

ALPHA SIGMA KAPPA, 2003-2006
2006/2007

LENNY & SUE, 1975
LARRY & SUE, 1976

each fiscal year specified in subparagraph (A) for grants under subparagraph (A).

(b) 3-YEAR TRIBAL FAMILY ASSISTANCE PLAN-

(1) IN GENERAL- Any Indian tribe that desires to receive a tribal family assistance grant shall submit to the Secretary a 3-year tribal family assistance plan that--

(A) outlines the Indian tribe's approach to providing welfare-related services for the 3-year period, consistent with this section;

(B) specifies whether the welfare-related services provided under the plan will be provided by the Indian tribe or through agreements, contracts, or compacts with intertribal consortia, States, or other entities;

(C) identifies the population and service area or areas to be served by such plan;

(D) provides that a family receiving assistance under the plan may not receive duplicative assistance from other State or tribal programs funded under this part;

(E) identifies the employment opportunities in or near the service area or areas of the Indian tribe and the manner in which the Indian tribe will cooperate and participate in enhancing such opportunities for recipients of assistance under the plan consistent with any applicable State standards; and

(F) applies the fiscal accountability provisions of section 5(f)(1) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450c(f)(1)), relating to the submission of a single-agency audit report required by chapter 75 of title 31, United States Code.

(2) APPROVAL- The Secretary shall approve each tribal family assistance plan submitted in accordance with paragraph (1).

(3) CONSORTIUM OF TRIBES- Nothing in this section shall preclude the development and submission of a single tribal family assistance plan by the participating Indian tribes of an intertribal consortium.

(c) MINIMUM WORK PARTICIPATION REQUIREMENTS AND TIME LIMITS- The Secretary, with the participation of Indian tribes, shall establish for each Indian tribe receiving a grant under this section minimum work participation requirements, appropriate time limits for receipt of welfare-related services under the grant, and penalties against individuals--

(1) consistent with the purposes of this section;

(2) consistent with the economic conditions and resources available to each tribe; and

(3) similar to comparable provisions in section 407(e).

(d) EMERGENCY ASSISTANCE- Nothing in this section shall preclude an Indian tribe from seeking emergency assistance from any Federal loan program or emergency fund.

(e) ACCOUNTABILITY- Nothing in this section shall be construed to limit the ability of the Secretary to maintain program funding accountability consistent with--

(1) generally accepted accounting principles, and

(2) the requirements of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

(f) PENALTIES-

(1) Subsections (a)(1), (a)(6), and (b) of section 409, shall apply to an Indian tribe with an approved tribal assistance plan in the same manner as such subsections apply to a State.

(2) Section 409(a)(3) shall apply to an Indian tribe with an approved tribal assistance plan by substituting 'meet minimum work participation requirements established under section 412(c)' for 'comply with section 407(a)'.

(g) DATA COLLECTION AND REPORTING- Section 411 shall apply to an Indian tribe with an approved tribal family assistance plan.

(h) SPECIAL RULE FOR INDIAN TRIBES IN ALASKA-

(1) **IN GENERAL-** Notwithstanding any other provision of this section, and except as provided in paragraph (2), an Indian tribe in the State of Alaska that receives a tribal family assistance grant under this section shall use the grant to operate a program in accordance with requirements comparable to the requirements applicable to the program of the State of Alaska funded under this part. Comparability of programs shall be established on the basis of program criteria developed by the Secretary in consultation with the State of Alaska and such Indian tribes.

(2) **WAIVER-** An Indian tribe described in paragraph (1) may apply to the appropriate State authority to receive a waiver of the requirement of paragraph (1).

SEC. 419. DEFINITIONS.

As used in this part:

- (1) ADULT- The term 'adult' means an individual who is not a minor child.
- (2) MINOR CHILD- The term 'minor child' means an individual who--
 - (A) has not attained 18 years of age; or
 - (B) has not attained 19 years of age and is a full-time student in a secondary school (or in the equivalent level of vocational or technical training).
- (3) FISCAL YEAR- The term 'fiscal year' means any 12-month period ending on September 30 of a calendar year.
- (4) INDIAN, INDIAN TRIBE, AND TRIBAL ORGANIZATION-
 - (A) IN GENERAL- Except as provided in subparagraph (B), the terms 'Indian', 'Indian tribe', and 'tribal organization' have the meaning given such terms by section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).
 - (B) SPECIAL RULE FOR INDIAN TRIBES IN ALASKA- The term 'Indian tribe' means, with respect to the State of Alaska, only the Metlakatla Indian Community of the Annette Islands Reserve and the following Alaska Native regional nonprofit corporations:
 - (i) Arctic Slope Native Association.
 - (ii) Kawerak, Inc.
 - (iii) Maniilaq Association.
 - (iv) Association of Village Council Presidents.
 - (v) Tanana Chiefs Conference.
 - (vi) Cook Inlet Tribal Council.
 - (vii) Bristol Bay Native Association.
 - (viii) Aleutian and Pribilof Island Association.
 - (ix) Chugachmuit.
 - (x) Tlingit Haida Central Council.
 - (xi) Kodiak Area Native Association.
 - (xii) Copper River Native Association.
- (5) STATE- Except as otherwise specifically provided, the term 'State' means the 50 States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, and American Samoa.



Testimony on Native Family Assistance Program
By: Sharon Olsen, Director of Employment & Training
Central Council Tlingit & Haida Indian Tribes of Alaska

Central Council, through its Employment and Training Division is currently administering a Tribal Temporary Assistance to Needy Families (TTANF), and has been since July 2000.

Introduction

CCTHITA serves the health, education, employment, human and public service needs of more than 25,901 enrolled members mostly residing in Southeast Alaska. Currently there are 4,968 children, under the age of 18, enrolled in the Tribe and an undetermined amount of children that are either eligible for enrollment or descendants.

Tlingit and Haida's TANF program has averaged over 360 cases per month over the last several months. Less than 18% of the households served are intact 2 parent households. Our TANF program estimates an additional 300+ potential clients due child support who have received benefits in the past and those who were also TANF eligible but chose not to apply.

In many of the rural communities the unemployment rate is as high as 80%. Resources within these communities are limited, and to relocate a client for purposes of training or employment are costly.

Our program emphasizes work as a means to self-sufficiency with the expectation that both parents of children needing assistance work to the extent of their ability. We have more than doubled the number of participants required in our Tribal TANF Plan performance measures. Program participants are encouraged to complete at least a high school education (or its equivalent), so that they can enjoy greater opportunities to obtain work that will produce sufficient income to support their families and contribute to their community. In 2004, our TANF program sponsored an employment seminar "Healthy Choices" in Juneau. Clients were orientated

to program that offer life skills, career exposure and job search. We plan to expand these types of seminars in other communities this year. Clients reported the seminars to be helpful and worthwhile.

Strengthening families is a major goal for 2005 and we have two new programs that will offer a variety of services to families. One of the new programs is our "Fatherhood Initiative" which is to support families by strengthening male involvement through family activities, visitations and support groups. We plan to offer activities and training to families in pre-parenting education, self-esteem, how to reconnect fathers with their children, mentorships and conferences to further promote and support families.

Our Tribal Child Support Unit is the other new program which will be in a planning phase for two years to eventually operate our own Tribal Child Support Unit to serve Southeast Alaska. Currently we work directly with the State Child Support Agency and report any absent parent for each application submitted. Our proposed Child Support program will allow us to be creative while improving child support collections and distributions. We will also concentrate on parent/child relationships and emphasize healthy marriages.

Tlingit and Haida's Employment & Training Division was the first tribe in the nation to be approved to operate an integrated program under PL 102-477. This allows us to consolidate our USHHS, USDOL and DOI/BIA employment, training and related funds into one budget, one reporting system and one plan. Our 477 plan include these services; child care assistance, training, employment preparation and placement, support services (work clothes, transportation, etc.), youth services, general assistance to non-TANF clients, job development and many other related services that help clients find and keep meaningful employment. Recently the Federal Office of Management and Budget (OMB) rated the PL 102-477 tribal programs the highest of all Indian programs in the Department of the Interior. Other independent studies conducted by Washington University and studies for the Department of Health and Human Services have also concluded that tribes participating in "477" are more successful while doing welfare reform than if they had not participated in the program. In Alaska, all regions, except Maniilaq, are operating under PL 102-477.

CCTHITA Employment and Training Division received the highest award in May 2003 from the US Department of Labor during the National Indian and Native American Employment and Training Conference held in Anchorage, Alaska. Tlingit and Haida was praised by Jim Deluca, Chief of Division of Indian and Native American Programs by saying "If there is one organization that we can depend on for getting their reports in on time and we don't have questions on because of their organization and thoroughness – it is Tlingit and Haida." See attached news release.

Other support programs within T&H Employment and Training include the Tribal Vocational Rehabilitation (TVR) program which further enhances our ability to support TANF families. A recent study on welfare reform (U.S. Department of Education, Technical Assistance Circular, RSA-TAC-05-01) indicates that fully one-third of individuals receiving employment-related services from other programs, such as TANF, have specific learning disabilities (SLD) or other cognitive disabilities (U.S. General Accounting Office, "Welfare Reform – More Coordinated Federal Effort Could Help States and Localities Move TANF Recipients With Impairments Toward Employment" October, 2001)

As the Tribal Vocational Rehabilitation program partners more extensively with the TANF program, the number of individuals with such disabilities served by the TVR program is expected to increase. Because the SLD and other cognitive disabilities are often "invisible" disabilities with manifestations that are subtle or appear as other types of problems, such as lack of motivation or emotional disorders, assessment of an individual's functional capacities can be a difficult task. There may be a greater adverse impact on achieving and maintaining employment than those associated with poor academic performance. Alaska Native Students rank second highest in the State of Alaska with students with disabilities; these students who cannot pass their exit exam at the High School will also be our TANF/TVR clients of tomorrow. Without an education or a GED their "invisible" disabilities play a large role in how they see themselves, "not able to work". We are quite worried about the exit exam for our Native students; historically we have been over-represented in the "Special Education" programs in our communities with few teachers or special education tutors to help address the issue of helping our children with disabilities. The drop out rate of Alaska Native children in Juneau is already at a very high level; we see this only increasing for our children this year.

Addressing and supporting our Tribal members with disabilities, including our youth, is demonstrated by strong partnerships within Employment & Training is evident by the increased numbers we serve. With increased permanent funding for the TANF program within Employment & Training will increase our base in which to help our people become self-sufficient.

Our Vocational Training and Resource Center (VTRC) offers Life Skills, Office Skills, Basic Computer training, Financial Planning and other training designed for Tribal TANF clients. The VTRC also offers a wide range of vocational training courses, and a growing number of the courses are now being offered in the communities.

Recommendations

1. We encourage the Alaska Legislature to pass the Governor's proposed legislation that will make the Native Family Assistance Program permanent.
2. We support the expansion of the availability of Native Family Assistance grants will ensure that all tribal organizations federally authorized to deliver tribal TANF programs will have the opportunity to access the necessary state resources and provide effective and innovative public assistance programs to their members.

Thank you for your consideration and support of Tribal TANF programs in Alaska. If you have any questions or need additional information, please contact Sharon Olsen at 907-463-7132 or Dean George, TANF Coordinator at 907-463-7313.

Attachments:

1. Graphs on Tlingit and Haida's TANF Caseloads
2. USDOL "Chief's Award" to Tlingit and Haida



Central Council Tlingit and Haida

PRESS RELEASE

August 14, 2003

EMPLOYMENT & TRAINING RECEIVES HIGHEST AWARD FROM U.S. DEPARTMENT OF LABOR

Congratulations to the Central Council Tlingit and Haida Indian Tribes of Alaska's Employment and Training Division; they received the highest award in May 2003 from the U.S. Department of Labor during the National Indian and Native American Employment and Training Conference held in Anchorage, Alaska.

Jim Deluca, Chief of the Division of Indian and Native American Programs (DINAP), praised Tlingit and Haida by saying, "If there is one organization that we can depend on for getting their reports in on time and we don't have questions on because of their organization and thoroughness - it is Tlingit and Haida."



James Deluca & Sharon Olsen

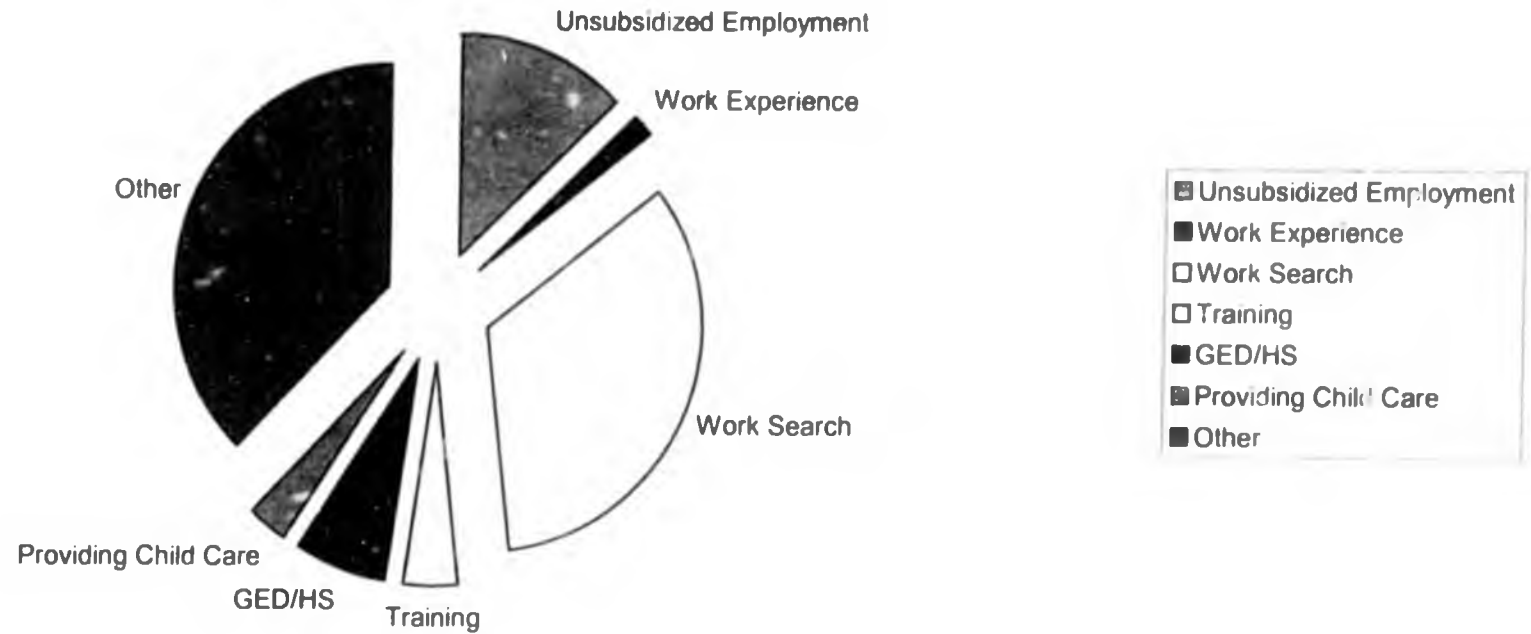
Tlingit and Haida's Employment and Training Division was also recognized for their work on the PL 102-477 Tribal Workgroup and statewide coordination through Alaska Native Coalition on Employment and Training (ANCET).

