

Acronym	Full Name
ADATC	Alcohol and Drug Abuse Treatment Center
ADD	Attention Deficit Disorder
ASIST	Applied Suicide Intervention Skills Training
BAC	Blood Alcohol Content
BH	Behavioral Health
CALOCUS	Child and Adolescent Level of Care Utilization System
CARE	Care, Assess, Respond, Empower
CAST	Coping and Support Training
CBT	Cognitive Behavioral Therapy
CCNC	Community Care of North Carolina
CDC	Centers for Disease Control and Prevention
CFAC	Consumer and Family Advisory Committee
CIT	Crisis Intervention Team
CMIS	Case Management Information System
DBT	Dialectical Behavior Therapy
DJJDP	Department of Juvenile Justice and Delinquency Prevention
DMA	Division of Medical Assistance
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
DPH	Division of Public Health
DPI	Department of Public Instruction
EMS	Emergency Medical Services
FBCC	Facility-Based Crisis Center
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IDDT	Integrated Dual Disorder Treatment
IVC	Involuntary Commitment
LCSW	Licensed Clinical Social Worker
LGBT	Lesbian/Gay/Bisexual/Transgender
LME/MCOs	Local Management Entities/Managed Care Organizations
LOCUS	Level of Care Utilization System
NC PIC	North Carolina Practice Improvement Collaborative

NC START	North Carolina Systemic, Therapeutic, Assessment, Respite, and Treatment Program
NC VDRS	North Carolina Violent Death Reporting System
NCIOM	North Carolina Institute of Medicine
NREPP	National Registry of Evidence-Based Programs and Practices
PCP	Patient-Centered Plan
PHQ	Patient Health Questionnaire
PMPM	Per Member Per Month
PTSD	Post-Traumatic Stress Disorder
QPR	Question, Persuade, Refer
QPR-T	Question, Persuade, Refer, and Treat
SPRC	Suicide Prevention Resource Center
STR	Screening, Triage, and Referral
TRACK	Therapeutic Respite Addressing Crisis for Kids
WRAP	Wellness Recovery Action Plan

Glossary

Assessment (for suicide ideation)	Captures information on individuals identified as high risk for risk and protective factors, suicide ideation, past history of suicide attempts, and suicide capability.
Best practices	Methods which have either been shown to provide effective results, or are developed using evidence-based theory, but have not been rigorously evaluated.
Biopsychosocial risk factors	Biological, psychological, and social risk factors that increase risk of suicide such as mental disorders (particularly mood disorders), schizophrenia, anxiety disorders, and certain personality disorders; alcohol and other substance use disorders; hopelessness; impulsive and/or aggressive tendencies; history of trauma or abuse; major physical illnesses; previous suicide attempt; and family history of suicide.
Crisis services	Assess needs and provide temporary intervention to de-escalate crisis on a 24 hours, 7 days a week basis for clients in need of immediate attention.
Early intervention	Includes screening and assessment to identify people at high risk of suicide, in order to link them to crisis services and treatment.
Environmental risk factors	External factors that increase risk of suicide such as job or financial loss, relational or social loss, easy access to lethal means, and local clusters of suicide that have a contagious influence.
Evidence-based programs	Programs that achieve positive health outcomes and have been subject to rigorous evaluations. The levels of evidence range from the highest gold standard of randomized control trials, followed by controlled trials without randomization, cohort or case control studies, time series studies, and descriptive studies.
Gatekeepers	Anyone who is likely to interact with people at risk of suicide. Gatekeepers include but are not limited to school personnel, employers and supervisors, faith-based and community leaders, emergency health care personnel, employment security personnel, and personnel and volunteers in programs serving older adults.
Postvention	Services provided to the friends, families, and colleagues of the people who die by suicide including individual grief counseling, peer support, and community level interventions to prevent suicide contagion.
Prevention	Measures taken to prevent occurrence of disease or injuries. Measures can be broad based (provided universally to all populations), selective (provided to high-risk populations), or indicated (provided to those who have shown early warning signs such as people who have expressed suicide ideation or attempted suicide in the past).

Protective factors	Variables that mitigate or eliminate individuals’ risk of an event, such as effective clinical care for mental, physical, and substance use disorders; easy access to a variety of clinical interventions and support for help seeking; restricted access to highly lethal means of suicide; strong connections to family and community support; support through ongoing medical and mental health care relationships; skills in problem solving, conflict resolution, and nonviolent dispute resolution; and cultural and religious beliefs that discourage suicide and support self-preservation.
Risk factors	Variables associated with higher risk of an event occurring, such as substance abuse disorder, depression or dysthymia, bipolar disorder, anxiety disorder, and schizophrenia.
Screening (for suicide ideation)	Short questionnaire used to identify people who may be at higher risk of suicide. People who are identified at higher risk of suicide during a screening should then receive a more thorough assessment to identify risk and protective factors, suicide ideation, past history of suicide attempts, and suicide capability. This is a strategy used in medicine to detect a disease or disorder in a population that is otherwise without signs or symptoms of that disease.
Sociocultural risk factors	Forces within the culture or society that affect individuals’ thoughts, feelings, or behavior, such as lack of social support and sense of isolation; stigma associated with help-seeking behavior; barriers to accessing health care, especially mental health and substance abuse treatment; certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma); exposure to and influence of others who have died by suicide, including through the media.
Suicide contagion	Exposure to suicide ideation and/or suicidal behavior by one or more individuals. This exposure may influence others to suicide ideation and/or suicidal behavior.
Suicide ideation	Thoughts about suicide, or having the intent to commit suicide.
Survivor	This term is used in multiple ways. Some people refer to survivors as those who have attempted, but not died from suicide. Others refer to survivors as the friends, family, colleagues, and others touched by someone who died by suicide. Throughout this report, we tried to distinguish between those who survived a suicide attempt, and others who were touched by a suicide death.