



## Alaska Division of Behavioral Health Report to SSPC

July 13<sup>th</sup> 2015

By James Gallanos, DBH Program Coordinator

[James.gallanos@alaska.gov](mailto:James.gallanos@alaska.gov)

(907) 465-8536,

*Below is a summary of suicide prevention projects, programs and services that the DBH, Prevention and Early Intervention Services are coordinating throughout the state.*

### Comprehensive Behavioral Health Prevention Grants

We have just completed our first year of a four year grant cycle for the Comprehensive Behavioral Health Prevention & Early Intervention Services grant program. As announced in previous reports, we made significant changes to our program that includes a more robust planning process. Considering that prevention “programs” largely serve communities at the individual level, we are moving the needle to encourage a broader effort to think and plan strategies that affect not only individuals, but communities as a whole. Therefore we are focusing on;

*“A coalition led, data driven process to achieve desired results!”*

A brief summary of those changes include a longer grant cycle, coalition driven efforts that include: 1) shared funding and decision-making, 2) stronger adherence to the Strategic Prevention Framework (SPF), 3) collecting and monitoring local data and 4) implementing strategies that affect policy, systems and environments, and 5) thorough assessment of needs, resources, and the community’s readiness to address the behavioral health challenges to include substance abuse, mental health and suicide.\*

- Nome Regional Wellness Forum
- North Slope Substance Abuse Prevention & Intervention Coalition
- Fairbanks Wellness Coalition
- Nulato Wellness Coalition
- Hooper Bay Community Planning Group
- McGrath Community Prevention Coalition
- Alaska Alternative Schools Coalition
- Bethel Healthy Families Coalition
- Thrive Mat-Su Anchorage Communities Mobilizing for Change on Alcohol
- Spirit of Youth Coalition
- Anchorage Youth Development Coalition
- Kenai Prevention Coalition
- Seward Prevention Coalition
- Chenega Bay & Tatitlek Community Coalition
- Juneau Suicide Prevention Coalition
- Ketchikan Wellness Coalition
- Prince of Wales Behavioral Health Coalition
- Petersburg Prevention Coalition
- Wrangell Early Prevention Coalition

*\*Total funding awarded by DBH to Comprehensive Behavioral Health Prevention Grantees in FY2015 equals \$3,586,300. List of individual grantee funding amounts and coalition contact information available upon request.*

**Garrett Lee Smith, Alaska Youth Suicide Prevention Project SAMHSA grant**

DBH completed its third year of the Garrett Lee Smith (GLS), Alaska Youth Suicide Prevention Project (AKYSPP) FY2013-FY2015. DBH was also approved for a no-cost extension to expend the rest of the project funding in order to complete activities of the project until April 30th, 2016.

*NOTE:* The Substance Abuse Mental Health Services Administration released a new round of Request For Applications (RFA) for state/tribe sponsored, 5-year youth suicide prevention grant project. Awards are up to \$736,000 per year. DBH submitted proposal on June 2<sup>nd</sup>, 2015. Grant award notifications will be announced prior to start date Sept 2<sup>nd</sup>, 2015. Project abstract and narrative available upon request to [james.gallanos@alaska.gov](mailto:james.gallanos@alaska.gov) or 907 465-8536.

