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Older Alaskans Behavioral Health: *Need, Access, and Geographic Gaps*

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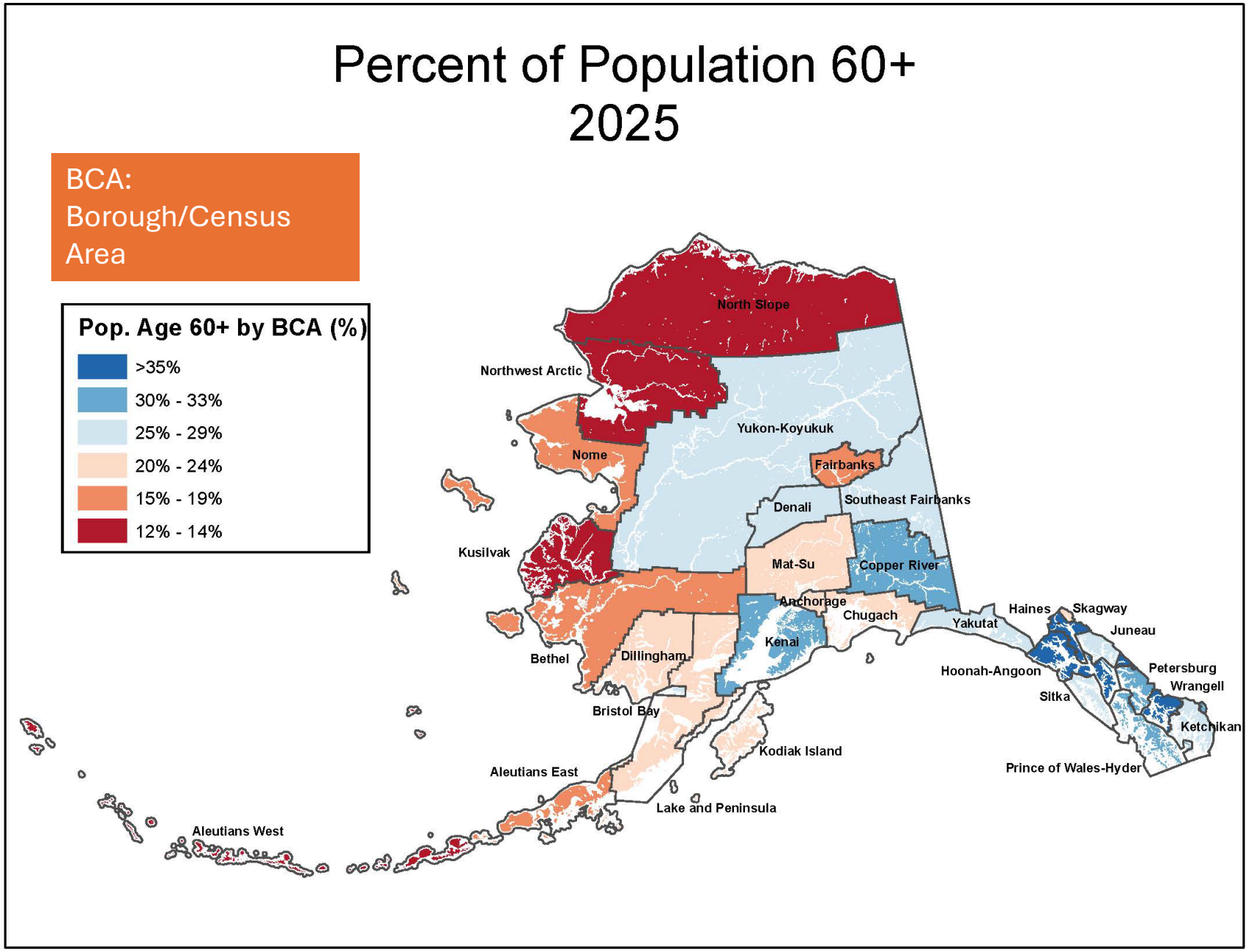
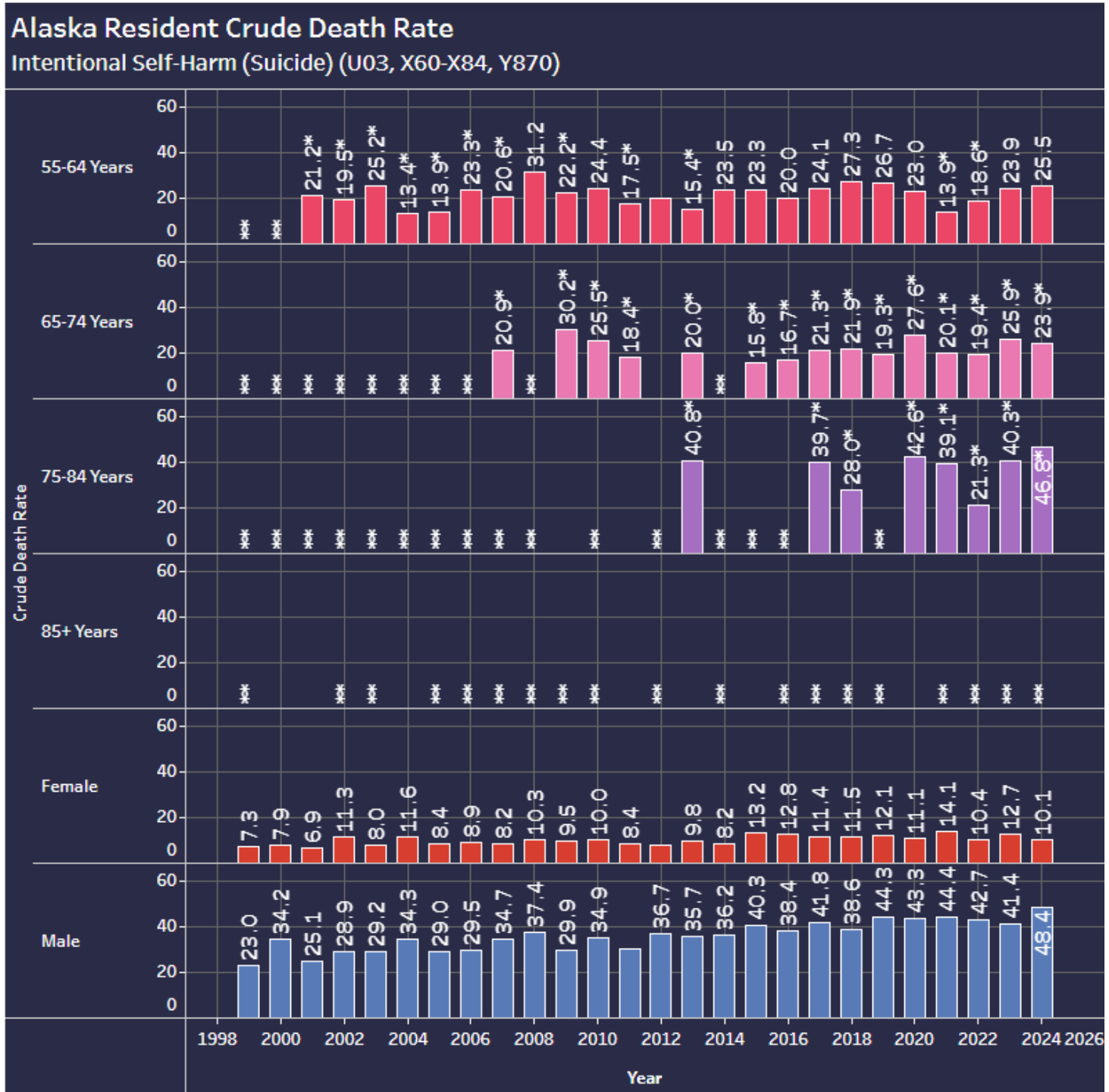
Alaska Commission on Aging

