

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



ALASKA STATE
SUICIDE PREVENTION PLAN
2012-2017

**ANNUAL IMPLEMENTATION
REPORT
2016**

Statewide Suicide Prevention Council
Sharon Fishel, Chairperson ❖ Bill Walker, Governor

Statewide Suicide Prevention Council Members, 2016

Sharon Fishel, **Chairperson**

Sen. Anna MacKinnon

Sen. Berta Gardner

Rep. Geran Tarr

Rep. Benjamin Nageak

Kathryn Casello

Meghan Crow

Cynthia Erickson

William Martin

Barbara Franks

Alavini Lata

Alana Humphrey

Brenda Moore

Lowell Sage, Jr.

Randall Burns



Statewide Suicide Prevention Council Staff

J. Kate Burkhart, Executive Director

Eric Morrison, Council Assistant

Introduction

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

Casting the Net Upstream: Promoting Wellness to Prevent Suicide is a **call to action**. It acknowledges the most current research and understanding of the “web of causality” of suicide. Suicidal behavior results from a combination of genetic, developmental, environmental, physiological, psychological, social, and cultural factors operating in complex, and often unseen, ways. Specific strategies were identified to achieve the goals and objectives of the suicide prevention system. These strategies come from the **wisdom and experience of Alaskans**. They are based on the most current and credible data and research available. Individuals, communities, and the State of Alaska can act together to implement these strategies to prevent suicide.

Casting the Net Upstream is a uniquely Alaskan endeavor. It is aligned with the [National Strategy for Suicide Prevention](#) and the [American Indian and Alaska Native National Suicide Prevention Strategic Plan \(2011-2015\)](#). *Casting the Net Upstream* encourages Alaskans to think about preventing suicide by promoting physical, emotional, and mental wellness and strengthening personal and community resilience. This is the fifth annual implementation report of suicide prevention efforts toward the *Casting the Net Upstream* goals.

2016 Annual Report

In addition to the activities and efforts described in this implementation report, the Council engaged in the following activities in calendar year 2016:

- ✓ The Council held four public meetings: in person in Anchorage (January, 2016) and Fairbanks (October, 2016) and by video/teleconference in March, 2016 and June, 2016.
- ✓ The Council partnered with the Department of Education and Early Development to continue the competitive [Suicide Awareness, Prevention, and Postvention](#) [SAPP] grant program for school-based suicide prevention. Nine school districts were funded in 2016.
- ✓ The Council partnered with the Department of Education and Early Development to revise the online [eLearning](#) suicide prevention modules, creating a condensed, shorter module for educators, and to create eLearning modules that supported delivery of training required by the Alaska Safe Children's Act (2015).
- ✓ The Council partnered with the [Alaska Community Foundation](#) and Alaska Children's Trust to continue the GCI Suicide Prevention Grant Program. Nine grants were awarded in 2016, totaling \$100,000.
- ✓ The Council (staff and/or members, often with partner organizations) made educational presentations at the Alaska Federation of Natives Convention, School Counselors Association Conference, School Health and Wellness Initiative Conference, Alaska Statewide Special Education Conference, and others. Education/awareness booths and public outreach were provided at the Alaska Federation of Natives Convention and the University of Alaska Anchorage Suicide Prevention Week in 2016. The Council provided bracelets with the Careline number, Careline magnets, and thousands of Careline brochures for suicide prevention events sponsored by community coalitions, the Alaska State Troopers, the Rotary Club of Anchorage, and others.

