

### **Crisis External Advisory Committee Meeting**

January 8<sup>th</sup> 9:00 – 10:00 AM

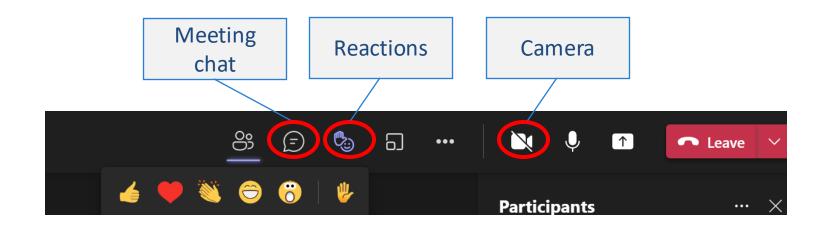
> Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS)

### Agenda

- Housekeeping and Community Collaboration Model
- Crisis Updates and Announcements
- Discussion
  - Suicide Prevention

# Housekeeping

We encourage those who are able to turn on cameras use reactions in Teams to share opinions on topics discussed and share questions in the chat.



## **Guidelines for Engagement**

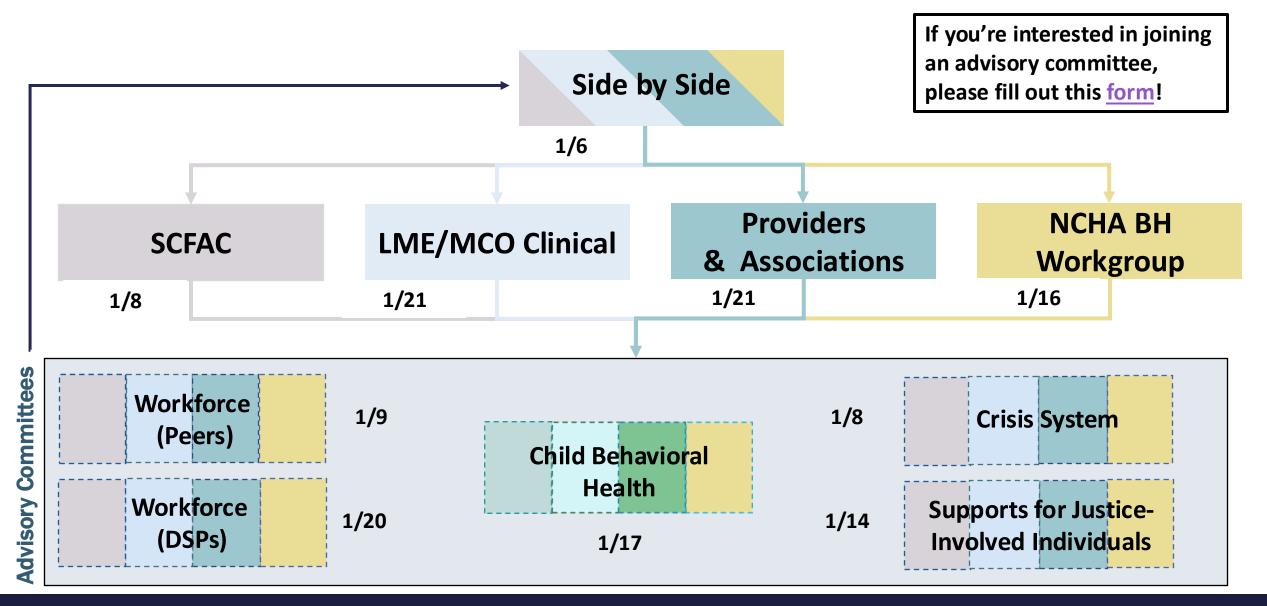
DMH/DD/SUS is committed to transparency in our work and creating shared spaces to engage in constructive dialogue.

We acknowledge that these topics may be difficult, based on personal experiences and identities, and we honor your willingness to share valuable insight.