Alaska Commission On Aging

Aging With Dignity And Independence



Alaska Department of Labor and Workforce Development, 2026.



Alaska Death Dashboard - HAVRS

2024 crude suicide rate: 23.9 per 100,000 among ages 65–74 and 46.8 per 100,000 among ages 75–84. Among adults ages 75–84, the rate increased from 21.3 in 2022 to 40.3 in 2023 and 46.8 in 2024.

Note: Annual older-adult rates fluctuate because of Alaska's small population; rates based on fewer than 20 deaths should be interpreted cautiously.

During 2020–2024, there were 145 suicide deaths among senior Alaskans (ages 65+):

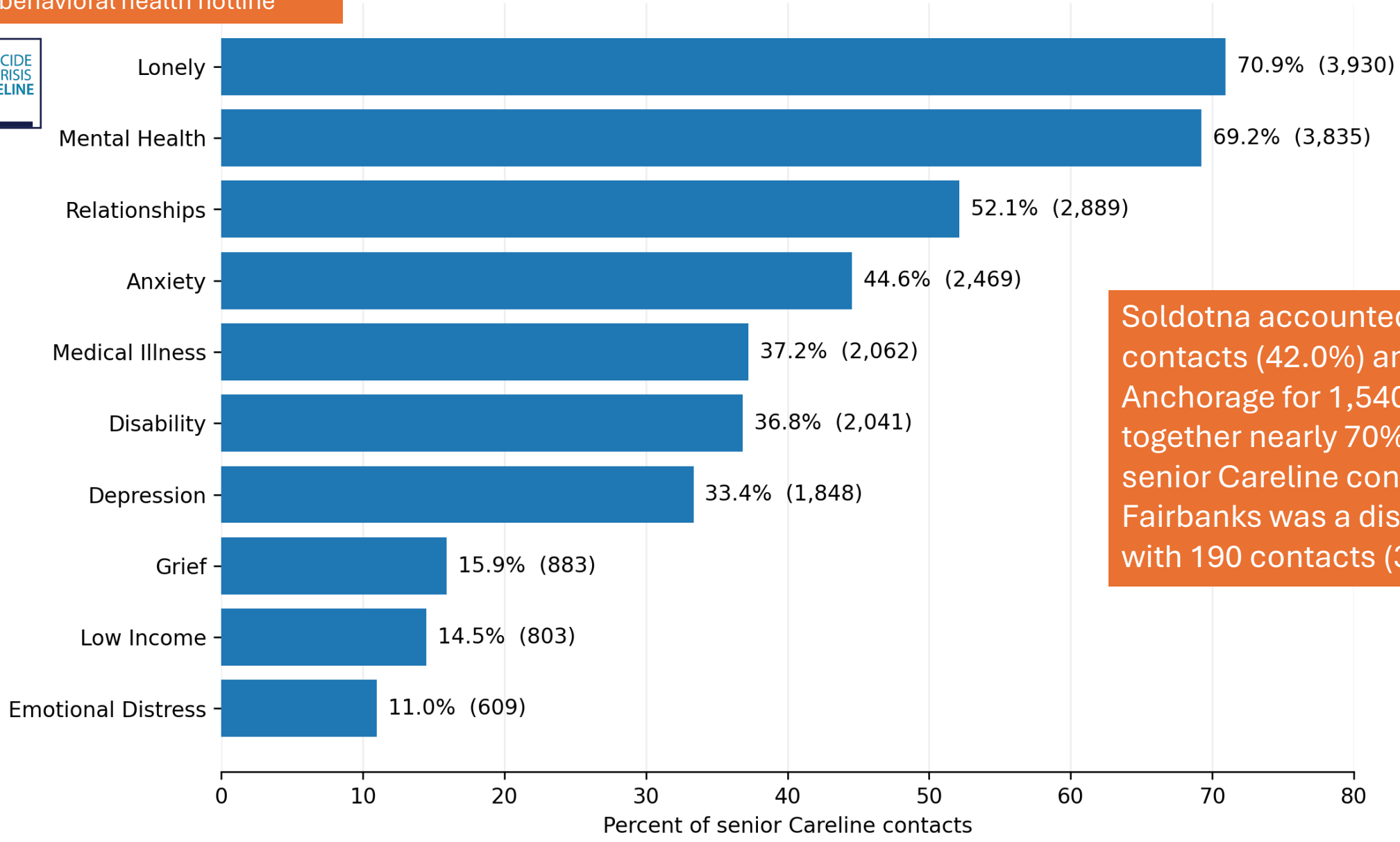
- 83 ages 65–74
- 62 ages 75+
- 13 females and 132 males

Senior suicide rates were highest among white seniors and those living in Interior and Southwest regions. The mechanism for 80% of senior suicide deaths was firearms.

