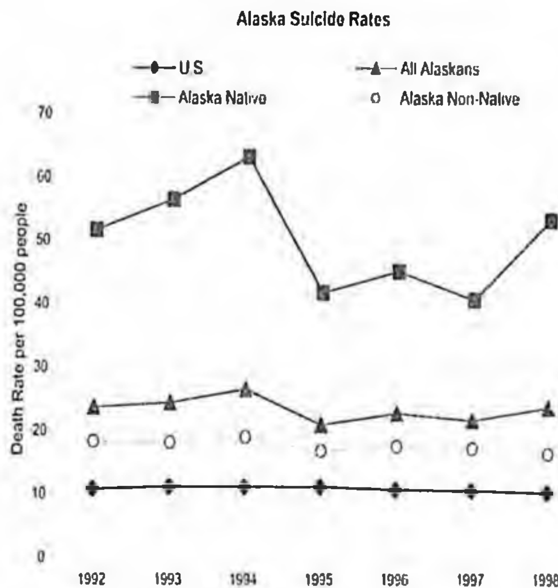
ALASKA LEGISLATURE COMMITTEE FILES, 2003-2004 8672

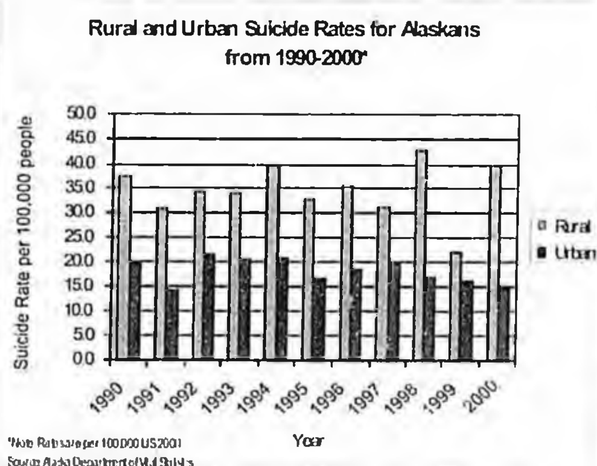
11117 SENATE HEALTH, EDUCATION & SOCIAL SERVICES

SUICIDE IN ALASKA [continued]

Suicide rates in Alaska are twice those for the United States as a whole, although rates climbed in 1994 to five times the national average. Alaska Native males between the ages of 15 and 39 are consistently at the greatest risk.



A comparison of rural and urban suicide rates in Alaska, where urban is defined as Anchorage, Fairbanks, Kenai, Mat-Su, and Juneau census areas, reveals that age-adjusted suicide rates are much higher



in rural areas. The effect of geography and subsequent isolation, resources, and other factors, is difficult to separate from the consistently higher rates of suicide among Alaska Natives, given the larger proportion of Alaska Native residents in rural areas.

(continued on page 6)

THE SOLUTION

ALASKA YOUTH SPEAK

"Just be there."
"Be there for a friend."
"It helps to know people really care."

— Anonymous, Sitka

"If alcohol comes before you, the child, you feel very small. My goal is to NOT be like my parents"

— Anonymous, Sitka

"My asking for help was the first step back."

— Anonymous, Sitka

"I think that talking to people and letting others know how you feel is the best way to prevent suicide. If you don't let others know how you feel, then how will they help you? ... Suicide is a very big issue for me, because I have lost a very close family member to it ... I know that he was very unhappy, and maybe there wasn't anything I could do, but there is always something that someone can do even if it is just listening."

— Heather H., Galena

"I keep thinking we weren't put on this earth to die. We were put on this earth to live!"

— Jory B., Galena

"The most responsible way to prevent a suicide from taking place is to take action. Be a friend. Listen carefully ... It becomes easier to get up every morning when you know you might be able to make a difference in someone's life."

—Heather W., Galena

"So far in my short life, I have seen many people throw their lives away by drinking and committing suicide. I think that the Galena Suicide Prevention Program will really help our community. Talking to the person who is considering suicide will definitely help. Other ways of preventing [suicide] are sporting events."

— Student of GCSD, Galena

"There are plenty things in the bush community that a kid can do. They just have to go and find it. But first they have to realize that drugs and alcohol will only take them down the wrong road. Make the right choices."

— A Senior at GCSD, Galena

Suggestions from Mt. Edgecumbe students:

- Structured treatment with predictable consequences
- Educate the whole village
- Change attitudes
- Reduce shame and stigma attached to getting help
- Weekly gatherings so kids can connect with elders
- Outdoor activities
- Trips

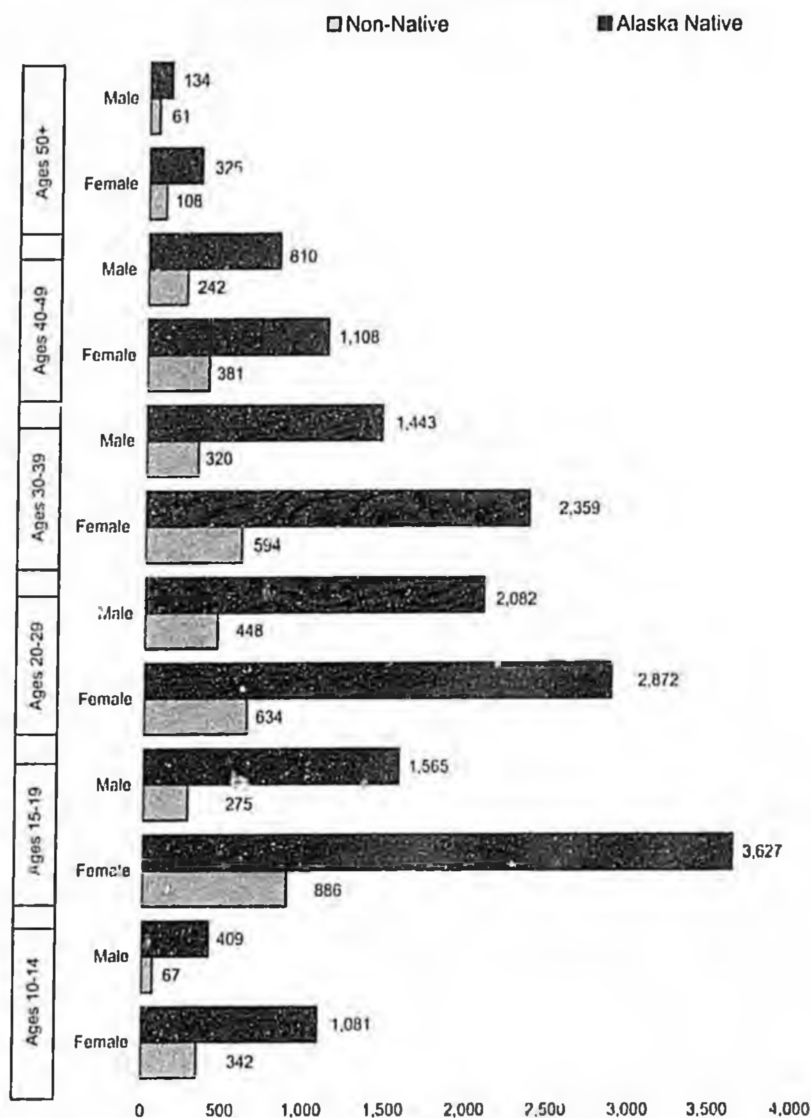
Suicide attempts (where the person tries to harm him- or herself but the attempt does not result in death) far outnumber actual suicides. People usually attempt suicide to block unbearable emotional pain caused by a wide variety of problems; they are often so distressed that they are unable to see that they have other options.

Suicide attempts (where the person tries to harm him- or herself but the attempt does not result in death) far outnumber actual suicides.

Suicide attempters would frequently choose differently if they were not in great distress and were able to evaluate their options objectively. Most suicidal people give warning signs in the hope that they will be rescued, because they are intent on stopping their emotional pain, not on dying. A suicide attempt is often a cry for help and many suicide attempts are carried out in a manner or setting that makes rescue possible and suicide prevention an attainable goal.

The method of suicide attempt varies from relatively nonviolent methods (such as poisoning, overdose, or inhaling car exhaust) to violent methods (such as shooting or cutting oneself). Males are more likely to choose violent methods, which may account for the fact that suicide attempts by males are more likely to be successful. Among youth in the state approximately half the suicides are committed by Alaska Native males.

As *In-Step* reports, demographic patterns of suicide attempts reveal the need for prevention and early intervention focused on high risk groups, as shown in the graph below. Only suicide attempts that resulted in hospital admissions are included; therefore, data significantly underrepresent actual suicide attempts. Available data suggest that (1) the rate of suicide attempts is higher for females than males in every age group, regardless of race; (2) Alaska Natives, both male and female, are at higher risk of suicide attempts than are non-Natives; and (3) attempts are most common among youth and young adults between the ages of 10 and 39. Young female rates are substantially higher than male, with young Alaska Native women having the highest rate of suicide attempts.



Council strategies to decrease suicide and suicide attempts include the development and implementation of a statewide suicide prevention plan; follow-back studies and other research; dissemination of suicide-related research; training and readily available protocols and resources in screening and early intervention skills for those most likely to come in contact with individuals at high risk, including law enforcement; public education; and support for school crisis response plans.

Council Recognizes Value in Follow-Back Studies

Current suicide prevention efforts are based on our understanding of the state of mind of a person at risk for suicide and our understanding of the relationship between the person and the community. Follow-back studies, sometimes called psychological autopsies or retrospective profiles, are designed to deepen our understanding and enable us to design more effective suicide prevention, intervention, and treatment programs.

A follow-back study is a thorough retrospective examination of the life history of a person who has died. It includes a review of information about the person from public agencies (including education, law enforcement, family services, and other human service agencies) and, with family consent, medical and psychiatric records.

The heart of the study, again with family consent, is a series of in-depth structured interviews with family, friends, and community members who had a close relationship with the deceased. These interviews generally occur four to nine weeks following the suicide. Because these survivors often struggle to understand the dynamics of the suicide, family and friends are often very willing to participate in follow-back studies.

The Council has requested funding for follow-back studies. With an Alaskan suicide rate that is twice that of the United States, with the rate for 15-24 year old males five times that of their national peers, it is imperative that Alaska conduct a series of follow-back studies to better understand the factors upon which the most effective prevention strategies should be based.

These studies require a team of at least two interviewers, with one member of the team of the same culture as the village involved in the study, who are well-trained to conduct the studies with sensitivity and respect. The cost to conduct a follow-back study is estimated to be $4,000 per individual case study.

Follow-back studies contribute to more effective suicide prevention programs by:

- Increasing understanding of the dynamics of suicide at the individual level;
- Enabling the more accurate identification of groups and individuals at high risk;
- Identifying those who recognized the deceased had problems prior to the death (these individuals are potential gatekeepers who could be trained to better recognize signs of suicide and seek appropriate assistance);
- Identifying barriers that kept the deceased from getting help;
- Facilitating understanding, acceptance and healing among family members, friends and the community. Because unresolved grief appears to play a role in future suicidal behavior, this too contributes to suicide prevention. ☙

Alaskan Agencies Suggest Suicide Prevention Efforts

On December 10, 2001, Council Chair Livey requested recommendations to the Council from human service providers, health administrators, and health corporation officers. Fourteen responses have been received to date. The following table summarizes strategies suggested by respondents.

Models / Provider Training

- Recognize the many reasons people attempt suicide, including alcohol use
- Develop models that rely on strong local leadership
- Resolve underlying issues that cause Native people to commit suicide
- Village-driven, coordinated and sustained suicide prevention and intervention programs
- Involve tribal councils in training suicide prevention coordinators
- Link village coordinators to regional mental health agencies; improve referral system
- Consistent training standards

Community Training / Outreach

- Formal crisis team in each village
- Mobile adolescent treatment teams for village youth
- Promote youth education in traditional values and spiritual practices
- Encourage communities to celebrate life and living
- Develop local community wellness committees like that in New Stuyahok
- Educate communities about coping with grief and loss
- Establish a statewide hotline
- Improve screenings and referrals
- Support peer helpers/asset building

Family Interventions / Council Changes

Family Intervention:

- Work with families as a whole
- Develop a residential family treatment center
- Provide support for family members of people who complete suicide
- Improve follow-up with people placed at high risk by the suicide of someone close to them

Council Changes:

- Add youth and Elders to Council
- Train Council in wraparound process and gatekeeper training ☙

A Preliminary Inventory & History of

Alaska Suicide Prevention Activities

Suicide is not well-understood nationwide; however, in Alaska, many factors make understanding and then reducing suicide and its effect on individuals, families and communities particularly complex. Alaska's population is incredibly varied; geography creates rural and urban differences that affect transportation and resource availability; economic, cultural, and other realities contribute to unique communities within the rural population; and lack of understanding and the stigma associated with suicide lead to underreporting of suicide. Shown below are a number of programs that have done a great deal to develop and maintain a broad-based awareness of the problem of suicide in our state. Suicide prevention programs have been hampered by inconsistent funding; lack of resources; and support for individual programs without a cohesive statewide suicide prevention plan.

Committee/Report/Program	Result / Findings
1988 Senate Select Committee on Suicide Prevention, Senator Willie Hensley, Chair	Recommendations for community, school and agency programs to prevent suicide, which led to the development of the Community-Based Suicide Prevention Program (CBSPP) and the Peer Helper Program (see below). The Hensley report also spoke to the need for more accurate data about suicide and suicide attempts in Alaska, and in the years since the report was issued the DHSS Bureau of Vital Statistics has maintained as accurate data as possible.
Community-Based Suicide Prevention Program (CBSPP), administered by the Division of Alcoholism and Drug Abuse, *1989-present*	The CBSPP provides small grants to 40 – 60 villages annually to design and implement locally determined suicide prevention projects. A project evaluation indicated that villages that have maintained projects for three or more years have declining rates of suicide relative to other communities.
Peer Helper Program, originally begun as a distinct grant program	Identified and trained natural helpers to provide support and referral for their troubled peers. Peer or Natural Helper Programs continue to operate in many high schools throughout Alaska. A lack of staff resources led to its incorporation into a more general substance abuse program. Peer or Natural Helper programs continue to operate in many high schools throughout Alaska.
Department of Education & Early Development (DEED) crisis response & suicide containment plans	Crisis response and suicide containment plans designed to reduce the likelihood of contagion, with one suicide triggering additional attempts. While plans still exist, technical assistance, monitoring and annual crisis response training supported by DEED, have diminished in the face of other priorities and limited staff time.
Rural Human Services System Project	Funds health corporations and other agencies to train and employ village-based counselors who provide village support and crisis intervention.
Division of Mental Health and Developmental Disabilities	Funded Community Mental Health Centers provide emergency mental health services, outpatient care, community interventions and outreach to outlying communities. They assist communities in mobilizing resources to help cope with the trauma following a suicide and provide 24 hour telephone access. *(continued on page 9)*

Alaska Suicide Prevention Council Timeline

2000 - 2001
Suicide clusters in Matanuska and the Yukon-Koyukuk region lead to 18 suicides and 28 suicide attempts

March, 2001
DHSS Commissioner Karen Perdue requests budget support to support communities and examine Alaska's suicide prevention strategies

May 7, 2001
Passage of SB 198, "an act establishing the Statewide Suicide Prevention Council"
Sponsors: Senator(s) Halford, Lincoln, Olson, Hoffman, Ward, Green, Ellis, Davis, Taylor, Kelly, Elton, Austerman, Therriault, Cowdery; Representative(s) Porter, Stevens, Morgan, Croft, Kapsner, Murkowski, McGuire, Crawford

Oct. 1, 2001
Governor Knowles announces all but one of his Council appointments (see back page for list of Council members)

