



NC Department of Health and Human
Services

NC Comprehensive Suicide Prevention Advisory Council (CSPAC) Meeting

November 9, 2022

Welcome to the Comprehensive Suicide Prevention Advisory Council (CSPAC) Meeting

- For questions during the meeting:
 - Please put your questions in the chat box, which will be monitored for the duration of the meeting. **Note:** you need to send to all panelists and attendees to ensure your question is addressed in a timely manner.
 - If you would like to ask a question to a specific presenter, please be sure to include their name in your question.
- The meeting recording, agenda and PowerPoint slides will be added to IFNC website after the meeting.

Meeting Goals

1. Disseminate new suicide prevention information
2. Provide platform for peer-led learning
3. Share updates on CSPAC structure
4. Share data updates

CSPAC Ground Rules

- No one knows everything but together we know a lot
- Recognize the limits of your perspective
- Take space, make space
- We can't be articulate all the time (half-baked ideas are welcome)

Agenda

- Welcome
- Member presentation: 988 Rollout
 - Lisa DeCiantis, NC Division of Mental Health
- Member presentation: Survivors of Suicide Loss
 - Catherine English, American Foundation of Suicide Prevention, NC Chapter
- Share updates on suicide prevention practices, activities
 - CSP team, NC Division of Public Health
- Share member updates
 - CSPAC members
- Closing and announce next meeting

988 Updates

Lisa DeCiantis

Survivors of Suicide Loss

Catherine English

CSP Updates

CSP Team

2022 State Health Improvement Plan

- Continuing to make progress!
- Healthy North Carolina 2030
- Health Indicator #19: suicide rate
- 2030 Target: reduce suicide rate from 13.8 to 11.1 (age-adjusted deaths from self-harm per 100,000 people)
- Co-leads for SHIP work: Catherine English & Sue Anne Pilgreen

#	Policy (Levers for Change)	DPH Work
1	Implement policies targeted to decrease access to lethal means	Firearm safety teams (FST), gatekeeper training, CALM training
2	Increase programs that provide mental health services and support for LGBTQ+ youth	Updating Ally training (training for staff on how to be an ally to LGBTQ+ students including 1.75 hrs. on suicide prevention)
3	Increase programs that provide mental health services and support for military veterans	Gatekeeper training
4	Create trauma-informed schools with access to mental health providers	Working with DPI on SP training and education for staff
5	Modernization of data systems	DPH is currently working on this
6	Expand rapid access to crisis services, including implementing the national 988 numbers	Supporting 988 through sharing advertising campaign with partners, social media, etc.

CDC's *Suicide Prevention Resource For Action*

- Formerly known as *Preventing Suicide: A Technical Package of Policy, Programs, and Practices (2017)*
- Published October 2022
- Strategies with the best evidence of preventing suicide
- Contains 3 components states and communities can use to inform their suicide prevention work:
 - Strategies: Actions to prevent suicide
 - Approaches: Specific ways to advance strategies
 - Policies, programs, & practices: Included in the guide; have evidence of impact on suicide, suicide attempts, risk and protective factors
- <https://bit.ly/CDCresourceSP>

Public Perception of Mental Health and Suicide Prevention Survey Results (2022)

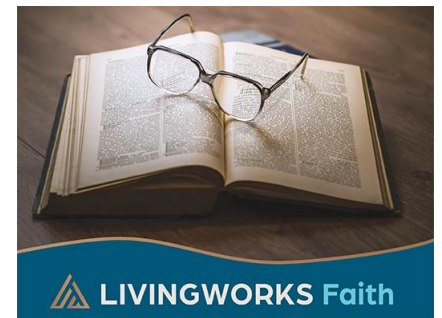
- Harris Poll commissioned by Suicide Prevention Resource Center
- Published September 2022
- Poll to assess American public's:
 - Knowledge about suicide and its prevention
 - Knowledge and usage of crisis resources
 - Perception of barriers to preventing suicide
 - Knowledge/attitudes about suicide
- Addresses suicide across many sectors and in many communities
- <https://bit.ly/22HarrisPollSP>

