

**Statewide Suicide Prevention Council
Quarterly Meeting
Teleconference, July 29, 2015**

Chairman William Martin called the meeting to order at 9:09 a.m.

Roll Call was taken: Meghan Crow, Barbara Franks, Alana Humphrey, Bill Martin, Sen. Anna MacKinnon, Sen. Berta Gardner, Kathryn Casello, Cynthia Erickson, Alavini Lata, Al Wall

Absent: Sharon Fishel (excused), Brenda Moore (excused), Lowell Sage, Rep. Benjamin Nageak

Late: Rep. Geran Tarr joined at 10:15 a.m.

Approval of the Agenda

Alana Humphrey **moved** to adopt the agenda. Meghan Crow **seconded**. The agenda was **approved** without objection.

Approval of the Minutes

Humphrey **moved** to approve the May 6-7, 2015 minutes; Alavini Lata **seconded**. Crow offered two corrections to the minutes (page 5, page 10). The minutes were **adopted** as amended without objection.

Lata **moved** to approve the June 9, 2015 minutes; Kathryn Casello **seconded**. The minutes were **adopted** as amended without objection.

Ethics Disclosure

Chairman Martin serves on the Juneau and SEARHC suicide coalitions, which receive state funds. Humphrey works for Boys and Girls Club, which receives state funds. Crow works for Lower Kuskokwim School District, which receives suicide prevention funds from Department of Education and Early Development. Barbara Franks serves on the Alaska Psychiatric Institute Advisory Group and the National Lifeline.

Attendance

Sen. MacKinnon asked about Lata's attendance. Lata confirmed the attendance log was correct. Cynthia Erickson confirmed her attendance was correct. Chairman Martin said that he would send something to members who have missed three or more meetings in the past year.

Sen. MacKinnon offered to speak with the Speaker of the House about Rep. Nageak's attendance. Sen. Gardner spoke with Rep. Nageak a while ago about the importance of participation.

Public Comment

Sam Trivette, of Juneau, provided public comment. He spoke about his commitment and support for the Council and the critical nature of its work. “There are plenty of citizens that are aware of the work of the Council” even if they are not present at the meeting. He comes to the meetings to get new information. He appreciates the work of the Council and its staff. Trivette is a member of the Juneau Suicide Prevention Coalition and has participated in the extremely cumbersome planning effort. He personally is very frustrated with the manner in which the Division of Behavioral Health has managed the prevention coalition grants this past year, that the coalition could not spend grant funds on suicide prevention this year. The Juneau Coalition did receive funds from the Juneau Community Foundation to continue its work in schools. That is where Trivette plans to focus his time, especially since the Coalition has extremely competent people working on the planning part. He is thankful for the work of the Council and its staff, and feels that Alaska is better off. Trivette noted that there have been no student suicides during the school year for many years, though there was a student who died by suicide in the summer.

White Paper: Medically Assisted Death

Council members asked during the previous meeting that staff explore the issue of medically assisted death due to filing of House Bill 99 during the legislative session. Kate Burkhart explained that she wanted to create a document was as objective as possible. The paper is titled *Medically Assisted Death: an Overview of the Death with Dignity Movement, Lessons Learned from Jurisdictions Allowing Medically Assisted Death, and Implications for Alaska’s Suicide Prevention Policymaking and Planning*. It is nearly 20 pages and includes appendices: HB99 and the versions of the Death with Dignity Act passed in Oregon, Vermont and Washington. It does not include the judicial decision from Montana because of its size. Burkhart commented that she can go through the paper or answer any questions that Council members have.

Chairman Martin asked how assisted suicide is conducted because there are often reports in the news about people sentenced to death in prisons having complications. He asked what is different between a medically assisted suicide and someone in prison being put to death.

Burkhart commented that in Europe a physician administers the medication like is done in prisons in the United States. The U.S. states that allow medically assisted death do not allow medication to be administered by physicians. Physicians prescribe a medication that the patients administer to themselves. The law does not specify the medication. It is left to the doctor to decide what is most appropriate for the patient.

Lata asked if there is an evaluation process of patients that is followed prior to the physician prescribing a drug. Burkhart commented that a second opinion is required. If there is any indication that there is a mental illness that is influencing the patient’s decision, a referral to a psychiatrist is made to determine whether or not a mental impairment is influencing the patient’s decision. There is some controversy in the interpretation of the law when it comes to mental illness. A persistent desire to die and a plan to commit suicide are criteria for diagnosing

someone with depression. It is unclear how that will be interpreted by mental health providers if the bill is passed. If a physician determines the patient meets legal criteria, the primary physician can prescribe a medication to end the patient's life. There is generally a waiting period of 15 days from when the patient first asks and a prescription is written. Most states require that the request be made in writing by the patient. That is to protect the patient, but also to protect the physician. In some states the pharmacy delivers it to the physician. It is up to the patient whether they take the prescription or not. There is no requirement of a witness, but it is encouraged that the patient doesn't die alone. There is documentation after the death. The differences between Europe and the United States on this issue are great. There is more documentation required in U.S. states than in Europe.

