

North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Use Services

988 North Carolina Suicide Prevention

Lisa DeCiantis, MA LCMHC Crisis Services Team Lead

Sept. 11, 2023

Recover Stronger

These priorities and our work across the department are grounded in **whole-person health**, driven by **equity**, and responsive to the lessons learned responding to the greatest health crisis in more than a generation.

Behavioral Health & Resilience



We need to offer services further upstream to build resiliency, invest in coordinated systems of care that **make mental health** services easy to access when and where they are needed and reduce the stigma around accessing these services.

Child & Family Wellbeing



We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and communities. Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.

Strong & Inclusive Workforce



We will work to strengthen the workforce that supports early learning, health and wellness by delivering services to North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

The health insurance coverage gap coupled with insufficient access to affordable care disproportionately impacts Historically Marginalized Populations who have also experienced worse outcomes than others under COVID-19. Medicaid expansion would help close the health insurance coverage gap.

SEPTEMBER SUCCIDE PREVENTION MONTH

988 Suicide and Crisis Lifeline

- July 16, 2022 launched National 9-8-8 Suicide and Crisis Lifeline
- 24-hour access to trained crisis counselors
- Reached through
 - 988 or 1-800-273-TALK (8255) call/text
 - 988lifeline.org chat
- Assessment will determine the need for further intervention (Mobile Crisis, Law Enforcement, Warm Hand-off to LMEs, Referral to community)



988 Suicide and Crisis Lifeline

- 988 is a NATIONAL Initiative
 - Funding currently comes from SAMHSA (federal)
 - Vibrant Emotional Health SAMHSA's (Substance Abuse Mental Health Services Administration) technology partner
 - Central switchboard; manage overflow
 - Track state metrics
 - Calls are routed based on caller's area code
- REAL Crisis Intervention, Inc. NC 988 Vendor
 - Providing service statewide since 2012 as suicide lifeline; began 988 operations 7/16/22
 - Single NC Suicide and Crisis Lifeline call center, operating 24/7





What to expect when you call 988

Calls routed to call center based on caller's area code

- Message comes on
 - Press "2" Spanish (average 158 per month)
 - Press "1" Veterans line (average 1,925)
 - Press "3" LGBTQ+ (ages 13 24)

Nationally 6% of calls, 11% of chats, 15 % of texts

https://www.thetrevorproject.org/







Llama o envía un mensaje al 988

Twitter, Facebook, Instagram



NCDHHS | DMHDDSUS | Suicide Prevention Awareness | Sept. 11, 2023

988 Middle/High School Campaign



Posters and swag in schools. Social Media (Instagram, Snapchat, Facebook, Twitter, TikTok)



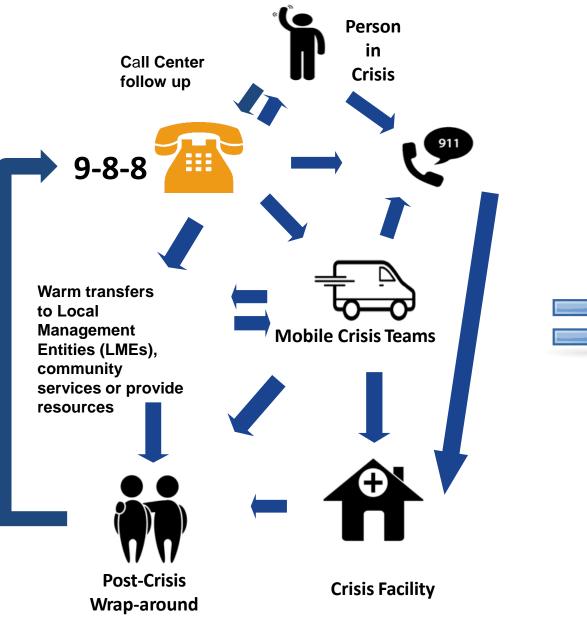
988 NC Videos

NC General Messaging Campaign <u>https://www.youtube.com/watch?v=fN6xUUO3RDo</u>

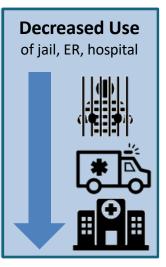
NC 988 Youth 988 Campaign https://www.youtube.com/watch?v=IVonTeHQg60

NC Youth PSA <u>https://www.youtube.com/watch?v=BCz_MyhKiLs</u> - Short <u>https://www.youtube.com/watch?v=ca-rRjDOF60</u> – Long