SPRC Best Practices Inventory

- Do you remember the “old” evidence-based practices registry?
- Suicide Prevention Resource Center has a new Best Practices Registry!
- One-stop location to find appropriate, research-based suicide prevention programs
- Guided by new vision *“to increase health equity through expanded access and representation”*
- Currently accepting applications
- <https://sprc.org/bpr-submission>

Faith Leaders for Life

- First discussion group was a success!
- Opening application for a Winter 2022/2023 and Spring 2023; open through 11/11/22
- Each group meets for 5 weeks of facilitated conversation and collaboration
- LivingWorks Faith gatekeeper training program
- Participants who complete the program will be given 10 LivingWorks Start (virtual training) licenses to share with their peers or colleagues



Tangible Effects for Participants

- After completing Faith Leaders for Life, our hope is that participants will:
 - Intervene when a congregant shows warning signs of suicide risk
 - Incorporate appropriate suicide prevention programming (e.g., sermons addressing suicide, planning events about suicide prevention, etc.)
 - Feel more confident to respond when their congregation or community loses an individual to suicide
 - Seek support from with their fellow participants
 - Encourage peers and colleagues to engage with suicide prevention efforts and complete suicide prevention training

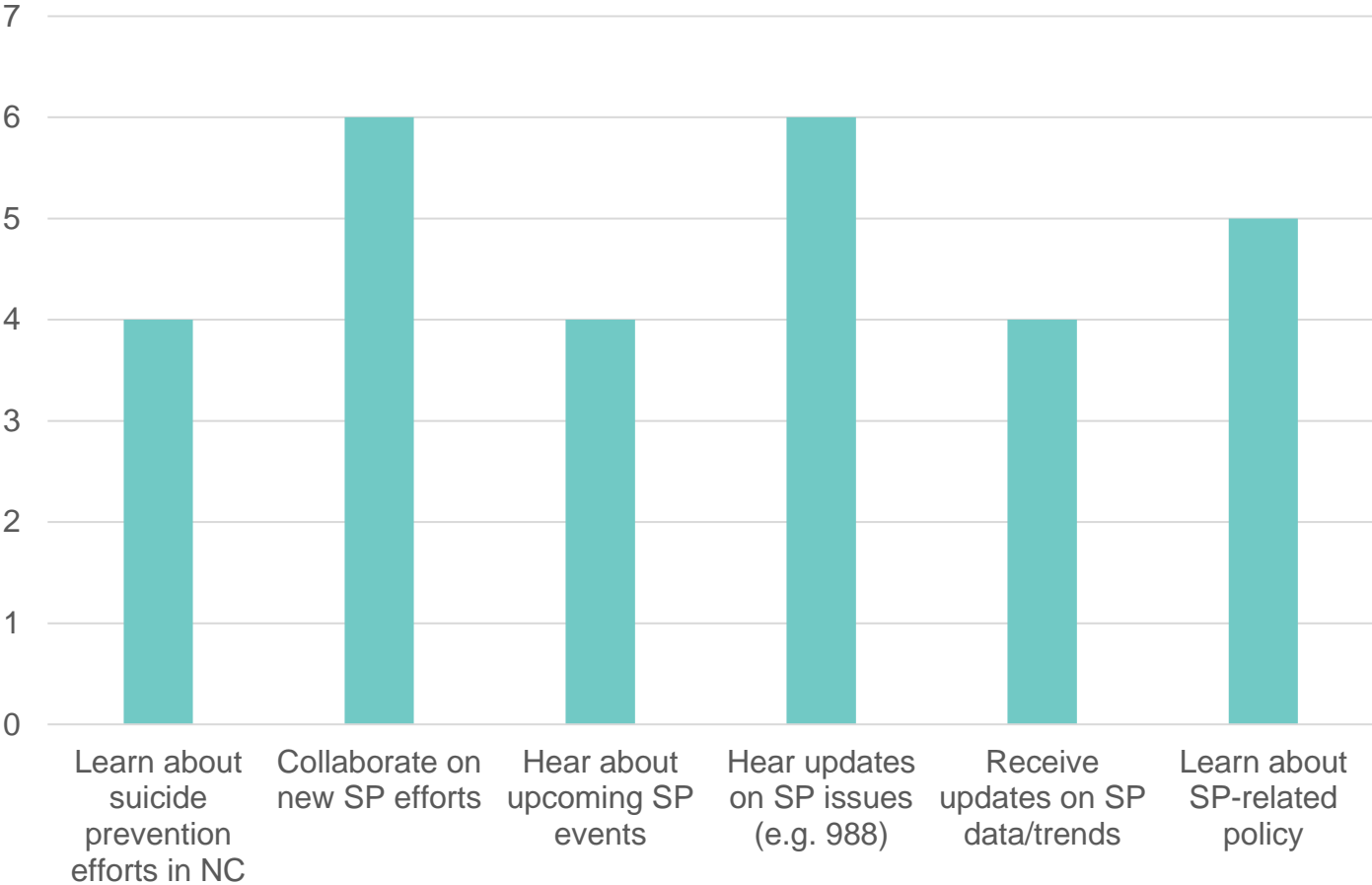
Tangible Effects for Communities

- Meet people where they are...and that often means in their place of worship
- Increased knowledge of resources and supports in communities across North Carolina
 - Faith leaders often serve as lifesaving bridges across gaps in care
- Increased numbers of knowledgeable, capable “gatekeepers” who can prevent or intervene in a crisis
- Increased levels of community support following a suicide loss

CSPAC Structure Updates

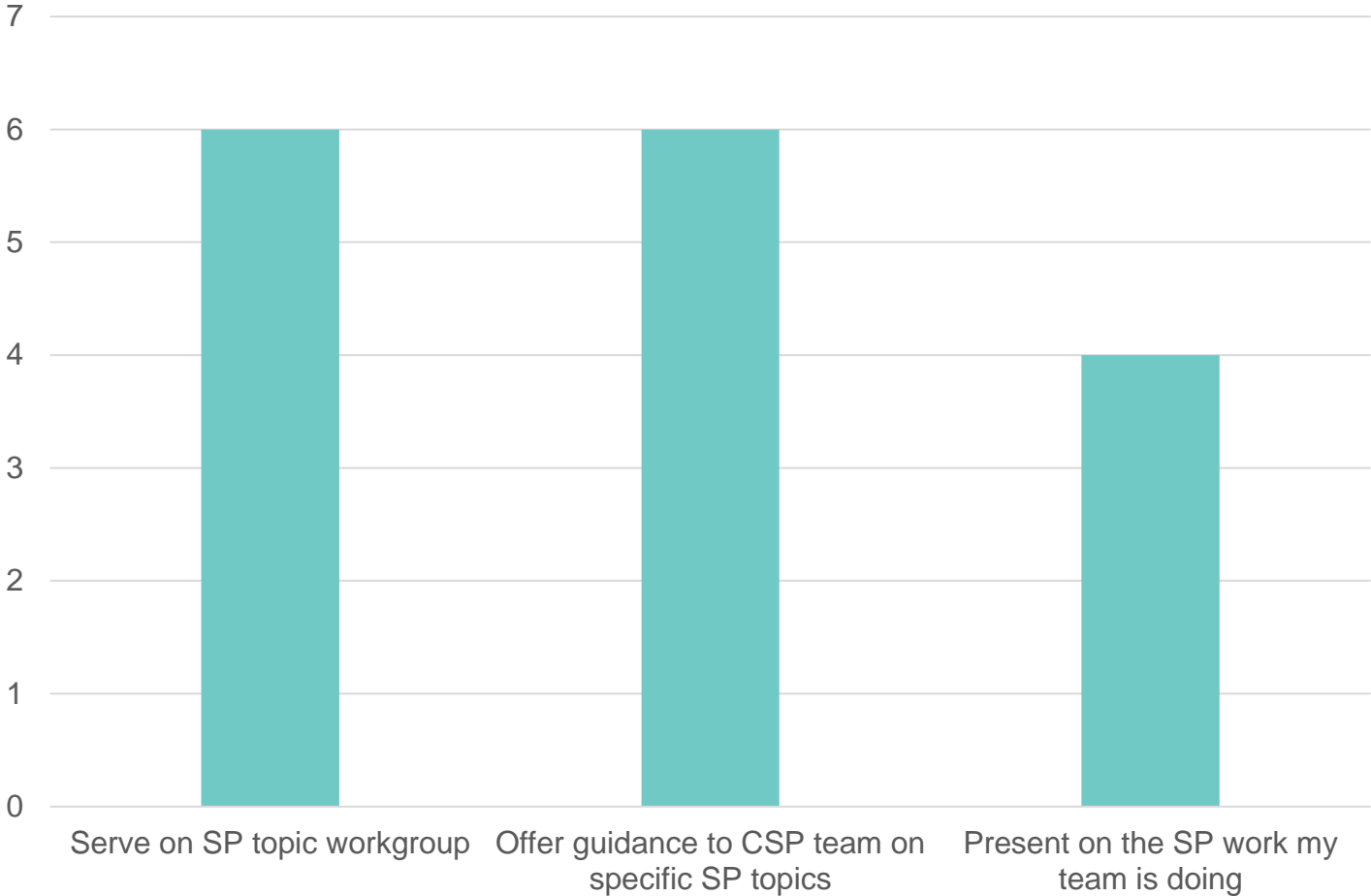
- After successful first year of CSPAC, took time to consider goals and activities moving forward
- Survey sent to current CSPAC members for feedback in October

