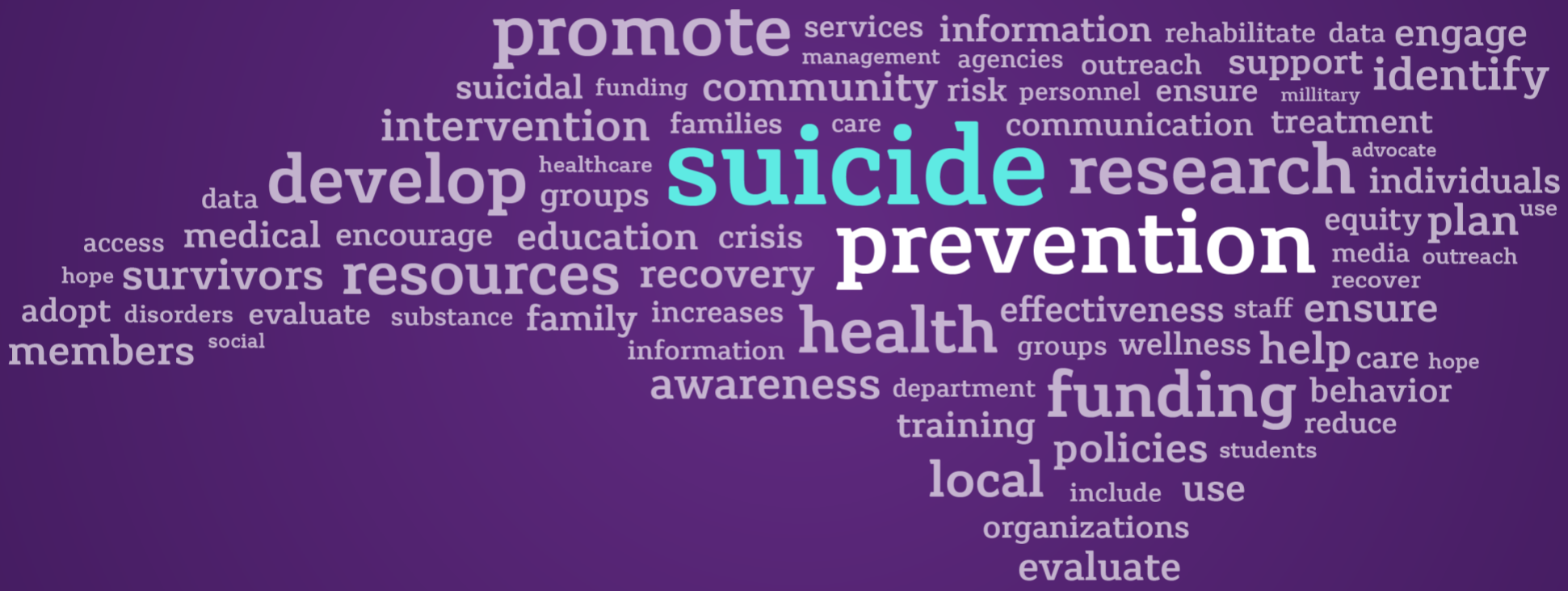
North Carolina

SUICIDE PREVENTION ACTION PLAN



2026-2030

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

North Carolina Suicide Prevention Action Plan | 2026-2030

Executive Summary

The North Carolina Suicide Prevention Action Plan 2026–2030 outlines a coordinated, evidence-based approach to reduce suicide deaths and self-harm injuries statewide. The plan builds on prior strategies and aligns with the SAMSHA 2024 National Suicide Prevention and Federal Action Plan and Healthy North Carolina 2030 goals. Its purpose is to strengthen infrastructure, expand access to care, and address risk and protective factors across the lifespan, with a focus on populations disproportionately impacted by suicide, including youth, veterans, older adults, and historically marginalized communities.

