

# Prevention eNotes!



STATE OF ALASKA, DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
BEHAVIORAL HEALTH

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## Celebrating Partnership in 2008

On January 9th-11th, 2008, approximately 100 people gathered in Anchorage to participate in the Comprehensive Prevention Grantee Meeting. This year's theme was *Partners Promoting Healthy Communities*. Speakers and presenters included Melissa Witzler-Stone, Director of Behavioral Health, Craig Povey, National Prevention Network and Western Center for Applied Prevention Technology (CAPT) consultant and Blair Brooke-Weiss, University of Washington and Western CAPT consultant.



Melissa Witzler Stone giving a key note address to attendees of the all grantees meeting in Anchorage on January 9th, 2008.

Topics included developing a continuum of care that includes science-based prevention strategies, utilizing the Strategic Prevention Framework (SPF) steps 1-5 from assessment to planning and evaluation, increasing positive climates and connections for youth as well as several other workshops that support our work in prevention. Plenary sessions included the Alaska plan to reduce underage drinking, a panel presentation from the Community Prevention Team, Central Kenai Peninsula on the *Benefits and Challenges of Developing a Community Grant Proposal* and a *Grantee Showcase* highlighting four grantees on their successes and challenges associated with developing and tracking outcome measures for their projects and demonstrating promising results.

We look forward to becoming a partner with you in prevention in order to promote healthy communities all across Alaska. With our attention and focus to promote and integrate science-based prevention with practical strategies that meet our diverse and unique needs, we will be able to demonstrate that prevention works. Let's celebrate our partnership and continue to work hand in hand in the coming years. Thank you for all who attended and we will see you all again real soon!

### Inside this issue:

E-NOTES ANNOUNCEMENTS	2
PREVENTION MAKING NEWS	3
ALASKA GATEKEEPER SUICIDE PREVENTION TRAINING	5
STRATEGIC PREVENTION FRAMEWORK: STEP 1	6
SPOTLIGHT ON YOUTH	8
NEIGHBORHOOD SUPPORT AND CONNECTEDNESS	9
LEGISLATIVE UPDATE	10
SAVE THE DATE	11
THIS ISSUES QUOTE	12

# e-Notes Announcements

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## Request for Proposals Released

The Request for Proposals (RFP) for the **Behavioral Health Comprehensive Prevention & Early Intervention Services** grant and the **Rural Human Services Systems Project** (RHSS) was released and posted on the State's Public Notice website (link below). Please note that completed proposals for the Comprehensive Prevention grant are due to the State, DHSS, Behavioral Health on Monday, April 7<sup>th</sup> and the RHSS grant on April 21<sup>st</sup>. Pre-proposal teleconferences were held for the Comprehensive Prevention grants and questions and answers related to the RFP are being posted on-line. A **pre-proposal teleconference** for the RHSS grants is scheduled for **2:00PM March 5, 2008**. It will be the responsibility of the applicants to call the teleconference number to join the pre-proposal teleconference: **1-800-315-6338 code 3033#**. The **Alcohol Safety Action Program** RFP is also planned to be released on **March 5th**.

Please pass this information along to all interested individuals, agencies and community coalitions. We look forward to your interest in prevention and early intervention services related to behavioral health issues and the further development of a well trained prevention workforce in rural Alaska. To download a copy of the RFP and other attachments, go online to the State of Alaska website and click on "Public Notices" / "Grants" or click on the link below.

## Underage Drinking Town Hall Meetings Coming Soon!

Alaska had taken a big step forward in an attempt to address one of the most significant problems facing our communities. The impact of underage drinking takes an enormous toll on the health and safety of our youth and the economic costs are staggering. Several Alaskan communities have committed to address this problem by hosting town hall meetings across the state this Spring. (see page 7). Input from these meetings will help to identify the nature and scope of the problem as well as identify community-based strategies that will support a broad range of prevention-based services and practices to reduce underage drinking.