For Information Contact:

CCTHITA, Employment and Training Division
Sharon Olsen, Director
Toll Free: (800) 344-1432 ext. 7195/7134
Direct Line: (907) 463-7134
E-mail: solsen@ccthita.org

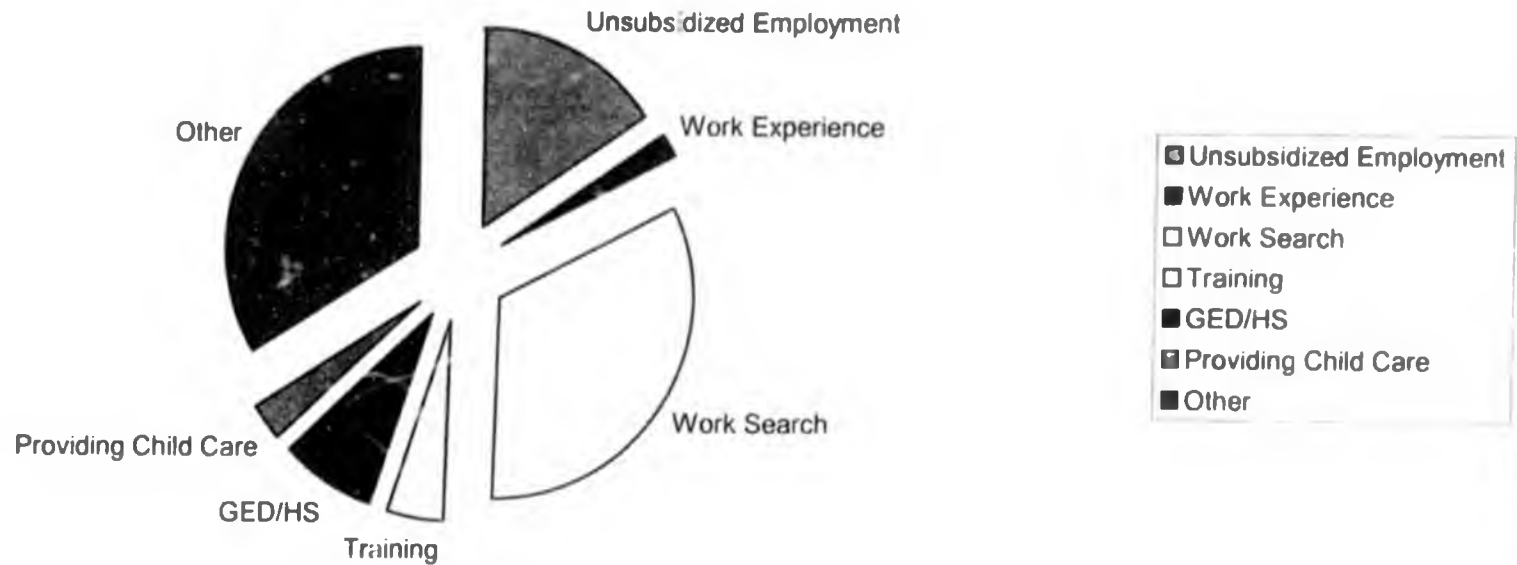
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January
2003



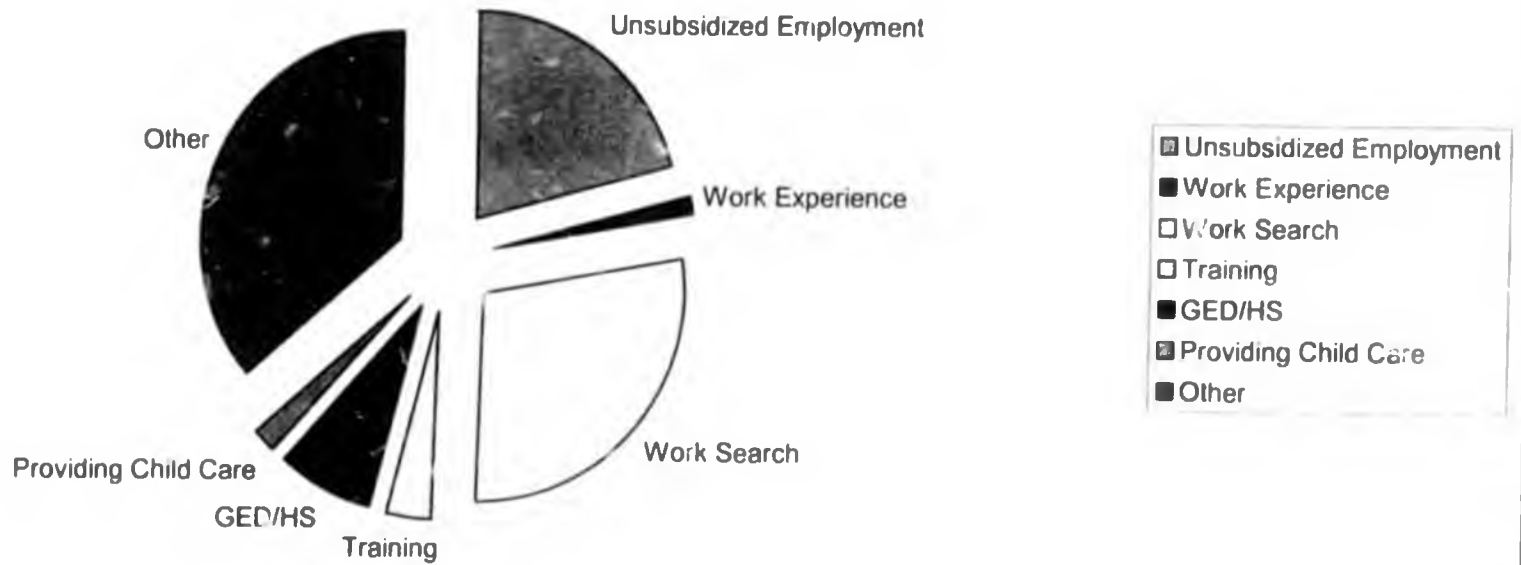
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
January	55	7	145	18	29	14	162

February
2003



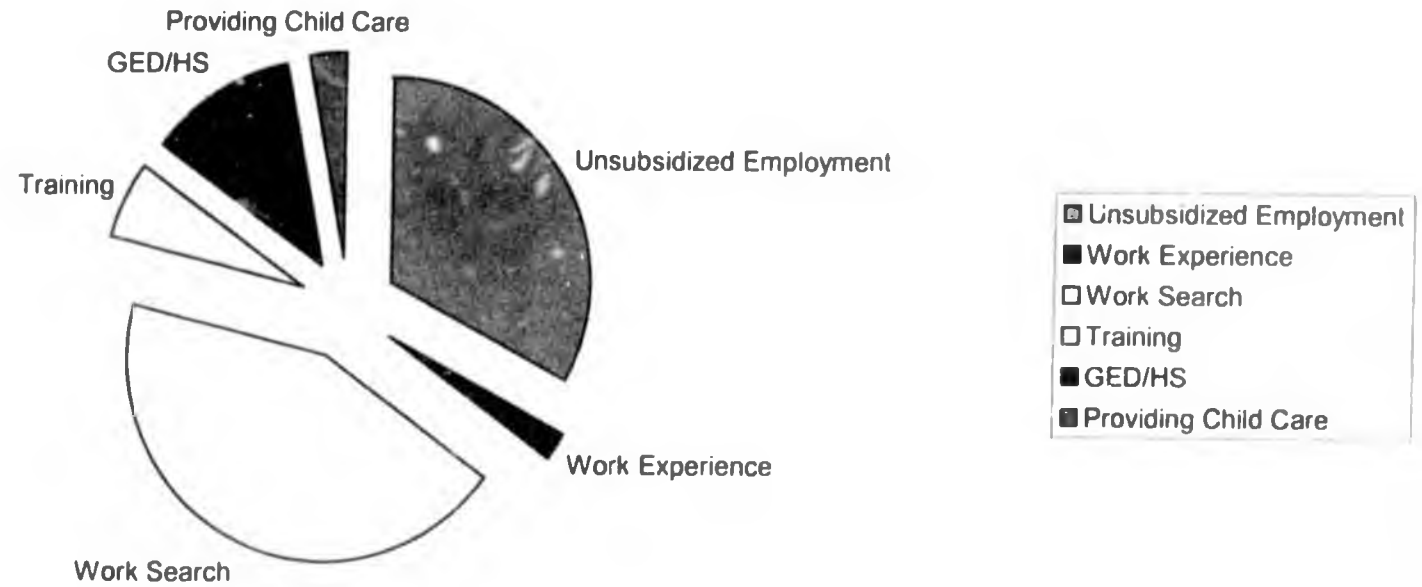
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
February	74	8	155	22	38	15	160

March
2003



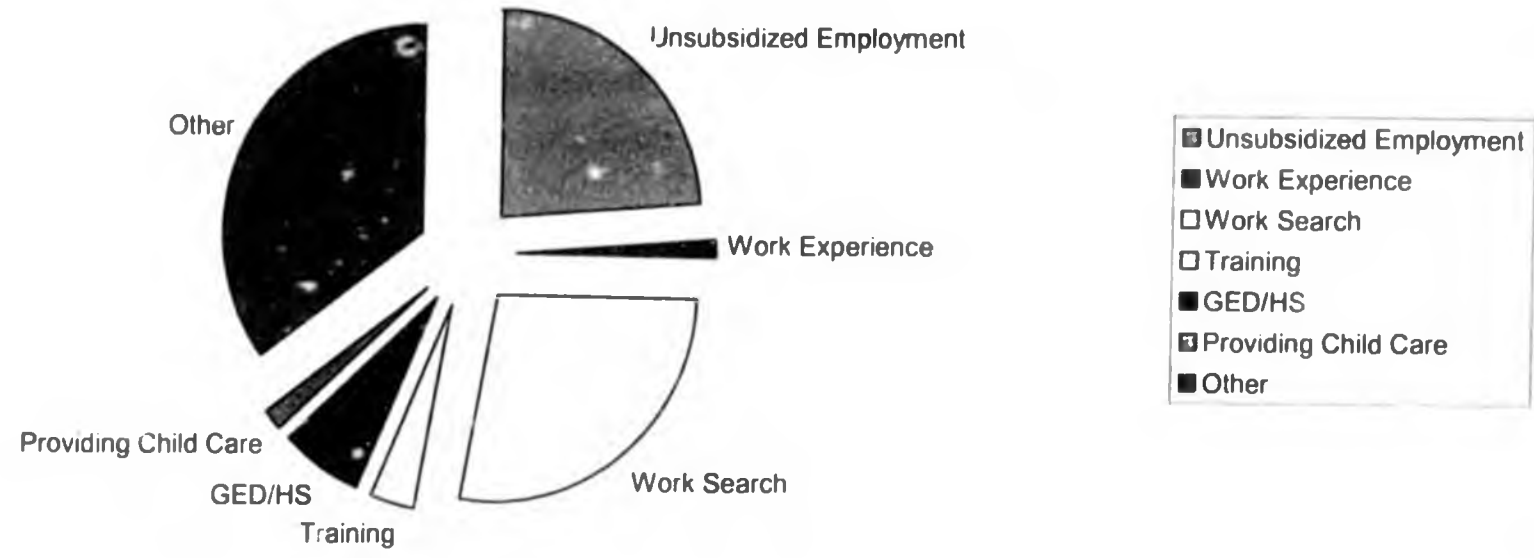
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
March	89	6	119	16	33	8	155

April
2003



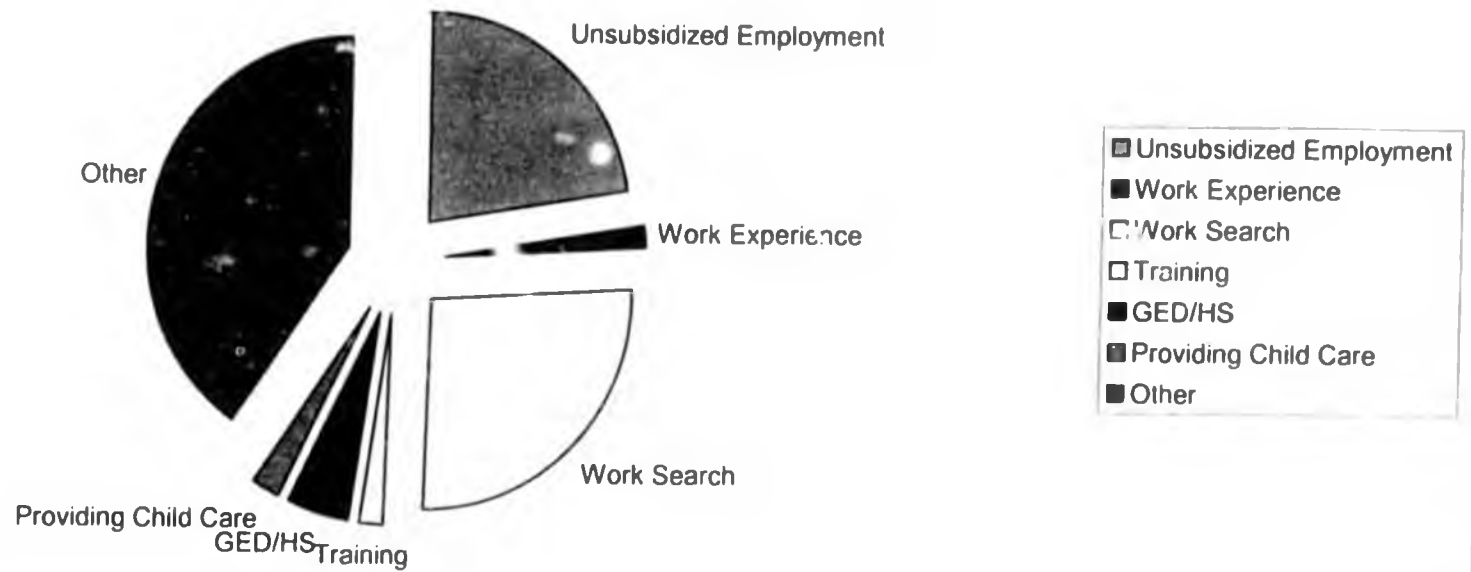
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
April	89	6	119	16	33	8	155

May
2003



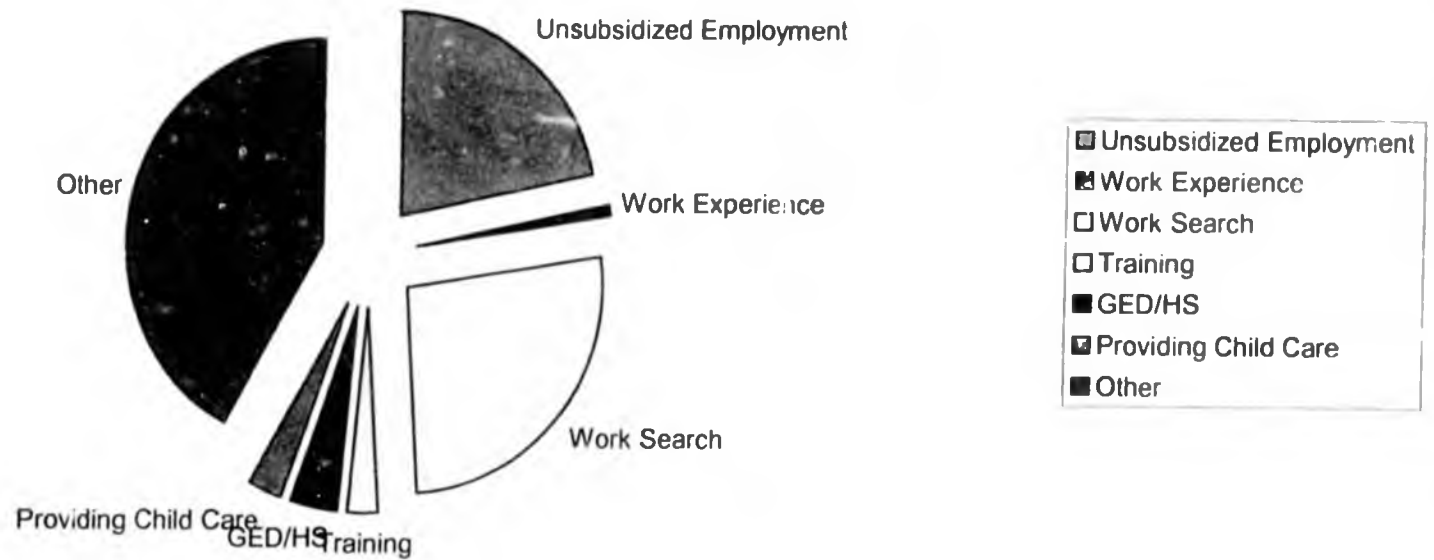
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
May	81	5	93	13	22	6	120