Casting the Net Upstream Goals



Goal 1: Alaskans Accept Responsibility for Preventing Suicide



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



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



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



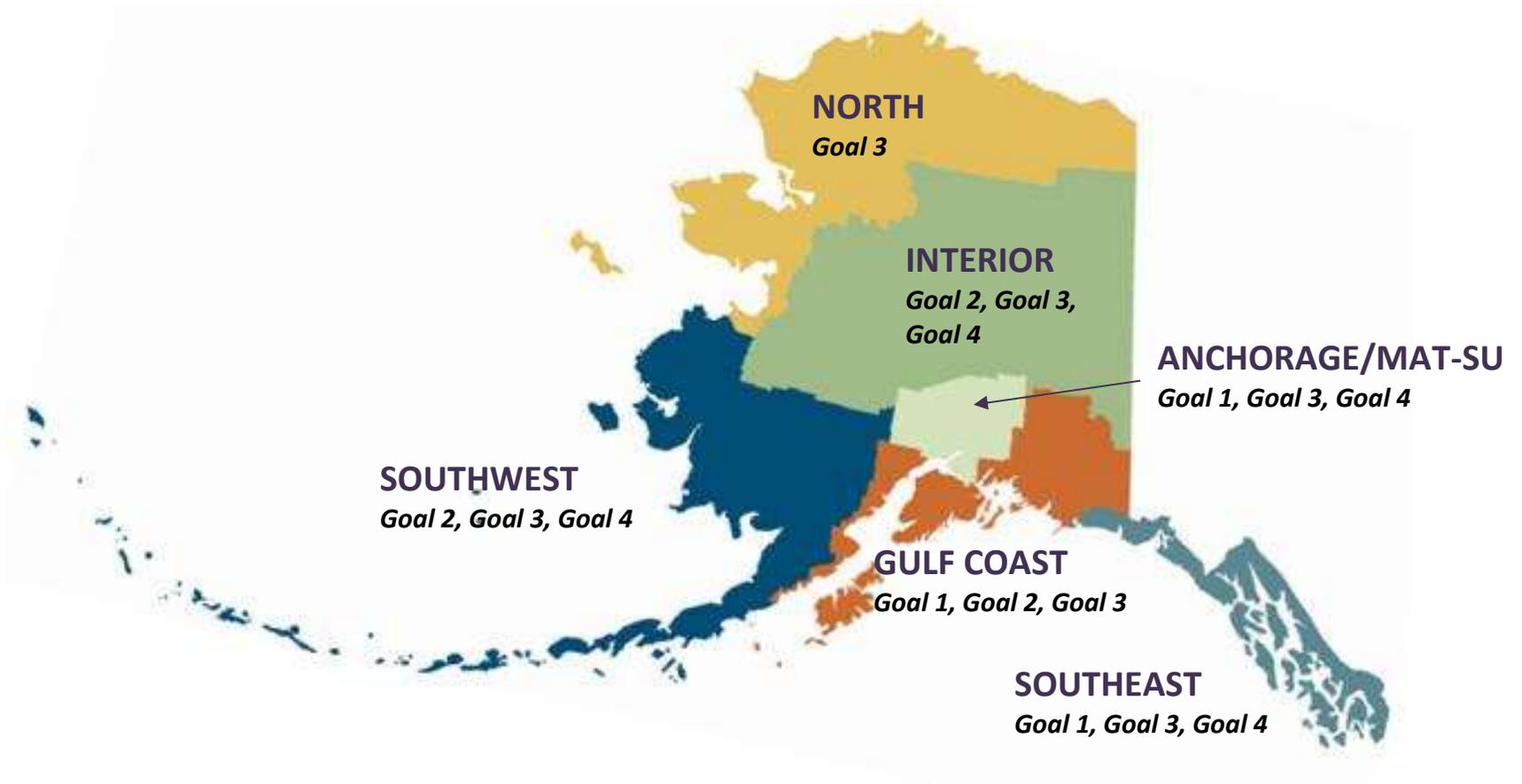
Goal 5: Alaskans Support Survivors in Healing



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

Regional Suicide Prevention Teams

When *Casting the Net Upstream* was released in 2012, the Council helped to create six regional suicide prevention teams: Northern, Interior, Southwestern, Anchorage/Mat-Su, Gulf Coast, and Southeastern. These teams are made up of key stakeholders and leaders in community suicide prevention efforts. Regional teams identified and work toward state suicide prevention goals most relevant to their regions through specific action plans developed at the 2012 Statewide Suicide Prevention Summit and refined at the 2014 “Tending the Net” Statewide Suicide Prevention Summit. As local community coalitions have gained strength, regional teams have become less active.