Communities interested in hosting a town hall meeting to discuss Alaska's draft Plan to Reduce and Prevent Underage Drinking should agree on a proposed time, date and location. Plan on one to two hours for the discussion. All members of the community, including youth, are welcome. Once communities have established the logistics of the proposed meeting, they should e-mail their request, or any questions, to [Mashelle.Hess@alaska.gov](mailto:Mashelle.Hess@alaska.gov).

For a draft copy of the State of Alaska Plan to Reduce and Prevent Underage Drinking, go to the Behavioral Health website at:

<http://www.hss.state.ak.us/dbh/>.

The draft plan is now open for public comment until April 14, 2008. Here is a list of town hall meeting locations.

## Prevention in Alaska making news!

### Suicide in Alaska Ranks Third Nationally

In a recent report released in January by the American Association of Sociology, Alaska is ranked third in highest suicide rates across the nation according to 2005 data. This is down from a ranking of number one back in 2004. During that period, suicide was exceedingly high of a rate of 23.4 completed suicides per 100,000 individuals. In 2005, it was 19.7 and in 2006, dropped again to 19.5.

Top Ten Rank State [Division] (2004 rank)		
Deaths Rate in 2005		
1	Montana [M] (2T)	206 ..... 22.0
2	Nevada [M] (2T)	480 ..... 19.9
<b>3</b>	<b>Alaska [P] (1)</b>	<b>131 ..... 19.7</b>
4	New Mexico [M] (4)	342 ..... 17.7
4	Wyoming [M] (5)	90 ..... 17.7
6	Colorado [M] (6)	800 ..... 17.1
7	Idaho [M] (7)	228 ..... 16.0
8	Arizona [M] (11)	945 ..... 15.9
9	South Dakota [WNC] (13)	121 ..... 15.6
10	Oregon [P] (10)	560 ..... 5.4

*McIntosh, John, P. Phd for the American Association of Sociology national ranking of suicide rates, 2005.*

It is too early to tell if this will be a continued trend in Alaska. If you look at the Alaska suicide rates over the past five years, the rate has been relatively stable (with the exception of 2004). These rates indicated a range between 19.5 and 20.9.

If the suicide rates follows national trends, then we can surmise that our suicide prevention efforts falls in line with national efforts state by state. If we were to see a turn away from the national data, then we can expect to see that we have a distinct set of factors that either influence or decrease risk of suicide and suicide behaviors.

Since Alaska has some of the highest rates in the nation, then we can critically look at those factors and target these areas for suicide prevention. The Alaska Suicide Follow Back Study released in 2007 and conducted by the Alaska Injury Prevention Center identifies many of these factors and reveals some distinct characteristics that are unique to our state.

Nationally, the highest age group involves older adults over the age of 80 followed by 40-59 year olds. In Alaska, the highest age group was 20-29 year olds followed by 30-39. The group of 10-19 was also higher than national average but became more disparate for ethnicity, with Alaska Native teens accounting for 61% of suicides in that age group but only represent 20% of the population.

Regionally, the Northwest Arctic Borough has the highest rate of suicide in the state, 90.9 per 100,000 between 2004 and 2006. It has also been reported that suicide is the leading cause of death for 15- to 18-year-old Inupiat Eskimo boys with a suicide rate of 190.33 per 100,000 (Maniilaq Health Corporation unpublished report).

The Alaska Follow Back Study (2007) shows that Alaska has high rates of alcohol use among those who completed suicide. Alcohol/drug use was initially reported in 77% of all cases. Of all toxicology reports investigated between 2003 and 2006, 46% tested positive for alcohol and 16% for marijuana. Marijuana use in Alaska tested more than twice as high as compared to national suicide toxicology screening rates. However, it must also be noted that toxicology screens were only received for 31% of the cases sampled which identifies Alaska as having one of the lowest toxicology frequency rates according to the National Death Reporting System (NVDRS).