Chairman Martin asked what happens if someone can't physically take the medication. Burkhart answered that, if it is documented that the person can't self-administer medication, someone can probably help someone take their medication without facing criminal penalties. The law in front of the legislature and the laws passed in other states work to protect the people that are supporting individuals who make the choice to die. It also balances that with the protection of the individual.

Sen. Gardner asked if a physician is required to prescribe the medication if they do not agree with the policy. Burkhart answered that a doctor can always opt out of prescribing the medication.

Franks commented that people like to come to Alaska because of the natural beauty and resources. She asked if there is a provision in the bill that limits people from coming to Alaska to die. Burkhart answered that HB 99 requires someone to be a resident of Alaska. Oregon, Washington and Vermont did the same thing. There have been some high profile cases of people moving to Oregon to die, but those are few. There was the same concern about an influx of people moving to Washington and Vermont for medical tourism, but there is no evidence that it happened. Most people that are terminally ill are not going to live long enough to establish residency.

Chairman Martin asked if the Council can take a position on the bill. Burkhart commented that the Council is not an advocacy board, so the statutory obligation isn't to charge on an issue. The Council is an advisory board, so if someone asked for the Council's opinion on the bill, it can give an opinion.

Chairman Martin asked the legislative members how far the bill has advanced. Sen. Gardner reported there had been minimal movement; she doesn't think it will pass.

Sen. MacKinnon said it was introduced on February 9 and given two committee referrals. It is sitting in the Health and Social Services in the House. It will go to the Judiciary Committee after that. She concurs with Sen. Gardner that it likely won't pass the legislature.

Lata commented that when he first heard about the bill he was biased against it because of the emotional context that suicide has. After reading the paper and becoming more informed on the issue, he feels more at ease with the bill.

Sen. Gardner commented that a family friend with a terminal illness in Oregon died by medically assisted suicide after going through the proper procedures with assistance from her family and she agreed with the decision and the law.

Sen. MacKinnon commented that she worked at a hospice for 7 years ending in 2013. She understands people who feel they need to end their lives, but she has difficulty with the bill because there is the option of going to hospice and receiving compassionate care. She is not opposed to having a conversation on the issue. She is in opposition to the bill but is willing to learn more about the issue. Death with dignity can mean more than just medically assisted suicide.

Sen. Gardner commented that the Council should be prepared to have a position on HB 99 if it comes up because it specifically deals with suicide.

Sen. MacKinnon asked if the deaths under HB 99, were it to pass, would be included in the statistics of the suicide rates as they are reported now. Burkhart commented that it is a good point, as it is unclear if they would be considered the same sort of suicide.

Humphrey commented that she would hope that the Council does not have to take a stance on the bill, but understands that it may need to. It could help reduce the stigma of suicide. This is a discussion that will not likely go away. Sen. Gardner commented that if HB 99 does not pass, it is likely that different versions will be introduced in the future.

Council members thanked Burkhart for her work. Given that it appears unlikely that HB 99 will pass next session, the Council decided to take no specific position at this time. Chairman Martin asked Burkhart to monitor HB 99 during the session and report back to the Council.

Quarterly Report from the Division of Behavioral Health, James Gallanos

James Gallanos provided a written report from the Division of Behavioral Health (DBH). He commented that there are changes within the Prevention Section due to the resignation of the section manager Diane Casto. The first year of the prevention grants has just ended. The coalitions are continuing to work on their strategic plans and will begin to move into implementation. Many are still using the funding on assessment and capacity. There were not any cuts to the prevention grants during the legislative session.

Chairman Martin asked if the grantees can use the money that was left over from the first year and apply it to the second year.

Gallanos commented that only if the funding was encumbered, for example a contract for a particular service that was agreed to prior to the new fiscal year. If not, the funding lapses.

Chairman Martin asked if there were communities that were not able to use their funding and if they lost the funding. Gallanos said he doesn't have all that information. Some grantees were able to spend all of their money, others were not. Chairman Martin asked if any of the money that was not spent by the grantees could be redirected toward hosting a statewide summit.

Gallanos answered that it was not possible to transfer funds in that way due to procurement rules. It is considered lapsed funding.

Burkhart commented that there was a little under \$11 million appropriated for Behavioral Health Prevention and Early Intervention grants for fiscal year 2015. She asked how much had been expended and how much had lapsed. Al Wall, director of DBH, commented that he doesn't have that information at the moment but can get the information.