Health Analytics and Vital Records & ACoA Senior Snapshot

Also known as 988, Careline is the suicide and behavioral health hotline

Issues Identified in Senior Careline Contacts, SFY25



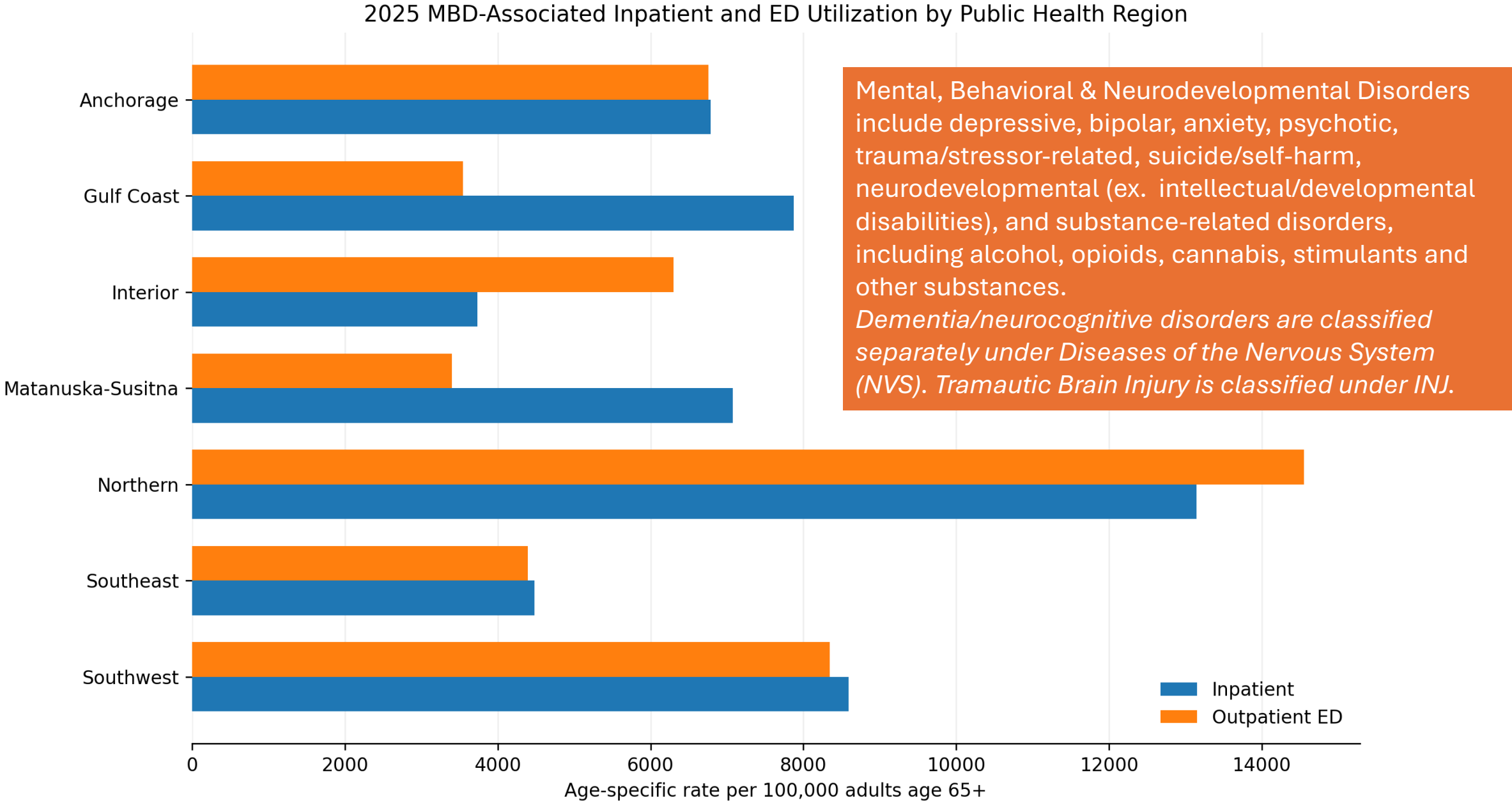
Soldotna accounted for 2,327 contacts (42.0%) and Anchorage for 1,540 (27.8%), together nearly 70% of all 5,540 senior Careline contacts. Fairbanks was a distant third with 190 contacts (3.4%).

Note: A single contact may be associated with multiple issues and may be counted more than once. Percentages are based on 5,540 Careline contacts involving adults age 65+.

Careline Call Data SFY25: Repeated Engagement & Loneliness

- 5,540 Careline contacts involved adults age 65+ in SFY25. Of these, 90.8% were from ongoing callers (5,032) and only 9.1% from new callers (505).
- Careline data overwhelmingly reflects older adults speaking for themselves: 98.3% of all 65+ contacts were self-reported, while only 0.4% were third-party contacts.
- 79.6% of senior Careline contacts were from callers identified as Caucasian (4,411 of 5,540).
- Older men are somewhat overrepresented among senior Careline contacts (55.6% of contacts vs. 49.4% of Alaska's 65+ population).
    - *This is notable in the context of senior suicide mortality, where men accounted for 91% of Alaska's 65+ suicide deaths from 2020–2024, and suicide rates were highest among white male seniors.*

- Loneliness was the most frequently identified issue, appearing in 70.9% of senior contacts (3,930), slightly exceeding the broad “Mental Health” category at 69.2% (3,835). Anxiety was identified in 44.6% and depression in 33.4%.
- Future analysis could examine multi-year Careline data to determine whether senior utilization and presenting concerns are changing over time.



Note: Alaska Health Analytics and Vital Records (HAVRS), HFDR inpatient/outpatient data. Includes Alaska residents age 65+ with an MBD diagnosis recorded as a primary or secondary diagnosis; rates are based on Public Health Region of residence.

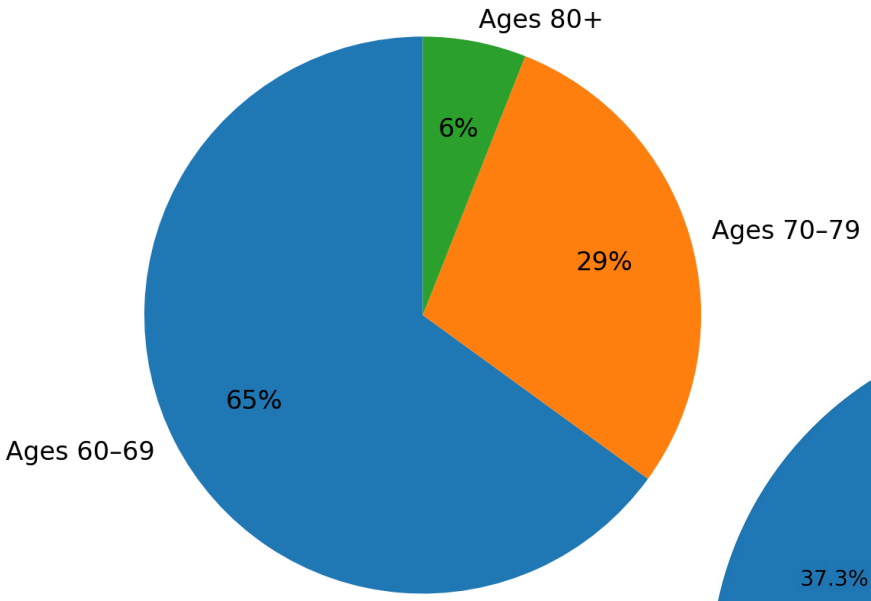
Hospital and ED utilization among adults 65+ with a documented mental, behavioral, or neurodevelopmental disorder diagnosis