By targeting specific high risk groups such as younger Alaska Native males and high risk behaviors such

## Prevention eNotes!

### Prevention in Alaska making news!

#### *Suicide in Alaska Continued....*

as alcohol and drug abuse, we can begin to tailor prevention interventions, practices and strategies towards these areas. Other research efforts that will help us to further our understanding of suicide are:

1. Conduct Knowledge, Attitudes, Beliefs, and Behaviors (KABB) surveys about suicide in Alaska.
2. Conduct key informant interviews with community stakeholders, such as families, educators, advocacy organizations, behavioral health providers.
3. Collect and analyze data from those who have attempted suicide and their families to better understand risk factors, immediate cues, effectiveness of interventions, and protective factors.

In addition, continued collection and reporting of the Alaska Suicide Follow Back Study data will help us to monitor these influences and factors of suicides in Alaska in order to establish a baseline from which to measure our progress. If we do not set a baseline to measure our progress, it will be difficult to tell if our prevention and intervention strategies are making a difference in reducing suicides.

#### **What has been shown in research to reduce rates:**

According to national research, suicide prevention must include and integrate a broad, public health approach as well as a behavioral health approach that provides readily accessible treatment and services for suicidal individuals. Below is a list of recommendations that should be considered when developing a community suicide prevention program or project.

- Suicide prevention, intervention and treatment Integrated into continuum of care to include access and availability of behavioral health services.
- Suicide prevention is targeted simultaneously at the community (schools), family and individual levels.

- Should not focus only on suicide and reduction of risk factors but also promotion of protective factors such as connectedness and resiliency.
- Community involvement that promotes overall health and well-being
- Flexibility in programs that is able to meet diverse needs of Alaskans.
- Constant vigilance in collecting and monitoring data for evaluation and program development.
- Promoting and enhancing sustainability and cultural competence in program development and community-based prevention practices.

One such effort to reduce suicides in the state is the Alaska Gatekeeper Training (see page 5). A *gatekeeper* is a term used to identify person in a community that protects others from harm, offers support and assistance or directs them to services. A gatekeeper should be part of the fabric of every community where suicide is a risk.

Although suicide is higher among specific regions and populations, suicide impacts EVERYONE and therefore each community should have a suicide prevention plan that includes not only crisis response but also prevention and post-vention care. Post-vention refers to a planned response after a suicide has occurred which includes family/community grief counseling, survivor support groups and other memorial services related to suicide.

For more information on the Alaska Suicide Follow-back Study or on developing suicide prevention programs, practices and interventions tailored to your community, obtain or download the Alaska State Suicide Prevention Plan at <http://health.hss.state.ak.us/suicideprevention> or contact James Gallanos, DHSS, Suicide Prevention Project coordinator at (907) 465-8536.

# Gatekeeper

## Alaska Suicide Prevention Training

A *gatekeeper* is anyone within a community who is responsible for the health and safety of an individual, has access to resources, and has the ability to listen, connect, assess, and most importantly, act when someone is contemplating suicide. The Alaska Gatekeeper Training will help prepare and give knowledge about suicide, including identifying risk factors, warning signs as well as protective factors that influence a person's ability to care for themselves during a crisis. Gatekeepers will also learn and practice intervention skills such as active listening, relationship building, assessment of risk, and the development of an action plan including the identification of community resources and making appropriate referral. The *gatekeeper* is just that—someone who keeps watch and identifies, but does not treat in the long term.

### The objectives of this training are to:

1. Teach people how to become good listeners and give a concerned response to a suicidal individual.
2. Teach people how to feel comfortable and effective as gatekeepers who listen and assess.
3. Develop a group of people who are comfortable intervening with individuals who have suicidal thoughts, or are about to engage in self harm.

The Targeted Gatekeeper Training and the Targeted Gatekeeper Program was developed at the University of Alaska Anchorage, by staff of Behavioral Health Research and Services (BHRS) and with the support from many community volunteers. During the development, ***no single set of standards of care has been identified as the answer to all suicide assessment and prevention efforts.*** Each contact with a suicidal person is unique and the outcomes of a gatekeeper interaction cannot be predicted with certainty. This gatekeeper training simply provides guidelines, information and skills training to prepare gatekeepers clinically and ethically.

