

01/29/15

PRESENTATIONS :

SUICIDE

PREVENTION;

JUVENILE

JUSTICE;

SOBRIETY

MONITORING;

BEHAVIORAL

HEALTH

<TARGET><BILL></BILL><SUBJECT>01-29-15 DEPARTMENT
PRESENTATIONS SUICIDE PREVENTION COUNCIL; DIVISION OF
JUVENILE JUSTICE; SOBRIETY MONITORING PROGRAM; DIVISION
OF BEHAVIORAL
HEALTH</SUBJECT><COMM>HHSS29</COMM></TARGET>



THE STATEWIDE SUICIDE PREVENTION COUNCIL

coordinate, collaborate, create, communicate

The Statewide Suicide Prevention Council was established by the Legislature in 2001. There are 13 volunteer members appointed by the Governor and 4 *ex officio* members appointed by the Legislature.

The Council is an advisory group responsible for guiding the Governor, legislators, and communities in suicide prevention:

- Improve health and wellness throughout the state by reducing suicide and its effects on individuals, families and communities;
- Broaden Alaskans' awareness of suicide and the role of risk and protective factors in suicide;
- Enhance Alaska's suicide prevention services and programs;
- Develop healthy communities through comprehensive, collaborative, community-based and faith-based approaches implemented at the community level and supported by regional, state, and federal resources;
- Develop and implement a statewide suicide prevention plan; and
- Strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in the state.

A.S. 44.29.350

Goal 1: Alaskans Accept Responsibility for Preventing Suicide

Preventing suicide is every Alaskan's responsibility. Like any other public health problem, suicide can be prevented through increased awareness, education, and targeted interventions to reduce and address risk. In order for these efforts to be successful, Alaskan individuals, families, communities, and governments must take ownership of the problem - and the solution.



Strategy 1.1 - Alaskans learn and understand that suicide is preventable.

Suicide is preventable. While each suicide or attempted suicide can be as unique as the person who experiences it, there are ways to address the "web of causality" - the multiple social, emotional, environmental, and health factors - involved. If every one of us learned about suicide, and the risk factors and protective factors involved, we would be better prepared to prevent suicide in our homes and communities.

How can Alaskans learn about suicide and how to prevent it?

Visit SuicideAlaska.org and read the resources provided there.

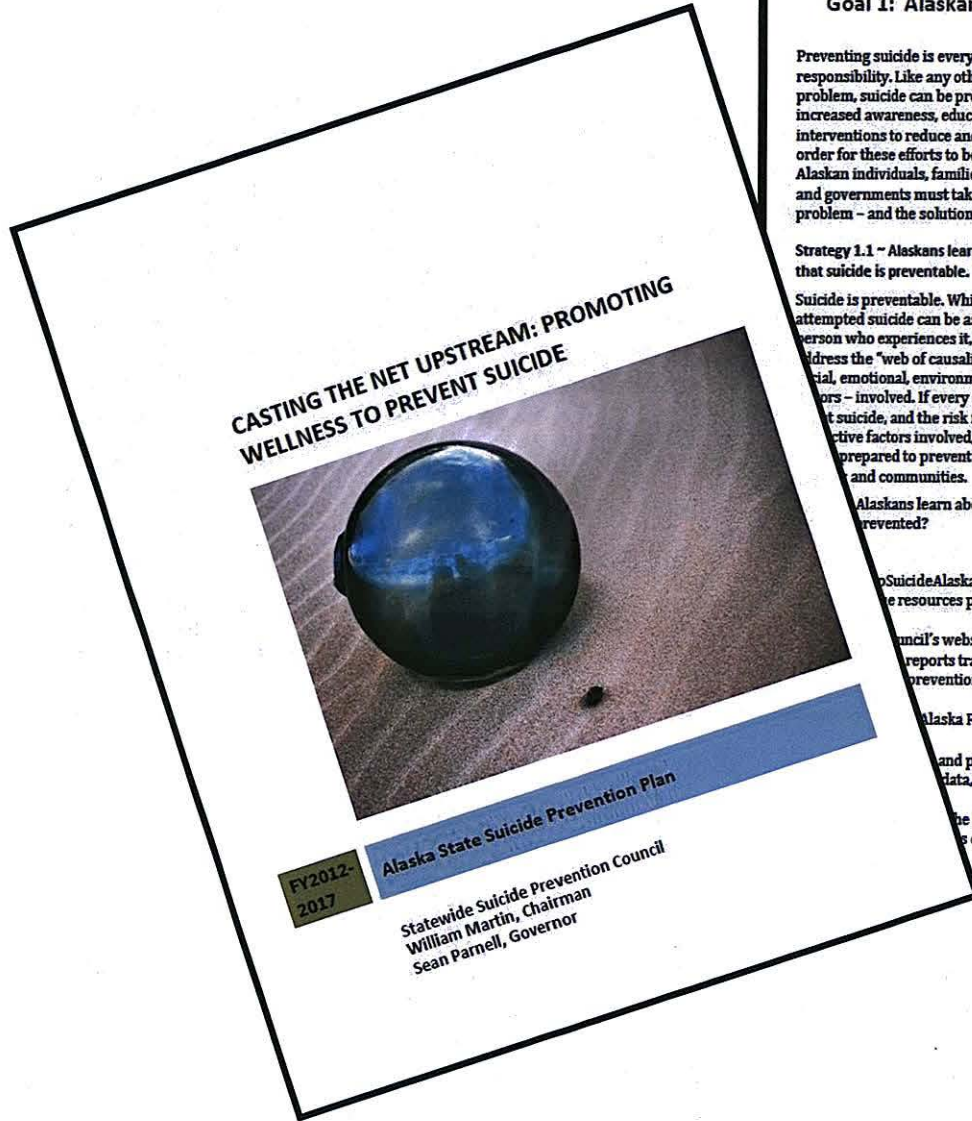
Visit the Council's website and read: [Suicide in Alaska: A Report Tracking Suicide and Suicide Prevention in Alaska since 2000](#)

Review the Alaska Follow-Back Study: [Suicide in Alaska: A Report Tracking Suicide and Suicide Prevention in Alaska since 2000](#)

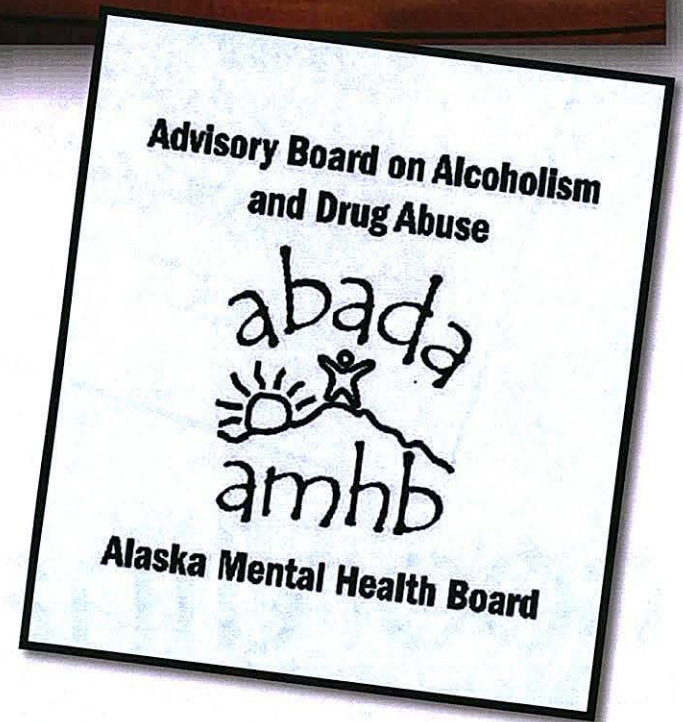
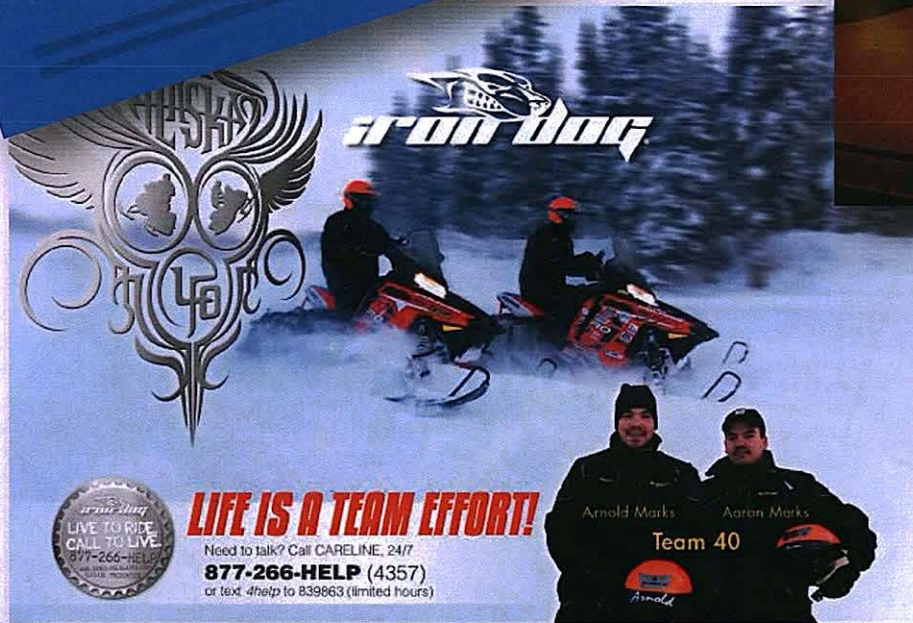
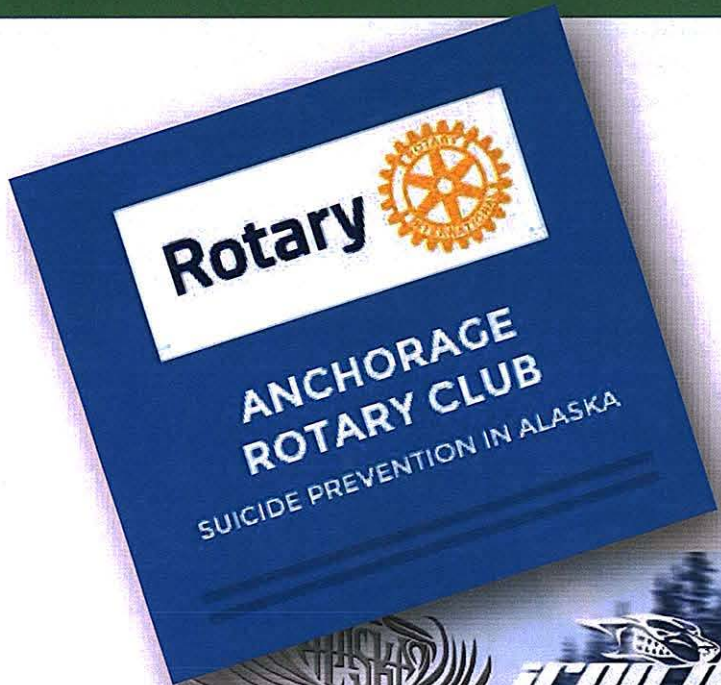
Review the annual and periodic updates on suicide data, and practices.

Join the local suicide prevention coalition.

4. Explore national suicide prevention organizations' resources:
 - American Association of Suicidology www.suicidology.org
 - American Foundation for Suicide Prevention www.afsp.org
 - Suicide Prevention Resource Center www.sprc.org
 - Indian Health Service www.ihs.gov/NonMedicalPrograms/InSPN
 - National Action Alliance for Suicide Prevention www.actionalliancefor.org and www.actionalliancefor.org/health



coordinate



collaborate



REMEMBER, YOU ARE NOT ALONE

Search

Login



Data & Research

Resources

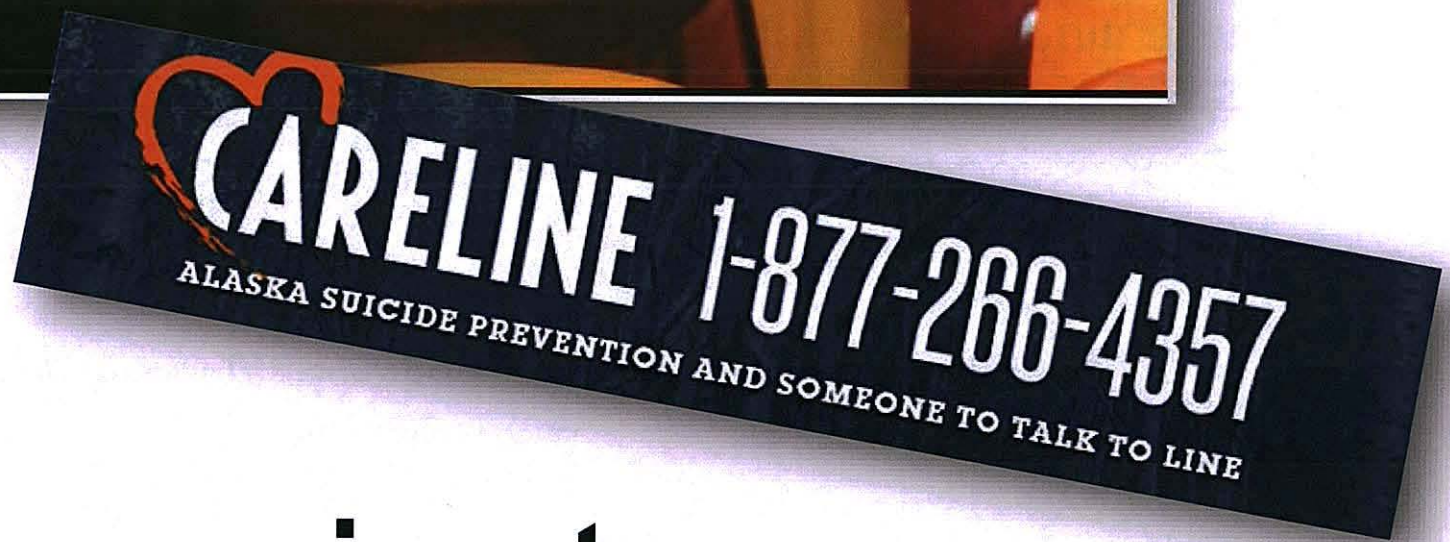
Events

Documents

Partners

Contact Us

Suicide is 100% preventable



communicate

These are common warning signs that someone is at risk of suicide:

- ❖ Threatening to hurt or kill him or herself, or talking about wanting to hurt or kill him or herself.
- ❖ Looking for ways to kill himself or herself by seeking access to firearms, pills or medications, or other means.
- ❖ Talking or writing about death, dying or suicide when these actions are out of the ordinary for the person.
- ❖ Acting recklessly or engaging in risky activities — seemingly without thinking.
- ❖ Experiencing dramatic mood changes.
- ❖ Expressing feelings of purposeless or seeing no reason for living.