Behavioral Health Emergency Response



Increased Wellness, Resilience, Recovery



Crisis Continuum in North Carolina (and Nationally)

SOMEONE TO TALK TO (Connect)

• 988

SOMEONE TO RESPOND (Dispatch)

- Mobile Crisis Team Response,
- CIT Law Enforcement/EMS

A PLACE TO GO (Stabilize)

- Behavioral Health Urgent Care (BHUC)
- Facility Based Crisis
- Peer and Community Respite, NCSTART
- ED, Inpatient

POST-VENTION SUPPORTS

Outpatient Follow-Up, Peer Supports









Year 1 of 988: Facts & Figures

- Every person who connects with <u>988 is offered support</u>.
- Currently, about 5,000 people call 988 each month in North Carolina.
- Since its launch last July, there has been a 32% increase in North Carolinians reaching out by phone.
- 60% of callers are new callers.
- 40% are repeat callers looking for additional support.
- 90% of individuals with thoughts of suicide reported improvement in how they were feeling by the end of their call.
- North Carolina's average speed to answer is 19 seconds, while the national average is 41 seconds (at the start of last year, the national average was 2 minutes and 39 seconds).

988 & Peer Warm Line

- 40% of contacts are repeat callers
- NCDHHS is launching a supplemental service line that will enable 24/7 peer support services for individuals who contact 988 and prefer to speak to someone with lived experience.
- This Peer "Warm Line" will connect these individuals to a Certified Peer Support Specialist — someone living in recovery with mental illness and/or substance use disorder.
- By incorporating peer support into 988, the NCDHHS "warm line" promotes an anti-stigma approach to mental health and substance use, and it expands the evidence-based services 988 can offer.

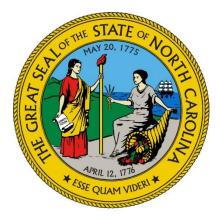
Gov Cooper's \$1B Behavioral Health & Resilience Plan

- Governor Roy Cooper's proposed <u>\$1B Behavioral Health and Resilience</u> <u>plan</u> proposes additional investment in 988 and other community-based crisis services including:
- **Mobile Crisis Teams**: Immediate, on-site support for people experiencing a mental health and/or substance use crisis
- Facility-Based Crisis Centers and Drop-in Centers: Community-based crisis centers for individuals experiencing a behavioral health or substance use crisis
- **Statewide Transportation Services**: Transportation services to psychiatric facilities that do not involve law enforcement



https://www.samhsa.gov/find-help/988/partner-toolkit





NC Department of Health and Human Services

Suicide Prevention Programs, Tools, and Training in North Carolina

Anne L. Geissinger Jane Ann Miller

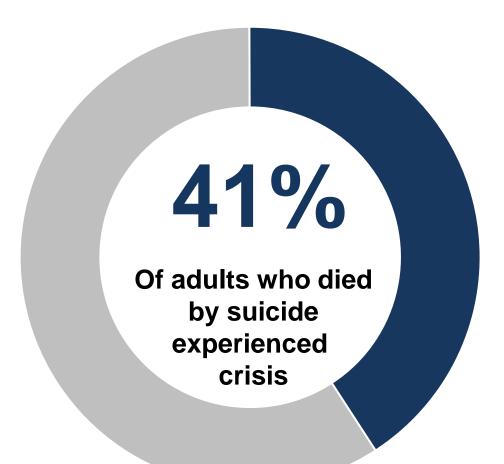
Sept 11, 2023

Common Risk Factors

- Behavioral health disorders, including self-harm and depression
- Substance use and addiction
- Hopelessness
- Loneliness
- Risky behaviors
- Poor coping skills
- Interpersonal problems
- Chronic physical illness
- Physical, sexual, or psychological abuse
- School or work problems

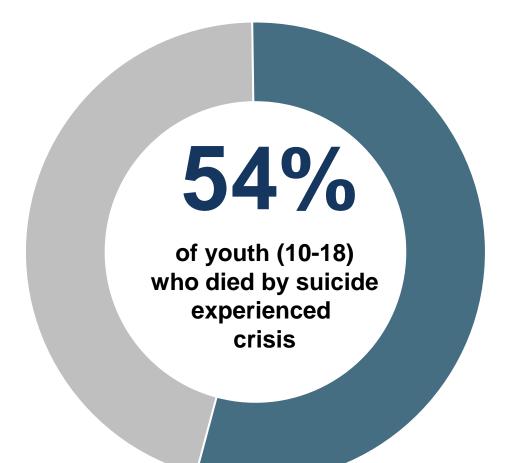
- Insomnia
- Chronic stress
- Mental health problems at home
- Family violence
- Lack of support
- Limited access to health and behavioral healthcare
- Access to lethal means (firearms, medications, etc.)
- Bullying and discrimination
- Racism
- Stigma associated with getting and receiving mental healthcare