*For more information about this training or how to arrange the Alaska Gatekeeper Training to be conducted in your community, please contact James Gallanos, LCSW, Department of Health and Social Services, Behavioral Health, Prevention and Early Intervention Services, (907) 465-8536 or e-mail at [james.gallanos@alaska.gov](mailto:james.gallanos@alaska.gov).*



## STRATEGIC PREVENTION FRAMEWORK

*In this series, e-Notes will be presenting the Strategic Prevention Framework (SPF) Steps 1–5. Marlene Adams is a National Center for Substance Abuse Prevention (CSAP) fellow and is part of a national program to fund, train, and build capacity for Alaska's prevention workforce.*

### STEP 1: ASSESSMENT

As mentioned in the previous e-Notes, we will be providing a series of articles on the Strategic Prevention Framework (SPF) Steps 1-5 that were introduced at our annual Grantee meeting in January 2008. This article will focus on Step 1: assessment of needs, resources and readiness. Please note it is imperative we keep in mind this is not a linear process but an ongoing process of continuously assessing the needs, resources and readiness of your defined community at every step of the SPF process.

Throughout the entire process, you will see that cultural competency and sustainability as interwoven in each of the steps. So as part of Step one it is important to assess for cultural relevance i.e., are your services culturally appropriate for the target population you are serving? Taking inventory of sustainability may include educating leaders in your community about your prevention efforts or by having one-to-one conversations with influential community members who can help to sustain your efforts once you begin actively planning your prevention strategies.

Prior to determining the need, resources and readiness of as community, it will be important define your community however you see fit in terms of addressing the substance abuse related or other issues in your service area i.e. school district, neighborhood, region or village. Once your community is defined, it is important to gather data that indicates the problem you identified in your community. For instance if you choose to address underage alcohol related car crashes, there must be data that indicates it is significant issue in your community. In identifying the issue or needs of your community the data you collect becomes a source for ongoing assessment.

Once you have defined your community and relevant data it is time to assess your resources. Community resources may include informed stakeholders in your community who are supportive of your efforts i.e. elders, teachers, law enforcement, youth who can assist in this process. Assessing your current prevention efforts provides you a baseline for service needs, gaps, funding needs and potential funding sources. It is an inventory of what is going on in your community that is working and what you need to do to fill the service gaps. This may include surveying your key informants who have direct knowledge of the substance abuse or behavioral health related issues.

The surveying or interviewing of *key Informants* or *stakeholders* is a huge part of Step I and better known as identifying the readiness of your community and their awareness, interest, ability and willingness to support your prevention efforts. There are several tools available to help you assess readiness e.g., Tri Ethnic Community Readiness tool which can be found at: <http://www.triethniccenter.colostate.edu/>. Please note there are other tools you may use. It is recommended that you identify 5-7 key informants who represent your community i.e. law enforcement, school, elders, health care provider, community member, youth who are aware of the issue you wish to focus your



Continued from previous page....

prevention efforts on. A prime example of an 'untitled' key informant would be someone who may not hold an official title in your community but is aware of what is going on i.e. school janitor, health aide, school security. Once you have identified your key informants there is a process of interviewing, scoring (preferably someone outside of your community scores the survey) and determining the level of readiness in your community. The outcome of this survey provides a baseline for where your community is in terms of ability and willingness to support your prevention services. Keep in mind these levels are not concrete and a community can flow between different levels especially if an event whether negative or positive happens in the community. Once again it is an ongoing assessment process.

SPF Step 1 gives you a starting point in terms of community support, resources, data and readiness. With this information you can move on the Step 2: Capacity which we will cover in the next Enotes!

Marlene M Adams  
Alaska CSAP Fellow

Continued from page 2....

### Underage Drinking Town Hall Meetings

Most dates are being planned between the months of March and April. Contact your local town hall meeting coordinator for more information or how to get involved or contact project coordinator MaShelle Atherton-Hess at (907) 465-4984.