June
2003



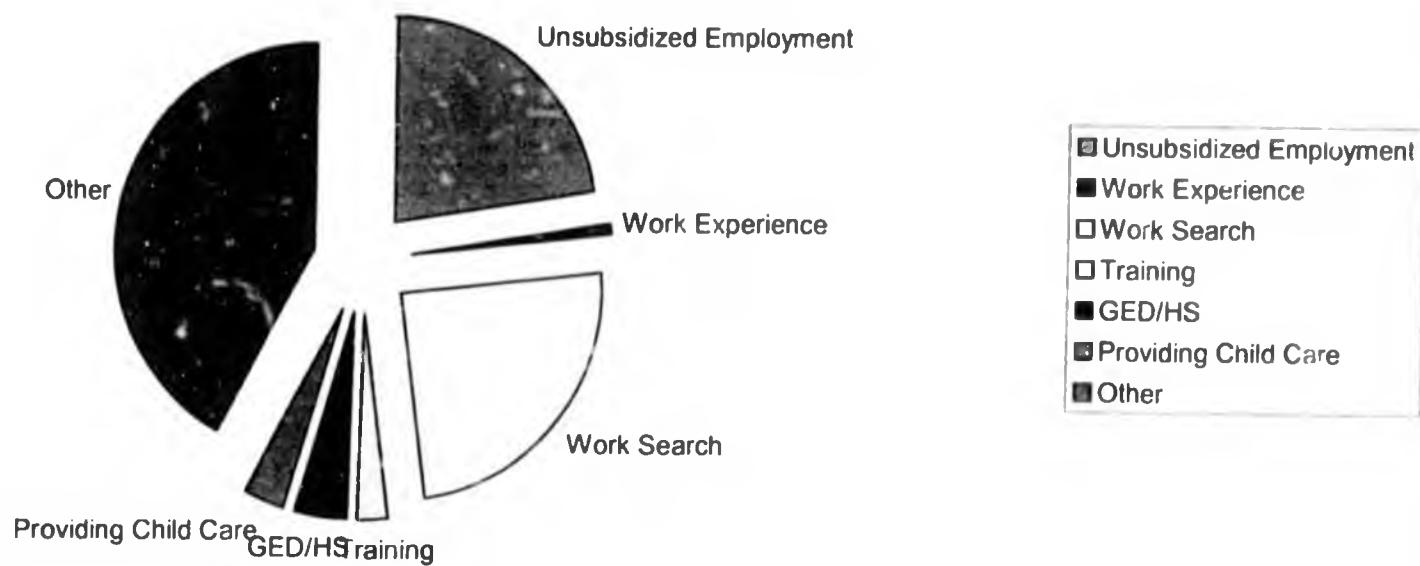
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
June	65	5	75	6	14	7	117

July
2003



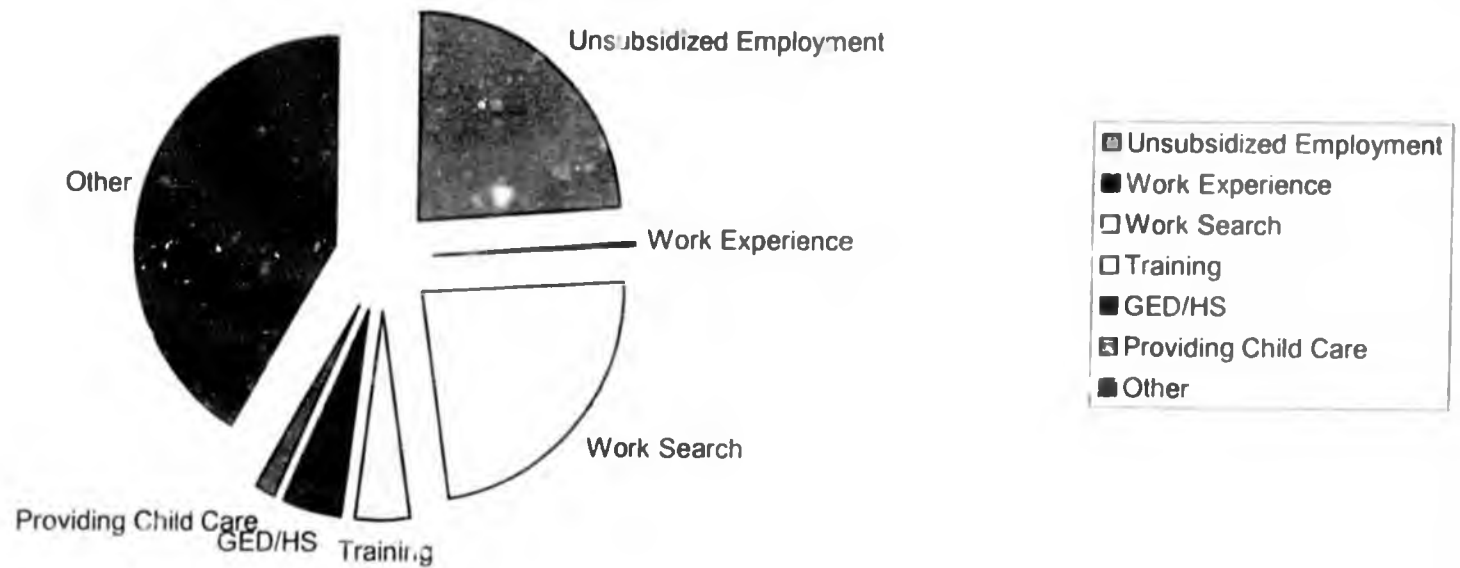
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
July	66	3	81	7	12	9	128

August
2003



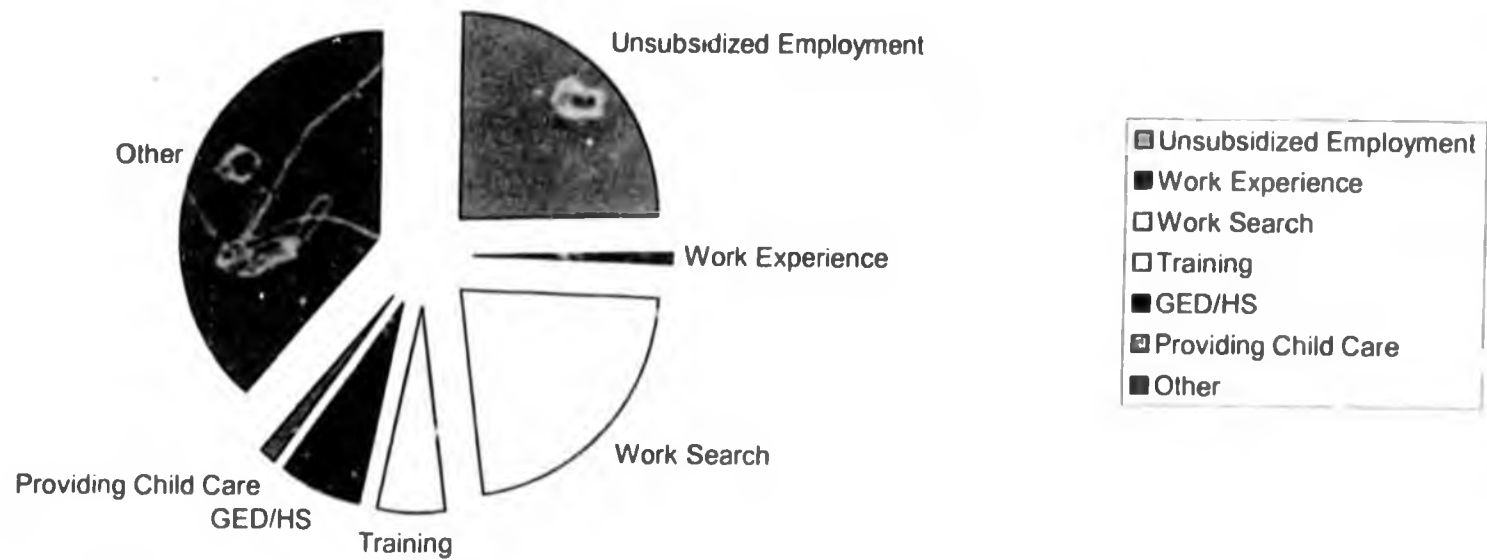
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
August	60	2	65	7	11	9	112

September
2003



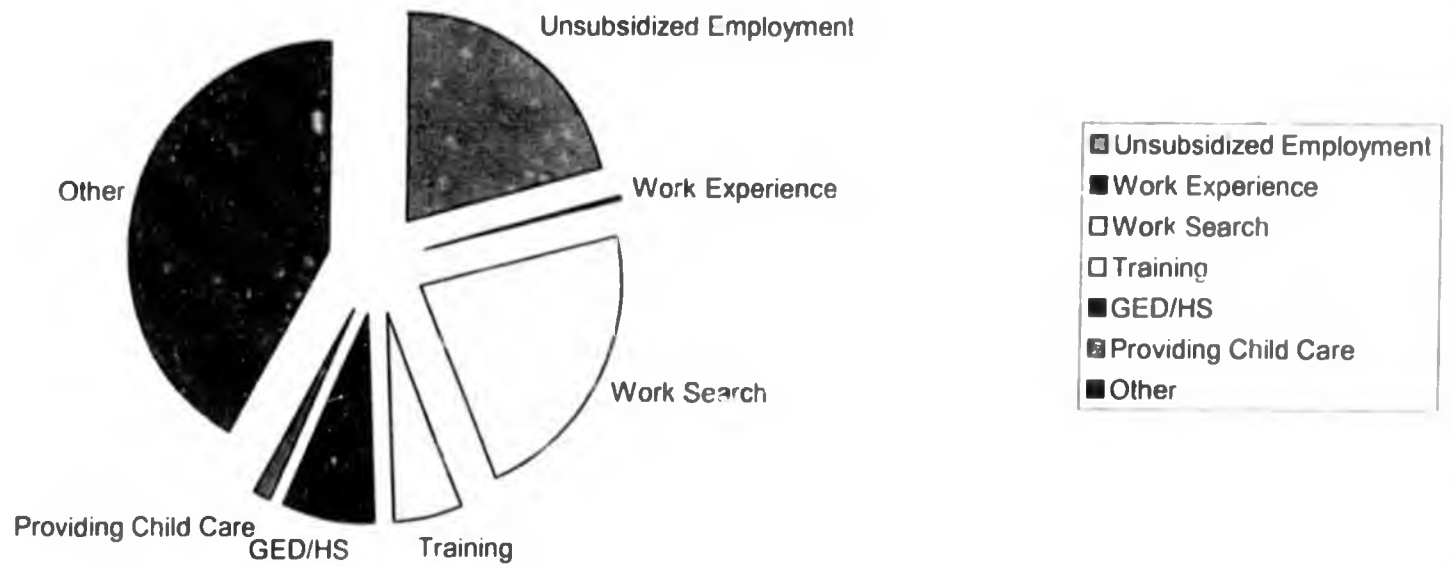
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
September	64	1	62	12	13	4	112

October
2003



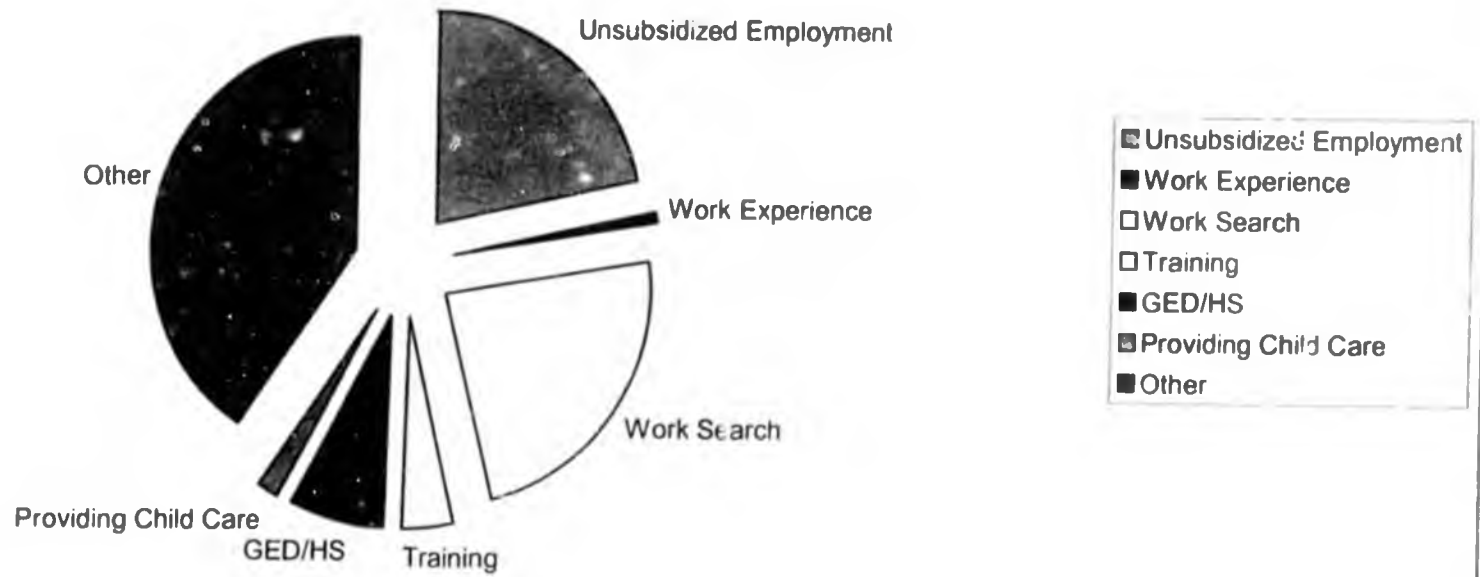
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
October	69	2	62	15	19	4	107

November
2003



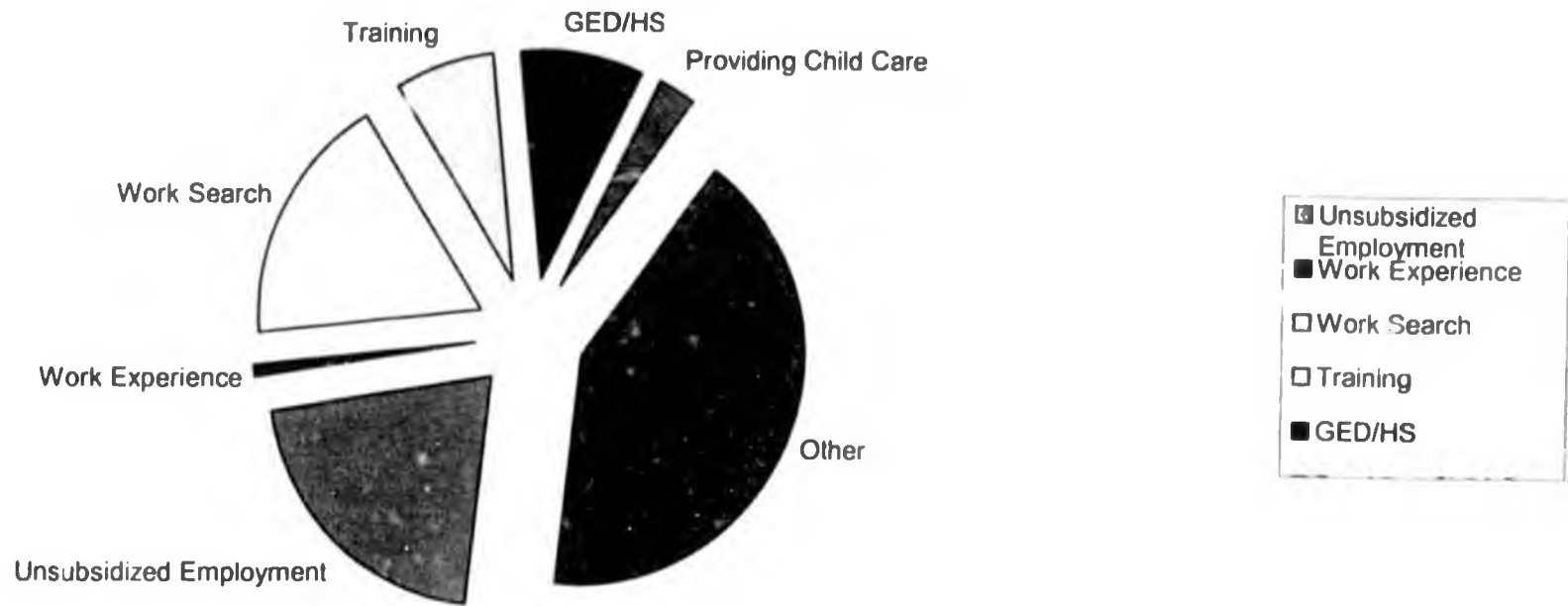
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
November	57	1	62	15	21	4	115