Suicide Rate and Number, 2015

Data from the Bureau of Vital Statistics shows that **200** Alaskans died by suicide in 2015, resulting in a statewide suicide rate of **27.1/100,000**.

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Rate	22.9	19.2	19.6	22.6	24.0	19.6	22.6	19.5	22.8	23.4	22.7	27.1
Number	154	127	132	149	167	140	163	141	167	171	167	200

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

Thirty-three more Alaskans died by suicide in 2015 than in 2014. [This corresponds with a national increase of 24% in suicide rates between 1999-2014, with significant increases among adults 45-64. The Centers for Disease Control and Prevention report that national suicide rates increased 2% per year from 2006 to 2014.](#) Alaska's rate remains more than double the national average (13.0/100,000 in 2014). The contributing factors to the increase in suicide deaths in Alaska, and nationally, is as complex as the "web of causality" that influences risk of suicide.

Summary of Suicide Prevention Activities

The number of community-based suicide prevention activities has grown steadily since 2010. This summary of projects and activities provides *a sample* of Alaska's evolving suicide prevention system.

Suicide Prevention Training

The Alaska Army National Guard continues to train every service member every year in "[Ask-Care-Escort \(ACE\)](#)," a suicide prevention training model derived from the evidence-based [Question-Persuade-Refer](#) model. First line leaders receive ACE-Suicide Intervention, a more intensive skills training, at least once in their career. Alaska Army National Guard gatekeepers (behavioral health, family support, and other personnel) receive Applied Suicide Intervention Skills Training (ASIST).

The Department of Education and Early Development (DEED) trained **4,992** Alaskans in FY2016 (compared to **3,079** in FY2015). All of these individuals were trained *via* the DEED [eLearning System](#). Of those receiving training in FY2016, the most

popular training was *Part A: Suicide Awareness*, which 2,456 people completed. The second most popular eLearning module was *Part B: Suicide Prevention*, which 998 people completed.

Alaska Project AWARE also supports [Youth Mental Health First Aid](#) training for adults working with young people. Youth Mental Health First Aid is a nationally recognized evidence-based training that equips participants to identify, engage, and assist someone experiencing a mental health challenge or crisis. Program coordinators set a goal of training 500 people in Youth Mental Health First Aid during the second year of the program. Between October 1, 2015 and September 30, 2016, **1,183** people have received Youth Mental Health First Aid training. Alaska Project AWARE exceeded its goal by 683 people. Training is available statewide. Contact Wendi Shackelford at the Alaska Training Cooperative (907.264.6224) for more information.

“This is the training I’ve been looking for! My little sister attempted suicide 2 years ago and I didn’t recognize the symptoms because they were different than the typical adult ones. Thank you for sharing this knowledge!”

– Youth Mental Health First Aid Training participant, 2016

“This course was excellent and should be required for mental health workers and educators in Alaska where the problem of suicide is predominant.”

– Youth Mental Health First Aid Training participant, 2016

Suicide Prevention Outreach

Governor Bill Walker formed a cabinet-level suicide prevention work group in 2016, chaired by Department of Health and Social Services Commissioner Valerie Davidson. In addition to DHSS, members of the workgroup included representatives from the departments of Education, Labor, Public Safety, Corrections, Military and Veterans Affairs, and boards and commissions such as the Statewide Suicide Prevention Council and the Council of Domestic Violence and Sexual Assault.

Inspired by other established prevention programs and materials, the work group developed a wallet card with three steps to take if one is worried someone might be at risk of self-harm. The group began distributing the cards to state employees and to the public in state offices in Fiscal Year 2017. The card identifies three steps that individuals can take to help intervene if someone is at risk of self-harm that form the acronym, **ASK**. They are:

- **A**sk if you're worried about someone's safety: "Are you thinking of suicide?"
- **S**hare that you care about the person.
- **K**eept the person company while you call Careline together.

