

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

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

**ANNUAL IMPLEMENTATION
REPORT
2015**

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

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 third annual implementation report of suicide prevention efforts toward the *Casting the Net Upstream* goals.

Statewide Suicide Prevention Council Members, 2015

William Martin, **Chairman**

Sen. Anna MacKinnon

Sen. Berta Gardner

Rep. Geran Tarr

Rep. Benjamin Nageak

Kathryn Casello

Meghan Crow

Cynthia Erickson

Sharon Fishel

Barbara Franks

Alavini Lata

Alana Humphrey

Brenda Moore-Beyers

Lowell Sage, Jr.

Albert Wall



Statewide Suicide Prevention Council Staff

J. Kate Burkhart, Executive Director

Eric Morrison, Council Assistant

2015 Annual Report

In addition to the activities and efforts described in this implementation report, the Council engaged in the following activities in 2015:

- ✓ The Council held four public meetings: in person on Prince of Wales Island (May, 2015) and in Fairbanks (September, 2015) and by teleconference in January, 2015 and July, 2015.
- ✓ 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. Ten school districts were funded in 2015.
- ✓ The Council partnered with the Department of Education and Early Development to create a third online eLearning module, "Responding to Suicide: Postvention Guidelines." This module was approved for continuing education credits for social workers and nurses. The Council purchased 500 public seats to provide these practitioners with access to the eLearning system.
- ✓ The Council partnered with the [Alaska Community Foundation](#) and Alaska Children's Trust to continue the Teen Suicide Prevention Grant Program. Twelve grants were awarded in 2015, totaling \$54,699.
- ✓ 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, Garrett Lee Smith Grantee Conference, Alaska Statewide Special Education Conference, and Statewide Independent Living Council. Education/awareness booths and public outreach were provided at the Alaska Federation of Natives Convention and the University of Alaska Anchorage Suicide Prevention Week in 2015. 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



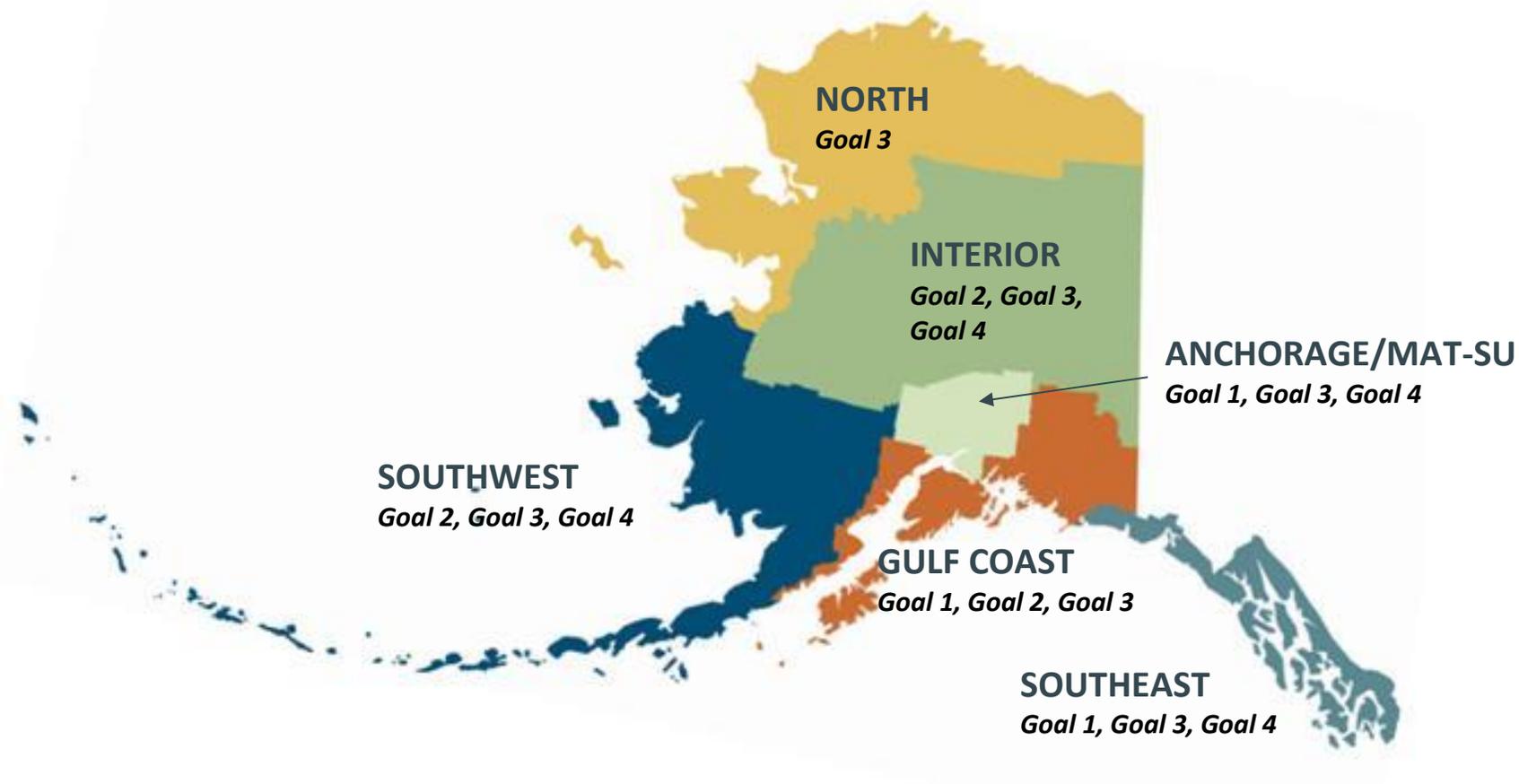
Goal 5: Alaskans Support Survivors in Healing