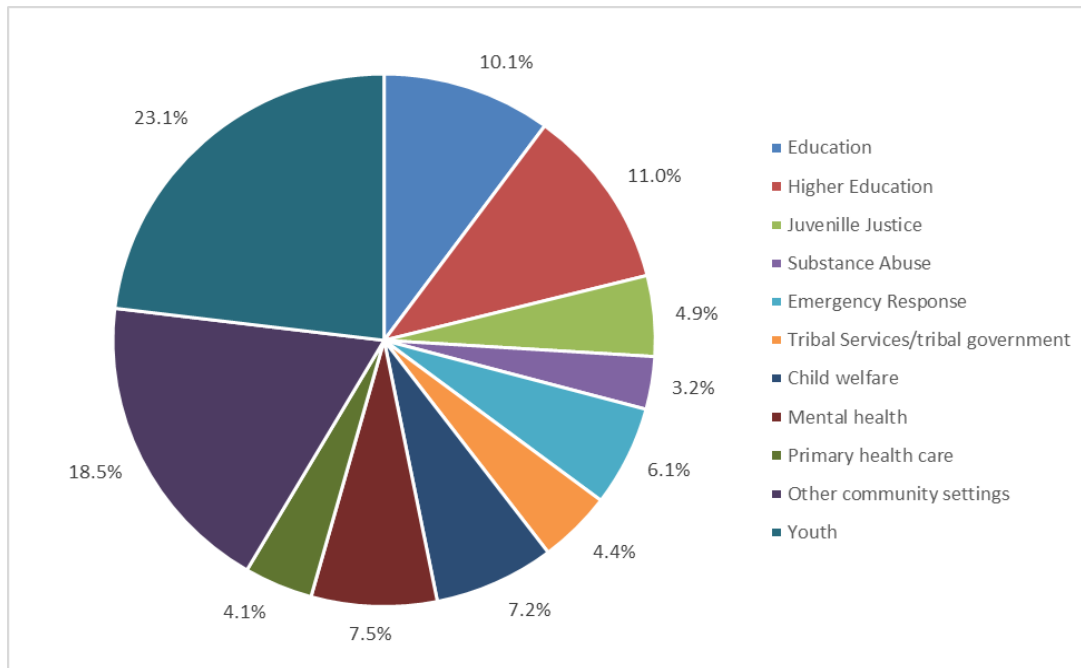
**Project Evaluation FY 2013-2015.**

The AKYSPP grant project evaluation has been completed by the Center for Behavioral Health Research Services awaiting delivery to DBH (*copies of final report upon request*). The evaluation is primarily focused on the 2 hour, Alaska Gatekeeper QPR (Question, Persuade, Refer) Training Model. An excerpt including some highlights of the provisional evaluation results and findings below:

*Gatekeeper Training Results.* Although expanding the number of suicide prevention trainers and increasing training opportunities in the state was one of the primary goals of the AKYSPP, the state’s focus for 2012-2015 funding was to ensure training efforts would remain sustainable at the end of the grant cycle. To achieve this goal, project staff used a systems-based approach and focused on training individuals within organizations or communities, as well as emphasizing integration of suicide prevention efforts into existing policies and procedures.



Setting	Number of Participants	Number of trainings
Division of Juvenile Justice	115	13
Community	333	26
Organization	1864	103
High School	680	14
University of Alaska Campus	220	20
You Are Not Alone (YANA)	555	18
<b>Total</b>	<b>3767</b>	<b>198</b>



Percentage of training participants in each setting

*Pre and posttest results:*

All consenting participants attending the trainings were given an opportunity to complete a pre- and post-training knowledge survey. A total of 855 participants completed the Gatekeeper Training QPR Pre-Training Survey and 838 completed the TES posttest surveys. Each item in the survey addressed an intended learning objective of the Alaska Gatekeeper Training with a QPR Approach. Interestingly, two important items, “I feel confident in my ability to help a suicidal person” and “I don’t think I can prevent someone from suicide” did not differ for participants after attending a training. While scores indicate that the participants are gaining skills and knowledge about suicide and suicide prevention, it is possible that a 2-hour training does not provide enough contact time for participants to practice the skills they are learning and operationalize them if they are interacting with a person at-risk of suicide. However, another item, “I don’t feel competent to help a person at risk of suicide,” had a statistically significant reduction in mean score at post-test. This indicates that by attending the training and learning more about suicide and suicide in Alaska, the participants may be more comfortable in discussing suicide and potentially ask someone about suicide.

Now that you have received this training, please indicate how you would rate your knowledge of suicide in the following areas?	Pretest	Posttest
	N=855	N=838
	Mean (SD)	Mean (SD)
Facts concerning Suicide Prevention.	3.1 (0.90)	3.9** (0.71)
Warning signs of suicide.	3.3 (0.89)	4.0** (0.72)
How to ask someone about suicide.	3.1 (1.09)	4.0** (0.75)
Persuading someone to get help.	3.2 (0.97)	4.0** (0.76)

How to get help for someone.	3.3 (1.0)	4.0** (0.74)
Information about resources for help with suicide.	3.0 (0.99)	4.0** (0.76)
Please rate what you feel is the appropriateness of asking someone who may be at risk about suicide.	3.6 (1.09)	4.2** (0.78)
What is the likelihood you will ask someone who appears to be at risk if they are thinking of suicide?	3.6 (1.08)	4.2** (0.80)
Please rate your level of understanding about suicide and suicide prevention.	3.2 (0.90)	4.1** (0.74)