Information is from the American Association of Suicidology

warning signs

***Casting the Net Upstream* is a plan of action.**

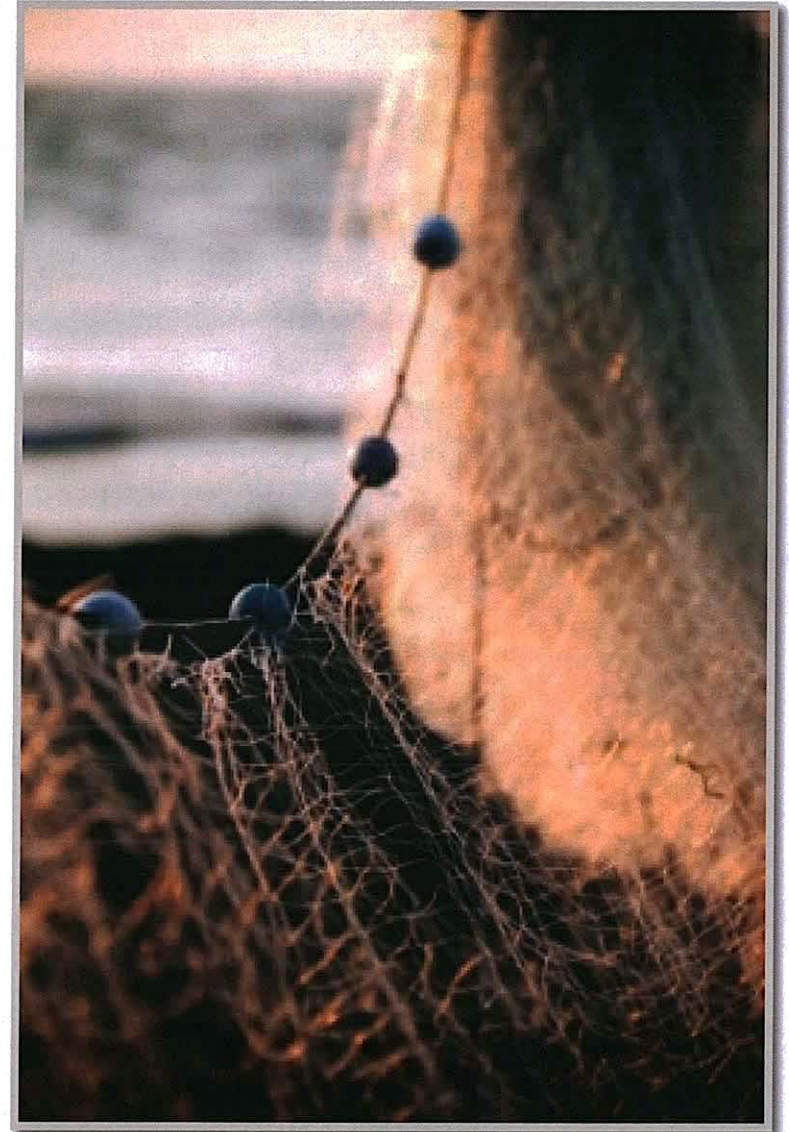
“Every single Alaskan has a job to do if we are going to prevent suicide in our families, schools, work places, and communities. We have provided resources and information to help individuals, communities, and the State of Alaska take action to achieve these goals and objectives. We hope that you will read the plan, and then you will use it to help build stronger, healthier communities.”

Every life matters.

Your life matters.

And you are not alone.

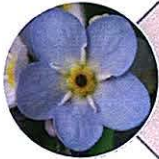
Together, we can prevent suicide and save lives.



casting the net upstream



Goal 1: Alaskans Accept Responsibility for Preventing Suicide



Goal 2: Alaskans Effectively and Appropriately Respond to People at Risk of Suicide



Goal 3: Alaskans Communicate, Cooperate, and Coordinate Suicide Prevention Efforts



Goal 4: Alaskans Have Immediate Access to the Prevention, Treatment, and Recovery Services They Need



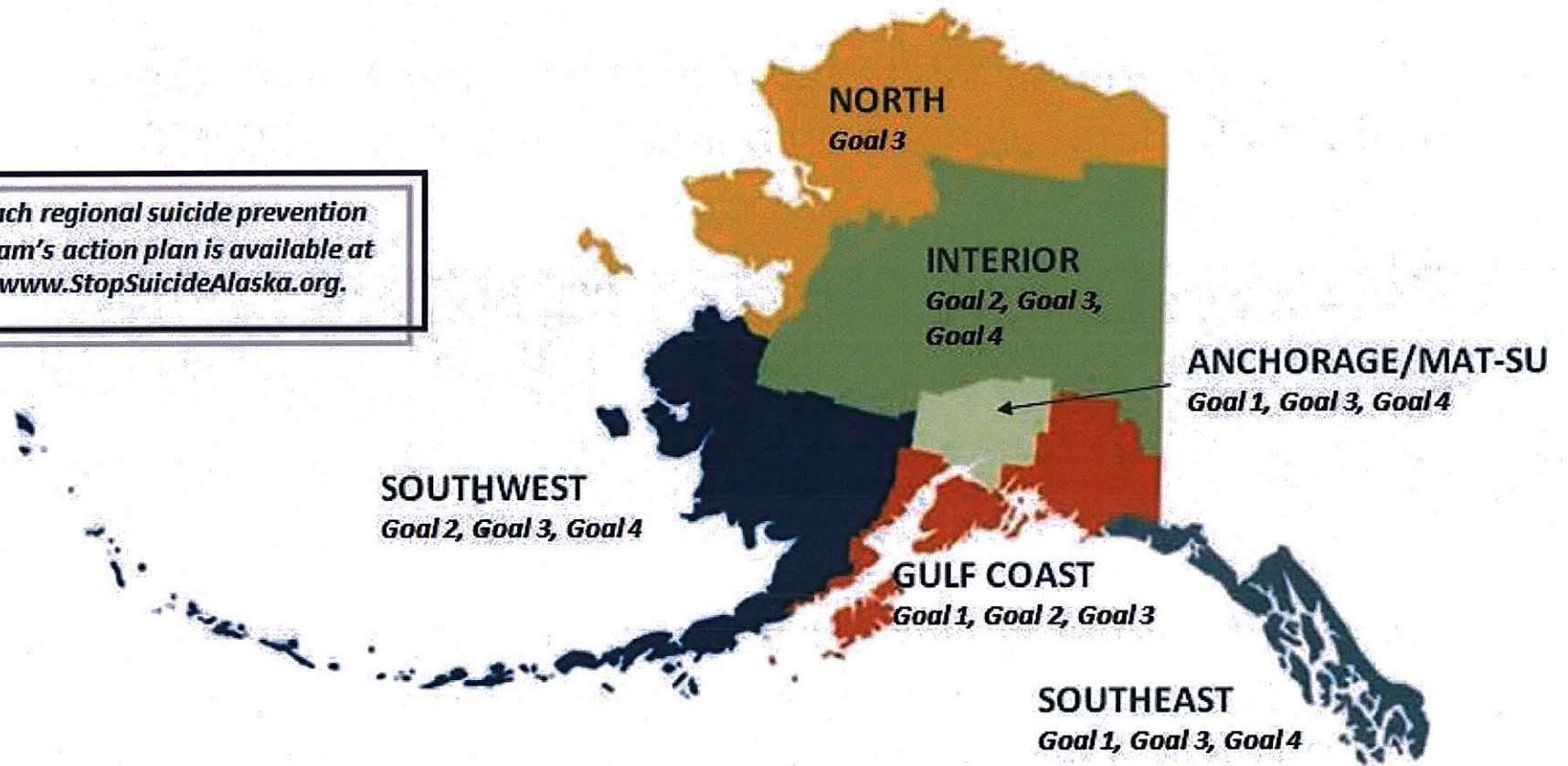
Goal 5: Alaskans Support Survivors in Healing



Goal 6: Quality Data and Research is Available and Used for Planning, Implementation, and Evaluation of Suicide Prevention Efforts

goals

Each regional suicide prevention team's action plan is available at www.StopSuicideAlaska.org.



regional teams

Data from the Bureau of Vital Statistics shows that 171 Alaskans died by suicide in 2013, resulting in an annual rate of 23.4/100,000.

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Rate	20.7	20.2	22.9	19.2	19.6	22.6	24.0	19.6	22.6	19.5	22.8	23.4
Number	131	123	154	127	132	149	167	140	163	141	167	171

The Bureau of Vital Statistics collects data on veteran status on death certificates. Of deaths by suicide of Alaska residents occurring within Alaska in 2013, 30 were confirmed veterans (17.5% of the total of 171 deaths by suicide, slightly less than in 2012).

suicide data

Strategy 2.2 ~ Alaskans know about Careline and other community crisis lines, and can share that information with others.

Indicator: 2.2.a. Number of calls to Careline annually: 10,187
compare to 6,487 in 2013

Careline is Alaska's statewide suicide prevention and crisis call line.

Careline received over 10,000 calls in 2014, compared to 6,487 calls in 2013 (a 54% increase in call volume). Of these calls, 95% were answered by trained Alaskans in Fairbanks. The remaining 561 calls were transferred to accredited crisis call centers with the [National Suicide Prevention Lifeline](#) network, because Careline staff were already responding to a call.

Careline reports over 80% of callers disclose a mental health and/or substance use disorder.

crisis intervention

Strategy 3.2 ~ The State of Alaska and its partners will make training in evidence-based suicide prevention and intervention models accessible to all interested Alaskans.

Indicator: 3.2.a. Number of Alaskans trained in suicide prevention/intervention: at least 5,010 — *compare to est. 3,365 adults and youth in 2013*

Evidence-Based Suicide Prevention and Intervention Trainings, 2014

Agency	Training	Number Trained
Alaska Native Tribal Health Consortium	ASIST	49 adults
	safeTALK	73 adults & youth
Trust Training Cooperation	Mental Health First Aid	759 adults
Division of Behavioral Health	QPR/Gatekeeper	1,388 adults & youth
	Connect Postvention	28 adults
Dept. of Education & Early Development	Gatekeeper Train the Trainer	85 adults
	e-Learning	2,606 adults
	Other	22 adults

training

The state suicide prevention plan and strategies are based on the idea that suicide is the result of many causal factors:

- Mental health disorders
- Depression
- Alcohol and drug use, misuse
- Trauma
- Sudden loss
- Grief
- Economics
- Social and physical isolation
- Access to health care
- Lack of/loss of connection to culture, heritage, and/or spiritual tradition
- Lack of social and family supports

web of causality

Adverse Childhood Experiences (ACEs) are traumatic events that occur during childhood adolescents. These include:

abuse ♦ neglect ♦ domestic violence ♦ household mental illness
household substance abuse ♦ divorce of parents ♦ incarceration of a parent

The 2013 Behavioral Risk Factor Surveillance Survey (BRFSS) data on ACEs in Alaska showed that **64%** of Alaskan adults surveyed had experienced at least one ACE, and **27.4%** had experienced three or more ACEs.

Alaskans reporting four or more ACEs were far more likely to report “fair to poor” physical health, and were more likely to report “frequent mental distress” and higher numbers of days of poor mental health each month.

A complete overview of the BRFSS data and analysis is available [online](#).

childhood trauma

Suicide risk grows with increased number of ACEs experienced.

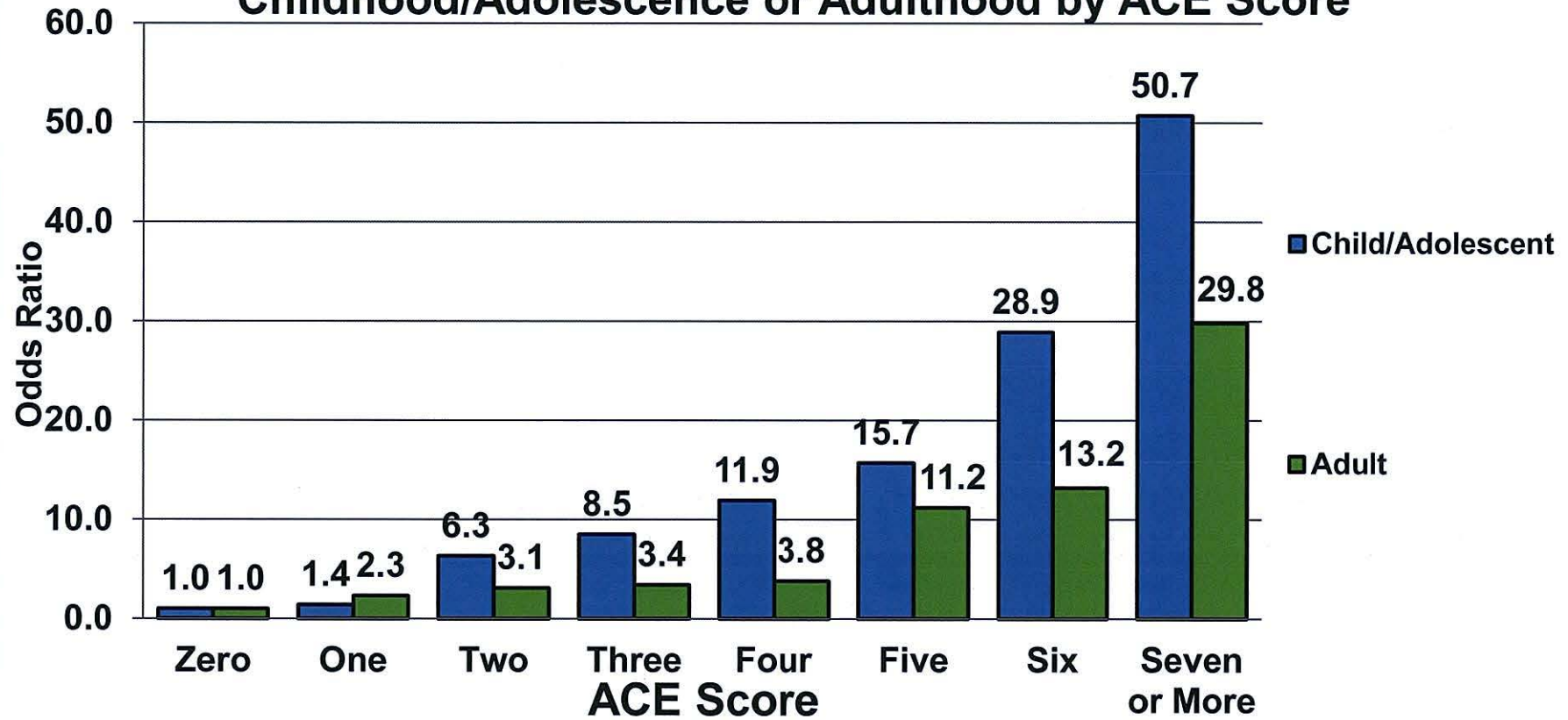
An ACE score of 7 or more increased the risk of suicide attempts **51-fold** among children/adolescents and **30-fold** among adults (Dube et al, 2001).