Nov. 12, 2001
First Council meeting held in Anchorage. Jay Livey, DHSS Commissioner, elected Chair; Agnes Sweetsir of Galena elected Vice-Chair

Committee/Report/Program (continued)	Result / Findings
Department of Public Safety (DPS): Alaska State Troopers and Village Public Safety Officers	A study of the agencies that youth who committed suicide as young adults came in contact with prior to their deaths indicated these youth showed up more frequently in law enforcement records than in the records of mental health, DFYS or any other agency. However, training in DPS suicide prevention is limited and a great deal more could be done, especially for VPSOs.
Division of Public Health Community Health and Emergency Medical Services Section (CHEMS)	CHEMS used federal funding to develop a screening tool for suicide risk. It supported an Alaskan Gatekeeper training program to teach a wide variety of people, particularly those who are most likely to come in contact with teens – those considered 'first responders' – to recognize and respond appropriately to the warning signs of suicide and depression. CHEMS or other support for these efforts has been difficult after the end of the federal grant.
Department of Corrections (DOC)	Mental health staff provides suicide prevention training to all correctional staff at 13 state correctional facilities and to contract jails throughout the state. The DOC Training Academy includes suicide prevention in the curriculum for correctional officers, probation officers and support staff. The DOC also provides a range of mental health treatment services, from screenings within 24 hours of arrest to inpatient treatment. There is an Inmate Substance Abuse Treatment (ISAT) Program in each of DOC's institutions and the Pt. Mackenzie Rehabilitation Center. For inmates at deemed at-risk, there are cells equipped with cameras to help ensure their safety.
Norton Sound Health Corporation	Operates a Mobile Adolescent Treatment team that focuses on providing crisis intervention to youth of the Bering Straits Region. Preliminary reports suggest the program is effectively providing support to youth where and when they need it.
Maniilaq Association	Works with Northwest Arctic villages to develop their own suicide prevention programs utilizing federal grant dollars.
Tanana Chiefs Conference, Inc.	Has established a suicide prevention committee and plans a series of meetings to solicit ideas for suicide prevention. The villages of the Yukon-Koyukuk sub-region have begun their own suicide prevention effort beginning with a training in community readiness. Building on that training, Galena has begun work on a detailed suicide prevention plan for the community.
Alaska Federation of Natives	Utilizing federal substance abuse prevention funds for Alaskan suicide prevention.
National Alliance for the Mentally Ill	Promoting in-school screening of teens for depression and suicide.
Alaska Injury Prevention Center	Centers for Disease Control grant to look at and develop screening tools appropriate for use in school and clinical settings in Alaska.
Divisions of Family & Youth Services, Juvenile Justice, Public Health, and Alcoholism & Drug Abuse	Programs in DHSS, while not specifically designed as suicide prevention programs, clearly play a role in the suicide prevention effort. All have programs and/or staff in roles in which they identify and assist troubled youth, adults, and families.

Alaska Suicide Prevention Council Timeline (continued)

Dec. 10, 2001
Health corporations, substance abuse, mental health, and other agencies asked to provide ideas on suicide prevention

Jan. 24, 2002
Second Council meeting in Juneau. Subcommittee formed to hire Council Coordinator; reviewed current state and national suicide prevention efforts

Feb. 21, 2002
Third Council meeting in Sitka. Testimony taken from Mt. Edgecumbe students and local agencies

March 21, 2002
Suicide Prevention Council Coordinator, Merry Carlson, begins work

April 11, 2002
Fourth Council meeting in Juneau; Annual Report to the Legislature

Alaska Suicide Prevention Council Members

Jay Livey *Chair* Juneau	Commissioner of the Department of Health and Social Services
Agnes Sweetsir *Vice-Chair* Galena	A lifelong resident of Galena, Sweetsir is currently involved in leading suicide prevention efforts in her community and also serves on the State Advisory Board on Alcoholism and Drug Abuse
Daniel Bill Bethel	Mental health clinician for Yukon Kuskowim Health Corporation Community Mental Health Center, Bill serves on the Alaska Mental Health Board
Sen. Rick Halford Chugiak	Representative of the Chugiak and Matanuska Valley area in the Alaska State Legislature since 1978; currently the President of the Alaska State Senate
Noelle Hardt Anchorage	Director of Grants and Government Relations for the Boys and Girls Clubs of Southcentral Alaska, a position she has held since 1998
Mike Irwin Juneau	Chairman of Doyon, Ltd. and Chief of Staff of the Alaskan Federation of Natives
Rep. Mary Kapsner Bethel	Representative for the Lower Kuskokwim and Upper Bristol Bay regions in the Alaska State Legislature since 1998
Julie Kitka Anchorage	President of the Alaska Federation of Natives
Sen. Georgianna Lincoln Rampart	Representative for 93 communities throughout Alaska in the Alaska State Legislature since 1990
The Rt. Rev. Mark MacDonald Fairbanks	Episcopalian Bishop of Alaska and president of the Alaska Christian Conference, MacDonald travels extensively throughout Alaska
Karen Perdue Fairbanks	Former Commissioner of Health and Social Services, currently Associate Vice President for Statewide Health Programs, University of Alaska
Rep. Brian Porter Anchorage	Representative of midtown Anchorage in the Alaska State Legislature since 1992; Porter is currently Speaker of the Alaska House of Representatives
Carol Seppilu Nome	A survivor of a teen-aged suicide attempt who has been instrumental in organizing a teen suicide prevention group in her region
Susan Soule Anchorage	Program Manager of Treatment and Rural Services, Division of Alcoholism and Drug Abuse, Department of Health and Social Services
Jeanine Sparks Eagle River	Guidance counselor at Wasilla High School, Sparks has an extensive background in crisis counseling and working with adolescents at risk for suicide

Suicide Prevention Council Outreach Calendar of Events

One of the Suicide Prevention Council's goals is to conduct outreach through participation in existing conference; sponsorship of workshops and training; and visits to rural and urban communities throughout the state. Look for one or more members of the Alaska Suicide Prevention Council members (listed on the opposite page) at the following events. Call the SPC office at 269-4615 for additional information regarding additional activities, including possible visits to your community.

February

24 — Testimony taken from Mt. Edgecumbe students
Sitka

April

11 — Testimony taken at Suicide Prevention Council meeting
Juneau

24-26 — AFN Wellness Conference
Anchorage

May

1 — Tanana Chiefs Conference
Fairbanks

6-8 — Annual School on Addiction
Anchorage

20-21 — NSHC Suicide Prevention Conference
Nome

21-23 — TCC Wellness Conference
Fairbanks

21-23 — Advisory Board on Alcoholism and Drug Abuse
Fairbanks

22-23 — Clergy & Clinician Conference

27-31 — Rural Providers Conference
Kotzebue

June

3-7 — El Denakkaanaga Conference
Fairbanks

10 — **Suicide Prevention Council Meeting**
8:30-5:00pm
Public Testimony @ 4:30
3601 C Street
Suite 880
Anchorage

12-13 — University of Rochester Center for Study & Prevention of Suicide: Suicide Prevention in Later Life
Washington, DC

3-7 — Alaska Mental Health Board
Ketchikan

July

14-16 — State Planners Meeting
Arlington, Virginia

E-mail us if you would like to invite a Council member to attend an event:
Merry_Carlson@health.state.ak.us

Alaska Suicide Prevention Council

Alaska Department of Health & Social Services
PO Box 240249
Anchorage, AK 99524

For information, resources, and referrals, please contact SPC Coordinator:

Merry Carlson Merry_Carlson@health.state.ak.us
907-269-4615 (office) 907-227-9119 (cell) 907-561-1308 (fax)

The Alaska Suicide Prevention Council

would like to hear from you

- What can be done in your community to help prevent suicide?
- What activities related to suicide prevention, or promoting health and wellness, are taking place now in your area?
- What do you believe are the most important factors leading to someone attempting or committing suicide?

Agencies: Please email us at Merry_Carlson@health.state.ak.us if your agency provides services related to suicide prevention. Your agency will be added to a database that will be made available statewide.

Alaska Suicide Prevention Council

Alaska Department of Health & Social Services
PO Box 240249
Anchorage, AK 99524

Statewide Suicide Prevention Council

FY 2003 Annual Report

Alaskans Speak on Suicide Prevention

Anchorage, Dillingham, Fairbanks, Galena, Juneau, Kodiak, Nome, Sitka, Wasilla

"One suicide in a community is too many."

"The track record of Western therapies and programs indicates that they are not the answer and it is obvious that we need new tools to find our way back to the path of traditional integrity – our values."

"Consider regional, local, village level [media approaches] because each area is different and has its own needs and has a solution that works for that village."

Comments from stakeholders during public testimony used in development of the Alaska Suicide Prevention Plan

Council Goals for 2003-2004

The Statewide Suicide Prevention Council 2003 goals build upon the goals successfully completed in 2002 (see box below for additional details).

Alaska Suicide Prevention Plan

- Develop SSPC Advisory Group to review final ASPP draft
- Release and distribute Alaska Suicide Prevention Plan (ASPP) for public comment
- Finalize and distribute Plan
- Develop five year action plan based on the Plan
- Assist three regions in the development or refinement of regional suicide prevention plans

Additional Actions

- Develop Youth Advisory Group
- Design and launch suicide prevention awareness campaign
- Initiate and monitor follow-back study

Council Accomplishments FY '02

Summarized below are the Council's accomplishments related to its central work priorities for FY '02-03 in the 10 months since the last report to the Legislature, April 2002. Specific findings and additional activities of the Council are detailed throughout this Annual Report.

The Council's central work priorities for FY '02-03 were as follows:

1 Establish a more clear, comprehensive and detailed picture of the problem of suicide in Alaska;
2 Conduct listening sessions in which the general public, survivors, and professionals have an opportunity to provide information to the Council about suicide issues, prevention and treatment in local communities;
3 Create a detailed Council work plan with the goal of drafting a comprehensive, coordinated Alaska Suicide Prevention plan;
4 To develop that statewide suicide prevention plan, using input from Alaskans, best practice data, and other state plans;
5 Inform the public about suicide, suicide prevention, and the Council's activities, emphasizing that suicide is a preventable public health problem and decreasing the stigma associated with seeking help; and
6 Establish an easily accessible Council office and website as a statewide resource for all Alaskans.

Goals accomplished as of February, 2003:

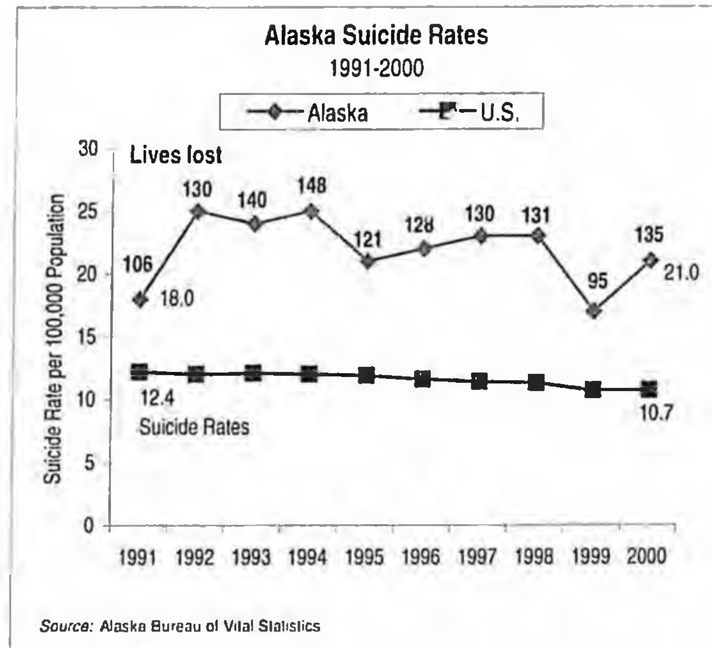
1 Follow-back study prepared for anticipated March, 2003 release
2 Listening sessions in rural and urban Alaska
3 Work Plan outlined
4 Statewide Suicide Prevention Plan drafted for public comment distribution March, 2003
5 Over 20 workshop and organization presentations
6 Office established and website created with links to state and National resources

What We Know About Suicide in Alaska

In 2000, 135 Alaskans died by suicide.

From 1991-2000, there were 1,264 completed suicides.

For every completed suicide in Alaska, there are more than 4 attempts serious enough to require hospitalization.



Alaska consistently ranks among the highest states in the nation for suicide. While suicide rates decline nationwide, Alaska had the highest rate in the nation in 2000, at 21.0 per 100,000, twice the national rate of 10.7 and twice the *Healthy Alaskan 2010* goal.

There were 3,266 non-fatal hospitalized suicide attempts from 1994-1999 – almost 550 attempts per year.

To those not suffering from depression or another mental illness, suicide is fundamentally an incomprehensible act – but for others it is all too real.

-- Steven E. Hyman, M.D., Director, National Institute of Mental Health

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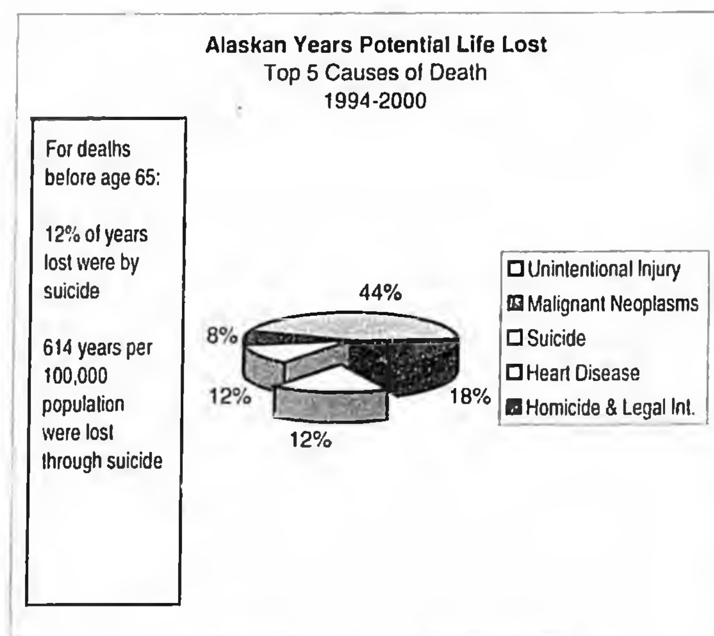
Suicide is the third leading cause of years potential life lost in Alaska.

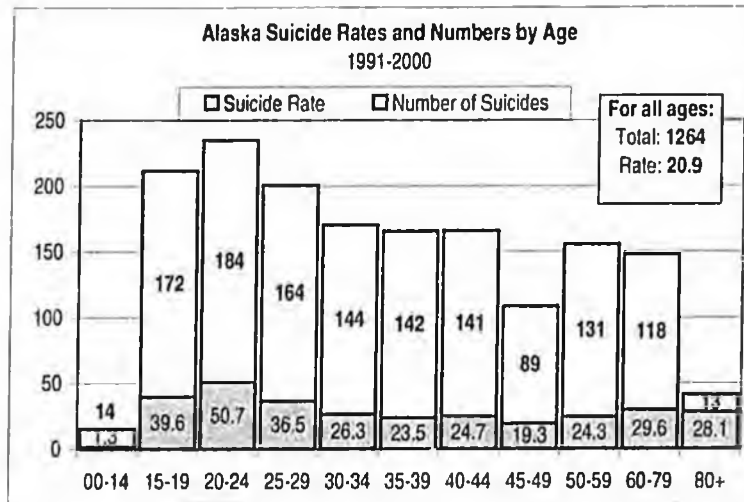


If they had reached age 75 (the approximate life expectancy in the U.S), the over 600 Alaskans who died by suicide since 1994 would have had 32,764 more years to live.