\*\*Denotes significant increase from pre to posttest at  $p < .001$

Indicate the degree to which you agree or disagree with each statement.	Pretest	Posttest
	N=855	N=838
	Mean (SD)	Mean (SD)
If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them.	4.0 (0.84)	3.6** (0.67)
If a person's words and/or behavior suggest the possibility of suicide, I would ask the person directly if he/she is thinking about suicide.	4.0 (0.82)	3.6** (0.68)
If someone told me they were thinking of suicide, I would intervene.	4.4 (0.67)	3.7** (0.61)
I feel confident in my ability to help a suicidal person.	3.6 (0.96)	3.6 (0.73)
I don't think I can prevent someone from suicide.	2.5 (0.96)	2.3 (1.39)
I don't feel competent to help a person at risk of suicide.	2.4 (1.00)	2.2** (1.29)

\*\*Denotes significant increase from pre to posttest at  $p < .001$

How do you intend to use what you learned during this training? (Select all that apply)	N=838	%
Screen youth for suicide behaviors (i.e. using a screening tool)	270	32.2
Formally publicize information about suicide prevention or mental health resources	174	20.8
Have informal conversations about suicide and suicide prevention with youth and others	427	51.0
Identify youth who may be at risk for suicide	419	50.0
Provide direct services to youth at risk for suicide and/or their families	234	27.9

#### *Follow up surveys:*

Surveys were also conducted based on follow up interviews with 127 of the approximately 1660 individuals who participated in suicide prevention training through December 2014. At 3- and 6-months, the majority of trainees (48.0%) were using their training to identify youth at-risk for suicide. More specifically, 61.1% and 50% at 3 months and 6 months respectively had used that information to identify a youth at risk. Of note, 74.2% of respondents at 3 months and 70% of respondents at 6 months had reported using the information learned in the training to have informal conversations about suicide and suicide prevention with youth and others.

<b>Use of suicide prevention training</b>	<b>Percentage of trainees at 3-month follow-up (n=127)</b>	<b>Percentage of trainees at 6-month follow-up (n=20)</b>
Identify youth you thought might be at risk for suicide	48.0%	35.0%
Train youth to intervene with a peer at risk for suicide	12.6%	5.0%
Train adults to intervene with a youth at risk for suicide	15.0%	20.0%
<b>Use of information learned in training</b>	<b>Reporting that they've used the information in this way at 3-month follow-up</b>	<b>Reporting that they've used the information in this way at 6-month follow-up</b>
Screen youth for suicide behaviors (i.e., using a screening tool)	33.6% (n=125)	15.0% (n=20)
Formally publicize information about suicide prevention or mental health resources	29.9% (n=127)	30.0% (n=20)
Have informal conversations about suicide and suicide prevention with youth and others	74.2% (n=124)	70.0% (n=20)
Identify youth who might be at risk for suicide	61.6% (n=125)	50.0% (n=20)
Provide direct services to youth at risk for suicide and/or their families	46.4% (n=125)	45.0% (n=20)
Train other staff members	25.8% (n=124)	25.0% (n=20)
Make referrals to mental health services for at risk youth	45.6% (n=125)	25.0% (n=20)

- Quotes from trainers and participants describing impact of training.

**A high school girl spoke with me after the Gatekeeper training and said she now knew how to talk to her close friend who had attempted suicide a few weeks ago.**

*-Youth Gatekeeper Trainer*

**I received an email from a woman who said the Gatekeeper training gave her the skills to finally have an honest conversation with her daughter who had been making suicidal comments for years.**

*-Gatekeeper trainer in Anchorage*

I was really interested in this training because I had heard of five suicides since I started school at UAF. The week after I was trained, I was on Skype with a friend from high school. In the middle of our conversation she turned the camera and showed me her arm, which she had just slashed with a knife while we were talking. So I used the information from the gatekeeper training to talk to her. I questioned her, persuaded her to get help, and referred her to resources. So now I am super passionate about this training on campus.

*-Participant from the University of Alaska, Fairbanks*

I have found over and over again, that the youth themselves can be involved in suicide prevention. Their voice needs to be heard.

*-Gatekeeper trainer with the Anchorage School District*

Gatekeeper training was the best mental health training I've ever been to.

*- Participant in Juneau*

I found that the gatekeeper training was very useful. The very day I received training I spoke to a youth who was suicidal. I was able to say the right things and figure out if he had a plan for suicide. The gatekeeper training gave me the confidence to speak with this person and get him help.