Nearly two-thirds (64%) of suicide attempts among adults were attributable to ACEs and 80% of suicide attempts during childhood/adolescence were attributed to ACEs.

*Linda Chamberlain, PhD MPH, **An Early Pathway to Preventing Suicide: The Role of Adverse Childhood Experiences**, Founding Director, Alaska Family Violence Prevention Fund, <http://www.instituteforsafefamilies.org/early-pathway-preventing-suicide-role-adverse-childhood-experiences>*

childhood trauma

Odds Ratio* of Attempting Suicide During Childhood/Adolescence or Adulthood by ACE Score



* Odds ratio adjusted for sex, race, education level and age at survey.

Source: **Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Life Span: Findings From the Adverse Childhood Experiences Study** Shanta R. Dube, MPH; Robert F. Anda, MD, MS; Vincent J. Felitti, MD; Daniel P. Chapman, PhD; David F. Williamson, PhD; Wayne H. Giles, MD, MS, *JAMA*. 2001;286(24):3089-3096. doi:10.1001/jama.286.24.3089.

childhood trauma

School Based Suicide Prevention

The Council and Department of Education and Early Development (DEED) partner to offer the **Suicide Awareness and Prevention Program** in 10 school districts. This is part of the broader school health and wellness **Safe, Supportive, and Successful Schools Initiative**. This initiative is supported by the Positive Behavioral Interventions and Supports, School Safety and Health, Youth Risk Behavior Survey, Suicide Awareness and Prevention, and eLearning efforts, among others. This comprehensive approach to student wellness furthers the objectives of Alaska's youth suicide prevention efforts and the overarching goals of *Casting the Net Upstream*. DEED, with the support of a grant from the Department of Health and Social Services, provides the **Promoting Health Alternative Schools and Community Partnerships Initiative**.

Northwest Arctic School District maintains its **Teck-John Baker Youth Leaders Program**. This model has proved successful in other districts, and is being implemented by the Bering Straits School District this year.

what's working

School Based Suicide Prevention

The Juneau Suicide Prevention Coalition and Juneau School District offer **Sources of Strength**, an evidence-based peer leadership and resiliency building model, in the 3 high schools and 1 middle schools. Approximately 90 peer leaders and 15 adult advisors participated in Sources of Strength in 2014.

Lower Kuskokwim School District has provided the evidence-based Signs of Suicide Training and Education for many years. This program helps students understand the warning signs of suicide in themselves and their peers, and helps students at risk connect to help.

what's working

Access to Mental Health Care Services

Access to effective clinical services for behavioral health disorders is a key protective factor against suicide.

Culturally relevant prevention and wellness promotion programs, like the Qungasvik Project and Elluam Tungiinun Project in Southwest Alaska, have been found to strengthen protective factors and resiliency to suicide. Alaska Native Tribal Health Consortium, with funding from the Department of Health and Human Services, has developed a culturally relevant suicide prevention training and resource guide – *Doorway to a Sacred Place*.

Lower Kuskokwim School District (through its social work department), Petersburg School District (with Petersburg Mental Health), Haines School District (with Lynn Canal Counseling), and Juneau School District (with Juneau Youth Services) have expanded access to clinical mental health services for at-risk students.

what's working

Continued Implementation of Casting the Net Upstream

- ✓ Increase Access to Evidence-Based Suicide Prevention Training for all Alaskans
- ✓ Develop, Support Evidence-Based Suicide Prevention Training for Professionals
- ✓ Support Integration of Behavioral Health and Primary Care Services
- ✓ Encourage Suicide Screening, Intervention in Primary Care Practices
- ✓ Support Services, Resources for Parents and Families
- ✓ Expand the Suicide Knowledge and Research Base in Alaska
- ✓ Refine Communication Strategies, Taking Advantage of Emerging Outlets
- ✓ Evaluate Statewide Suicide Prevention Efforts in Preparation for Next Planning Phase

what's next

Questions?

thank you

Comments?

J. Kate Burkhart, Executive Director
Statewide Suicide Prevention Council
Alaska Mental Health Board
Advisory Board on Alcoholism & Drug Abuse

kate.burkhart@alaska.org
907.465.6518



24/7 SOBRIETY MONITORING PROGRAM

24/7 is a “smart justice”, evidence-based initiative being implemented in many jurisdictions around the country to reduce recidivism while ensuring public safety. It requires twice-daily testing for alcohol and/or random testing for drugs, with immediate consequences for failing or missing a test. It can be used as a bail or probation conditions of “no alcohol”. 24/7 allows participants to be actively involved in their community with continued employment, education, treatment, family and recovery obligations through consistent monitoring and testing. The program holds the offender accountable, provides structure, and enhances compliance with conditions. It has been shown to lead to changes in behavior and extended sobriety.

- Authorized by the passage of SB64 as a **bail condition** for certain alcohol or drug related crimes according to (AS 12, 30,011(b)(18); 016(b) and (c)) and may be imposed as a bail condition instead of a third-party custodian, and instead of a high bail.
- Also authorized as a **probation condition** for any offense (AS 12.55.100(a)); for now Anchorage may impose it as a probation condition for misdemeanors, but not felonies yet, because the new PACE program focuses on the felony probationers for now.
- The program can also be used in **Child in Need of Aid** cases when testing is imposed on adults to ensure sobriety as a condition of returning children back to their homes.

HOW IT WORKS

When a defendant is ordered into the program, the court provides the Department of Health and Social Services (DHSS), Division of Behavioral Health’s Alcohol Safety Action Program (ASAP) a copy of the probation or bail conditions. The defendant reports either to ASAP for further instructions or directly to the testing facility. ASAP provides the release conditions to the testing facility, and makes sure the defendant shows for the next testing session, or within 12 hours of release.

Alcohol testing requires a simple blow into the testing device. The entire process takes less than two minutes. Results are immediate. Drug testing takes slightly longer, but results are also immediate. The testing facility enters results into a database shared by ASAP and the Department of Corrections’ probation officers. No-shows or positive test results are reported back to the District Attorney’s office, Probation or Parole officer, and/or local law enforcement for immediate action.

DEMONSTRATED RESULTS

- Alcohol test in South Dakota over a 7 year period showed that 55% of participants **never** failed a test
- 17% failed once
- 17% failed 3+ times
- Drug UA test in South Dakota over a 5 year period had a 97% pass rate
- 24/7 participants in South Dakota are re-arrested for 2nd or 3rd DUI at 50% lower rate than those not participating in the program

For more information, please contact:

State of Alaska | Department of Health and Social Services | Division of Behavioral Health
Telephone: (907) 465-3370

**CASTING THE NET UPSTREAM: PROMOTING WELLNESS TO
PREVENT SUICIDE**

**Alaska State Suicide Prevention Plan,
2012-2017**

**ANNUAL IMPLEMENTATION
REPORT
2014**

Statewide Suicide Prevention Council
William Martin, Chairman ❖ Bill Walker, Governor

Statewide Suicide Prevention Council Members, 2014

William Martin, **Chairman**

Sen. Anna MacKinnon

Sen. Berta Gardner

Rep. Jonathan Kreiss-Tomkins

Rep. Benjamin Nageak

Kathryn Casello

Meghan Crow

Cynthia Erickson

Sharon Fishel

Barbara Franks

Fred Glenn

Alana Humphrey

Sue Ellen May

Brenda Moore-Beyers

Christine Moses

Lowell Sage, Jr.

Albert Wall



Statewide Suicide Prevention Council Staff

J. Kate Burkhart, Executive Director

Eric Morrison, Council Assistant

Introduction

The Statewide Suicide Prevention Council ["Council"] was established by the Alaska Legislature in 2001. The Council is responsible for advising legislators and the Governor on ways to improve Alaskans' health and wellness by reducing suicide, improving public awareness of suicide and risk factors, enhancing suicide prevention efforts, working with partners and faith-based organizations to develop healthier communities, creating a statewide suicide prevention plan and putting it in action, and building and strengthening partnerships to prevent suicide. The Council was reauthorized by the Legislature in 2013, with a sunset date of June 30, 2019.

Casting the Net Upstream: Promoting Wellness to Prevent Suicide is a call to action. It acknowledges the most current research and understanding of the "web of causality" of suicide. Suicidal behavior results from a combination of genetic, developmental, environmental, physiological, psychological, social, and cultural factors operating in complex, and often unseen, ways.

Specific strategies were identified to achieve the goals and objectives of the suicide prevention system. These strategies come from the wisdom and experience of Alaskans. They are based on the most current and credible data and research available. These strategies are ways that individuals, communities, and the State of Alaska can act together to prevent suicide.

The plan is a uniquely Alaskan endeavor, though it is aligned with the [National Strategy for Suicide Prevention](#) and the [American Indian and Alaska Native National Suicide Prevention Strategic Plan \(2011-2015\)](#). *Casting the Net Upstream* encourages Alaskans to think about prevention in a new way by promoting physical, emotional, and mental wellness and strengthening personal and community resilience - to prevent suicide by promoting the health of our people, families, and communities. This is the third annual implementation report of suicide prevention efforts toward the *Casting the Net Upstream* goals.

2014 Annual Report

In addition to the activities and efforts reported in this implementation report, the Council engaged in the following activities in 2014:

- ✓ The Council held four public meetings: in Anchorage (January, 2014), Bethel (May, 2014), and Seward (October, 2014) and by teleconference in August, 2014.
- ✓ The Council hosted its third biennial Statewide Suicide Prevention Summit, “Tending the Net,” in Anchorage January 9-10, 2014. More than 80 Alaskans participated from the six regional teams (Southeast, Gulf Coast, Southwest, Anchorage/Mat-Su, Interior, and Northern).
- ✓ The Council partnered with the Department of Education and Early Development to expand the competitive [Suicide Awareness, Prevention, and Postvention](#) [SAPP] grant program for school-based suicide prevention. Four additional school districts were funded along with the inaugural cohort of six school districts in 2014.
- ✓ The Council partnered with the [Alaska Community Foundation](#) and Alaska Children’s Trust to secure funding to continue the Teen Suicide Prevention Grant Program. Grants will be awarded in 2015.
- ✓ The Council (staff and/or members, often with partner organizations) made educational presentations at the First Alaskans Institute Elders and Youth Conference, Alaska Federation of Natives Convention, School Counselors Association Conference, School Health and Wellness Initiative Conference, Garrett Lee Smith Grantee Conference, Alaska Statewide Special Education Conference, and Statewide Independent Living Council. Education/awareness booths and public outreach were provided at the Cordova Health Fair and Alaska Federation of Natives Convention, and the University of Alaska Anchorage Suicide Prevention Week in 2014. The Council provided bracelets with the Careline number, Careline magnets, and thousands of Careline brochures for suicide prevention events sponsored by community coalitions, the Alaska State Troopers, the Rotary Club of Anchorage, and others.

Casting the Net Upstream Goals



Goal 1: Alaskans Accept Responsibility for Preventing Suicide



Goal 2: Alaskans Effectively and Appropriately Respond to People at Risk of Suicide



Goal 3: Alaskans Communicate, Cooperate, and Coordinate Suicide Prevention Efforts



Goal 4: Alaskans Have Immediate Access to the Prevention, Treatment, and Recovery Services They Need



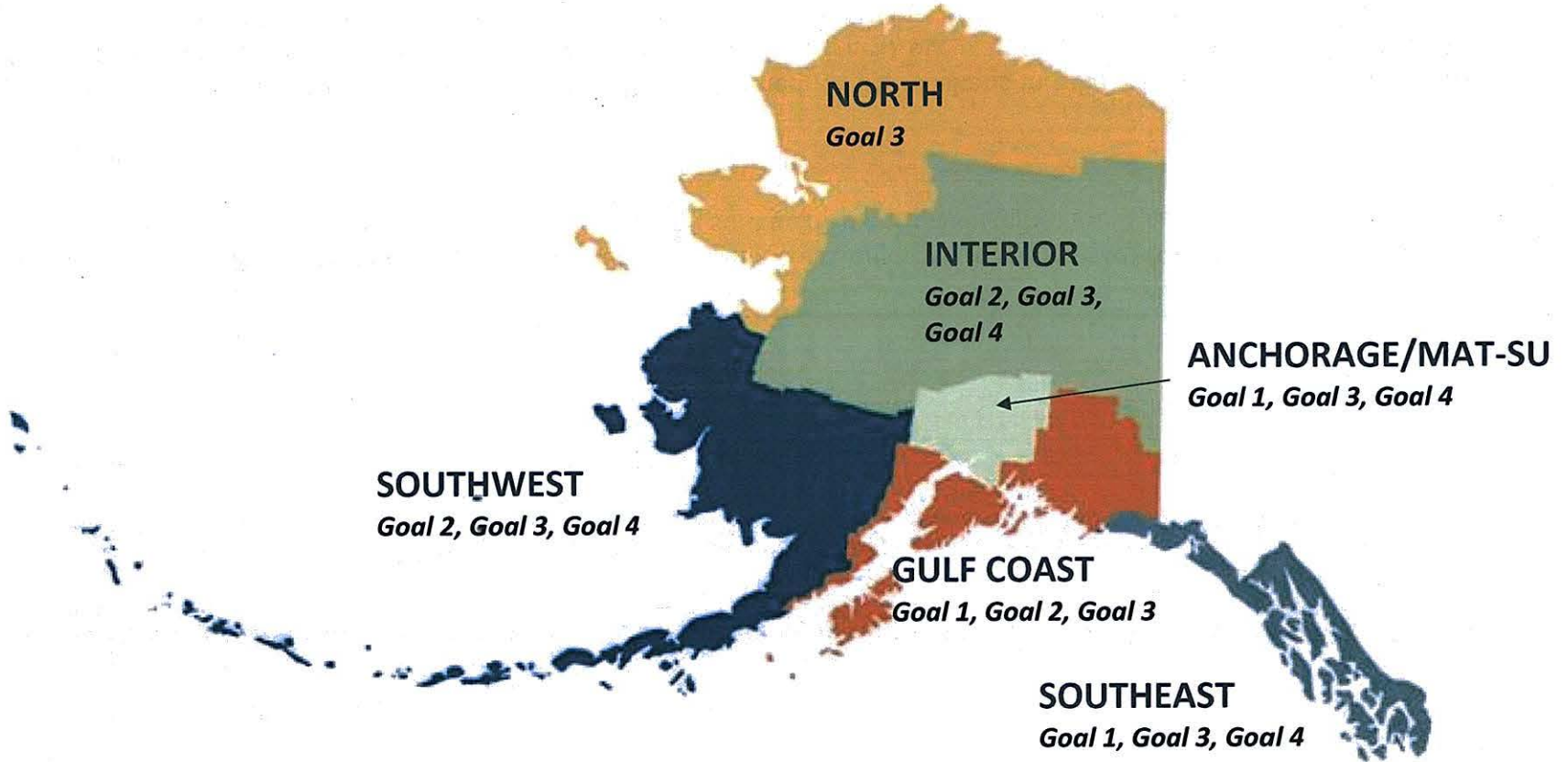
Goal 5: Alaskans Support Survivors in Healing



Goal 6: Quality Data and Research is Available and Used for Planning, Implementation, and Evaluation of Suicide Prevention Efforts

Regional Suicide Prevention Teams

With the release of *Casting the Net Upstream*, the Council helped to create six regional suicide prevention teams: Northern, Interior, Southwestern, Anchorage/Mat-Su, Gulf Coast, and Southeastern. These teams are made up of key stakeholders and leaders in community suicide prevention efforts. They are working to achieve state suicide prevention goals most relevant to their regions through specific action plans developed at the 2012 Statewide Suicide Prevention Summit and refined at the 2014 "Tending the Net" Statewide Suicide Prevention Summit.



