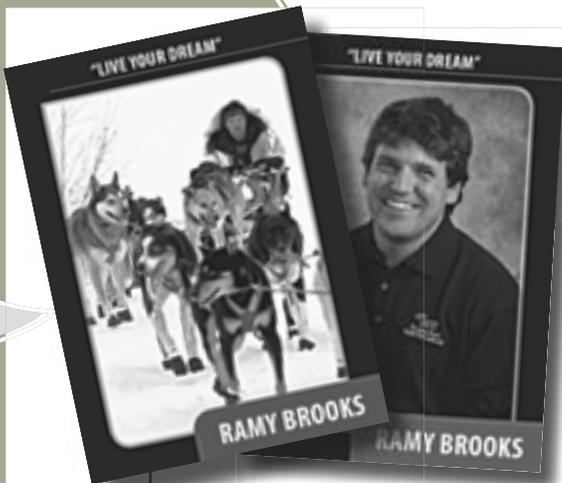
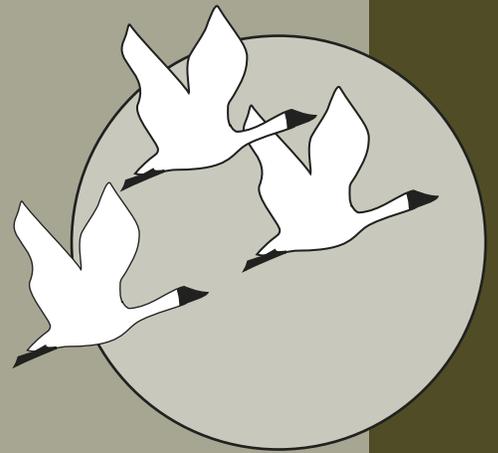


January 2006

Statewide Suicide Prevention Council



Ramy Brooks

During 2004/2005 Ramy Brooks, Iditarod Musher and Yukon Quest Winner, became a Champion and hero of a new sort for many Alaskans suffering from mental illness and the damaging effects of alcohol and other

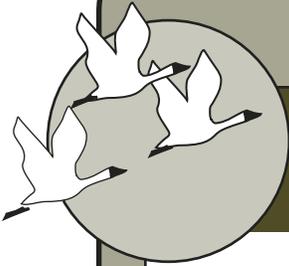
substance abuses. Ramy tells his life story in *One Boy Walks Along the Yukon - A Journey in Despair; A Journey of Hope**. He shares his teenage struggles with suicide ideation, his own suicide attempt and the second chance he found to live his dream. Ramy continues to speak across the state and nation about suicide prevention and awareness, realizing that his new-found strength is a gift he needs to share. Ramy's involvement in this Coordinated Communication Campaign to reduce stigma and increase awareness that treatment works was made possible by funding through the Alaska Mental Health Trust Authority.

**One Boy Walks Along the Yukon - A Journey in Despair; A Journey of Hope* can be found in its entirety at www.hss.state.ak.us/suicideprevention



Frank H. Murkowski
Governor
Karleen Jackson
Commissioner

Annual Report to the Legislature: 2006



FY'06 Performance Measures

In response to the 2005 legislative Suicide Prevention Council sunset extension hearings, Council members drafted the following performance measures to guide their work over the next several years. These measures were chosen to respond directly to the legislative audit findings and more importantly to reflect the Council's concern with Alaska's high suicide rate.

Performance Measure 1.

In an effort to get Alaska off the national list of the "top ten" states with the highest suicide rates for the first time since 1991. The Statewide Suicide Prevention Council will partner with the Division of Behavioral Health to reduce the 3-year average rate of Alaska suicides from 21 deaths per 100,000 population to 15 per 100,000, representing a 29% decrease over a 7 year period.

Progress

The current 3-year Alaska suicide rate for 2002-2004 is 21.59/100,000. This is an increase from the 3-year average listed above of 21.1/100,000 illustrating the high number of Alaskans who took their lives during 2004; a total of 154. This data indicates that the Council and the Division of Behavioral Health was unable to meet its goal and decrease the rate to 20.1/100,000. The Council and the Division, however, have increased their suicide prevention and awareness efforts through the enhanced media campaign, additional Gatekeeper trainings, and mandatory training for the Community Based Suicide Prevention grantees.

