

STATEWIDE SUICIDE PREVENTION COUNCIL ANNUAL REPORT 2024



Statewide Suicide Prevention Council

431 N. Franklin St.
Juneau, AK 99801

Statewide Suicide Prevention Council Annual Report 2024

Introduction

The State of Alaska's Statewide Suicide Prevention Council (SSPC) was established by the Alaska State Legislature in 2001 (AS 44.29.350) and serves as an advisory council to the Legislature and Governor regarding suicide awareness and prevention.

The duties of the council are to:

- Improve health and wellness throughout the state by reducing suicide and its effect on individuals, families, and communities.
- Broaden the public's awareness of suicide and the risk factors related to suicide.
- Enhance suicide prevention services and programs throughout the state.
- Develop healthy communities through comprehensive, collaborative, community-based, and faith-based approaches.
- Develop and implement a statewide suicide prevention plan.
- Strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in the State.

The council is located within the Department of Health (DOH) Division of Behavioral Health (DBH) and consists of 17 council members 13 of which are voting members and 2 who are non-voting members representing the Alaska State House of Representatives, selected by the Speaker of the House, and 2 who are non-voting members representing the Alaska State Senate, selected by the Senate President. The Governor appoints the 13 voting members from designated stakeholder groups.

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2024 Council members included:

Monique Andrews, Military Seat—Eagle River

Sharon Fishel, Department of Education and Early Development —Juneau

Roberta Moto, Rural Seat —Deering

Terese Kashi, Secondary Schools Seat —Soldotna

Tracy Dompeling, Department of Health and Social Services —Juneau

Tonie Protzman, Alaska Mental Health Board —Anchorage

Cynthia Erickson, Public Seat —Tanana

Marcus Sanders, Clergy Seat —Anchorage

Justin Pendergrass, Statewide Youth Organization Seat —Wasilla

Anthony Cravalho, Advisory Board on Alcoholism and Drug Abuse —Kotzebue

Peter Angasan, Alaska Federation of Natives—King Salmon

Dakoma Epperly-May, Youth Member—Anchorage

Senator Elvi Gray-Jackson —Anchorage

Senator Mike Shower —Wasilla

Representative Sara Hannan —Juneau

Representative CJ McCormick —Anchorage

VACANT, Survivor Seat

The council is collocated with the Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board, which collectively share an Executive Director. The council also has one fulltime staff.

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Honoring Barbara Franks and Brenda Moore

In 2024, the thirty-third Alaska State Legislature honored former SSPC members Barbara Franks and Brenda Moore with Legislative Citations after each served on the council for nearly 20 years.