Suicide Rate and Number, 2013

Data from the Bureau of Vital Statistics shows that 171 Alaskans died by suicide in 2013, resulting in a statewide suicide rate of 23.4/100,000.

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Rate	20.7	20.2	22.9	19.2	19.6	22.6	24.0	19.6	22.6	19.5	22.8	23.4
Number	131	123	154	127	132	149	167	140	163	141	167	171

Source: Department of Health and Social Services, Bureau of Vital Statistics

Summary of Suicide Prevention Activities

The number of community-based suicide prevention activities has continued to grow since 2010. This summary of projects and activities is meant to provide a sample of Alaska's evolving suicide prevention system.

Suicide Prevention Training

The Department of Education and Early Development (DEED) trained 2,606 Alaskans in FY2014, nearly twice as many as in FY2013 (1,326 trained). All of these individuals were trained *via* the DEED [eLearning System](#). Of those receiving training, 1,825 Alaskans completed the Suicide Prevention Part 1 eLearning Module and 781 Alaskans completed the Suicide Prevention Part 2 eLearning Module.

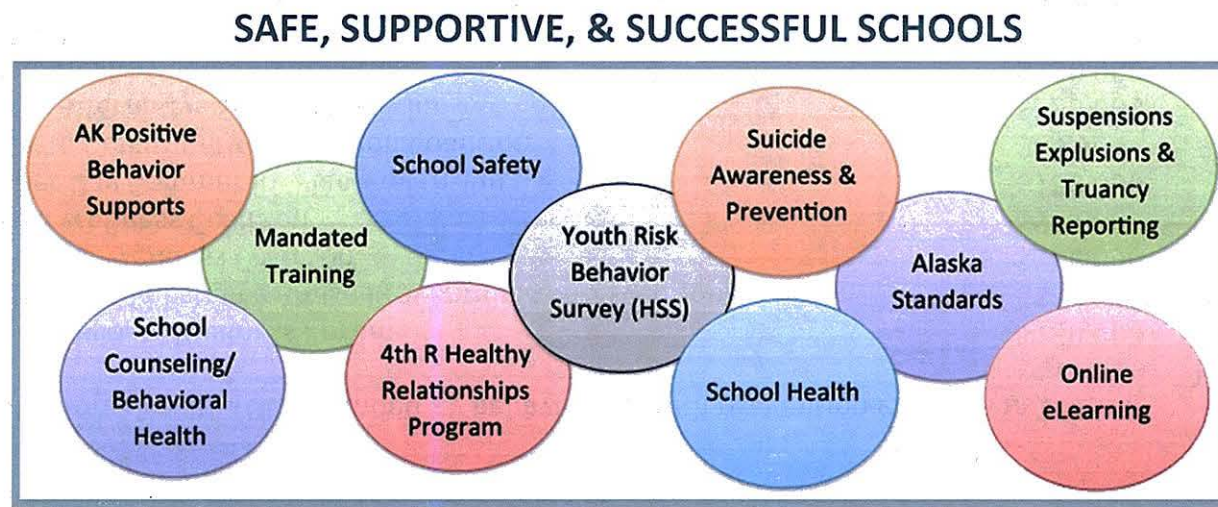
Alaska school districts offer suicide prevention trainings to educators and staff in order to meet the requirements of the law passed in 2012. DEED reports that school districts offered training in [safeTALK](#), [Applied Suicide Intervention Skills Training \(ASIST\)](#), and Gatekeeper QPR, as well as web-based training from the [eLearning System](#) and [Kognito](#).

School-Based Suicide Prevention

2014 was the second year of the [Suicide Awareness, Prevention, and Postvention \[SAPP\]](#) grant program, implemented by DEED in partnership with the Council. Ten school districts were funded to offer evidence-based suicide prevention in their

high schools. All school districts receiving SAPP grants provide services to students at-risk of suicide. The Juneau, Anchorage and Mat-Su Borough school districts are implementing suicide prevention programs in alternative schools. The Haines and Petersburg school districts are partnering with community behavioral health centers to expand students' access to mental health services. The Northwest Arctic Borough and Bering Straits school districts are using peer leadership and support as the basis of their suicide prevention programs.

DEED has integrated suicide prevention and school health and wellness into the broader [Safe, Supportive, and Successful Schools Initiative](#). This initiative is supported by the Positive Behavioral Interventions and Supports, School Safety and Health, Youth Risk Behavior Survey, Suicide Awareness and Prevention, and eLearning efforts, among others. This comprehensive approach to student wellness furthers the objectives of Alaska's youth suicide prevention efforts and the overarching goals of *Casting the Net Upstream*. DEED, with the support of a grant from the Department of Health and Social Services, also continued the [Promoting Health Alternative Schools and Community Partnerships Initiative](#) in 2014.



Source: Department of Education and Early Development, Teaching and Learning Support

The Teck-John Baker Youth Leaders Program in the Northwest Arctic Borough School District continues to show success in promoting positive youth development and reducing suicide risk. Based upon the Comprehensive Health Education

Foundation's Natural Helper curriculum and adapted to Inupiaq culture, this model harnesses the strengths and talents of students to promote health and wellness. The Teck-John Baker Youth Leaders Program was chosen for evaluation as an evidence-based intervention through the Native American Service to Science Initiative at the Substance Abuse and Mental Health Services Administration. For more information about this program, contact Michelle Woods, Northwest Arctic Borough School District, at (907) 442-1869.

Suicide Prevention

The Division of Behavioral Health (DBH) funded 20 behavioral health prevention grantees in 2014:

Nome Regional Wellness Forum	\$150,000
North Slope Substance Abuse Prevention & Intervention Coalition	\$134,942
Fairbanks Wellness Coalition	\$260,000
Nulato Wellness Coalition	\$95,848
Hooper Bay Community Planning Group	\$150,000
McGrath Community Prevention Coalition	\$69,904
Alaska Alternative Schools Coalition	\$350,000
Bethel Healthy Families Coalition	\$150,000
Thrive Mat-Su	\$260,960
Anchorage Communities Mobilizing for Change on Alcohol	\$264,458
Spirit of Youth Coalition	\$257,092
Anchorage Youth Development Coalition	\$342,473
Kenai Prevention Coalition	\$150,680
Seward Prevention Coalition	\$150,000
Chenega Bay & Tatitlek Community Coalition	\$149,853
Juneau Suicide Prevention Coalition	\$284,000
Ketchikan Wellness Coalition	\$150,000
Prince of Wales Behavioral Health Coalition	\$224,802
Petersburg Prevention Coalition	\$123,480
Wrangell Early Prevention Coalition	\$95,582

While not all of the grantees proposed to focus specifically on suicide prevention, all the coalitions are required to address behavioral health issues that contribute to the “web of causality” for suicide. There were significant differences in this new comprehensive prevention grant cycle:

- Commencing a new four-year grant cycle (FY 2015-FY 2018);
- Limiting funding to community coalitions that include partner agencies and share funding and decision-making;
- Strict adherence to the [Strategic Prevention Framework](#) prevention model from the Substance Abuse and Mental Health Services Administration (SAMHSA);
- Requiring community assessment of needs, readiness and resources related to behavioral health prevention before implementing strategies;
- Requiring coalitions to implement at least one environmental strategy (community-level prevention activities); and
- Requiring coalitions to collect, monitor, and report local data related to planning, implementation, and evaluation of grant activities.

Since 2013, DBH has provided \$125,000 to the Alaska Native Tribal Health Consortium (ANTHC) to finalize and pilot Doorway to a Sacred Place, a suicide prevention model based upon traditional values and teachings from indigenous communities throughout Alaska. The model incorporates the traditional healing practices of Talking Circles, Teaching Circles, Body Energy Work, Song, Dance, Drumming, and Storytelling. The pilot program launched in 2014 and will expand in 2015. Evaluation of Doorway to a Sacred Place is supported by SAMHSA’s initiative to build evaluation capacity for evidence-based interventions. With funding from SAMHSA, ANTHC has implemented pre- and post-training tests, collection of follow-up data three months after training, and a dynamic system of feedback with tribal behavioral health directors to refine and improve implementation.

Communities also engaged in a wide variety of suicide prevention activities in 2014. The Gulf Coast Regional Suicide Prevention Team reported a gun lock project to reduce access to lethal means (firearms). The Gulf Coast team also coordinated Gatekeeper QPR trainings in Valdez and Seward, as well as safeTALK trainings in Kodiak. Members hosted a Suicide Awareness Walk in Kodiak and created suicide prevention public service announcements in English, Alutiiq, and Tagalog that were broadcast around the region during September (Suicide Prevention Awareness Month).

The Anchorage Suicide Prevention Coalition continued to expand its membership in 2014. The Anchorage Coalition created new partnerships with the Downtown Anchorage Rotary Club, Anchorage Youth Development Coalition, Alaska Injury Prevention Center, Carlile Trucking, and SPAWN Advertising. The Anchorage Coalition provided four safeTALK trainings, 10 Alaska Gatekeeper QPR trainings, and two Connect Postvention trainings. The Anchorage Coalition also led two trainings on workplace suicides for more than 75 people in Anchorage.

The University of Alaska Anchorage hosted four events for Suicide Prevention Awareness Month (September). Council members Barbara Franks and Kathryn Casello assisted University staff and students to host “Who Has Helped You” activities to help people identify supportive relationships in their lives, as well as health promotion and education booths at the Student Union. The theme of these suicide prevention activities was “You Are Not Alone - Community Connectedness.” The UA Native Student Services, in partnership with Southcentral Foundation, hosted a “Reasons to Live” event, which included a smudging ceremony and Walk for Life, on March 27, 2014.

The Juneau Suicide Prevention Coalition continues to support suicide prevention in the Juneau School District and wider community. The Juneau Coalition helped coordinate Gatekeeper QPR trainings for more than 200 people. The Juneau Coalition partners with the school district to offer [Sources of Strength](#), an evidence-based peer leadership and resiliency building model, in the three local high schools and one of the middle schools. Approximately 90 peer leaders and 15 adult advisors participated in Sources of Strength in 2014. Students, supported and trained by adult mentors, are encouraged to use positive messaging to promote better health behaviors and prevent suicide.

[Drew’s Foundation](#), founded by Paul O’Brien of Bethel, strengthened partnerships with dog sled and snowmachine racers in the Yukon-Kuskokwim region to carry the message “Suicide is Never the Answer: Call Someone.” Drew’s Foundation hosted a “Memory Room” at the Camai Dance Festival in March, 2014 and a “Walk for Life” in Bethel in May, 2014. More than 100 people, including some Council members, participated in the walk. The Alaska chapter of the American Foundation for Suicide Prevention coordinated Out of Darkness Walks in 2014. Similar walks/runs were held by tribal health and community organizations across Alaska.

[NAMI-Anchorage](#) hosted its annual Remembrance Tree Ceremony on September 12, 2014 to remember those who have died by suicide and to support survivors of suicide. This year, the ceremony included the tying of ribbons on the tree for people who have survived an attempted suicide – an example of how Alaska continues to lead the way in recognizing and including attempt survivors in suicide prevention.

The Council, in partnership with Careline and the Alaska Mental Health Trust Authority, produced a 30-second suicide prevention television Public Service Announcement in 2014. The PSA launched statewide in September during Suicide Prevention Week 2014. [StopSuicideAlaska.org](#) continues to serve as Alaska’s suicide prevention portal includes an interactive calendar, a library of training resources, and the ability to host community coalition and other group forums. Video public service announcement contests, providing a cohort of dynamic and persuasive messages of hope and healing, were coordinated by the Alaska Association of Student Governments, Alaska Native Tribal Health Consortium, and Tanana Chiefs Conference.

The [Anchorage Rotary Club](#) identified suicide prevention for adult professionals as a service focus for 2014-2015. Led by President Karen King and a committee of passionate advocates, the Downtown Anchorage Rotary partnered with the Trust Training Cooperative, Council, and Alaska Mental Health Trust Authority to design and implement a statewide training plan and public education campaign. Rotary Clubs statewide have been trained in Gatekeeper QPR, and many of the trainings have been opened to the community. In November, 2014 the Anchorage Rotary Club offered two \$5,000 grants for student-led suicide prevention projects to occur in 2015.

Increasing Access to Prevention, Treatment, and Recovery Services

Communities continue to collaborate to meet the behavioral health prevention, treatment, and recovery needs of their neighbors. [Petersburg Mental Health Services, Inc.](#) and [Juneau Youth Services](#) partner with local school districts to offer mental health and substance abuse screening and treatment services to students at risk of suicide or severe emotional disturbances (these projects are supported by grants from the DEED SAPP program and DBH). In the Gulf Coast Regional Suicide Prevention Team's communities, as well as in Dillingham and the Bristol Bay Region, depression screening and awareness activities helped to connect people to needed mental health services.