- From 2016–2025, Alaska's 65+ population grew 55.1%. After accounting for that growth, MBD-associated acute-care utilization increased more modestly statewide: inpatient rates increased 13.7% and ED rates increased 14.6%.
- Northern Alaska had the highest 2025 population-adjusted utilization: 13,142.6 inpatient discharges and 14,552.2 ED visits per 100,000 adults 65+.
- Southwest had the second-highest rates for both inpatient (8,594.9) and ED (8,345.8) utilization.
- Regional ED trends diverged sharply from 2016–2025: Northern increased 105.6%, Southwest 65.8%, and Anchorage 45.3%, while Mat-Su declined 19.0%, Gulf Coast 14.9%, Interior 10.6%, and Southeast remained essentially unchanged (-0.2%).
- Inpatient and ED patterns also differed within regions. Gulf Coast had a relatively high 2025 inpatient rate (7,873.4) but a much lower ED rate (3,542.5), while Interior had the state's lowest inpatient rate (3,732.9) but a substantially higher ED rate (6,301.6). These differences may indicate variation in regional care pathways, access, or utilization patterns, but the data do not establish why.

Note: Includes inpatient discharges and ED visits among Alaska residents age 65+ with a Mental, Behavioral, or Neurodevelopmental Disorder (MBD) recorded as a primary or secondary diagnosis. Rates are per 100,000 residents age 65+ and are based on the patient's Public Health Region of residence. Counts represent healthcare encounters, not necessarily unique individuals. HAVRS, DOH.

AKBH Provider Case Study SFY25

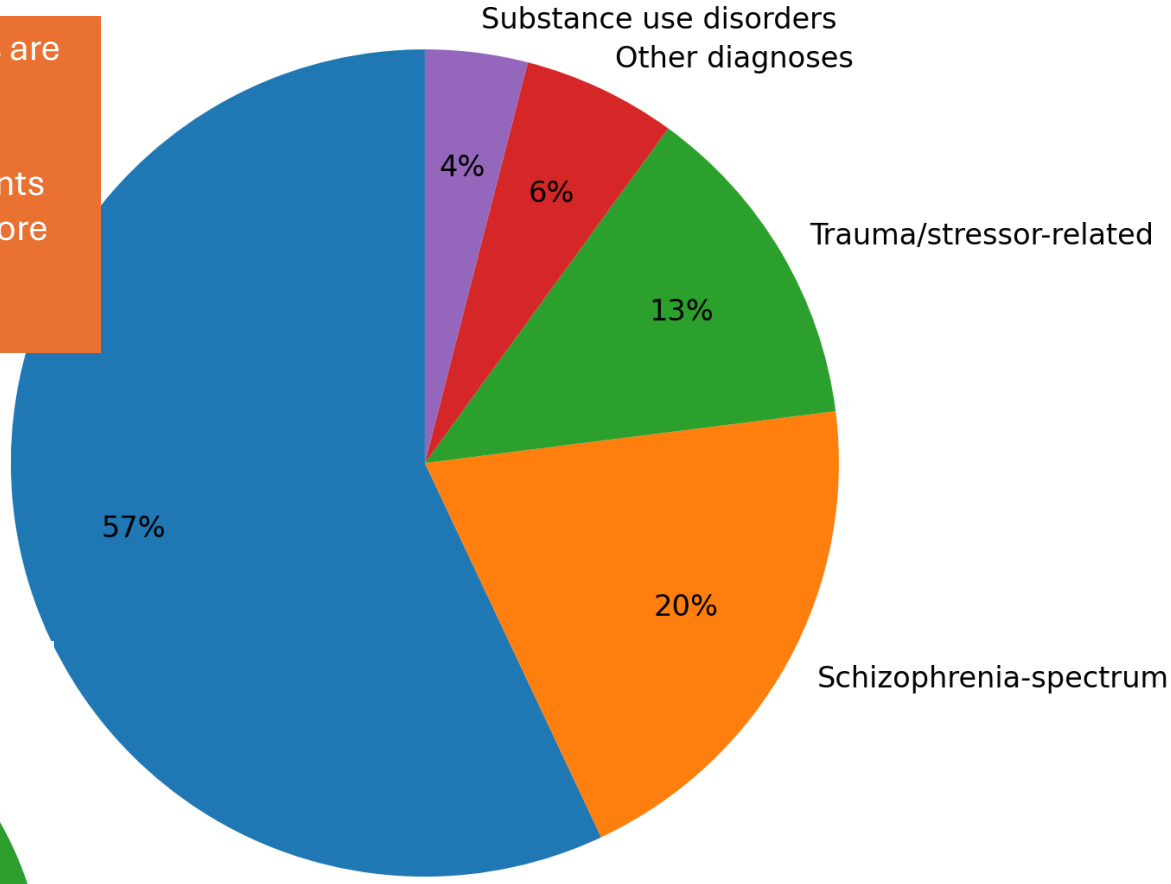
AKBH Clients Age 60+: Age Distribution, SFY25