- If you have a question, wish to express an idea, or share a concern, please use the raise hand feature or the chat function.
- We ask that you are mindful of time to ensure as many members as possible have a chance to provide input and share their thoughts.
- We may interrupt dialogue to keep the space constructive. One of our staff members will connect you with our DMHDDSUS team for additional conversation offline.



### January 2025 Community Collaboration



### **Now Open: Non-Law Enforcement Transportation RFP**

NCDHHS Invests \$20 Million in Transportation Program for People Experiencing a Mental Health Crisis

- Provides trauma-informed transportation for people in mental health crisis who need to be transported from emergency rooms to residential treatment
- Aims to decriminalize and destigmatize the process of seeking mental health care

Eligible transportation vendors can access and apply for the <u>RFP on the NCDHHS website</u>.

"People in crisis need health care, not handcuffs," said NC Health and Human Services Secretary Kody H. Kinsley. "This program helps people experiencing a mental health crisis receive safe transportation to the inpatient care that they need."

FRIDAY, DECEMBER 20, 2024

NCDHHS Invests \$20 Million in Transportation Program for People Experiencing a Mental Health Crisis

NCDHHS

### **NEW: NC Mental Health Crisis Services Campaign**

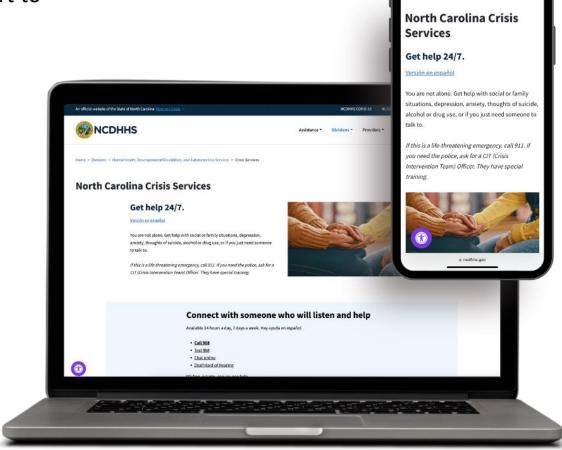
When life feels overwhelming, *help is here*. <u>North Carolina crisis services</u> provide compassionate, confidential, and non-judgmental support to connect individuals and families with the care they need.

#### **New Landing Page**

Available in English and Spanish, that uses easy-to-understand language to describe and connect to our services.

### Searchable Map

Find community crisis centers (Spanish), including behavioral health urgent cares and facility-based crisis centers.



ubstance Use Service

> Crisis Services

### Zip Code Search

Type your zip code into the "Search" field to find a mobile crisis team (Spanish)

#### **Google Search Ads**

To support people actively searching for information

# Expansion of HOPE 14 NC

Hope4NC offers the following help to those in need:

- Individual Crisis Outreach and Support
- Group Crisis Outreach
- Public Education
- Community Networking and Support
- Assessment, Referral, and Resource Connection
- Meeting people where it's most convenient for them
- The program is free and anonymous

#### Crisis community workers trained in the CPP Core Curriculum Active

- Crisis Community Workers BEGAN outreach the week of November 25th
- Ongoing recruitment and training over the coming months (will have 100+ crisis counselors deployed)
- Vaya, Trillium, and Partners are DHHS partners
- Hope4NC line had over 3,900 calls answered

For more information, visit the updated <u>Hope4NC website</u> or <u>download our</u> <u>flyer to share</u>.



### Hope4NC Helpline: 1-855-587-3463

### **Opening of The Retreat @ Fernwood!**

NCDHHS Secretary Kody Kinsley and DMHDDSUS Director Kelly Crosbie participated in the ribboncutting ceremony for Promise Resource Network's new peer-run respite center in Wake County today. Joining the center's CEO Cherene Caraco and Alliance Health CEO Rob Robinson, they celebrated the opening and toured the center.