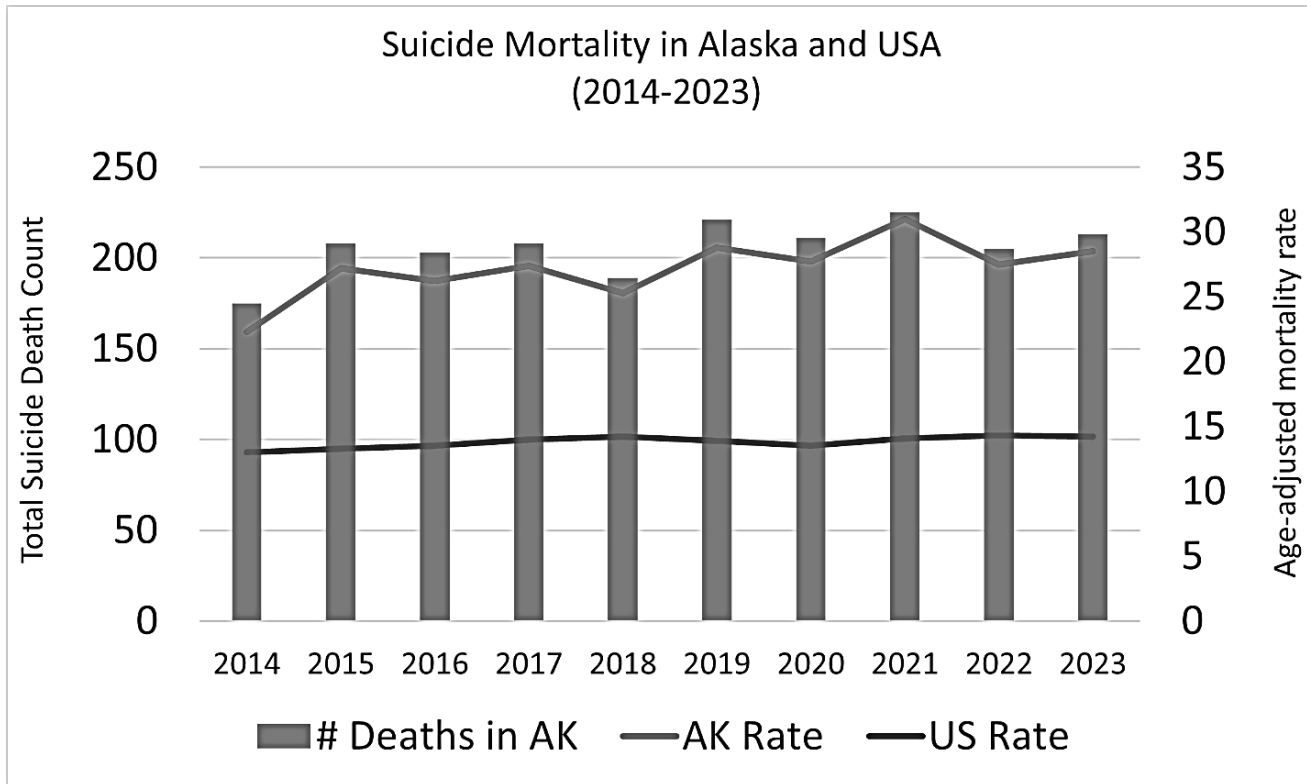
Barbara Franks's interest in suicide prevention began in 1997 after her son died by suicide, a time when it was difficult to find resources for families and when many communities felt the issue was too taboo to speak about. She has been one of Alaska's greatest and most respected suicide prevention specialists and has worked to save thousands of lives throughout the state. She has spent thousands of hours volunteering on behalf of Alaskans. She has worn many hats, including holding positions at various times with the National Alliance for Mental Illness, the National Suicide Prevention Lifeline Commission/Consumer Support Services, the Alaska Psychiatric Institute, the Arctic Resource Center for Suicide Prevention, Early Childhood Development Commission, and the American Foundation for Suicide Prevention.

Brenda Moore first began volunteering for the Alaska Mental Health Board in 2004, and shortly after began serving on the Statewide Suicide Prevention Council. She spent several terms as the chairperson of each legislative advisory group over that period. She has been a passionate and relentless advocate for Alaskans struggling with mental health issues and substance use disorders. Brenda has volunteered thousands of hours and helped the lives of countless Alaskans through her work on the Alaska Mental Health Board and the Statewide Suicide Prevention Council. She has worked on many projects in many different capacities over the years in the continuum of care for mental health, including volunteering on the Alaska Psychiatric Institute Advisory Board, overseeing the creation and implementation of multiple Alaska Suicide Prevention Plans, working on criminal justice reform, prisoner reentry, peer-to-peer recovery, supportive housing, and much more.

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Suicide in Alaska

Suicide is a serious public health issue in Alaska that affects all Alaskans- regardless of age, culture, race, region, or socio-economic background. While suicide rates continue to rise across the United States, Alaska has one of the highest suicide rates of any state, at more than double the national average. Alaska Health Analytics and Vital Records releases the official number of suicide deaths in Alaska each fall for the previous year and the 2023 figures were released in September of 2024.

