

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 3, 2009

3:09 p.m.

MEMBERS PRESENT

Representative Bob Herron, Co-Chair
Representative Wes Keller, Co-Chair
Representative John Coghill
Representative Bob Lynn
Representative Sharon Cissna
Representative Lindsey Holmes

MEMBERS ABSENT

Representative Paul Seaton

COMMITTEE CALENDAR

PRESENTATION: SUICIDE PREVENTION EFFORTS

- HEARD

PREVIOUS COMMITTEE ACTION

No Previous Action to Record

WITNESS REGISTER

MELISSA WITZLER-STONE, Director
Central Office
Division of Behavioral Health (DBH)
Department of Health and Social Services (DHSS)
Anchorage, Alaska

POSITION STATEMENT: Presented a Power Point and answered questions during the presentation.

DIANE CASTO, Prevention and Early Intervention Manager
Prevention and Early Intervention Section
Division of Behavioral Health (DBH)
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Testified and answered questions during the presentation.

JAMES GALLANOS, Suicide Prevention Project Coordinator

Suicide Prevention
Division of Behavioral Health (DBH)
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Testified and answered questions during the presentation.

STEVE MCCOMB, Director
Division of Juvenile Justice (DJJ)
Department of Health and Social Services (DHSS)
Anchorage, Alaska

POSITION STATEMENT: Testified and answered questions during the presentation.

ACTION NARRATIVE

[3:09:23 PM](#)

CO-CHAIR BOB HERRON called the House Health and Social Services Standing Committee meeting to order at 3:09 p.m. Representatives Herron, Keller, and Coghill were present at the call to order. Representatives Cissna, Holmes, and Lynn arrived as the meeting was in progress. Representative Seaton was excused.

Presentation: Suicide Prevention Efforts

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CO-CHAIR HERRON announced that the only order of business would be a Power Point presentation titled "Strategies to Reduce and Prevent Suicide in Alaska." [Included in the members' packets.]

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MELISSA WITZLER-STONE, Director, Central Office, Division of Behavioral Health (DBH), Department of Health and Social Services (DHSS), presented a Power Point titled "Strategies to Reduce and Prevent Suicide in Alaska." She said that suicide was a somber subject, and although she was using facts and figures, it was talking about people. She reported that suicide was a universal experience. She related her personal experience with the suicide of friends, colleagues, and family, and said that her experience was not unusual. She observed that there were common questions of why, or what could I have done, as well as feelings of shame, anger and depression.

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MS. STONE, referred to slide 2, titled "Background of Suicide Prevention in Alaska," and established that DHSS focused on suicide through cross disciplinary, community, and research approaches. She stressed the need for prevention and intervention, as the suicide rate in Alaska was twice the national average. She reported that this rate was even higher among teens and young people, the elderly, and Native Alaskans.

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MS. STONE directed attention to slide 3, "Background of Suicide Prevention in Alaska," and explained the change in FY 2006 for a more comprehensive approach of prevention and early intervention. She described this as an approach to reduce risk factors and improve protective factors.

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MS. STONE mentioned that slide 4, "Current Suicide Prevention Funding," identified 16 community based programs.

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MS. STONE briefed that slide 5, also titled "Current Suicide Prevention Funding," presented a FY 2009 targeted allocation fund for a statewide strategy to reduce suicide across all age groups.

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MS. STONE pointed out on slide 6, "DBH Long-Term Outcomes," the long-term goals of substance abuse, mental health, and community connectedness.

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MS. STONE discussed slide 7, "What the Data Tell Us... Alaska Suicide Rates." She explained the comparative line graph of the Alaska suicide rate per capita, the actual number of Alaska suicides, and the national average per capita.

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CO-CHAIR KELLER pointed to the suicide rate increase from 2006 to 2007, and asked if the grant fund integration would have a dramatic effect on the rate.

MS. STONE offered her belief that working with multiple partners would have an impact.

CO-CHAIR KELLER asked if there were negative aspects to this integration of grant funds.

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DIANE CASTO, Prevention and Early Intervention Manager, Prevention and Early Intervention Section, Division of Behavioral Health (DBH), Department of Health and Social Services (DHSS), said that she had not seen any negatives, but that she had felt some resistance, as groups were used to a certain way of doing business. She described the grant integration as "braided" so that DBH was still able to track by grantee, but that the grantees were allowed to blend the money together to provide services, for example suicide prevention and substance use.

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MS. STONE relayed that slide 8, "What the Data Tell Us...Alaska Age-Specific Suicide Rates and Numbers," plotted the graph by the actual number of suicides within each age.

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MS. STONE affirmed that slide 9, "What the Data Tell Us...Alaska Suicides by Sex," revealed that more females attempt suicide, although more males actually commit suicide.

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MS. STONE examined slide 10, "What the Data Tell Us...Alaska Suicide Rates and Numbers by Region." She explained that the numbers on the black line were actual suicides while the bar graphs reflected the suicide rate per 100K in each region.