December
2003



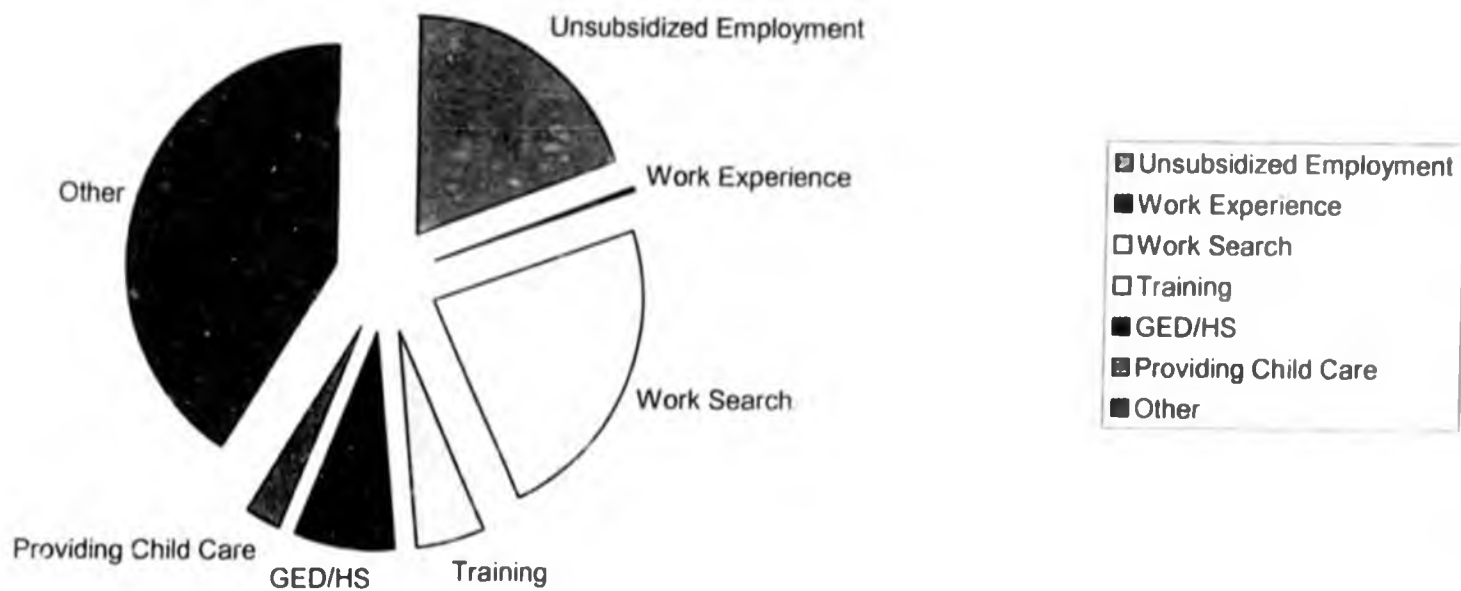
Month:	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
December	66	2	72	12	23	5	123

January



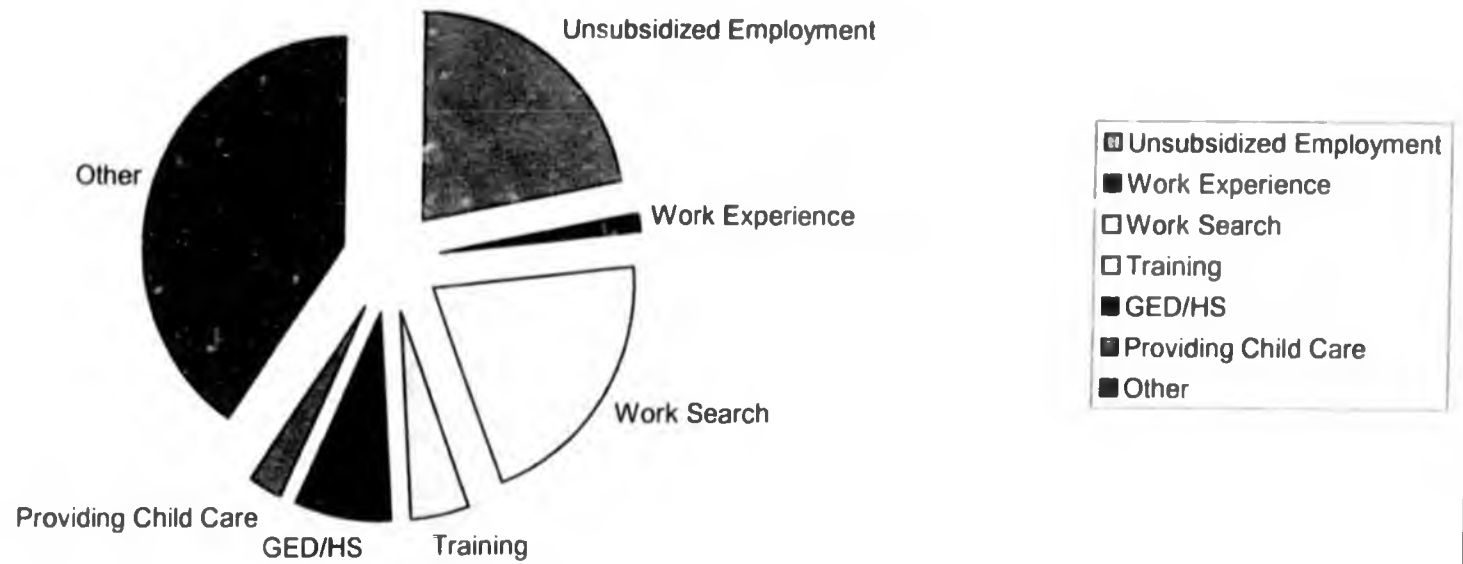
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
January	71	3	60	25	30	9	142

February



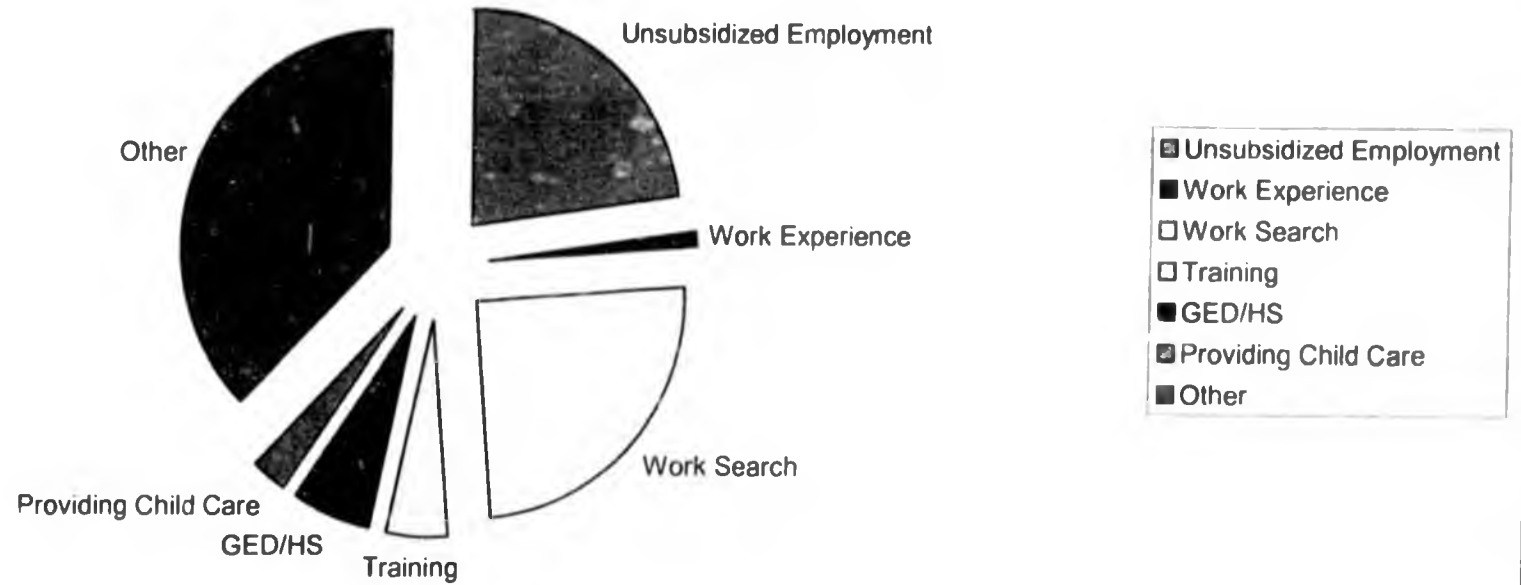
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
February	63	1	76	18	25	9	134

March



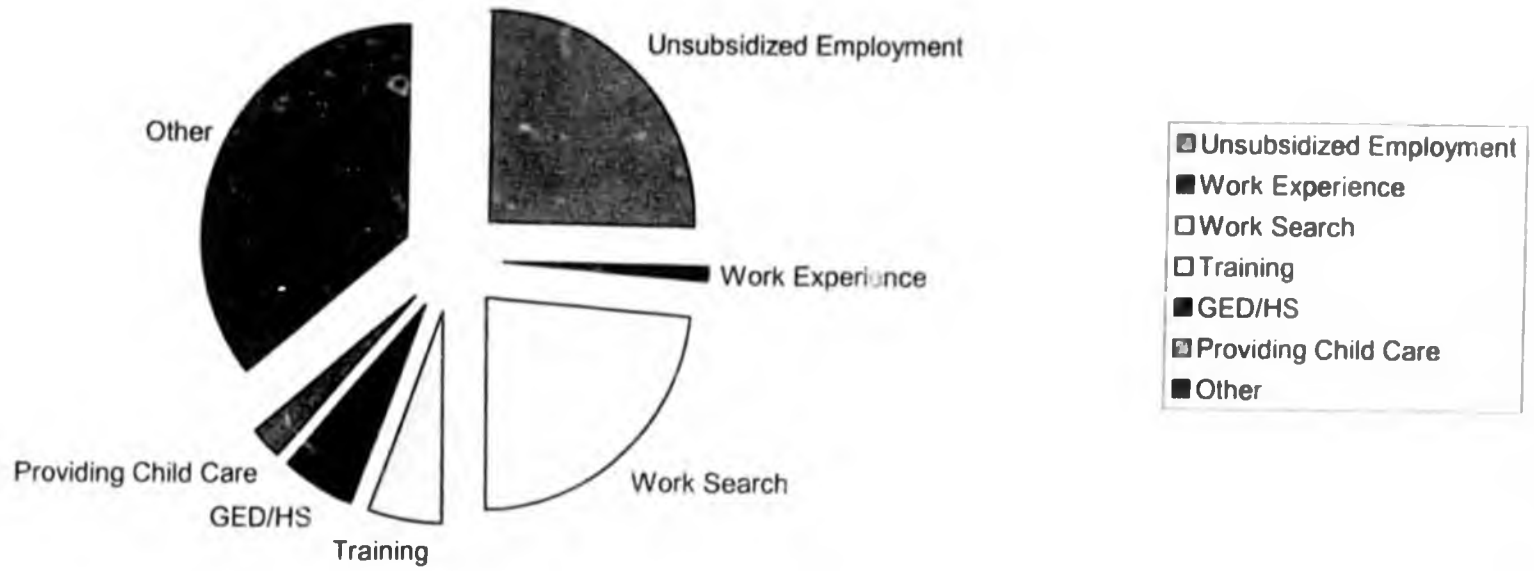
Month	Unsubsidized Work Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
March	70	4	66	15	25	8	129

April



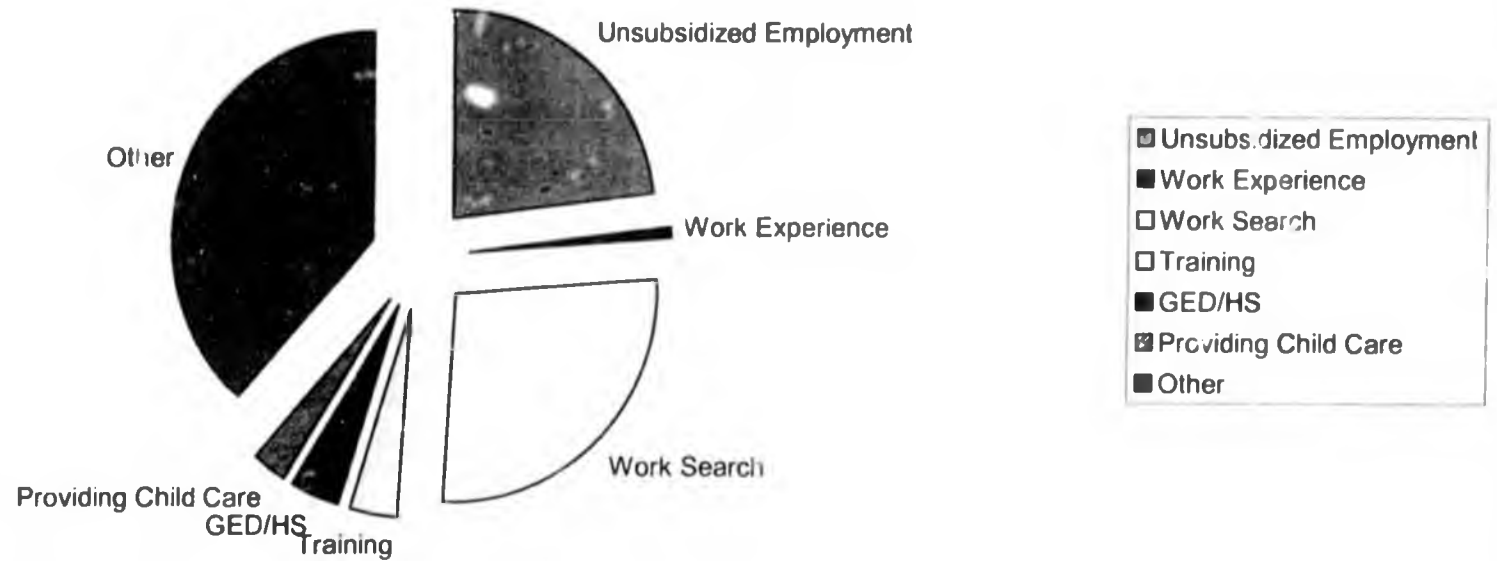
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
April	144	4	95	18	23	11	87

May



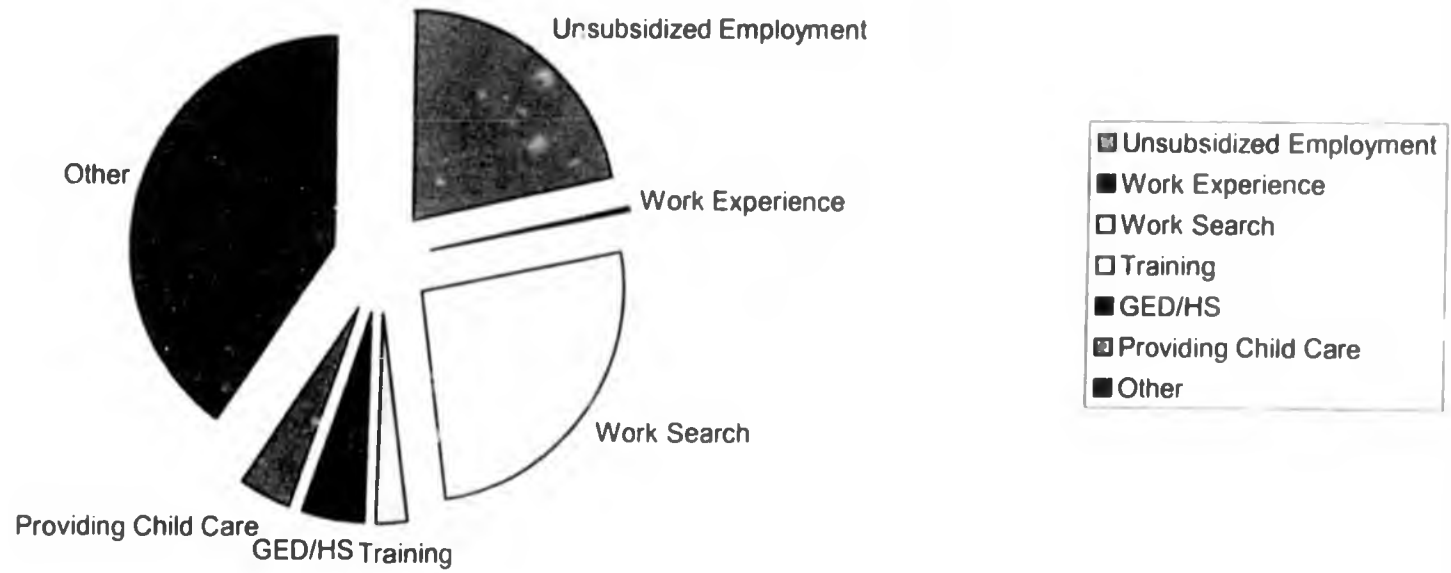
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc)
May	80	3	74	18	18	8	114