Recent Crisis is an Important Risk Factor



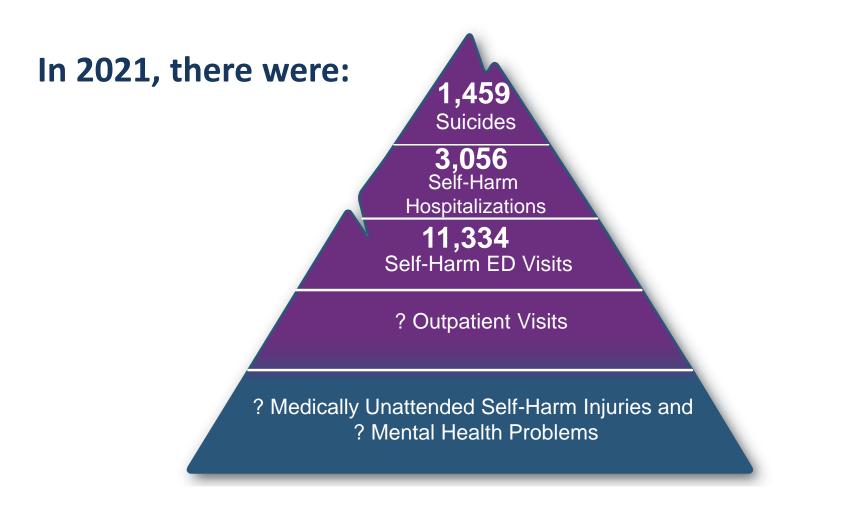
Source: North Carolina Violent Death Reporting System, 2016-2020

Recent Crisis is an Important Risk Factor



Source: North Carolina Violent Death Reporting System, 2016-2020

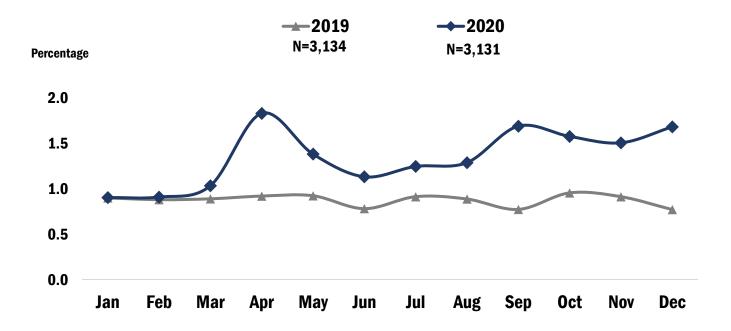
Suicide Deaths are Just the Tip of the Iceberg



Limited to NC Residents ages 10 and older

Source: NC State Center for Health Statistics, Death Certificate Data (2021) and Hospital Discharge Data (2021); NC DETECT ED Visit Data (2021) Analysis by the DPH Injury and Violence Prevention Branch, Injury Epidemiology and Surveillance Unit

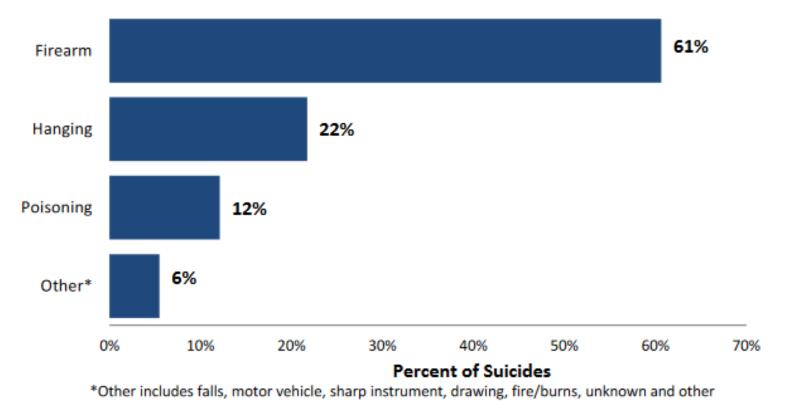
Proportion of ED Visits Listing Self-Harm for Youths (ages 10-18)



