THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Health
OFFICE OF THE COMMISSIONER

Anchorage
3601 C Street, Suite 902
Anchorage, Alaska 99503-5923
Main: 907.269.7800
Fax: 907.269.0060

Juneau
P.O. Box 110601
350 Main Street, Suite 404
Juneau, Alaska 99811-0601
Main: 907.465.3030
Fax: 907.465.3068

February 1, 2025

Senate Health and Social Services Committee
Alaska Senate
State Capitol, Room 205
Juneau, AK 99801

Dear Chair Dunbar and Honorable Members,

RE: Follow up to inquiries (S)HSS committee January 23, 2025

Please see responses to the following questions:

What progress has been made on suicide prevention over the last 20 years?

The Department of Health directly works to prevent suicide through the Division of Behavioral Health and is supported with programs and partnerships through the Division of Public Health.

The Statewide Suicide Prevention Council (SSPC) was established in 2001 by the Alaska State Legislature (AS 44.29.300; AS 44.66.010). The SSPC meets on a quarterly basis and advises the governor and legislature on issues relating to suicide. In collaboration with communities, faith-based organizations, and public-private entities, the Council works to improve the health and wellness of Alaskans by reducing suicide and its effect on individuals and communities. The SSPC has worked with stakeholder groups including legislators to produce the state's suicide prevention plan every five years. The most current five-year plan is titled "Messages of Hope: Promoting Wellness to Prevent Suicide in Alaska, 2023-2027" and focuses on six goals, building on benchmarks from the previous five-year plan

- Goal 1: Address Upstream Factors that Impact Suicide;
- Goal 2: Implement a Broad-Based Public Health Response to Suicide;
- Goal 3: Reduce Access to Lethal Means;
- Goal 4: Enhance Alaska's Crisis Continuum of Care;
- Goal 5: Address Special Considerations for Alaskan Youth, Seniors and Elders, Veterans and Military Families; and
- Goal 6: Improve the Quality of Data and Research for Suicide Prevention Efforts.

Link to five-year plan is titled "Messages of Hope: Promoting Wellness to Prevent Suicide in Alaska, 2023-2027" and can be found here:

https://health.alaska.gov/SuicidePrevention/Documents/230301_StatePlan_SuicidePrevention.pdf

Two major partnerships/collaboration between Department of Early Education and Development (DEED), Division of Behavioral Health (DBH), and the Statewide Suicide Prevention Council (SSPC) have focused on suicide prevention among Alaskan students and youth over the last 12-15 years:

- Formed in 2011, Alaska Alternative School Coalition (AASC) has prioritized mental health and substance misuse as key areas of focus with the intended outcome of decreasing depression, anxiety and substance misuse by increasing coping strategies and resiliency. The mechanism that will be used to strive for the intended outcome is reducing the relational poverty in alternative schools and deceasing suicides.
- The Suicide Awareness Prevention and Postvention school-based suicide prevention programs began receiving funding from the Statewide Suicide Prevention Council since 2013. The funding provided through SSPC supports online eLearning professional development courses intended to support Suicide Awareness, Prevention, and Postvention programming and are free to all Alaskans to access. SSPC funding also supports professional development, personnel, and administrative costs at DEED to implement Suicide Awareness, Prevention, and Postvention programs.

The Division of Behavioral Health Prevention and Early Intervention staff have worked with the Statewide Suicide Prevention Coordinator on the following:

- Advocated to the Board of Social Work Examiners to require continuing education in suicide for licensed social workers. This was adopted in 2022.
- Partnership with Alaska Statewide Violence and Injury Prevention Program (ASVIPP) and Alaska Native Tribal Health Consortium to facilitate an online suicide prevention Community of Practice (since 2022)
- Since 2023, DBH PE&I grants have offered increase funding to awardees for implementation of suicide prevention activities, such as the formation of local suicide prevention coalitions. Examples include the Juneau Suicide Prevention Coalition, the Anchorage Suicide Prevention Coalition, Sources of Strength program through Seward Prevention Coalition, and suicide prevention activities coordinated by Spirit of Youth.
- The Garrett Lee Smith "Strengthening Pathways of Care for Alaskan Youth" was awarded to DBH in 2022 and focuses on suicide prevention among Alaskan youth. This grant has provided numerous suicide prevention trainings (in person and online) to educators, providers and community members including youth via programs such as Connect by NAMI New Hampshire, Promoting Community Conversations About Research to End Suicide (PC CARES), and Centers for Human Development. This grant also supports the Zero Suicide initiative in Alaska, suicide prevention public safety campaigns, and the 988 Create artwork contest for youth since 2022.
- 988 SAMHSA grant "Alaska's Crisis Care Coordination Project" awarded to DBH in 2023 focuses on supporting the state's crisis contact center as they implement the new national 988 Suicide and Crisis Lifeline. This grant also supports new agency agreements with Health Analytics and Vital Records (HAVRS) and Alaska Syndromic Surveillance (Epidemiology) to provide DBH with real-time data about suicide attempts and deaths statewide. HAVRS has recently launched their data dashboard which provides publicly facing data about suicide deaths.