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 the 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. Regional teams also help coordinate efforts and support communication statewide.



Suicide Rate and Number, 2014

Data from the Bureau of Vital Statistics shows that **167** Alaskans died by suicide in 2014, resulting in a statewide suicide rate of **22.7/100,000**.

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Rate	20.2	22.9	19.2	19.6	22.6	24.0	19.6	22.6	19.5	22.8	23.4	22.7
Number	123	154	127	132	149	167	140	163	141	167	171	167

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

Summary of Suicide Prevention Activities

The number of community-based suicide prevention activities has 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 trains 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 \(ASIST\)](#).

Alaska school districts offer suicide prevention trainings to educators and staff in order to meet the requirements of the law passed in 2012. DEED reports that school districts offered training in [safeTALK](#), [Applied Suicide Intervention Skills Training \(ASIST\)](#), and [Gatekeeper QPR](#), as well as web-based training from the [eLearning System](#). The Department of Education and Early Development (DEED) trained **3,079** Alaskans via the eLearning System in FY2015 (18% more than in FY2014 and more than double the number trained in FY2013). Of those receiving training in FY2015, 2,120 completed the Suicide Prevention Part 1 eLearning Module and 959 Alaskans completed the Suicide Prevention Part 2 eLearning Module.



Ask your buddy

- Have the courage to ask the question, but stay calm
- Ask the question directly: Are you thinking of killing yourself?

Care for your buddy

- Calmly control the situation; do not use force; be safe
- Actively listen to show understanding and produce relief
- Remove any means that could be used for self-injury

Escort your buddy

- Never leave your buddy alone
- Escort to chain of command, Chaplain, behavioral health professional, or primary care provider
- Call the National Suicide Prevention Lifeline

TA - 095 - 0510

National Suicide Prevention Lifeline:
1-800-273-8255 (TALK) PRESS *1* for the Veteran's Crisis Line

USAPHC <http://phc.amedd.army.mil/>



U.S. Army ACE Card

With a multi-year federal grant received from the Substance Abuse and Mental Health Services Administration (SAMHSA), DEED has implemented Project AWARE, which focuses on student mental health and wellness. Project AWARE 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. Since April 1, 2015, more than 900 people have received Youth Mental Health First Aid training.