Community	Phone	E-mail
Wasilla	(907) 376-2411	<a href="mailto:jholen@matsuhealth.org">jholen@matsuhealth.org</a>
Seward	(907) 224-5257	<a href="mailto:dlandenburger@seaviewseward.org">dlandenburger@seaviewseward.org</a>
Soldotna	(907) 714-4520	<a href="mailto:mdammeyer@cpqh.org">mdammeyer@cpqh.org</a>
Akiak	(907) 765-4600	<a href="mailto:garmstrong@fc.yupiiit.org">garmstrong@fc.yupiiit.org</a>
Anchorage	(907) 486-5577	<a href="mailto:Terri.Ensley@providence.org">Terri.Ensley@providence.org</a>
Kotzebue	(907) 442-7694	<a href="mailto:flora.henry@maniilaq.org">flora.henry@maniilaq.org</a>
Nunam Iqua	(907) 498-4394	<a href="mailto:nunamiquayouth@yahoo.com">nunamiquayouth@yahoo.com</a>
Mountain Village	(907) 591-2814	<a href="mailto:atcyouth@gci.net">atcyouth@gci.net</a>
Juneau	(907) 463-3755	<a href="mailto:mfelix-ncaddj@ak.net">mfelix-ncaddj@ak.net</a>
Nome	(907) 443-3241	<a href="mailto:mboeckmann@nshcorp.org">mboeckmann@nshcorp.org</a>
Fairbanks	(907) 452-8251 x3448	<a href="mailto:barbara.price@tananachiefs.org">barbara.price@tananachiefs.org</a>
Yakatat	(907) 784-3238	<a href="mailto:snelson@ytttribe.org">snelson@ytttribe.org</a>
New Stuyahok	(907) 693-3173	<a href="mailto:faithandrew@hotmail.com">faithandrew@hotmail.com</a>
Gustavus	(907) 723-1088	<a href="mailto:Rachel@anniemae.com">Rachel@anniemae.com</a>
Koliganek		<a href="mailto:gkapatak@yahoo.com">gkapatak@yahoo.com</a>
Juneau	(907) 796-6389	<a href="mailto:chris.washko@uas.alaska.edu">chris.washko@uas.alaska.edu</a>
Galena	(907) 534-2220	<a href="mailto:vburnham54@hotmail.com">vburnham54@hotmail.com</a>
Old Harbor	(907) 286-2215	<a href="mailto:ohtribal@hotmail.com">ohtribal@hotmail.com</a>
Ouzinkie	(907) 680-2259	<a href="mailto:otcadmin@ouzinkie.org">otcadmin@ouzinkie.org</a>
Anchorage	(907) 884-9131	<a href="mailto:Vshaver@aydc.org">Vshaver@aydc.org</a>
Petersburg	(907) 772-3332	<a href="mailto:kilkenny77@msn.com">kilkenny77@msn.com</a>

## Partners in Prevention: **Spotlight on Youth**



Chet Syverson, from Soldotna, took the lead in organizing "Project STAR", in which high school students volunteer every month to read to students in kindergarten through third grade. Chet recruited students from several groups: athletics, band, choir, honor society, and student council. Sometimes the older students wore their uniforms and explained their particular activity, in addition to reading. This project benefited the high school volunteers as they learned teaching, tutoring and mentoring skills as well as a sense of responsibility. The younger students became more motivated readers, while having positive role models to look up to. Chet started the reading project, "because of all of the great teachers" he's had in the past. It's his hope that Project STAR will continue every year.



### *The winners have been announced!*

Teens from Anderson to Unalaska will be recognized and celebrated at the 10th annual [Spirit of Youth](#) Awards banquet March 29 at the Egan Center in Anchorage. A [complete list of 2008 winners](#) has been posted to the Spirit of Youth Web site.

**Help us recognize youth who are making a difference in your community!**

Nominate online at [www.spiritofyouth.org](http://www.spiritofyouth.org)

## Neighborhood Support and Children's Connectedness

*Child Trends. February 2008 Fact Sheet.*

*By Britt Wilkenfeld, M.A., Kristin Anderson Moore, Ph.D., and Laura Lippman*

Research has found that varied types of “connectedness” contribute to children’s development. Living in a supportive neighborhood can contribute to the successful development of children and youth. For example, children benefit from connections to their:

**Neighborhood:** Relationships and experiences in the neighborhood influence children’s outcomes; specifically, social ties and control among neighbors are related to higher levels of social competence and lower levels of problem behaviors.