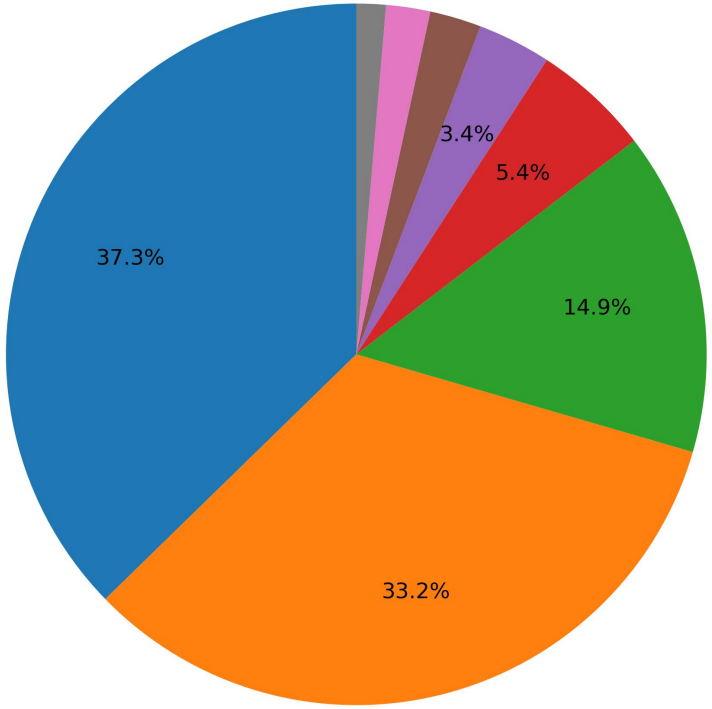
888 total 60+ clients.
~12% of all AKBH clients.

Behavioral-Health Diagnoses Treated Among AKBH Clients Age 60+, SFY25

Percentages are based on diagnoses treated; clients may have more than one diagnosis.



AKBH Older-Adult Service Volume, SFY25



Alaska Behavioral Health Provider Case Study: SFY25 Senior Clients

- Alaska Behavioral Health served 888 adults age 60+ in FY25, representing 12% of its total 7,632 clients. Older clients skewed toward the younger end of the age range: 65% were ages 60–69, 29% were 70–79, and only 6% were 80+; average age was 68. **Women represented 62% of older clients and men 38%.**
  - This contrasts with the Careline dataset, where 55.6% of 65+ contacts were male, and is notable given that men accounted for 91% of Alaska's 65+ suicide deaths from 2020–2024.
  - *These datasets use different populations and age thresholds and cannot establish a treatment gap, but they raise a question about how older men engage with different parts of the behavioral-health system*.
- Mood disorders were the dominant diagnostic category (57%), with **depression** the most common mood disorder treated (27%). Schizophrenia-spectrum disorders accounted for 20%, trauma/stressor-related disorders 13%, substance use disorders 4%, and other diagnoses 6%.
- **82% of older clients were covered by Medicaid/Medicare, compared with 17% with private insurance**, underscoring the predominance of public coverage among AKBH's older clientele.
- Among clients with valid race information, 77% were White and 23% were people of color, including 9% Alaska Native/American Indian, 8% Black, and 4% Asian.
  - Race was available for only 645 clients (73%).

Note: Diagnostic percentages are based on diagnoses treated during FY25; clients may have more than one diagnosis. Findings describe AKBH clients and are not statewide prevalence estimates.