What do you hope to get out of your participation in CSPAC?



Source: CSPAC Survey, October 2022

What can you envision contributing to CSPAC?



Source: CSPAC Survey, October 2022

CSPAC Structure Updates

- Moving away from tiered membership; either a member or guest
- Meetings will be open to all
- Individuals interested in being a member will be asked to fill out a brief form
 - We want to be sure we have diverse, representative membership!
- When workgroups are formed, members will be invited to participate
- Shift toward meetings being a peer-led learning space

CSPAC Structure



- Suicide Prevention in NC and Beyond
- Peer Presentation 1
- Peer Presentation 2
- Group Sharing

Membership Requirements

- Be willing to present when needed on your/your organization's work at one meeting
- Agree to disseminate suicide prevention training opportunities/events
- Submit information about upcoming training opportunities/events with CSPAC leadership (Megan) ahead of meeting; or share with members during meeting
- Consider joining a workgroup when they are created

Purpose of CSPAC Membership

- Stay “plugged in” and connected to CSP activities/events
- Be part of a peer learning environment where you can learn and share
- Stay up-to-date with all things suicide prevention (funding opportunities, data, training, etc.) in NC and beyond

Next Steps for CSPAC Membership

- Look out for email with membership form
- Consider the membership requirements
- Submit form by the deadline
- Member or guest, we hope you'll join us at the February 2023 meeting!

Upcoming CSP Activities

- November 2022:
 - ASIST Workshop
 - Governor’s Roundtable on Gun Violence
- Winter 2023:
 - Firearm Safety Teams update (guide, webinar)
 - Faith Leaders for Life, Cohort 2
 - “How to Be an Ally” train-the-trainer
- Spring 2023:
 - ASIST Train-the-Trainer
 - Faith Leaders for Life, Cohort 3
- Summer 2023:
 - CALM Train-the-Trainer
 - Firearm Safety Teams Coalition
 - Faith Leaders for Life, Cohort 4

Data Updates

Shana Geary, MPH

Updated NC-VDRS Suicide-Related Data

- **NC-VDRS Data Dashboard**

- Downloadable Aggregate Data File now available in the NC-VDRS Data User's Toolkit