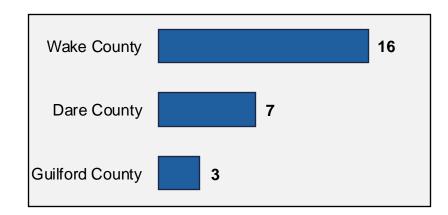


## SOMETHINGS End of Year Data

**SOMETHINGS** is a mental health platform that connects teens and young adults with Certified Peer Support Specialist mentors and can provide referrals to licensed therapists.

**NCDHHS** and **Alliance** have partnered with **SOMETHINGS** to provide free mental health support for teens in North Carolina regardless of insurance status.

### **Top 3 Counties with Active Teens**



**Satisfaction & Feedback Scores** 



"My teen continues to enjoy the program a lot.... Very thankful for the program you've put together. I've shared with multiple parents at my school and both her counselors." – Parent, Wake County

### **Key Metrics**

Total Active Number Of Teens 1154

**Teen Applications** 

Since Launch

11

Average Days Teen Are Engaged NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# **Suicide Prevention**

Hannah Harms Suicide Prevention Coordinator

Division of Mental Health, Developmental Disabilities and Substance Use Services

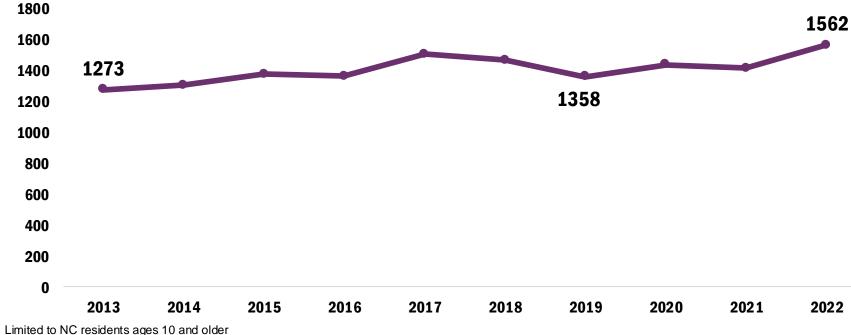
January 8, 2025



Suicide Death

### 4 people a day die from suicide in NC

The number of suicide deaths in North Carolina has increased by 23% over the past 10 years, with a 15% increase from the start of the pandemic (2019)



Number of Suicide Deaths Among NC Residents, NC-VDRS, 2013-2022

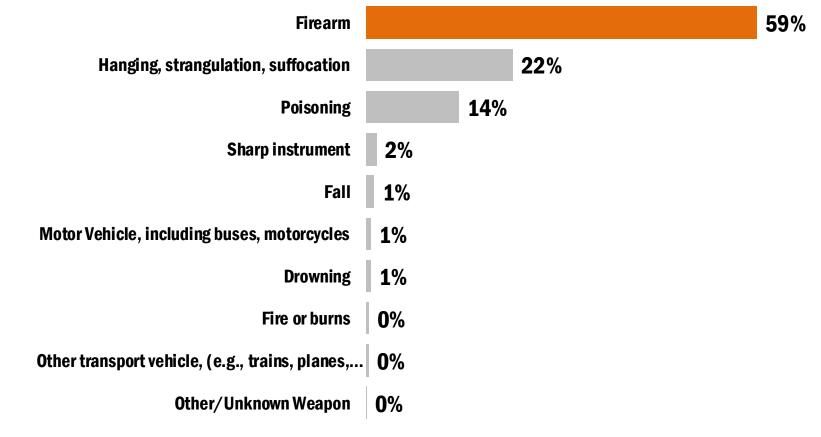
Limited to NC residents ages 10 and o Source: NC-VDRS, 2013-2022

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Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