**Family:** Positive parent-child communication, parental involvement, and warm and supportive relationships with parents are associated with lower levels of emotional and behavioral problems, school suspensions, and substance use.

**Peers:** Feeling positively connected to peers, such as being accepted by friends and being socially competent, is associated with more positive academic outcomes and fewer behavioral problems. On the other hand, the negative experience of being rejected by peers and being bullied can lead to withdrawal or aggressive behavior, as well as to poor school performance.

**Community:** Young people who volunteer are found to have more socially responsible attitudes and to be less likely to engage in problem behaviors than are their peers who do not volunteer. Connection to a religious community can also facilitate positive development. For example, religious involvement can contribute to better educational and emotional outcomes for adolescents.

**Activities:** Participation in structured after-school activities like clubs or sports contributes to academic achievement, enhanced social and cognitive skills, positive social behavior, and fewer risky behaviors. Involvement in such activities facilitates the development of skills and increases exposure to engaged peers and positive adult role models.

Children benefit from positive connections to parents, peers, the community, and other societal institutions. Research presents evidence showing that neighborhood connectedness is related to being connected in other ways as well. The good news is that connections can be compounding; that is, connections in the neighborhood may foster developing relationships in other contexts and participating in structured activities. (Of course, causality probably goes in both directions, from family to neighborhood as well as from neighborhood to family.)

*Based on data from the National Survey of Children's Health, 2003, sponsored by the Maternal and Child Health Bureau, U. S. Department of Health and Human Services. For a complete copy of this report go to:*

[http://www.childtrends.org/Files/Child\\_Trends-2008\\_02\\_05\\_ConnectednessFS.pdf](http://www.childtrends.org/Files/Child_Trends-2008_02_05_ConnectednessFS.pdf)



## Legislative Update *as of February 12th, 2008*

During regular sessions of the legislature, which begin in January and run for 90 days, the Legislative Information Offices (LIO) are staffed and equipped to provide Alaskans with up-to-the-minute information on the status of bills, as well as the particulars of committee and floor activities. In addition to having access to the information via the Alaska Legislative Computer System at <http://w3.legis.state.ak.us/index.php>, hard copies of bills are available. The LIO directory is also available in order to contact your local LIO directly.

Through the LIOs, Alaskans may communicate with their legislators using the [Public Opinion Message System \(POMS\)](#). Constituents may participate in legislative committee hearings and/or constituent meetings with legislators using teleconference facilities. LIOs can provide addresses, email addresses, phone and fax numbers and toll free numbers that many legislators maintain for use by their constituents.

Here are a series of bills we are tracking. Stay tuned for more information.

**HB 310 and HB 311 "FY 09 Operating Budget Bills and Appropriations"**. Interested parties can go to their LIOs at 1 p.m. on Friday, February 22 and at 10 a.m. on Saturday, February 23 to testify on these critical bills. Testimony will be limited to two minutes each, so written testimony is encouraged.

**HB 207/SB 156 , "An Act relating to questionnaires and surveys administered in the public schools"**

The House version was referred to the Rules Committee last year. Representative Coghill is the Chair of the Rules Committee and holds the decision as to whether or not the bill moves out to the floor. The Senate version was referred to a Special Committee on Education last year and has made no movement forward this session.

**HB 234 "An Act relating to the education loan repayment program and establishing the education loan repayment fund."**

The division is interested in this bill as a workforce development tool. On January 24, 2008 the bill remained in the House HESS Committee for Committee Substitute work.

**HB 325 "An Act relating to the teachers' and nurses' housing loan program in the Alaska Housing Finance Corporation; and providing for an effective date."**

The division is interested in this bill as a workforce development tool. On February 6, 2008 the bill was referred to House Finance.