June



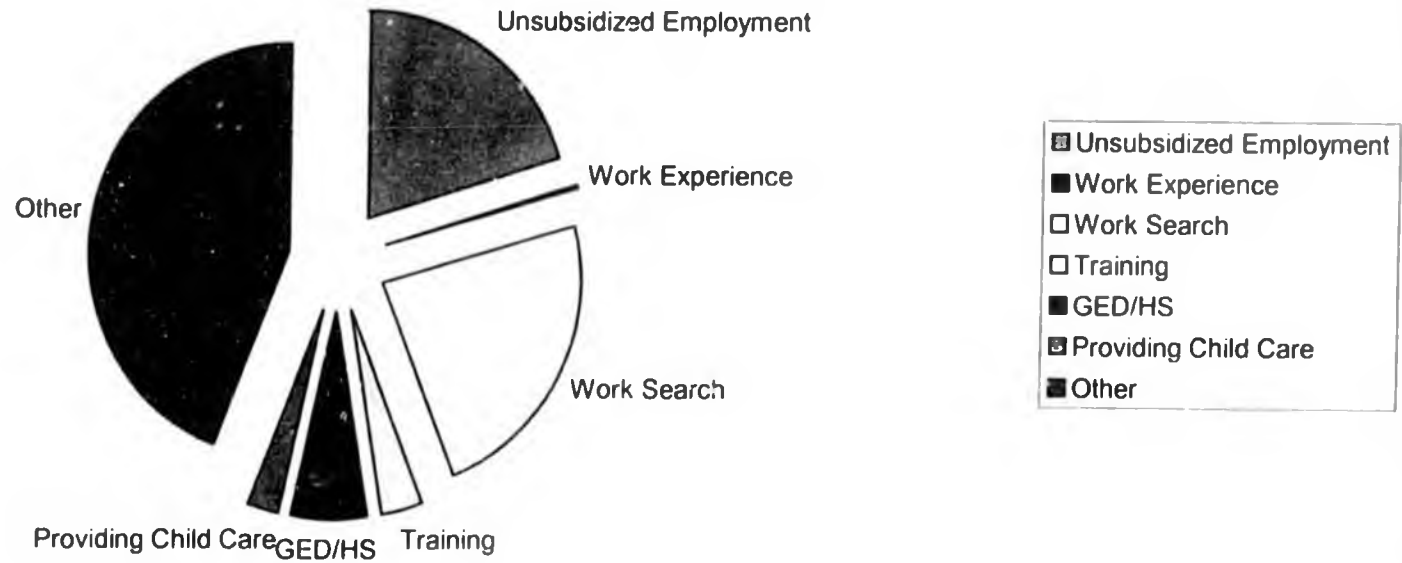
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
June	59	2	69	10	10	7	99

July



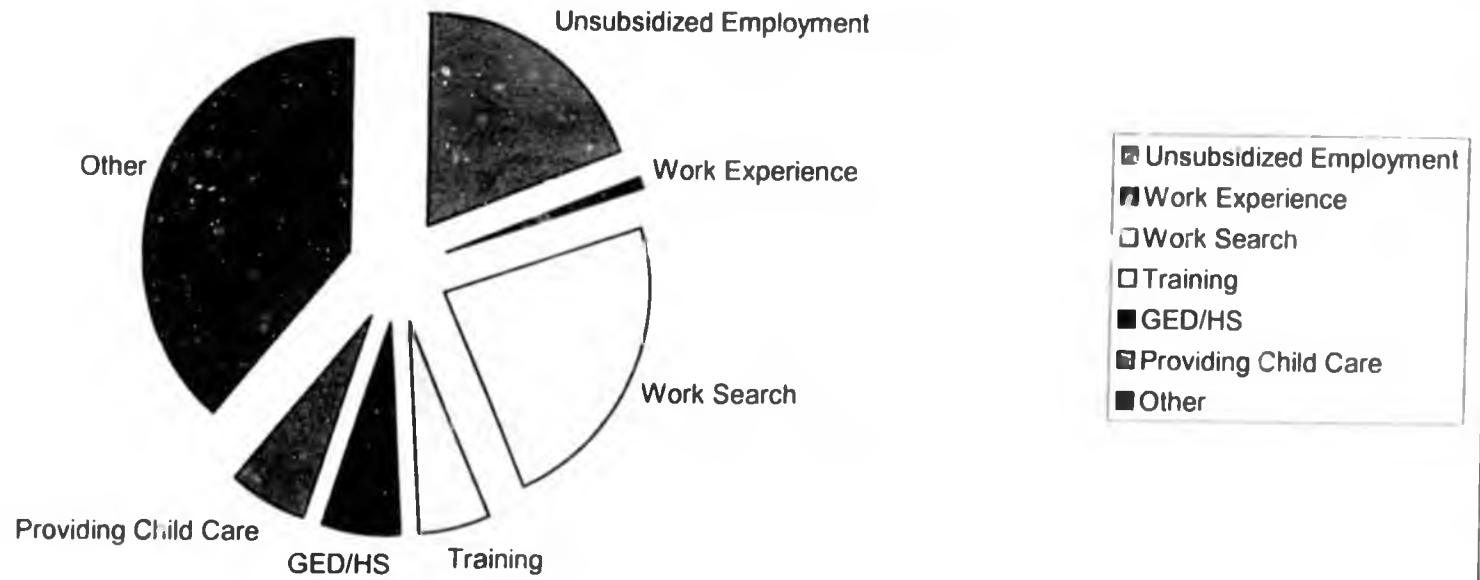
Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
July	58	1	69	7	13	11	109

August



Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
August	47	54	1	8	14	6	103

September



Month	Unsubsidized Employment	Work Experience	Work Search	Training	GED/HS	Providing Child Care	Other (subsistence activities, volunteering community work service, etc.)
September	48	2	58	14	15	15	97

SB

60

Alaska State Legislature
PRESIDENT OF THE SENATE

Interim:
716 WEST 4TH AVENUE
ANCHORAGE, AK
99501-2133
(907) 269-0200
FAX (907) 269-0204

Session:
STATE CAPITOL
JUNEAU, AK
99801-1182
(907) 465-4993
FAX (907) 465-3872

SENATOR BEN STEVENS

Date: January 25, 2005

To: Senator Fred Dyson, Chair
Senate Health, Education and Social Services Committee

From: Senator Ben Stevens
President of the Senate

Re: Hearing Request - Senate Bill 60

I respectfully request a Senate HESS Committee hearing on Senate Bill 60, short-titled:
"Extend Suicide Prevention Council" at your earliest possible convenience.

Alaska State Legislature

SENATOR
BEN STEVENS
716 WEST 4TH AVENUE
ANCHORAGE, AK
99501-2133
(907) 269-0200
FAX (907) 269-0204



Session:
STATE CAPITOL
JUNEAU, AK
99801-1182
(907) 465-4993
FAX (907) 465-3872

Senate President

SPONSOR STATEMENT SENATE BILL 60

"An Act extending the termination date of the Statewide Suicide Prevention Council; and providing for an effective date."

Suicide is an Alaskan tragedy. On average suicide takes 130 Alaskans every year, nearly twice the national average. With Alaska's large geography, multiple cultures, and many communities, addressing suicide is a complicated matter.

In 2001, the 22nd Alaska State Legislature enacted legislation that created the Statewide Suicide Prevention Council (SSPC) and tasked it with the mission to reduce suicide through coordination with public and private entities as well as its own initiatives, and broaden suicide awareness. Under Alaska Statute 44.29.350, the Council is charged with advising the legislature and the governor on *"...actions that can and should be taken to improve health and wellness throughout the state by reducing suicide and its effect on individuals, families and communities."*

The council is made up of 15 members. In addition to legislative and executive branch members there are nine public members. The public appointments represent a broad spectrum of individuals from rural and urban communities, clergy, youth, and behavioral health community. There is one part-time staff person to coordinate council activities

Among the council's accomplishments is a recently completed statewide suicide prevention plan. The plan sets up goals and strategies for suicide prevention. Currently, the Council is also in the process of implementing a Follow Back Study and a public awareness campaign. This study consists of voluntary interviews of family and friends; information from the Medical Examiner's Office; law enforcement agencies; and other records as permitted. The media campaign fulfills the council's mission to educate Alaskans on suicide and its devastating effects.

The findings from a recently conducted sunset audit recommend the SSPC to continue in its work of research, broadening public awareness, collaborating prevention and intervention efforts around the state and in making recommendations to the Governor and Legislature.

Senate Bill 60 will extend the termination date of the council to 2009 allowing the Statewide Suicide Prevention Council to continue in their mission.

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: SB060-DHSS-FMS-01-26-05
 () Publish Date: _____
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction): _____

Title EXTENDING THE TERMINATION DATE OF
 THE STATEWIDE SUICIDE PREVENTION
 COUNCIL

RDU Boards and Commissions

Component Suicide Prevention Council

Sponsor STEVENS, BEN

Requester SENATE (HES)

Component No. 2651

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES (0)						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2005) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The Suicide Prevention Council (SPC) is due to sunset on June 30, 2005. The SPC is the state planning and coordinating agency for issue surrounding suicide and suicide prevention. The powers, duties and responsibilities of the Council are to act in the advisory capacity to the Governor and legislature with respect to what actions can and should be taken to:

(continued on page 2)

Prepared by: Janet Clarke, Assistant Commissioner
 Division: Finance and Management Services
 Approved by: Joel S. Gilbertson, Commissioner
 Agency: Department of Health and Social Services

Phone 465-1630
 Date/Time 01/21/2005
 Date 01/26/2005

FISCAL NOTE
FN #

STATE OF ALASKA
2005 LEGISLATIVE SESSION

BILL NO. SB060-DHSS-FMS-01-28-05

ANALYSIS CONTINUATION

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

Extension of the Council does not have any fiscal impact since the funding is budgeted in the Governor's budget.



Alaska State Legislature

Senate Majority Web: www.akrepublicans.org

Sponsor: Senator Ben Stevens
Current Version: SB 60
Contact: Shannon Straube, 465-4993

Fact Sheet for: Senate Bill 60

Short Title: EXTEND SUICIDE PREVENTION COUNCIL

Summary:

- Extends the termination date of the Statewide Suicide Prevention Council from June 2005 to June 2009.

Benefits:

- Implements a recommendation by the Legislative Budget & Audit Committee to continue the Statewide Suicide Prevention Council.
- Provides a centralized statewide effort to educate individuals and communities on suicide prevention.
- Gives the council the opportunity to enact its new statewide suicide prevention plan.
- Allows the council to create a network with public and private groups across Alaska that are working towards similar goals.
- Reduces the stigma that comes with suicides through outreach work with families and friends of suicide victims.
- Assures groups and individuals working towards similar goals that Alaska's elected officials are also committed to preventing suicides.

Background:

- Alaska has nearly twice the average national number of suicides. In 2001, the Alaska Legislature created the Statewide Suicide Prevention Council to establish strategies and goals to reduce the number of suicides. The council is currently working with the Alaska Injury Prevention Center on a study that examines suicides over a 12 month period. Voluntary interviews with friends and families of victims will be combined with medical records and law enforcement reports. The council will also conduct a media campaign to educate Alaskans about suicide and its devastating effects. The council also serves in an advisory capacity to the governor and the legislature on suicide issues.

ALASKA STATE LEGISLATURE

LEGISLATIVE BUDGET AND AUDIT COMMITTEE

Division of Legislative Audit



P.O. Box 113300
Juneau, AK 99811-3300
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Internet e-mail address:
legaudit@legis.state.ak.us

November 16, 2004

Members of the Legislative Budget
and Audit Committee:

In accordance with the provisions of Title 24 and Title 44 of the Alaska Statutes (sunset legislation), the attached report is submitted for your review.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES STATEWIDE SUICIDE PREVENTION COUNCIL SUNSET REVIEW

November 15, 2004

Audit Control Number

06-20037-05

This audit was conducted as required by AS 44.66.050 and under the authority of AS 24.20.271(1). Alaska Statute 44.66.050(c) lists criteria to be used to assess the demonstrated public need for a given board, commission, agency, or program subject to the sunset review process. Currently under AS 44.66.010(a)(20), the Statewide Suicide Prevention Council is scheduled to terminate June 30, 2005. If the legislature takes no action to extend this date, the council would have one year to conclude operations.

In our opinion, the termination date for the Statewide Suicide Prevention Council should be extended. The council serves a public need and is operating in the public's interest. We recommend the legislature extend the council's termination date to June 30, 2009.

The audit was conducted in accordance with generally accepted government audit standards. Fieldwork procedures utilized in the course of developing the findings and discussion presented in this report are discussed in the Objectives, Scope, and Methodology.

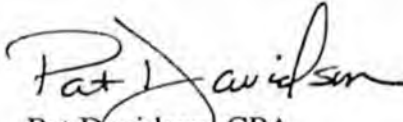

Pat Davidson, CPA
Legislative Auditor

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OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Titles 24 and 44 of the Alaska Statutes, we have reviewed the activities of the Statewide Suicide Prevention Council (SSPC) to determine if there is a demonstrated public need for its continued existence and if it has been operating in an efficient and effective manner.

As required by AS 44.66.050(a), the legislative committee of reference shall consider this report as part of the oversight process in determining if the council should be reestablished. State law currently specifies SSPC will terminate on June 30, 2005. If no action is taken by the legislature, the council will have one year from that date to conclude its administrative operations.

Objectives

The two central, interrelated objectives of our report are:

1. To determine if the termination date of the council should be extended.
2. To determine if the council is operating in the public interest.

Our assessment of the operations and performance of the council was based on criteria set out in AS 44.66.050(c). Criteria set out in this statute relate to the determination of a demonstrated public need for the council.

Scope and Methodology

Our audit reviewed the operations and activities of the Statewide Suicide Prevention Council from FY 02 through the first quarter of FY 05.

During the course of our examination, we reviewed and evaluated the following:

- Applicable statutes and regulations.
- Budget documents, session laws, and other legislative information related to the council's operations.
- Council meeting minutes, bi-laws and website.
- Annual reports to the legislature and governor.
- Financial reports from the State Accounting System.

- *The Statewide Suicide Prevention Plan.*
- Alaska Injury Prevention Center's follow-back study reports to the council.
- The Surgeon General's *Call to Action to Prevent Suicide.*
- Other documents related to the council's operations and mission, as necessary.

In addition, we interviewed:

- Various SSPC members, SSPC coordinators and staff under the Department of Health and Social Services.
- Executive directors of the Alaska Mental Health Trust Authority, Alaska Mental Health Board and Governor's Advisory Board on Alcoholism and Drug Abuse.
- Directors of suicide prevention programs in Washington, Oregon, Montana, and Wyoming.

We also attended the June and September 2004 SSPC meetings, the September suicide survivor community gathering and the World Suicide Prevention Day commemoration. At these meetings and gatherings, we observed the proceedings and the interaction of the board with the public.

ORGANIZATION AND FUNCTION

In 2001, Alaska Statute 44.29.300 established the Statewide Suicide Prevention Council in the Department of Health and Social Services (DHSS) Under AS 44.29.350, the council is charged with advising the legislature and the governor on "...actions that can and should be taken to improve health and wellness throughout the state by reducing suicide and its effect on individuals, families, and communities."

In addition to this advisory role, the council's scope of activities include developing Alaska's statewide suicide prevention plan, educating the public about suicide, providing suicide prevention training to teachers, students and others, coordinating suicide prevention efforts statewide and providing technical assistance to communities as they develop their own plans.

The council consists of 15 members. There are two members of the Alaska State Senate, two members of the House of Representatives, two executive branch employees and nine public members. The Alaska State Senate seats and the House of Representative seats are appointed by the president of the senate and the speaker of the house, respectively. The executive branch and public seats are appointed by the governor.