- **NC-VDRS Fact Sheets**

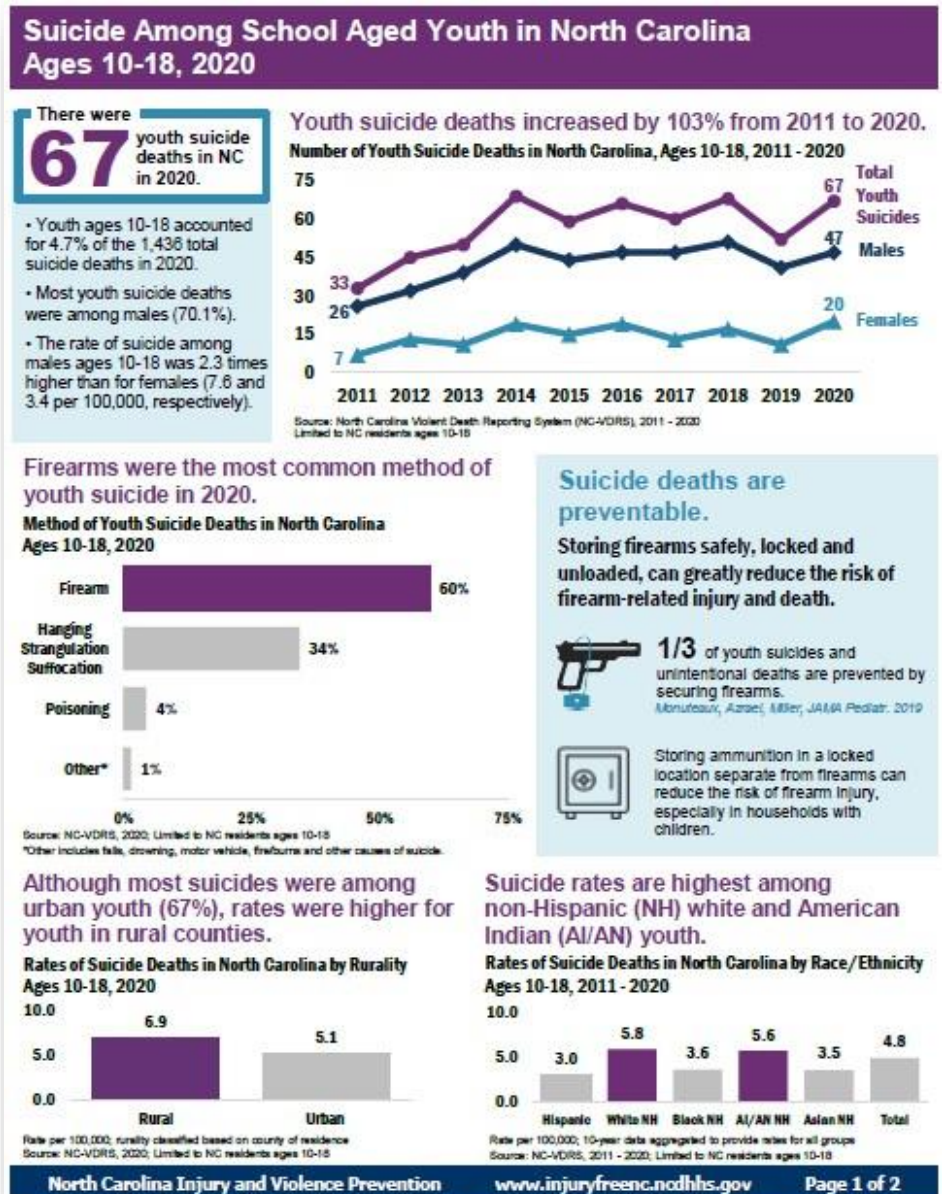
- Overall Suicide
- Youth Suicide (10-24)
- Older Adult Suicide
- Veteran Suicide
- Overall Violent Death
- Firearm Violent Death
- Violent Death by Race
- Intimate Partner Violence

**County Fact Sheets, Urban/Rural Fact Sheet,
and Annual Report coming soon!**

New Resource!

Suicide Among School-Aged Youth

- Ages 10-18
- Data by sex, race/ethnicity, rurality, & method
- Sources:
 - NC-VDRS
 - NC DETECT ED visits
 - YRBS



2022 Q2 Self-Inflicted Injury ED Visit Report now available!

APRIL-JUNE 2022 SELF-INFLICTED INJURY UPDATE

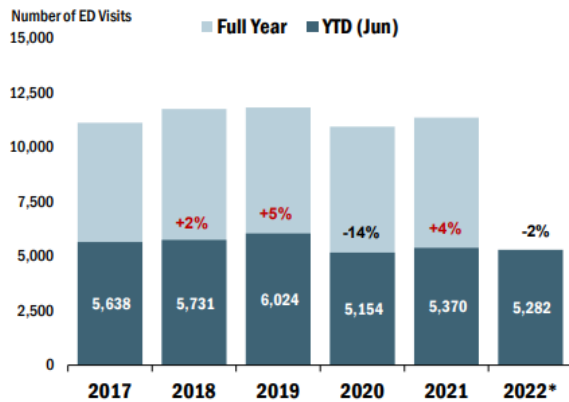
North Carolina Emergency Department (ED) Visits for Self-Inflicted Injury, Apr-Jun 2022 Update