During Suicide Prevention Awareness Month (September 2016), Governor Walker and Lt. Governor Mallott emailed all state employees encouraging them to learn more about suicide prevention, to take and share the ASK Card, and to get involved in suicide prevention. The Division of Behavioral Health developed a one-hour ASK prevention training for state employees that it began offering in September, 2016 in Juneau, Anchorage, and Fairbanks. The State of Alaska has added a link to [Careline](#) on state web pages. It also produced a public service message to run in public Department of Motor Vehicle offices.

The Statewide Suicide Prevention Council partnered with the Alaska Federation of Natives (AFN) on an outreach initiative at the 2016 AFN Convention in Fairbanks in response to a death by suicide at the previous year's convention in Anchorage. A planning team of Council members and staff, AFN officials, and tribal behavioral health professionals developed a five-tiered approach that included a Healing Ceremony, a Wellness Room, a convention resolution, an information booth, and a social media campaign.

Former Council Chairman and Tlingit Elder William Martin opened the 2016 AFN Convention with a speech on suicide prevention that focused on healing and wellness. Athabascan singer Travis Cole followed with a song written and performed in his native language about his friend that died by suicide. The Healing Ceremony concluded with a prayer by Council member and pastor Lowell Sage.



The Council partnered with Southcentral Foundation, Tanana Chiefs Conference, and Southeast Alaska Regional Health Consortium to host a Healing Room during the AFN Convention. It was staffed by clinicians and volunteers to help connect individuals with services if they were experiencing mental health emergencies or were at risk of self-harm. The group coordinated with the Fairbanks police and fire departments in the case of someone experiencing an acute emergency.

Council members and staff hosted an information booth at the AFN Convention and gave out hundreds of suicide prevention brochures, magnets, pens, and other resources. The Council commissioned 1,000 limited edition bandanas by Rampart High School student-artist Nataawnee Wiehl that included the Careline number and a message of healing and were distributed at the information booth. Prior to the convention, the Council worked with Northwest Strategies to develop a social media campaign that included images and videos that were distributed on various social media platforms throughout the convention. The main focus of the social media campaign was to drive traffic to www.stopsuicidealaska.org and highlight the Statewide Suicide Prevention Plan goals and strategies.



*Photo by Loren Holmes/Alaska Dispatch News
(From left to right) Council members Cynthia Erickson, Alavini Lata, Sen. Berta Gardner, Lowell Sage, Meghan Crow, and Robert Sanderson Jr., and Athabascan singer Travis Cole listen while Council member William Martin addresses the 2016 AFN Convention during a Healing Ceremony on Thursday, October 20, 2016.*

Community Suicide Prevention

The Anchorage Suicide Prevention Coalition continues to support suicide prevention efforts in Alaska's largest city. In 2016, the Anchorage Coalition attended numerous events to provide resources, including the Out of Darkness Walk in May, International Survivor of Loss Day in November, as well as supported numerous trainings across the community. The Juneau Suicide Prevention Coalition continues to support suicide prevention in the Juneau School District, including the Sources of Strength Program in all three high schools with plans of expanding it into middle schools. The Coalition also continues to support Signs of Suicide at all three high schools. The Juneau Coalition hosted a 2-day summit at the University of Alaska Southeast in June of 2016 that was well attended by students as well as the greater community.

[Drew's Foundation](#) in Bethel continues to promote suicide prevention awareness, youth development, and wellness. In 2016, Drew's Foundation partnered with Iditarod racers Mike Williams, Jr. and Pete Kaiser, and with Iron Dog racers and Donlin Gold, to promote suicide prevention and share materials during races. For the fifth year, Drew's Foundation sponsored and produced the "Place of Memory" at the Cama-I Dance Festival. The room is a safe place for people to talk and remember loved ones that have died by suicide. It also supports healthy youth activities and public awareness events, including the 6th annual Walk For Life and 5K Run and sponsoring two students to travel to California to attend a wrestling camp.