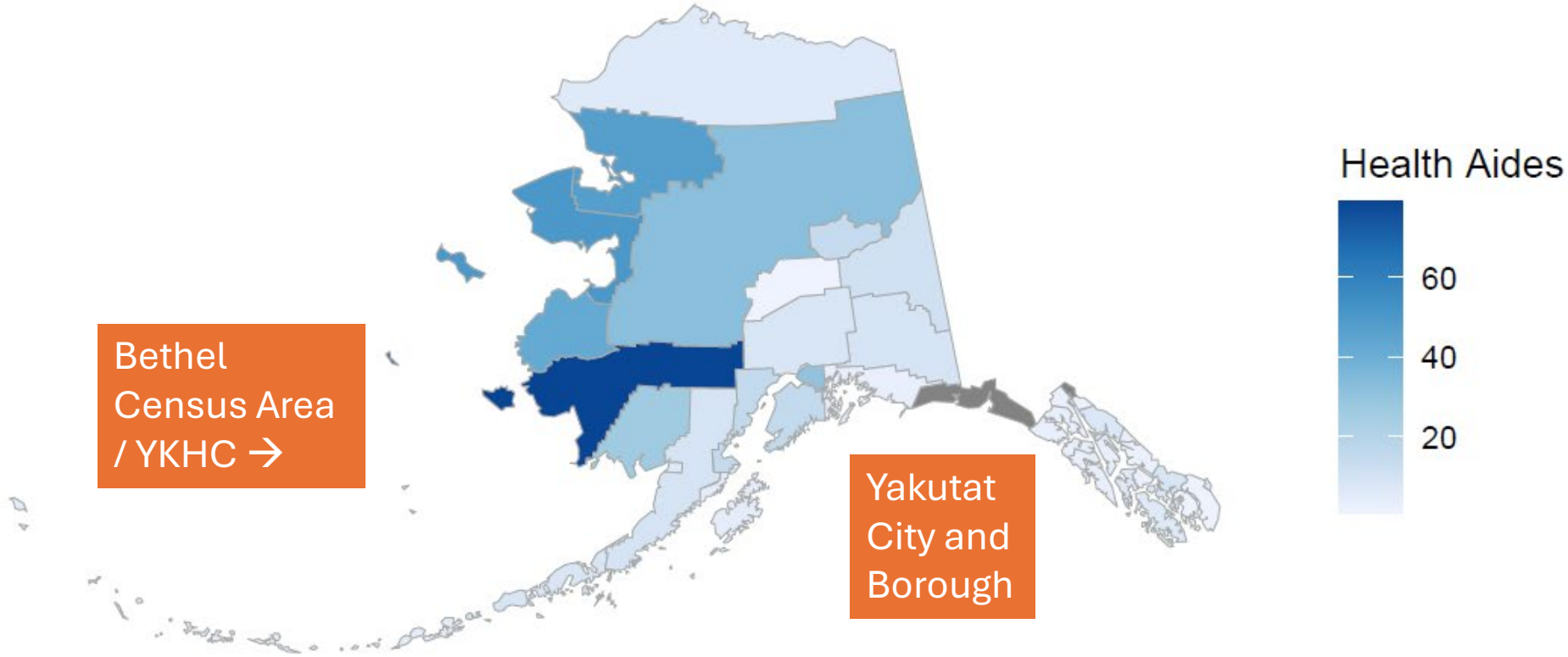
What services did older AKBH clients use in SFY25?

- Older-adult service volume was concentrated in outpatient/community-based mental health (~5,500 services) and psychiatric evaluation/management (~4,900), followed by primary care (~2,200) and intensive case management (~800). Lower-volume services included peer support/recovery/drop-in (~500), residential behavioral-health treatment (~350), crisis/emergency behavioral-health services (~300), and partial hospitalization / intensive outpatient programs (~200). All clients are screened for substance use.
- Integrated & Higher-Intensity Care: AKBH's CCBHC model integrates psychiatry and primary care, including treatment of chronic physical conditions. Geography affects how higher-intensity services are delivered. In FY25, AKBH reported no adults 60+ enrolled in its Fairbanks adult Partial Hospitalization Program (PHP) and no adults 60+ enrolled in its Fairbanks adult residential program.
- For Mat-Su, AKBH reported that clients needing PHP or residential services are currently served through Anchorage programs. Mat-Su clients primarily receive AKBH primary-care and psychiatric E&M services through Anchorage programs via telehealth. AKBH also reports that its clinic locations include Anchorage, Wasilla and Fairbanks and that telehealth extends its reach beyond those locations.

Note: Utilization data does not tell us whether zero enrollment reflects need, referral patterns, eligibility, access, use of other providers, or another factor. AKBH reports same-day crisis services at all clinic locations, including Wasilla, Monday - Friday, 8am – 5pm.