*-Participant in Tanana*

## **Alaska Careline: Interior Center for Non-Violent Living**

### **IMPORTANT NOTIFICATION**

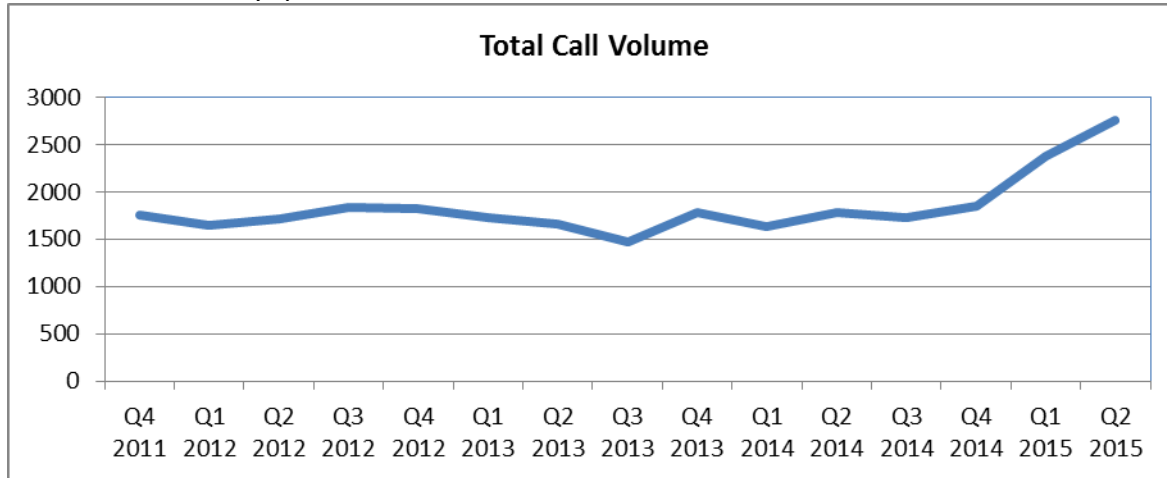
Alaska Careline will be forced to discontinue text line "4help" to 839863 due to a leasing company buy-out by Signal. Several other states have been impacted and efforts are underway to try and secure the use of the "short code" from Signal. In the meantime Careline, DBH and the DHSS Public Information Team are currently working on the details of the transition. Here is some preliminary information on the plan below:

- Will be officially retiring the old code 839863 with plans on launching a new code (to be determined as soon as a contract is negotiated with the identified service provider) on Aug. 1<sup>st</sup>, 2015.
- All materials with the old code are currently being pulled both in print and electronic media with the exception of the materials currently being distributed by our partners and providers. New print orders have been made for Careline cards, brochures and magnets. All other materials will be ordered on a case by case basis as funding allows.

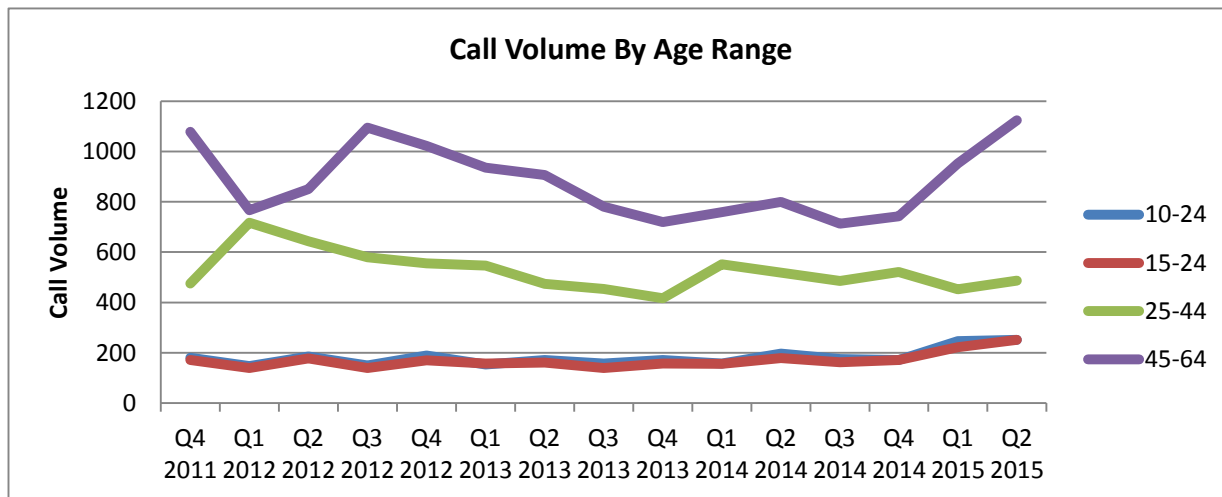
- Letters and email notifications will be distributed to all of our DHSS sister agencies, partners including our tribal and DBH grantee health providers. DBH will request all materials and websites pull the old code information and will receive contact information where to receive new materials, logos and artwork.
- On launch date, August 1<sup>st</sup>, DHSS Public Information Team will send out change of services notices on facebook, twitter and all other social media content. In addition, all websites will include important notification of the change of service.