“I was so grateful for the tools. Especially the [listening]. . . Everything in me wanted to FIX this because she was so distressed, but I just listened until she had exhausted everything within her. Knowing what to do kept me calm. . . pointing out that she had had the strength to resist the unhealthy choices she wanted to make (self-medicating with illegal drugs) but had instead gone to the church seeking help from known safe adults (using her resources wisely). We discussed the resources she had at her disposal and the coping strategies she had learned and created a plan for follow-up. I asked for permission to be one of the resources and to stay engaged on a weekly basis and she indicated a desire to spend one afternoon a week together. . . Without the recent MHFA training, I think I would have inserted myself too much into the process which would have cut short her need to dialog about her turmoil and would have robbed her of ownership of her solutions.”

– Youth Mental Health First Aid Training participant, 2015

Community Suicide Prevention

The Juneau Suicide Prevention Coalition continues to support suicide prevention in the Juneau School District and wider community. The Juneau Coalition partners with the school district and the Juneau Community Foundation to offer [Sources of Strength](#), an evidence-based peer leadership and resiliency building model, in the three local high schools and one of the middle schools. Students, supported and trained by adult mentors, are encouraged to use positive messaging to promote better health behaviors and prevent suicide. In 2015, the Juneau Coalition hosted a summit to educate nearly 200 community members about and develop responses to the link between childhood trauma and suicide.

[Drew’s Foundation](#) in Bethel continues to promote suicide prevention awareness, youth development, and wellness. Drew’s Foundation partners with local sled dog and snowmachine racers to share suicide prevention messages. It also supports



Council member Meghan Crow participates in the Bethel Walk for Life, 2015 (photo courtesy of Drew’s Foundation)

healthy youth activities and public awareness events. Drew’s Foundation received the Calista Community Service Award in 2015.

The Division of Behavioral Health (DBH) funded 19 comprehensive behavioral health prevention grantees in 2015. 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 the Substance Abuse and Mental Health Services Administration (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.

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 four events for Suicide Prevention Awareness Month (September). Council members Barbara Franks and Kathryn Casello assisted University staff and students to host “Who Has Helped You” activities to help people identify supportive relationships in their lives, as well as health promotion and education booths at the Student Union. The theme of these suicide prevention activities was Community Connectedness.

The Alaska Community Foundation and the Alaska Children’s Trust funded 12 grantees in 2015 for the Teen Suicide Prevention Grant Program, totaling \$54,699. Grants were awarded to:

Camp Fire USA Alaska Council in Anchorage
Native Village of White Mountain
Native Village of Shaktoolik IRA Council
Huslia Tribal Council
Alaska Native Tribal Health Consortium
North Star Community Foundation

Arctic Resource Center for Suicide Prevention
Juneau Youth Services
Native Village of Elim
Native Village of Eyak
Mat-Su Resource Conservation & Development
Brave Heart Volunteers

School-Based Suicide Prevention

FY2015 was the third year of the [Suicide Awareness, Prevention, and Postvention](#) [SAPP] grant program, implemented by DEED in partnership with the Council. Ten school districts were funded to implement evidence-based suicide prevention in their high schools. All school districts receiving SAPP grants provide services to students at-risk of suicide. The North Slope Borough, Fairbanks, Juneau, Anchorage and Mat-Su Borough school districts implemented suicide prevention programs in alternative schools. The Haines and Petersburg school districts partnered with community behavioral health centers to expand students’ access to mental health services. The Northwest Arctic Borough and Bering Straits school districts continued peer leadership programs as the basis of their suicide prevention programs. The Lower Yukon Kuskokwim School District focused on training community liaisons and providing supports to at-risk students.

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, also continued the [Promoting Health Alternative Schools and Community Partnerships Initiative](#) in 2015.

[You Are Not Alone](#) is a youth suicide prevention training program based on the evidence-based Question-Persuade-Refer training model. You Are Not Alone was founded by Council member Kathryn Casello in 2013 and is supported by DBH and DEED, conducted trainings in schools across Alaska. You Are Not Alone events and trainings were held in 18 communities statewide in 2015, reaching 1,296 students.

