XIV. Other Known Prevention & Early Intervention Efforts

Efforts/Programs	More Info
Mental Health Peer Support Group	2 nd & 4 th Tuesdays at 5:30pm. Hosted at the SAIL office by independent peer support specialists. Call 907-225-4735.
Girls On The Run	12 week/24 lesson after-school programs addressing self-confidence, self-respect, and healthy life choices. For girls ages 8-13. Call WISH at 907-228-4099
Substance Abuse and Depression Screenings and Brief Intervention	Ketchikan Public Health
Parenting With Love & Limits	6 weeks family group sessions. Regional Youth Care (RYC) facilitates this program.
Tobacco Prevention and Control Grant	Tobacco prevention and cessation program. Implemented by the Ketchikan Wellness Coalition.
Drug Free Communities Grant	Youth Substance Abuse Prevention programs. Implemented by the Ketchikan Wellness Coalition
Prime For Life	Put on by Gateway/Akeela, Ketchikan Youth Court, Tongass Substance Screening.
Be [You]	Statewide Positive Community Norms Campaign coordinated by the Alaska Wellness Coalition
LifeFit	CrossFit program for youth that builds resilience.

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XV. Resources and Gaps

Local Resources	
Entity/Organization	Programs/Services
Gateway Center For Human Services (Akeela)	<ul style="list-style-type: none"> • Emergency Mental Health Services/Response • Parenting Classes • Adult SA Individual and Group Counseling • Prime for Life • ASAP/JSAP Court Screening & Monitoring • Therapeutic Court: Referral & Support • Integrated SA Evaluations • Screening & Assessment: MH & SA • Youth SA Individual & Group Counseling • Adult Therapeutic Court • Adult & Child MH Dual Diagnosis SMI & Co-Occurring Clients • Psychiatric Assessment & Referral • Adult & Child Mental Health • Therapeutic Foster Care • Adult Mental Health Transitional Housing (3 beds) • Adult Substance Abuse/Co-Occurring Residential Treatment (KAR House: 15 beds) • Anger Management • Men’s and Women’s MRT Groups
Ketchikan Indian Community (KIC)	<ul style="list-style-type: none"> • ICWA Parenting Classes & Support Groups • Resource Library • Referral and Advocacy for BAIA • Cultural Heritage Academic Services • Integrated SA Evaluations • Screening & Assessment: MH & SA • Case Management • Youth SA Individual & Group Counseling • Adult Therapeutic Court • Adult and Child MH Dual Diagnosis & Co-Occurring Clients • Psychiatric Assessment • Elder Services: Case Management • Batterer’s Intervention Group

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<p>Resident Youth Care (RYC)</p>	<ul style="list-style-type: none"> • Emergency Shelter MH Crisis/Homeless Youth • Parenting Classes • Screening & Assessment: MH & SA • Emergency Stabilization & Assessment Shelter (5 Beds) • Long-Term Residential Treatment Level III (9 beds) • Community Placement Residential Short/Long term (11 beds) • Therapeutic Foster Care • Residential Education Program • Youth Transitional Living Support Housing
<p>Tongass Substance Screening</p>	<ul style="list-style-type: none"> • Red Ribbon Campaign • Drug & Alcohol Screening • Background Checks • Crime Screen & Trauma Clean Up • Paternity Testing • CPR Training
<p>Ketchikan Wellness Coalition</p>	<ul style="list-style-type: none"> • Tobacco Prevention • Youth Substance Abuse Prevention Programming • ICAR-US Programs • Local Food Sourcing (TCFA) • Domestic Violence Prevention (PRR) • Nutrition and Community Wellness (BHC) • Behavioral Health Promotion • Financial Literacy and Education (FF) • Red Ribbon Week • Wellness Education and Promotion • Prime For Life
<p>Women In Safe Homes (WISH)</p>	<ul style="list-style-type: none"> • Domestic Violence Shelter for Women & Children • Parenting Classes: Positive Discipline • Family Preservation & Reunification
<p>Ketchikan Police Department</p>	<ul style="list-style-type: none"> • Emergency Response • Student Resource Officer at Middle and High Schools
<p>PeaceHealth Medical Center</p>	<ul style="list-style-type: none"> • Parenting Classes • Detoxification Evaluation & Referral • Psychiatric Assessments & Treatment • Diagnostic Imaging: x-ray, ultrasound, mammography, computer-aided detection