The plan's strategies center on building coordinated prevention systems; reducing access to lethal means; increasing community awareness and skills; improving identification and support for at-risk populations; enhancing crisis-response capacity; expanding access to high-quality suicide care; and measuring impact through robust surveillance. By 2030, expected outcomes include measurable reductions in suicide rates, greater equity in prevention and care, and stronger integration of suicide-prevention efforts within North Carolina's mental health, public health, health care, and community systems.

Background

Suicide is among the top five leading causes of death for people ages 10 to 65 (NC State Center for Health Statistics [SCHS], 2023). Suicide is the fourth leading cause of death among youth ages 10 to 18 and the second leading cause of death for those ages 19 to 34.Suicide is a complex and serious public health problem that can have long-lasting effects on individuals, families and communities. The North Carolina Suicide Prevention Action Plan is focused on specific actions to be taken in North Carolina over the next five years to reduce self-harm and death by suicide.

About this Plan

The Comprehensive Suicide Prevention Team within the Injury and Violence Prevention Branch at the Division of Public Health (DPH) and the Crisis Services team within the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS) led the development of the 2021-2025 plan through support from a suicide prevention grant from the Centers for Disease Control and Prevention (CDC). The 2026-2030 plan was created through review of the 2021-2025 plan and incorporates updates from relevant experts across the North Carolina Department of Health and Human Services (NCDHHS) in addition to external partners and people with suicide-centered lived experience. A public survey was also conducted to gather public opinion from across the state. Dedicated to reducing injury and death associated with suicide, the Suicide Prevention Action Plan is a component of top DMHDDSUS priorities including strengthening our crisis system and improving access to care. The plan also aligns with the Healthy North Carolina 2030 goal of improving access and treatment for mental health needs by reducing the suicide rate in North Carolina.

This action plan will be collaboratively implemented during the next five years by NCDHHS and external community partners.

The development of this action plan utilized suicide data, evidence on effective prevention strategies, and was informed by goals identified in the North Carolina 2015 Suicide Prevention Plan, a broader strategic plan that continues to inform prevention efforts in the state, as well as goals from the 2021-2025 State Action Plan. The development and format of the action plan also utilized tools from the Suicide Prevention Resource Center that provide recommended elements of a strong state suicide prevention infrastructure. Additionally, the HHS National Strategy for Suicide Prevention (2024), the SAMSHA 2024 National Suicide Prevention and Federal Action Plan and CDC Suicide Prevention Resource for Action (2022) were used to guide the selection of strategies grounded in the best available evidence. The action plan is structured to align with these elements.

Data and Justification

Suicide is the act of intentionally taking one's life and is a serious public health issue. This action plan represents a multi-faceted lifespan approach to suicide prevention that prioritizes those disproportionately affected by suicide across North Carolina.

There were 1,562 suicide deaths among NC residents in 2022 (NC Violent Death Reporting System [NC-VDRS]). Suicide is the third leading cause of death for youth ages 10-18 in North Carolina, and the second leading cause of death for those ages 19-34 (NC SCHS, 2022). Additionally, military veteran residents are disproportionally impacted by suicide with the average suicide rate from 2018-2022 2.7 times higher among NC veterans than non-veterans (50.2 and 18.9 per 100,000, respectively) (NC-VDRS).

When an individual utilizes methods or means of suicide such as firearms, intentional drug poisoning or hanging, the individual's risk of dying greatly increases due to limited opportunity for rescue. About 85% of people who use a firearm in a suicide attempt die from their injury (CDC, 2017). Among the 1,562 suicides in NC in 2022, 62% involved a firearm. After firearms, hanging/strangulation/suffocation (21%) and poisoning (11%) were the second and third leading causes of suicide in NC in 2022 (NC-VDRS). These deaths represent 31,711 years of potential life lost before age 65 and over $15 billion in combined medical costs, work loss costs and costs for lost quality of life and lives lost in North Carolina (CDC WISQARS, 2024).