Burkhart remarked that the information was requested at the beginning of the month, to be reported on so that the Council can help ensure that the money does not lapse in fiscal year 2016.

Gallanos commented that one of the grantees, McGrath, did not submit a continuance application and will no longer receive funding. They had a lot of turnover and decided that managing the grant was no longer reasonable. The All Grantee Meeting will be held September 29 to October 1 in Anchorage. The theme will be around sharing community stories based on data and reaching out to communities. Many of the grantees will showcase their assessments and the work they have done in the last year.

Burkhart asked what can be expected in the Prevention Section due to the loss of the section chief. Will the section will be reorganization or possibly eliminated?

Director Wall commented that there are many things within DBH that have shifted lately due to Medicaid Expansion. The Prevention Section is pretty well set. Medicaid Expansion will have little impact on the organizational structure of the Section at this time. There was a simple PCN (position) switch with the Section Chief: it used to be an exempt position, but that was needed in a different capacity, so was replaced with a classified position of the same range and capacity. The position will be advertised soon and Director Wall is looking for any recommendations to fill the position.

Gallanos said the Garrett Lee Smith project officially ends July 31. DBH applied for a no-cost extension to use the unexpended funding, which was approved until next year. DBH continues to provide the suicide prevention training and to gather data. DBH will begin to provide more assessment training to clinicians needing a stronger skill set in evaluating people at risk of suicide. DBH is trying to optimize healthcare systems to help streamline supports and services for communities with limited resources. DBH has been partnering with NAMI-New Hampshire for a number of years to provide Connect postvention training. There are about 30 postvention trainers, but many do not have the capacity to provide a full training. For postvention to be effective, there has to be a network of people from different backgrounds and capacities. It has

been a challenge, so DBH is moving to target communities that have the capacity to provide postvention. DBH is working to provide the resources to help the early planning stages for communities to be prepared in the event of a suicide. DBH put out a request for applications to award a community that has a team to receive the training. Kodiak Area Native Association (KANA) hosted and received the training. KANA is in the process of creating a postvention plan and DBH is helping with technical assistance.

The postvention DVD produced by DBH is complete. Gallanos is working with the Department of Health & Social Services public information team to distribute and market the DVD and other postvention materials.

Sen. Gardner asked if there are any rural (off the road system) communities with postvention plans. Gallanos answered that health corporations typically have a response plan. Sen. Gardner asked if the next RFP would be refined based on the data taken from the postvention grant awarded to Kodiak Area Native Association. Gallanos answered that the pre- and post-test model is the standard evaluation model, which doesn't really evaluate the effectiveness of the postvention plan. Sen. Gardner recommended using communities experienced in postvention to determine how to evaluate the postvention plan. She also recommended using public television to broadcast the new DVD resource.

Burkhart pointed Council members to the Careline data in Gallanos's report. She encouraged Council members to review that information and consider having a conversation about Careline's reach, and whether it is the right resource for reaching young people. Careline is well utilized by adults, but not youth (even with the text line). Careline is at or over capacity, so how the State invests in Careline is very important. Gallanos commented that, with the text feature at Careline in flux, this is a good time to discuss these issues.

Chairman Martin asked if Gallanos was reorganizing the Postvention Committee. Gallanos explained that he would like to revamp the committee to better use the members' time and contributions.

House Bill 44 (Alaska Safe Children's Act/Erin's/Bree's Law) Discussion, Sen. Anna MacKinnon

Sen. MacKinnon described how HB 44 made its way through the special session. She explained that the Senate added a task force to work on the curricula for the trainings. She and Sen. Gardner, and probably Rep. Tarr and Rep. Millett, will serve on that task force, as will the Council's executive director. HB 44 perpetuated suicide prevention training requirements for educators and school staff (since the mandatory training was set to sunset in 2016). Suicide prevention training will be part of the wider range of trainings required every four years for teacher certification.

Chairman Martin asked if tribal organizations are represented on the task force. Sen. MacKinnon explained that there was no specific seat, but there is a seat for a practitioner of healing arts. Rep. Tarr added that the Alaska Children's Trust and Rasmuson Foundation are on

the task force and could offer a tribal representative. Sen. MacKinnon explained that the task force would not create a curriculum, but discuss how to get the curriculum implemented. Rep. Tarr added that the Council on Domestic Violence and Sexual Assault has adopted culturally appropriate models of teen violence prevention. Sen. Gardner commented that this is a short term effort. Sen. MacKinnon commented it was a one year effort, and said she would advise the Department of Education of the concerns about tribal representation.

Break at 11:00 a.m.

Reconvene at 11:15 a.m.

Juneau Suicide Prevention Coalition, Walter Majoris and Alice Rarig, PhD

Walter Majoris, CEO of Juneau Youth Services, and Dr. Alice Rarig, PhD presented on the work of the Juneau Suicide Prevention Coalition (JSPC).