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	<p>for every mammogram, stereotactic breast biopsy, MRI, nuclear medicine, computerized tomography and bone mineral densitometry.</p> <ul style="list-style-type: none"> • Emergency Medicine: • End-of-Life Care • Gastroenterology (GI) Services • New Beginnings Birthing Center • Nutrition: cardiac care, diabetes, weight management. • OB/GYN • Orthopedic & Sports Medicine • Outreach Clinics: Petersburg, Wrangell, Prince Of Wales • Pathology Services • Sleep Center • Rehabilitation Services • Respiratory Therapy • General Surgery • Telehealth Clinics • Childcare For PeaceHealth Employees
Community Connections	<ul style="list-style-type: none"> • Early Childhood Services • Wilderness Experience Program: 7 week summer program • Therapeutic Foster Care • In-home Support Services for Seniors & Individuals With Disabilities • Community-Based Support Services for Seniors & Individuals With Disabilities • Individual, Group, & Family Counseling • Psychiatric Assessment & Treatment Youth & Families • Community-Based Services For Youth • Service Coordinator for Children Under 3 Years. • Support For Families and Children with Developmental Delays & High Risk Factors • Hearing, Vision, and Developmental Screenings for Children Under 3. • Family Infant Toddler (FIT) Court Team • Caregiver/Parenting Classes
Ketchikan Trial Court	<ul style="list-style-type: none"> • Therapeutic Court Program
Ketchikan Youth Court	<ul style="list-style-type: none"> • Restorative Justice Program

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Behavioral Health Community Needs Assessment

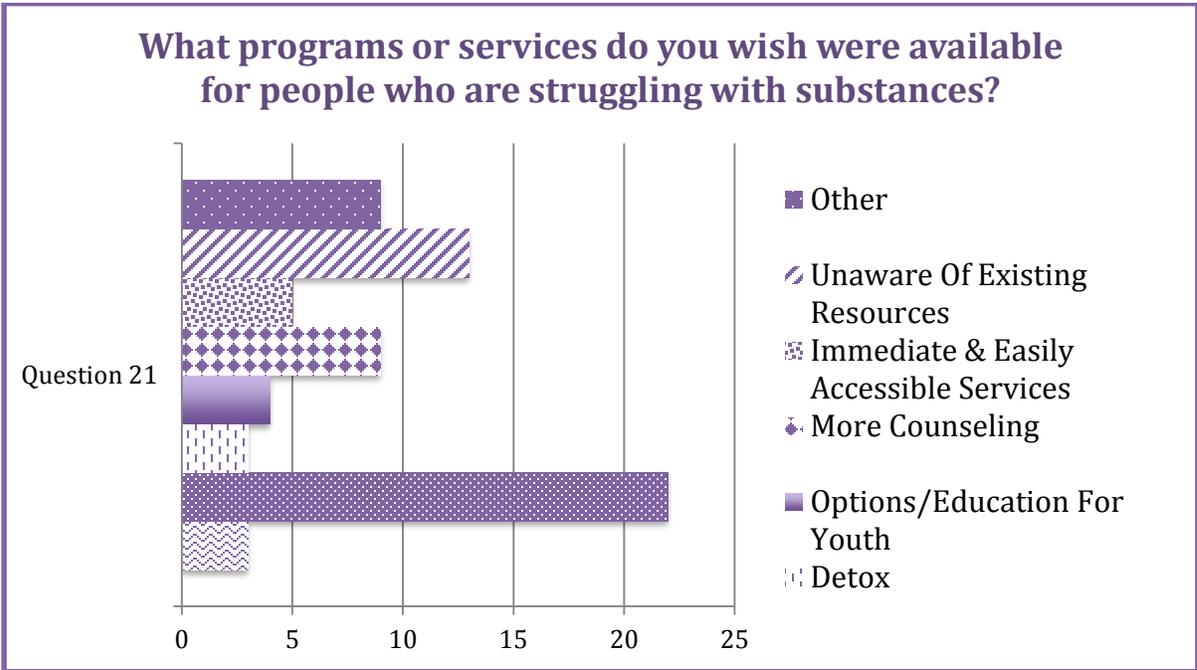
	<ul style="list-style-type: none"> • Prime For Life
Rural Cap Head Start	<ul style="list-style-type: none"> • Preschool Program for Ages 3-5 Years • Services For Prenatal Women and Birth-3 Years
Tlingit & Haida Head Start	<ul style="list-style-type: none"> • Preschool Program For Ages 3-5 Years • Disability Services
Rendezvous	<ul style="list-style-type: none"> • Day Service For Seniors • Transportation For Seniors • Referrals • Counseling for Individuals & Families • Low Income Senior Housing
Dr. Snow	<ul style="list-style-type: none"> • Psychiatric Assessment & Treatment
Bill Hardy	<ul style="list-style-type: none"> • Adult SA & MH Assessment & Counseling • Family Counseling
Roseann Lynch	<ul style="list-style-type: none"> • Adult SA & MH Assessment & Counseling • Youth MH Assessment & Counseling
Ketchikan Job Center	<ul style="list-style-type: none"> • Employment Help/Job Search
Public Assistance Ketchikan Office	<ul style="list-style-type: none"> • Food Stamps • Medicaid Applications
Ketchikan Public Health Center	<ul style="list-style-type: none"> • Family Planning/Pregnancy Testing • Immunizations (Immunization schedule) • School Screenings • Sexually Transmitted Infection (STI)/Human Immunodeficiency Virus (HIV) screening • Tuberculosis (TB) screening and treatment • Well Child Exams • Communicable Disease Investigation • Health Education • Community Assessments • Emergency Preparedness
Ketchikan Senior Center	<ul style="list-style-type: none"> • Hot meals at the senior center • Home delivered meals for seniors recovering from illness or surgery • Door to door transportation • Shopping assistance and other errands • Health maintenance activities • Social and cultural activities