A suicide or attempt emotionally impacts family and friends and the broader community. Recent reexamination of the range of impact from one suicide has increased from six people into the hundreds. Media and social media have connected people more than ever, resulting in people hearing about suicide loss faster and with more details about the suicide made available to the public. Suicide attempts have additional impacts. Individuals are more likely to survive a suicide attempt than die as a result. Individuals who make a suicide attempt are often seriously injured and need medical care. There were over 12,500 emergency department visits and over 3,000 hospitalizations among North Carolina residents for self-inflicted injuries in 2023 (NC SCHS, 2023; NC DETECT, 2023).

Additionally, according to the NC Youth Risk Behavior Survey (NC YRBS), 18% of high school students seriously considered attempting suicide, 16% have planned to attempt suicide, and 10% made a suicide attempt in the previous year. Suicidal behavior, defined as self-reported thoughts, planning, and attempts, is more prevalent among gay, lesbian, and bisexual high school students with 37% reporting they considered suicide, 29% planned their suicide, and 20% made an attempt (NC YRBS, 2023). The YRBS data also indicate that the proportion of Black, Hispanic, and youth who identify as a person of color (POC)

who report suicidal behavior has been increasing. However, suicides are preventable, and 90% of people who attempt suicide and survive do not later die by suicide (Harvard T.H. Chan School of Public Health, 2021).

Based on a review of recent suicide data in North Carolina, this action plan prioritizes rural communities, older adults, veterans, youth, and people with suicide-centered lived experience as key populations of focus. For individuals who are struggling or are already in crisis, suicide can be prevented by recognizing signs and symptoms, learning how to help, and taking steps to provide that help to those in need. Historically, suicide prevention has been focused on the individual level, by intervening, protecting, and supporting a person who is suicidal or has made a suicide attempt. Research in the past two decades indicates that peer and community focused strategies, such as strengthening connections and changing social norms and structures to reduce stigma and increase access to a variety of supports can prevent suicidal ideation and death.

Suicide prevention is the intersection of individual mental health, coping skills, and resilience along with broader public health strategies. It requires treatment and support services for those with underlying mental health needs and support for both attempt and loss survivors, in addition to population-based prevention approaches. This plan focuses on intervening with individuals experiencing early signs of suicidal ideation or those who are already in crisis; however, there are many opportunities to partner with other initiatives already underway in North Carolina that seek to strengthen protective factors that can prevent suicide.

This action plan includes evidence-based strategies and promising practices to prevent both death by suicide and self-injury attempts in North Carolina.

Focus Areas

Given that suicide prevention is complex, the plan is structured to implement comprehensive strategies in the following focus areas to reduce injury and death by suicide.

1) Coordinated infrastructure
2) Reduce access to lethal means
3) Increase community awareness and prevention
4) Identify and support populations at risk
5) Provide crisis intervention with specific focus on priority populations
6) Provide access to and delivery of suicide care
7) Measure impact

Acronym Table

CDC – Centers for Disease Control and Prevention • **CIT** – Crisis Intervention Team • **CSP** – Comprehensive Suicide Prevention • **CSPAC** – Comprehensive Suicide Prevention Advisory Council • **DHB** – Division of Health Benefits • **DHHS** – Department of Health and Human Services • **DMH or DMH/DD/SUS** – Division of Mental Health, Developmental Disabilities, and Substance Use Services • **DPH** – Division of Public Health • **DPI** – Department of Public Instruction • **DCFW** – Division of Child and Family Well-Being • **DA** – Division of Aging • **DPS** – Department of Public Safety • **ORH** – Office of Rural Health • **IPRC** – Injury Prevention Research Center (UNC-CH) • **IVPB** – Injury and Violence Prevention Branch • **NC-VDRS** – North Carolina Violent Death Reporting System • **RFA** – Request for Application • **SCHS** – State Center for Health Statistics • **CALM** – Counseling on Access to Lethal Means • **MHFA** – Mental Health First Aid • **QPR** – Questions, Persuade, Refer • **ASIST** – Applied Suicide Intervention Skills Training • **NC PAL** – North Carolina Psychiatry Access Line • **SMVF** – Service Members, Veterans and Families • **SMHI** – School Mental Health Initiative • **LME/MCOs** – Local Management Entities/Managed Care Organizations • **BH** – Behavioral Health • **NC SAFE** – North Carolina Secure All Firearms Effectively • **SAMSHA** – Substance Abuse and Mental Health Services Administration • **RFA** – Request for Application • **SCHS** – State Center for Health Statistics