Years Potential Life Lost measures the number of years of life potentially lost by someone who dies prematurely, before an expected age. *Source:* CDC WISQARS.

Suicide rates are highest in young Alaskan adults between 15 and 44.

Suicide attempts are most frequent among those age 20-39.



Source: Alaska Bureau of Vital Statistics

From 1994-98, suicide accounted for one-fifth (21%) of deaths while attempted suicide was the 2nd leading cause (13%) of non-fatal injuries for children 0-19 .

53% of all suicide attempts were among individuals age 20-39.

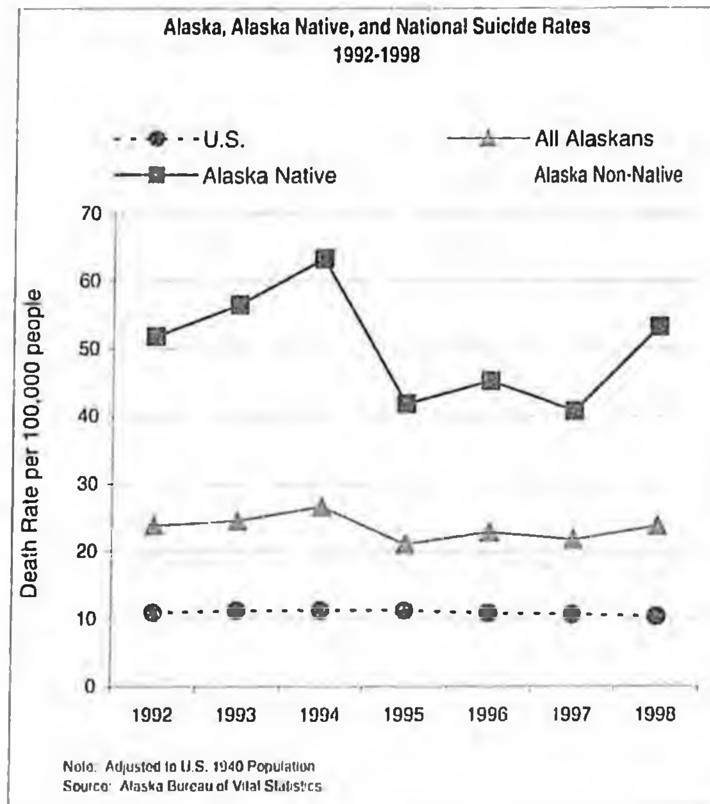
"We need to know how we got to such a place that our people, especially the young people, have decided that suicide is the only alternative. Then we need to talk among ourselves, the villages, individuals and whole regions, have to discuss what it is we need to do to become whole."

--Harold Napoleon
AFN Wellness Consultant

Alaska Natives have one of the highest suicide rates in the nation, four times the national average.

Alaska Native males are at particular risk, with a suicide rateof 68.5 per 100,000, more than 6 times the national average.

Alaska Natives attempt suicide requiring hospitalization at rates four times that of non-Natives.

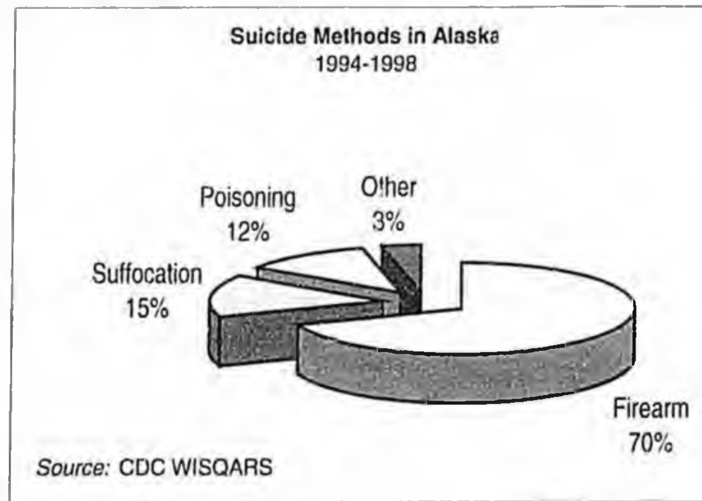


Alaska Native suicide rates average 42.9 per 100,000 population, four times the national rate of 10.7.

Between 1994 and 2000, 286 of 834 suicides were by Alaska Natives. Alaska Natives account for 16% of the state's population, and one-third (34%) of the suicides in Alaska.

From 1994-99, 42% of suicide attempts requiring hospitalization were by Alaska Natives.

The majority of completed suicides are by firearm – 417 suicides in the five years between 1994 and 1998.



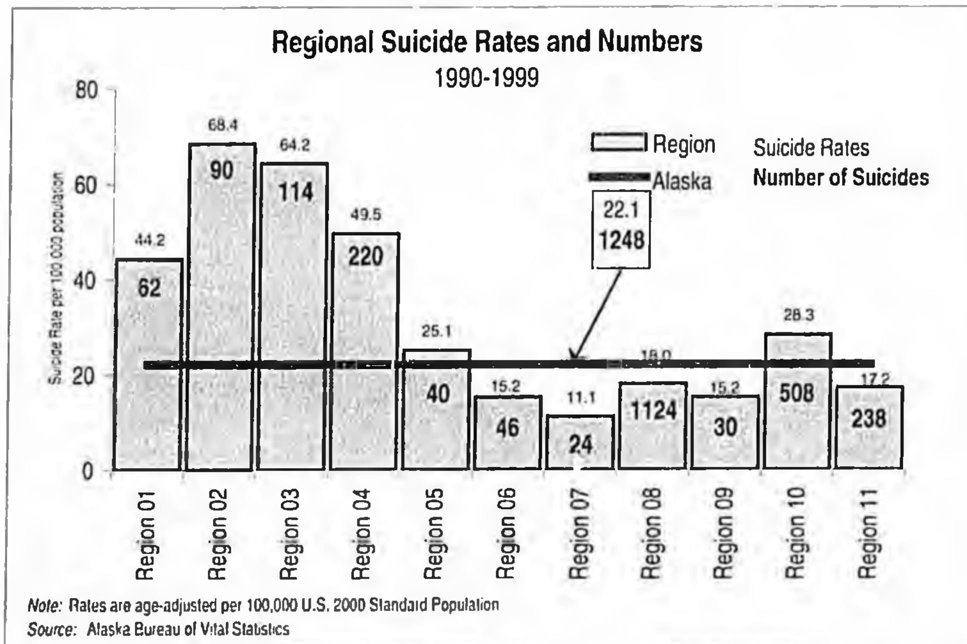
Suicide by firearm accounts for 70% of suicides in Alaska and 60% of suicides nationwide. Firearm is the most frequent method of suicide for all ages.

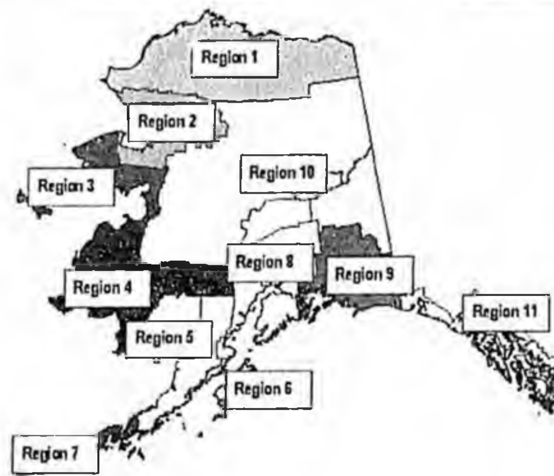
National evidence suggests that presence of a gun increases the risk of suicide 5 times. As many as 92% of suicides with a firearm result in fatality.

Suicide rates are highest in the western and northern regions.

Five regions, all southern, have suicide rates below Alaska's suicide rate.

Suicidal injuries in ch.ˆ 'ren were in the top five injury categories for all 14 EMS regions in Alaska, 1994-1998.





MYTHS AND FACTS ABOUT SUICIDE

Myth: More lives in Alaska are lost through homicide or motor vehicle accidents than by suicide.

Fact: From 1989 to 1998, more than **twice** as many lives were lost to suicide (102/year) as homicide (43/year). Fewer people died in car crashes (85/year) than by suicide. In fact, both homicide and motor vehicle death rates in Alaska were *below* the national rate, while Alaska's suicide rates (17.9) were far *above* the national rate (12.0).[1] In 2000, CDC data showed Alaska had the highest suicide rate in the nation, 22.0 per 100,000 population.[2]

Myth: When you look at the numbers, suicide doesn't affect many lives.

Fact: In 2000, 135 Alaskan lives were lost to suicide.[3] For every completed suicide in Alaska, there are 4.3 suicide attempts so severe they required hospitalization. In the six years between 1994-99, there were 753 completed suicides and 3,266 suicide attempts so serious they required hospitalization.[4] National estimates for suicide attempts indicate there are as many 25 attempts for every death by suicide.[5] By these figures, there were an estimated 3,425 suicide attempts by Alaskans in the year 2000.

Myth: Alaskan Males are more likely to be suicidal.

Fact: In Alaska, four times as many males as females commit suicide. However, females attempt suicide four times more often than men and report higher rates of depression. Alaskan males are 80% more likely (35.8 vs. 19.99 per 100,000) and Alaskan females are twice as likely (8.7 vs. 4.4 per 100,000) as their peers nationwide to commit suicide.

Myth: Suicide affects only the person who dies.

Fact: Suicide contagion is the exposure to suicide or suicidal behaviors in family, friends, peer group, or media – and all increase the risk for suicide, particularly adolescents and young adults. National estimates are that for every person who completes suicide, six individuals are directly affected. In Alaska's small villages, these numbers are much higher.

Suicide risk through direct exposure can be minimized by evaluation of affected persons by mental health professional. Suicide risk through media exposure is minimized by factual and concise media reporting.

Myth: Depression and alcohol have nothing to do with suicide risk.

Fact: True! Depression and alcohol are two of the most important risk factors. Younger persons who kill themselves often have a substance abuse disorder in addition to being depressed. States with lower minimum-age drinking laws have higher youth suicide rates. Adults who drink alcohol think about suicide more often.

Many persons reporting suicide attempts report either or both depression and substance abuse. In Alaska, alcohol is a significant related factor: 16% of all alcohol-related deaths are by suicide. A majority of individuals are intoxicated at the time of suicide.

The Children's Safety Network Economics and Insurance Resource Center estimates the cost of alcohol-attributable youth suicide (ages 0-20) to be $10,144,300 per year. This includes $489.800 medical, $2,556,200 in lost work, and $7,098,300 in quality of life.

For more facts about suicide in general, see:

www.nimh.nih.gov/research/suifact.htm

www.psych.org/public_info/teen.cfm

www.acap.org/publications/factsfam/suicide.htm

www.childrensdatabank.org

THEMES OF THE ALASKA SUICIDE PREVENTION PLAN

1. **Suicide prevention is everyone's responsibility.** Suicide is not "just a mental health issue." As the fifth leading cause of death among Alaskans, suicide affects families and communities across the state. To be effective, programs must involve people, agencies, and organizations of the community. In order to engage communities in suicide prevention and community wellness, this plan presents a wide range of ideas, specific actions, and concrete resources so that specific activities can be developed to fit each region and its community members, as well as the various professional groups and individuals who provide related services.

2. **Successful suicide prevention requires local plans and actions, supported by, and integrated with, regional, state, and national resources.** Local autonomy and the cultural appropriateness of activities is key. Local planning should be informed by the current knowledge of suicide risk and protective factors, best practices, statistics, and other information. Local plans are likely to be most effective when activities complement existing efforts and resources and are part of a comprehensive, integrated strategy. Prevention activities are more effective when programs are long-term, with repeated opportunities to reinforce targeted attitudes, behaviors, and skills in settings where people normally spend their time: schools, community events, faith communities, and the workplace.

3. **Suicide is related to many other problems facing Alaska's communities and cannot be addressed alone.** Suicide prevention programs should coordinate with other prevention efforts such as those designed to help reduce substance abuse. New and ongoing health, mental health, substance abuse, education, and human services activities in naturally occurring settings such as schools, workplaces, clinics, medical offices, correctional and detention centers, elder facilities, faith communities, and community centers should be part of an integrated approach to suicide prevention. Reducing Alaska's suicide rate will require substantial, long-term, system wide changes that expand and enhance prevention services. Suicide will not be reduced through implementation of short term, one-time efforts. Prevention efforts must occur in the context of a comprehensive mental health services system.

4. **Suicide prevention efforts should target at-risk populations.** Young adult Native males are at most risk but interventions should address all disparities due to race, age, geographic location or other factors. These may vary by region and should be assessed locally and at a statewide level.

5. **To prevent suicide, we need to develop healthy communities across Alaska.** We can do this through coordinated prevention planning with a local focus. Each community needs to develop its own suicide prevention plan that is tailored to meet local needs and build on local strengths. Any activity that promotes community wellness and individual and community strengths may potentially contribute to lower suicide rates.

6. **Successful suicide prevention will require sufficient resources.** Statewide capacity building for activities will ensure the resources, skills, training, collaboration, and evaluation necessary for success. Suicide is complex and has many contributing factors. Emphasize early interventions to promote protective factors and reduce risk factors for suicide. The higher the level of risk, the stronger the suicide prevention effort must be and the earlier it should begin.

TIMELINE FOR COMPLETION OF ALASKA SUICIDE PREVENTION PLAN

March, 2003

Draft Alaska Suicide Prevention Plan released for public comment. Drafts sent to: Mental health and substance abuse grantees; state agencies; Native health corporations; non-profit, public, faith-based organizations; advocacy groups; and others. Available at website: www.hss.state.ak.us/suicideprevention

March-May, 2003

Public testimony hearings continue. Draft Plan available at select major events, workshops, and meetings. Telephonic and other focus groups convened. Statewide Suicide Prevention Council Youth Group organizes and provides input.

June, 2003

Draft Alaska State Prevention Plan public comment period ends.

July-Sept., 2003

Alaska State Suicide Prevention Plan finalized, printed and readied for distribution.

Sept. 25-26, 2003

Alaska State Suicide Prevention Plan released at 1st Annual Alaska Suicide Prevention Forum.

To see a reversal of self-destructive tendencies among Alaska Natives, there needs to be a comprehensive approach by the federal and state governments and the Alaska Native people themselves. With all, and just not some, aspects of Alaska Native society seemingly at breaking point, any piecemeal attempts will fail.

-- Alaska Natives Commission

Inspire and empower young people to prevent suicide and celebrate life!

If you are a teen, or know a teen,
who wants to make a difference ...
Or who would benefit from the experience of being on an advisory board ...

Apply or nominate a youth for the new Statewide Suicide Prevention Council Youth Advisory Board

Draft Alaska Suicide Prevention Plan:

Goals And Sample Action Item

OVERALL	**Encourage effective use of evidence-based prevention and awareness programs throughout Alaska**	Develop a plan of action for helping at-risk students that reduces risk factors and increases protective factors.
UNIVERSAL	**Increase belief that suicide is preventable in Alaskan communities**	Produce regional PSAs, news articles, billboards, and public speaking opportunities
	Develop broad-based support for suicide prevention in Alaska	Expand the number and kind of organizations offering suicide prevention information
	Improve availability and accessibility of culturally competent, locally based, and holistic mental health, substance abuse, and other relevant services	Develop and utilize traditional healers, natural helpers, and traditional ways of healing
	Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services	Partner with existing programs to reduce stigma (Mental Illness Awareness Week, Mental Health Month, Yellow Ribbon Week)
	Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media	Develop public service announcements with positive depictions of consumers of mental health and substance abuse services
	Promote gun safety efforts and other means to create safer environments	Educate parents of youth with substance abuse/mental health issues re increased risk of guns & other means of self-harm
SELECTIVE	**Implement training for recognition of at-risk behavior and delivery of effective treatment**	Hold trainings such as QPR and ASIST recognition and response programs to range of community members & youth, professionals, & paraprofessionals
INDICATED	**Develop and promote effective clinical and professional practices**	Provide support to survivors& family members of persons receiving mental health, substance abuse, and prevention services
EVALUATION	**Promote and support research on suicide and suicide prevention**	Establish a program registry of strategies proven effective in Alaska
	Improve and expand surveillance systems	Develop community indicators for progress in suicide prevention/ community wellness

SUICIDE PREVENTION IN THE MAT-SU VALLEY:
SUCCESSFUL COLLABORATIONS PROVIDE ONE MODEL FOR COMMUNITY ACTION

Last year's SSPC Annual Report provided data on suicide clusters recently experienced across Alaska. Council member Jeanine Sparks provides this follow-up report with actions taken by Mat-Su Valley residents who experienced 32 deaths by suicide between 1999 and 2001, 11 of those by youth under the age of 18 and responded to the tragedy.

