

NCIOM Suicide Prevention and Intervention Workgroup

Overview of the Task Force Process

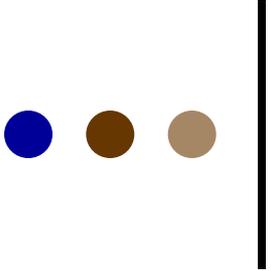
Pam Silberman, JD, DrPH

President & CEO

North Carolina Institute of Medicine

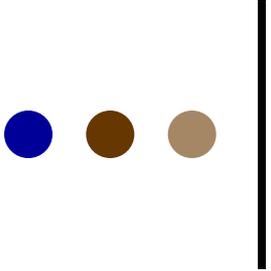
February 10, 2011





Overview

- Background on the North Carolina Institute of Medicine
- Workgroup Process
- Charge to the Workgroup
- Related NCIOM Recommendations

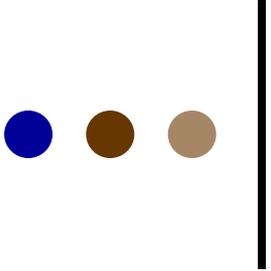


NC Institute of Medicine

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
 - Be concerned with the health of the people of North Carolina
 - Monitor and study health matters
 - Respond authoritatively when found advisable
 - Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

NCGS 90-470

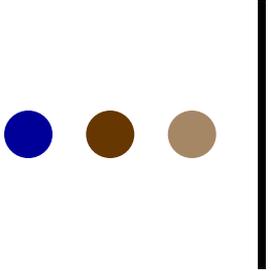




NCIOM Membership

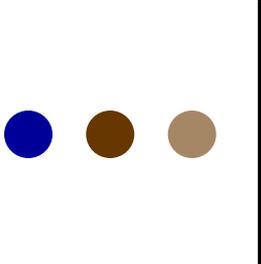
- Members appointed by the Governor for 5-year terms
 - Includes representatives from government; the health professions; business and industry; the hospital, nursing facility, and insurance industries; the voluntary sector; faith communities; and the public at-large
- Governed by 28 member board
 - Includes representatives from the health professions; academic health centers; NC AHEC Program; NC Hospital Association; NC Medical Society; NC Health Care Facilities Association; BCBSNC; NC Department of Health and Human Services; and other community and business organizations





NCIOM Studies

- NCIOM studies issues at the request of:
 - North Carolina General Assembly
 - North Carolina state agencies
 - Health professional organizations
 - NCIOM Board of Directors
- Often work in partnership with other organizations to study health issues



Task Force Process

- NCIOM creates broad-based task forces to study health issues facing the state
 - Task Forces generally comprised of between 20-60 people
 - Task Forces are guided by co-chairs who run the meetings
 - Task Force members typically include representatives of state and local policy makers and agency officials, health professionals, insurers, business and community leaders, consumers and other interested individuals
 - Meetings are open to the public

Task Force Process (cont'd)

- Task Force work guided by a smaller steering committee
 - People with expertise or knowledge of the issue
 - Help shape the agenda and identify potential speakers
- Presentations
 - May include research summaries and/or statistics, descriptions of programs, challenges or barriers to best practices, national developments
 - Presenters may include task force members, researchers, national or state leaders, state health care professionals, consumers, or NCIOM staff

Task Force Process (cont'd)

- NCIOM staff

- NCIOM staff will prepare agendas, invite speakers, gather information, and identify evidence-based studies (when available) to inform the Task Force's work
- Staff write first draft of the report

Task Force Process (cont'd)

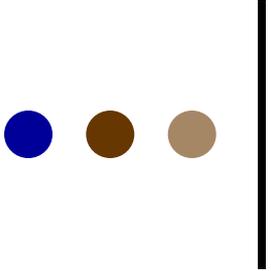
- Task Forces generally run from 6-18 months
 - Approximately first two-thirds of meetings are for fact-finding, to identify the problem and identify potential solutions
 - Last third of meetings are to discuss and refine recommendations, review draft copies of the report
 - ***Task Force and Steering Committee members are encouraged to comment on written materials and recommendations throughout the process***

Task Force Process (cont'd)

- Task Force report
 - Report is circulated several times before being finalized
 - Task Force members may be asked to prioritize recommendations
 - Task Force members will take final vote on the recommendations and report
- NCIOM Board of Directors
 - Board members must review and approve the report before finalized
- Reports distributed widely