The 3-year average rate for 2002 - 2004 = 21.1/100,000

2006 | $21.1 \times 5\% = 1.05 = 20.1/100,000$
 2007 | $20.1 \times 5\% = 1.01 = 19.1/100,000$
 2008 | $19.1 \times 5\% = 0.95 = 18.14/100,000$

2009 | $18.14 \times 5\% = .91 = 17.23/100,000$
 2010 | $17.23 \times 5\% = .86 = 16.37/100,000$
 2011 | $16.37 \times 5\% = .82 = 15.55/100,000$
 2012 | $15.55 \times 5\% = .78 = 14.78/100,000$

Performance Measure 2

On a yearly basis, review and update the Statewide Suicide Prevention Plan as indicated by community feedback and Council member's recommendations.

Progress

In May 2005, the SSPC Plan was revised.

Performance Measure 3

Through the Follow-Back Study and other data sources, consistently review data and information in an effort to identify trends, make analysis and forward recommendations to the department regarding prevention, education and services needed statewide.

Progress

Progress. The Alaska Injury Prevention Center and our research partners (American Association of Suicidology and the Critical Illness and Trauma Foundation) have collected data on suicides in Alaska since September 1, 2003. A preliminary analysis of data from September 1, 2003 through December 31 2004 has been completed and submitted to the Alaska Suicide Prevention Council.

... FY'06 Performance Measures Continued

Performance Measure 4

Support and assist Alaskans in starting a SPAN~Alaska (Suicide Prevention Awareness Network) affiliate. This grass root community effort enlists the support of individuals to:

- a) Establish a group who will oversee the SPAN~Alaska affiliate by becoming a 501 (c) 3 non-profit; draft Articles of Incorporation and bylaws;
- b) Sign up a minimum of 150 new members
- c) Survivor Support Groups
 - 1) Develop a Survivor Support Group list
 - 2) Gather baseline data on the number of Survivor Support Groups
 - 3) Track the increase of Survivor Support Groups

Progress

The SSPC had a Council member volunteer to act as a liaison to the group of suicide survivors who informally work with the Council to provide information, recommendations and suggestions. The Alaska state team who attended the suicide prevention conference in Portland Oregon has also partnered and merged with this group. Together they have decided not to become a SPAN affiliate member but will continue to work on suicide prevention and awareness efforts including survivor support groups. This ad hoc group of Alaskan suicide survivors and other interested persons felt that decision-making and fundraising efforts should be kept at the community level resulting in the SPAN affiliate performance measure being removed as an indicator during FY06.

Performance Measure 5

Support the Division of Behavioral Health in its efforts to increase the number of communities who can recognize the warning signs of suicide by tracking the number of Community-based Suicide Prevention Grantees who align their community suicide prevention funding with the Statewide Suicide Prevention Plan

- a) Conduct 8 community trainings on the use of the Statewide Suicide Prevention Plan
- b) Track the number of trainings provided from July 1, 2005 – June 30, 2006

Progress

The Division of Behavioral Health Request for Proposals required that all Community-Based Suicide Grantees align their suicide prevention efforts with the suicide prevention plan. To date the Council has provided 4 trainings on the use of the Statewide Suicide Prevention Plan. These trainings took place at the DBH Community Based Suicide Prevention grantee meetings, Alaska Federation of Natives and the Public Health Summit. Future trainings are scheduled in Anchorage, Juneau and Bethel.

Performance Measure 6

Assist the Division of Behavioral Health in their SAMSHA Garrett Lee Smith Memorial Act youth suicide prevention application and if awarded in its implementation.

Progress

The Council actively participated in the planning and developing the state's Garrett Lee Smith Memorial Act youth suicide prevention application. Although Alaska's application was not successful, some of the activities that had been included in the response, such as, the Gatekeeper training and extending the Follow-Back Study have been funded through other avenues.