Action Plan

1) Coordinated infrastructure

Strategy	Action
Lead suicide prevention work at the state level	• Maintain state-level team including subject matter expert, epidemiologist, evaluator, and communication lead. • Coordinate efforts with DMHDDSUS, DPH, DCFW, DPS, DA, DPI, ORH and community partners to advance suicide prevention initiatives across NC.
Sustain the Comprehensive Suicide Prevention Advisory Council (CSPAC)	• Convene a group including suicide prevention professionals (Division of Mental Health/Developmental Disabilities and Substance Use Services [DMH/DD/SUS], Department of Public Instruction [DPI]), loss survivors, attempt survivors, people with suicide-centered lived experience, people who have accessed mental health, substance use, and intellectual and developmental disabilities (MH/SU/IDD) services, veterans, and special populations including Black, Latino/Hispanic, those that identify as a person of color (POC) and LGBTQ+ youth to effectively disseminate information and resources, share key state and local updates, and foster a collaborative peer learning environment. • Promote awareness of emerging research and policies that may impact suicide prevention in NC, highlighting the evidence-based impacts of new strategies and policy changes. • Maintain NC CSP Team as lead for CSPAC quarterly meetings.
Convene local partners and facilitate information sharing	• Host public webinars that bring together local partners to better understand and improve NC's behavioral health system. • Inform local partners of statewide suicide prevention resources and activities ensuring that partners in rural and urban areas can participate. ○ Support statewide and local suicide prevention coalitions
Maintain the NC Suicide Prevention Action Plan	• Create, maintain, and update the CSP Action Plan through 2030 as a collaborative effort among DPH, DMH/DD/SUS, and partners.
Maintain a comprehensive inventory of suicide prevention state and local resources accessible by the public	• Update inventory quarterly and make available to the public with a specific focus on communication to priority populations (rural, older adults, youth, and veterans).

2) Reduce access to lethal means

Strategy	Action

Implement safe storage practices	• Continue safe storage media campaigns with a focus on suicide prevention and vehicle safe storage messaging, to educate the public and uplift safe storage behaviors.
	  ○ Conduct evaluation of safe storage media campaign to assess effectiveness and inform future strategy.
	• Continue to inform communities about the NC SAFE Storage Map, which lists safe storage locations, to support ongoing initiatives.
	  ○ Actively pursue new partnerships to expand the network of participating vendors and enhance statewide accessibility.
	• Incorporate a calendar of events on the NC SAFE website to raise awareness and increase participation in safe storage events taking place across the state.
	• Identify and pursue outreach opportunities to deliver safe storage education and resources to military and law enforcement populations.
	• Support the development of local Firearm Safety Teams (FST) through Healthy Communities Program funding for local health departments.

Support access to Counseling on Access to Lethal means (CALM) training	• Increase the number of trainers available to teach CALM. • Provide CALM training to community members.
Promote safe storage among older adults	• Partner with the Division of Aging, Area Agencies on Aging (AAAs), and senior centers to promote safe storage and medication disposal among older adults.

3) Increase community awareness and prevention (campaigns, education, training)

Strategy	Action

Provide community helper training to educate individuals about detection and referral for care of at-risk individuals	• Support access to Applied Suicide Intervention Skills Training (ASIST), Question, Persuade, Refer (QPR), SafeTALK, LivingWorks Start.
	  ○ These trainings are appropriate for community members and service providers.
	• Expand mental health training for the non-clinical workforce in nontraditional settings, such as barbershops.
	  ○ Trainings can include but are not limited to CALM and Mental Health First Aid (MHFA) training.
	• Sustain the Faith Leaders for Life suicide prevention program, which trains faith communities in suicide prevention through LivingWorks Faith training
	• Establish a database or 'Instructor Hub' to catalog certified ASIST and other trainers across DPH, DMH/DD/SUS, and DA Training for Trainers (T4T) initiatives. This will enhance coordination and accessibility for statewide training efforts.