The JSPC Community Needs Assessment collected quantitative and qualitative data. Majoris and Dr. Rarig shared the results and analysis of that assessment. Community perceptions of suicide and the importance of suicide prevention were high, as was the understanding of the connection between suicide and behavioral health. Community understanding of the connection between trauma and suicide was much lower.

Behavioral health providers were twice as knowledgeable as primary care providers about suicide. Primary care providers were very unlikely to know whether a patient had past suicide attempts or ideation, or had experienced domestic violence. Less than 30% of the primary care providers surveyed screen patients for suicide risk.

Dr. Rarig spoke about the analysis of the data collected by the JPSC. The local school district agreed to the Coalition's using raw Youth Risk Behavior Survey (YRBS) data, which was very informative. They grouped the trauma-related variables from the YRBS, which then allowed comparison to adult Adverse Childhood Experiences data from the Behavioral Risk Factor Surveillance System (BRFSS). Dr. Rarig explained that the risk for suicidal ideation/attempt was higher for students who were bullied, assaulted, raped, or otherwise traumatized.

Dr. Rarig explained data that showed the strong correlation between substance abuse and suicide. She noted that Alaska Native people in Juneau have lower rates of alcohol use than non-Native people. Dr. Rarig explained that 28% of people who completed a suicide in Juneau had "current mental health problems," and 24% were under the care of a health professional for mental illness.

Based on their analysis, the JSPC found that trauma, mental illness, substance abuse, and emotional distress increased risk of suicide. Alaska Native youth are at higher risk than non-Native youth. Protective factors shown to reduce suicide risk among youth were connectedness, extracurricular activities, and positive adult relationships. Among adults, adequate income, employment, education, and a current coupled relationship were protective

factors. Dr. Rarig noted that there is a gap in knowledge about older adults, as they are less likely to participate in the BRFSS. However, the majority of completed suicides are among younger people, so the JSPC is focused on preventing youth suicide.

Majoris provided an overview of what the JSPC's funding from the DBH permits, and how other fund sources support direct suicide prevention activities. The state funds are focused on population level suicide prevention efforts for people age 15-30, with a goal to "break the link between childhood/adolescent trauma and suicide risk in Juneau."

The JSPC has identified universal and selective interventions (funded by the state grant) and indicated (individualized) interventions (supported by other funds). The JSPC proposed activities/strategic plan are 100% aligned with the state suicide prevention plan. Universal strategies include screening students for suicide risk, addressing bullying/interpersonal violence, promoting protective factors, and public awareness. The JSPC will be strengthening the coordination with the local violence prevention group to further these universal strategies.

Selective strategies to be implemented include training school personnel to identify and support students with adverse childhood experiences; partnering more effectively with the Alaska Native community, primary care providers, and behavioral health providers; and increased education and outreach. Indicated strategies include supporting capacity at Teen Health Centers, counseling and support services, a postvention response team, and support groups for survivors of suicide loss.

The JSPC hosted a Trauma and Suicide Prevention Conference in June, 2015. Dr. Rarig spoke about how the data influenced the decision to host a community conference to improve knowledge and understanding about trauma and suicide. She provided an overview of the information provided, the audience (nearly 200 community members), and participant feedback. The overall rating of the conference was 4.14/5, and participants reported a strong sense of readiness to break the link between trauma and suicide – "peeling the onion" to break the stigma and start talking about trauma.

Sen. Gardner asked what the "BRFSS" is. Dr. Rarig explained that the Behavioral Risk Factor Surveillance Survey is a long-running CDC survey of Americans about a wide variety of health topics. Sen. Gardner asked if there was a distinction between students who participate in the YRBS and those who do not. Dr. Rarig answered that, based on the results, the students who do not participate are not necessarily students who engage in or experience negative behaviors. Sen. Gardner asked about the JSPC goal of a strong school district policy on bullying – it appears that the Juneau School District has a robust policy. Majoris commented that there is a need for more discussion and dialogue with school district leadership to effectively implement that policy (40% of students report bullying, so the policies are not working). A change in culture from tolerance to celebrating difference is needed.

Chairman Martin commented that the Native Alaskan community has asked for stronger enforcement of policies. Sen. MacKinnon commented that she sees extreme heckling and

bullying at basketball games in Juneau. Lata commented that, as chairman of the Juneau Human Rights Commission, he has seen a steady decrease in parent complaints of bullying at the school district in the past two years (since the district changed its policies). Dr. Rarig appreciated that information, and said that the JSPC would be evaluating the effectiveness of these strategies.

Break at 12:05 p.m.

Reconvene at 1:00 p.m.