The Division of Behavioral Health (DBH) funded 19 comprehensive behavioral health prevention grantees in 2016. These grantees are all community coalitions focused on data-driven prevention activities:

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

Grantee coalitions are required to address behavioral health issues that contribute to the "web of causality" for suicide through strict adherence to the [Strategic Prevention Framework](#) prevention model from SAMHSA. Coalitions began with

assessment of community needs, readiness, and resources related to behavioral health prevention. Based on the results of those community assessments, the coalitions will implement at least one environmental strategy (community-level prevention activities) and collect, monitor, and report local data related to grant activities. Coalitions that had developed and/or implemented suicide prevention strategies under past DBH prevention grant programs – strategies which may or may not align with the new grant requirements – have sought funding from local and other organizations to maintain their efforts. The Statewide Suicide Prevention Council sponsored a Community Café event at the 2016 DBH Annual Grantee Meeting where Council members and staff interacted with and received feedback from grantees on the Strategic Prevention Framework process and the major issues facing each community. The Council will use the information gathered from the grantees and incorporate it into the revision of the Statewide Suicide Prevention Plan that will take place over the course of 2017.

Community coalitions, the Alaska chapter of the American Foundation for Suicide Prevention, and local organizations hosted suicide prevention awareness walks/runs across the state. The University of Alaska Anchorage hosted multiple events for Suicide Prevention Awareness Month (September). The theme of these suicide prevention activities was Community Connectedness.

The [Alaska Community Foundation](#) and the Alaska Children’s Trust funded 9 grantees in 2016 for the CI Suicide Prevention Grant Program, totaling \$100,000. Grants were awarded to:

- | | |
|--|--|
| AK Child & Family (\$12,500) | Native Village of Paimiut (\$15,000) |
| Alaska Native Tribal Health Consortium (\$5,000) | Native Village of Tununak (\$9,500) |
| Covenant House Alaska (\$15,000) | Perseverance Theatre, Inc. (\$5,000) |
| Juneau Youth Services (\$8,000) | Wellspring Revival Ministries (\$10,000) |
| Kenai Peninsula Borough School District (\$15,000) | |

The Alaska Forget Me Not Coalition’s focus is on statewide collaboration, community outreach and education, and strategic partnerships that result in the identification of gaps in services, enhancement of service delivery, minimization of duplication of programs and maximization of existing funding on behalf of Service Members, Veterans and Families (SMVF) living in Alaska. The organizational structure of the Forget Me Not Coalition includes alliances comprised of civilian and military service partners designated to help mitigate the negative effects associated with military service. Alliances that have been formed are: Behavioral Health/Health; Faith and Service; Finance/Employment and Transition; Legal; and Child and Youth. Coalition members provided suicide prevention training for 3,404 people in community organizations, active duty military, and law enforcement focused on supporting Service Members, Veterans and Families.

School-Based Suicide Prevention

FY2016 was the fourth year of the [Suicide Awareness, Prevention, and Postvention](#) [SAPP] grant program, implemented by the Department of Education and Early Development [DEED] in partnership with the Council. Nine school districts were funded to provide evidence-based suicide prevention in their high schools. All school districts receiving SAPP grants provide services to students at-risk of suicide. Seven of the school districts have received funding in the past. The Lower Yukon and Kenai Peninsula Borough School Districts are new grantees.

Bering Straits School District continues to see success in peer leadership model

“We continue to learn that we are making a difference in the lives of the students. They, in turn, are making a positive difference in their communities. We had a very successful Youth Leaders training. We feel it was probably the best.

The Youth Leaders Program is making a difference in the lives of people in our region. In a recent survey, 92% of youth reported to have intervened with at least three people. The most common problems encountered by Youth Leaders were sadness, depression, schoolwork and bullying. This program is making our communities stronger by providing protective factors that reduce suicide that increases overall wellness in our villages.”

The Juneau, Anchorage and Mat-Su Borough School Districts are implementing suicide prevention programs in alternative schools. The Petersburg School District is partnering with a local behavioral health provider to expand students’ access to mental health services. The Lower Yukon and Bering Straits School Districts base their suicide prevention efforts on peer leadership and support.