Provide youth suicide prevention education and training	• Integrate social and emotional learning strategies across the curriculum and within the entire school environment in alignment with the NC Standard Course of Study.
	• Partner with the UNC School of Social Work's Behavioral Health Springboard to offer NC Youth, Teen and Adult Mental Health First Aid to youth-serving organizations and schools.
	  ○ These trainings teach adults and teens to recognize and address warning signs of suicide.
	• Partner with the UNC School of Social Work's Behavioral Health Springboard to offer social-emotional learning (SEL) courses for school staff including Supporting Exceptional Students: The Intersection of Social-Emotional Learning and Disability, Teaching the Whole Child: Supporting the Social-Emotional Wellness of Preschool and Elementary School-Aged Children , and Intersections and Connections of Restorative Justice, Mental Health, and Education in Schools.
	• NC PAL Schools Team to provide educational offerings to school staff.
	  ○ Topics have included, but are not limited to: ADHD, Distress Management, Anxiety (trauma focused), Depression, Suicidal ideation (SI), psychoeducation about diagnosis, and psychoeducation about behavioral management.

	• Expand reach of Child First, an evidence-based prevention program that serves families and children from birth to age 5, to decrease maternal depression, improve child behavioral health, and support healthy long-term outcomes
Provide mental health training and education for college and university-aged populations	• Support the accessibility of mental health training, including Mental Health First Aid (MHFA), for universities and college campuses. • Maintain a Youth Advisory Board (YAB) composed of individuals ages 18-24 to serve as a forum for young adults to effect change in policy and practice within the mental health and crisis space. ○ Provide YAB members with education and resources related to mental health, suicide prevention, and crisis support services.
Launch Accessible Communications Campaign	• Launch Accessible Communications Campaign to promote knowledge of mental health services that are available and how to access them. • The campaign aims to increase use of services by communicating in ways that reach more people.
Educate older adults, their families, and caregivers on the risks of social isolation and loneliness	• Launch a suicide prevention awareness campaign targeted at older adults, their families and caregivers, emphasizing the risks of social isolation and depression. ○ The campaign can include educational workshops, social media outreach, and printed materials distributed at senior centers and health care facilities. • Develop and sustain a program that trains older adults to be peer educators to promote mental health awareness, encourage social engagement and connect at-risk individuals to support services. • Develop and implement a suicide prevention training program for caregivers, senior center staff, home aides and others who work with older adults to help recognize warning signs and provide appropriate support.

Promote availability of mental health services among older adults	• Educate older adults about Medicare's coverage of 80% of therapy costs and that Medigap or secondary insurance may cover the remaining 20%, to encourage greater access to therapy services.
	• Promote use of already existing evidence-based mental health programs like Healthy IDEAS, Program to Encourage Active, Rewarding Lives (PEARLS), Screening, Brief Intervention and Referral to Treatment (SBIRT) and ASIST.
	  ○ Create database or "hub" for accessing these programs.
	  ○ Leverage NCCARE360 and NC 211 to provide referral pathways for these programs.

Provide education on the intersection between substance use and suicide	• Increase awareness and understanding of the connection between substance use and suicide.

	• Provide individuals with the tools to recognize warning signs and access appropriate support and resources.

4) Identify and support populations at risk (identification, programs, partnerships, practices)