Performance Measure 7

Provide technical assistance to Boys & Girls Clubs of Alaska statewide youth suicide prevention initiative, Project LEAD (Leadership, Education, Acceptance and Determination). Project LEAD build protective factors in youth through academic and leadership programming, along with alcohol and substance abuse prevention programming.

Progress.

Project LEAD is targeted towards at-risk and in-crisis youth in Clubhouse communities throughout urban and rural Alaska. The project empowers instructors in 22 communities to network with mental health and medical providers, school counselors, cultural leaders, churches and parents to identify and serve at-risk and in-crisis youth. In the project's first year, 16 youth suicide interventions took place. As of June 30, 2005, 61 suicide interventions occurred; three interventions were suicide pacts involving a total of nine young people.

The Suicide Prevention Council provides technical support to the program via research and best practice updates and referral resources, and training and conference opportunities. This support is essential to the success of the 85 Club professionals trained in suicide intervention and prevention, and the 243 at-risk and in-crisis Club members currently being monitored.

Performance Measure 8

Gather data from the Division of Behavioral Health on the SAMHSA funded Gatekeeper Training.

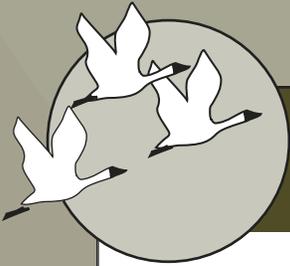
- a) Number of trainings held
- b) Number of attendees

Progress

From October 1, 2004 to September 30, 2005, pilot implementation of the Targeted Gatekeeper Training was completed. This included the completion of the Targeted Gatekeeper Training Manual, a Gatekeeper Participants manual, and seven piloted Gatekeeper workshops across Alaska. Phase II of the Gatekeeper Training Project will focus on disseminating gatekeeper information through the train-the-trainer approach. Timeline: Phase II Targeted Gatekeeper Training is scheduled for completion by September 2006.

Targeted Gatekeeper Pilot Training Sessions

Date	Location	Audience	Participants
March 18, 2005	Anchorage	Law Enforcement - Urban	9
April 8, 2005	Sitka	Law Enforcement - Rural	8
April 22, 2005	Juneau	Health Care - Urban	9
May 13, 2005	Fairbanks	Health Care - Rural	10
May 27, 2005	Fairbanks	Clergy - Urban	7
June 17, 2005	Dillingham	Clergy - Rural	1
July 21, 2005	Anchorage	Campus Residence Life staff - Urban campus	12
August 17, 2005	Anchorage	UAA-Residence Advisors - Urban campus	63



Suicide Prevention Council Member

Annual Performance Measures

Over the last two years the Council has had a turn-over in both members and staff, and as a way to fully engage these new members the executive committee drafted a council member yearly performance measure checklist. This checklist serves many purposes but most importantly gives guidance and direction for active member participation; a way to keep suicide prevention efforts on the “front burner” between quarterly meetings.

1. Present statewide suicide prevention plan in two public venues.

These venues might include conferences, training opportunities, forums or panel discussions, and guest speaking engagements. The Council member will provide a written or oral report on presentations to the full Council including date, audience, context, and feedback.

Date completed ___/___/___

Date completed ___/___/___

2. Submit two digital photographs and one written article of member or constituent activity relevant to suicide prevention awareness or activities for the legislative report.

Date completed ___/___/___

3. Arrange and attend at least two meetings with legislators, other than Council members who are legislators, to discuss the Council’s mission, activities, and performance measures.

These meetings may take place in Juneau during the legislative session or in your hometown during the rest of the year.

Date completed ___/___/___

4. Convene and/or participate in three committee meetings, and perform assigned committee tasks in a timely and accurate manner.

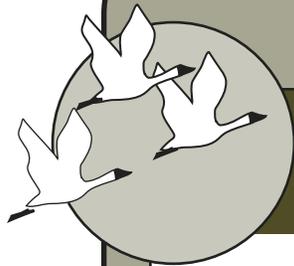
5. Submit one Letter to the Editor to a newspaper of member choice addressing suicide prevention awareness and Council activities.