DEED’s [Safe, Supportive, and Successful Schools Initiative](#) is supported by the Positive Behavioral Interventions and Supports, School Safety and Health, Youth Risk Behavior Survey, Suicide Awareness and Prevention, and eLearning efforts, among others. This comprehensive approach furthers the objectives of Alaska’s youth suicide prevention efforts and the goals of *Casting the Net Upstream*. DEED, with the support of a grant from the Department of Health and Social Services, continued the [Promoting Health Alternative Schools and Community Partnerships Initiative](#) in 2016.

The [You Are Not Alone](#) youth QPR training and support program, founded by former Council member Kathryn Casello and supported by the DBH and DEED, provided fewer trainings in 2016 due to reduced funding. Even so, You Are Not Alone supported more than a dozen events and trainings across the state in 2016.

Increasing Access to Prevention, Treatment, and Recovery Services

With a grant from SAMHSA, DEED has funded mental health professionals in the Anchorage, Mat-Su Borough, and Kenai Peninsula Borough school districts through Project AWARE. These counselors provide immediate access to mental health assessment, services, and referrals for students at risk. School-based mental health professionals funded by Alaska Project AWARE made almost **7,000** student contacts during the second year of the program, providing direct student services at schools in a variety of settings (individual, small group, large group, classroom, family, etc.).

Project AWARE includes the specific objective of increasing the number of students referred to and accessing community behavioral health services by 25%. In other communities, long-standing collaborations help meet the behavioral health prevention, treatment, and recovery needs of students. [Family Centered Services](#) in Fairbanks and [Juneau Youth Services](#) partner with local school districts to offer mental health and substance abuse screening and treatment services to students at risk of suicide or severe emotional disturbances (these projects are supported by grants from the DEED SAPP program and DBH).

Alaska Native Tribal Health Consortium funds a Rural Aftercare Coordinator at Alaska Psychiatric Institute. This coordinator supports patients admitted from rural Alaska connect with treatment and support services in their home community after discharge. This culturally relevant form of discharge and transition support is designed to increase the likelihood of success in the home community and reduce the need for repeat acute hospitalizations.

In Fiscal Year 2016, 42,123 Medicaid recipients received behavioral health services in Alaska.¹ The majority of treatment services for acute mental health and substance use disorders were provided to Medicaid recipients by community behavioral health centers, inpatient and residential treatment centers, and outpatient hospitals. Primary care providers also served many Medicaid recipients with mental health and substance use disorders.

Supporting Survivors

Bereavement support groups and suicide survivors' groups are available in Alaska. The Mat-Su Coalition for Suicide Prevention host survivors support groups twice a month. Fairbanks Memorial Hospital's Hospice Program hosts two support groups each month.

¹ Service utilization data is from Medicaid claims information downloaded and analyzed September 2-4, 2016. The data includes behavioral health claims with a service date in FY16 where the payment date was in FY16 or by the date that the claims data were downloaded.

Data and Research Development

The [Arctic Resource Center for Suicide Prevention](#) (ARCSP) was founded in 2013 by a group of survivors of a loss to suicide and survivors of attempted suicide in Fairbanks. It is a resource center and a catalyst for research on suicide in the Arctic. In 2015, the ARCSP partnered with an ecumenical group of clergy leaders to begin developing a faith-based suicide prevention. The curriculum was delivered at the Alaska Bible College in Palmer in January, 2016. For more information about the ARCSP, call Dr. James Wisland at (907) 750-5605.

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

The 2015 BRFSS data (released in 2016) on ACEs in Alaska showed that 65% of Alaskan adults surveyed had experienced at least one ACEs, and 21% had experienced four or more ACEs. Alaskans reporting four or more ACEs were far more likely to report "fair to poor" physical health, and were more likely to report "frequent mental distress" and higher numbers of days of poor mental health each month. A complete overview of the data and analysis is available [online](#). For more information about the ACEs question module, contact Patrick Sidmore, Health Systems Planner II, Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse at (907) 465-8920.