National Outcome Measures data reported by the Department of Health and Social Services to the Substance Abuse and Mental Health Services Administration shows that the number of Alaskans who received mental health services grew 32% from FY2009 to FY2013 (16,416 individuals in FY2009 compared to 21,638 individuals in FY2013). The number of Alaskans who received substance use disorder treatment has grown 5.7% since FY2009 (6,994 individuals in FY2009 compared to 7,391 individuals in FY2013).¹

Supporting Survivors

Bereavement support groups and suicide survivors' groups are available in Alaska. Fairbanks Memorial Hospital's Hospice Program hosts two support groups each month. Southcentral Foundation's Denaa Yeets' offers a [weekly grief support group](#) in Anchorage for people who have experienced a loss to suicide. National Suicide Survivors Day events were hosted in Klawock, Toksook Bay, Kwethluk, Fairbanks, and Anchorage on November 22, 2014.

¹ Data reported in the 2013 Annual Implementation Report was taken from the 2012 Budget Overview Book produced by DHSS. This resource was not published in 2013, so the alternative data source of the National Outcome Measures was used.

Data and Research Development

The [Arctic Resource Center for Suicide Prevention](#) (ARCSP) was founded in 2013 by a group of survivors of a loss to suicide and survivors of attempted suicide in Fairbanks. The ARCSP's mission is "serving protectors and empowering survivors." It is a resource center and a catalyst for research on suicide in the Arctic. In 2014, the ARCSP partnered with an ecumenical group of clergy leaders to begin developing a faith-based suicide prevention curriculum for preaching ministers. For more information about the ARCSP, call Dr. James Wisland at (907) 750-5605.

The [Alaska Mental Health Board](#) and [Advisory Board on Alcoholism and Drug Abuse](#) provided analysis and reporting on the results of the [Adverse Childhood Experiences](#) (ACE) questions asked in Alaska's annual [Behavioral Risk factor Surveillance System](#) (BRFSS) survey. The BRFSS is an annual survey of adults conducted in every state. It is administered by the Division of Public Health in Alaska and is an invaluable source of information about the health behaviors and quality of life of Alaskans. The survey included ACE questions for the first time in 2013, collecting data about Alaskans' experiencing adverse childhood events such as the death of a parent, child abuse and neglect, childhood sexual abuse, parental substance abuse, and other traumatic experiences will inform statewide suicide prevention efforts. These sorts of traumatic events contribute to the "web of causality" of suicide (as well as many other health and social consequences).

The 2013 BRFSS data on ACEs in Alaska showed that 64% of Alaskan adults surveyed had experienced at least one ACE, and 27.4% had experienced three or more ACEs. Alaskans reporting four or more ACEs were far more likely to report "fair to poor" physical health, and were more likely to report "frequent mental distress" and higher numbers of days of poor mental health each month. A complete overview of the data and analysis is available [online](#). For more information about the ACE question module, contact Patrick Sidmore, Health Systems Planner II, Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse at (907) 465-8920.

Note About the Implementation Report

This report highlights key strategies where progress was achieved in 2014. In response to constituent input, an appendix has been added with a scorecard of all the *Casting the Net Upstream* performance measures. For information about a specific project, or to share another suicide prevention program with the Council and its partners, contact Eric Morrison at (907) 465-6518.

Goal 1: Alaskans Accept Responsibility for Preventing Suicide

Strategy 1.7 ~ Communities will participate in efforts to de-stigmatize suicide and accessing treatment for mental health crises.

Indicator: 1.7.a. Alaskans comfortable with a family member, coworker, guest, or neighbor experiencing mental illness: 72.7% (AMHTA, 2012) — compare to 77.3% in 2010

Council member Kathryn Casello developed the “You Are Not Alone” high school education and awareness project. It combines education about the signs and risk factors for suicide with a community building exercise that promote students supporting students. Casello and other youth volunteers, with adult mentor support, provided Gatekeeper QPR trainings and/or presentations for all seven high schools in the Anchorage School District, connecting with more than 4,000 high school students in Anchorage. They also presented at Eagle River High School, Cordova High School, Northwest Arctic School District, and the Youth Entrepreneurs Academy. More than 10,000 “You Are Not Alone” wristbands have been distributed statewide, with support from the Anchorage Suicide Prevention Coalition and Department of Health and Social Services.

The Winter Bear, a theatrical production based on the life of Sidney Huntington, an Athabascan elder, continued to tour Alaska with support from tribal organizations and local communities. In 2014, the Winter Bear toured Tanana, Ruby, Nulato, Kaltag, Huslia, Allakaket, Fairbanks, Nanwalek, Port Graham, Seward, Ninilchik, and Barrow. Local behavioral health professionals, most often from tribal health organizations, partnered with the Winter Bear to provide counseling and support to audience members after each show.



The Tanana 4-H Club entered into suicide prevention with a great loud voice with the “Break the Silence Children’s Rights Movement” during the Alaska Federation of Natives Convention in 2013. Since then, the Tanana 4-H Club has presented at the 2014 First Alaskans Elders and Youth Conference, Alaska Federal of Natives Convention, and in local communities like Bethel and Kotzebue. They continue to share their message of hope, strength, and resilience. Council member Cynthia Erickson coordinates and supports the Tanana 4-H Club.

I pledge to live, honor, and protect myself from any harm; to love my life, my family, my friends, and my village. Today we stand together to stop suicide in Alaska.

Goal 2: Alaskans Effectively and Appropriately Respond to People at Risk of Suicide

Strategy 2.2 ~ Alaskans know about Careline and other community crisis lines, and can share that information with others.

Indicators: 2.2.a. Number of calls to Careline annually: 10,187 — *compare to 6,487 in 2013*

Careline is Alaska's statewide suicide prevention and crisis call line. Careline received over 10,000 calls in 2014, compared to 6,487 calls in 2013 (a 54% increase in call volume). Of these calls, 95% were answered by trained Alaskans in Fairbanks. The remaining 561 calls were transferred to accredited crisis call centers with the [National Suicide Prevention Lifeline](#) network, because Careline staff were already responding to a call. Careline reports over 80% of callers disclose a mental health and/or substance use disorder.



Careline has partnered closely with the Council, Division of Behavioral Health, and communities to increase public awareness of the service and promote help-seeking. The Council, the Division of Behavioral Health, the Alaska Mental Health Trust Authority, and many other partners in suicide prevention have committed to promoting the Careline number and resources statewide. An updated [CarelineAlaska.com](#) debuted in 2014, offering a more user-friendly and engaging format.

Strategy 2.3 ~ Providers of services to veterans will prioritize suicide prevention screenings and effective interventions.

Indicator: 2.3.a. Number of suicides among Alaska veterans: 30 (BVS) (compare to 32 in 2012)

The Bureau of Vital Statistics collects data on veteran status on death certificates. Of deaths by suicide of Alaska residents occurring within Alaska in 2013, 30 were confirmed veterans (17.5% of the total of 171 deaths by suicide, slightly less than in 2012).

The Veterans Administration also collects data related to those veterans engaged in Veterans Administration services. The Veterans Administration reports that, in federal fiscal year 2014 (October 1, 2013 – September 30, 2014), eight Alaska veterans engaged in services died by suicide, 28 Alaska veterans engaged in services attempted suicide, and 70 Alaska veterans engaged in services were identified as being at “high risk for suicide” (suicidal ideation with undetermined or suicidal intent). This is a notable increase since federal fiscal year 2013 (October 1, 2012 – September 30, 2013), during which five Alaska veterans engaged in services died by suicide, 24 Alaska veterans engaged in services attempted suicide, and 47 Alaska veterans engaged in services were identified as being at “high risk for suicide.”

Goal 3: Alaskans Communicate, Cooperate, and Coordinate Suicide Prevention Efforts

Strategy 3.2 ~ The State of Alaska and its partners will make training in evidence-based suicide prevention and intervention models accessible to all interested Alaskans.

Indicator: 3.2.a. Number of Alaskans trained in suicide prevention/intervention: at least 5,010 — *compare to est. 3,365 adults and youth in 2013*

Many state, tribal, and community organizations provided suicide prevention trainings in 2014. The Council is encouraged that the vast majority of those trainings relied on an evidence-based training curriculum.

Evidence-Based Suicide Prevention and Intervention Trainings, 2014 Sample

Agency	Training	Number Trained
Alaska Native Tribal Health Consortium	ASIST	49 adults
	safeTALK	73 adults & youth
Trust Training Cooperation	Mental Health First Aid	759 adults
Division of Behavioral Health	QPR/Gatekeeper	1,388 adults & youth
	Connect Postvention	28 adults
Dept. of Education & Early Development	Gatekeeper Train the Trainer	85 adults
	e-Learning	2,606 adults
	Other	22 adults

Strategy 3.3 ~ The State of Alaska will mandate evidence-based suicide prevention and intervention training for all school district personnel.

Indicator: 3.3.a. Number of school districts offering suicide prevention training to educators/staff: 54

The Statewide Suicide Prevention Council, the Alaska Association of Student Governments, the American Foundation for Suicide Prevention – Alaska Chapter, and others partnered to support the passage of legislation supporting this strategy. In 2012, the Alaska Legislature passed a bill that requires teachers and certain other school employees (counselors, etc.) in grades 7-12 to have two hours of suicide awareness and prevention training each year. The Department of Education and Early Development, in partnership with the Council, developed an e-Learning module that complies with the statutory requirements. In 2014, 2,606 educators and other school personnel completed the required two hours annual training through the e-Learning system.

Strategy 3.6 ~ The State of Alaska will coordinate all prevention efforts across all departments and divisions, to ensure that Alaska has a comprehensive prevention system that recognizes the “web of causality” implicated in suicide, substance abuse, domestic violence, bullying, child abuse, teen risk behaviors, etc.

Indicator: 3.6.a. Number of executive agencies and partners engaged in a comprehensive prevention workgroup: 7

The Council on Domestic Violence and Sexual Assault (CDVSA) continues to coordinate the inter-departmental prevention workgroup to help guide policymaking and improve data analysis practices. This group includes representatives from CDVSA and the Departments of Public Safety, Health and Social Services, and Education and Early Development. The Council and AMHB and ABADA also participate. In 2014, the workgroup presented to the Alaska Early Childhood Coordinating Council (composed of the state and community leaders in health, education, labor, and childhood development) and asked for action on preventing and reducing the impact of Adverse Childhood Experiences among Alaskan children.

Goal 4: Alaskans Have Immediate Access to the Prevention, Treatment, and Recovery Services They Need

Strategy 4.1 ~ Alaskans know who to call and how to access help — and then ask for that help — when they feel like they are in crisis and/or at risk of suicide.

Indicator: 4.1.a. Number of calls to [Careline](#) annually: 10,187 — *compare to 6,487 in 2013*

See the discussion at Strategy 2.2 above for more about Careline resources.

Strategy 4.2 ~ Community behavioral health centers will provide outreach to ensure that community members know what services are available and how to access them.

Indicator: 4.2.a. Number of community behavioral health centers reporting outreach — *est.* 55

This is a new indicator established by the state suicide prevention plan, thus data development is ongoing. In 2014, the Alaska Behavioral Health Association of community behavioral health centers reported that all of its member organizations participated in outreach through partnership projects, community action planning groups, wellness coalitions, and community assessment efforts. Activities include the Fairbanks Community Action Planning Team, which hosted multiple town hall meetings during 2014 to educate the community about what services are available currently and what efforts are being made to restore access to community behavioral health treatment and supports. Alaska Family Services, the youth and family behavioral health provider in Palmer, and Mat-Su Health Services, the federally qualified health center in Wasilla, have been active participants in the community assessment and behavioral health system improvement efforts of 2014. Juneau Alliance for Mental Health, Inc. has expanded tele-behavioral health services to veterans in the rural communities of Tenakee and Elfin Cove. Homer continues to provide outreach and education about its services to the southern Kenai Peninsula.

Goal 5: Alaskans Support Survivors in Healing

Strategy 5.2 ~ The State of Alaska will provide resources, tools, and technical support for community postvention efforts, with emphasis on natural, organic responses developed in the community.

Indicator (revised): 5.2.a. Number of Alaskans trained in postvention: 28 (2014) — *compare to 90 in 2013*

The Division of Behavioral Health has promoted the best practice [Connect Training](#), designed by NAMI-New Hampshire, since 2012. CONNECT is a customizable model of suicide prevention and postvention training. In 2014, 28 individuals were trained in the CONNECT Training of Trainers model. The [Helping Our Communities Heal Postvention Resource Guide](#), developed in 2011-2012 by the Council and Division of Behavioral Health in consultation with a stakeholder advisory group, was updated in 2014. It is available on StopSuicideAlaska.org.

Goal 6: Quality Data and Research is Available and Used for Planning, Implementation, and Evaluation of Suicide Prevention Efforts

Strategy 6.1 ~ The State of Alaska will improve statewide suicide data collection efforts, employing epidemiological standards/ models to ensure quality reporting, analysis, and utilization for timely data driven policy decisions.

Indicator: 6.1.a. Data sources available on StopSuicideAlaska.org: 4 (2014) — compare to 3 in 2011

StopSuicideAlaska.org includes data from the Centers for Disease Prevention and Control, the Alaska Division of Public Health Epidemiology Section, the Alaska Violent Death Reporting System, and the Alaska Bureau of Vital Statistics.

Conclusion

The Council is grateful for the work of individuals, communities, and the State of Alaska in furthering the goals and strategies of *Casting the Net Upstream*. The first year of implementation reflects a strong commitment by Alaskans, their families and communities, and state leaders to preventing suicide. While there is a great deal of work ahead for all Alaskans, the Council is encouraged by the progress made in 2014.