Date completed ___/___/___

6. Demonstrate meaningful participation in a statewide or worldwide suicide prevention effort (i.e. Worldwide Suicide Prevention Awareness Day, September 10th).

Date completed ___/___/___

7. The above items may be substituted for leadership on a significant Council priority/project that impacts the visibility, longevity and/or financial sustainability of the Council.



'06 Highlights & Accomplishments

The Alaska Mental Health Trust Authority in partnership with the Council, the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, the Governor's Council on Disabilities and Special Education, and the Alaska Traumatic Brain Injury Association worked together through the Coordinated Communications Campaign to increase awareness that treatment works in an effort to reduce stigma. The "YOU KNOW ME" print, radio and television announcements are a part of this campaign and have been running for the past six months and have resulted in an increased amount of calls to the CARELINE.

The Council has enhanced relationships with the above-mentioned entities by:

- ensuring that time is allotted on Council's agenda for each to provide updates and discuss concerns;
- participating in the bi-weekly Coordinated Communications work group;
- participating in weekly legislative committee meetings during the session;
- drafted a MOA with the Trust depicting roles and responsibilities for each;
- worked together on the Comprehensive Integrated Mental Health Plan;
- shared national data and teleconference training opportunities; and,
- provided (at no cost) posters, pens, pencils and magnets to beneficiaries and providers as requested.

The latest suicide prevention campaign effort consists of various colored silicone bracelets with "Live Your Dream." printed on the outside, and "To talk, call 1-877-266-HELP" on the inside. When designing this idea the council worked toward targeting Alaskan youth, both rural and urban. The positive exterior message is clear and succinct with a link to a resource on the interior.

Risk Factors

Signs a person might be suicidal

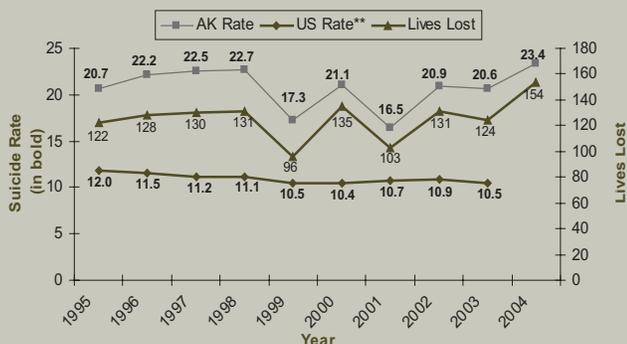
- Talks about suicide – seriously or "just kidding".
- Has attempted suicide before.
- Has trouble eating or sleeping.
- Prepares for death – makes out a will and final arrangements.
- Gives away prized possessions.
- Has had recent severe losses; lost someone to suicide.
- Drastic changes in behavior.
- Withdraws from friends, social activities.
- Loses interest in hobbies, work, school.
- Takes unnecessary risks.
- Loses interest or dramatic change in personal appearance.
- Increases use of alcohol or drugs.

Ways to Help

- Be willing to listen. Allow expression of feelings. Accept the feelings.
- Be non-judgemental. Don't lecture the value of life.
- Don't dare someone to do it.
- Don't be sworn to secrecy. Connect with services specializing in crisis intervention. Offer to accompany the person in need.
- Pay attention when a person "just kids" about ending it all.
- Offer hope that alternatives are available, but don't offer glib reassurances.
- Take action. Remove means, such as guns or stockpiled pills.

Alaska suicide information and data
from the Department's Bureau of Vital Statistics