**Alaska Careline Call and Text Data** (as of December 31, 2014)

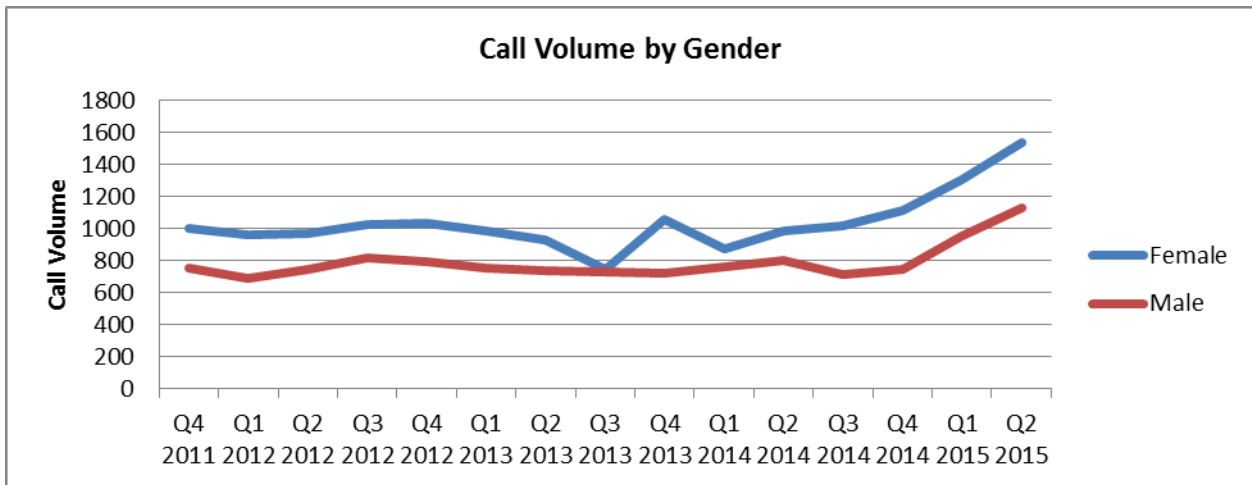
Total call volume by quarter.



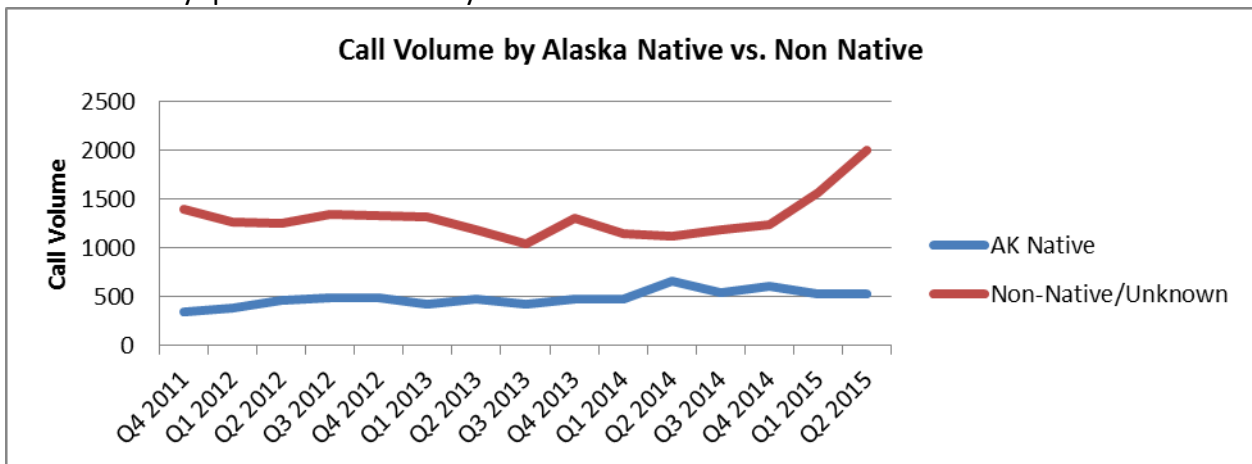
Call volume by quarter and age range.