Division of Behavioral Health Event Sponsorships, Director Albert Wall

Director Wall commented that not much has changed in the policy for event sponsorships. The change has been in the amount of money available, as the availability of funding has been greatly reduced. There was a three year capital increment funded with alcohol tax that has gone away. There still is the ability to sponsor some events. Any agency can send Director Wall a request, but he will consider overall funding, the impact of the event, and what the funding covers. If it is deemed a good expenditure of funds he will approve it. He will discuss with agency heads to get their input prior to approval. If it is outside of his capacity to fund the project but he thinks that it is a worthwhile endeavor, he will forward it up to the deputy commissioner and on to the commissioner to try and get approval for the project.

Burkhart commented that the reason this was put on the agenda was because of the postvention event that occurred in Mat-Su that wasn't coordinated with any of the agencies related to the event. There was a request for information on how the process works and why that event was sponsored without consulting certain community partners.

Director Wall commented that sometimes there is a political impact on some events so there is some behind the scenes discussions on how to make a project work.

Responding to previous questions about grant funding, Director Wall commented that the lapsed funds for grantees in 2015 are still not official because the FY2015 budget isn't closed out. There was \$7.8 million approved for the grants. Of that there was an obligated amount for \$7.6 million. Therefore the total lapsed is \$161,000. There was some funding that was encumbered that will be used in FY2016.

Burkhart commented that there was feedback that some grantees had funding lapse. Director Wall commented that it is a difficult question to answer. He is concerned about the funding for FY2015. He asked his staff if the funds were going to be able to be spent, and what efforts were being made on behalf of providers to help them spend those funds. He had reports that assured the funding would be spent. He is concerned about the comments of the grantees. He shares the hesitation of whether this was a good process or a failed process and will address that in the near future.

Gallanos commented that about \$3.5 million was identified for the prevention grantees. They allowed 15 percent of the funding to be used for implementation. They encouraged the grantees to use their funds for the assessment funding or capacity building.

Director Wall commented that they decided to get community assessments completed since they hadn't been done for some time. He supports that need. Only time will tell what the overall impact will be from the process. He is impressed with what the coalitions have done.

Chairman Martin asked if any of the grantees were unable to continue. Gallanos said there was only one that was not able to, which was McGrath.

Chairman Martin thanked Director Wall for his presentation.

Legislative Session Debrief, Legislative Members

Burkhart commented that this is the time for the legislative session to be discussed and how it might affect the work of the Council in the future.

Sen. Gardner commented that the two bills discussed earlier were the biggest issues facing the Council.

Rep. Tarr commented that there was a lot of time spent this session on Medicaid Expansion and Reform. With the Governor moving forward on the issue, things might change and there should be an increase in access to mental health services across Alaska. She commented that hopefully in time there will be a way to quantify that increase. There will be some cuts to housing in the future and that could affect some mentally ill people. There were some budget impacts that won't be great to mental health services, but hopefully there will be an increase with the Medicaid that will offset the decreases to some degree.

Burkhart commented that there was a cut to housing funds that were important to emergency shelters. The budget overall is important for Council members to pay attention to, because overall there are program reductions. The budget is going to be reduced this year and in coming years. Suicide is linked to access to health care, housing, historical trauma, etc. As funds for those issues shrink, it will cause more work for the Council. The access to Medicaid services are for the most acute cases, not for people that are looking for services because they might feel mildly depressed. It is important to understand that the reduction of the budget will have a ripple effect on the work of the Council.

Rep. Tarr commented that during negotiations at the end of the session, some additional funds were put into the Office of Children Services. That could help reduce some of the impact. The Alaska Council on Domestic Violence and Sexual Assault took a cut so they will be doing less of the research that they had done.

Sen. MacKinnon commented that many people believe Medicaid Expansion will increase jobs and provide more services, but there is an opposite view. The people that will access those services are already receiving services, such as Indian Health Services and the military. There is a shortage of health care workers in Alaska and Medicaid Expansion will increase the demand for health care professionals and stretch the system thin. Overall legislatively there are many people that want additional increases in communities and that is not realistic. There needs to be a bipartisan effort or things will only get worse. People say last session was the worst ever, but it is going to get worse before it gets better unless there is a bipartisan work. Unless people are willing to support more spending from the savings the budget will continue to go down. A sales tax, an income tax, a gas pipeline and increasing fishing licensing costs are not going to close the financial gap.

Chairman Martin asked if there is any feedback from other states that have accepted Medicaid Expansion. Sen. MacKinnon commented that there were mixed results. Some have seen more enrollment than they expected.

Sen. Gardner commented that she is reluctant to get into a debate about Medicaid today. Expansion is happening. There will be some extra funding for mental health services and that is a good thing for the work the Council does.

Sen. MacKinnon commented that there might be a legal challenge on the issue. She is looking at it from a financial aspect. It is not free money and will cost the State to be a part of the program. There should be a braiding of resources that can help families and do more with less. There could be funding with schools that can help families.