The Mat-Su Valley has proactively responded to the alarming increase of suicide it has experienced in the past few years. A community's response to suicide should be comprehensive, and the Mat-Su has successfully collaborated with many social institutions, public and private, to address this issue.

Sharing what one community is doing with other communities is a key strategy to promote suicide prevention, encourage effective interventions and, hopefully, to reduce suicide in the state. As an educator and guidance counselor at Wasilla High School, I think education and training are the best investments and proactive comprehensive approaches to suicide prevention.

In 2001, the Mat-Su Suicide Prevention Committee was formed, with members including surviving parents, concerned citizens, and professionals from schools, mental health, law enforcement, and churches. This committee first identified community needs concerning suicide prevention, and then found funding and community support to sustain its efforts. Two research-based programs were promoted through the committee, and funded through grants and donations.

The first training, QPR (Question, Persuade, Refer) Gatekeeper Training provided about 15 community members (including several teenagers), with the resources they needed to recognize and respond to those in crisis. They, in turn, have gone on to train hundreds of others in QPR. After I and a required co-trainer, Susan Steel, became certified Applied Suicide Intervention Skills (ASIST) trainers, over 250 community members have completed the 2-day ASIST training, including educators, ministers, safety officers, dispatch operators, probation officers, and many others from the community. These two broad based trainings are wonderful examples of proactive approaches to suicide prevention.

Another example of the community's efforts can be found in the Mat-Su School District, where a suicide intervention protocol has been established. This protocol was established for school psychologists, nurses, counselors, and administrators to use with students at risk for suicide. In addition to this protocol, there are many other programs to help educate students about suicide. The Signs of Suicide - Act Now (SOS) program has educated hundreds of students in several high schools by school psychologists and counselors. Peer Helpers educate other youth on suicide and suicide prevention, and the National Yellow Ribbon Campaign is celebrated every year at several high schools.

The challenge for the Mat-Su, as well as all communities in Alaska, is to maintain broad based prevention efforts, as well as effective intervention and referral sources. These resources need to be sustained as a matter of priority, not in response to increased suicides.

Suicide is a complex matter in urban areas, yet even more complex in rural and bush areas of Alaska. Each community would benefit from sharing what is working for them, so that we might learn from each other. The Statewide Suicide Prevention Council is an effective tool for linking communities together and creating locally relevant programs that create a statewide web of suicide prevention. Working together, we can save lives, the most precious resource we have.

RECOMMENDATIONS TO THE GOVERNOR AND THE LEGISLATURE
STATEWIDE SUICIDE PREVENTION COUNCIL, 2003

Preventing suicide is possible.
Alaska has not always experienced high rates of suicide.
Alaskan communities can be healthy.

In 2000, Alaska's suicide rate was highest in the nation. Alaska's citizens of all ages and races have told us they are concerned. Many are willing to act but are not sure what to do. Although suicide is a complex behavior, multiple risk and protective factors provide many appropriate points for suicide prevention initiatives. Increasing public knowledge about suicide is essential.

Recommendation:

Educate the public about suicide, its warning signs, and specific risk and protective factors.

Communities have begun to proactively address issues of suicide and community wellness. Suicide rates in Kake have been increasing since the 1980s. Talking Circles and other broad community efforts, outlined in *Healthy Alaskans 2010: V. II*, are strategies Kake has adopted to reverse this trend.

Norton Sound Health Corporation and Kawerak have made suicide their joint priority for this year, following a regional conference in which the SSPC provided technical assistance. Small communities such as Minto have coordinated their own conferences on suicide. Each community and region actively addressing suicide has crafted solutions based on local needs and resources.

The Council is a statewide resource through which communities can share knowledge gained and access Alaska-relevant information, resources, and support. Funding initial efforts to develop local suicide prevention plans expands community capacity to develop long-term low- and no-cost options and strategies to maximize existing resources.

Recommendation:

Fund local suicide prevention plans and actions, supported by, and integrated with, regional, state, and national resources.

The effectiveness of suicide prevention is difficult to assess. Available statewide data lags two years behind any intervention; suicide rate data normally varies from year to year; small populations make conclusions and generalizations difficult; and achieved effects may be evident only in the long term. Therefore, even successful projects may not be identified immediately. Furthermore, increased suicide surveillance may reveal higher suicide rates because some suicides had not classified as such.

Specific evidence-based suicide prevention programs are limited. The *National Strategy for Suicide Prevention* emphasizes the importance of research and evaluation to ensure appropriate action. This is particularly important for Alaska, where "imported" programs may not address our unique cultural, linguistic, and geographic factors.

Recommendation:

Continue funding research for follow-back and other studies to determine effective prevention and intervention strategies in Alaska.

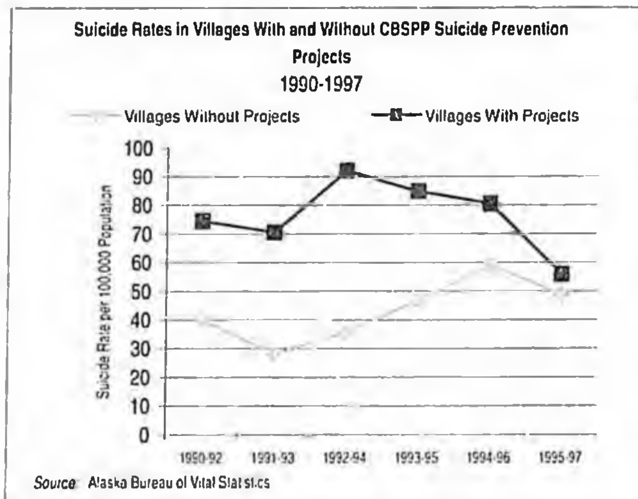
"Do not divert your attention to promoting wellness or healthy communities or strong families ... It is all too tempting to focus on something so positive rather than face suicide head on, but it is a temptation I hope you will resist ... What can we do to identify psychologically fragile people and intervene in an effective way to build them a safety net that protects their lives? That is the question we must answer." — *Public Testimony*

Recommendation:

We cannot delay or suspend prevention efforts.

We have evidence that prevention works *in Alaska* and that, without prevention, Alaska's suicide rate continues to escalate (*see* Figure 1, page 2.). The following figure shows that communities with Community Based Suicide Prevention Programs began with higher suicide rates than those without programs.

Those communities have shown decreased suicide rates over time, while communities without such programs continue to experience increased suicide rates, accounting in part for the overall continuing escalation of suicide in Alaska.



Recommendation:

Fund ongoing prevention programs and research at current levels. Where possible, provide increased funding for existing and new programs.

Suicide prevention is cost-effective.
Nationally, prevention efforts saves six dollars for every dollar expended, but no cost analysis will ever address the impact of lives lost and lives saved. Some financial estimates do exist. The Children's Safety Network Center for Economics and Insurance Resources Center estimates the costs of completed and medically treated youth suicides (ages 0-20; about 15% of suicides in Alaska) to be 103,000,000 per year, $6M in medical; $19M in future earnings, and $78M in quality of life.

Using just *one* indicator of suicide-related cost available through the Alaska Trauma Registry shows costs of care after unsuccessful but serious suicide attempts far exceed costs of prevention (Tables 1, 2).

Table 1.
Suicide Attempt Hospital Admissions, 1994-98

Means of Suicide Attempt	No. of Hospital Admissions	Total Est. Cost	Approx. Cost Per Admit	% Medicaid	% Uninsured
Firearm	134	$2.7 M	$20 K	16%	11%
Poisoning	2,718	$18.2 M	$6.7 K	22%	16%
Other	447	$3.0 M	$6.7 K	22%	13%
TOTAL	**3,299**	**$23.7 M**	**$7.2K avg**	**$3.95 M/year**	
Per Capita		**$37.32**	**—**	**$6.22 / year**	

The average suicide attempt has hospital costs of $7,200, about half that of funding one Community Based Suicide Prevention Program for a year. To recoup costs, a program need only prevent two suicide *attempts*. Table 2 shows total current prevention costs. Per capita costs for prevention are $2.40 per resident, while hospitalization for serious attempts costs $6.22 per resident.

Table 2.
Current State-Funded Suicide Prevention Efforts

Suicide Prevention Effort	Cost	Approx. Cost per Capita
Community-Based Suicide Prevention Program	$907,238	$1.43
Statewide Suicide Prevention Council	$217,728	$0.34
Follow-back Study	$400,000	$0.63
PREVENTION	**$1.52 M/year**	**$2.40**
HOSPITALIZATION	**$3.95 M/year**	**$6.22**

"I remember when there was the first suicide in our village. I couldn't believe someone would take their own life." — Public Testimony

Preventing suicide is possible.
Alaska has not always experienced high rates of suicide.
Alaskan communities can be healthy.

Statewide Suicide Prevention Council Members
February, 2003

By statute, the Statewide Suicide Prevention Council consists of 15 members, 11 appointed by the Governor and 4 by the Legislature. The governor appoints: two executive branch State employees (one position currently vacant); one member of the Advisory Board on Alcoholism and Drug Abuse (vacant); one member of the Alaska Mental Health Board (vacant); a recommendee of the Alaska Federation of Natives, Inc.; a counselor in a secondary school; an adult active in a statewide youth organization; a person who has experienced the death by suicide of a member of the person's family; one person who resides in a rural community that is not connected by road or the Alaska marine highway to the state's main road system; a member of the clergy; and a youth under eighteen. The senate president appoints one majority (vacant) and one minority member of the Senate; the speaker of the house appoints one majority (vacant) and one minority member of the House.

Noelle Hardt, Anchorage — Senior Director of Community Outreach and Development for the Boys and Girls Clubs of Southcentral Alaska.

Rep. Mary Kapsner, Bethel — Representative for the Lower Kuskokwim and Upper Bristol Bay regions in the Alaska State Legislature since 1998

Julie Kitka, Anchorage — President of the Alaska Federation of Natives

Sen. Georgianna Lincoln, Rampart — Representative for 93 communities throughout Alaska in the Alaska State Legislature since 1990

The Rt. Rev. Mark MacDonald, Fairbanks — Episcopalian Bishop of Alaska and president of the Alaska Christian Conference, McDonald travels extensively throughout Alaska

Karen Perdue, Fairbanks — Former Commissioner of Health and Social Services, currently Associate Vice President for Statewide Health Programs, University of Alaska

Carol Seppilu, Nome — A survivor of a teen-aged suicide attempt who has been instrumental in organizing a teen suicide prevention group in her region

Susan Soule, Anchorage — Program Manager of Treatment and Rural Services, Division of Alcoholism and Drug Abuse, Department of Health and Social Services

Jeanine Sparks, Eagle River — Guidance counselor at Wasilla High School, Sparks has an extensive background in crisis counseling and working with adolescents at risk for suicide

Alaska Mental Health Board Position
Vacant

State Executive Branch Position
Vacant

Advisory Board on Alcoholism and Drug Abuse Position
Vacant

Senate Majority Position
Vacant

Public Rural Position
Vacant

House Majority Position
Vacant

Council Website

The Statewide Suicide Prevention Council website is http://www.hss.state.ak.us/suicideprevention Our vision is that the website will serve as a centralized, accessible resource for Alaska suicide prevention information, Alaska suicide data, Alaska referral sources, and current events relating to suicide prevention at the local, regional, state, and national levels

Statewide Suicide Prevention Council:	Information	Links and Resources

• Membership roster
• Mission and goals
• History and enabling legislation
• Meeting Calendar & Minutes
• Contact Information
• Draft Alaska Suicide Prevention Plan
	• Alaska suicide statistics
	  • National comparisons
	  • Overall statistics
	  • Adult statistics
	  • Youth statistics
	  • Regional statistics
		• What to do and where to go in a crisis
		• Alaska Mental Health Centers
		• Alaska Suicide Prevention Programs
		• Alaska and national organizations
		• National statistics and facts
		• Resources relating to suicide

A Growing Clergy-Clinician Dialogue

Facilitating new partnerships to address suicide, including faith-based ones, is one function of the SSPC. On May 22, 2002, clergy and clinicians representing many facets of Alaskan life -- bush and urban, Native and non-Native -- gathered at Meier Lake to explore ways they might effectively partner. The event was convened by the SSPC and funded by the Community Based Suicide Prevention Program.

Clergy and clinicians often deal with the same people and problems, but come from different perspectives that can present barriers to collaboration. A gathering at Meier Lake provided a forum to explore ways to eliminate the barriers. At the outset, each group introduced their perspective, described the kinds of problems encountered in their work, and the barriers to creating working partnerships with the other group.

In the discussion that followed, participants expressed appreciation for the different but complementary perspectives they heard on a number of common themes – healing, relationships, connection, and hope.

A foundation of relationship and professional respect began to emerge. The ways in which the roles were complementary became more clear and clergy and clinicians developed specific strategies for referral and follow-up and for ways in which they could work together on such things as healing religious services and coordinated community wellness strategies. Many individuals stated plans to meet with their counterparts in their communities upon their return home. Most expressed a desire for similar gatherings in the future.

The event's success has inspired other communities to act. At January's Fairbanks SSPC Public Testimony, a Fairbanks group formed to develop and host a similar event for that region. Information will be available in the near future regarding this and similar events.

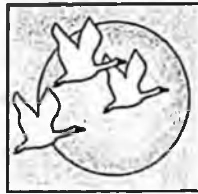
How May We Help You?

Call	our Coordinator, Merry Carlson, at	**(907) 269-4615**
Visit	us at	**Suite 578 3601 C Street Anchorage, AK 99503**
Write	us at	**PO Box 240249 Anchorage, AK 99524**
Fax	us at	**(907) 561-1308**
E-Mail	us at	**suicideprevention@health.state.ak.us Merry_Carlson@health.state.ak.us**
Get to know	us at our website	**http://www.hss.state.ak.us/suicideprevention**
Give	us your feedback and ideas on the Alaska Suicide Prevention Plan	**http://www.hss.state.ak.us/suicideprevention**

Frank H. Murkowski Governor
Joel Gilbertson Commissioner, Department of Health and Social Services

This publication was authored and designed by Merry Carlson and Statewide Suicide Prevention Council members, and released by the Council. Its purpose is to provide the legislature and the public with an annual reference guide. Full color copies of this report were printed in Anchorage, Alaska at a cost of $4.75 per copy. This cost block is required under AS 44.99.210. To purchase copies, please contact us as listed above. This report can also be accessed at the SSPC website, http://www.hss.state.ak.us/suicideprevention.