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CO-CHAIR HERRON asked if this was consistent with historical data.

MS. STONE replied that the ten year period was consistent with annual periods.

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MS. STONE explained that the spike in Region 8 was due to a larger population, although the rate of suicide was lower. She pointed out that a higher suicide rate in a less populated area often meant a lower actual number of suicides. She announced that this was a challenge for the distribution of funding.

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MS. STONE remarked that slide 11, "What the Data Tell Us...Alaska Native, Alaska Non-Native and U.S. Suicide Rates," revealed the disproportionate number of Native suicides.

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REPRESENTATIVE CISSNA declared that many grants have components that affect mental health and environment. She asked if the rate of risk was reviewed and then reflected in the grants for an area.

MS. STONE agreed that these factors were taken into account.

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JAMES GALLANOS, Suicide Prevention Project Coordinator, Suicide Prevention, Division of Behavioral Health (DBH), Department of Health and Social Services (DHSS), explained that current grant funding programs targeted rural areas with high suicide rates.

REPRESENTATIVE CISSNA asked about all the different monies spent throughout Alaska that related to a bigger health picture.

MS. STONE said that the framework for the prevention grants was a strategic prevention framework. She explained that this required a community assessment, which looked at various data as well as the resources of the community. She reported that the developed plan was specific to the community.

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MS. STONE reported that slide 12, "What the Data Tell Us...Suicide Methods in Alaska," revealed that firearms were the most common method of suicide. She directed attention to

"MeansMatter, Suicide, Guns & Public Health." [Included in the members' packets] She pointed out that as guns allowed little time for response, this made it difficult to intervene.

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MS. STONE reported that slide 13, "What the Data Tell Us..." summarized that the Alaska suicide rate continued to be among the five highest states. She recounted that suicide accounted for 68.6 percent of all violent deaths in Alaska.

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REPRESENTATIVE LYNN asked about any commonalities to the five highest suicide states.

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MR. GALLANOS responded that Wyoming and Nevada shared low density populations, lack of availability for mental health services, and high native populations with common risk factors.

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CO-CHAIR HERRON referred to a map of state suicides on page 5 of "MeansMatter."

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MS. STONE discussed slide 14, "What the Data Tell Us..." and pointed out the Alaska Youth Risk Behavior Survey (YRBS). She mentioned that the rate of suicide attempts had increased, and that the highest rate of suicide was among Alaska Native/American Indians.

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MS. STONE referred to slide 15, "What the Data tell Us..." and mentioned that Anchorage/Mat-Su and the rural areas had a very high suicide rate.

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MS. STONE told the committee that slide 16, "Current and Recent Activities, Planning & Partnerships" referred to the "Alaska Suicide Follow-back Study." [Included in the members' packets.]

She shared that the suicide characteristics were included on pages 36 and 37 of the study.

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MS. STONE mentioned that slide 17, "Current and Recent Activities, Prevention & Early Intervention," listed the 16 communities which received funding to address suicide prevention and early intervention.

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CO-CHAIR HERRON asked how many communities had applied for funding.

MR. GALLANOS responded that because the proposal process included comprehensive prevention grant funding, there was only one community which met the minimum requirements, but was rejected.

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MR. GALLANOS, in response to Co-Chair Herron, said that some of the grantees had multiple grants with the DBH.

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MS. STONE examined slide 18, "Current and Recent Activities, Federal Garrett Lee Smith Youth Suicide Grant," and shared that DHSS was notified that federal funds would be awarded for focus on youth, ages 10 to 24.

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REPRESENTATIVE COGHILL asked to clarify that these grants were usually in three to five year cycles.

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MS. STONE agreed and talked about slide 19, "Current and Recent Activities, Outreach & Community Engagement," which listed a one time increment of \$200,000 to assist five regions with development of suicide prevention strategy and implementation plans.

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MS. STONE stated that, slide 20, "Current and Recent Activities, Planning & Partnerships," reflected the DHSS partnership with other agencies.

CO-CHAIR HERRON asked how these partnerships were measured.

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MS. STONE responded that most grant rewards had expectations of outcomes with measureable indicators, although the impact might be relative to a focus group, and thereby harder to measure.

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MR. GALLANOS agreed that it was a challenge to measure whether the universal campaigns were making an impact. He acknowledged that DBH looked for indicators of impact, such as an increase in health seeking behavior.

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REPRESENTATIVE COGHILL asked if a man or a woman was most likely to call.

MR. GALLANOS replied that the CareLine [crisis line phone service] did not have the staff to make these assessments.

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REPRESENTATIVE COGHILL offered his belief that this targeting information would be important.

MS. STONE agreed and endorsed multiple programs for greater response.

REPRESENTATIVE COGHILL observed that the culture did not encourage a cry for help.