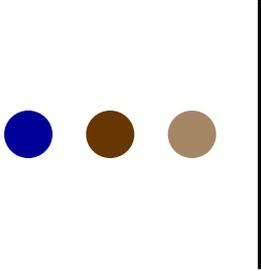
Recent NCIOM Studies

- Some recent studies include:
 - **Honoring Their Service: A Report of the NCIOM Task Force on Behavioral Health Services for the Military and Their Families (2011)**
 - Healthy North Carolina 2020: A Better State of Health (2011)
 - Short- and Long-Term Solutions for Co-Location in Adult and Family Care Homes (2011)
 - **Healthy Foundations for Healthy Youth (2009)**
 - Prevention for the Health of North Carolina (2009)
 - Expanding Access to Health Care in North Carolina (2009)



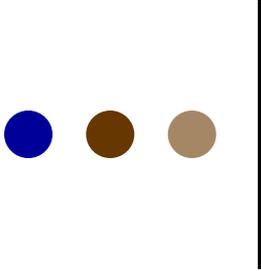
NCMJ

- NCIOM also publishes the *NCMJ*
 - Each issue contains a special focus area with articles and commentaries discussing specific health issues
 - One of the issues of the *NCMJ* will include an issue brief (7-10 pages) about the Task Force's work and recommendations
 - *NC Medical Journal* circulated to more than 30,000 people across the state



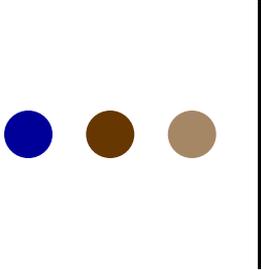
NCIOM Suicide Prevention and Intervention Workgroup

- Background: DMHDDSAS works with other state and local agencies to provide prevention, crisis intervention, treatment, recovery support and other services to people who are contemplating suicide or who have attempted suicide, and to their families.
- Charge: DMHDDSAS asked the NCIOM to convene a workgroup to review the state's current suicide prevention and intervention system and identify strategies to enhance the system to better meet the needs of North Carolinians.
- The updated plan will be available no later than June 2012.



Suicide Prevention and Intervention Workgroup

- Workgroup comprised of 23 members
- Workgroup will meet four times to help DMHDDSAS develop its suicide prevention and intervention plan
 - Friday, February 10th from 10-4:30 at the NCIOM
 - Monday, February 20th from 10-3 at the NCIOM
 - Monday, March 19th from 10-3 at the NCIOM
 - Monday, April 16th from 10-3 at the NCIOM

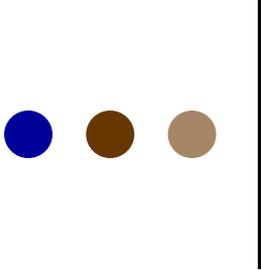


Meeting Materials on NCIOM Website

- We know that Task Force members may have conflicts for some of the meetings
 - We host webinars and conference calls for each meeting so that you can follow online or participate over the phone
 - We post meeting summaries and all meeting presentations on our website: www.nciom.org
 - Calendar and directions also available on the NCIOM website

Related Recommendations from Prior Task Forces

- Two prior task forces examined suicide issues:
 - NCIOM Task Force on Behavioral Health Services for the Military and Their Families (Jan. 2011)
 - NCIOM Task Force on Adolescent Health (Dec. 2009)

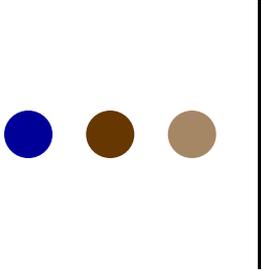


Behavioral Health Services for Military and Families

- **Recommendation 5.3: Provide Training for Health Professionals and Hospital Administrators**
 - AHEC should provide additional outreach and training for health professionals and hospital administrators that includes, but is not limited to, information about the number of service members and veterans in their area, behavioral health needs they may have, and available referral resources.