2,603 Self-inflicted injury ED visits from Apr-Jun 2022 compared to **2,598** from Apr-Jun 2021

^aReport is based on initial encounter ICD-10-CM self-inflicted injury codes. See the [CSTE Self-Harm Indicator](#) for comprehensive list of codes.
^bNote: Report is restricted to N.C. residents ages 10 and older and does not exclude visits resulting in death.
^cData Source: NC DETECT, ED visits; data as of 10/24/2022

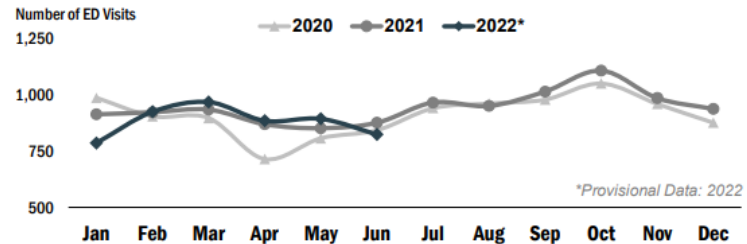
Total self-inflicted injury ED visits through June decreased by 2% in 2022 compared to 2021.

Self-Inflicted Injury ED Visits: 2017-2022*



YTD: Year to Date
 Percent change: YTD total compared to YTD total of previous year
 *Provisional Data: 2022

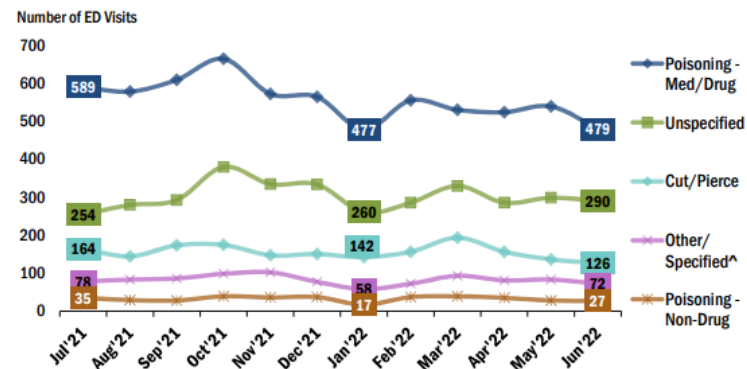
Self-Inflicted Injury ED Visits by Month: 2020-2022*



*Provisional Data: 2022

Most self-inflicted injury ED visits during Apr-Jun 2022* were due to medication/drug poisoning (59.2%).

Last 12 Months of Self-Inflicted Injury ED Visits by Injury Mechanism: Jul 2021-Jun 2022*



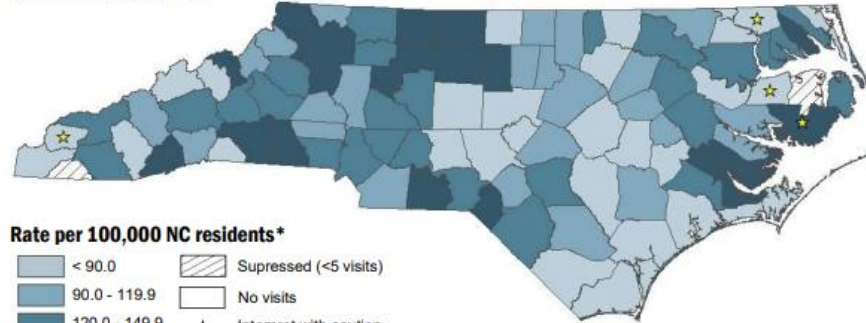
Injury mechanisms shown are not mutually exclusive and do not sum to the total number of self-inflicted injuries. For more information, see the IVPB [Injury Surveillance Technical Notes](#) Document.
^aOther specified includes suffocation (12%), fire/burn (10%), and firearm (4%); no additional detail was available for 63% of suicides with a code for other specified mechanism.
 *Provisional Data: 2022

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Self-inflicted injury ED visits by demographic group:

- County
- Sex
- Race/Ethnicity
- Payer Source

Last 12 Months Self-Inflicted Injury ED Visit Rates by County of Residence: Jul 2021-Jun 2022*