Burkhart commented that there is a good program in Ohio that is using school health clinics to focus on family wellness that she can share with the Council. Sen. MacKinnon said that it is being done in Begich Middle School. She would like to see some of the suicide prevention funding go toward those kind of programs. Sen. Gardner asked if Clarke Middle School had a health center. Rep. Tarr reported that she has been working with Clarke Middle School on the program and it is expanding. The Department of Health and Social Services had a webinar the other day that she can share with Council members. There has been a consultant hired to help with the Medicaid redesign. It used to be that nobody wanted to serve on the health committee in the legislature, now everybody is working like a committee of the whole due to the budget issues and Medicaid Expansion and Reform. There is a lot more work being done that is focused on the issue. She is hoping that the best ideas will rise to the top.

Director Wall commented that DBH is very interested in looking at better ways to do what they do. There are a lot of innovative projects being done across the country and there are providers in Alaska that are interested in moving in similar directions. There is a prioritization of the greatest needs and that is where the funding goes. There was some federal grant money that has been allocated to help with supporting housing. They are consistently looking at innovative ways to better do what they are doing.

Sen. MacKinnon commented that it might be worth looking into working with the Federal government to discuss supportive housing of the vacant housing from the thousands of troops that are being relocated out of Alaska.

Summit Planning Sub-Committee, Rep. Tarr

Rep. Tarr said the Summit Planning Subcommittee met several times since the last Council meeting. There are potentially some resources to bring a group of people to a summit in January. The Council is going to be having its meeting in January in Anchorage. The committee didn't get to discuss specifics of the costs. As to the focus, a lot of the conversation was on how to continue with the work when there is reduced funding. There was discussion on how to host a low cost summit and engage with community partners to help fund the event. There could be a partnership with the faith community. There could be collaboration with schools. The details need to be more fleshed out and there needs to be some follow up if the summit is going to happen.

Gallanos commented that a clearly established purpose or goal needs to be established if there is going to be a summit to ensure positive outcomes. The overarching goal is to collaborate, but what is the main reason to bring people to a summit. He was contacted by Jim Wisland who will be having a weeklong seminar on suicide prevention for clergy. That has a clear goal, so that might be something the Council might want to help partner with.

Burkhart said the clergy piece has been in the works for a while. Jim Wisland already has a group that is interested. If there is a summit, the intention was to have some overlap. The main question is “why should we host a summit.” The last year of the state plan is 2016 and the Council needs to start the planning process for the next iteration. This January might be too soon to do that and look at the whole plan comprehensively. In a time when there is not a lot of money available, hosting a big event might not look good to the public. The things that have to happen in 2016 related to the plan are how well did it work, did it achieve what was intended, what did not work well, and then the new planning process needs to begin.

Chairman Martin commented that the community partners should provide input on what was useful from the previous summits. Gallanos shared that Sharon Fishel suggested in subcommittee meetings that the Council may want to consider going to meet with the partners rather than bringing them all together. The Council could consider sending a team to reach out to the regional teams to offer support to advance their work as they are wrapping up their five-year projects. In 2016, they could be brought back together to see what is working and what is not working.

Chairman Martin agreed it is a good idea. Alaska is a large state so it is a good idea to meet with people in different areas across the state to help support the regional plans and then bring it all back at a future summit.

Gallanos commented that another alternative could bring a representative from each region to the meeting in January to champion the efforts in their regions. Developing regional teams was beneficial for the state because it helped coordinate resources and have better communication, but it didn't work as well for some of the regions because they didn't sustain their efforts.

Sen. MacKinnon commented that, as a legislator, January is a difficult time to participate in the summit due to the holidays and having to relocate to Juneau. There are a lot of issues that are related to suicide, including domestic violence, mental health, substance abuse, and sexual abuse. The Council has recognized that and partnered with other agencies. It seems like many of the groups are working on the same issues, but are not working together. It would make sense to join together to work on one plan rather than have a bunch of separate plans that are similar but not connected. A larger plan in a collaborative manner might be more beneficial for all groups instead of having everyone competing for the same pot of money.

Burkhart commented that, a few years ago, a cross departmental prevention work group was created to identify common prevention and protective factors and try to unify all of these efforts. She can forward the work product that was created. That is a group of middle managers and not commissioners. That is something the Council might consider, creating a comprehensive plan that includes the other issues.

Chairman Martin asked if the summit should be delayed to start the groundwork for a super coalition that covers all of the issues discussed. It is up to the Council to make a decision on that.

Sen. MacKinnon asked if there is a requirement that the Council meets in person. Burkhart answered there is an expectation to meet in person, but there is nothing in state statute that mandates meeting in person. She would appreciate some specific guidance on whether or not to host a summit and would like to know what the expectations are.