Appendix - Casting the Net Upstream Scorecard 2014

State Plan Strategies Implemented in 2014		
Goal 1	Alaskans Accept Responsibility for Preventing Suicide	Progress
Strategy 1.1	Alaskans learn and understand that suicide is preventable.	⊖
Strategy 1.2	Alaskan adults and elders choose healthy, responsible lifestyles in order to serve as role models for younger generations.	⊖
Strategy 1.3	Alaskan youth seek out healthy and appropriate relationships with role models in their community.	⊖
Strategy 1.4	Communities will develop environments of respect, value, and connectedness for all members.	⊖
Strategy 1.5	Communities will engage parents and other mentors important in the lives of children and youth in health promotion efforts.	⊖
Strategy 1.6	Communities will prioritize building protective factors and resiliency in all comprehensive prevention efforts.	⊖
Strategy 1.7	Communities will participate in efforts to de-stigmatize suicide and accessing treatment for mental health crises.	⊖
Strategy 1.8	Community organizations will offer supports to promote healthy families.	⊖
Strategy 1.9	The State of Alaska will support peer-to-peer wellness promotion and supports as an integral part of health promotion and suicide prevention.	⊖
Goal 2	Alaskans Effectively and Appropriately Respond to People at Risk of Suicide	Progress
Strategy 2.1	Alaskans know how to identify when someone is at risk of suicide and how to respond appropriately to prevent a suicide.	☑
Strategy 2.2	Alaskans know about Careline and other community crisis lines, and can share that information with others.	☑
Strategy 2.3	Providers of services to veterans will prioritize suicide prevention screenings and effective interventions.	☑
Strategy 2.4	Spiritual leaders will encourage suicide prevention awareness and training in their communities of faith/belief.	⊖
Strategy 2.5	The primary health care system will prioritize suicide prevention screenings.	⊗
Strategy 2.6	School districts will implement broad screenings to identify not just imminent risk of suicide, but risk factors for suicide (substance use, violence, depression, etc.).	⊗
Strategy 2.7	Senior services providers will implement broad screenings to identify not just imminent risk of suicide, but risk factors for suicide (substance abuse, violence, depression, etc.).	⊗
Strategy 2.8	The State of Alaska and its partners will engage village police and public safety officers in developing tailored community based responses and protocols for responding to crises.	⊖

Key:



Getting better



No significant change



Getting worse

State Plan Strategies Implemented in 2014		
Goal 3	Alaskans Communicate, Cooperate, and Coordinate Suicide Prevention Efforts	Progress
Strategy 3.1	Communities will partner with non-traditional organizations to raise awareness about limiting access to lethal means.	⊖
Strategy 3.2	The State of Alaska and its partners will make training in evidence-based suicide prevention and intervention models accessible to all interested Alaskans.	☑
Strategy 3.3	The State of Alaska will mandate evidence-based suicide prevention and intervention training for all school district personnel.	☑
Strategy 3.4	Communities will develop wellness coalitions that include suicide prevention in their mission/area of.	☑
Strategy 3.5	Community suicide prevention efforts will expressly address the contributing factor of substance abuse.	☑
Strategy 3.6	The State of Alaska will coordinate all prevention efforts across all departments and divisions, to ensure that Alaska has a comprehensive prevention system that recognizes the “web of causality” implicated in suicide, substance abuse, domestic violence, bullying, child abuse, teen risk behaviors, etc.	☑
Strategy 3.7	The State of Alaska will balance the policy of comprehensive and integrated prevention with the use of evidence based practices to achieve verifiable outcomes reducing the impact of suicide, substance abuse, violence, sexual abuse, and mental illness on communities.	☑
Strategy 3.8	The State of Alaska will provide financial and technical support for innovative, research-based suicide prevention practices.	⊖
Strategy 3.9	The State of Alaska will coordinate and support stigma reduction efforts around mental illness, addiction, depression, and suicide.	⊖
Goal 4	Alaskans Have Immediate Access to the Prevention, Treatment, and Recovery Services They Need	Progress
Strategy 4.1	Alaskans know who to call and how to access help — and then ask for that help — when they feel like they are in crisis and/or at risk of suicide.	☑
Strategy 4.2	Community behavioral health centers will provide outreach to ensure that community members know what services are available and how to access them.	☑
Strategy 4.3	Community health providers will offer bridge services for young people identified as experiencing serious emotional disturbance, other behavioral health disorders after age 18-21.	⊖
Strategy 4.4	The State of Alaska and its partners will, through StopSuicideAlaska.org, create and support a learning network among communities to share ideas and strategies that work.	☒
Goal 5	Alaskans Support Survivors in Healing	Progress
Strategy 5.1	Survivors of a loss to suicide know about suicide prevention resources and how to participate in suicide prevention efforts that support their own healing.	⊖
Strategy 5.2	The State of Alaska will provide resources, tools, and technical support for community postvention efforts, with emphasis on natural, organic responses developed in the community.	⊖

Key:



Getting better



No significant change



Getting worse

Goal 6	Quality Data and Research is Available and Used for Planning, Implementation, and Evaluation of Suicide Prevention Efforts	Progress
Strategy 6.1	The State of Alaska will improve statewide suicide data collection efforts, employing epidemiological standards/models to ensure quality reporting, analysis, and utilization for timely data driven policy decisions.	☒
Strategy 6.2	The State of Alaska will partner with tribal and academic organizations to continue to explore and research the “web of causality” of suicide, prioritizing the health and environmental factors affecting high-risk populations.	☒
Strategy 6.3	The State of Alaska, with its partners, will evaluate the effectiveness of crisis intervention models and responses in use in Alaska.	⊖

Key:



Getting better



No significant change



Getting worse

Drilldown information about the indicators and data sources is available online at <http://dhss.alaska.gov/SuicidePrevention/>.

This report was prepared by the Statewide Suicide Prevention Council with content contributions from many stakeholders. The Council expresses our thanks to everyone who assisted in preparing this report.

The *Casting the Net Upstream Annual Implementation Report, 2014* is exclusively web-published, at a savings of more than \$5.50 per color copy. It is available online at:

www.StopSuicideAlaska.org

<http://dhss.alaska.gov/SuicidePrevention/>



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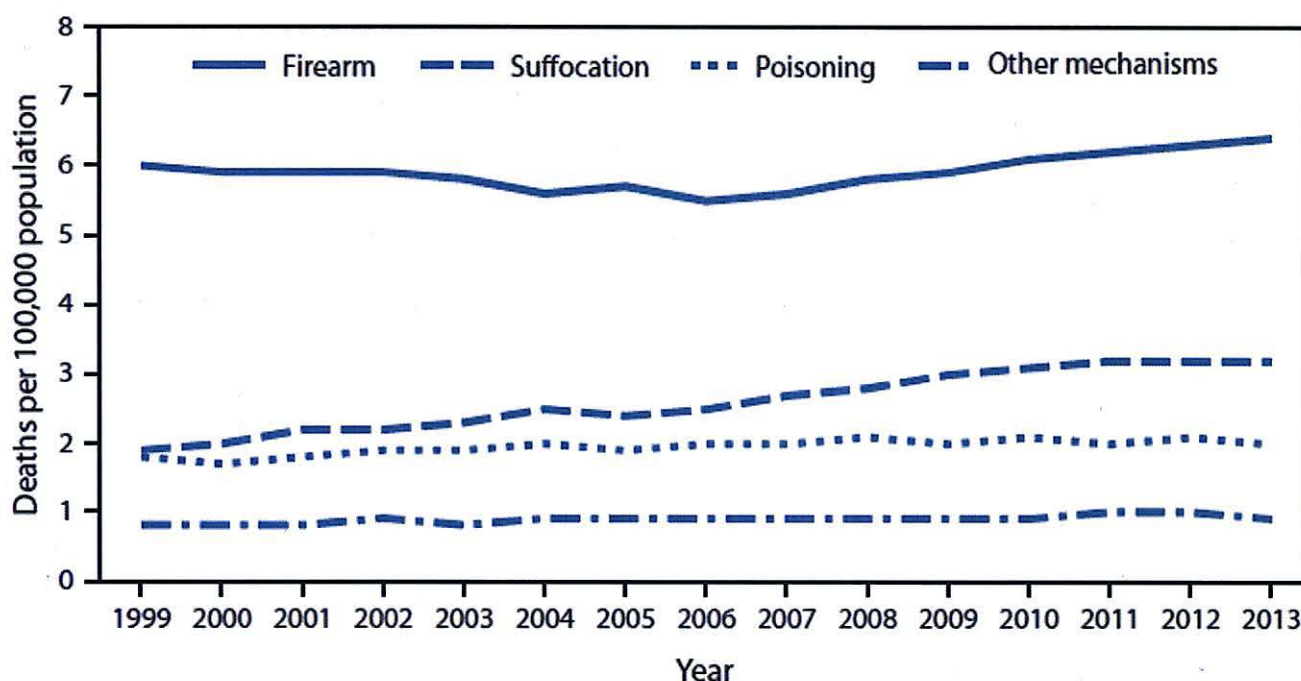
Centers for Disease Control and Prevention
 CDC 24/7: Saving Lives. Protecting People.™

Morbidity and Mortality Weekly Report (MMWR)

**QuickStats: Suicide Rates,* by Mechanism of Injury† —
 National Vital Statistics System, United States, 1999
 —2013**

Weekly

January 30, 2015 / 64(03);76



* Rates are age-adjusted using the 2000 U.S. standard population.

† Suicide deaths were categorized by mechanism of injury using the following *International Classification of Diseases, 10th Revision* codes: firearm (X72–X74), suffocation (X70), poisoning (X60–X69), and other mechanisms (U03, X71, X75–X84, Y87.0).

From 1999 to 2013, the leading mechanism of injury for suicide for persons aged ≥5 years was firearm, followed by suffocation (including hanging) and poisoning (including drug overdose). During this period, the age-adjusted rate of suicide deaths by suffocation increased by nearly 70% from 1.9 per 100,000 in 1999 to 3.2 in 2013. In contrast, the suicide rates by firearm, poisoning, and other mechanisms remained relatively constant (6.0 per 100,000 in 1999 to 6.4 in 2013 for firearm; 1.9 per 100,000 in 1999 to 2.0 in 2013 for poisoning; and 0.8 per 100,000 in 1999 to 0.9 in 2013 for other mechanisms).

Source: National Vital Statistics System mortality data. Available at <http://www.cdc.gov/nchs/deaths.htm>.

Reported by: Yahtyng Sheu, PhD, yshou@cdc.gov, 301-458-4354; Li-Hui Chen, PhD, Holly Hedegaard, MD.

Alternate Text: The figure above is a line chart showing that from 1999 to 2013, the leading mechanism of injury for suicide for persons aged ≥ 5 years was firearm, followed by suffocation (including hanging) and poisoning (including drug overdose). During this period, the age-adjusted rate of suicide deaths by suffocation increased by nearly 70%, from 1.9 per 100,000 in 1999 to 3.2 in 2013. In contrast, the suicide rates by firearm, poisoning, and other mechanisms remained relatively constant (6.0 per 100,00 in 1999 to 6.4 in 2013 for firearm; 1.9 per 100,000 in 1999 to 2.0 in 2013 for poisoning; and 0.8 per 100,000 in 1999 to 0.9 in 2013 for other mechanisms).

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****Questions or messages regarding errors in formatting should be addressed to mmwrq@cdc.gov.**

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Content source: [Centers for Disease Control and Prevention](#)

Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA
30329-4027, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - [Contact CDC-INFO](#)



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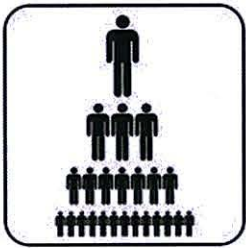
Becoming a Trauma Informed System

Division of Juvenile Justice

Trauma Informed Care

- Is a PROCESS, not a program
- Anyone can be trauma informed
- Promotes safety for everyone
- Provides understanding how trauma can lead to problematic behavior/emotional control
- Recognizes system practices can be re-traumatizing
- Relationship based

First and Foremost: Support From Administration



Becoming a Trauma Informed System...

“Two steps forward
And one step back
is still one
step forward”

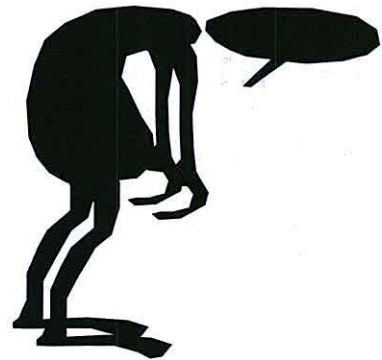


Why Learn About Trauma?

- Traumatic experiences impact a person's development, relationships, behavior, and responses to the world around them.
- Learning about trauma helps you live and work more effectively with people who have experienced trauma.

Long-Term Impact of Trauma

- Long-term impact of trauma can increase an individual's risk for:
 - Mental health or behavior problem
 - Post-Traumatic Stress Disorder
 - Depression
 - Isolation/Withdrawal
 - Sleep problems
 - Substance abuse
 - » Alcohol, drugs and tobacco can harm the teenage brain
 - » Teenagers with trauma are higher risk to become addicts than adults
 - Physical health problems (bedwetting, stomach aches, headaches)
 - Problems in school (learning difficulties)



SAFETY



Safety is the most important aspect of
any service system that works with
violence and trauma

TAKING CURRENT PRACTICE TO TIC

Relationships

- Staff are mentors and teach skill building while being aware how trauma impacts residents. Staff manage own affect, read resident cues and consistently respond to residents to provide safety and to support healthy development.