Mat-Su Borough School District, Valley Pathways and Burchell High Schools

In FY15 there were a high number of students at risk for suicide. This was demonstrated in the number of suicide interventions completed at both alternative schools, which resulted in numerous referrals to the ER, hospital admissions and/or direct admits for inpatient care.

This year both alternative schools had consistent on-site crisis counseling support from Wasilla Behavioral Health. This had a very positive impact on helping the high number of students at risk for suicide. We feel confident the lives were saved due to the crisis intervention provided from the SAPP grant.

Increasing Access to Prevention, Treatment, and Recovery Services

With a grant from the Substance Abuse and Mental Health Services Administration, 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. 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. [Petersburg Mental Health Services, Inc.](#), [Juneau Youth Services](#), [South Peninsula Behavioral Health](#), [Family Centered Services of Alaska](#), [Providence Kodiak Island Counseling Center](#), and other behavioral health providers 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.

Alaska Native Tribal Health Consortium funds a Rural Aftercare Coordinator at Alaska Psychiatric Institute to support patients from rural communities admitted for suicidality to access 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.

The Division of Behavioral Health reported that 23,950 Alaskans received community behavioral health services (mental health and substance abuse treatment) in FY2015. Residential psychiatric treatment centers served 461 youth in FY2015. Psychiatric emergency services were provided to 1,955 patients in local hospital mental health units and 1,559 patients were admitted to Alaska Psychiatric Institute in FY2015 (these are not unduplicated counts, as some patients could receive services locally and at API in the same year).

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. Southcentral Foundation's Denaa Yeets' offers a [weekly grief support group](#) in Anchorage for people who have experienced a loss to suicide.

The [Arctic Resource Center for Suicide Prevention](#) (ARCSP) was founded in 2013 by a group of survivors of a loss to suicide and survivors of attempted suicide in Fairbanks. The ARCSP's mission is "serving protectors and empowering survivors." It is a resource center and a catalyst for research on suicide in the Arctic. In 2015, the ARCSP partnered with an ecumenical group of clergy leaders to begin developing a faith-based suicide prevention curriculum for preaching ministers and a class to be held in January 2016. For more information about the ARCSP, call Dr. James Wisland at (907) 750-5605.

Data and Research Development

The [Alaska Mental Health Board](#) and [Advisory Board on Alcoholism and Drug Abuse](#) provide analysis and reporting on the results of the [Adverse Childhood Experiences](#) (ACE) questions asked in Alaska's annual [Behavioral Risk factor Surveillance System](#) (BRFSS) survey. The BRFSS is an annual survey of adults conducted in every state. It is administered by the Division of Public Health in Alaska and is an invaluable source of information about the health behaviors and quality of life of Alaskans. The survey included ACE questions for the first time in 2013, collecting data about Alaskans' experiencing adverse childhood events such as the death of a parent, child abuse and neglect, childhood sexual abuse, parental substance abuse, and other traumatic experiences. This data will 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 [2014 BRFSS data](#) on ACEs in Alaska showed that 66% of Alaskan adults surveyed had



experienced at least one ACE, and 19% 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 ACE question module, contact Patrick Sidmore, Health Systems Planner II, Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse at (907) 465-8920.

Note About the Implementation Report

This report highlights key strategies where progress was achieved in 2015. 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, 2015) — *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*

Children and youth who are engaged in extracurricular and after-school activities have the opportunity to build and strengthen the developmental assets needed for health development. Caring and appropriate relationships with adults outside of the 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](#) offer homework help, sports, nutrition, arts, and leadership programs to 2,975 young people each day in 32 communities, most rural Alaskan communities. The [Juneau After School Coalition](#) was established in 2009. This community organization provides critical afterschool programs like the volunteer-supported [BAM! \(Body & Mind\) After School](#) program that engages middle-schoolers in positive, healthy activities.



Cooking Club at Boys & Girls Club of Fairbanks

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: 13,558 — *compare to 10,270 in 2014*

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 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 13,558 calls – including hang ups and wrong numbers – in 2015. Of these, 92% were answered by trained staff in Fairbanks. The remained were transferred to the National Suicide Prevention Lifeline because Careline staff was 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.