Source: NC-DETECT Emergency Department Visits, 2019-2020; Limited to NC residents ages 10 and older

Firearms Are the Most Used Method

Method of Death*: NC-VDRS, 2020



Take Home Messages About Data

- Crisis is an extremely important factor in suicide.
- Youth were harmed by the COVID pandemic; we see this in the alarming rates of self-harm in the emergency rooms.
- Some methods are more lethal than others; restricting access to the more lethal means saves lives.

Best Vocabulary - Words Matter!

Avoid saying...

Try this instead...

Committed suicide

• Failed suicide attempt

- Died by suicide, killed him/herself
- Suicide attempt or nonfatal suicide attempt
- Successful suicide attempt
- Suicide

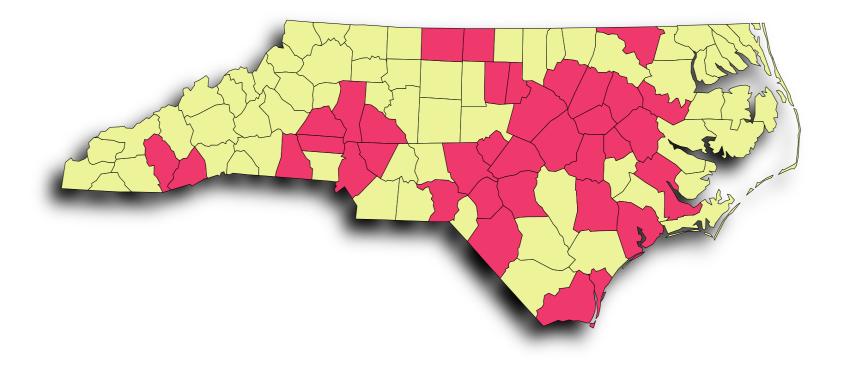
Gatekeeper Training: Suicide Prevention & Intervention Skills Training

- Faith Leaders for Life
 - Provide gatekeeper training to faith leaders and faith communities
- Start with Veterans
 - Provide gatekeeper training to those who intersect with veterans

Faith Leaders for Life

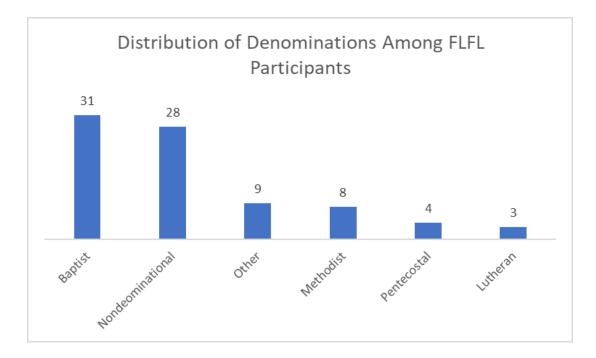
- Program purpose
- Program description
 - Provide LivingWorks Faith
 - Convene 5 weekly discussion groups for faith leaders
 - Each faith leader is given 10 licenses for LivingWorks Start
 - Participant follow up

Faith Leaders for Life



Faith Leaders for Life

- Demographics of participants
 - 85 faith leaders, 130 congregants
 - 64/85 leaders represent BIPOC congregations
 - Leaders serving approximately 41,900 NC congregants



Information on How to Get Involved

- Request the one-pager by email.
- Connect with trained faith leaders in your area; share the one-pager.
- Email <u>abigail.coffey@dhhs.nc.gov</u> to receive the next application.



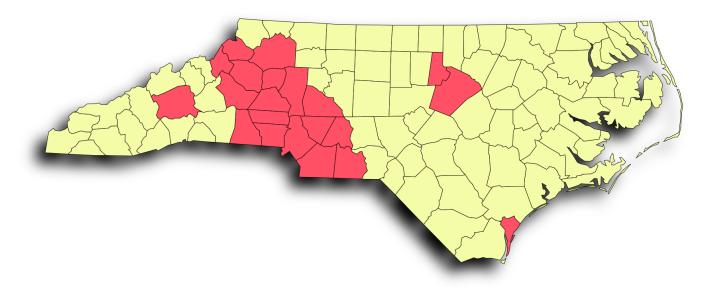
Start with Veterans

- About 1 in 17 people in NC are a veteran
- Veterans are 57% more likely to die by suicide than those who have not served
- Program purpose
- Program design
 - Partnership between Army National Guard and LivingWorks Education USA
 - Distribute LivingWorks Start training licenses to professionals who work with veteran for FREE

https://data.census.gov/table?q=veterans+in+North+Caroina&tid=https://data.census.gov/table?q=veterans+in+North+Caroi na&tid=ACSST1Y2021.S2101ACSST1Y2021.S2101 https://stopsoldiersuicide.org/vet-stats