Sen. MacKinnon **moved** to postpone the implementation of a summit in 2016 to a date to be determined by the Council at a future meeting. Humphrey **seconded the motion**. The motion **passed without objection**.

Chairman Martin asked if there should still be a gathering of the different Councils and Boards.

Burkhart commented that the January meeting could be used to invite and support representatives from the regional teams, as well as building a super coalition. That could be the main part of the meeting could focus on a collaborative approach and to get buy in from other groups.

Chairman Martin commented that it should be a discussion rather than presentations to help tie all the issues together. Each one of those organizations are working to prevent suicide in unique ways because they address the web of causality. It would be good to have an open discussion.

Sen. MacKinnon commented that the January meeting used to be held that month to meet with the legislature. She asked if there would be more impact if the meeting be moved to the end of February or March to have more impact with the legislature. Sen. Gardner doesn't believe that having a meeting during the session would work any better for the legislators on the Council.

Humphrey commented that all of those months are a busy time of year. She would prefer not to have regular meetings be so much reporting out. She wants more discussion. If the idea is to bring people together it should be structured in a way that isn't just reports.

Franks commented no matter what time of the year a summit takes place, there needs to be buy-in from the tribal health organizations and that they keep working on suicide prevention. She liked the report by the Juneau Suicide Prevention Coalition and that they have focused their work around the state plan. If more communities modeled their work on the state plan, more people would be on the same page.

Crow commented that she is still not sure what the goal of the summit would be. The regional teams are at such different levels. There should be a clear goal if a summit is held in the future. Lata commented that he would like to see the summit focus around the comprehensive plan. Chairman Martin concurred with Lata.

Burkhart commented that it might help to have Council members help staff put together the winter meeting and help build a scope of work to evaluate the plan. Council members can review the work prior to the meeting and then discuss it at the meeting. Gallanos's idea of going to the regions to understand why the plan worked for some regions and not others could be beneficial in that discussion. Humphrey said that she would be willing to help plan the winter meeting.

Chairman Martin asked if it would be beneficial to move the meeting to Juneau to meet with the legislators. Burkhart said that would not be very effective to meet with legislators at the beginning of session. Chairman Martin asked if the date of the meeting should be moved. Morrison answered that the Council set the dates for January 11-13 with the intention of having a one-day meeting and a two-

day summit. Those dates are between the beginning of the legislative session and the holidays. The meeting could be reduced to two days or a day and a half.

Sen. Gardner commented that, without a summit, there is no need to meet for more than one day. Burkhart commented that with the scope of a dialogue that has been discussed, there would need to be more than one day.

Sen. MacKinnon suggested having a meeting on January 11 and 12, 2016. Council members agreed. Burkhart confirmed that the meeting will be January 11 and 12. It will be a conversational meeting with the partners on a collaborative effort and evaluating the state plan. Humphrey is going to help plan the meeting. Staff can coordinate with Jim Wisland to see how the Council can collaborate with the clergy training in a meaningful way.

Sen. MacKinnon commented that she forgot to bring up earlier the May meeting minutes that list her as absent when she was in attendance telephonically. She was also referred to as Sen. Fairclough. Humphrey commented that her name was misspelled on several occasions. Staff will amend the minutes.

Casting the Net Upstream 2015 Implementation Report, Kate Burkhart

Burkhart commented that the Implementation Report was adjusted last year to include a scorecard in the back to report on all of the strategies. She asked if the Council was comfortable using the same format this year. Sen. Gardner commented that it should be the same.

Franks commented that she loves the dashboard and wished that it had been in previous reports to use to show people the work the Council has been accomplished.

World Suicide Prevention Day Planning

World Suicide Prevention Day was put on the agenda because Sen. MacKinnon noted several meetings ago that planning was taking place at the last minute. Burkhart asked Council members what they would like to do this year.

Sen. Gardner is planning a newsletter to her constituents. She asked if there was a Compass piece done last year in a newspaper. Morrison answered that there were different ones sent to newspaper in each region, but not every newspaper published them. Four of the six regions published them.

Sen. Mackinnon asked if the Council could work with the Alaska Children's Trust that has received funding from the legislature for suicide prevention. They could potentially help with a media blitz to help bring attention to the issue. Humphrey said that Boys and Girls Club will recognize the date in clubhouses across the state.

Rep. Tarr asked what the Council has done in the past for the event. Burkhart answered that the Council has worked with high schools on Walls of Hope, media awareness efforts, coordinated with NAMI and the American Foundation for Suicide Prevention. Morrison

commented that the Council's television commercial debuted last year during Suicide Prevention Week. Burkhart added that numerous trainings have been offered during this time.

Sen. Gardner commented that the postvention video could debut and be shared with schools. Sen. MacKinnon suggested having Kathryn Casello promote one of her presentations on television.