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: 11 (BVS, 2014) (compare to 30 in 2013)

The Bureau of Vital Statistics collects data on veteran status on death certificates. Of deaths by suicide of Alaska residents occurring within Alaska in 2014, 11 were confirmed veterans (6.5% of the total of 167 deaths by suicide). This is a significant improvement in the number and rate of veteran deaths reported by the Bureau of Vital Statistics.

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 8,714 — *compare to est. 5,010 adults and youth in 2014*

Many state, tribal, and community organizations provided suicide prevention trainings in 2015 – reaching an estimated 73% more Alaskans than the year before. The vast majority of those trainings relied on an evidence-based training curriculum.

Evidence-Based Suicide Prevention and Intervention Trainings, 2015 Sample

Agency	Training	Number Trained
Alaska Native Tribal Health Consortium	ASIST	24 adults
	safeTALK	35 adults & youth
You Are Not Alone	Youth QPR	1,296
Alaska Training Cooperative	Mental Health First Aid	773 adults
Dept. of Education & Early Development	e-Learning	3,079 adults
	Youth Mental Health First Aid	894 adults

[Alaska Gatekeeper](#) is based on the Question-Persuade-Refer model. Alaska Gatekeeper was developed by the Division of Behavioral Health and Center for Behavioral Health Research and Services at the University of Alaska. This is a 2-hour training that provides people with basic information and facts about suicide, how to recognize the warning signs of suicide, how to offer hope and connect a person at-risk to local help and resources.

Alaska Gatekeeper has been the primary training offered by DBH to communities since 2003. It is offered by DBH staff and the Alaska Training Cooperative. In fiscal years 2014-2015, 3,812 individuals in 45 communities were trained in Alaska Gatekeeper. Of participants surveyed after the training, 90% reported they would ask someone showing warning signs of suicide directly about whether they were suicidal and 85% reported feeling confident in their ability to help someone at risk of suicide.

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. The Department of Education and Early Development, in partnership with the Council, developed an e-Learning module that complies with the statutory requirements. The 2012 legislation was due to sunset in 2016. However, in 2015, the [Alaska Safe Children’s Act](#) was passed and signed into law. The Alaska Safe Children’s Act requires domestic violence, sexual assault, and dating violence education for students and perpetuates the requirement of suicide training for educators and 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: 13,558 — *compare to 10,270 in 2014*

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: 132 (2015) — *compare to 28 in 2014*

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 2015, 132 individuals were trained in four communities in the CONNECT model. 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 (2015) — compare to 3 in 2011

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

Efforts to improve use of statewide suicide data in policymaking improved in 2015. The Alaska Divisions of Public Health and Behavioral Health developed a partnership to improve communication and use of real time suicide data. A Suicide Fatality Review Team was established 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.

Conclusion

The Council is grateful for the work of individuals, communities, and the State of Alaska in furthering the goals and strategies of *Casting the Net Upstream*. The first year of implementation reflects a strong commitment by Alaskans, their families and communities, and state leaders to preventing suicide. While there is a great deal of work ahead for all Alaskans, the Council is encouraged by the progress made since 2012.