Rate per 100,000 NC residents*



*Provisional Data: 2022

Highest County Self-Inflicted Injury ED Visit Rates from the Last 12 Months, ≥10 visits: Jul 2021-Jun 2022*

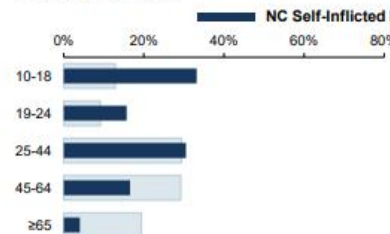
County	Count	Rate per 100,000 [†]
Alexander	86	255.5
Greene	40	211.8
Transylvania	40	200.5
Anson	43	196.7
Pasquotank	65	185.5
Chowan	23	184.0
Craven	160	178.2
Rutherford	102	170.1
McDowell	67	163.3
Cleveland	140	161.7
Pamlico	19	161.4
Ashe	40	161.1
Statewide	11,246	120.1

[†]Please note that rates are calculated using the most recent 12 months of data and 2020 population estimates. Counties listed in "Highest Monthly Rates of Self-Inflicted Injury" ED visits" table will likely change each quarter.

Quarterly Demographics of Self-Inflicted Injury ED Visits Compared to Overall NC Population Estimates

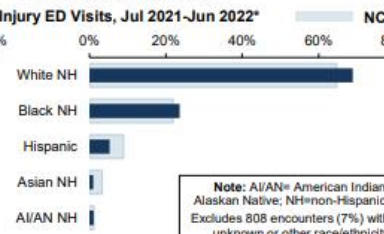
Most visits occurred among those ages 10-18 (33%) despite them making up only 13% of the population.

ED Visits by Age Group



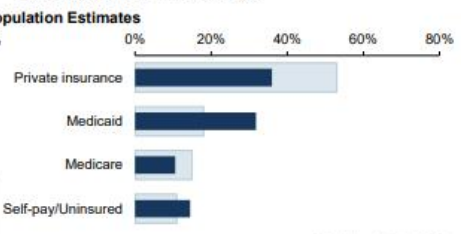
Most visits were among non-Hispanic (NH) white residents (69%) followed by NH Black residents (24%).

ED Visits by Race/Ethnicity



Most visits occurred among those with private insurance (36%) followed by those with Medicaid (32%).

ED Visits by Insurance Coverage



Note: AI/AN= American Indian/Alaskan Native; NH=non-Hispanic; Excludes 808 encounters (7%) with unknown or other race/ethnicity

*Provisional Data: 2022

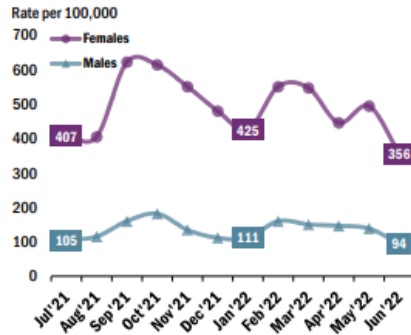
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Self-inflicted injury ED visits rates by sex and age group

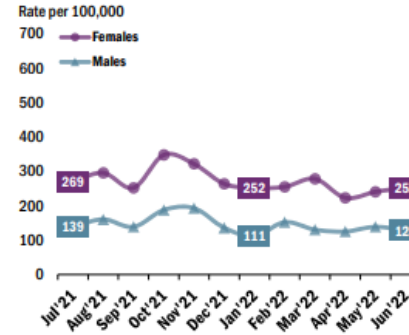
Rates of self-inflicted injury ED visits from Apr-Jun 2022* were highest among females ages 10-18 (432.1 per 100,000) followed by females ages 19-24 (238.4 per 100,000).

Among males, rates of self-inflicted injury ED visits were highest among those ages 19-24 (130.4 per 100,000).