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MS. STONE described Gatekeeper Training, which taught people to recognize signs and symptoms. She also mentioned a newer methodology for mental health first aid, which was widely used in Australia.

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MS. STONE stated that slide 21, "Current and Recent Activities, Outreach & Training" referred to the aforementioned Gatekeeper Training.

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CO-CHAIR HERRON asked what the goal was for number of people trained in Gatekeeper Training.

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MR. GALLANOS said that although he had no figures, he offered his belief that there were 200 to 300 already trained. He affirmed that DHSS relied on instructors to be advocates and resources for the community.

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CO-CHAIR HERRON asked that Mr. Gallanos report back as to an optimum number of Gatekeepers given per capita population.

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MS. STONE, in response to Representative Cissna, said that Careline intervention was one of the multiple parts of a comprehensive strategy, which included substance abuse and mental health treatment systems. She added that funding was a challenge.

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MS. STONE reviewed slide 22, "Current and Recent Activities, Outreach & Community Engagement," and recounted that prevention was part of the continuum of behavioral health services and that there should be simultaneous efforts that address other family and community support organizations.

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MS. STONE summarized slide 23, "Next Steps," and remarked that the DBH methodology was to work toward local solutions.

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CO-CHAIR KELLER asked about measurement and timelines for assessment of these programs.

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MS. STONE said that one grant requirement was for grantees to report their outcomes. She expressed the challenge to consolidate all the outcomes for a measure of the more general outcomes. She responded that DBH would report the outcome.

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CO-CHAIR KELLER asked how to measure that the stigma of suicide was removed.

MR. GALLANOS, in response to Co-Chair Keller, said that these were intermediate outcomes and that DBH encouraged the grantees to focus on short term outcomes. He explained that it was difficult to measure outcome of preventions, as this was an attempt to measure something that did not happen. He pointed out the difficulty of reporting on outcome when often the primary challenge was to keep the program running.

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[The audience was asked to introduce themselves and their affiliations.]

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STEVE MCCOMB, Director, Division of Juvenile Justice (DJJ), Department of Health and Social Services (DHSS), confirmed that his goal was for zero suicides. He related instances of youth suicides while detained. He explained that for the past three years DJJ had performed a mental health screening in the first hour of juvenile detention, adopted a universal precaution routine, and treated all the kids as, at the least, a low risk suicide potential. He recounted that DJJ had hired an expert instructor for suicide prevention training, who had also reviewed DJJ policies, procedures, and facilities. Mr. McComb addressed the legal liability for DJJ.

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REPRESENTATIVE COGHILL asked about the problems of transferring youth.

MR. MCCOMB responded that youth detainees were only supposed to be held for a maximum of six hours. He reported that DJJ staff training detailed the need for checks on the youth in no greater

than 15 minute intervals. He agreed on the need for more training.

MR. MCCOMB, in response to a question from Co-Chair Herron, specified that there were 286 beds and noted that the facilities were at about 80 percent capacity.

CO-CHAIR HERRON asked what the risk factor for suicide was.

MR. MCCOMB said that 6 to 10 kids were on daily suicide watch.

CO-CHAIR HERRON asked how that suicide watch affected the staff and if there were a training to deal with this.

MR. MCCOMB replied that the staff training included response drills for mock suicide attempts.

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CO-CHAIR HERRON pointed out that the FY 2009 departmental budget request for Johnston Youth Center (JYC) and he asked for a comparison to the other state youth centers.

MR. MCCOMB mentioned that there were 12 separate units.

CO-CHAIR HERRON asked how the needs of Johnston Youth Center compared with those of the other facilities.

MR. MCCOMB reflected that JYC was the facility with the second most critical needs, and explained that each of the main facilities were in phased projects to allow the same contractor to return for back to back projects.

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CO-CHAIR HERRON commented that it was difficult to be a critic of suicide prevention, but he noted that there was not a strong consistent presence for prevention in the state.

MS. STONE responded that there were many behavioral factors involved in suicide and that dealing with those factors was the mission of the division.

REPRESENTATIVE CISSNA echoed that there had not been the consistent state voice as a priority. She asked Ms. Stone for suggestions of ways for the legislature to help.

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MS. STONE noted that there was now a better understanding of suicide, and that the entire DBH budget was incremental to a solution.

MR. MCCOMB said that he agreed that there was improvement and that DJJ now looked at contributing factors and prevention.

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MS. CASTO, in response to a question from Representative Cissna, said that in order to make change it was necessary to "maintain laser beam focus." She allowed that suicide was hard for people and communities to talk about, as it was incident driven, and that the focus went away with the incident. She emphasized the need for community readiness.

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REPRESENTATIVE COGHILL noted the tendency to celebrate a life after it was lost.

MS. CASTO agreed with Representative Coghill's comments for partnerships with workforce development, schools, and faith based organizations to move forward positively.

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ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:06 p.m.