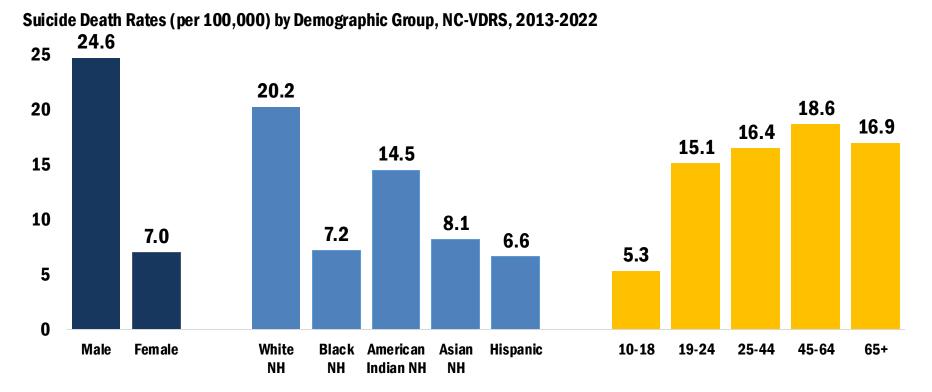
# Firearms are the most common weapon used in suicide deaths in NC

59% of suicide deaths in the last 10 years (2013-2022) were firearmrelated



Limited to NC residents ages 10 and older Source: NC-VDRS, 2013-2022 Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

# Males, NH White and NH American Indian residents, and adults ages 45-64 experienced the highest rates of suicide death in NC



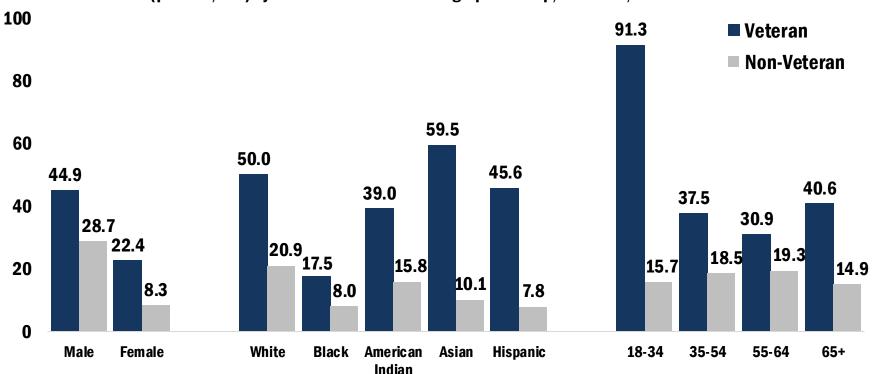
Limited to NC residents ages 10 and older; NH = non-Hispanic

Source: NC-VDRS, 2013-2022; US Census non-bridged population estimates, 2023

Note: US Census non-bridged single-race categories do not directly align with the current NC-VDRS race/ethnicity categories Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

Veteran Suicide

# Veterans in North Carolina were 2.5 times more likely to die from suicide than non-veterans



Suicide Death Rates (per 100,000) by Veteran Status and Demographic Group, NC-VDRS, 2013-2022

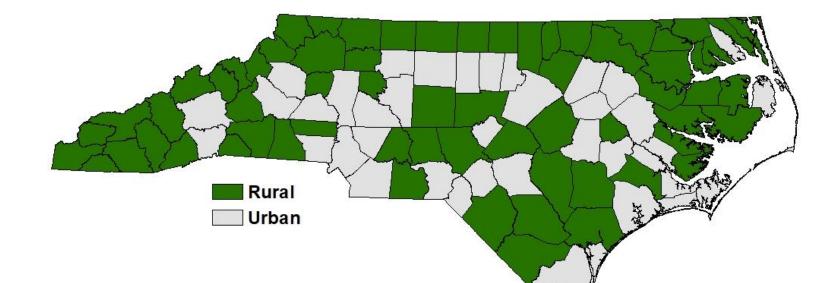
Limited to NC residents ages 18 and older