Strategy	Action
Enhance identification of Veterans and provide education on military culture, support and resources	• Enhance identification of Veterans through targeted educational initiatives to strengthen their connection to available services. • Expand practices and policies within community-based organizations and health care settings to more effectively identify Service Members, Veterans and their Families (SMVF), improving accessibility and engagement with behavioral health services. • Revitalize the 'Ask the Question/Ask Me NC' statewide campaign to encourage service providers, employers, and community leaders to proactively inquire about Veterans' status to promote better access to resources and support services. • Partner with the NC Governor's Challenge to Prevent Veteran Suicide to develop a website with county-specific resources for SMVF.
Maintain the School Mental Health Initiative (SMHI) to support social, emotional and mental wellness in youth	• Coordinate state-level SMHI bi-monthly meetings that bring together multi-disciplinary partners including community mental health providers, educators, advocates, lawyers, university officials, and parents to share school-behavioral health best practices, training opportunities and respond to technical assistance needs. • Support and convene regional SMHI networks (one for each of the 8 NC State Board of Education Districts). ○ The regional networks support effective practices at the local level by providing an informed structure to guide implementation planning, identifying replicable practices that support effective implementation and address challenges or barriers to implementation of comprehensive school mental health services and support.
Strengthen and standardize suicide risk referral protocols in schools: ensure consistent and effective implementation of suicide risk referral protocols in all NC public	• Sustain universal suicide risk referral training for all school personnel working with students in grades 6-12 (required) and K-5 (recommended), ensuring it meets all training requirements.

schools, aligning with Policy SHLT-003 requirements for K-12 students	• Maintain clear risk identification guidelines aligned with Substance Abuse and Mental Health Services Administration (SAMHSA) best practices, covering warning signs and immediate response steps. • Implement a tiered intervention model that integrates Multi-Tiered Systems of Support (MTSS), providing clear steps for early identification, crisis response, and long-term student support. • Enhance referral systems by increasing Memorandums of Understanding (MOUs) between schools and Local Management Entities/Managed Care Organizations (LME/MCOs) to ensure direct coordination with community-based mental health services. • Improve parental and community engagement by providing clear communication protocols, educational resources and follow-up procedures after a student has been identified as at-risk. • NC Project AWARE/ACTIVATE pilot sites will continue to serve as best practice models and provide resources to Public School Units (PSUs) such as Suicide Risk Protocols to reduce the risk of suicide through careful monitoring, early intervention and safety planning.
Strengthen mental health support programs and partnerships to address social isolation, loneliness and depression among older adults	• Partner with community organizations, faith-based groups, and senior agencies to host annual mental health and wellness fairs focused on aging populations, including suicide prevention resources, mental health screenings, and access to support groups. • Establish a peer support network for older adults, connecting them with trained volunteers or mental health professionals to combat social isolation and promote mental wellbeing. • Expand access to mental health screenings in aging services to identify and assist older adults at risk of suicide. • Build upon efforts from the Division of Aging to develop and implement initiatives to address social isolation and loneliness among all populations.
Enhance mental health treatment engagement and support programs for justice-involved individuals	• Increase the number of justice-involved individuals with substance use and mental health needs engaged in treatment within 72 hours of release from Department of Adult Correction' institutions. • Support reentry for individuals in the justice system through increased access to programs designed specific to their unique needs, such as reentry councils, the Recidivism Reduction Hotline, and Our Journey. • Increase evidence-based programs and practices for justice-involved youth.

Effectively coordinate and carry out a supportive response for school behavioral health needs post-natural disasters.	• Maintain the ongoing meetings of the DPI/NCDHHS Joint Working Group for Western NC School Behavioral Health post-Hurricane Helene, as needed, to identify and communicate school and district-level needs to support organizations and state-level administrators. • Leverage data and anecdotal evidence from schools in Western NC to assess the effectiveness and accessibility of post-Hurricane Helene interventions. • Create a statewide guide outlining a collaborative approach between DPI and NCDHHS to support schools in addressing post-trauma student behavioral health needs.
Support families and communities who have lost someone to suicide	• Promote postvention toolkits and guides. • Promote postvention practices in clinical settings.
Identify feasible interventions to strengthen resilience, healthy coping skills and social connectedness to prevent mental health crisis and reduce the risk of suicide	• Research and identify evidence-based strategies to strengthen resilience, healthy coping skills and social connectedness to prevent mental health crises and reduce the prevalence of mental health conditions that increase the risk of suicide.
Identify suicide prevention interventions to support Native and Tribal populations	• Identify programs and develop partnerships to support suicide prevention within Native and Tribal populations.
Support creation of systemic change within systems to support suicide prevention	• Provide technical assistance for the Healthy Communities Program suicide prevention strategies.