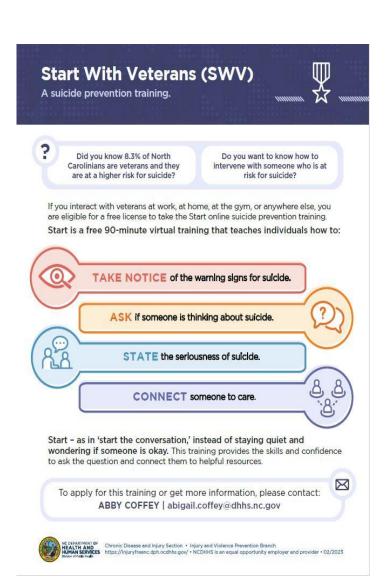
Start with Veterans Data

- Trained 184 individuals thus far
 - 77 represent chaplaincy project
 - 107 from other organizations
- Includes partnership with 16 organizations



How to Get Involved with Start with Veterans

- Talk with your organization and partners about interest in gatekeeper training
- Gather list of interested people
 - First name, last name, email address
- Email <u>abigail.coffey@dhhs.nc.gov</u> with list for entry
- Request the one-pager by email



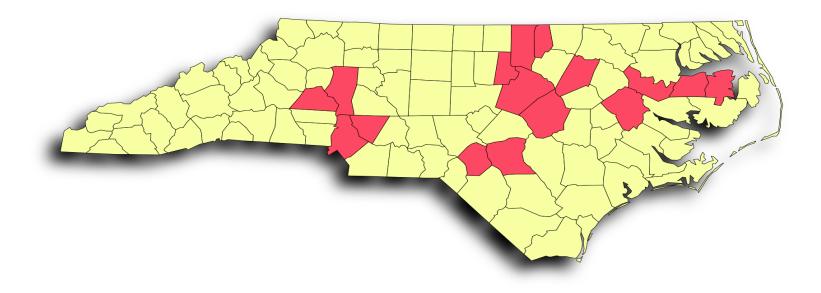
Firearm Safety Team (FST)

- Program purpose
- Program description
 - Promote safe storage
 - Educate (CALM: Counseling on Access to Lethal Means)
 - Distribution of gun locks

Firearm Safety Team Potential Partners

- Public health workers
- Parents
- Non-profits
- Law enforcement
- Hospitals
- Gun owners

Current and Developing FST



How to Get Involved with FST

- Talk with your organization and partners in your area about interest in starting an FST
- Review the <u>FST Implementation</u> <u>Guide</u>
- Email Megan Lueck at <u>mlueck@email.unc.edu</u> for how to start your own FST
- Request the one-pager by email

	is a group of community men on this team may include publ	
	nforcement, hospitals, gun owr	
Typical Fire	arm Safety Team (FST) a	tivities are:
		PRESENTING TO GROUPS ON FIREARM SAFETY
ACCES	DING COUNSELING OF S TO LETHAL MEANS FST for 21 years. Other NC co	(CALM) TRAINING
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Access burham County has had an Cabarrus County Iredell County Mecklenburg County You want to take action ireating a Firearm Safety	S TO LETHAL MEANS FST for 21 years. Other NC co Catawba County Martin Tyrrell Washin Pitt County to reduce gun violence in y	(CALM) TRAINING ounties with an FST include: Hoke County gton Health District Wake County our community, explore