Source: NC-VDRS, 2013-2022; US Census non-bridged population estimates, 2023

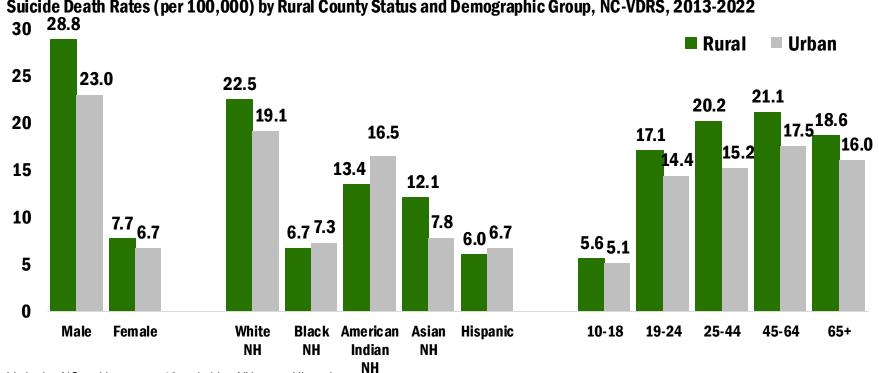
Note: US Census non-bridged single-race categories do not directly align with the current NC-VDRS race/ethnicity categories Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

# Rural Suicide

### North Carolina has 64 rural counties



### Males, NH White and NH American Indian residents, and adults ages 45-64 experienced the highest rates of suicide death in rural NC counties



Suicide Death Rates (per 100,000) by Rural County Status and Demographic Group, NC-VDRS, 2013-2022

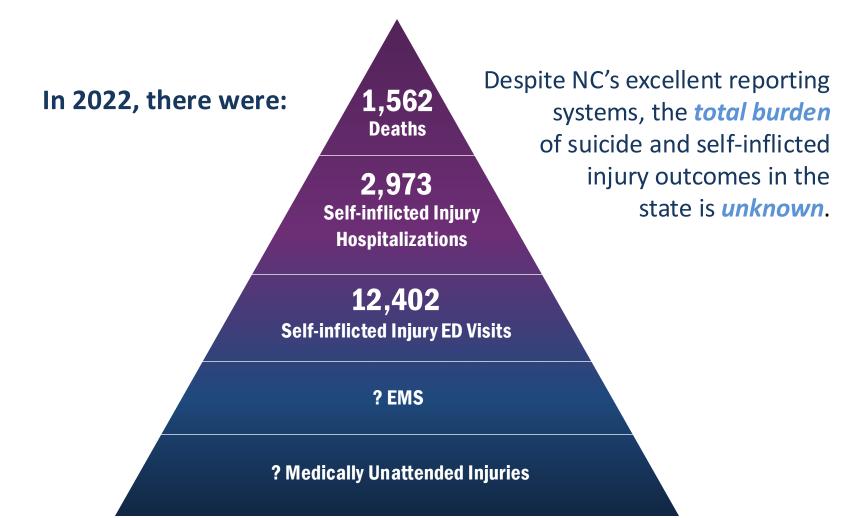
Limited to NC residents ages 10 and older; NH = non-Hispanic

Source: NC-VDRS, 2013-2022; US Census non-bridged population estimates, 2023

Note: US Census non-bridged single-race categories do not directly align with the current NC-VDRS race/ethnicity categories Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

# Self-Inflicted Injury/Harm

### Suicide deaths are just the tip of the iceberg



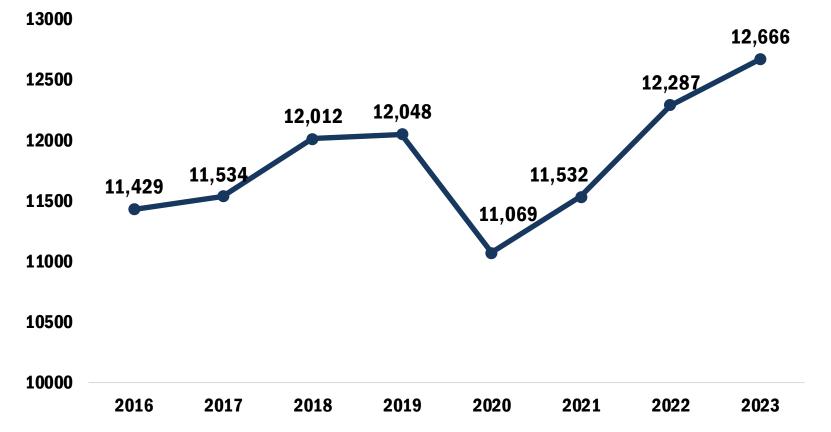
Limited to NC residents

Source: NC-VDRS, 2013-2022; NC State Center for Health Statistics, Hospital Discharge Data (2022); NC DETECT ED Visit Data (2022) Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