[1] CDC. Injury Mortality Maps of the United States, 1989-1998. Atlanta, GA, 2001.
[2] CDC. National Vital Statistics Reports, 50(15). Atlanta, GA, 2002.
[3] CDC. National Vital Statistics Reports, 50(15). Atlanta, GA, 2002. Alaska Bureau of Vital Statistics report rates of 21.0/100,000
[4] Alaska Trauma Registry (suicide attempts requiring hospitalization); Alaska Bureau of Vital Statistics (suicide deaths)
[5] CDC. National Vital Statistics Reports, 50(15). Atlanta, GA, 2002.



Statewide
Suicide
Prevention
Council

Annual Report to the Legislature

February 26, 2003

Status of Goals for FY '02

Goal	Status
Establish a more clear picture of the problem of suicide in Alaska	Follow-back study RFP scheduled for release March, 2003
Conduct listening sessions for the public, survivors, and professionals	Listening sessions held in Sitka, Nome, Kodiak, Juneau, Fairbanks, Anchorage

Statewide
Suicide
Prevention
Council

Status of Goals for FY '02 (continued)

Goal	Status
• Create Council Work Plan	• Work Plan developed and by-laws drafted
• Develop statewide suicide prevention plan	• Alaska Suicide Prevention Plan drafted and scheduled for release March, 2003

Statewide Suicide Prevention Council

Status of Goals for FY '02 (continued)

Goal	Status
• Inform the public about suicide	• Over 20 presentations at conferences, workshops, agencies
• Establish Council office and website	• Office established and website to be advertised along with Draft Plan

www.hss.state.ak.us/suicideprevention

Statewide Suicide Prevention Council

Goals for 2003-2004

Alaska Suicide Prevention Plan

- Distribute Alaska Suicide Prevention Plan for public comment
- Develop SSPC Advisory Group to review Draft
- Finalize and distribute Plan
- Develop five year action plan based on the Plan
- Assist three regions in the development or refinement of regional suicide prevention plans

Statewide
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Goals for 2003-2004 (continued)

Additional Goals

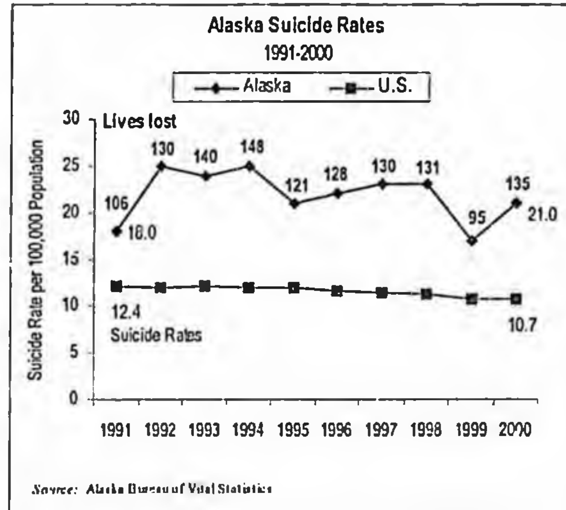
- Develop Youth Advisory Group
- Design and launch suicide prevention awareness campaign
- Initiate and monitor follow-back study

Statewide
Suicide
Prevention
Council

In 2000, 135 Alaskans died by suicide.

From 1991-2000, there were 1,264 completed suicides.

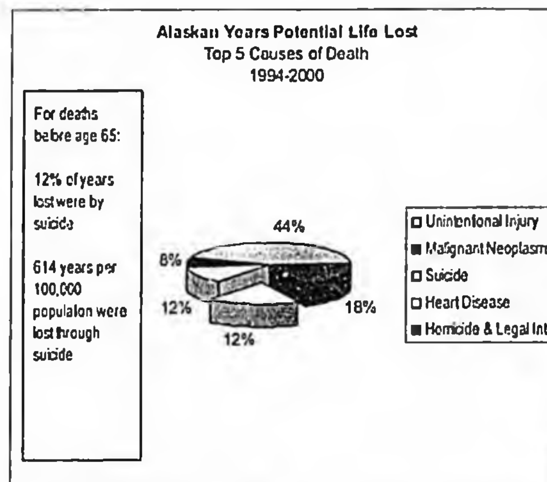
For every completed suicide, there are more than 4 attempts serious enough to require hospitalization.



Statewide Suicide Prevention Council

Suicide is the third leading cause of years potential life lost in Alaska.

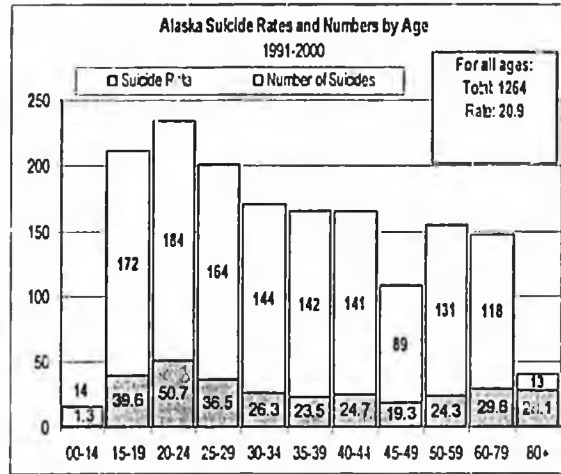
If they had reached age 75 (the approximate life expectancy in the U.S), the over 600 Alaskans who died by suicide since 1994 would have had 32,764 more years to live.



Statewide Suicide Prevention Council

Suicide rates are highest in young Alaskan adults between 15 and 44.

Suicide attempts are most frequent among those age 20-39.

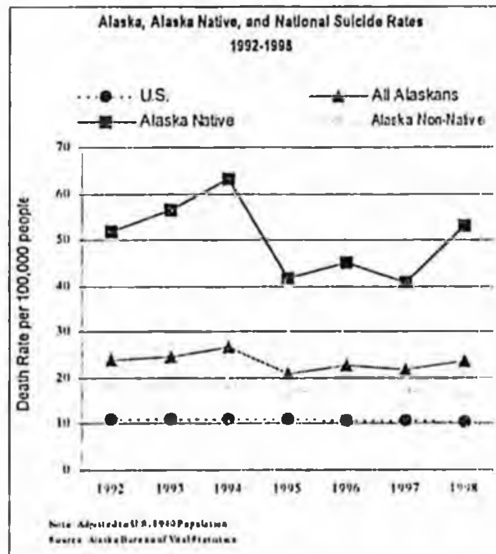


Statewide Suicide Prevention Council

Alaska Natives have suicide rates four times the national average.

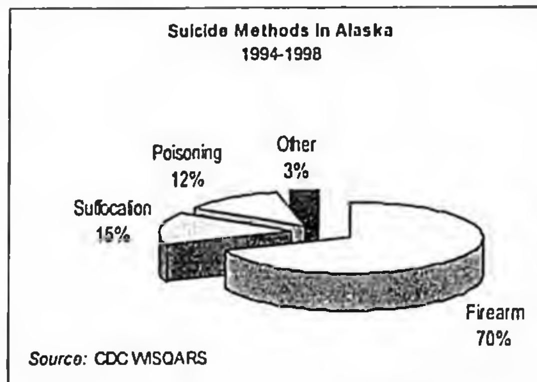
Alaska Native males are at particular risk, with a suicide rate of 68.5 per 100,000, more than 6 times the national average.

Alaska Natives attempt suicide requiring hospitalization at rates four times that of non-Natives.



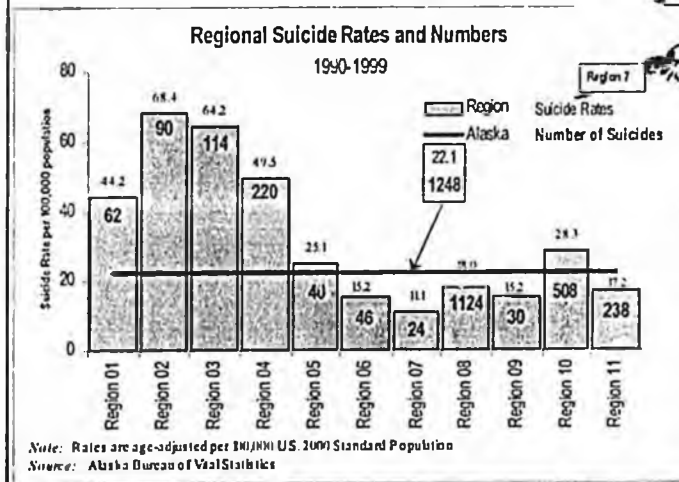
Statewide Suicide Prevention Council

The majority of completed suicides are by firearm – 417 suicides in the five years between 1994 and 1998.



Statewide Suicide Prevention Council

Suicide rates are highest in the western and northern regions.



Five regions, all southern, have suicide rates below Alaska's overall suicide rate.

Themes of the Alaska Suicide Prevention Plan

Suicide prevention is everyone's responsibility.

Successful suicide prevention requires local plans and actions, supported by, and integrated with, regional, state, and national resources.

Suicide is related to many other problems facing Alaska's communities and cannot be addressed alone.

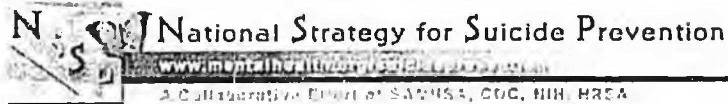
Suicide prevention efforts should target at-risk populations.

To prevent suicide, we need to develop healthy communities across Alaska.

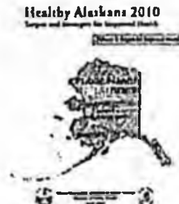
Successful suicide prevention will require sufficient resources.

Statewide Suicide Prevention Council

The Alaska Suicide Prevention Plan Goals Were Developed Using:



Testimony from the public, survivors, and professionals



Statewide Suicide Prevention Council

Best Practices

Recommendations to the Governor and the Legislature

Educate the public about suicide, its warning signs, and specific risk and protective factors.

Fund local suicide prevention plans and actions, supported by, and integrated with, regional, state, and national resources.

Statewide Suicide Prevention Council

Recommendations to the Governor and the Legislature

Continue funding research for follow-back and other studies to determine effective prevention and intervention strategies in Alaska.

We cannot delay or suspend prevention efforts.

Statewide Suicide Prevention Council

Recommendations to the Governor and the Legislature

Fund ongoing prevention programs and research at current levels. Where possible, provide increased funding for existing and new programs.

"I remember when there was the first suicide in our village. I couldn't believe someone would take their own life."
— Public Testimony

Preventing suicide is possible.

Alaska has not always experienced high rates of suicide.

Alaskan communities can be healthy.

2/26/03

Report to the Legislature

My name is Carol Seppilu, I'm from Savoonga, Alaska & I'm 20 years old. I've been impacted by suicide far too many times in my young life. I've lost 8 close friends to suicide just in the past 4 years & all were young beautiful youths. All but 2 were under the influence of Alcohol & I think all of them used guns. I also shot myself 3 1/2 years ago while under the influence of alcohol. It was a terrible mistake & it damaged me both physically & emotionally but the thing that keeps me going is the miracle that happened that horrifying night, the miracle is that I survived. That's why I'm here today & that's why I'm involved in suicide preventio[n]. I'm really happy for the Alaska Suicide Prevention Council because Alaska needs a change & I believe that this council will do great things to reduce the rate of suicide. My job is to make plans of things that could help prevent suicide & I also attend workshops to tell my own personal story to spread the suicide prevention awarness to the youth. Since I'm the younger one on the council I mainly focus on the youth. I think that education is the best way to help prevent these youth suicide tragedies. Education about a varibty of positive things like confidence, & whatever helps a kid to grow up in a positive way. I grew up in a domestic violence home & no one taught me

about believing in myself. Sure teachers taught me the basics of education + I was one of the top students getting all sorts of academic awards. But inside I was crumbling down fading away from life + sinking down into depression. I didn't know how to get out of it because I didn't have confidence + other skills that help you get through depression. The outcome of not knowing these skills was a near death experience for me. I shot myself while I was blacked out drunk + it was too late to get help. Our kids need to know these skills just as lawmakers need to know the law to make good decisions. If our kids can't learn these skills from parents where will they recieve them? I thought that maybe they could learn in school like in a class. And not just a once or twice a year class but an everyday class where all kids could learn. School can be very stressing + hard on the kids + it would be nice to have a class where you could relax yet learn how to become a positive person. I think that the more positive youths we have the less suicides there will be in the future. Thank you for your time + an extra thanks to those of you who support the suicide prevention council. This team is strong + they give their time to make the council strong. Together we could help our people be strong enough to live.

Statewide Suicide Prevention Council

speakers
- Merry Carlson, Coordinator (Power Point)
- Georgianna Lincoln
- Carol Seppilu
- Jeanine Sparks

Susan Soule

Rt. Rev. Mark MacDonald

Mary Kapsner

PUBLIC TESTIMONY ON DEPT. OF H & SS, 11/5/03

To: DHES

11-05-03
pg 1 of 2

Thank you for the opportunity to share ideas and concerns pertaining to the funding and possible reductions to Alaska's Health and Social Services—

I owe Alaska a great deal of gratitude. From the bottom of my heart, Thank You! I am the mother of a 19-year-old son who has a chronic lung disease, Cystic Fibrosis known as CF. Thank God for Alaska's responsible financial funding of medical services for Max and his disease. Max's medical funding came through programs ~~like~~ such as Handicapped Childrens Program, Tefra Option of Medicaid, recently Alaska medicaid and Adult Public Assistance. CF is an insidious disease that affects all organs in the body; therefore, causing a complex treatment plan. Any cuts to Max's medical treatment plan, would indeed compromise his already fragial health.

I believe any budget cuts would destablize and derail the hard work, momentum, and progress to the train of Health and Social Services. Please create a form of taxation that protects all funding of Health and Social Services. I believe budget cuts to Health and Social Services would not be the responsible tactic to solving the State's fiscal concerns. Please fund ~~the~~ State services! Please create a state income tax —

Thank you,

[signature]

Alice Huggerty
PO Box 737
Homer AK 99603

(907) 235-6410
E-mail: alice@xyz.net

Alaska State Legislature

Please enter into the record my testimony to the J HES
committee name

committee on Dept. of Health & Social Services, dated 11-04-03
bill/subject

Hi, I am Nikki, I get Medicaid and Medicare and Social Security. I use these for my daily need's. If you cut my Benefit's, I would not be able to pay my rent, or my daily need's (Medicine, Food, Plane and so on). Please, reconsider your planed actions!

Signed: Nikki [signature]
Testifier

Representing (Optional)

Address

907-235-7336
Phone No.

Alaska State Legislature

Please enter into the record my testimony to the J HES
committee name

committee on Dept. of Health & Social Serv; dated 11-04-03.
bill/subject

I urge you to reconsider your proposed actions. My husband and myself work - but we still couldnot afford healthcare for our four children! We are not able to pay healthcare for ourselfes - we are also unable to find work with benefits in the lower area. I urge you to stop cutting benefits for our children (schools, Denali Care) - these children are precious, these children are our future, stop spending money for war's and military need's put the money back to the needs of our children!

Signed: Margarete Fisher
Testifier

Representing (Optional)

Box 314 Anchor Pt. AK 99556
Address

907-235-9494
Phone No.

9/86 Legislative Information Office

Alaska State Legislature

Please enter into the record my testimony to the (J) HES
committee name

committee on Dept. of Health & Social Services, dated Nov. 5 - 03.
bill/subject

I would like to thank you for the opportunity to express my opinion. I am an hourly provider for CMHC in Homer. I work directly with my clients on a daily basis and I see each day how much the services I provide enhance my clients lives. I don't have a college degree or a lot of statistic's to quote. What I do have is hands-on experience with my clients and I cannot stress how much the services I provide help my clients. These services are essential to the day today health and well being of my clients. I urge this committee to find another way to deal with this problem, and not to cut funding for these programs.