Note About the Implementation Report

This report highlights key strategies where progress was achieved in 2016. In response to constituent input, an appendix has been added with a scorecard of all the *Casting the Net Upstream* performance measures. For information about a specific project, or to share another suicide prevention program with the Council and its partners, contact Eric Morrison at (907) 465-6518.

Goal 1: Alaskans Accept Responsibility for Preventing Suicide

Strategy 1.3 ~ Alaskan youth seek out healthy and appropriate relationships with role models in their community

- Indicator:** 1.3.a Traditional high school students participating in organized after-school activities 2 or more days a week: 54.9% (YRBS, 2015²) — *compare to 44% in 2011*
- 1.3.b. Alternative high school students participating in organized after-school activities 2 or more days a week: 35.9% (YRBS, 2015) — *compare to 35.1% in 2011*



(From left to right) Governor Bill Walker, student artist Nataawnee Wiehl from Rampart, and Council member Cynthia Erickson at 2016 AFN Convention.

Children and youth who are engaged in extracurricular and after-school activities have the opportunity to build and strengthen the developmental assets needed for healthy development. Caring and appropriate relationships with adults outside of a young person's family have significant influence on that youth's development and resilience. When young people engage in sports programs, music programs, church activities, scouting, or community programs like Big Brothers Big Sisters, they connect with strong role models and build a sense of connectedness with their community.

[Boys and Girls Clubs of Alaska](#) offered homework help, sports, nutrition, arts, and leadership programs to 2,975 young people each day in 32 communities, most of which were in rural Alaska. The [Juneau After School Coalition](#), established in 2009, is an example of a community coalition that provides critical afterschool programs like the volunteer supported [BAM! \(Body & Mind\) After School](#) program to engage middle-schoolers in positive, healthy activities.

² The [Youth Risk Behavior Survey](#) [YRBS] is part of a national epidemiological surveillance system established by the Centers for Disease Control and Prevention.

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

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

Indicators: 2.2.a. Number of calls to Careline annually: 15,323 — *compare to 13,558 in 2015*



Careline is Alaska's nationally accredited statewide suicide prevention and crisis call line. While Careline activity, including incoming and outgoing calls and texts, was relatively stable from 2012 through the second quarter of 2014. Contacts since then have more than doubled. More Alaskans are reaching out for help, due in large part to coordinated and consistent media and outreach efforts statewide. Careline strives to keep up with this demand, but the number calls transferred to the [National Suicide Prevention Lifeline](#) network is increasing.

Careline received 15,323 calls – including hang ups and wrong numbers – in 2016, a 13% increase in the number of calls compared to 2015. Of these, 13,851 were answered by trained staff in Fairbanks. The remainder were transferred to the National Suicide Prevention Lifeline because Careline staff were already responding to a call.

Careline tracks the nature of the calls received (domestic violence, parenting, suicide, loneliness, etc.), and reports that the vast majority of callers disclose a mental health and/or substance use disorder. Careline also conducts follow-up calls to monitor the safety of callers and gauge the outcome (reduced risk, acceptance of follow-up, engagement in services, etc.) of the interventions and information provided. A person does not have to be in immediate crisis to call Careline. Careline is a resource for anyone needing someone to talk to or resources during a difficult time.

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

Indicator: 2.3.a. Number of suicides among Alaska veterans: 33 (BVS, 2015) (compare to 11 in 2014)

The Bureau of Vital Statistics collects data on veteran status on death certificates. Of deaths by suicide of Alaska residents occurring within Alaska in 2015, 33 were confirmed veterans (16.5% of the total of 200 deaths by suicide). While the figure is three times higher than in 2014, the 2015 figure is similar to the number of veteran deaths reported by the Bureau of Vital Statistics in 2013, when 30 veterans were confirmed to have died by suicide.