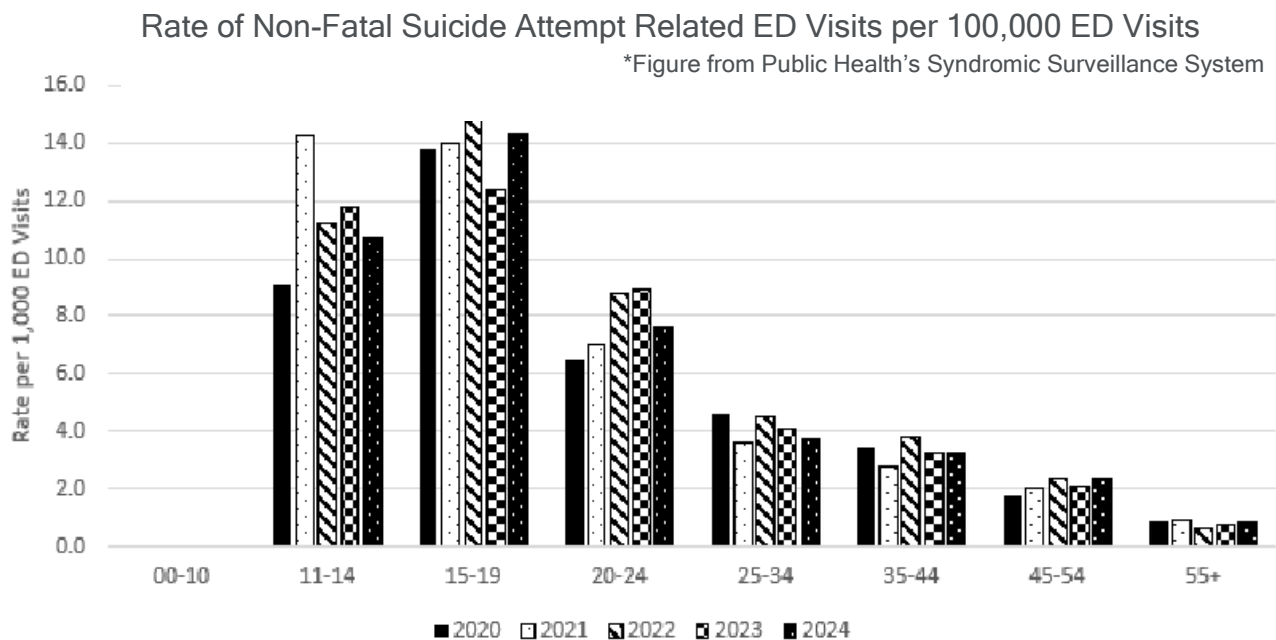


Unfortunately, Alaska continues to have one of the highest rates of deaths by suicide of any state in the nation. There were 213 Alaskans that died by suicide in 2023, a rate of 28.5 per 100,000 people. In 2022 there were 205 Alaskans that died by suicide, a rate of 27.5 per 100,000 people. The highest number on record was 225 deaths by suicide in 2021, with a rate of 27.3 per 100,000. In comparison, the national rate of suicide in 2022 and 2023 was 14.2 deaths per 100,000.

- Young Alaskans continue to be the most at-risk population to die by suicide, with a rate of 43 deaths among 15-24 year olds, 42 deaths among 25-34 year olds, and 43 deaths among 35-44 year olds. Alaska's youth aged 15-24 had the highest rate of suicide for 2023 by any age group, with a crude rate of 42.3 deaths per 100,000.

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- Many more Alaskans attempt suicide than die by suicide. In 2023 Public Health’s Syndromic Surveillance System identified 1092 suicide attempt emergency department visits. There were 213 Alaskans that died by suicide in that same year.
- Young Alaskans have higher rates of suicide attempts than their adult counterparts.
- Males continue to see the highest total number of deaths by suicides in Alaska, accounting for 167 in 2023, compared to 46 by females. However, more females are hospitalized each year due to suicide attempts.
- While rural Alaska communities have much higher rates of suicide per capita due to population disparities, particularly the Western and Interior regions, the Anchorage and Mat-Su areas had more than 50 percent of all suicide deaths in 2023. There were 113 deaths by suicide in Southcentral in 2023, up from 111 in 2022.
- Firearms continue to be the main method of intentional self-harm in Alaska, with 120 of the 205 suicide deaths in 2023 involving a firearm. Of the remaining, 70 were classified as “other” means, while 14 were determined to be by poisoning.