Safety

- Goal to maintain safety, de-escalate, and learn from restraint
- TIC view safety first while at the same time minimizes retraumatizing residents

Accountability

- Being TIC does NOT mean abandoning accountability, TIC assumes that accountability is maintained



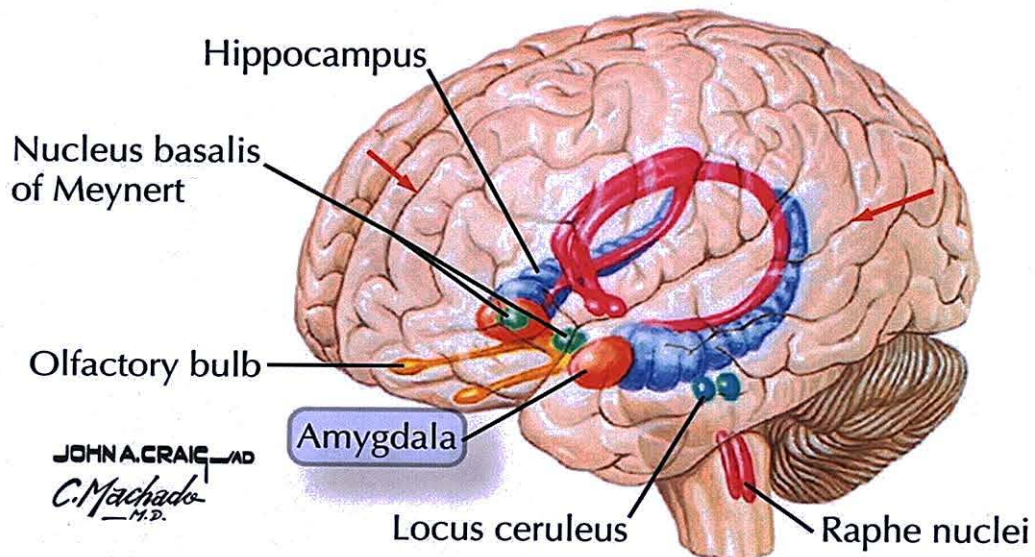
Trauma Informed Care

What we can do:

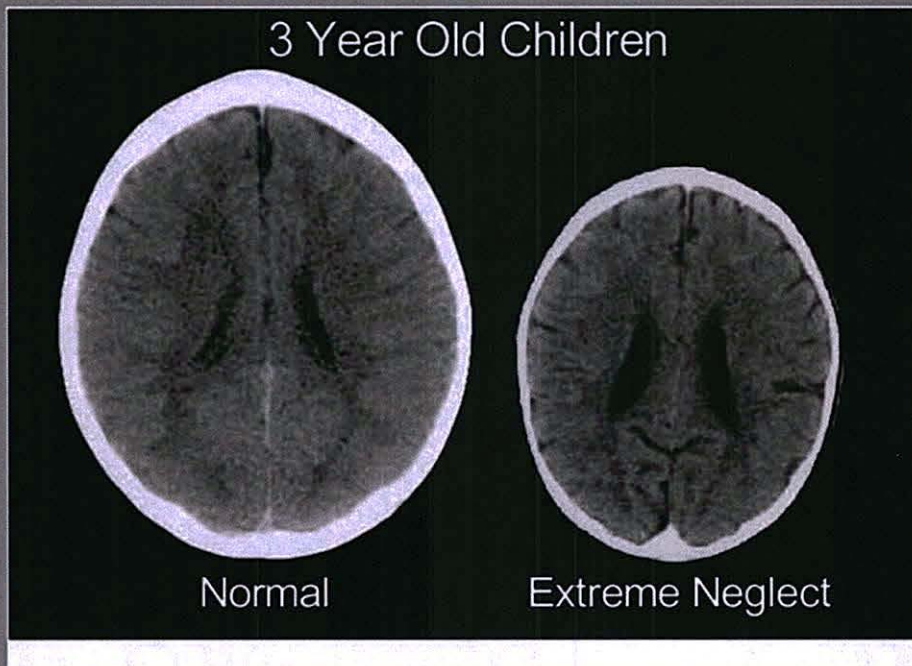
- Must create safety (from a trauma perspective, individuals act out when they feel unsafe)
- Providing structure and consistency can help create a sense of safety
- Setting limits can increase a sense of safety but set limits appropriately
 - No violence
 - No yelling
- Provide support/develop a therapeutic relationship
 - Ask the person what they are most worried about
 - Listen
 - Be available

Trauma and the Brain

- Trauma particularly impacts a person's brain, often in ways that inhibit normal development and functioning. This has lifelong implications in several domains of a person's life. (ACE's)



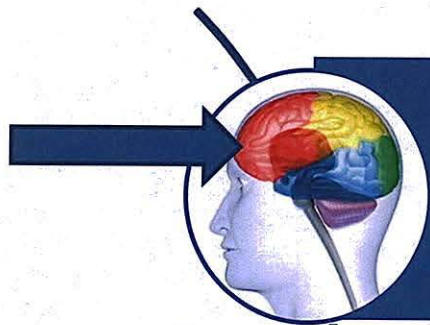
Disrupted Brain Development from Childhood Neglect



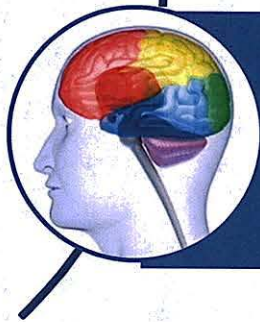
www.childtrauma.org

Bruce D. Perry, M.D., Ph.D. ©2002

Frontal Lobe



Healthy Brain: Emotional control; Self awareness; Motivation; Judgment; Problem Solving; Attention/Concentration; Elaboration of Thought; Inhibition; Personality; Body Movement; Speech



Affected Brain: May have repetitive single thoughts; Unable to focus on a task; Mood Swings; Irritability; Impulsiveness; Changes in social behaviors and personality; Difficulty problem solving; difficulty with language/cannot get the words out

ACEs and suicide attempts

ACE	Risk for suicide attempt during childhood or
0	1.0
1	1.4 x
2	6.3 x
3	8.5 x
4	11.9 x
5	15.7 x
6	28.9 x
7 or more	50.7 x

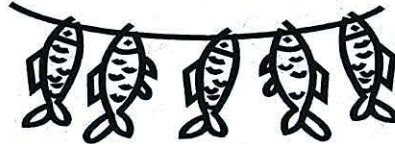
S.H. Dube et al. (2001) JAMA v 286:3089-96

Recovering from Trauma

What adults can do:

- Teach calming skills, coping skills, problem-solving skills

- Learn to recognize physical signs of distress
- Teach relaxation/meditation (drumming, deep breathing, fishing, berry picking)



- Help them find ways to express their feelings (verbally, writing, art, story telling, singing, dance)



- Encourage physical activity/sports



Recovering from Trauma

What adults can do:

- Build on strengths which can include developing spiritual beliefs and cultural identity
- Break the cycle
- Remember there is always hope





Alaska Department of Health and Social Services
Division of Juvenile Justice

TRAUMA-INFORMED CARE

Improving Outcomes for At-Risk Youth in Alaska.

What is Trauma-Informed Care?

- A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**.
SAMHSA's Trauma and Justice Strategic Initiative, 2014
- Staff trained in trauma informed care understand how trauma may impact a juvenile's ability to benefit from treatment; have more understanding of the connection between trauma, behaviors, and development; and focus on improving a youth's emotional and behavioral regulation through coping skills.

Staff Training

- After a successful 2009 pilot project showed improvement in the number of juvenile room confinements and restraints, the division launched a widespread effort in late 2012 to provide Trauma Informed Care training to all statewide staff.
- To date, 100% of the Division of Juvenile Justice staff in our eight detention and treatment facilities, 16 probation offices, and administrative offices have completed Basic Trauma/Adverse Childhood Experiences (ACE), the eight hour introductory course.
- Additionally, most direct service staff (probation officers and facility staff) have been trained in secondary trauma which can occur when someone experiences stress or symptoms of trauma when working with traumatized children and families or being exposed to traumatic material.
- With the goal of building internal training capacity, the division has trained 15 staff as Advanced trauma informed care trainers with the goal of all staff being trained in Advanced Trauma Informed Care by the end of FY 2015.

Changing How We Work

- Facilities and offices are revising policies, procedures, and juvenile handbooks to reflect a more trauma informed care approach to working with the juveniles under our supervision.
- Facility staff are modifying individual treatment plans and discussing how trauma can negatively influence behaviors and relationships with youth who have a history of traumatic experiences.

Long-Term Outcomes

- The division expects continued reductions in resident restraint and assault incidents as the Trauma Informed Care philosophy is fully integrated. Reduced room confinement and restraints gives more opportunity for juveniles to participate in treatment and educational programs and improves the climate in facilities.
- According to the National Council of Juvenile and Family Court Judges (2010), a trauma-informed approach to juvenile justice "improves youth's feelings of safety, reduces exposure to traumatic reminders and helps equip youths with supports and tools to cope with traumatic stress reactions,"
- These outcomes decrease financial costs in a variety of ways, such as through reduced medical claims or need for staff overtime.
- Ultimately, the division expects continued use of Trauma Informed Care to contribute to its mission to "assist offenders and their families in developing the skills to prevent crime."

24/7 SOBRIETY MONITORING PROGRAM

24/7 is a "smart justice", evidence-based initiative being implemented in many jurisdictions around the country to reduce recidivism while ensuring public safety. It requires twice-daily testing for alcohol and/or random testing for drugs, with immediate consequences for failing or missing a test. It can be used as a bail or probation conditions of "no alcohol". 24/7 allows participants to be actively involved in their community with continued employment, education, treatment, family and recovery obligations through consistent monitoring and testing. The program holds the offender accountable, provides structure, and enhances compliance with conditions. It has been shown to lead to changes in behavior and extended sobriety.

- Authorized by the passage of SB64 as a **bail condition** for certain alcohol or drug related crimes according to (AS 12, 30,011(b)(18); 016(b) and (c)) and may be imposed as a bail condition instead of a third-party custodian, and instead of a high bail.
- Also authorized as a **probation condition** for any offense (AS 12.55.100(a)); for now Anchorage may impose it as a probation condition for misdemeanors, but not felonies yet, because the new PACE program focuses on the felony probationers for now.
- The program can also be used in **Child in Need of Aid** cases when testing is imposed on adults to ensure sobriety as a condition of returning children back to their homes.

HOW IT WORKS

When a defendant is ordered into the program, the court provides the Department of Health and Social Services (DHSS), Division of Behavioral Health's Alcohol Safety Action Program (ASAP) a copy of the probation or bail conditions. The defendant reports either to ASAP for further instructions or directly to the testing facility. ASAP provides the release conditions to the testing facility, and makes sure the defendant shows for the next testing session, or within 12 hours of release.

Alcohol testing requires a simple blow into the testing device. The entire process takes less than two minutes. Results are immediate. Drug testing takes slightly longer, but results are also immediate. The testing facility enters results into a database shared by ASAP and the Department of Corrections' probation officers. No-shows or positive test results are reported back to the District Attorney's office, Probation or Parole officer, and/or local law enforcement for immediate action.

DEMONSTRATED RESULTS

- Alcohol test in South Dakota over a 7 year period showed that 55% of participants **never** failed a test
- 17% failed once
- 17% failed 3+ times
- Drug UA test in South Dakota over a 5 year period had a 97% pass rate
- 24/7 participants in South Dakota are re-arrested for 2nd or 3rd DUI at 50% lower rate than those not participating in the program

For more information, please contact:

State of Alaska | Department of Health and Social Services | Division of Behavioral Health

Telephone: (907) 465-3370



VISION

ALASKA INDIVIDUALS, FAMILIES AND COMMUNITIES ARE SAFE AND HEALTHY

MISSION

TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF ALASKANS

House Health & Social Services | Division Overview

**Albert E Wall | Director
Behavioral Health**

January 29, 2015

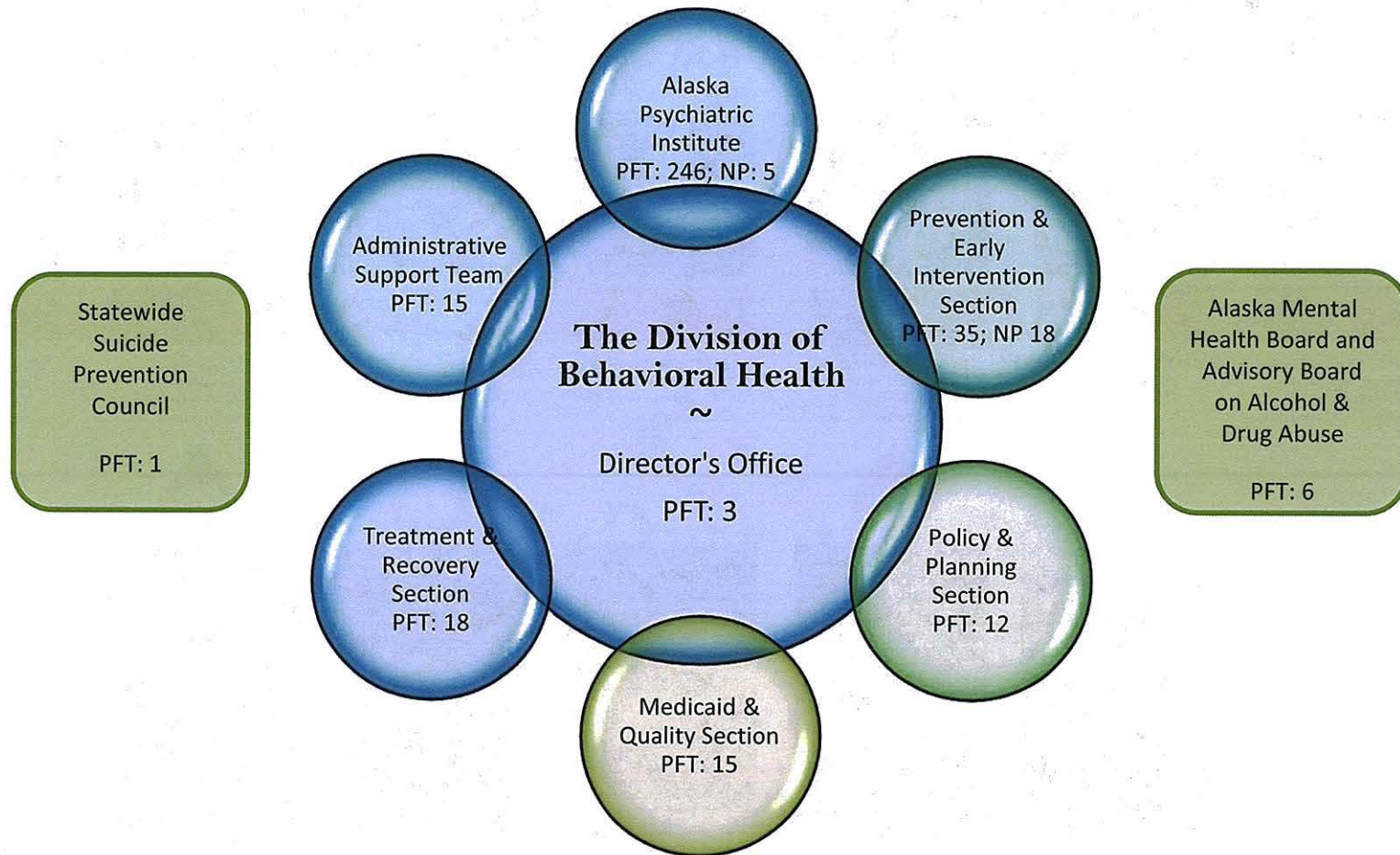
Behavioral Health Overview

- *Mission: Manage an integrated and comprehensive behavioral health system based on sound policy, effective practices and partnerships.*
- **348 FT/26PT Positions**
- **\$141,942,400.00** - FY2015 Management Plan
- **5.2%** of DHSS FY2015 Management Plan
- Total service population **32,854**