Healthy Communities Block Grant: Suicide Prevention Activities

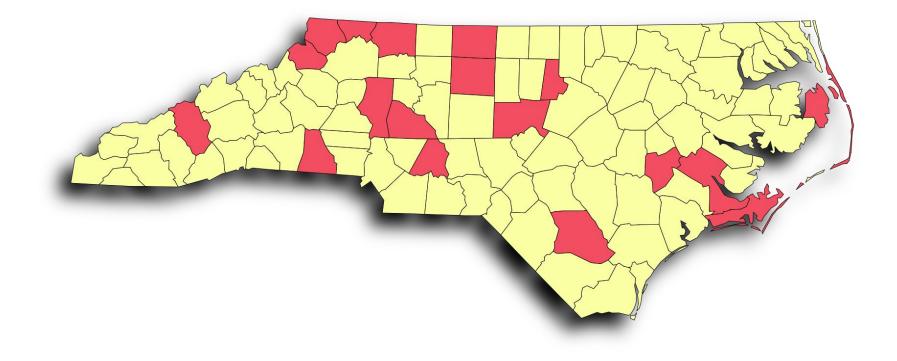
Participants: 24 health departments

Goal: Collaborate with at least one organization to establish a policy and/or program to address suicide prevention.

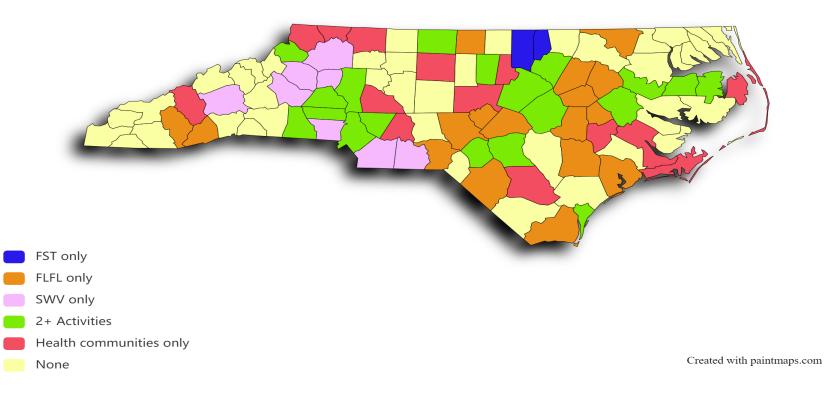
Approved Activities:

- Gatekeeper training: Applied Suicide Intervention Skills (ASIST); LivingWorks Start; LivingWorks SafeTALK; LivingWorks Faith; Question, Persuade, and Refer (QPR); Counseling on Access to Lethal Means (CALM) or Mental Health First Aid training programs
- Purchase and distribute gun locks or locking mechanisms
- Formation of a firearm safety team (FST)

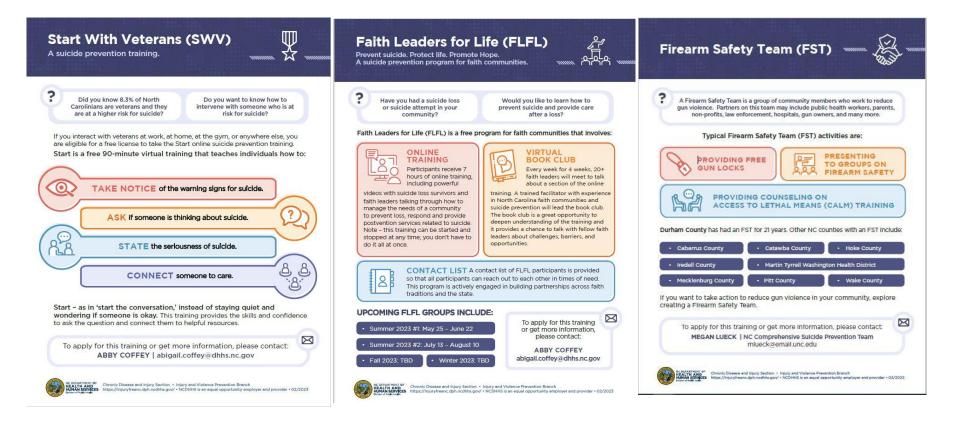
Healthy Communities Suicide Prevention Participants



Summary of CSP Activities



Resources: Program Flyers



Contact Information



Jane Ann Miller Suicide Prevention Expert, Programming & Overall Questions Jane.miller@dhhs.nc.gov