Signed: Susan Miller
Testifier

Representing (Optional)

P.O. Box 2457 Homer Ak
Address

235 1823
Phone No.

Alaska State Legislature

Please enter into the record my testimony to the (J) HES
committee name

committee on Dept. of Health & Social Services, dated Nov 5 - 03.
bill/subject

Thank you for standing for our children. Speaking for my guardian I am sure she would agree with a state tax. I don't know what I would do without my Medicaid. It depress me to think of it. Thank you.

Signed: Hazel Bentley
Testifier

Representing (Optional)

1152 Sea Breeze Ct, Homer
Address

235 7982
Phone No.

9/86 Legislative Information Office

Alaska State Legislature

Please enter into the record my testimony to the (J) HES
committee name

committee on Dept. of Health & Social Serv, dated 11/5/03.
bill/subject

I get Public Assistance and Medicaid. I need all the mental health services I get I appreciate being able to go to the doctor when I need to.

Please don't cut me off.

Signed: [signature] David Fomer
Testifier

Representing (Optional)

3948 Ben Walters Lane
Address

235-3243
Phone No.

9/86 Legislative Information Office

Alaska State Legislature

Please enter into the record my testimony to the (J) HES committee name

committee on Dept. of Health & Social Services bill/subject, dated 11/5/03.

I am dependent on public assistance and medicaid. There is no way I could afford to pay for the prescriptions I need including anti psychotic and anti depressants. I also am very limited in funds to be able to see a doctor when I need to. Going to the mental health center is a God-send to my well being. I cant imagine what would happen to me if I didn't have access to their services.

Signed: Patricia Lee
Testifier

Homer Mental Health
Representing (Optional)

Address
3479 Landings St #5 Homer AK 9960

Phone No. 907- 299-7605

9/86 Legislative Information Office

Alaska State Legislature

Please enter into the record by testimony to the (J) HES
COMMITTEE NAME

committee on Dept. of Health & Social Services, dated 11/5/03.
BILL / SUBJECT TODAY'S DATE

I receive medicaid, APA & SSI every month. I would feel terrible if these services were cut off from me

Signed: Charles Thompson
TESTIFIER

Homer Community
REPRESENTING

Box 1042 Homer Ak 99603
ADDRESS

PHONE NO.

353

Alaska State Legislature

Please enter into the record by testimony to the (J)HES
COMMITTEE NAME

committee on Dept. of Health + Social Serv., dated 11/5/03.
BILL / SUBJECT TODAY'S DATE

I am against the proposed budget cuts. I feel that this would have a very negative effect on the people who are dependent on these services.

Signed: [signature]
TESTIFIER

Homer AK
REPRESENTING

40700 Old Sterling Hwy
ADDRESS

235-6926
PHONE NO.

Alaska State Legislature

Please enter into the record my testimony to the (J)HES
committee name

committee on Social Service, dated 11/5/03.
bill/subject

Please do not cut Social Services. $150 million, you want to eliminate? When was the last time Alaskan politicians took a cut in salary? And Governor, forget that bridge you want to build! You are doing that because it's a visible thing, and people will say, "Hey, look what Gov. M. did!" Meanwhile, we poor and disabled are invisible. So you don't think we matter. I can't live without my medical coupons that pay my Depression medicine. I would be suicidal within 2 wks! Or worse, end up in API + use up more gov't $.

Thanks for listening.

Signed: Jan M. Horgan
Testifier

Mental Health Services in AK
Representing (Optional)

3971 Main St. Apt 4 Homer
Address

235 - 6990
Phone No.

Nov 5-03

To (J) HES

Coordinate mental health services for children in Homer. I would rather see recipients of the service here than me today, but the truth of the matter is that the youngest portion of our population doesn't have a voice for itself.

I would like to advocate for early intervention services, mental health and programs like infant learning and head start. Money funded for children's services will ultimately recoup benefits for our communities in terms of healthy families and money saved for the state in the long run.

I would like to warn legislators that reduction of grants and services to health and human service agencies supporting healthy families, children and adolescents may appear to save money today but the cost will be great in the future. The dollars that could have gone into early intervention will be spent fourfold for emergency services, hospital care, residential care and the prison system.

I hope you will recognize the value of supporting the children in our communities through continued funding for children's services, mental health, and other early intervention programs.

Molly Stonorov
Molly Stonorov
907-235-8273
PO Box 15005
Fritz Creek, Alaska 99603

Alaska State Legislature

(page 1 of 2)

Please enter into the record my testimony to the JHES
committee name

committee on Dept. of Health & Social Services, dated 11/5/03.
bill/subject

I am a 27 year resident of the Homer area and a 20 year employee of the local Community Mental Health Center. I coordinate adult psychosocial rehab services for people who experience mental illness and severe emotional disturbance. I am here to request no further budget cuts be made to services for this population. The cuts DMHDD has experienced most recently have put Alaskans at risk in a variety of ways. Costs are merely shifting - not really being saved. As examples: one adult who experiences both mental illness and substance abuse was admitted to an in-patient alcohol treatment program last year (March 03) but was sent home midway through treatment due to the sudden budget cuts that closed that program without notice. He has since relapsed. Another dually diagnosed young adult in our community has been unable to find a substance abuse treatment program for people in his age group (18). He is trying to seek services but is struggling. Another 19 year old individual has been cycling between API, the correctional system and has a tentative connection with community based services due to the pressure on API to discharge prematurely. Cuts to CMHCs has made residential options very tentative. There is a breaking point, which we have reached.

(see pg 2)

Signed: ______________________
Testifier

Chris Laing - Community mental health center
Representing (Optional)

3948 Ben Walters Lane, Homer, AK 99603
Address

(907) 235-9243
Phone No.

Alaska State Legislature

(page 2)

Please enter into the record my testimony to the JHES committee name

committee on Dept. of Health & Social Services bill/subject, dated 11/5/03.

Further budget cuts to community based services do not save dollars. Instead, the quality of life & independence of Alaskans is severely compromised, and the attention and costs are simply shifted to emergency services such as hospitals and jails.

I urge you to recognize this dangerous point we have achieved and stop further budget cut considerations. Instead, it is high time, in my opinion, that we join the rest of the country in charging a State income tax. We need to increase our income in order to preserve a quality of life worth living for all in our State.

Signed: Chris Lang
Testifier

Community Mental Health Center
Representing (Optional)

3948 Ben Walters Lane, Homer, AK 99603
Address

(907) 235-9243
Phone No.

Alaska State Legislature

Please enter into the record by testimony to the (J)HES
COMMITTEE NAME

committee on Dept. of Health & Social Serv, dated 11/5/03.
BILL / SUBJECT TODAY'S DATE

I am a school nurse, a home health nurse & parent of two children with special needs adopted through DFYS fourteen years ago. I am a life-long Alaskan.

I urge you to prioritize programs which support the health and safety of children and people of all ages with physical and mental disabilities. Programs which provide services in decentralized, community-based ways are more cost effective and respectful to families and individuals than are programs ~~such~~ providing ~~[illegible]~~ safety or health care in institutions such as jails or hospitals.

Denali Kid Care is a very important example of a program that helps children get needed care in a timely manner from community based clinics, before problems become so severe that families are forced to use expensive emergency hospital services.

I support ~~a~~ state income tax.

Signed: Peggy Ellen Kleinleder RN, BSN
TESTIFIER

Self
REPRESENTING

PO Box 367, Homer AK 99603
ADDRESS

907-235-8702
PHONE NO.

email: ieder@xyz.net

Alaska State Legislature

Please enter into the record by testimony to the (J) HES
COMMITTEE NAME

committee on Dept. of Health & Social Services dated 11/5/03
BILL / SUBJECT TODAY'S DATE

I would like to take this opportunity to request the Committee consider the probable outcome of cuts to Community Mental Health Services. CMHC's provide the supports necessary to keep individuals with mental illnesses out of Alaska Psychiatric Institute and jail or prison. Without psychiatric care, medication, and case management and supportive services there will be NO alternatives. When someone is newly diagnosed CAMA and Interim Assistance must be available to them. Affordable housing and supported housing must be increased because homelessness cannot keep an individual stable. The Mental Health court is also a necessary option to keep individuals from being incarcerated unnecessarily. With new methods of psychiatric rehabilitation and medications, individuals can recover and become productive taxpayers. Parity for health insurance is the key. My family member, a son, has received services in Alaska for over 9 years. We know what works & are grateful for the supports received.

Signed: [signature]
TESTIFIER

Self
REPRESENTING

Box 116 Homer AK 99603
ADDRESS

399-0300
PHONE NO.

Statewide and in our local communities, people, particularly those with few resources have relied on and benefitted from the DHSS-Dept. of Public Health. In Kenai PHNs have provided a great variety of services to the public.

Most people, if asked what the Public Health Dept does, would probably say - they give shots. In addition, they provide family planning services, do well child exams, have a tuberculosis surveillance program and a parent support program. These services are available to all with low or no cost and with confidentiality as a high priority.

Each of these programs is focused on prevention as opposed to fixing a problem. Prevention of disease, prevention of (unwanted) pregnancy, prevention of child abuse. The importance of education, access to health care and prevention of problems cannot be overemphasized.

Please support your local Public Health Center and the statewide Dept of Public Health.

Marty Ellis 11-5-03

JHESS

Alaska State Legislature

FAX 11-5-03

Please enter into the record my testimony to the J HESS
committee name

Committee on Restructuring, dated Nov. 5, 2003
bill # / subject public hearing date

I am the mom of a 17 year old disabled young man. He has been on the wait list for 7 1/2 (since 4/97) years. He was close to the top of our area list. now that the list has been combined State wide - No one can tell me where he is on the list. How will the list be managed now? He gets core service now, but it is not enough now that he is getting older.

I am a single mom and this situation is VERY stressful on me!

I am willing to give up my dividend and pay taxes - if my son could get services

Signed: Susan L Stafford
Testifier

Elijah Stafford
Representing (optional)

404 Eadies Way #2 Kenai
Address

907-283-6635
Phone number

FAX 11-5-03

Alaska State Legislature

Please enter into the record my testimony to the Education + Social Services
committee name

Committee on H+SS underage restructuring, dated 11-05-03
bill # (subject) public hearing date

My name is Anne Evans and I represent Central Peninsula Health Centers, a 501c3 community health center that operates both Cottonwood Health Center and Aspen Dental Center. We are members of the Alaska Primary Care Association, who will also be providing testimony. I am here today to point out that, when we opened our doors to provide dental care to underserved, under and non-insured children, there were approximately 3500 kids in our service area covered by Denali Kid Care. A majority of these children had not received crucially necessary dental treatment prior to our opening due to financial barriers. Currently, 85-90% of our patients are covered under Denali Kid Care or Medicaid and a majority of these children, as a result of lack of care in the past, have an alarmingly high level of dental caries and even infection. Today, the number of children covered by Denali Kid Care is approaching 4,000. This translates to 4000 children who, without DKC or Medicaid coverage, may not have access to dental care. Proper dental care as a child has a lifelong effect on ones health and well being. The point that I make is an example of the impact that Denali Kid Care and Medicaid has on the children of our area and the general health of our community and state. Please don't let down the children that are relying on state benefits to receive necessary and even urgent medical and dental treatment by reducing your commitment. Every child needs and deserves to ~~be~~ taken care of.

Signed: Anne Evans Anne Evans
Testifier

Central Peninsula Health Centers, Inc.
Representing (optional)

395 Main St Loop Kenai AK 99611
Address

(907) 283-7759
Phone number

Alaska State Legislature

Please enter into the record my testimony to the JHESS
committee name

Committee on DHSS restructuring, dated Nov. 5 2003
bill # / subject, public hearing date

I am a program manager for the Kenai/Soldotna Community Mental Health Center (Central Peninsula Counseling Services). I strongly urge you to preserve and support community based programs that serve individuals with severe mental illness - by ensuring that they receive adequate funding to serve consumers in their community effectively and proactively. Any funding decisions that result in reduction or elimination of rehabilitation services will only lead to more crises, de-stabilization and hospitalizations - with corresponding increased costs in economic and human terms.

I also urge you to consider the wisdom of broadening the scope of eligibility criteria while at the same time expecting providers to serve this expanded population with less funding to do so. You will be driving our system of care into further ~~[illegible]~~ chaos, increasing the suffering of those who depend on these services ~~[illegible]~~ to achieve a quality of life.

Signed: Donna LeGerda
Testifier

CPCS (Community Outreach Program)
Representing (optional)

362 Tyee St. Soldotna, AK 99669
Address

907-260-3691
Phone number

ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Hs HS
Committee Name

Committee on ____________ Dated 11-05-03
Bill / Subject

I appreciate this opportunity to address the Commission. As a gerontologist I am concerned that the department reorganization has diminished focus on senior issues. The intent of the Older Americans Act was to serve seniors regionally. The single site concept for Alaska may have been appropriate years ago – today however there are agencies and professionals available to be responsible for regional needs. The size of AK results in very different community needs. These needs are not being met by funding Anchorage based agencies whose indifference, or being overwhelmed by their local area needs result in neglect of needed services across the state. A minimum of 30% of funds intended for state areas is absorbed to support Anchorage based administration with minimum support or interest in these other community needs. Cutting block grants is another example of local decision making.

Community based services are more effective in outcome results. Focus on direct agency may lose only results in increased direct services. Positive efforts are critical for well being as well as economics.

SIGNED: Karen Wood
Testifier

Self
Representing

PO Box 85228 (1909 Becker Ridge) Fairbanks AK 99708
Address / Phone Number
(907) 474-2121

Health and Social Services needs resources in order to be able to help people. People need the services they receive from Health and Social Services in order to purchase the goods and services they need from the community. And in doing that provide jobs for the community.

Joy Price
330 3rd Avenue
Fairbanks, AK 99701

Kimberly McNaugthon
PO Box 34122
Juneau, Alaska
99803-4122
1-907-789-1434

My name is Kimberly McNaughton. I support the infant learning program. I adopted two children through foster care. They both are special needs children. With the help of the staff at the ILP the boys received the therapy they needed to be able to progress at a steady pace. Without this early intervention I do not feel one of the children would be talking and the other one walking right now. We have used speech therapy, physical therapy and the mental health specialist. We have participated in group activities as well as the two's learning class. My husband and I both took their Hanen language class. The ILP has given us the tools to help alleviate anxiety because of previous trauma which occurred in their lives. Because of the ILP's help I see a bright future for both boys.
I am a licensed foster parent. I have confidence that I will be able to help the community of Juneau by taking in more children under the age of three because I will be able to handle what ever problem arises with the help of the ILP.

I also think it is in the best interest for all Alaskan newborns to have their hearing tested.

Thank you,
Kimberly McNaugthon

HESS November 5, 2003

Senate and House committees on Health, Education, and Social Services

Senator Dyson
Chair

My Name is Sharon Martin. I'm a home care provider licensed as an Assisted Living Home that provides 24/7 care.

I have one client that is an adult female with developmental and physical disabilities that requires 24/7 personal care. My client has been in the Alaska system for over 27 years.

I came here today to give testimony to you in regards to some of my concerns.

As a home care provider, I and many other care providers find it very difficult to run an Assisted Living home/business on an income of less than half of minimum wage. Medicaid has a cap of approximately $61.74 per unit. (1unit = 1day = 24 hours) My client is under the medicaid home and community based waiver program which is paid with that cap.

This figure must cover personal care attendant cost, administrator costs, insurance, transportation, auto maintenance, escort service, interpertator cost, home maintenance cost, additional overhead, training and educational cost.

Example:
Administrator training costs are $350.00. It takes me approximately 5 ½ days to pay for this training. As you can see

Monies received from medicaid does not begin to cover the above services. Nor will it pay for health benefits, sick leave, vacation, and retirement just to mention a few that we do not receive at all

During my administrator training it became very clear that anyone taking a medicaid client would be in a losing business. There are no profits here.