Statutes require that public appointments ensure broad representation from various communities statewide. Public members are selected from rural and urban communities as well as from the educational, youth, faith-based and behavioral health communities.¹ As such, each public member appointed to the council brings unique experiences and perspective to a shared vision and mission. Except for the representatives who serve two years, council members serve staggered four-year terms.

Council Members

As of September 30, 2004

Jeanine Sparks, Public, Chair
Judith Lethin, Public
William Martin, Public
Bill Hogan, DHSS
Tracy Barbee, Public
Noelle Hardt, Public
Kelsi Ivanoff, Public
Charles Jones, Public
Representative Mary Kapsner
Representative Pete Kott
Senator Georgianna Lincoln
Karen Perdue, Public
Susan Soule, DHSS
Senator Ben Stevens
Stan Tucker, Public

The council is staffed by a coordinator, who, by statute, is employed by the council and directly responsible to the council. Currently the council employs the coordinator on a part-time basis. The council receives administrative assistance from DHSS.

¹ AS 44.29.300 specifies the public seats be filled by "one member of the Advisory Board on Alcoholism and Drug Abuse; one member of the Alaska Mental Health Board; one person recommended by the Alaska Federation of Natives, Inc.; one person who is a counselor in a secondary school; one adult who is active in a statewide youth organization; one person who has experienced the death by suicide of a member of the person's family; one person who resides in a rural community in the state that is not connected by road or the Alaska marine highway to the main road system of the state; one person who is a member of the clergy; and one person who is under the age of 18."

REPORT CONCLUSIONS

We reviewed operations of the Statewide Suicide Prevention Council (SSPC) from FY 02 through the first quarter of FY 05. Our primary conclusion is the termination date of the council should be extended. We also have concluded that the Department of Health and Social Services (DHSS) hindered the efforts of the council by providing inadequate financial information to the council and by spending almost 20 percent of SSPC's FY 04 funding for unrelated expenditures. More extensive discussion of these conclusions follows.

The termination date of the Statewide Suicide Prevention Council should be extended

Under AS 44.29, SSPC is charged with advising the legislature and governor on suicide and suicide prevention in Alaska. Suicide has historically been, and continues to be, a major state public health problem. According to the council's suicide prevention plan, an average of 126 Alaskan lives is lost each year to suicide. The state's 2002 rate of 20.9 deaths for every 100,000 residents, almost twice the national average of 10.6, ranked Alaska sixth among the states in rate of suicide.

Recently the council completed a statewide suicide prevention plan, one of SSPC's duties under state law. The plan establishes goals and strategies for suicide prevention. The plan also identifies various measures to be used to evaluate progress in reducing Alaska's suicide rate. In addition to developing the suicide prevention plan, council duties include educating the public about suicide, providing suicide prevention training, coordinating suicide prevention efforts statewide and providing technical assistance to communities as they develop their own plans. Through these various roles, the council operates in the public interest in a manner consistent with its statutory responsibility.

Currently, AS 44.66.010(a)(20) requires that the council be terminated on June 30, 2005. If not extended by legislature, the council will have one year to administratively conclude its operations. In our opinion, SSPC is operating in the public interest. Now that the suicide prevention plan is complete, we encourage the council to continue with implementation of suicide prevention strategies (see Recommendation No. 1 for an example of such implementation). We recommend the legislature extend the termination date for the council to June 30, 2009.

Misspent funds and miscommunications limited SSPC spending to 20% of FY 04 funding

In FY 04, the council was appropriated more than \$200,000 by the legislature for council operations and suicide prevention activities. A line-item veto by the Governor reduced the appropriation to \$179,800, which was subsequently further reduced to \$171,400 as part of an add/delete supplemental² requested by DHSS.

² See Section 20 Chapter 159 SLA 2004.

Five months into FY 04, SSPC's acting coordinator, who was also a DHSS employee and a member of the council, believed she was being told that access to the operating funding was restricted. The acting coordinator told us she was instructed by the Director of the Division of Administrative Services (DAS)³ that the council was not to spend any further money on its operations. The director denies she ever gave such instruction or advice.

In any event, in light of direction the individual believed she received, the council did not convene its third quarterly meeting originally scheduled to be held in January 2004. This action delayed work on the council's drafting of the statewide suicide prevention plan by several months.

Toward the end of the fiscal year, DAS restructured the council's funding, increasing the allocation for supplies by \$32,200. This was done to enable DHSS to commit almost \$32,000, or 19 percent of the council's FY 04 budget, to purchase office furnishings for another DHSS agency with no direct operational relationship to suicide prevention.⁴

The council did not authorize, nor was the council aware of, the expenditure which did not contribute directly to SSPC operations or suicide prevention efforts (see Recommendation No. 2).

Exhibit 1

Statewide Suicide Prevention Council
Summary of FY 04 Expenditures
(Unaudited)

	<u>Expenditures</u>	As Percentage of <u>Authorization</u>
Council-related Costs	\$ 34,700	20.2%
Office Furnishings	31,700	18.5%
Lapse	10,100	5.9%
Working Reserve Sweep:		
Terminal Leave	91,500	53.4%
Insurance Catastrophe	<u>3,400</u>	<u>2.0%</u>
	<u>\$171,400</u>	<u>100.0%</u>

As summarized in Exhibit 1, at the end of FY 04, \$94,900 of SSPC's remaining balance was transferred into the state's terminal leave and insurance catastrophe working reserve accounts. While such transfers are permissible under state law,⁵ the funding was largely available because council funds were either intentionally or unintentionally restricted from council use. As a result, funding appropriated for suicide prevention was spent on items that

³ Now Finance and Management Services under the most recent DHSS reorganization.

⁴ As of October 15, 2004, \$27,524 of the commitment was spent.

⁵ AS 37.05.510(b) mandates the Department of Administration accumulate funding to various working reserve accounts, such as the one set up for terminal leave for state employees, by "charging the unencumbered balance of any appropriation enacted to finance the payment of employee salaries and benefits that is determined to be available for lapse at the end of the fiscal year."

did not benefit the council's central mission. In the end, only \$34,647, or 20 percent, of the council's FY 04 budget was actually spent on council activities.

FINDINGS AND RECOMMENDATIONS

Recommendation No. 1

The Division of Behavioral Health (DBH) Community-based Suicide Prevention Program coordinator should ensure prevention programs conform to the Statewide Suicide Prevention Plan.

The Community-based Suicide Prevention Program (CBSPP) was established in 1989 to provide financial support and assistance primarily to small, rural communities to carry out activities that would contribute to preventing suicide. The program is administered by DBH. In FY 04, 52 communities received more than \$763,000 in funding to implement suicide prevention programs in their community. As part of the grant application process, applicants must submit community suicide prevention plans to the DBH program coordinator.

Historically, community plans have included activities directly focused on suicide prevention as well as cultural, social and recreational activities aimed at strengthening relationships and dialogue within the communities. With some communities, the emphasis is on social and recreational events more than activities with a direct relationship to suicide prevention. However, the community coordinator, typically a part-time employee funded by the grant, has received some suicide prevention training. Grantees submit monthly activity reports to the DBH program coordinator.

Although their missions are directly related, SSPC has no involvement with the community-based suicide prevention program grant award process. While the primary role of the council is to serve in advisory capacity to the legislature and the governor, under AS 44.29.350(3)-(6) such advice is regarding actions necessary to:

- (3) *enhance suicide prevention services and programs throughout the state;*
- (4) *develop **healthy communities** through comprehensive, collaborative, community-based and faith-based approaches;*
- (5) *develop and **implement** a statewide suicide prevention plan;*
- (6) *strengthen **existing and build new partnerships** between public and private entities that will advance suicide prevention efforts in the state. [emphases added]*

Now that SSPC has a statewide suicide prevention plan in place, we believe as a first step, the various community-based suicide prevention plans, at a minimum, should be consistent with the statewide plan. Developing procedures that require grant applicants to certify and explain how their grant activities and community plans are consistent with the state plan will

provide more assurance that this particular state funding is being implemented in a manner consistent with the centrally-developed state plan.

Accordingly, we recommend DBH modify the grant application process as necessary, requiring communities to read the statewide prevention plan and certify their local plan is consistent with the state plan. Further, we recommend that DBH report to SSPC regarding these grant applications and talk about how the various community-based efforts are consistent with the council's plan.

Recommendation No. 2

The Administrative Manager for DHSS Boards and Commissions and the Statewide Suicide Prevention Council coordinator should develop a more formalized, informative system of reporting financial information to the council.

As discussed in the conclusions section of this report, 80 percent of the FY 04 operating budget for the council was either lapsed or spent for items that were not directly related to suicide prevention activities. While it is unclear whether DHSS management actively prohibited the council from spending much of their funding, it is clear that in FY 04 SSPC did not receive consistent and informative financial reports from the department. Turnover in the coordinator's position and extensive use of "borrowed" personnel to fill in as part-time acting coordinator made clear communication of financial and budgetary information even more critical. Additionally, such reporting is an important function for a state agency to carry out when charged with providing administrative support to a council consisting largely of members from the general citizenry.

While the minutes for half of the council meetings reflected some discussion of finances, the discussion primarily focused on the funding appropriated, with limited or no discussion of council expenditures and available balances. Although the administrative manager for Boards and Commissions reported she provided financial reports to the council, we saw no evidence the council received regular financial reports. The former coordinator and members of the council we interviewed reported they did not believe they consistently received adequate financial information from DHSS.

As reflected in the conclusions section and the following analysis of public need section, we believe the council accomplished its central mission and responsibility. However, the council was hindered by inadequate administrative support from DHSS – especially in the use of SSPC's FY 04 appropriation. Accordingly, we recommend the administrative manager develop a comprehensive, informative format for tracking and reporting expenditure activity for SSPC and develop understandable, reliable reports on a consistent basis to assist the council in the use of its appropriated funding.

Recommendation No. 3

The council should ensure it provides public notice of all council meetings.

Alaska Statute 44.62.310 requires public notice of all public entity meetings. Since its inception, the council did not give adequate public notice of two of its 12 meetings. No public notice was provided on either the State of Alaska's online public notice system or through publication in widely-circulated state newspapers. Additionally, the agendas for three of the council meetings did not provide periods for public comment.

By not publicly announcing all meetings and not scheduling periods for public comment, the council may inadvertently send the message that public participation is not essential to SSPC operations. Given the planning, coordination, education, training and technical support objectives of the council's statutory mandate, it is crucial that involvement of, and interaction with, the public be done.

We recommend the council ensure that all meetings are publicly noticed, ensure that the method of notice is consistent and provide opportunity for public comment. We also recommend the council consider posting its meeting schedule on SSPC website.

Recommendation No. 4

The Office of the Governor should make appointments to the council in a timely manner.

Besides the lack of effective access to FY 04 funding, SSPC activities were also hampered by delays in appointments made to the council. In March of 2003, four of the 11 seats for which the Office of the Governor was responsible for appointing were vacant. In March of 2004 there were again four seats vacant. Some of the positions on the council had been left vacant over a year. As of June 2004, all council seats had been filled.

These numerous and extended periods of vacancy in member seats hindered the council's operations. The council has many challenges related to its suicide prevention work, vacancies in member seats should not be one of them. For the council to operate effectively and efficiently, it must be fully appointed and appointments must be timely. We recommend the Office of the Governor makes appointments to the council in a timely manner.

ANALYSIS OF PUBLIC NEED

The following analyses of council activities relate to the public need factors defined in AS 44.66.050(c). These analyses are not intended to be comprehensive, but address those areas we were able to cover within the scope of our review.

The extent to which the board, commission, or program has operated in the public interest.

To assess whether the council has operated in the public interest, we measured the council's activities against the six objectives set out by the legislature for SSPC in state law, at AS 44.29.350.⁶ From our review of council activities, we conclude SSPC has reasonably addressed its statutory objectives. Activities and accomplishments of the council have included the following:

1. Advising the executive branch agencies and the legislature. The council advises the legislature and governor on suicide and suicide prevention efforts through annual reports, which are presented jointly to the House and Senate Committees on Health, Education and Social Services. Presentations to the legislature also include council member testimony.⁷
2. Increasing public awareness of the issue of suicide. To increase public awareness, the council maintains a website that provides information on suicide statistics, risk factors and prevention. The council's annual reports and the Statewide Suicide Prevention Plan are also available through the website. The council has conducted over 20 workshops and presentations.

The council recently commemorated World Suicide Prevention Day on September 10, 2004. The event included various speakers, distribution of the final Statewide Suicide Prevention Plan and presentation of the suicide prevention posters commissioned by the council. Both this event and the council's June 30, 2004 meeting received media coverage.

⁶ AS 44.29.350 states "The council shall serve in an advisory capacity to the legislature and the governor with respect to what actions can and should be taken to (1) improve health and wellness throughout the state by reducing suicide and its effects on individuals, families, and communities; (2) broaden the public's awareness of suicide and the risk factors related to suicide; (3) enhance suicide prevention services and programs throughout the state; (4) develop healthy communities through comprehensive, collaborative, community-based and faith-based approaches; (5) develop and implement a statewide suicide prevention plan; and (6) strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in the state".

⁷ Due to turnover in the coordinator position, the council did not appear before the legislature to present its 2004 annual report.

3. Providing technical assistance and support for activities related to suicide prevention. Other activities the council has been involved in include: certification of Careline;⁸ Division of Behavioral Health's Targeted Gatekeeper Training⁹ and training to help students, teachers and others recognize the signs of suicidal behavior and intervene appropriately.
4. Building and strengthening faith-based partnerships. The council has convened two clergy and clinician conferences, one in Wasilla and one in Fairbanks. The purpose of these events is to increase dialogue, collaboration and partnership between the faith-based and clinician-based approaches to suicide prevention.
5. Collaborating on planning activities with other related agencies. Recently, the council has begun collaborating on a comprehensive, integrated mental health plan with DHSS, the Alaska Mental Health Trust Authority, the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, the Alaska Commission on Aging and the Governor's Council on Disabilities and Special Education.

The extent to which the operation of the board, commission, or agency program has been impeded or enhanced by existing statutes, procedures, and practices that it has adopted, and any other matter, including budgetary, resource, and personnel matters.

There are a variety of issues that have had a negative impact on the operations of the council including:

1. Misspent funding. In FY 04, DHSS spent 19 percent of the council's funding on office furnishings for a departmental agency that has no direct operational relationship to suicide prevention (see Report Conclusions section of this report).
2. Inadequate communication of financial information to SSPC. In FY 04, activities of the council were limited by the lack of clear and consistent financial information from DHSS (see Report Conclusions section of this report).
3. Coordinator turnover, council seat vacancies and meeting absenteeism. The council's operations have been impeded by high turnover in the coordinator's position and by numerous and long-term vacancies in council seats.

In its relatively short existence, the council has had three coordinators. The first coordinator was hired directly by the council and served full-time from April 2002 to

⁸ Careline refers to Alaska's statewide toll-free crisis intervention and assistance hotline.

⁹ DBH has contracted for the development of a training curriculum specific to Alaska. Gatekeepers are individuals who have face-to-face contact with large numbers of people in their community. The council's role in the initiative is to review the curriculum developed and provide feedback.

June 2003. The second coordinator is an employee of DHSS and served as part-time staff from November 2003 to January 2004. The current coordinator is also an employee of DHSS who began her part-time service in February 2004.

On March 1, 2003 four of the 11 council seats the Office of the Governor is responsible for appointing were vacant and on March 1, 2004 four seats were again vacant. From council meeting minutes, it appears the Advisory Board on Alcoholism and Drug Abuse seat was vacant almost a year, the Alaska Mental Health Board seat was vacant one and a half years and the rural seat was vacant over one year. Reportedly these vacancies were due to delays in filling the positions, rather than lack of qualified applicants (see Recommendation No. 4).

Despite these challenges, the council has operated reasonably effectively over its three-year existence. SSPC did accomplish its primary operational objective – the development of the state’s suicide prevention plan.

Additionally, the council requested and received an appropriation from the 2002 legislature to conduct a suicide prevention follow-back study.¹⁰ The purpose of the follow-back study is to analyze retrospectively circumstances surrounding suicides, to develop profiles of victims and to identify potential interveners. To this end, the study includes reviewing records and interviewing individuals who had special relationships with the victims. The study benefits the public interest by gathering information that will be used to develop suicide prevention programs tailored to Alaskan needs. The study is expected to be completed the spring of 2005.