Anne L. Geissinger Collaboration & Partnership Anne.geissinger@dhhs.nc.gov

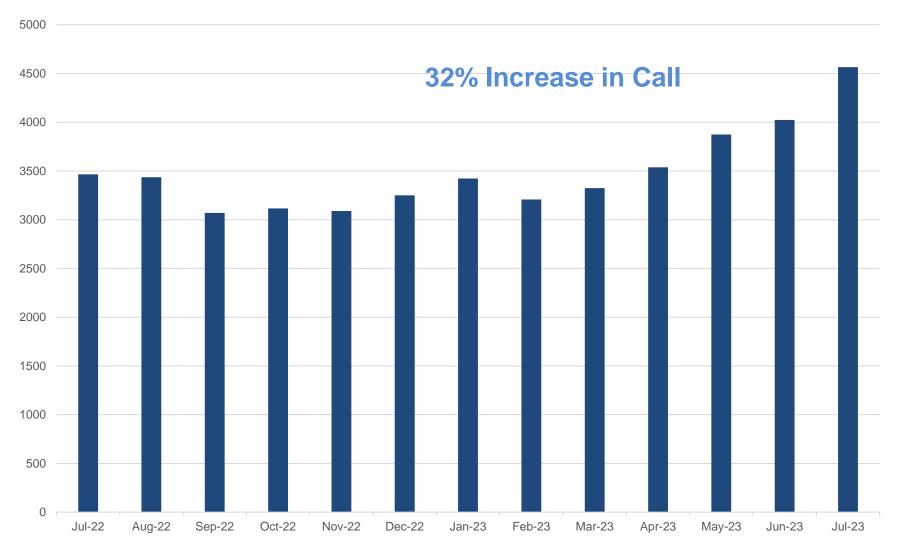


Comments, questions and feedback are welcome at:

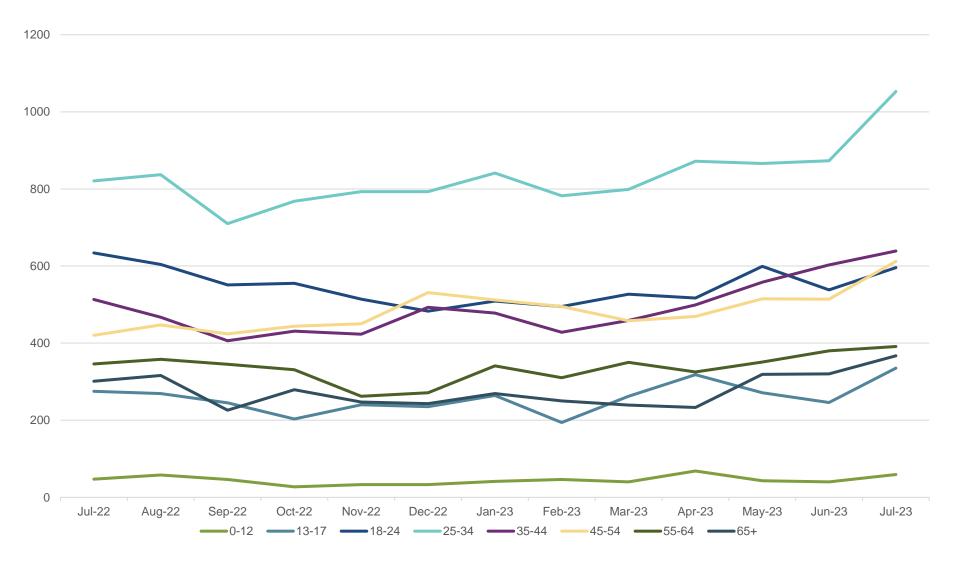
<u>BHIDD.HelpCenter@dhhs.nc.gov</u>

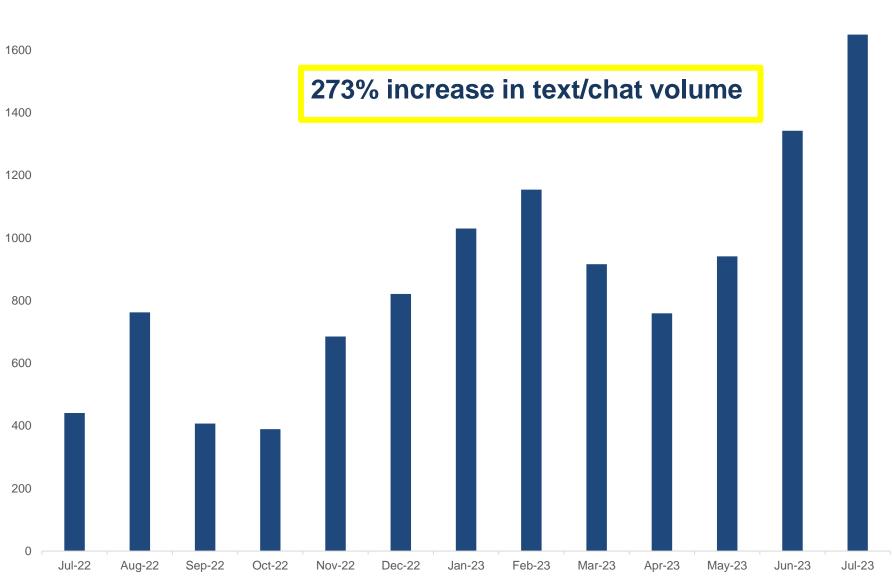
The recording and presentation slides for this webinar will be posted on the Community Engagement and Training webpage: <u>https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/councils-and-committees/community-engagement-and-training</u>