Chairman Martin asked if people could post videos on the Council's website. Burkhart answered that it is a possibility. She suggested that the Council could put together a YouTube channel, which has been in discussion for several years.

Sen. MacKinnon suggested offering the e-Learning training for free. Burkhart suggested having a training for state employees, which could happen that day.

Rep. Tarr commented that there is a walk in Anchorage to support suicide prevention in the spring. She asked with what that was in conjunction. Burkhart answered that the American Foundation for Suicide Prevention has a signature event called Out of Darkness that is an awareness building and fundraising event for the Alaska chapter. Rep. Tarr suggested offering a training that promotes prevention.

Lata said the drug and alcohol agencies have a campaign called My Anti-Drug. He was wondering if there is a slogan that could focus on suicide prevention. Burkhart explained that it is similar to the Wall of Hope and reasons to live. Rep. Tarr asked if it would be worth doing the Walls of Hope. Morrison commented that the previous event was in conjunction with the Alaska Association of Student Governments (AASG). AASG has a new executive director who has not been willing to collaborate with the Council on suicide prevention. Burkhart commented that the DEED grantees engage in resiliency and protective factors work and could be potential partners. Crow commented that Fishel has an email list of the schools that can be used to contact schools to remind them that suicide prevention week is coming up.

Franks suggested having people promote Careline on social media or get schools to put up posters. Erickson agreed with that idea.

Rep. Tarr asked how to move forward from here and if there needs to be a motion. Morrison answered that generally staff follow through with directions given from the Council. Burkhart commented that staff will take these ideas and make as many of the events as possible. Franks suggested having people share their events on StopSuicideAlask.org.

Fall Quarterly Meeting Planning

Morrison explained that the meeting dates were set nearly a year ago so people could plan ahead. Erickson was not at that meeting, but Council members wanted to meet in a rural area and suggested having the meeting in Fairbanks with a side trip to Tanana since she lives there and has the connections. The dates September 23-25, 2015 were selected due to the reduced cost after the tourist season, but before the colder months. It might be best to send a smaller

group to Tanana on September 23rd and have them report back to the entire Council on the following days. This item was put on the agenda to get feedback from Erickson.

Erickson commented that the dates are difficult because that is the end of the moose hunting season. Plus, due to the many fires this summer, there will be people going further out to hunt in areas not affected by the fires. Many of the people the Council would want to meet with will likely be out of town at that time. She doesn't think it would be worthwhile to meet in Tanana at that time.

Chairman Martin asked if there should be new dates or locations. Humphrey suggested keeping the same dates and meeting in Fairbanks. Burkhart commented that she will be attending a United Nations Development Program meeting at that time and will not be able to attend the meeting. Sen. Gardner and Humphrey commented that they also will not be able to attend the meeting. Chairman Martin commented that the meeting doesn't need to be three days if the Council is not meeting in Tanana. Burkhart commented that Fairbanks is hosting an early development and mental health conference a couple of week after those dates. There is a lot of conversation about child trauma and mental health so it is a good time to talk with providers about those issues. Sen. Gardner asked if it would be better to hold the meeting after that conference. Burkhart commented that it has been an ongoing discussion within the community, so the September dates would work.

Chairman Martin asked what days would be best to meet. Gallanos is planning a postvention meeting either prior or after those dates so he suggested postponing setting the actual dates for a few days to make sure the Council's meeting doesn't interfere with the other. Chairman Martin asked if anyone has any objections. Morrison commented that he can send out the official dates next week.

Final Comments

Martin commented that there was a suicide in Juneau a few weeks ago and the Juneau Empire violated all of the best practices and ethics for reporting on suicide. The Juneau Suicide Prevention Coalition has been working with the newspaper for years to try to get them to follow the best practices and continues to work with them.

Franks commented that she attended the Chris Kyle Patriots Hospital dedication that is part of the North Star Behavioral Health System. There were about 200 people in attendance. She commented that it is a nice new facility to have for soldiers in Anchorage. Burkhart explained that North Star closed one of its adolescent behavioral health units that was being underutilized and this was an opportunity to meet an unmet need.

Burkhart commented that the family of the recent suicide in Juneau reached out to the Council for resources and were put in contact with the Juneau Suicide Prevention Coalition. It is rare that families reach out to the Council so soon after a suicide.

Rep. Tarr commented that there will be a stakeholder workgroup with the Trust Training Cooperative to discuss Mental Health First Aid and how to provide more training for people. Everybody is welcome to attend and she will send information to staff to forward to Council members.

Sen. MacKinnon commented that the Speaker of the House will be contacting Rep. Nageak to ask about his availability to attend Council meetings.

Humphrey **moved** to adjourn the meeting; Rep. Tarr **seconded**. The meeting **adjourned** at 3:25 p.m.