Alaska Health Analytics and Vital Records will release the official 2024 suicide death figures in the fall of 2025. While it is too soon to discuss those figures, Alaska Health Analytics and Vital Records has indicated that preliminary information shows 2024 will likely be similar to the 2023 figures.

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Suicide Prevention Council Activities 2024

Most of the council's activities involve collaboration between stakeholders, supporting various outreach and educational programs, and providing technical assistance as needed. The council and its staff participate in various meetings, conferences, summits and events each year to promote suicide prevention in Alaska. The council also helps support, organize and promote activities for Suicide Prevention Month in September. Governor Dunleavy issued a proclamation for Suicide Prevention Week to be recognized in Alaska as September 8-14, 2024.

Quarterly Council Meetings



The council meets on a quarterly basis and is authorized to conduct one in-person meeting a year, which alternates between urban and rural communities. The other three meetings are conducted via videoconferencing.

The council met in person in Dillingham in October 2024. The meeting was hosted by the Bristol Bay Area Health Corporation at its medical campus. It was given a community welcome by current Speaker of the House Bryce Edgmon and Curyung Tribal Chief Tiffany Webb.

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Highlights of the meeting included a presentation and discussion with the Curyung Tribe Wellness Program about its emerging suicide prevention efforts, current work, and future aspirations. There was also a presentation and discussion with the Bristol Bay Area Health Corporation on the behavioral health services it provides to Dillingham and the surrounding communities. There was also a presentation from SAFE, Bristol Bay's shelter, prevention and advocacy agency for domestic violence and sexual assault victims.

Key takeaways from the community organizations include:

- The need for more “upstream” wellness and prevention efforts in the region and investing in the communities, particularly for the youth.
- The need for barriers to be broken down in rural communities and there is a need for more services.
- The need for improved collaboration with the Office of Children's Services.
- The need for more community-level data related to suicide deaths and attempts.

The council also heard reports from other partner organizations and agencies, including the Division of Behavioral Health, the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, the Alaska Mental Health Trust Authority, and the Department of Education and Early Development.

Public comment was held and key themes included:

- Cultural identity and community connection
- Trauma-informed care
- Education and youth support
- Workforce and resource gaps
- Systemic distrust and lack of person-centered care

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Alaska Suicide Prevention Conference



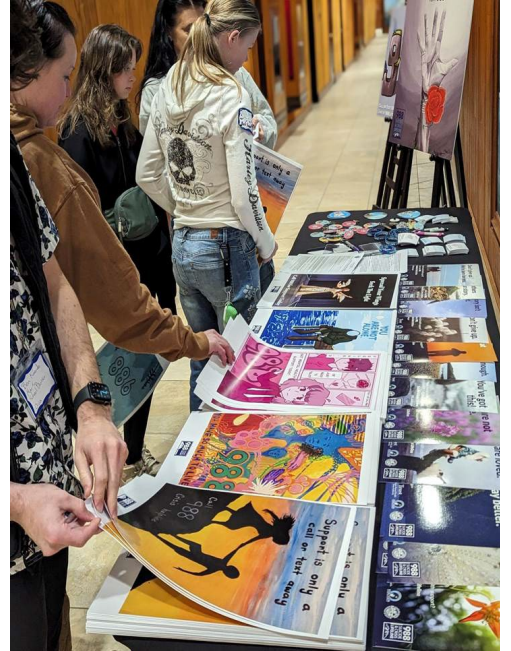
The SSPC cohosted the “2024 Alaska Suicide Prevention Conference: Messages of Healing, Support, and Resilience” in partnership with the Division of Behavioral Health May 1-2, 2024, at the Egan Center in Anchorage. The attendance at the two-day conference increased by nearly 30 percent compared to the 2023 conference, with 211 in-person attendees as well as about 20 joining virtually each day. While most of the participants were from the Anchorage area, Alaskans from all corners of the state attended, as well as people from 10 other states as far away as Maine. Attendees came from all walks of life and professions, including suicide survivors, medical providers, tribal health officials, coalition members, treatment and recovery specialists, active military, educators, law enforcement, and more. This was the inaugural year of inviting youth to attend the full conference, and 10 youth attended the event. In addition, continuing education credits were offered and 85 participants took advantage of the opportunity and applied for their professional licensure.