Ketchikan Wellness Coalition

Behavioral Health Community Needs Assessment

Gaps in resources, services, and supports as identified by the Behavioral Health task force members and community entities.	
Gap:	Known Consequence
In-school mental health screenings/school psychologist	No early intervention. No in-house support for students
Lack of cultural sharing or being in a cultural silo.	Racism. Feeling disconnected. Creates “us” & “them” mentality
Detox Center	Can’t detox to begin recovery journey. Forced to “maintenance drinking” or risk serious health repercussions for going “cold turkey”.
Limited mental/behavioral health services for children under 5.	No early intervention. Families not getting services/support they need for trauma, problematic behaviors, etc.
Limited childcare, especially for children with challenging behaviors.	Parents are out of work or child goes to sub-par care.
Not enough social/case workers at OCS.	Follow through is difficult.
Not enough collaboration between ICWA and OCS	Children experience frequent foster care movement and/or placed in homes outside of own cultural background.
Housing (for elders, homeless, disability accessible, low income)	Overflow at homeless shelter. Have to leave community. Live in unfit/unhealthy environments. Creates mental health issues.
Transitional Housing	People trying to “put life together” are out on streets, forced to associate with former acquaintances, can’t get jobs, housing, stability.
Social support for new community members.	Social stressors. Can create increase of mental health issues.
Alternatives for the inebriated.	Continual health issues. Become danger to self and others. Regular jailing or ER visits.
Effective interagency communication	Struggling community members spending time and energy looking for services/resources when already focused on survival.

Community Survey Responses
What programs or services do you wish were available for people who are struggling with substances?
Transitional Housing
Varying degrees of rehab and treatment
Detox
Options/Education for youth
More Counseling
Immediate and easily accessible services



Community Survey Responses	
What programs or services do you wish were available for people who experience mental or emotional difficulties?	
More Immediate Help & Crisis Response	
Telephonic Help & Hotlines	
More Psychiatry	
More Counseling Options	
More Affordable or Free Services	
Alternative Methods	
Inpatient Mental Health Services	