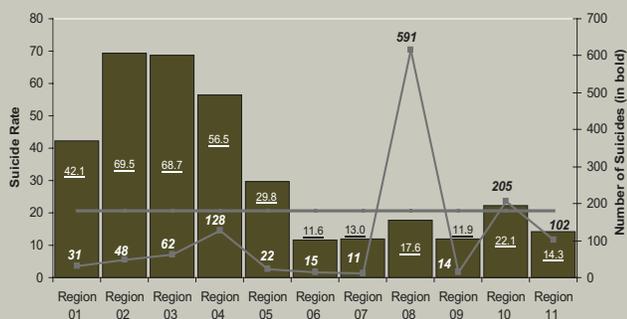
Alaska Suicide Rates
1995-2004



Alaska Age-Specific
Suicide Rates and Numbers
1995-2004

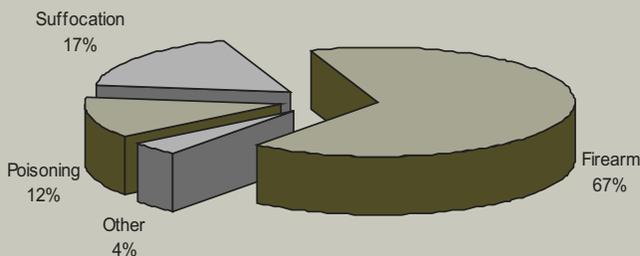


Alaska Suicide Rates & Numbers by Region
1995-2004

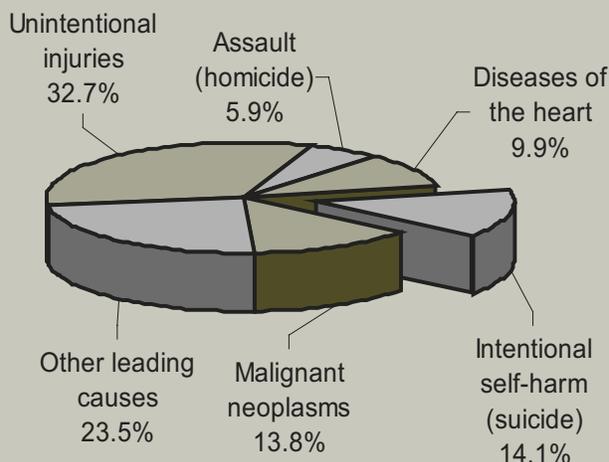


Region Key: 01-North Slope Borough; 02-Northwest Arctic Borough; 03-Nome census area; 04-Wade Hampton census area, Bethel census area; 05-Dillingham census area, Bristol Bay Borough, Lake Peninsula Borough; 06-Kodiak Island Borough; 07-Aleutians East Borough, Aleutian West census area; 08-Mat-Su Borough, Municipality of Anchorage, Kenai Peninsula Borough; 09-Valdez-Cordova census area; 10-Yukon-Koyukuk census area, Fairbanks/North Star Borough, Southeast Fairbanks census area, Denali Borough; 11-Haines Borough, Juneau Borough, Ketchikan Gateway Borough, Sitka Borough, Wrangell-Petersburg census area, Prince of Whales-Outer Ketchikan census area, Skagway-Hoonah-Angoon census area.

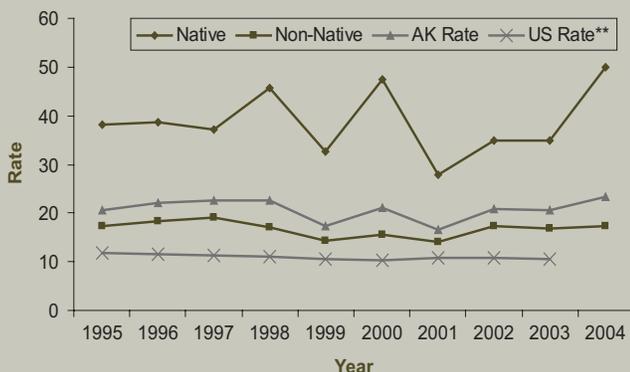
Suicide Methods in Alaska
1995-2004



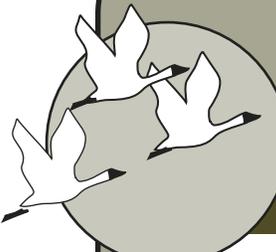
Percentage of Years of Potential Life
Lost by Leading Cause of Death
1995-2004



Alaska Native, Alaska Non-Native,
and U.S. Suicide Rates
1995-2004



**U.S. suicide rate for 2003 is preliminary and 2004 data is unavailable at time of publication



Division of Behavioral Health *corner*

The mission of the Division of Behavioral Health is to manage an integrated and comprehensive behavioral health system based on sound policy, effective practices and partnerships. The vision of the Division of Behavioral Health is “Partners promoting healthy communities.”