The extent to which the board, commission, or agency has recommended statutory changes that are generally of benefit to the public interest.

The council did not pursue statutory changes.

The extent to which the board, commission, or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service that it has provided.

In general, the council provides public notice of meetings and schedules public comment periods. The council holds four meetings per year, usually in Anchorage or Juneau.¹¹ Additionally, the public has the opportunity to contact the council through its website and offer feedback on the council’s effectiveness.

¹⁰ The funding consisted \$300,000 in general funds and a \$100,000 Mental Health Trust match.

¹¹ The council has also convened in Sitka and Kodiak.

While most council meetings are open to the public and, for the most part, provide periods for public comment, statutes require public notice of all meetings. We found no evidence that two of the 12 meetings were publicly noticed either through the state online public notice system or in the newspapers. Additionally, three meetings did not provide periods for public comment (see Recommendation No. 3).

The extent to which the board, commission, or agency has encouraged public participation in the making of its regulations and decisions.

Under AS 44.29.300, the council was tasked with developing and implementing a statewide suicide prevention plan. From the outset, the council's position has been that the plan is a collaborative effort between the state and the public. As such, the council has encouraged public involvement in a number of ways.

Before beginning work on the plan, the council sought input from service providers on what programs were needed. After the council drafted the first version, the plan was widely distributed¹² and made available on its website. The council received approximately 30 responses.

The final plan provides sample templates for four communities: a local church, a small Alaska Native village, the Alaska Mental Health Board and a residential school. Inclusion of templates in the final plan was in response to requests made by several members of the public at the council's June 2004 meeting.

The efficiency with which public inquiries or complaints regarding the activities of the board, commission, or agency filed with it, with the department to which a board or commission is administratively assigned, or with the office of victims' rights or the office of the ombudsman have been processed and resolved.

Nothing came to our attention in this area.

The extent to which a board or commission that regulates entry into an occupation or profession has presented qualified applicants to serve the public.

Since the Statewide Suicide Prevention Council does not regulate any occupations or professions, this criterion is not applicable.

¹² The draft plan was distributed to Alaska Native Tribal Health Consortium employees, Community-based Suicide Prevention Program grantees, drug and alcohol programs, community mental health centers, mayors and the State Library.

The extent to which state personnel practices, including affirmative action requirements, have been complied with by the board, commission, or agency to its own activities and the area of activity or interest.

Nothing in our review of the council indicated there were any complaints involving SSPC personnel practices.

The extent to which statutory, regulatory, budgeting, or other changes are necessary to enable the agency, board, or commission to better serve the interest of the public and to comply with the factors enumerated in AS 44.66.050.

As discussed in Report Conclusions, we recommend the council be continued. However, as reflected in Recommendation No. 1, we also suggest the council and DBH's CBSPP coordinator work together to ensure the community-based suicide prevention plans are consistent with the statewide suicide prevention plan.

As discussed in Recommendation No. 2, the department must improve its procedures for reporting financial information to the council. While not necessarily consistent with the legislation that established the council, DHSS has taken on a much larger role in the administration of SSPC. In such a role, with a council drawn in large part from the general citizenry, it is incumbent on the department to effectively communicate basic information to SSPC.

Failing that, we suggest the legislature consider making SSPC a separate appropriation item in DHSS, to limit the ability of the department's Finance and Management Services to legally reallocate and transfer funding between budgetary allocations and categories.

December 23, 2004

Ms. Pat Davidson
Legislative Auditor
Legislative Audit Division
P.O. Box 113300
Juneau, AK 99811-3300

Dear Ms. Davidson:

This letter is in response to your agency's November 15, 2004 Preliminary Report regarding a sunset review of the Statewide Suicide Prevention Council

Recommendation No. 4

The Office of the Governor should make appointments to the council in a timely manner.

The Office of the Governor concurs with this recommendation.

Sincerely,

Linda J. Perez
Administrative Director

cc: Jim Griffin, Audit Manager
Laraine Derr, Director Boards & Commissions

December 27, 2004

Pat Davidson
Legislative Auditor
Division of Legislative Audit
P.O. 113300
Juneau, AK 99811-3300

RE: Sunset Review Preliminary Audit
Department of Health & Social Services
Statewide Suicide Prevention Council

Dear Ms. Davidson:

Thank you for allowing my staff and me the opportunity to respond to your recommendations.

Recommendation No. 1

The Division of Behavioral Health (DBH) Community-based Suicide Prevention Program Coordinator should ensure prevention programs conform to the Statewide Suicide Prevention Plan.

The Department of Health and Social Services concurs with this recommendation. The Division of Behavioral Health (DBH) agrees that the community-based suicide grants should be consistent with the Statewide Suicide Prevention Plan. The Division will continue to work with successful grantees to ensure that the Statewide Plan and the local plans are aligned.

In addition, due to upcoming changes in staff, the Division of Behavioral Health will take the opportunity to reconstruct the Prevention and Early Intervention Section, specifically

Ms. Pat Davidson
Legislative Auditor
1/5/2005
Page 2 of 4

Community-based Suicide Prevention grants and activities. The Division also concurs that regular communication directly with the Statewide Suicide Prevention Council regarding community-based efforts and the links to the Statewide Plan will provide a more cohesive prevention system.

Recommendation No. 2

The Administrative Manager for DHSS Boards and Commissions and staff to the Statewide Suicide Prevention Council should develop a more formalized, informative system of reporting financial information to the council.

The DHSS in part disagrees with this conclusion. However, DHSS does acknowledge that during the time there was no Suicide Prevention Coordinator nor were there any personnel "acting" in that capacity, it was difficult for the Department to pass on information to the Council itself. Steps will be taken to remedy that situation when there is no SPC Coordinator or personnel "Acting" in place. The DHSS Administrative Manager will send financial information directly to Council President when there is no Coordinator or there is no personnel "Acting" in that capacity.

It should be noted that DHSS Administrative Manager did send monthly downloaded financial information as well as emailed financial information to staff (when requested) that were in "Acting" status. During conversations with the Legislative Auditor, the DHSS Administrative Manager informed the Auditor it was not possible to recreate the old monthly financial sheets as each time the download is performed it deletes the old information.

The DHSS does not believe that the Council was hindered by inadequate administrative support. The DHSS Administrative Manager supports five other Boards and Commissions in addition to other department staff. The DHSS Administrative Manager did ask the "Acting" coordinator monthly if she knew how the Council planned to expend its funds and made them aware of the balances. The "Acting" Coordinator always checked in with the Council and made the Administrative Manager aware of the Council's plans and these amounts were projected. It is the Council's decision on how to spend or not to spend funds. The DHSS fulfilled its obligations by informing on expenditure and unobligated balances monthly.

The DHSS did spend a portion of the funds on a department-wide project at the end of the fiscal year (June, 2004) when it was clear the Council was not going to spend these funds and that they would lapse. The Suicide Prevention Council was going to lapse over \$130,000. The department had costs associated with department-wide information technology integration. This integration related to the Suicide Prevention Council as the Information Technology group supports this council. It was a department decision to use some of the funds rather than have them lapse.

Recommendation No. 3

The Council should ensure it provides public notice of all council meetings.

The Department of Health and Social Services concurs with this recommendation. The Council should ensure that all meetings are publicly noticed and that the method is consistent and provides an opportunity for public comment. The Council should also post its meeting schedule on its website.

Recommendation No. 4

The Office of the Governor should make appointments to the council in a timely manner.

The Department of Health and Social Services concurs with this recommendation and will work closely with the Office of the Governor to ensure the Council is fully appointed and that appointments are made in a timely manner.

Report Conclusions

The Department of Health and Social Services does not agree with the conclusion that department hindered the efforts of the Council by providing inadequate financial information and diverting funds.

The facts are clear on the matter:

1. Monthly reports were routinely sent to the council coordinator and ad hoc information was provided upon request.
2. Funds were not spent on other activities until it was clear that the Council would not use their entire budget (in fact, the Council lapsed \$105,000 in FY04 as it was).
3. The acting Coordinator was mistaken in stating that the Director of Administrative Services instructed her not to spend further funds on Council operations. There is no evidence of this communication and the statement is not true or even credible.

The Department is concerned about the recommendation to extend the termination of the Suicide Prevention Council. The Department feels the Council should adopt specific outcome measures to reduce the suicide rate in Alaska. The Department believes the focus should be on implementing prevention efforts that work to reduce suicide and not solely on the existence of the Council. The Department has had a consistent message to consolidate or merge boards and council activity to become more efficient and believes that the continuation of the Council should be measured by the progress in reducing suicides in Alaska.

Ms. Pat Davidson
Legislative Auditor
1/5/2005
Page 4 of 4

In addition, the department is concerned that the work of the Council be aligned with other statewide efforts focusing on enhanced efficiencies, integration of clinical practices and consolidation of administrative functions. The department would like to recommend that the Council continue to be an active participant of the Alaska Mental Health Trust Authority facilitated Governor's Advisory Board on Alcoholism and Drug Abuse and Alaska Mental Health Board staff merger planning and implementation process, ensuring that the statewide infrastructure for suicide prevention and education is integrated throughout our community-based system of care, ultimately ensuring that suicide efforts are sustained and embedded within the system well beyond 2009.

The work of the Council should interface closely with community plans around prevention and the Council should remain actively engaged with the Trust and the four planning boards making sure that beneficiaries receive the services they need.

Sincerely,

Joel Gilbertson
Commissioner

December 21, 2004

Legislative Budget and Audit Committee
Division of Legislative Audit
P.O. Box 113300
Juneau, Alaska 99811-3300

Dear Ms. Davidson

RE: Response to the Preliminary Audit Report
Statewide Suicide Prevention Council

As Chair of the Statewide Suicide Prevention Council, I would like to express my appreciation for the role in which the audit plays in helping out council with direction and accountability. In general I found the audit to be supportive, accurate, and helpful.

The following will address the report's conclusions and recommendations:

Termination Date Extended:

I am very grateful for the audit's recommendation that the Statewide Suicide Prevention Council have an extended termination date from June 2005 to June 2009. Sustained efforts in reducing suicide in Alaska must be maintained if there is to be a reduction in the rate of suicide.

Funds:

I completely concur with the audit's findings in this matter. How is it that the legislature can budget a council with \$200,000 to carry out its work, and in the end, had limited knowledge and access to only \$34,700? Furthermore, when the acting coordinator - who was a state employee - inquired about funds and having access to the funds, she was sanctioned. I believe she was reprimanded for sending an email to Council members that the Commissioner thought contained erroneous information. Personally, I made several phone calls to the Commissioner and the Governor's office to resolve this issue. Eventually, I met with the Commissioner to advocate for the council and for the acting coordinator. After meeting with the Commissioner, a compromise was made allowing the acting coordinator to stay on the Council, but a new coordinator was immediately asked to step in. The new 2004 coordinator - also a state employee - has done an outstanding job. However, the whole experience left me disillusioned. Where was the council's money and why couldn't we have access to it? Why was it so difficult to have a current budget presented quarterly to the Council? As a volunteer appointed to the Council and a member of the general public who is unfamiliar with governmental financial procedure, I am dependent upon the coordinator to have full access and

knowledge of the Council's budget. However when the past acting coordinator did inquire, she was dealt with in a manner I found extreme and unjust. How ironic that this audit determined that \$31,700 went to furniture during this state fiscal year.

Recommendation No. 1:

The suggestion to have community based suicide prevention programs conform to the statewide suicide prevention plan makes good sense and will ensure that the work of the Council and the department is aligned. The plan was written for all communities within Alaska and is a living document that is meant to be updated with current research and data. As community based programs go through the DBH grant application process, their knowledge, feedback, and recommendations regarding the plan will be invaluable. The statewide suicide prevention plan is general enough that communities can conform to the plan, yet be very distinct within their own community. The plan was not written with a specific prescription for every community. Rather it provides guidelines, data and suggestions for a community to create their plan. Our hope is that the plan empowers communities to create a plan that is relevant, meaningful, and culturally appropriate.

Specifically, the Council can assist the DBH Community-based Suicide Prevention Program coordinator in creating the criteria in the grant application process, as well as in the grant review process. This would be done in accordance with the normal grant process.

Recommendation No. 2:

The solution for a more formalized, informative system of knowing the council's budget is excellent. Furthermore, the council would like to know all expenditures and a balance of our budget on a quarterly basis. Perhaps the DHSS Financial and Management Services (FMS) staff should have a time on the quarterly agenda to review the budget, personally reporting the Council's expenditures to date and fielding questions from the Council members. If not, the Council feels that it is necessary that the coordinator automatically receive monthly and quarterly reports from FMS; be able to inquire about expenses that don't make sense, or seem inappropriate, all without fear of reprisal.

If the council is indeed permitted to continue until June of 2009, perhaps a review of the FY05 - FY09 budgets to ensure an increased adjustment that will allow the Council to adequately perform its duties and activities including hiring a full-time coordinator, (if the decision is made to do so) would be appropriate.

Recommendation No.3:

The finding that two out of twelve meetings were not given adequate notice is so noted, and the council will make certain that such notices are given 100% of the time. The audit's suggestions for greater publicity and receiving public comment will be done by consistently publishing meetings in the local papers and on the SSPC website. Furthermore, as the four annual meeting dates are established (ideally, at the beginning of the calendar year) they will be published on the SSPC website.

Recommendation No. 4:

The recommendation to have the Office of the Governor make timely appointments to the council is very much appreciated. It was difficult to hold council meetings when a quorum was impossible due to unfilled appointments. Keeping the momentum of a functioning Council is crucial to make progress in suicide prevention.

Additionally, I would like to point out that the legislation that created the Council also requires four legislators to serve on the Council. Specifically, the legislation appoints the Senate President and the Speaker of the House, as well as a member from the House and the Senate. When the Council was initially created, all four legislators regularly attended. However, it has become clear with the legislator's busy schedule it is difficult for them to make the meetings. I would like to recommend a change in statute whereby either the President of the Senate or the Speaker of the House can appoint two members from the Senate and the House to serve on the council. By having consistent attendance from all Council members we will sustain a functioning Council.

In conclusion, it has been an honor to serve on the Council. This audit has helped, at least in part, to restore my faith in the checks and balances of government. It is my sincere hope that by working together we can reduce the tragedy of suicide in Alaska.

Please contact me if you need further information.

Sincerely,

Jeanine B. Sparks, Chair
Statewide Suicide Prevention Council
18931 Danny Drive
Eagle River, Alaska 99577

907-352-8237
907-694-6566

Alaska Suicide Prevention Plan

Statewide
Suicide
Prevention
Council





Statewide
Suicide
Prevention
Council

Dear Alaskans,

In October of 2001 the Alaska State Legislature helped to create the Statewide Suicide Prevention Council. This thoughtful group of fifteen has met quarterly with efforts to understand the complexities of suicide in Alaska. Through listening to experts in the field, examination of statistical data, as well as taking public testimony, the council provides annual reports to the legislature and recommendations to the Governor for suicide prevention.

Alaska has one of the highest rates of suicides, and with our many cultures and communities, there is not a "one-size-fits-all" approach to suicide prevention.

Furthermore, it is the council's conviction that prevention is up to all communities - whether the community is a small town, a religious community, a corporation, a school district, a city, or any group of people with a common goal or history. In other words, suicide prevention is up to each one of us. With this in mind, the council has written an Alaska Suicide Prevention Plan.

The Alaska Suicide Prevention Plan is meant to be educational and instrumental for individuals and communities to know more about the issue of suicide in Alaska, and to help guide them in creating a plan for their community. So often, the aftermath of completed suicides leave people and communities feeling helpless and overwhelmed. Hopefully, this plan will be a helpful document empowering communities in their response to suicide attempts and completion. This plan includes statistical data, goals, recommendations, and resources.

Finally, this plan is meant to be a working document. As we learn more through research and experience, this plan will need to be updated. Ultimately, our goal is to reduce the numbers of deaths by suicide in Alaska. Suicide prevention and appropriate intervention is everyone's responsibility. Please contact the council if we can be of assistance to you and your community.