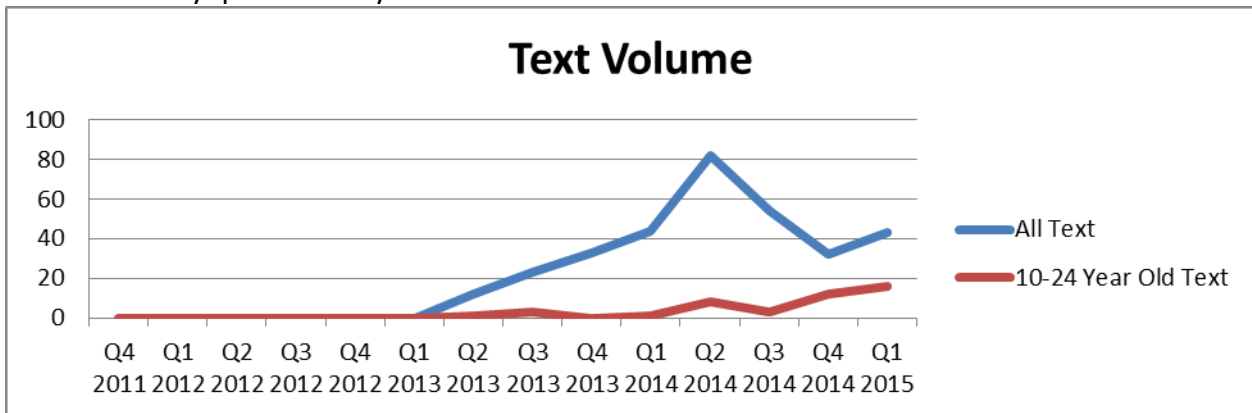
Call volume by quarter and gender.



Call volume by quarter and ethnicity.



Text volume by quarter and youth access.





## Alaska Postvention Project



### Summary of Activities:

**Connect Postvention Training Academy:** Kodiak Area Native Association (KANA) hosted a two-day training & planning academy on May 27-28<sup>th</sup>. A postvention plan has been started for the community and a follow up technical assistance call with NAMI and DBH will occur in September. The Connect training evaluation is available upon request.

**The Alaska Postvention Resource Guide and DVD, Helping Our Communities:** DVDs are complete. A plan is currently being developed with the DHSS Public Information Team to conduct outreach and distribute the DVD as well as other state supported postvention resources in FY 2106. Key stakeholders and providers include are:

<b>Postvention Outreach and Dissemination Group</b>
DBH Grantees, Treatment and Prevention
Clergy
Law enforcement
Media
Alaska Native
All Alaskans

**Sudden Loss and Coping with Suicide Loss Brochures:** These resources are available in both electronic and printed hardcopy.

**Survivors of Suicide Loss Advisory Group:** Meetings have been canceled awaiting SSPC summit decision for January 2017.

**Doorway to a Sacred Place :** Alaska Native Tribal Health Consortium. (ANTHC) Doorway to a Sacred Place is in the second year of a three year contract for \$125,000. This project has been selected for the Native American Center for Excellence, Services to Science Initiative. Contact Lakota Holman for more information at [lrholman@anthc.org](mailto:lrholman@anthc.org).

## Prevention Funding Component Breakdown

*Per request, below is a listing of the Alaska FY 2015 funding components for the prevention section within the Division of Behavioral Health. . Please note this is only based upon prior DBH component funding allocations and not indicative of future component based funding allocations for FY 2016.*

### **FASD**

AKFAS Grants	<b>264,458.00</b>
Diag Team PA	<b>510,000.00</b>
CCase Mngmnt PA	<b>154,000.00</b>

### **CAPI**

CAPI Grants	<b>1,635,514.00</b>
Prev Framework	<b>1,941,716.00</b>
SAPT	<b>939,900.00</b>
Family Wellness Warriors Initiative	<b>150,000.00</b>

### **RSSP**

Human Services	<b>148,865.00</b>
RSS Suicide Prev	<b>982,321.00</b>
RSS Rural Svcs ADTP	<b>1,842,700.00</b>