The conference included 10 keynote speakers, 26 breakout session speakers, as well as an in-person welcoming from Lt. Governor Nancy Dahlstrom. The conference focused on a wide variety of topics related to the “web of causality” of suicide, including prevention, intervention, and postvention. Other topics included suicide prevention in Alaska’s military, school-based peer-to-peer prevention models, intersectionality between eating disorders and suicidality, innovation of indigenous practice-based suicide prevention, safety planning training, Promoting Community Conversations About Research to End Suicide (PC Cares), intersections of human trafficking and suicidality, suicide prevention in peer support and tribal health programs.

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According to participants surveyed, people felt personally impacted by the presenters, felt like they learned Alaska-specific suicide prevention resources, and that they could apply the content back to their work. Over 90% of respondents indicated the conference increased their knowledge of suicide prevention and 92% committed to taking action with their organization as a result of what they learned during the conference.

Prior to the conference, on April 30, SSPC and DBH cohosted a pre-conference Youth Summit for high school age students and their chaperones at the Captain Cook Hotel. Roughly two dozen students from throughout Alaska participated in The Connect Training Program, a comprehensive suicide prevention model on the best practice registry developed and trademarked by NAMI New Hampshire that was made possible through a federal grant received by DBH.



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Suicide Awareness, Prevention & Postvention School-Based Program

The council has had a longtime partnership with the Department of Education and Early Development (DEED) to administer the Suicide Awareness, Prevention, & Postvention (SAPP) program. Along with other school-based suicide prevention activities including educator trainings and crisis response, the SAPP program distributes grants to school districts to promote suicide prevention and awareness in their communities. Many of the grantees include peer-to-peer awareness and intervention models that have shown to be highly effective in youth suicide prevention efforts.

SAPP grant funds are distributed equally (50/50) to both rural and urban school districts. The current 8 grantees include the North Slope Borough School District, Fairbanks NorthStar Borough School Districts, Kenai Peninsula Borough School District, Juneau School District, Petersburg School District, Nenana School District, Matanuska Susitna Borough School District and the Anchorage School District.

Along with some funding going toward technical assistance, the SAPP program also funds the development of DEED's eLearning courses related to suicide awareness, prevention, and postvention, and other topics related to the "web of causality" related to suicide. These courses comply with the State of Alaska's statutory requirements to provide free suicide prevention trainings to all certified educators in Alaska. There are currently 5 courses specific to suicide in the eLearning system. The SAPP program also pays for 500 seats open to the public to take these courses each year. The 5 courses continue to train thousands of Alaska in suicide prevention, with 3,086 courses completed in the 2023-24 school year, and 52,415 courses completed since they were created.

During the 2024 annual SAPP grantee meeting, all grantees participated in The Connect Training Program, the comprehensive suicide prevention model on the best practice registry developed and trademarked by NAMI New Hampshire, so they could bring what they learned back to their districts.

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Alaska Careline

The council continues to partner with and support the efforts of the statewide Careline Crisis Intervention line. Careline is a crisis line based in Fairbanks that is staffed 24 hours a day, seven days a week, by trained Alaskans. It is not strictly for people experiencing suicidal ideation but is also a line for people going through any crisis that need someone to talk to. The main reasons people identified for contacting the Careline were loneliness, mental illness, anxiety, relationships, depression, and crisis.

