

Casting the Net Upstream State Plan Strategies Implemented in 2014

<u>State Plan Strategies Implemented in 2014</u>		
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 destigmatize 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	
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.).	☒



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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.	⊖
Goal 3	Alaskans Communicate, Cooperate, and Coordinate Suicide Prevention Efforts	
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	
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.	⊖



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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	
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.	⊖
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.	☒
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



No progress or getting worse

Indicators with Current Data

1.1.a. Number of unique visits to StopSuicideAlaska.org: 11,306 (2010-2011)

1.2.a. Rate of adult binge drinking: 17% (BRFSS, 2012) *compare to* 17.9% (BRFSS, 2009)

1.2.b. Child seeing violence or physical abuse in person: 3.4% (CUBS, 2013) *compare to* 4% (CUBS, 2009)

1.3.a. Traditional high school students participating in organized after-school activities 2 or more days a week: 41.5% (YRBS, 2013) *compare to* 41.7% (YRBS, 2011)

1.3.b. Alternative high school students participating in organized after-school activities 2 or more days a week: 23.8% (YRBS, 2013) *compare to* 23.9% (YRBS, 2011)



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- 1.4.a. Traditional high school students reporting being bullied in the past 12 months: 20.7% (YRBS, 2013) *compare to* 23% (YRBS, 2011)
- 1.4.b. Alternative high school students reporting being bullied in the past 12 months: 16.6% (YRBS, 2013) *compare to* 16.8% (YRBS, 2011)
- 1.4.c. Traditional high school students who agree/strongly agree that they feel they matter to people in the community: 85.2% (YRBS, 2013) *compare to* 84.7% (YRBS, 2011)
- 1.4.d. Alternative high school students who agree/strongly agree that they feel they matter to people in the community: 80.6% (YRBS, 2013) *compare to* 81.1% (YRBS, 2011)
- 1.5.a. Students who would feel comfortable seeking help from one or more adults (besides their parents) if they had an important question affecting their life: 84.3-85.1% (YRBS, 2013) *compare to* 85% (YRBS, 2011)
- 1.6.a. Student Overall Connectedness (statewide, weighted): 3.48 (on a 1-5 scale)(SCCS, 2013) *compare to* 3.50 (SCCS, 2010).
- 1.7.a. Alaskans comfortable with a family member, coworker, guest, or neighbor experiencing mental illness: 72.7% (AMHTA, 2012) *compare to* 77.3% (AMHTA, 2010)
- 1.8.a. Number of communities offering parenting/caregiver classes: 13 (United Way – Anchorage, 2014 and Alaska Court System, 2014)
- 1.9.a. Number of state funded peer support programs: 7 (Division of Behavioral Health, FY2014)
- 2.1.a. Number of Alaskans trained in suicide prevention/intervention: *est.* 5,010 (2014) *compare to est.* 3,365 (2013)
- 2.2.a. Number of calls to Careline annually: 19,813 (2014) *compare to* 5,507 (2010)
- 2.2.b. Alaskans who report knowing how to access services for suicide prevention: 73.8% (AMHTA, 2014) *compare to* 69.6% (AMHTA, 2010)
- 2.3.a. Number of suicides among Alaska veterans: 30 (AKBVS, 2013) *compare to* 32 (AKBVS, 2012)
- 2.4.a. Number of spiritual leaders trained as Gatekeepers: *clergy training in development for January, 2015*
- 2.5.a. Number of practices implementing suicide prevention protocols: *unknown*
- 2.5.b. Number of practices implementing IMPACT: 0 (AMHTA, 2014) *compare to* 2 (AMHTA, 2013)



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2.6.a. Number of school districts implementing evidence-based screening: 2 (2014) *compare to 5 (2011)*

2.7.a. Rate of suicide, Alaskans age 65-74: 24.9 (2007-2013, crude rate, AKBVS) *compare to 18.8 (2000-2007, age 65-84, crude rate, AKBVS) (the rate of suicide for Alaskans 75-84 was too small to be reported for the years 2007-2012)*

2.8.a Number of officers attending CIT trainings annually: 39 (16, Fairbanks and 23, Anchorage/Statewide, 2013)

2.8.b Number of communities with Emergency Response Plans that include responding to a suicide: *unknown*

3.1.a. Rate of suicides by firearm: 13.25/100,000 age adjusted rate (CDC, 2012) *compare to 15.43/100,000 age adjusted rate (CDC, 2010)*

3.1.b. Rate of suicide by poisoning/overdose: 2.02/100,000 age adjusted rate (CDC, 2007-2012) *compare to 1.98/100,000 age adjusted rate (CDC, 2005-2010)*

3.2.a. Number of Alaskans trained in suicide prevention/intervention: *est. 5,010 (2014) compare to est. 3,365 (2013)*

3.3.a. Number of school districts offering suicide prevention training to educators/staff: 54 (DEED, 2014)

3.4.a. Number of active wellness and suicide prevention coalitions: 6 regional teams coordinate with local coalitions (2014)

3.5.a. Rate of adult binge drinking: 17% (BRFSS, 2012) *compare to 17.9% (BRFSS, 2009)*

3.5.b. New mothers reporting that someone close to them had a bad drinking/drug problem: 14.3% (CUBS, 2013) *compare to 13.1% (CUBS, 2009)*

3.6.a. Number of executive agencies and partners engaged in a comprehensive prevention workgroup: 7 (2014)

3.7.a. Percentage of state grantees using evidence-based practices: 100%, DEED SAPP (2014); 100% DBH Comprehensive Prevention (2014)

3.8.a. Number of Alaskan research-based suicide prevention practices receiving state funding/technical assistance: 1 (2014) *compare to 2 (2011)*

3.9.a. Alaskans comfortable with a family member, coworker, guest, or neighbor experiencing mental illness: 72.7% (AMHTA, 2012) *compare to 77.3% (AMHTA, 2010)*

4.1.a. Number of calls to Careline annually: 10,187 (2014) *compare to 5,507 (2010)*



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4.2.a. Number of community behavioral health centers reporting outreach: *est.* 55 (ABHA, 2014)

4.3.a. Number of Alaskans age 18-24 experiencing serious behavioral health disorders who receive mental health services: 3,994 (DBH, 2011) *compare to* 3,572 (DBH, 2009)

4.4.a. Number of active group administrators on StopSuicideAlaska.org: 2 (2014)

5.1.a. Number of survivor support groups with contact information available on StopSuicideAlaska.org: 1 (2014) *compare to* (2011)

5.2.a. Number of Alaskans trained in Postvention: 28 (2014, DBH) *compare to* 70 (2011, DBH)

6.1.a. Data sources available on StopSuicideAlaska.org: 4 (2014) *compare to* 3 (2011)

6.2.a. Number of follow-back studies completed since 2011: 0

6.3.a. Number of suicide prevention programs evaluated by the State of Alaska and/or its partners: 1 (ANTHC Doorway to a Sacred Place, with SAMHSA support, ongoing)