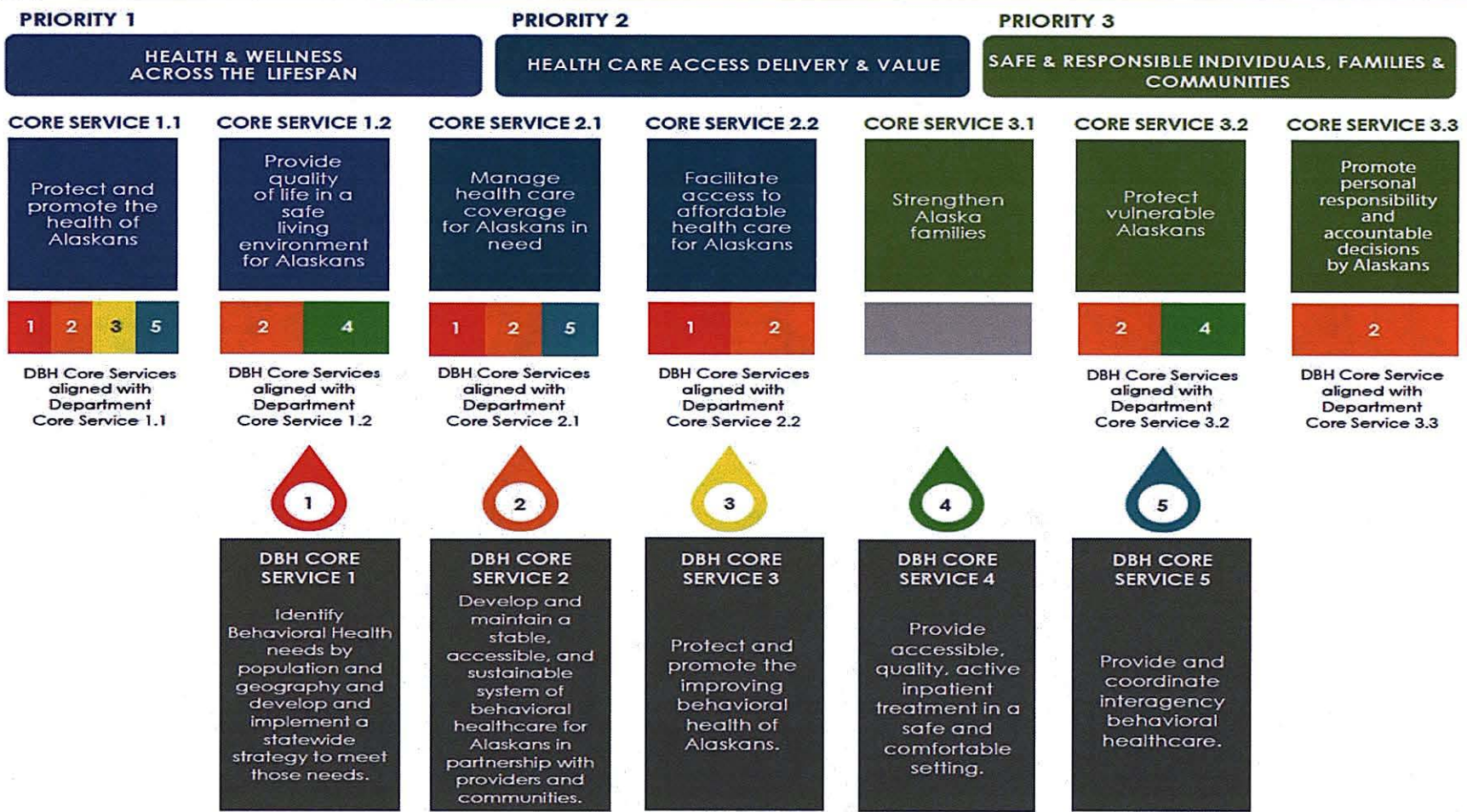
MISSION TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF ALASKANS

Organization Chart



MISSION TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF ALASKANS

Division Core Service Alignment

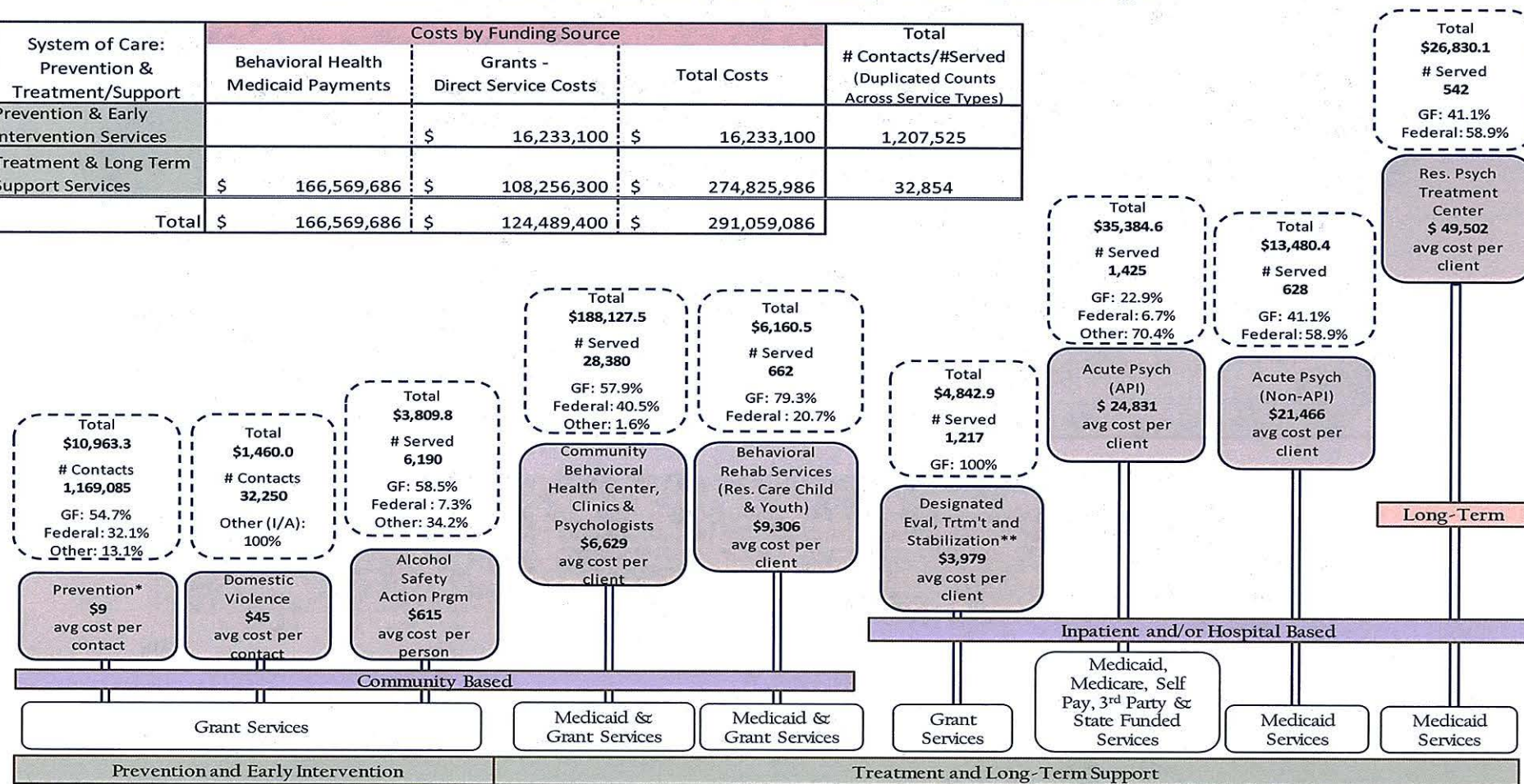


MISSION TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF ALASKANS

Continuum of Care

SFY 2014 Costs by Funding Source and Average Cost per Person by Service Type

System of Care: Prevention & Treatment/Support	Costs by Funding Source			Total # Contacts/#Served (Duplicated Counts Across Service Types)
	Behavioral Health Medicaid Payments	Grants - Direct Service Costs	Total Costs	
Prevention & Early Intervention Services		\$ 16,233,100	\$ 16,233,100	1,207,525
Treatment & Long Term Support Services	\$ 166,569,686	\$ 108,256,300	\$ 274,825,986	32,854
Total	\$ 166,569,686	\$ 124,489,400	\$ 291,059,086	



MISSION TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF ALASKANS

DBH Service Population

PRIORITY 1 HEALTH & WELLNESS ACROSS THE LIFESPAN

CORE SERVICE 1.1
Protect and promote the health of Alaskans

CORE SERVICE 1.2
Provide quality of life in a safe living environment for Alaskans

PRIORITY 2 HEALTH CARE ACCESS DELIVERY & VALUE

CORE SERVICE 2.1
Manage health care coverage for Alaskans in need

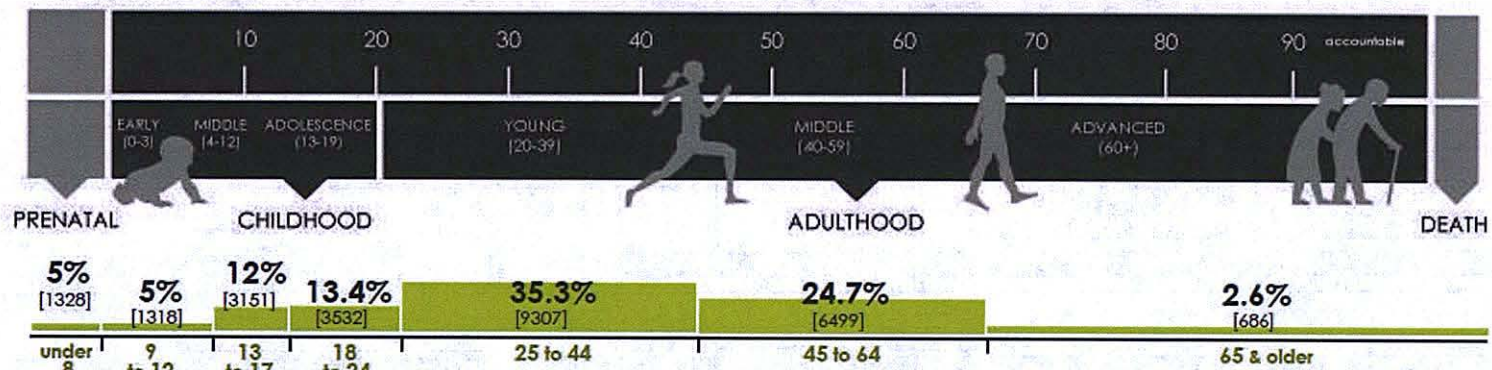
CORE SERVICE 2.2
Facilitate access to affordable health care for Alaskans

PRIORITY 3 SAFE & RESPONSIBLE INDIVIDUALS, FAMILIES & COMMUNITIES

CORE SERVICE 3.1
Strengthen Alaska families

CORE SERVICE 3.2
Protect vulnerable Alaskans

CORE SERVICE 3.3
Promote personal responsibility and accountable decisions by Alaskans



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Collaboration

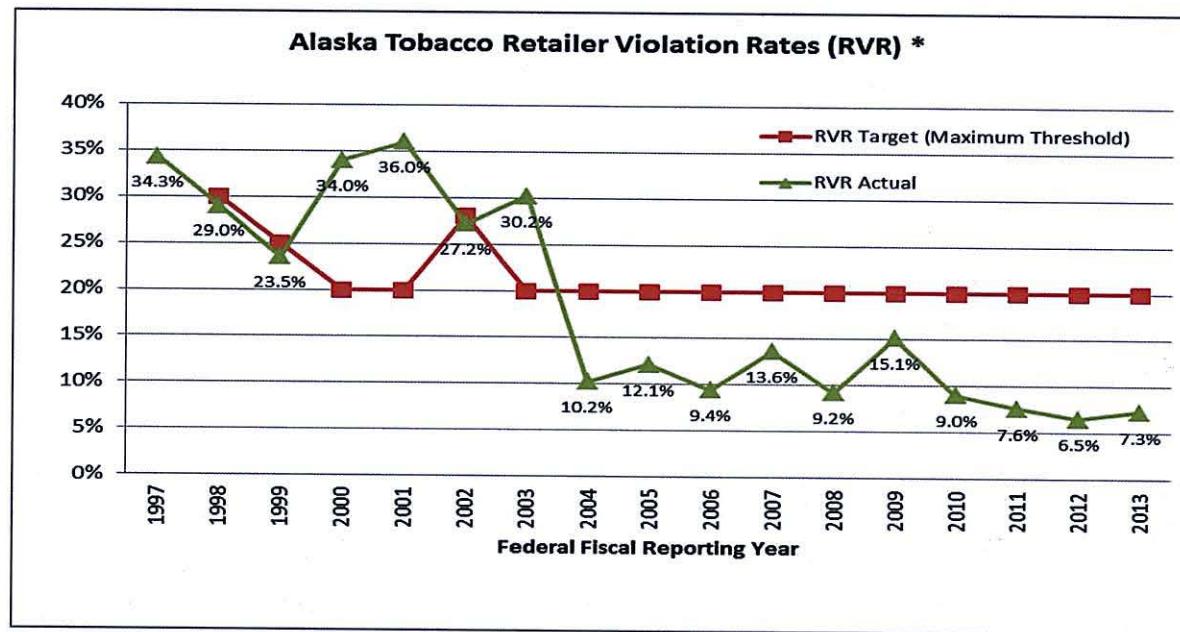
- Alaska Mental Health Trust Authority
- Alaska Mental Health Board
- Alaska Advisory Board on Alcoholism & Drug Abuse
- Statewide Suicide Prevention Council
- Alaska Behavioral Health Association
- Alaska Association of Homes for Children
- Tribal Behavioral Health Directors Committee (Alaska Native Tribal Health Consortium)
- Tribal Courts
- Senior and Disabilities Services
- Office of Children Services
- Division of Juvenile Justice
- Department of Corrections
- Department of Education
- Alaska Housing Finance Corporation
- Providers and advocacy groups



MISSION TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF ALASKANS

Recent Successes

- Reported Alaska Tobacco Retailer Violation Rate (RVR) Reduction



MISSION TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF ALASKANS

Recent Successes

- 24/7 Program
- Tobacco Enforcement
- Same Day Access
- Parenting with Love & Limits (PLL)
- Opioid Treatment (OTP)



MISSION TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF ALASKANS

QUESTIONS?

Thank You



MISSION TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF ALASKANS