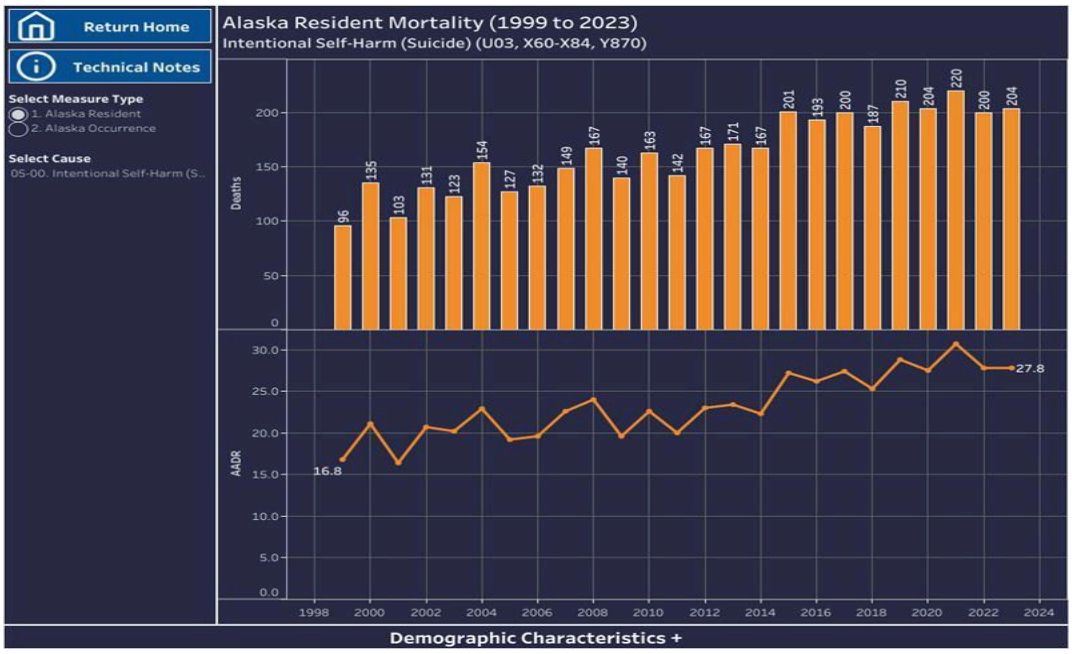
Adjacent suicide prevention efforts in the last 5 years from the Division of Public Health include:

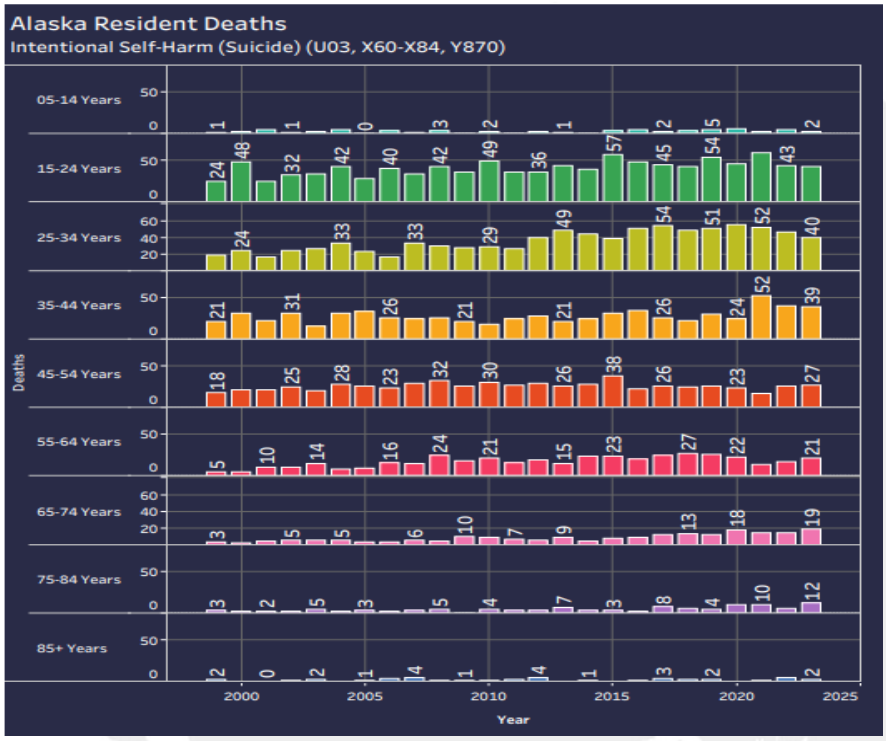
- Maintaining and using the National Violent Death Registry to identify deaths and common factors related to suicide, federally funded by the Centers for Disease Control.