Appendix – Casting the Net Upstream Scorecard 2015

State Plan Strategies Implemented in 2015		
Goal 1	Alaskans Accept Responsibility for Preventing Suicide	Progress
Strategy 1.1	Alaskans learn and understand that suicide is preventable.	☑
Strategy 1.2	Alaskan adults and elders choose healthy, responsible lifestyles in order to serve as role models for younger generations.	⊖
Strategy 1.3	Alaskan youth seek out healthy and appropriate relationships with role models in their community.	☑
Strategy 1.4	Communities will develop environments of respect, value, and connectedness for all members.	⊖
Strategy 1.5	Communities will engage parents and other mentors important in the lives of children and youth in health promotion efforts.	⊖
Strategy 1.6	Communities will prioritize building protective factors and resiliency in all comprehensive prevention efforts.	⊖
Strategy 1.7	Communities will participate in efforts to de-stigmatize suicide and accessing treatment for mental health crises.	⊖
Strategy 1.8	Community organizations will offer supports to promote healthy families.	⊖
Strategy 1.9	The State of Alaska will support peer-to-peer wellness promotion and supports as an integral part of health promotion and suicide prevention.	⊖
Goal 2	Alaskans Effectively and Appropriately Respond to People at Risk of Suicide	Progress
Strategy 2.1	Alaskans know how to identify when someone is at risk of suicide and how to respond appropriately to prevent a suicide.	☑
Strategy 2.2	Alaskans know about Careline and other community crisis lines, and can share that information with others.	☑
Strategy 2.3	Providers of services to veterans will prioritize suicide prevention screenings and effective interventions.	☑
Strategy 2.4	Spiritual leaders will encourage suicide prevention awareness and training in their communities of faith/belief.	☑
Strategy 2.5	The primary health care system will prioritize suicide prevention screenings.	☒
Strategy 2.6	School districts will implement broad screenings to identify not just imminent risk of suicide, but risk factors for suicide (substance use, violence, depression, etc.).	☒
Strategy 2.7	Senior services providers will implement broad screenings to identify not just imminent risk of suicide, but risk factors for suicide (substance abuse, violence, depression, etc.).	☒
Strategy 2.8	The State of Alaska and its partners will engage village police and public safety officers in developing tailored community based responses and protocols for responding to crises.	⊖

Key:



Getting better



No significant change



Getting worse

State Plan Strategies Implemented in 2015		
Goal 3	Alaskans Communicate, Cooperate, and Coordinate Suicide Prevention Efforts	Progress
Strategy 3.1	Communities will partner with non-traditional organizations to raise awareness about limiting access to lethal means.	⊖
Strategy 3.2	The State of Alaska and its partners will make training in evidence-based suicide prevention and intervention models accessible to all interested Alaskans.	☑
Strategy 3.3	The State of Alaska will mandate evidence-based suicide prevention and intervention training for all school district personnel.	☑
Strategy 3.4	Communities will develop wellness coalitions that include suicide prevention in their mission/area of.	☑
Strategy 3.5	Community suicide prevention efforts will expressly address the contributing factor of substance abuse.	☑
Strategy 3.6	The State of Alaska will coordinate all prevention efforts across all departments and divisions, to ensure that Alaska has a comprehensive prevention system that recognizes the “web of causality” implicated in suicide, substance abuse, domestic violence, bullying, child abuse, teen risk behaviors, etc.	☑
Strategy 3.7	The State of Alaska will balance the policy of comprehensive and integrated prevention with the use of evidence based practices to achieve verifiable outcomes reducing the impact of suicide, substance abuse, violence, sexual abuse, and mental illness on communities.	☑
Strategy 3.8	The State of Alaska will provide financial and technical support for innovative, research-based suicide prevention practices.	⊖
Strategy 3.9	The State of Alaska will coordinate and support stigma reduction efforts around mental illness, addiction, depression, and suicide.	☑
Goal 4	Alaskans Have Immediate Access to the Prevention, Treatment, and Recovery Services They Need	Progress
Strategy 4.1	Alaskans know who to call and how to access help — and then ask for that help — when they feel like they are in crisis and/or at risk of suicide.	☑
Strategy 4.2	Community behavioral health centers will provide outreach to ensure that community members know what services are available and how to access them.	⊖
Strategy 4.3	Community health providers will offer bridge services for young people identified as experiencing serious emotional disturbance, other behavioral health disorders after age 18-21.	⊖
Strategy 4.4	The State of Alaska and its partners will, through StopSuicideAlaska.org, create and support a learning network among communities to share ideas and strategies that work.	⊖
Goal 5	Alaskans Support Survivors in Healing	Progress
Strategy 5.1	Survivors of a loss to suicide know about suicide prevention resources and how to participate in suicide prevention efforts that support their own healing.	⊖
Strategy 5.2	The State of Alaska will provide resources, tools, and technical support for community postvention efforts, with emphasis on natural, organic responses developed in the community.	⊖

Key:



Getting better



No significant change



Getting worse

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

Key:



Getting better



No significant change



Getting worse

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

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

The *Casting the Net Upstream Annual Implementation Report, 2015* 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/>



William Martin, Chairman
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