5) Provide Crisis Intervention with Specific Focus on Priority Populations

Strategy	Action
Support 988 crisis line improvements and promotion	• Streamline 988 Suicide & Crisis Lifeline operations to better triage, dispatch services, and track results. • Develop targeted distribution and outreach to share crisis services and 988 Suicide & Crisis Lifeline communication materials with suicide prevention partners. • Promote use of the Statewide Peer Warmline.
Improve the mental health crisis response system	• Increase access to community-based crisis response. • Increase access to Mobile Outreach Response Engagement and Stabilization (MORES) for youth and their families. • Increase use of community mental health crisis facilities (e.g., behavioral health urgent care centers, facility-based crisis centers, peer respite) for children, adolescents and adults. • Develop and implement strategies to divert mental health crises away from law enforcement response.
Maintain and develop a Rapid Response Team (RRT) to address immediate placement needs for children in DSS custody	• Maintain and continue to develop a Rapid Response Team (RRT) through an NCDHHS cross-divisional team that facilitates the resolution of immediate needs for children in DSS custody who are in need of placement at the identified medically necessary level of care, including those at risk for self-harm, history of suicidal thoughts and behaviors, etc. ○ Ensure safety plans, access to crisis services, and support for caregivers.
Expand the number of trained Crisis Intervention Team (CIT) officers across the state to ensure that all communities have timely access to specialized first responder mental health crisis response.	• Initiate a statewide, collaborative recruitment effort in partnership with key stakeholders to encourage participation in CIT training, with a focus on increasing accessibility for rural and remote law enforcement agencies through flexible, regionally tailored training opportunities. • Promote and incentivize CIT certification by offering continuing education credits and exploring additional benefits for participating officers and agencies.
Integrate Community Crisis Services Information into Crisis Intervention Team (CIT) Training	• Develop a specialized Community Crisis Services training module: ○ To guide law enforcement and first responders in effectively utilizing and integrating community crisis services during responses to mental health crises.

	○ That provides clear instruction on the scope, function, and capabilities of community crisis services to ensure first responders can accurately identify appropriate situations for referral and intervention. ○ That incorporates realistic, scenario-based exercises that allow first responders to practice applying these procedures in diverse crisis situations. ○ Expand cross-training opportunities among all community stakeholders to promote a shared understanding of the role and responsibilities of crisis services. Reinforce these collaborative efforts within CIT training to enhance the effectiveness and cohesion of the overall community crisis response system.

6) Improve access to and delivery of suicide care

Strategy	Action
Reduce emergency department boarding times for children, adolescents, and adults	• Collaborate with providers to decrease the length of stay for emergency department boarding for children, adolescents, and adults.

Enhance the NC Bed Registry to include a digital referral system and future integration of multiple levels of care	• Currently NC has a Bed Registry that captures data on open, operational, and licensed beds for psychiatric inpatients and facility-based crisis
	  ○ In progress developments will allow for digital referrals to those facilities.
	  ○ Future vision: bed registry has availability for inpatient, Facility-based Crisis Centers (FBC), Behavioral Health Urgent Care Centers (BHUC), Psychiatric Residential Treatment Facility (PRTF), other residential levels of care and next day appointments.
	  ▪ 988, Bed Registry, Mobile Crisis Deployment Management, and next day appointments are connected.