988: North Carolina Call Volume



988: Age of NC Callers

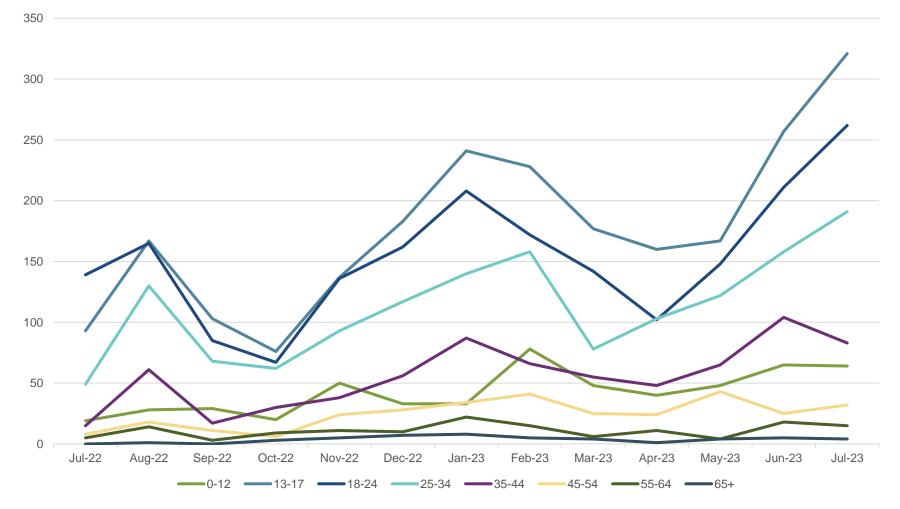




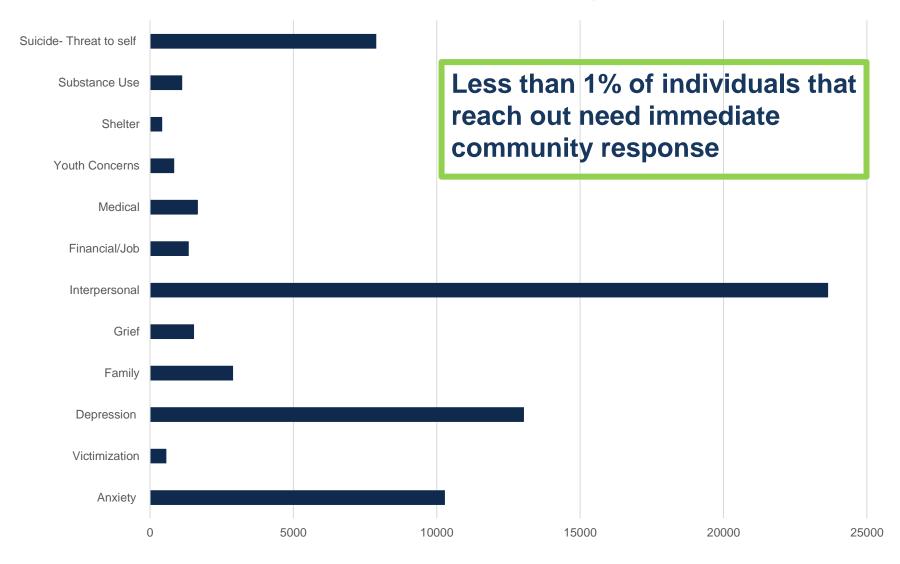
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988: Age of Those Reaching out by Chat/Text

Ages of Chat/Text



Reasons for Reaching Out



988: 3rd Party Caller Volume