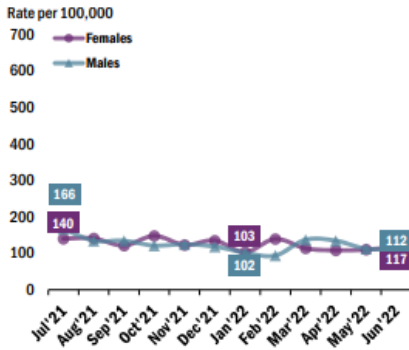
Ages 10-18



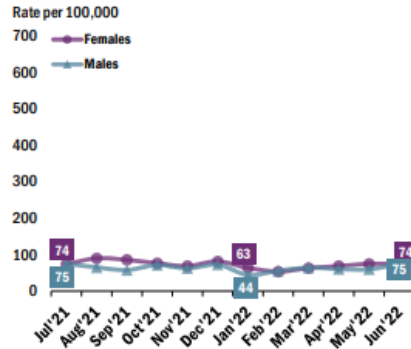
Ages 19-24



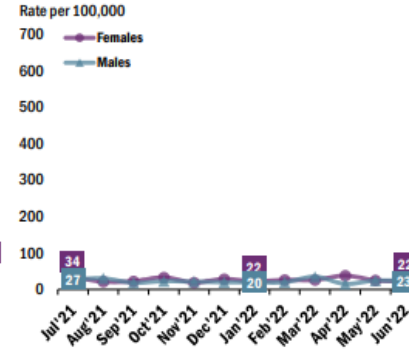
Ages 25-44



Ages 45-64



Ages 65 and Older



Data Sources: ED Data-NC DETECT is North Carolina's statewide syndromic surveillance system. ED visit data from NC DETECT are provisional and should not be considered final. For training on NC DETECT, contact ising@ad.unc.edu; Population Data-National Center for Health Statistics; Insurance coverage Data-Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2017, www.kff.org/other/state-indicator/total-population. Self-pay ED visits are compared to the uninsured overall population estimate category.
*Report is based on initial encounter ICD-10-CM self-inflicted injury codes. See the [CSTE Self-Harm Indicator](#) for comprehensive list of codes.
Note: Report is restricted to NC residents ages 10 and older and does not exclude visits resulting in death.

*Provisional Data: 2022



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health



NC-FASTER Reports on Non-Fatal Firearm Injury ED Visits

2022 Q2
NC-FASTER
report now
available on the
[NC DETECT
website](#)

Quarterly Reports

- [NC-FASTER Quarterly Update: April-June 2022](#)
- [NC-FASTER Quarterly Update: January-March 2022](#)
- [NC-FASTER Quarterly Update: October – December 2021](#)
- [NC-FASTER Quarterly Update: July – September 2021](#)
- [NC-FASTER Quarterly Data Update: April – June 2021](#)
- [NC-FASTER Quarterly Data Update through March 2021](#)

Annual Reports

- [Linking North Carolina Violent Death Reporting System and NC DETECT Emergency Department Visit Data for Firearm Deaths: A Preliminary Report](#)
- [NC-FASTER 2022 Annual Data Report](#)
- [NC-FASTER Year 2 Syndrome Validation Report](#)

IVPB Data Support now available!

Book time with an IVPB epidemiologist to discuss available data products, to talk through custom data requests, or for general data questions.

- [IVPB Data Request Policy](#)

- [IVPB Data Support Bookings](#)



IVPB Data Support

✓ SELECT A SERVICE

<p>Overdose Data Support <input type="radio"/></p> <p>Book time with Mary Beth to discuss overd... Read more</p> <p>30 minutes </p>	<p>Alcohol Use & Related Harms Data Support <input type="radio"/></p> <p>Book time with Mary Beth to discuss alcoho... Read more</p> <p>30 minutes </p>
<p>General Injury Data Support <input type="radio"/></p> <p>Book time with Shana to discuss general inji... Read more</p> <p>30 minutes </p>	<p>Suicide and Firearm Data Support <input type="radio"/></p> <p>Book time with Shana to discuss suicide an... Read more</p> <p>30 minutes </p>

Member Updates and Current Events

CSPAC Members

Closing

- Thank you for attending the CSPAC meeting!
- Please complete CSPAC evaluation
- For questions, please contact Anne Geissinger at anne.geissinger@dhhs.nc.gov

Upcoming Meetings

- February 8, 2023, 10:00 – 11:30 AM
- May 10, 2023, 10:00 – 11:30 AM
- August 9, 2023, 10:00 – 11:30 AM
- November 8, 2023, 10:00 – 11:30 AM