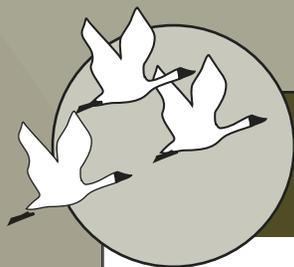
“Partners Promoting Healthy Communities” means that communities are given technical assistance and guidance in developing their programs to allow for the integration of local culture, resources and community readiness into their programming. When communities are able to identify key players, and assess readiness with reference to their issue, strategies to address the issue become more apparent. It is vital that community readiness be ascertained when developing strategies, to ensure program effectiveness, appropriate outcomes measurements and program evaluation. “Building Healthy Communities” seeks to assist and allow communities to increase their capacity for addressing problem issues in a localized way, which braids the larger preventative concepts with specific strategies which are meaningful and effective on the local level.

To this end, the Division of Behavioral Health released its Comprehensive Behavioral Health Prevention and Early Intervention Services Request for Proposals (RFP) on March 25, 2005 for FY06. This three-year funding opportunity combined the Community-Based Suicide Prevention Program with Substance Abuse Prevention funds, FASD funding, and Youth Resiliency funds to reflect an integrated approach to the combination of these services. A second round of applications were accepted in July, 2005, to allow for communities under 2000 to meet the requirements of the RFP

with additional technical assistance from DBH staff. In all, 24 communities received funding under the umbrella of suicide prevention programming. In the RFP, applicants who chose to apply for Community-based Suicide Prevention funds were directed to incorporate the Statewide Suicide Prevention Plan in their programmatic goals. The overall goal for all grantees is “To Promote a Healthy Community Utilizing Effective Practices and Partnerships.” Funded communities will continue to receive ongoing technical assistance from DBH in implementing effective practices and outcome measurements to achieve one of three long-term community impacts:

1. Reduction in the harmful effects of substance abuse in one or more communities;
2. Reduction in incidents of suicide and non-lethal suicidal behaviors in one or more communities; and/or
3. An increase in community members' connectedness, resiliency and life skills in one or more communities.

A general grantee meeting was held in September, 2005. Together, the Statewide Suicide Prevention Council and DBH presented training on the Statewide Suicide Prevention Plan, and provided grantees with an update of the Targeted Gatekeeper Training to be completed by September 2006.



Follow-Back Study

Partial 2005 Information

From January 1, 2005 through September 30, 2005, there were 96 suicide deaths in Alaska as reported by the state Medical Examiners Office. Of those, 21 were females and 75 were males. Nine were younger than 20, 25 were in their 20's, 19 were in their 30's, 25 were in their 40's, 9 in their 50's, and 9 were 60 or older.

Of the 96 cases so far in 2005, there have been 6 follow-back interviews completed and another 5 are pending. There is a delay of several months before an interview is conducted due to ethical considerations and as a courtesy to the grieving family members. Analysis of the data from 2005 will not be completed until Summer of 2006. It is at this point that the richer information that addresses the research questions listed above will become available.

The suicide data that we have compiled for deaths taking place between January 1 – September 30, 2005 in Alaska include (It is important to know that this is not final information). It is based on the best available sources collected to date, and are subject to change.

Racial Demographics

37 Caucasian
38 Native
3 Other
7 Unknown

Method of Suicide

60 Gun
26 Hanging
8 Drug Overdose
2 Unknown

Known or suspected use of Alcohol or Drugs:

9 No
45 Yes
42 Unknown

Location of Death

29 Anchorage
9 Fairbanks
33 Rural
25 On the Road System and South East

AIPC also analyzed two years worth of hospitalized suicide attempts to add to our knowledge base of the problem. Also important to note is that the Alaska State Legislature and the Alaska Mental Health Trust Authority (AMHTA) have been major funders for the follow back study.