Source: NCIOM. Honoring Their Service: A Report of the North Carolina Institute of Medicine Task Force on Behavioral Health Services for the Military and Their Families. January 2011. Available at: http://www.nciom.org/wp-content/uploads/2011/03/MH_FullReport.pdf

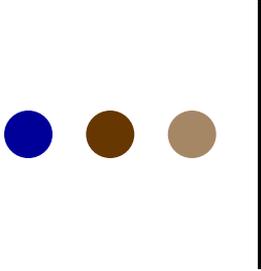


Behavioral Health Services for Military and Families

- **Recommendation 5.4: Improve Reimbursement to Behavioral Health Providers who Meet Certain Standards**
 - DMHDDSAS should work with DMA to explore value-based purchasing or grants that would provide additional reimbursement to behavioral health providers who meet certain quality of care standards.
 - DMHDDSAS and DMA should collaborate with VA to define appropriate behavioral health process and outcome measures on which to tie performance-based incentive payments.

Source: NCIOM. Honoring Their Service: A Report of the North Carolina Institute of Medicine Task Force on Behavioral Health Services for the Military and Their Families. January 2011. Available at: http://www.nciom.org/wp-content/uploads/2011/03/MH_FullReport.pdf





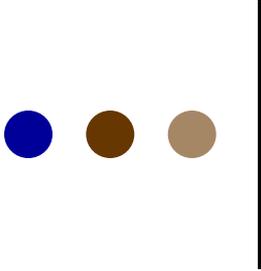
Behavioral Health Services for Military and Families

- **Recommendation 5.6: Expand CARE-LINE**

- The NC General Assembly should appropriate an additional \$128,502 in recurring funds to the NC Department of Health and Human Services to ensure CARE-LINE telephone counselors are available 24 hours/day, 7 days/week.



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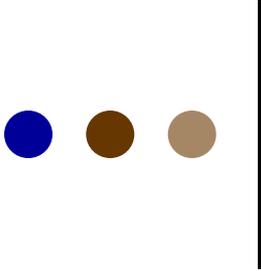


Behavioral Health Services for Military and Families

- **Recommendation 5.7: Improve Transition and Integration of Services between Military Health, Veterans, and State-Funded Mental Health, Developmental Disabilities, and Substance Abuse Services System**
 - DMHDDSAS should continue the work of the Governor's Focus on Service members, Veterans, and Their Families.
 - DMHDDSAS should continue to ensure that each LME has a trained care coordination staff member to serve as a point of contact for military organizations.
 - DMHDDSAS should develop a mandatory training curriculum for LME staff members.

Source: NCIOM. Honoring Their Service: A Report of the North Carolina Institute of Medicine Task Force on Behavioral Health Services for the Military and Their Families. January 2011. Available at: http://www.nciom.org/wp-content/uploads/2011/03/MH_FullReport.pdf



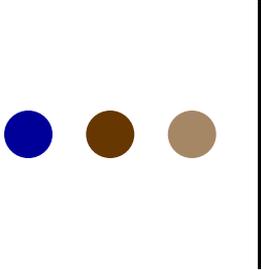


Behavioral Health Services for Military and Families

- **Recommendation 6.2: Provide Training for Crisis Workers, Veterans Service Organizations and Veteran Service Officers, Professional Advocacy and Support Organizations, and the Faith Community**
 - The Citizen Soldier Support Program should provide training for local crisis service providers, veteran service organizations, professional support organizations, and the faith community.



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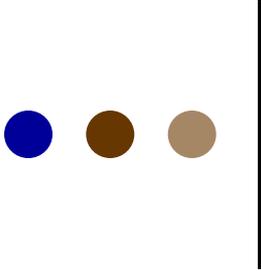


Behavioral Health Services for Military and Families

- **Recommendation 6.3: Improve Support for Military Children in the North Carolina School System**
 - The NC State Board of Education should require Local Education Agencies (LEA) to collect information about military children in their area.
 - Each LEA should have a staff member trained on military children, the behavioral health issues that might affect them, and appropriate referral resources.

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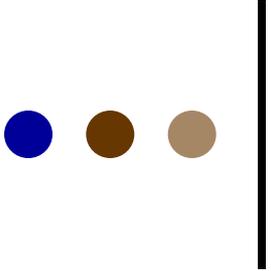




NCIOM Task Force on Adolescent Health

- **Recommendation 7.2: Support the North Carolina Youth Suicide Prevention Plan**
 - NC Youth Suicide Prevention Task Force and DPH's Injury and Violence Prevention Branch should implement the recommendations in North Carolina's Plan to Prevent Youth Suicide.
 - The NC General Assembly should appropriate \$112,500 in recurring funds in SFY 2011 to support this effort.





For More Information

- Websites: www.nciom.org
www.ncmedicaljournal.com
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