# Self-Inflicted Injury ED Visits

### Self-inflicted injury ED visits decreased by 8% from 2019-2020 but have since increased almost 15%

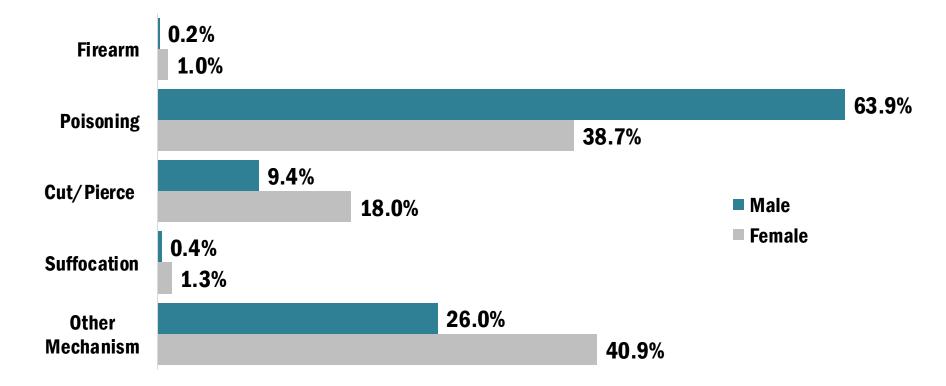
Number of Self-inflicted Injury ED Visits Among NC Residents, 2016-2023



Limited to NC Residents ages 10 and older

Source: NC DETECT, Emergency Department (ED) Visit Data, 2016-2023 Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

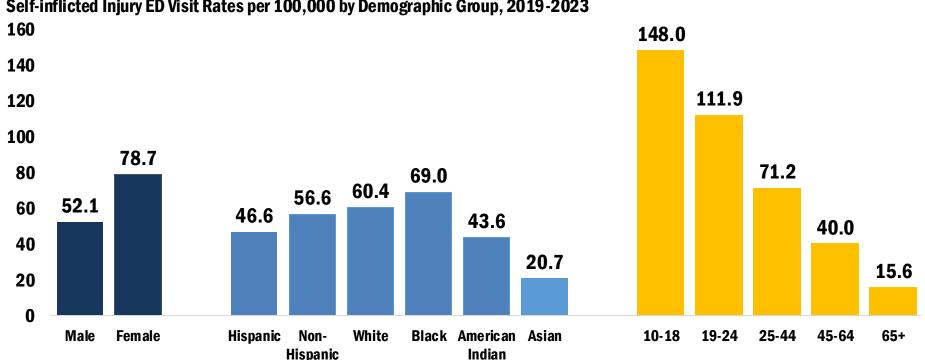
# Most Male and Female Self-Inflicted Harm ED Visits were related to Poisonings and Cuts/Pierces



Limited to NC Residents ages 10 and older

Source: NC DETECT, Emergency Department (ED) Visit Data, 2016-2023 Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

### Rates of self-inflicted injury ED visits were highest among females, Black residents, and children ages 0-18



Self-inflicted Injury ED Visit Rates per 100,000 by Demographic Group, 2019-2023

Limited to NC Residents ages 10 and older; NH = non-Hispanic

Source: NC DETECT, Emergency Department (ED) Visit Data, 2019-2023; US Census non-bridged population estimates, 2023

Note: Race and ethnicity categories are not mutually exclusive. US Census non-bridged single-race categories used to calculate rates do not directly align with the current race/ethnicity categories in the ED visit data

Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

## Key Takeaways: Suicide in NC

### • Four people a day die by suicide (2022)

-Rates have risen by 24% in the past 10 years; slight decrease in 2023

### Most vulnerable populations for suicide include:

-Men, NH Whites, NH American Indian, ages 45-64, Veterans (especially young Veterans), Rural

### Self-inflicted injury is a measure of suicide attempt

- -Most vulnerable populations include:
  - Females, ages 10-24, White, Black
- -ED Visits increasing since the pandemic

## **Key Takeaways: Suicide in NC**

- Suicide is among the top 5 leading causes of death for those ages 10-65 (2022)
- Suicide is the 3<sup>rd</sup> leading cause of death for ages 10-18
- Suicide is the 2<sup>nd</sup> leading cause of death for ages 19-34
- Firearms are the leading method of death by suicide

### **Suicide Prevention Data Sources**

- NC DHHS Suicide Prevention Landing Page ncdhhs.gov/stopncsuicide
- Suicide Prevention Epidemiologist, DPH Katie McDaniel, MPH
  - Katie.McDaniel@dhhs.nc.gov



## **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<br>Policy | IVPB Data Support   |  |
|-----------------------------|---|--|
| IVPB Data Support           | SELECT A SERVICE  |  |
| Bookings                    | Overdose Data Support   | Alcohol Use & Related Harms O<br>Data Support                          |
|                             | Book time with Mary Beth to discuss overd Read more <b>30 minutes</b>   | Book time with Mary Beth to discuss alcoho Read more <b>30 minutes</b> |
|                             | General Injury Data Support   | Suicide and Firearm Data Support                                       |
|                             | Book time with Shana to discuss general inj Read more <b>30 minutes</b> | Book time with Shana to discuss suicide an Read more <b>30 minutes</b> |

# NC Suicide Prevention Action Plan

## **NC Suicide Prevention Action Plan**

- Current NC Suicide Prevention Action Plan: 2022-2025
- Full document available at ncdhhs.gov/stopncsuicide

### • Partners:

- Division of Public Health
- Division of Mental Health, Development Disabilities and Substance Use Services
- Division of Adult and Aging Services
- Division of Child and Family Wellbeing
- Department of Public Safety
- Department of Public Schools
- Community-based partners

North Carolina
SUICIDE PREVENTION ACTION PLAN



2022

### **Achievements (2022-current)**

- Regular webinars to inform and collaborate w/ community partners
  - DMHDDSUS Side by Side and Advisory meetings
  - Comprehensive Suicide Prevention Advisory Council (CSPAC)
  - Firearm Safety Team Coalition
  - Suicide Prevention Statewide Collaborative

### • Mental health and suicide prevention trainings

- Mental Health First Aid (MHFA)
- LivingWorks ASIST and START
- Counseling on Access to Lethal Means (CALM)
- Faith Leaders for Life
- Firearm Safety Team (FST)
- Belonging and Empathy (B.E.)
- Medicaid Expansion and increased Medicaid reimbursement rates for behavioral health providers
- Landmark Behavioral Health Investments
  - Expand and improve crisis system, Systems of Care, School Behavioral Health, etc.

### **Achievements (2022-current)**

- Suicide Prevention Landing Page launched
- Crisis Services Landing Page launched
- 988 campaigns & 988 Dashboard launched
- Statewide Peer Warm Line launched
- Expansion of Mobile Outreach Response Engagement and Stabilization Teams (MORES)
- SOMETHINGS launched (Teen Peer Mentors)

### **Achievements (2022-current)**

### • Reduce access to lethal means

- Gun lock distribution
- NC SAFE statewide campaigns
- NC SAFE website expansion
- Safe storage map
- Office of Violence Prevention established
- NC School Mental Health Policy fully implemented
  - Includes mental health training program and a suicide risk referral protocol

### **NC Suicide Prevention Action Plan**

- Next NC Suicide Prevention Action Plan (2026-2030) in development
- Draft to be published in May 2025 for public feedback
- Formalized plan to be published in September 2026

### Hannah Harms

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