In 2022, the nationwide 988 three-digit crisis line number was implemented after federal legislation was passed in Congress. While the Alaska-specific toll-free number 1-877-266-4357 is still active, the council and numerous state agencies, tribal organizations, community coalitions, and nonprofits worked to integrate the 988 crisis number in Alaska through the help of a federal grant to address coordination, capacity, funding, and communications strategies.

Since the implementation of the 988 number, the number of calls to Careline have steadily increased. In Fiscal Year 2012 there were 6,956 calls received by Careline. By FY 2022, when 988 was implemented, the number had risen to 16,734. In FY 2024, that number had nearly doubled to 32,470.

The council, in partnership with the Division of Behavioral Health and Careline, continues to promote the 988 number by distributing thousands of posters, magnets, stickers, and other materials, as well as through media advertising. This includes DBH's "988 Create" annual youth art contest to help promote the crisis line to some of Alaska's most vulnerable citizens.

The council also continues to partner with the Alaska Mental Health Trust Authority, DBH, and others to support and promote the Crisis Now model in Alaska. As part of the Crisis Now framework a trained mobile crisis teams to respond in person to individual in crisis who contact 911 or 988 (statewide crisis call center) to reduce the burden on law enforcement officials and medical facilities. The Trust approved \$850,000 each for mobile crisis teams in Fairbanks and the Mat-Su to implement the model in those communities. This investment is already showing significant returns in terms of community impact. The Trust reports that 89% of crises were resolved by the mobile crisis teams without the involvement of law enforcement in the Mat-Su. The federal Substance Abuse and Mental Health Services Administration sets a



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benchmark for 70% of community resolutions, and both these communities have exceeded that. The council continues to work with its partners to see the model introduced in other Alaskan communities. These outcomes highlight the growing importance and effectiveness of 988 and mobile crisis teams in Alaska's behavioral health crisis response system. By providing timely community-based interventions, there is a reduction in emergency room visits and law enforcement involvement in mental health crises. This not only leads to better outcomes for individuals in crisis but also represents more efficient use of healthcare and public safety resources.

Alaska Suicide Cluster Response Team

The SSPC has partnered with the Department of Health to develop a suicide cluster identification and response protocol. A suicide cluster is defined by the Center for Disease Control and Prevention as a group of suicides, suicide attempts, or self-harm events that occur closer together in time and space than would normally be expected in a given community. The Alaska Suicide Cluster Response Team (ASCRT) utilizes the Division of Public Health's Syndromic Surveillance System to identify when there have been abnormal increases in suicide related hospital and emergency department visits within communities and provide notification and support to the impacted communities in an effort to reduce contagion.

To develop an intentional response protocol that is responsive to Alaska's unique geographical and sociocultural climate, the council, in partnership with the Department of Health, has connected with other states, held community conversations, and solicited ideas from tribal partners as well as regional and community suicide prevention coalitions. The work to develop a response protocol is ongoing. Currently, the ASCRT is developing an ESSENCE alert bulletin to be distributed over DBH's suicide prevention listserv. This alert bulletin would include information on impacted communities and known demographic and other variables associated with the increased suicide activity. The alert bulletin would also include resources like postvention supports, information on the 988 Suicide and Crisis Lifeline, safe messaging guidance, and targeted resources for groups identified as at-risk, such as youth.

Additional work is needed to finalize and expand the identification protocol, bolster community capacity to respond, and develop notification infrastructure. The council remains committed to this work and all work to reduce suicide contagion and support Alaskan communities impacted by suicide.

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Conclusion

The Statewide Suicide Prevention Council will continue to work with local suicide prevention groups, suicide survivors, partners, and other stakeholders to implement the goals and strategies in the 5-year state suicide prevention plan “Messages of Hope: Promoting Wellness to Prevent Suicide in Alaska 2023-2027”. Both upstream and primary prevention efforts are needed to reduce suicide in Alaska, with a strong focus on adolescents and young adults, and American Indian and Alaska Natives. Strong state leadership, dedicated program efforts, collaboration and long-term sustainable resources are needed to address suicide in Alaska and the “web of causality” that impacts the health and well-being of Alaskans.

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