- Developing a state-wide community and programming around shared risk and protective factors for injury and harm.
- Implementing protective programming for youth, including mindfulness meditation and school programs designed to protect against marijuana use, which is associated with increased risk of suicidal behavior among teens.
- Screening and encouraging treatment for traumatic brain injuries (TBIs), since people with TBI are known to have higher than normal rates of non-fatal deliberate self-harm, suicide and all-cause mortality.
- Working with community partners to reduce TBIs through campaigns such as Defend Your Brain.
- Working with populations that may use drug overdose as a way to commit suicide by
    - strengthening our systems to identify and prevent potential addictions (such as the Prescription Drug Monitoring Program)
    - providing naloxone at the point of overdose to increase survival
    - reducing stigma to receive treatment, and
    - supporting peer navigators and behavioral health programs
- Working with clinical providers to better understand pain management and addiction treatment options.
- Supporting emergency responders for overdose responses.
- Instituting a fatality review to overdoses to understand where we can make systematic changes to reduce fatalities.

Data rates of suicide over the last two decades:

- In the 20-year period between 2004 and 2023, the age-adjusted rate of suicide mortality in Alaska increased from 22.9 deaths per 100,000 individuals to 27.8 per 100,000. Over that time period, suicide was the cause of death for a total of 3,498 Alaska residents. There was a low of 127 deaths in 2005 and a high of 220 deaths in 2021.
- Suicide rates have not changed dramatically in the past 5 years, and the suicide rates for the most recent available 2 years of data (2022 and 2023) were the same, 27.8 per 100,000. During the past 5 years, suicide was the cause of death for a total of 1,038 Alaska residents.





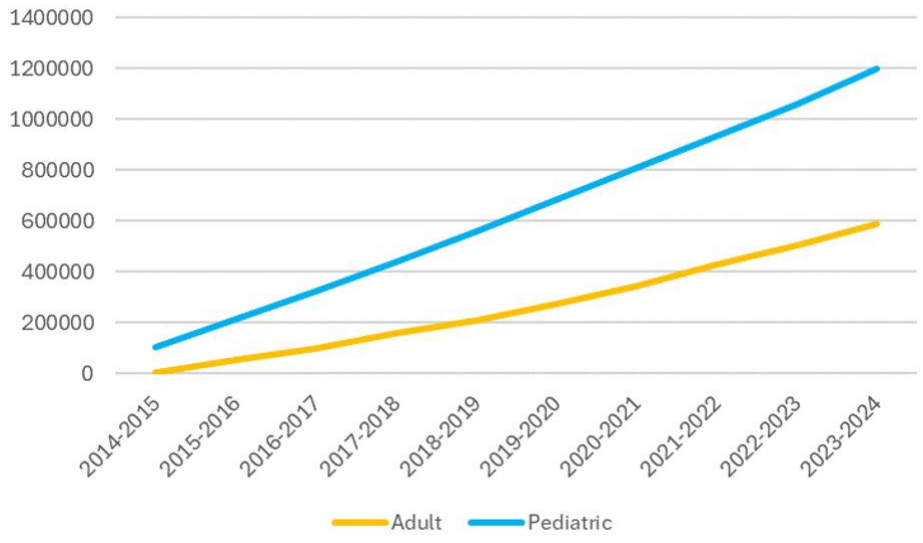
Note: data for both tables above can be found here:
https://public.tableau.com/app/profile/alaska.health.analytics.and.vital.records/viz/AlaskaDeathDashboard/Home

Can you provide an update on the Alaska Vaccine Assessment Program (AVAP)?

The Alaska Vaccine Assessment Program (AVAP) marked its 10-year anniversary in 2024. Over the past 10 years, AVAP has developed into a sustainable and effective program aimed at improving access to vaccines. While the number of vaccines and cost of vaccines have increased, AVAP continues to be an effective program. The childhood vaccine formulary increased from 14 to 28 vaccines available and AVAP now includes all ACIP-recommended vaccines for adults.

Provider enrollment with AVAP has consistently increased and the payer community is an active and supportive partner in AVAP. All Department of Corrections facilities are now AVAP-enrolled and the Immunization Program has a full-time Adult Vaccine Coordinator to support AVAP and adult vaccine activities. TRICARE is now participating in AVAP, although Medicare and Medicaid are not. The uninsured opt-in program has continued to grow, with over 25,000 uninsured adults covered through AVAP.

The below chart shows the cumulative doses administered over the 10 years of AVAP.



The 2023-2024 AVAP annual report can be found here: https://www.akvaccine.org/data/get_doc/454982eab20c09c801500ff9310dc286.

Were capital needs identified through the Crisis Assessment process?

Yes, the June 2024 Assessment of Alaska's Behavioral Health Crisis Services Continuum of Care identified capital investment needs for as a consideration for behavioral health providers. The report found that infrastructure limitations can hinder crisis service expansion, particularly for crisis stabilization and residential centers. To address this, the report (page 28) outlines recommendations and examples of cost-effective options to help providers build and expand crisis care capacity.

Sincerely,

Heidi Hedberg
Commissioner