ANTHC – SFY25 CHAP Data

Number of Active Health Aides by Borough/Census Area

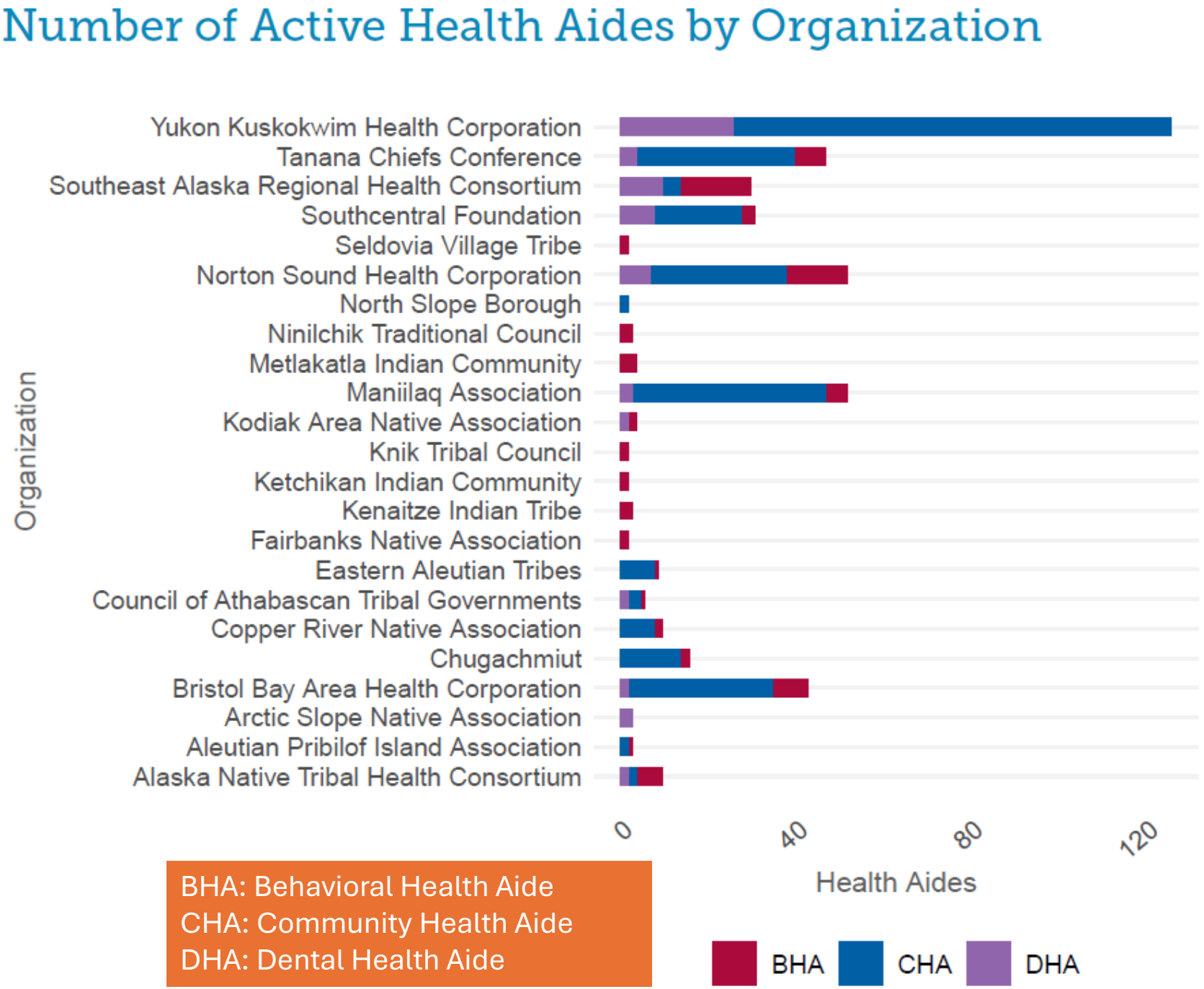


Bethel Census Area / YKHC →

Yakutat City and Borough

We need to understand workforce composition, service capacity, referral pathways, and how older adults move between community care and acute care.

ANTHC SFY25 CHAP Data



BHA: Behavioral Health Aide
CHA: Community Health Aide
DHA: Dental Health Aide

What we still need to understand across regions

- prevalence of older adults' behavioral-health need
- service availability & utilization

→ illustrating geographic differences in access and outcomes

When an older Alaskan has a behavioral-health need, what happens next and how much does the answer depend on where they live?

Are differences in regional behavioral-health and community-care infrastructure associated with the radically different acute-care patterns we're seeing among older Alaskans?

- ~100 speakers
- All regions of Alaska represented
- Turnagain Social Club
- Thank you to our speakers, sponsors, exhibitors, committee and community support
- Vendor booths available
- Scholarships closed August 20
- Early bird $50 discount until August 31
- Seniors ages 65+ and individuals with IDD have waived registration fees
- **Focus on rural innovation**
- **1115 expansion keynote**
- https://www.alaskasilc.org/

See you at the Summit!

Where to find ACoA:

- YouTube: ACoA Wisdom & Wellness Podcast
  - Episodes include Medicare Information Office, Aging and Disability Resource Center, and Office of Elder Fraud Assistance.
- ACoA Facebook page
  - ACoA Program Coordinator posts a resource or important information every day about aging in Alaska
- ACoA Website (**aging.alaska.gov**)
  - Join our **free weekly e-blast** of state and federal senior announcements, news, grants, resources and more
  - 2025 Annual Report and 2025 Senior Snapshot are available

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