**HB 327/SB 235 "An Act relating to shipping, sending, transporting, or bringing alcohol to a local option area and providing alcohol to others in the local option area, including penalties for violations; relating to furnishing alcohol to a minor and to civil penalties for licensees whose agents or employees furnish alcohol to a minor; relating to manslaughter as a direct result of ingestion of alcoholic beverages brought in violation of a local option prohibition; relating to reports of the court concerning certain alcohol violations by minors; making conforming amendments; and providing for an effective date."**

This bill will raise the penalties to alcohol license holders if their employees sell alcohol to minors, thus bringing parity between alcohol and tobacco enforcement laws. The bill was referred to House Community & Regional Affairs Committee on January 17, 2008. The Senate version was referred to the Senate Community & Regional Affairs Committee on January 18, 2008.

## Save the date



### january

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## Schedule of Events

- 1/9-11 Prevention Grantee Meeting
- 2/27-28 Suicide Prevention Training
- 3/3-6 Prime For Life Training
- 3/29 Spirit of Youth Awards
- 4/9-12 FASD Conference
- 4/16-19 AAS Annual Conference
- 4/17-18 Full Lives Conference
- 5/5-7 Annual School on Addictions

- ◆ **Prevention Grantees Meeting** is held once a year and is required of all DHSS, Behavioral Health, prevention grantees. This year we will meet for three days in Anchorage from January 9th—11th. Stay tuned for more details in the next issue of e-Notes. **Already Held.**
- ◆ **Suicide Prevention Training** presented by David A. Jobes, Ph.D., ABPP, Co-Director of Clinical Training, The Catholic University of America. Anchorage: Wednesday, February 27th, 7:30 am to 5 pm, Coast International Inn. Fairbanks: Thursday 7:30 am to 5 pm, Fairbanks Community Behavioral Health Center.
- ◆ **Spirit of Youth Annual Awards** Annual Awards Banquet on March 29th.
- ◆ **PRIME for Life “New Instructors” Training** will be held March 3<sup>rd</sup> -6<sup>th</sup>, 2008 at the Frontier Building in Anchorage. Call Project Coordinator, Tony Piper for more information at (907) 269-3781.
- ◆ **Third National Biennial Conference on Adolescents and Adults with Fetal Alcohol Spectrum Disorder FASD and Mental Health: The Wisdom of Practice.** The Coast Plaza Hotel & Suites Vancouver, British Columbia, Canada April 9th – 12th, 2008. An electronic PDF copy of the brochure is available at <http://www.interprofessional.ubc.ca/Adults.html>.
- ◆ **American Association of Suicidology Annual Conference.** Advancing Suicidology: Embracing Diversity in Research and Practice. April 16-19th, Boston, Ma. Boston Park Plaza Hotel. They are also running the Crisis Centers Conference concurrently and the AAS/SPAN Healing after Suicide conference starting on the 19<sup>th</sup> and 20<sup>th</sup>. Go to website to find out more or to download registration materials. <http://www.suicidology.org/index.cfm>.
- ◆ **Full Lives Conference** will be held April 17th—18th at the Sheraton, Anchorage. Sponsored by the University of Alaska Anchorage, Center for Human Development, For more information go to <http://www.alaskachd.org/fullives>.
- ◆ **Annual School on Addictions** will be held May 5th—7th at the Sheraton Hotel, Anchorage. This years theme is Advocacy, the Key to Our Future. <http://www.sada-alaska.org/annualschoolonaddictions.html>.

## This issues quote...

*All children need a laptop. Not a computer, but a human laptop.  
Moms, dads, grannies and grandpas, aunts, uncles—someone to hold them,  
read to them, teach them.  
Loved ones who will embrace them and pass on the experience, rituals and  
knowledge of a hundred precious generations.  
Loved ones who will pass to the next generation their expectations of them,  
their hopes and their dreams.*

*General Colin L. Powell*

*Founder of America's Promise—The Alliance for Youth*

## “Partners Promoting Healthy Communities”

*Prevention eNotes is a publication of*

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### **Division of Behavioral Health**

Melissa Witzler Stone, Director

[www.hss.state.ak.us/dbh/prevention/](http://www.hss.state.ak.us/dbh/prevention/)