Summary of the Suicide Attempt Hospitalization Study:

Introduction

In 2002, nearly 32,000 people took their own lives in the United States, and estimates indicate that 20 times that number sought treatment for self-inflicted injuries. Alaska had the highest age adjusted suicide rate of all the states in 2002 at 21.12, which is nearly double the U.S. rate of 10.99 per 100,000 population. An average of 125 people die from suicide each year in Alaska, making it the number one cause of death for Alaskans under the age of 50 years (if unintentional injuries are examined individually instead of grouped). The epidemiology for suicide deaths is very different from the epidemiology for suicidal acts that result in hospitalization. This analysis looks at the epidemiology and costs associated with hospitalizations for self-inflicted injuries.

Results

Using data supplied by the Alaska Trauma Registry (ATR) and funding from the Alaska Mental Health Trust, the Alaska Injury Prevention Center (AIPC) conducted a thorough analysis of the 1,223 hospitalized suicide attempts in Alaska for 2001 and 2002. The epidemiology and hospital costs associated with this injury group are reported below.

Interesting Facts

- ▶ The average age for the patients was 30 years.
- ▶ The average length of each hospital stay was 4 days, with a range of 1 to 366.
- ▶ The average hospital costs per year were \$5,508,363.
- ▶ The average cost per case was \$8,986.
- ▶ Over 75% of the hospital costs were paid through public funding sources.

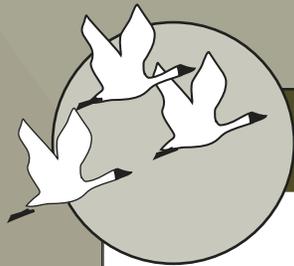
More than \$4 million in “public funds” is spent each year to care for suicide attempts, and those are just the documented hospital costs. Physician’s fees and other specialist’s fees are usually not included in the hospital costs. Also not included in hospital costs are self-inflicted injuries that result in death or long-term disabilities. These suicidal acts take a huge toll on individuals and families and are very difficult to quantify.

Conclusions

The method of choice for those being hospitalized for self-inflicted injuries was an overdose of some kind of medication, accounting for 77% of the cases. The predominant type of medication was Tylenol, which is very destructive to the liver in high doses. A public education program about the long-lasting side effects of Tylenol could possibly decrease its use as a substance for self-harm.

The hospital costs associated with suicide attempts in Alaska are considered by some experts to be less than one half of the actual expenses incurred for these cases. The annual hospital costs of over \$5.5 million, balloons quickly when transportation, physicians, radiologists, surgeons, psychiatrists, psychiatric inpatient facilities, and other professional expenses are added. Also, follow-up care becomes an expense that could not be captured from the Alaska Trauma Registry. Approximately \$1 million per year of these expenses have to be absorbed by the hospitals because the patients can’t pay.

These monetary costs don’t begin to cover the pain and suffering of individuals and families who are compelled to seek this form of resolution to their problems. More effort and funding should be devoted to screening, counseling, and other prevention programs.



Council Historical Overview

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

The Council shall serve in an advisory capacity to the legislature and governor with respect to what actions can and should be taken to:

- 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 factors 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.

2006 Suicide Prevention Council Members

William Martin, Chair - Alaska Federation of Natives

Tom Pittman, Chair-Elect - Public

Noelle Hardt, Recorder/Treasurer - Statewide Youth Organization

Stan Tucker, Member-at-Large - Clergy

Kelsi Ivanoff, Student

Charles Jones, Public

Brenda Moore, Alaska Mental Health Board

Lucy Hudson, Advisory Board on Alcoholism and Drug Abuse

Mario Gatto, Secondary School

Bill Hogan, Department of Health and Social Services Deputy Commissioner

Renee Gayhart, Department of Health of Social Services, Tribal Health Manager

Sen. Ben Stevens

Sen. Kim Elton

Rep. Nancy Dahlstrom

Rep. Woodie Salmon

The Council would like to thank and extend their heartfelt appreciation to Jeanine Sparks and Karen Perdue for their dedication and support throughout their tenure on the council.

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Statewide Suicide Prevention Council Coordinator
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Alaska Suicide Prevention CARELINE: 1-877-266-4357
In Fairbanks, 452-4357
National LIFELINE: 1-800-273-8355

www.hss.state.ak.us/suicideprevention

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