My next concern is Respite. Service Provider companies and other care providers can not supply trained, qualified respite providers. Some of the problems are: low wages, have to do their own 1099's for the IRS, no training/education, no health benefits, and no retirement benefits, not to mention paid sick leave or vacations.

Most care providers have utilized free services from family and friends and they are volunteered out.

Last Care Coordinators

All Care Coordinators need to have quality education and training in the field of mental/developmental and physical disabilities. They should have a clear understanding of the medicaid system and other programs and various service suppliers.
All Care Coordinators should be able to pass a professional licensing exam.

Does it make any sense to pay Care Coordinators $100.00 per hour, benefits such as health, social security, paid vacations, paid sick leave, paid holidays, mileage, and paid training while many Care Providers don't receive anything close to this?

Thank you,
Sharon Martin
868-4982
Changlee@gci.net

THE
FOLLOWING
DOCUMENT(S)
ARE
POOR
ORIGINAL
COPIES

Quyanna Deputy Chairman Marcie Kennai, Program Administrator Joanne Gibbens, Field Administrator Myra Casey, Commissioner, Committee Members. Thank you so very much for the opportunity to be able to speak to you today. My name is Ruth C. Ferguson-Schaeffer. This is a personal request, however; I work for Maniilaq Association in Kotzebue, AK.

For over 4 years now I have had ***physical*** custody of my grandson. I have been dealing with <u>different case workers</u> over this same period.

The same problems come up with every case worker in Anchorage and Kotzebue. When I talk with them, they tell me that their hands are tied. This is Departmental Policy.

The main problems that I have had are:

1. That there are jurisdiction(s) for every village, town, city. When a family moves, they are then out of jurisdiction and the case is closed.
2. That cases are closed as soon as there is a temporary safety setting.
3. That there is no coverage 24/7 for children.

Recommendations that would work to solve these problems:

1. **As long as a child is in the State of Alaska, they should be in OCS jurisdiction. The open case should be transferred to the office where the child is residing, not closed.**
   - If there is open jurisdiction for criminals, why not for our children to keep them safe?

   - When they are going to take him into custody, his mother will move from town to town so that they will close the case because it is "out of their jurisdiction". Her father owns Grant Aviation, so she can travel whenever she wants to; either to Bethel, Hooperbay, Kotzebue, or Anchorage depending on which agency has a case open at the time.

2. When a case has been opened on a child, that case **should stay open until <u>permanently</u> resolved,** not temporarily resolved.
   - The other thing she does is to send him to me. Every time she does this, DFYS or now OCS will close his case stating that "Now that he is with me, 'he is safe', and 'they can close his case'.

   - As soon as they close the case, his mother will get physical custody of him. I call DFYS/OCS and they say that the case has been closed and that there is nothing they can do. ***The only thing they can do, per policies, is to wait until there is another complaint on the child for negligence and then they can 'open a new case'.***

   - In reality, the child is only ***safe temporarily***. This is not permanent, so the case should remain open so that when the parent takes the child back, OCS can continue with the open case.

3. **Child safety is a 24/7 problem. Therefore there should be 24/7 OCS Case Coverage.** OCS workers now work 8-4:30 p.m. When they do this, no one can do surprise checks on a child during off hours because they are not getting paid after hours, so they make appointments to "visit" during working hours M-F. The majority of the problems are at night and on weekends. There should be workers available 24/7. Rotation of shifts

would solve this problem. Especially in Anchorage and Fairbanks where there are more than a few workers.

What I'm saying is this:
When my grandson is with his mother, there has been case after case opened for him, none of them are ever resolved, let alone resolved permanently. This continues, year after year with out any permanent solution for my grandson. OCS needs to look for **permanent solutions**, not temporary ones. That alone, will make everything run smoother.

Regulations should be made for the long term safety of the child, not the convenience of OCS Case Workers.

- Most likely, it is more work to open a case and close a case; than to transfer the case to the new city, town, village until there is a permanent solution found. Everyone needs to learn to work together, share information. Communicate.

Quyanna (Thank You),

Ruth C. Ferguson-Schaeffer
PO Box 615
Kotzebue, AK 99752-0615

rcschaeffer@maniilaq.org
907-442-7681 Wk
907-442-7686 Fax
907-442-2777 Hm

Subject: Public testimony 11/05/03
Date: Wed, 05 Nov 2003 19:45:09 -0900
From: Robin Hill <willynilly@alaska.com>
To: Senator_Fred_Dyson@legis.state.ak.us, Senator_Lyda_Green <Senator_Lyda_Green@legis.state.ak.us>, Senator_Gary_Wilken <Senator_Gary_Wilken@legis.state.ak.us>, Senator_Bettye_Davis@legis.state.ak.us, Senator_Gretchen_Guess@legis.state.ak.us, Representative_Peggy_Wilson@legis.state.ak.us, Representative_Carl_Gatto@legis.state.ak.us, Representative_John_Coghill@legis.state.ak.us, Representative_Paul_Seaton@legis.state.ak.us, Representative_Kelly_Wolf@legis.state.ak.us, Representative_Sharon_Cissna@legis.state.ak.us, Representative_Mary_Kapsner@legis.state.ak.us. joel_gilbertson@health.state.ak.us

I attended the meeting today in Anchorage (however, I live in Wasilla) that allowed the public to provide testimony regarding heath and human services issues. I am providing my testimony in writing because I was unable to stay long enough to personally testify.

I would like to address the Developmental Disability waitlist in particular.

Intellectually I understand there are tough choices to make in terms of budget cuts, and a limited source of State funding for health and human services programs. However, the practical reality is that there are many in the community, myself included, who are barely surviving and at risk of further problems because they or their children have not been selected to receive services.

In my case, my 15 year old son has a fairly high assessment, but has not received even core services yet. As a result, he is at risk of being temporarily institutionalized due to behavioral issues. If the situation were to escalate to this point, it would be devastating to the family and our son. I have exhausted all options for community supports. Family, friends, or church members do not have the skills, and frankly the desire, to help us. Other social service agencies either do not have the funding or we do not qualify for their services because we are working and above the poverty line. We need more daily supports, and behavioral supports to prevent problems from escalating that result in temporary institutionalization, emotional breakdowns for the parents, and breakup of the family. These are all very real concerns. It doesn't make sense to me that services provided wouldn't be proactive to keep the costs down. I urge you to explore ways to provide services to more people currently on the waitlist. I also support generating additional sources of revenue to fund State programs such as an income tax or sales tax.

Thank you for your time.

Robin Hill
1420 W. Ridgeview Drive
Wasilla, AK 99654
907-376-8757
willynilly@alaska.com

Pg 1 of 2
FAX 11-5-03

Alaska State Legislature

Please enter into the record my testimony to the JH ESS (committee name)

Committee on Restructuring (bill # / subject), dated 11/5/03 (public hearing date)

As director of an adult day services program, I would like to unofficially speak for the adult day programs across Alaska. We serve seniors who because of health problems isolate themselves. This tends to cause depression and a worsening of their symptoms. Adult day services give these seniors an opportunity to socialize, be mentally stimulated and physically active ~~there~~ re-involving them in life and improving their well-being. The benefits to the participants can be summed up in a comment made by a participant who had ~~attend~~ been in our program for the third day. She stated "I had forgotten what happy was." She suffers from advanced Alzheimer's and most times cannot be understood. We not only benefit the seniors, but also their unpaid caregivers who provide 24 hrs/day 7 days per week care, giving them much need rest from their caregiving duties. Our services

Signed: Linda Flowers
Testifier

Adult Day Services (CPCS + Forget-Me-Not Care Center)
Representing (optional)

905 Cook Avenue, Kenai, AK 99611
Address

907-283-7294
Phone number

are a fee for service. Medicare and ~~our~~ private insurance does not cover adult day services. The only way a senior can pay for services is through the waiver program or ~~#~~ if they don't qualify for the waiver program, through their own funds. Approximately half of our participants are self-pay. Our costs run around $117 per day per participant. None of our self pay participants can pay the full amount. We are working to lower our per participant daily costs by increasing our daily census while keeping expenses from increasing. Grant funding is vital to keeping the fees affordable to those seniors who do not qualify for the waiver program. After FY04 cuts in our grants we are struggling to keep the quality of our program at its current ~~[illegible]~~ high level. I applaud our state government for working toward greater efficiency but I think it is time to also look at increasing revenue through income or sales taxes so we may continue to meet the needs of all Alaskans.

Linda Flowers

Alaska State Legislature

Please enter into the record my testimony to the HHESS
committee name

Committee on ______________, dated Nov. 5, 2003
bill # / subject public hearing date

From the Fetal Alcohol Syndrome Coord at Frontier Community Services. At the heart of the problem of so many consumers of state Behavioral Health services is substance abuse. As a state, we must keep this in the forefront of media to inform. But more importantly, we must connect consumers with treatment. We need substance abuse treatment centers for parents with children. We need to continue diagnosing FASD, to identify the problem, connect individuals with appropriate services and undergo a quality continuum of care.

Legislators and providers must be good role models and advocates of substance abuse free citizens. Substance abuse must be addressed first in families – providers need to screen and connect individuals with services. OCS needs to connect substance abuse Tx so families can be connected with each other. The path is often long, but patterns

Signed: Margaret Parsons-Williams
Testifier
FAS - Frontier Community Services
Representing (optional)
43335 K-Beach Rd. #36 Soldotna 99669
Address
262-6331
Phone number

can be broken. Youth need ~~[illegible]~~ treatment early as well. ~~Legal~~ ~~support~~ alcohol is typically the source of youth's difficulty with the law reports our DJJ workers. ~~[illegible]~~

The alcohol tax needs to be used specifically for prevention and intervention of substance abuse.

Margaret Parsons-Williams
pg. 202

Janet Johnson
Parent Advocate
Box 1079
Cordova, AK 99574-1079
(907) 424-7773

November 5, 2003

Dear Committee Members,

***TESTIMONY OFFERED IN SUPPORT OF SPECIFIC EARLY INTERVENTION SERVICES WITH EMPHASIS ON THEIR IMPACT TOWARDS THE SUCCESS IN MEETING I.D.E.A. STANDARDS IN A COST EFFICIENT MANNER

I am the mother of a Wilde Rose Aurora Johnson, a beautiful child from the rural area of Cordova Alaska. Rose Johnson is 4 years old. She has a degenerative eye disease and is currently legally blind. Her vision will continue to deteriorate. She also suffers from displegia so she walks with a pronounced wobble and would run into things and fall even if she had perfect vision. A sensory disorder complicates her issues as well as her inability to sleep through the night. She is intelligent and determined.

We have used the services of the Infant Learning Program. Professionals were brought in to evaluate and offer assistance with Rose. These services were not available in our town. Though we have a local clinic, services in our town vary throughout the year. We are also required to fly to Anchorage there is not a road system from our town to any other. Having these professionals (Occupational Therapist, Physical Therapist, etc.) brought to us saved the trips for 2 to Anchorage to receive initial evaluations (a cost that would have been provided through Denali Kid Care for us.) When we were in need of more extensive services the proper paperwork was filed with the assistance of our Infant Learning Specialist. Rose at that time did not sleep more than a 3 hour span at a time so I was exhausted and unable to do much to coordinate care and paperwork issues for Rose. Our family was in survival mode. Not only did we see the appropriate doctors but care was taken through the ILP Program to schedule our appointments so that we could accomplish multiple appointments in one trip to Anchorage rather than needing multiple trips. Again, I know that Denali Kid Care would have picked up the cost but the stress involved with multiple trips would have been more difficult for us.

When Rose was found to need special services we were able to accommodate many of those needs with local resources instead of costly trips out of town. I have many examples of the use of town facilities such as the pool and recreation center but none are so prominent as her physical/occupational therapy needs. She receives two sessions each week of very intensive and successful therapy for a cost of $30 dollars a week. We have developed a program through a local dance instructor. I do not have the figures at this time for the cost of having the same services through our clinic but will send those when requested. Being able to see Rose walk down a small hill, play baseball, and not need a hand to hold at all times is a great thrill for us.

Infant Learning Services also provided a strong foundation for my understanding of her rights within her school system. I have asked appropriate questions, brought forth information to my school and received services beneficial to Rose, our family, and the school system that has elicited no additional cost but has changed Rose's demeanor and her ability to maintain a full day without a meltdown or shut down. I would have never been able to accomplish this without the training I received through the program.

Resources through this program provide an essential base for the rest of the system to succeed.

Sincerely,
Janet Johnson

So what does All Kids Count actually do?

Often families find themselves alone and afraid when children are placed in foster care. Both parent and child suffer shock, grief, despair, and feel no one is listening or cares. We attempt to advise family members on action to bring the child home and recommend available services. We speak to state officials and legislators in an attempt to bring needed change to the system. We DO NOT have any special inroad to the system that will prevail over decisions made by case workers and we cannot change decisions made by the courts.

Are you a child abuser?

If you get a kick out of abusing your children, relish the power you have over your child, enjoy the fear in your child's eyes when you approach, or are so self absorbed you cannot see to your child's needs. we can now provide unsolicited advice. STOP! Get professional help.

FAMILY RIGHTS INITIATIVE

While there have been numerous attempts to reform child protective services, the state legislature has failed to adopt this legislation. When the legislature fails to adopt reasonable and much needed legislation dealing with child protection and family rights, Alaskans can enact it through the initiative process. All Kids Count is sponsoring an inititative drive to reform child protective services. This inititative does four things.

★ Provides parents with the right to a jury trial if the State moves to terminnate parental rights.

★ Requires any interviews of a child by state agencies or nonprofits conducting interviews for the State to be videotaped.

★ Requires the State to make a reasonable attempt to place the child with family or friends of the family that the child has spent time with and would be comfortable with.

★ Implements a reporting process for children in State custody that are prescribed psychotropic, psycho-stimulant or other mind, emotional, or behavioral altering drugs.

If you would be interested in becoming a sponsor of this initiative and assist us in collecting signatures to place the inititiative on the ballot, please contact us immediately.

ALL KIDS COUNT is dedicated to families in crisis - - contributions are tax deductible . Federal ID # 95083

ALL KIDS COUNT

allkidscount@hotmail.com

P.O. Box 58387
Fairbanks, AK 99711-0387

(907) 488-9030
or
(907) 488-4524

NOV-05-03 WED 06:27 PM FBX LEGIS INFORMATION FAX NO. 9074563346 P. 06

Who are we?

All Kids Count is a federally recognized nonprofit organization based in Fairbanks, Alaska. Our board consists of a group of citizens who are dedicated to assisting families and children in crisis, especially those enmeshed within the Office of Children's Services (formerly Division of Family & Youth Services). Numerous studies and recommendations exhibit that abrupt removal of children from their homes and everything they know and love causes serious trauma to the child. Quite often, children lose trust that can never be regained. Attachment disorders that will follow them through their lifetime are common. We believe in many cases there is a better way than removal and in other cases a speedy return to the parent is appropriate.

Do you believe the system should always permit children to remain at home or be returned to their biological family?

Certainly not! Some parents are sadistic, cruel or perverted. Some parents are so wrapped up in their own needs and desires they tragically neglect their children. Some are so addicted to drugs or alcohol, they cannot care for their children and they refuse assistance. Some do not love their children and see them as an annoyance. Yet, we believe such parents are in the minority of the children who are in care of the state. And we believe that OCS should make a concerted effort to work with family members other than the parents that could care for the children.

If indeed, systemic problems exist, what do you see as the solution?