Sincerely,

Jeanine Sparks, *Chair*
Alaska Suicide Prevention Council

Dedicated to:

All Alaskans – Who Have Been Touched by Suicide

Special Notes

This plan would not have been possible without the assistance from the many Alaskans who donated their time to share their wisdom, information and ideas about suicide awareness and prevention. The current members of the Statewide Suicide Prevention Council would like to express their gratitude by acknowledging the support and assistance the following individuals provided during the completion of this plan. Many thanks go to:

Merry Carlson	Chris Aquino
Julie Feero	Jay Livey
Agnes Sweetsir	Daniel Bill
Mike Irwin	Senator Rick Halford
Julie Kitka	Bishop Mark MacDonald
Carol Seppilu	Representative Brian Porter
Russ Webb	Ryan Hill
Kami Frenette	Kimberlee Vanderhoof
Jewelee Bell	Dr. Margaret West

Elder Interviewers:

Sophie Batt
Dorothy Brown
Patrick Frank
Helen Gregorio
Enid Lincoln
Etta Fournier
Judy Simeonoff

Elders:

Walter Austin	Rita Blumenstein
Ole Lake	Alice Petrivelli
Pete Abraham	Mary Bavilla
Andrew Franklin	May Nanalook
Ivan Field, Sr.	Ramona Field
Doreas Maupin	Kenneth Toovak
Hazel Snyder	Esther Murray
Eddie Smith	David Pierren
David Eluska	George Inga
Mary Peterson	Herman Squartsoff

Others interviewed who wished to remain anonymous.

All current and former Community-Based Suicide Prevention Program Coordinators for their on-going efforts to reduce self-destructive behavior and promote wellness in communities throughout Alaska.

And finally a special thanks to Jeanine Sparks and Susan Soule, their vision and diligent work completed this plan.

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The Alaska Suicide Prevention Plan

Reducing suicide in Alaska through education, advocacy, and collaboration with Alaska communities

The Vision

The Alaska Suicide Prevention Plan is based on the strong belief that everyone has a role to play in suicide prevention and that individuals and groups that address the physical, psychological, emotional and spiritual needs of individuals and communities in Alaska must work together if we are to be effective. It is our hope that Alaska Suicide Prevention Plan will provide a springboard for collaborative action; improved understanding; and increased wellness in communities across Alaska.

Toward that end, the plan is not a prescription, but rather a resource to be used by anyone or any entity concerned about preventing suicide and suicidal behavior.

The Goal

The goal of this plan is clear: reduce the incidence of suicide and non-lethal suicidal behavior in Alaska.

Suicide is not a disease or disorder. Rather it is a tragic ending in which a person dies as a result of an intentional self-inflicted act. Underlying suicide and suicidal behavior are complex painful feelings that have been termed "psychache", a mixture of hopelessness, depression, loneliness, burdensomeness, disconnection. There are many things that contribute to these feelings including biological, psychological, and social factors. There are also many possible strategies to prevent suicide. We can eliminate some of the causes of pain. We can help people develop the skills to avoid or cope with pain. We can encourage people in pain to seek help. We can learn to recognize people in pain and assist them in getting help. We can provide effective treatment to those in pain.

Scope of Problem

What is Suicide?

Suicide is the act of voluntarily and intentionally taking one's own life. Most often people who chose suicide are suffering from intense psychological pain from which they see no other way to escape. There is no one cause of suicide, no one cause of psychological pain, and thus no easy answer to the "why did he do it" question.

The diagram on page 15 illustrates the complexity of interrelated factors that can play a part in creating the pain. Inside the figure of the person are what we can call **Predisposing Factors**. These are things a person is born with, like temperament or genetic make-up, or born into, like family history or cultural group. These "givens" can make a person more or less vulnerable. For instance, some people are born with an easy going temperament. They can meet life's problems with a smile and keep on going. They are less vulnerable to psychological pain. Some people have an inherited tendency to develop depression. This makes them more vulnerable to extreme psychological pain. Some ethnic groups have a history that is full of trauma and cultural dislocation. Unresolved historical trauma appears to create vulnerability that is passed from generation to generation. Appendix VII includes a table that details Predisposing Factors in terms of what creates vulnerability or risk and what provides protection.

Inside the circle around the person are what we can call **Contributing Factors**. These factors exist in the various social environments in the community in which a person lives. They are also related to choices a person makes.

Executive Summary

A supportive community that provides both supports and limits (mentors and curfews for instance) is protective. It makes extreme psychological pain less likely. On the other hand, choosing to use drugs or drink alcohol to excess creates pain and contributes to risk.

A mental disorder, especially a mood disorder or a substance use disorder like alcohol abuse or alcoholism is a major contributing factor. It has been estimated that as many as 90% of those who die by suicide are suffering from a diagnosable mental disorder. The disorder causes extreme psychological pain.

Appendix VII includes a table that details risk and protective Contributing Factors.

Last are what we can term Precipitating Factors. These are events that in a vulnerable person serve as the last straw. Most often they are associated with a loss of some kind, a death, the end of a relationship, loss of status or self-esteem. Sometimes people see these as the cause of a suicide, but there is never one cause, just the last in a string of factors that have created pain and vulnerability from which there seems no other escape.

People who have a lot of protective factors (sometimes called assets) tend to be able to survive and bounce back from losses and other bumps in the road of life. We refer these people as resilient. Preventing suicide is related to building resiliency and competency and to treating mental disorders.

While the complexity of the factors that contribute to suicide can make suicide prevention seem very difficult, in fact the opposite is true. The contributing factors are also all entry points or paths to prevention. Further, they are all interrelated so that you don't have to address every factor. It has been shown that if you address one, for instance poor problem solving skills, you also impact others. Teach a person good problem solving skills and you are also likely to raise his self esteem, increase ability to make good choices and you will probably reduce misuse of substances. If we think of suicide prevention in this way, we can see the many elements that interact to increase or decrease risk and the ways in which each of us can get involved.

The Approach

The plan has thirteen specific goals. For each goal we explain why the goal is important, how it might be achieved, and what markers might be used to measure success. Then we ask "what does it look like in my community?" This is the heart of the plan. It is meant to stimulate community level discussion, planning and action. We have also included several appendices that offer guidelines and suggestions for ways to mobilize and energize communities. Note that community does not just refer to a place, but rather to any group that works together for a common purpose.

The "how" sections are not inclusive. We have listed some strategies but certainly not all. The "how" list is intended as a starting point. Each community, be it a village, a school, a church group, a survivor organization or a behavioral health agency, needs to determine the "how" that is right for its population, culture and capability. Staff at the Statewide Suicide Prevention Council and the State Division of Behavioral Health are available to assist.

The Alaska Suicide Prevention Plan focuses specifically on suicide prevention and intervention strategies. There are many critical issues relating to health and well being outside the scope of this plan, among them: advocacy for mental health parity; retention of providers with rural and Native experience; community wellness; economic development; and others. We encourage partnerships in these and other areas simultaneous with the more targeted strategies presented here.

ALASKA PREVENTION GOALS

Universal Prevention Goals

- Goal 1:** Alaskans understand that suicide is a preventable problem.
- Goal 2:** Suicide prevention has broad-based support.
- Goal 3:** Alaskans recognize that mental illness, substance use disorder and suicidality respond to specific treatments and are part of health care. Any stigma associated with these disorders will be eradicated.
- Goal 4:** Alaskans store firearms and other potential items of self-harm safely and insure that Alaskans, especially youth, are educated about their safe management.
- Goal 5:** Alaskan communities support the development of protective factors and resiliency across the entire life span.

Selective Prevention Goals

- Goal 6:** Alaskans recognize the warning signs for suicide risk and respond appropriately.
- Goal 7:** People who work in institutions and groups that serve or work with high risk populations are able to identify warning signs and respond appropriately.

Indicated Prevention Goals

- Goal 8:** Behavioral health programs to promote mental health and reduce substance abuse, and relevant social services are available and accessible to all Alaskans.
- Goal 9:** Alaskan Behavioral Health Programs treat suicidality effectively using appropriate current practice guidelines.
- Goal 10:** Alaskan Behavioral Health Programs include an appropriate on-going continuum of supportive services for suicidal individuals from identification through treatment.
- Goal 11:** Alaskan communities respond appropriately to suicide attempts and suicide completions.

Program Evaluation and Surveillance Goals

- Goal 12:** Alaska suicide prevention and intervention research is supported and on-going.
- Goal 13:** Alaska has a suicide surveillance system that provides data necessary for planning services, targeting interventions and evaluating progress.

Statewide Suicide Prevention Council

Tracy Barbee, *Alaska Mental Health Board*
NAMI Alaska

Noelle Hardt, *Statewide Youth Organization*
Boys and Girls Clubs of Southcentral Alaska

Bill Hogan, *Director, Member-at-Large*
Division of Behavioral Health

Kelsi Ivanoff, *Student*

Charles Jones, *Public*

Representative Mary Kapsner, *House Minority Leader*

Representative Pete Kott, *House Majority Leader*

Judith Lethin, *Chair-Elect*
Advisory Board on Alcoholism and Drug Abuse

Senator Georgianna Lincoln, *Senate Minority Leader*

William Martin, *Recorder/Treasurer*
Alaska Federation of Natives

Karen Perdue, *Public*

Susan Soule, *Division of Behavioral Health*

Jeanine Sparks, *Chair*
Secondary School Counselor

Senator Ben Stevens

Stan Tucker, *Pastor*

Kathy Craft, *Suicide Prevention Council Coordinator*

Frank H. Murkowski, Governor
State of Alaska

Joel Gilbertson, Commissioner
Department of Health and Social Services

ALASKA SUICIDE PREVENTION PLAN
Correction – 9/17/2004

STATEWIDE SUICIDE PREVENTION COUNCIL (PAGE 8)

Tracy Barbec, *Alaska Mental Health Board*
NAMI Alaska

Noelle Hardt, *Statewide Youth Organization*
Boys and Girls Clubs of Southcentral Alaska

Bill Hogan, *Director, Member-at-Large*
Division of Behavioral Health

Kelsi Ivanoff, *Student*

Charles Jones, *Public*

Representative Mary Kapsner

Representative Pete Kott, *Speaker of the House*

Judith Lethin, *Chair-Elect*
Advisory Board on Alcoholism and Drug Abuse

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Kathy Craft, *Suicide Prevention Council Coordinator*

Frank Murkowski, Governor
State of Alaska
Joel Gilbertson, Commissioner
Department of Health and Social Services

Reducing suicide in Alaska through education, advocacy, and collaboration with Alaska communities

The Vision

The Alaska Suicide Prevention Plan is based on the strong belief that everyone has a role to play in suicide prevention and that individuals and groups that address the physical, psychological, emotional and spiritual needs of individuals and communities in Alaska must work together if we are to be effective. It is our hope that the Alaska Suicide Prevention Plan will provide a springboard for collaborative action; improved understanding; and increased wellness in communities across Alaska.

Toward that end, the plan is not a prescription, but rather a resource to be used by anyone or any entity concerned about preventing suicide and suicidal behavior.

The Goal

The goal of this plan is clear: reduce the incidence of suicide and non-lethal suicidal behavior in Alaska.

Suicide is not a disease or disorder. Rather it is a tragic ending in which a person dies as a result of an intentional self-inflicted act. Underlying suicide and suicidal behavior are complex painful feelings that have been termed "psychache", a mixture of hopelessness, depression, loneliness, burdensomeness, disconnection. There are many things that contribute to these feelings including biological, psychological and social factors. There are also many possible strategies to prevent suicide. We can eliminate some of the causes of pain. We can help people develop the skills to avoid or cope with pain. We can encourage people in pain to seek help. We can learn to recognize people in pain and assist them in

getting help. We can provide effective treatment to those in pain.

The goal of reducing suicide and suicidal behavior is supported in The Department of Health and Social Services Comprehensive Integrated Mental Health Plan, *In Step*. The Healthy Alaskans 2010 publication published by the Department of Health and Social Services, Division of Public Health sets the following specific targeted reductions.

The Approach

The plan has thirteen specific goals. For each goal we explain why the goal is important, how it might be achieved, and what markers might be used to measure success. Then we ask "what does it look like in my community?" This is the heart of the plan. It is meant to stimulate community level discussion, planning and action. We have also included several appendices that offer guidelines and suggestions for ways to mobilize and energize communities. Note that community does not just refer to a place, but rather to any group that works together for a common purpose.

The "how" sections are not inclusive. We have listed some strategies but certainly not all. The "how" list is intended as a starting point. Each community, be it a village, a school, a church group, a survivor organization or a behavioral health agency, needs to determine the "how" that is right for its population, culture and capability. Staff at the Statewide Suicide

Prevention Council and the State Division of Behavioral Health are available to assist.

The Importance of Efforts Beyond Suicide-Specific Strategies

The Alaska Suicide Prevention Plan focuses specifically on suicide prevention and intervention strategies. There are many critical issues relating to health and well being outside the scope of this plan, among them: advocacy for mental health parity; retention of providers with rural and Native experience; community wellness; economic development; and others. We encourage partnerships in these and other areas simultaneous with the more targeted strategies presented here.

Next Steps

The next steps are up to you. Read through the plan. Think about the communities that you belong to. What is your community already doing to prevent suicide? Did

you read something in the plan and think "my community could do that!" The Appendices on how to use this plan and the templates are designed to assist you in developing your community or agency plan. Call the Statewide Suicide Prevention Council for sources of technical assistance if you want some help getting started.

This plan really only takes on value when it comes to life, when people and communities pick-up, get to work and make it their own.

For More Information

Visit the Statewide Suicide Prevention Council website at <http://www.hhs.state.ak.us/suicideprevention/> for updates and additional information regarding the Alaska Suicide Prevention Plan. Learn more about suicide in Alaska, Alaska resources, potential partnerships, ongoing activities, and the Statewide Suicide Prevention Council.

Indicator	Alaska Data Source	U.S. Baseline	Alaska Baseline	Alaska Target Year 2010
Reduce the suicide rate (suicide deaths per 100,000 population)	ABVS	10.6 (1999)	17.2 (1999)	11
Alaska Native	ABVS		32.6	11
Reduce the rate of suicide attempts among adolescents (percent of high school students grades 9-12 who attempted suicide requiring medical attention in the past 12 months)	YRBS	2.6% (1999)	2.7%	1%
Alaska Native	YRBS		4.7% (1999)	1%

The Alaska State Suicide Prevention plan uses a public health prevention model adopted by the National Institutes of Health (NIH), the Institute of Medicine (IOM), Washington State (the first state to develop a statewide suicide prevention plan), and certain other states. It includes a continuum of universal, selective, and indicated prevention approaches.

Universal prevention strategies target and benefit Alaskan communities by providing information and education to all its members. The goal is healthy communities. Selective prevention strategies target and benefit specific high-risk groups. Alaska's high-risk groups include youth and Alaska Natives, particularly young adult Alaska Native males. The goal is to prevent

suicidal behaviors in targeted groups. Indicated prevention strategies target and benefit high-risk individuals who show signs of suicide risk factors. The goal is to prevent further suicidal behaviors in high-risk individuals.

Program Evaluation and Surveillance measures the effectiveness of programs and strategies. Program evaluation increases our understanding of the effectiveness of our efforts. Surveillance systems track trends in rates; identify new problems; provide evidence to support programs; identify risk and protective factors; identify high risk populations for intervention; and assess the impact of prevention efforts.

Table 1. Features of universal, selective, and indicated strategies.

Strategy	Benefits	Features	Examples
Universal	Village Community Region State	<ul style="list-style-type: none"> • Aimed at the general public • Raises public awareness • Brief • Low per person cost 	<ul style="list-style-type: none"> • Regional and statewide suicide awareness education campaigns • School-based educational programs for youth and their parents
Selective	High-Risk Groups	<ul style="list-style-type: none"> • Aimed at specific vulnerable groups • Targets relevant risk and protective factors • Length sufficient to have desired outcome • Greater costs than universal interventions 	<ul style="list-style-type: none"> • Depression and suicide screening programs for youth • Gatekeeper training / peer programs • Counseling friends and peers after a local or media-covered youth suicide
Indicated	High-Risk Individuals	<ul style="list-style-type: none"> • Individual risk factors and deficits in protective factors are identified • Interventions specific to the individual's needs • Length sufficient to have desired outcome • Greater costs than universal and selective interventions 	<ul style="list-style-type: none"> • Depression, anger-management, and decision-making classes for small groups of vulnerable youth who have thought about or attempted suicide • Family support training • Crisis intervention