Maintain the NC Psychiatry Access Line (NC PAL)	• Maintain NC Psychiatry Access Line (NC PAL) and their consultation with primary care providers, pediatricians, and psychiatric nurses in consultation regarding diagnosis and medication for children served across the state.
Expand school-based mental health support services: strengthen school-based mental health infrastructure to increase student access to preventative, intervention, and post-crisis care, as outlined in Policy SHLT-003.	• Increase staffing for specialized mental health personnel (school counselors, psychologists, nurses, and social workers) to improve access to in-school crisis support. • Expand peer support programs that provide student-led mental health advocacy, including training for peer mentors to recognize warning signs and support at-risk students. • Expand access to school-based mental health services through tele-behavioral health. • Expand access to mental health services on school campuses through school-based health centers. • Expand access to Medicaid-funded school-based mental health services. • Implement re-entry protocols for students returning to school after acute mental health treatment, ensuring a structured transition plan and ongoing monitoring. • Track and evaluate mental health services by requiring annual reporting to the NC Department of Public Instruction (DPI) on the effectiveness of school-

	based interventions, referral data, and staffing levels related to student mental health services.
Increase adoption of the Collaborative Care Model (CoCM)	• Continue to partner with Community Care of North Carolina to expand the adoption of the Collaborative Care Model (CoCM) in primary care settings.

Strengthen the mental health workforce	• Increase the number of licensed providers entering the public workforce.
	  ○ Establish partnerships to recruit, educate, and retain mental health providers.
	  ○ Build infrastructure to analyze workforce adequacy, identify gaps, and address shortfalls.
	  ○ Develop educational pathways for students and health care professionals, including financial incentives like loan forgiveness, to attract and retain professionals in underserved and rural areas.
	  ○ Develop a centralized online hub where mental health providers in NC can access continuing education, training, and other professional development opportunities.
	• Build a well-trained and well-utilized peer workforce whose work leverages lived experience.
	  ○ Increase access to training and certification for peer support specialists.
	• Continue to expand access to evidence-based community-based treatment services by funding training to clinicians across the state (including but not limited to Trauma-Focused Cognitive Behavioral Therapy, [TF-CBT], Cognitive Processing Therapy [CPT], and Problematic Sexual Behavior-Cognitive Therapy [PSB-CBT]).

7) Measure Impact

Strategy	Action
Expand metrics, surveillance, and infrastructure for PH data surveillance systems that include cross-agency shared data processes	• Continue to create and disseminate data products on suicide and self-harm injuries, including regular updates to NC-VDRS data, which includes data on suicide deaths statewide and for all 100 counties. • Create cross-agency shared data to inform improved system response. • Triage public requests for specialized suicide data sets, thus supporting the advancement of targeted suicide prevention efforts and informed decision-making.
Build surveillance capacity and infrastructure for public health surveillance systems	• Establish data quality improvement and data linkage projects to better understand suicide deaths and inform prevention. • Create infrastructure for cross-divisional behavioral health (BH) syndromic surveillance. • Assemble cross-divisional BH syndromic surveillance unit.

Resources

- NCDHHS Suicide Prevention Resources: https://www.ncdhhs.gov/about/department-initiatives/suicide-prevention-resources
- NC DPH Injury and Violence Branch Suicide Prevention: https://injuryfreenc.dph.ncdhhs.gov/preventionResources/Suicide.htm
- NC Crisis Services: https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/crisis-services
- NC S.A.F.E (Secure All Firearms Effectively): https://www.ncsafe.org/
- CALM Training: https://sprc.org/resources/calm-counseling-on-access-to-lethal-means/
- NC Youth Mental Health First Aid: https://ncymhfa.org/
- LivingWorks Start Suicide Prevention Training: https://www.livingworks.net/start
- Suicidal Behavior Resources | SAMHSA

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- NC-VDRS Data Dashboard: https://dashboards.ncdhhs.gov/t/DPH/views/NCVDRSDashboard/NC-VDRSDashboard?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y
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- NC Disease Event Tracking and Epidemiologic Collection Tool (DETECT) Mental Health Dashboard (2023): https://ncdetect.org/mental-health-dashboard/
- NC Non-Fatal Firearm ED Visit (NC-FASTER) Quarterly Reports: https://ncdetect.org/nc-faster-firearm-quarterly-reports/
- NC Youth Risk Behavior Survey (2023). 2019 Youth Risk Behavior Survey Results: https://www.dpi.nc.gov/districts-schools/classroom-resources/academic-standards/programs-and-initiatives/nc-healthy-schools/nc-healthy-schools-data#NCYRBS-3538
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