There is no need to reinvent the wheel. Many Intensive Family Preservation programs are in place throughout our nation. Homebuilders in Washington and Michigan, Families First in many locations, the Alabama system of Care enforced by Court Decree, Family to Family developed by the Anne E. Casey Foundation, Community Partnerships for Child Protection in Washington, Iowa and other locations, and the Family Care Court in Anchorage. Implementing such programs is expensive and often upsetting to the established system. Detractors state these programs do not work and endanger children. Yet, in places where these programs are affirmed and truly embraced, positive results have been impressive. The Anne E. Casey Foundation and the National Coalition for Child Protection Reform, as well as other organizations, have a wealth of information that could be tailored and used to fit the needs of a state protective system, no matter the location. The Armed Forces solution to child and spouse abuse should also be studied.

Does All Kids Count believe that children should be freed for adoption according to federal law?

Presently federal directive requires that parental rights should be terminated when a child has been in care for 15 out of the past 22 months. Exceptions to this instruction are available. In some cases this mandate is arbitrary. Fifteen months is a long time for a child to be away from family especially in the world of a child. We believe it would be far better to work with the family as a whole, allowing the children to remain at home or return them to the home long before the 15 month deadline. In other cases, 15 months may not be adequate to determine that termination is the best move. In still other cases, where the situation is far too extreme to anticipate reunification, the time period should be shorter. There is no one answer, and each situation must be assessed.

Do you see financial incentives for the state to assume custody of children, retain custody, and subsequently adopt these children to other families?

We do see financial incentives to the state's assumption of custody. The federal government provides up to 75% of the cost of children in care. Children whose family would qualify under the old Aid to Dependent Children are classed for a different type of funding. The state also receives $4,000 to $6,000 for each child adopted from the system in excess of the number adopted the previous year. Ninety-three percent of adoptive parents in Alaska receive a monthly subsidy per adopted child, until the child reaches 18. Depending on the circumstances, this subsidy can rage between $350 to $1,200 monthly.

Alaska State Legislature

Please enter into the record my testimony to the Senate/House HESS
Committee name

Committee on DHSS, dated 11/5/03
Bill/Subject

In the growing senior population are many persons who are ineligible for waiver services but still very much in need of assistance. Through Grant funding we are able to provide some services, increase safety, improve access to health care and mental health intervention for our seniors. With increasing cuts in Grant funding anticipated, we are faced with dwindling options for meeting the needs of this vulnerable population. This ultimately will place more individuals at risk, promote increased emergency room visits, hospitalization and mortality. It cannot be stressed strongly enough how vital Grant funding is for continued provision of services to our elderly citizens.

Signed: [illegible] / Care Coordinator
Testifier

Palmer Senior Citizens' Center
Representing (Optional)

831 S. Chugach St, Palmer AK 99645
Address

(907) 745-5451
Phone number

Alaska State Legislature

Please enter into the record my testimony to the ~~Joint Health, Educ + Soc.~~ Services
committee name

committee on Health, Education & Social Services, dated Nov 5, 2003.
bill/subject

I would like to see parenting classes made mandatory for any individual receiving social services - especially a parent who is seeking the return of children taken into custody by ~~DYFS~~ DFYS. We have a generational problem, where young people are trying to raise children when they themselves have no model for what good parenting is. I personally know young parents who want to be good parents but don't know what that is because they have not experienced it themselves. We need to break this cycle! Social Services is in a position to provide the education necessary to turn things around.

Signed: Susan A. Steinacher
Testifier

personal - self
Representing (Optional)

PO Box 1609, Nome, AK 99762
Address

wk - 443-2271 / hm. 443-7673
Phone No.

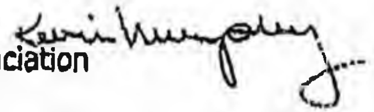
NOV-05-2003 WED 10:01 AM GATEWAY HUMAN SERVICES FAX NO. 9072474135 P. 02

City of Ketchikan
Gateway Center for Human Services

3050 Fifth Avenue
Ketchikan, Alaska 99901
Phone 907-225-4135
Fax 907-247-4135

November 5, 2003

To: Senato. Fred Dyson, Chair Senate Committee HSS
From: Kevin Murphy, President, Substance Abuse Director's Association



As the legislature looks to the Department of Health and Social Services budget there are important issues to the programs represented by SADA across the state that need to be considered for this session.

1. Last year the legislature set aside funds generated from the increase in the alcohol tax that would be later earmarked for alcohol and other drug abuse related programs. These funds were to be used for expanded capacity for women and children treatment programs, therapeutic courts, and other programs. We request that you free these funds as early as possible in this next legislative session. We need these funds this year, they are crucial to the program delivery system.

2. As the Division of Behavioral Health integration process has moved forward, the substance abuse treatment system has been stressed to its maximum. Further cuts in this system, will permanently harm the ability of communities, especially in rural areas to respond to the treatment needs of individuals. This treatment system is necessary for treating a huge percentage of the individuals receiving services within DHSS.

There are other issues that are important to us. I thank you for your time and consideration in this matter. I can be reached at 907-228-6521 or kevinm@city.ketchikan.ak.us

FAX to JHES
c/o Senator Dyson
5 pages - Public Written Testimo
694-1015
From. Seward LIO

ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the JHES (committee name)

committee on ______ (bill/subject), dated ______

I live in Seward and have used the mental services in our town for the last 1½ years. My husband and I adopted three children requiring mental health services. If we did not have these services in our town it would be an extreme hardship. If social services were not here we would have to pay later for children who did not receive the mental health care during childhood. If children and adults do not get health support we could see more crime, alcohol, drug abuse later on.

Please support mental health in our rural community.

Signed: Brenda Clausen (Testifier)

Family (Representing / Optional)

PO box 2081 Seward AK 99664 (Address)

907-224-6254 (Phone No.)

Good Morning Senate and House Committee members,

My name is Claudia Simpson the mother of 7 children. I was born and raised in Sewar
I have been a consumer of several health, educational and social services provided by t
State of Alaska.

I was raised in a family consumed by alcohol. For me it seemed normal to always be around drinking and living with violence. If you grow up that way, how could you eve know that things can be different? If this is all you know as a child it will be all you know as an adult. Somebody needs to be out there to teach people like me how to brea this cycle. Somebody needs to be out there to teach people like me that it is OK to be different than the rest of the family. And there needs to be support for people like me, until we learn how to start new life. Support is what helps you keep going.

For a part of my adult life I lived the way my family lived, consumed by alcohol. I did want my 7 children to grow up the same way I did. I chose sobriety and a healthy, safe home for my children. Rebuilding my life was not just about getting sober. My alcoh abuse took my home, and my ability to hold a job and support my family. I needed fo a place for the 8 of us to live, childcare, education, medical and dental care. I am certa that my family would not be together, under my care if I had to overcome all of these problems while struggling to stay sober. I feel strongly that my children would be in separate places under the care of others. I would also not have a home.

SeaView Community Services has been there for my after care, Women's support, Parc Aid, Youth and Family Services and Legal Advocacy. I enrolled in ATAP and Job Ready. I am 18 months sober, have been employed and am working towards obtainin my GED. Making a better life for myself and my children would not be possible witho the supports provided through state programs.

The greatest obstacle I faced was housing. Due to previously unpaid debts and the size my family the issue of finding suitable housing was impossible yet, it is the most important factor in keeping families together. Even though I was receiving support for many issues, none of that does any good if you don't have a place to live. I would like see something in place to help all families recover from bad credit in order to find housing. Low-income housing is a great program but isn't worth anything if you have bad credit. My children were split up and in different homes because housing wasn't available to me. They are still recovering from being split apart. The single most important factor that I feel moved my family towards a healthy and sober life was wh we found housing and we were back together again. Now that we had a home we were able to move forward with the other support programs available to us.

I do not think I would have been able to change our lives if services were not available my community of Seward. I would never have packed up my children and left them wi strangers while I enter a treatment program. I would not go to a city or town that I don even know the streets or people and ask for help. SeaView Community Services can offer help with the many programs they have in one building. They also point you in tl

right direction for other resources in the community. I think it is startling to know how my family would be without these services.

I quit smoking too!

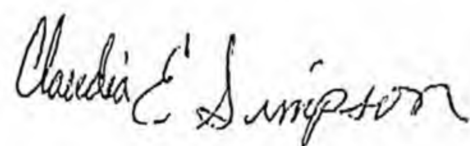
Thank you for your time and attention.

Claudia Simpson

P.O. Box 1792

Seward, AK 99664

907-224-2780



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the JHES (committee name) committee on Services of Department Health & Social Services (bill/subject) dated 11-5-03

I believe that cutting any more from this dep
budgets would be harmful, to this state.
My husband is a senior and taking away his l
hurt. He's always been to manage on his own,
will go without his medicane rather than to
for help. He's not the only one affected amon
that have worked hard and paid taxes, pridi
away. Let people live with pride.
Our Children's protection is important, how
DPYS do their jobs with such a case load.
Early Intervention services pay off in the l
for all ages.

Signed: Carolyn Tanner
(Testifier)

Seniors - children - people
(Representing / Optional)

PO Box 1123 Seward, AK 99664
(Address)

(907) 224-7798
(Phone No.)

Budget: I would like to see no more raises
state government, take the same hit as the peopl
A cut in salary from governer down it would one
a small percentage.

11/05/03
I hope that before decisions are made to cut the budget to health and social services the following is considered:

Health care providers in this state are on the edge and already overwhelmed with the complexity and demands of patients in this state. Many physicians and nurses statewide are refusing to accept Medicaid or Medicare patients. Public funding for the uninsured no longer exists. The number of employers providing private health insurance is in decline. Cuts in public funding disproportionally affect rural providers. Physicians and medical professionals are and will relocate to cities with large private insured populations if public funding sources are cut. We already suffer from an inability to recruit medical care to rural Alaska.

Alaska has the highest per capita substance abuse problem in the nation.
Alaska has the highest per capita Hepatitis C in the nation.
Alaska leads the nation in per capita child physical and sexual abuse.
Alaska leads the nation in rape per capita.
Suicide is epidemic in Alaska at Four times the national average.

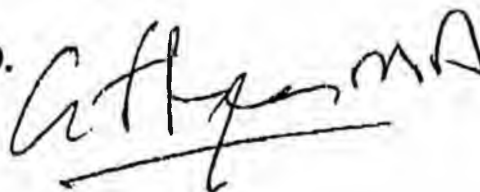
The morbidity and mortality associated with under-funding mental health care is significant. If one breadwinner is restored to a functional state, if one child is able to graduate and go to college, one suicide prevented, we have saved costs which occur elsewhere in lost productivity, jails, and hospital emergency rooms. Children with untreated attention deficit disorder suffer four times as many car accidents as those who are treated.

The costs to not treating Psychiatric and Physical illness in children and adults are staggering and will drag on our communities especially in rural Alaska where development depends on having good schools and effective services available to meet the needs of the people.

Effective leaders rise to the occasion to find sources of funding and to defend the needs of the people they serve.

Thank you for your consideration,

Charles F. Burgess, M.D.



FAX TO (J)HES
907-694-1015

Alaska State Legislature

Please enter into the record by testimony to the ______________ COMMITTEE NAME

committee on ______________ BILL / SUBJECT, dated ______________ TODAY'S DATE.

My name is Heidi Morris and I work as a clinician with Children & Adolescents in the community of Homer. It is my professional opinion that cuts to the DPHHS budget will result in significant adverse effects. Services to children, adolescents and families are essential to prevent future problems and possible increased costs in other areas. DPHHS budget cuts would likely result in increased costs related to crisis services, hospitals, prisons and jails and other areas. The best way to support healthy children, adolescents and families is to provide preventive services and support before other problems develop.

Signed: Heidi Morris
TESTIFIER

Children and Adolescents
REPRESENTING

PO Box 186, Homer, Alaska 99603
ADDRESS

235-7232
PHONE NO.

Testimony - 11/04/03 @ approx 12:15pm

Thank you, Senator Dyson and committee members:
I am a private citizen who has been involved on a personal level with Office of Child Services since Dec 2002.

Many times our family has heard from OCS workers that they have too much work and not enough time to do what is needed for children in state's custody.

April 15, I met with Comm Gilbertson re: permanent placement of 2 of my 5 grandchildren. He was invited to attend a hearing on a motion for abuse of discretion against OCS due to the proposed permanent placement plan being to move the 2 children under the age of 5 to the home of the birth mother in Wrangell, a home where the step father has been convicted over 47 times. As recently as January 2003 he had been involved in a bar fight where his finger was broken. The birth mother abandoned these 2 children in March of 2001 and had maintained very limited contact with them. There were issues of sexual abuse occurring in the placement home by the step-father's own father. Our family pleaded with Commissioner Gilbertson to attend the hearing to see what is happening in his dept. He did not attend. We were referred to the acting dep comm.

April 26, met with acting dep comm. She referred us to the acting director of OCS. He advised us that any action contrary to the placement plan was out of OCS hands as the judge was the one who had placed the children. The judge did not place the children, he merely ruled that there was no abuse of discretion on the part of OCS, not that the children had to be placed in the home of the biological mother. The OCS caseworker testified, even with the information that our family brought forth with the potential danger to the children in proceeding with this case plan, that he would still place the children in the biological mother and stepfather's home, with reservations.

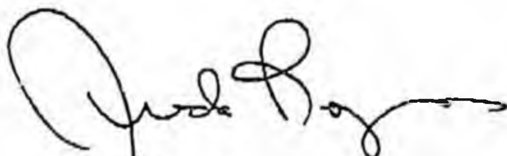
May 2, the children were flown to Wrangell and were told they would be with their mother permanently. ICWA was sited as the deciding factor that his was to remain the placement decision. The children were already safe where they were in the home of the paternal Aunt and Uncle in Juneau. The biological father, who had cared for the children as a single parent since March of 2001, had not been convicted of any crime at that time, yet he had not been allowed to see his children since January.

May 3, I called the OCS office and spoke to the field office administrator and asked her if she would take responsibility not if but when these children are harmed. She stated she would not be the responsible party.

May 7, After 2 phone calls to the Wrangell police dept for domestic violence involving alcohol abuse in the home where OCS placed these 2 children under 5, the children were returned emergently to the home of the Paternal Aunt and Uncle in Juneau, where they had been placed in foster care since 12/6/02,

My summary to the committee members is: OCS does not provide a cohesive and cooperative relationship with the extended family that cares, loves and will always be

there for children in whose future the OCS is responsible. "Not having the time" is no excuse for not doing the work that needs to be done to protect our children. I also request a review of OCS investigative procedures. OCS has shown itself to be adversarial to families, not advocates. I appreciate your time.



FREDA ROGERS
1283 MENDENHALL PENINSULA RD.
JUNEAU, AK 99801
(907) 789-6735

Alaska State Legislature

Please enter into the record by testimony to the (J)HES Dept. of
COMMITTEE NAME

committee on Health & Social Services dated 11/5/03.
BILL / SUBJECT TODAY'S DATE

I would like to take this opportunity to request the Committee consider the probable outcome of cuts to Community mental Health services. CMHC's provide the supports necessary to Keep individuals with mental illnesses out of Alaska Psychiatric Institute and Jail or Prison. Without psychiatric care, medication, and case management and supportive services there will be NO Alternatives. When someone is newly diagnosed CAMA and Interim Assistance must be available to them. Affordable Housing and Supported housing must be increased because homelessness cannot Keep an individual stable. The Mental Health court is also a necessary option to Keep individuals from being incarcerated unnecessarily.

With new methods of psychiatric rehabilitation and medications, individuals can recover and become productive tax payers. Parity for health insurance is the key. My family member, A son, has received services in Alaska for over 9 years. We know what works and are grateful for the supports received.

Signed: [illegible]
TESTIFIER

Self.
REPRESENTING

Box 116 Homer AK 99603.
ADDRESS

399-0300
PHONE NO.