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

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

Indicator: 3.2.a. Number of Alaskans trained in suicide prevention/intervention: at least 15,202 — *compare to est. 8,714 adults and youth in 2015*

Many state, tribal, and community organizations provided suicide prevention trainings in 2016 – more than tripling the number of Alaskans trained in 2014 (est. 5,010 adults and youth). The vast majority of those trainings relied on an evidence-based training curriculum. Numerous organizations contributed to the training efforts, including the American Foundation for Suicide Prevention-Alaska Chapter, the Alaska Training Cooperative, Alaska Native Tribal Health Consortium, the Division of Behavioral Health, the Department of Education and Early Development, U.S. Department of Veteran Affairs, and NorthStar Behavioral Health.

Evidence-Based Suicide Prevention and Intervention Trainings, 2016 Sample

Training	Number Trained
Talk Saves Lives	1,000+ adults & youth
Youth Mental Health First Aid	1,183 adults
QPR/Gatekeeper	8,027 adults & youth
e-Learning	4,992 adults

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

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

In 2012, the Alaska Legislature passed a bill that required teachers and certain other school employees (counselors, etc.) in grades 7-12 to have two hours of suicide awareness and prevention training each year. DEED, in partnership with the Council, developed an e-Learning module that complies with those statutory requirements. The 2012 legislation was due to sunset in 2016. However, in 2015, the [Alaska Safe Children's Act](#) was enacted. The Alaska Safe Children's Act removed the sunset; provided for domestic violence, sexual assault, and dating violence education for students; and required the above trainings plus suicide prevention for staff.

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

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

Indicator: 4.1.a. Number of calls to Careline annually: 15,323 — *compare to 13,558 in 2015*

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

Goal 5: Alaskans Support Survivors in Healing

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

Indicator (revised): 5.2.a. Number of Alaskans trained in postvention: 140 (2016) — *compare to 132 in 2015*

The Division of Behavioral Health has promoted the best practice [Connect Training](#), designed by NAMI-New Hampshire, since 2012. CONNECT is a customizable model of suicide prevention and postvention training. In 2016, 140 individuals were trained in two communities in the CONNECT model, compared to 132 individuals in four communities in 2015. The [Helping Our](#)

[Communities Heal Postvention Resource Guide](#), developed by the Council and Division of Behavioral Health in consultation with a stakeholder advisory group is available on StopSuicideAlaska.org.

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

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

Indicator: 6.1.a. Data sources available on StopSuicideAlaska.org: 4 (2016) — compare to 3 in 2011

Efforts to improve use of statewide suicide data in policymaking continued to make progress in 2016. The Alaska Divisions of Public Health and Behavioral Health furthered its partnership to improve communication and use of real time suicide data. A Suicide Fatality Review Team was established in 2015 by the divisions and the Medical Examiner's office to consistently monitor suicide deaths and identify trends in order to deploy more immediate support to communities and individuals. The Suicide Fatality Review Team adheres to epidemiological standards and practice. Data from these reviews will be integrated into periodic reviews of suicide surveillance data, to support and guide community-based suicide prevention efforts and resources.

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

Conclusion

The Council is grateful for the work of individuals, communities, and the State of Alaska in furthering the goals and strategies of *Casting the Net Upstream*. While there has been a tremendous amount of progress since *Casting the Net Upstream* was first published, including large increases in the number of suicide prevention trainings and calls to Careline, it is vital that Alaskans accept responsibility for preventing suicide. There is still a great deal of work ahead for all Alaskans, and the Council is encouraged by the progress made since 2012 and will continue to work toward further progress in the final year of this version of the statewide suicide prevention plan.

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

The *Casting the Net Upstream Annual Implementation Report, 2016* is exclusively web-published, at a savings of more than \$5.50 per color copy. It is available online at:

www.StopSuicideAlaska.org

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



Sharon Fishel, Chairperson
Bill Walker, Governor of Alaska
Valerie Davidson, Commissioner of Health and Social Services
431 North Franklin Street, Suite 204
Juneau, Alaska 99801
(907) 465-6518