astho™ | SPACECAT | SUICIDE, OVERDOSE, AND ADVERSE CHILDHOOD EXPERIENCES PREVENTION CAPACITY ASSESSMENT TOOL

Suicide, Overdose, Adverse Childhood Experiences Prevention Capacity Assessment Tool (SPACECAT)

National Report

06/23/2022

Supported by a grant from the Centers for Disease Control and Prevention.

NACCHO
National Association of County & City Health Officials

Agenda

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Meet ASTHO's SPACECAT Team

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Introduction to SPACECAT

Purpose

Recent Data

Recent trends in behavioral health outcomes indicate a need to address the intersection of suicide, harmful substance use, and their most common risk factor, adverse childhood experiences.

In 2020, about **45,979** persons died by suicide.[1]

In 2020, about 75% of **92,000** overdose deaths involved an opioid.[2]

61% of adults reported experiencing at least one type of ACEs, with approximately 16% of adults reporting four or more ACEs.[3]

COVID-19 has perpetuated these negative health outcomes.

Overview

SPACECAT

A collaborative self-assessment tool that assists health agencies in taking inventory on the intersection and overlap between suicide, overdose, and ACEs.

Goals

SPACECAT provides insight into the following areas:

- Strategic planning
- Technical assistance
- Funding opportunities
- Program improvement

SPACECAT Engagement

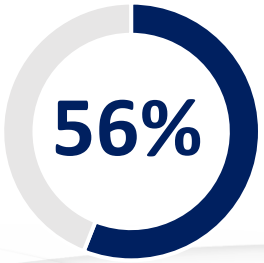
What

National survey administered to state, territorial and local health agencies from October 17, 2021, to January 7, 2022 (N=59 Jurisdictions)

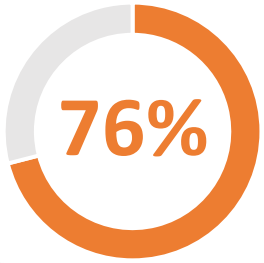
Who

- Participants included lead health agency staff in suicide, overdoes and adverse childhood experiences prevention identified by health agency leadership and their programmatic teams
- Overall response rate for the SPACECAT 73% (N=43 Jurisdictions)

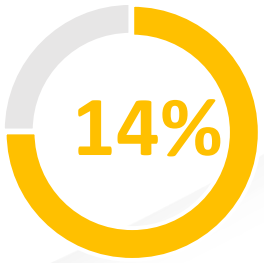
Territories (N=5)



States (N=38)



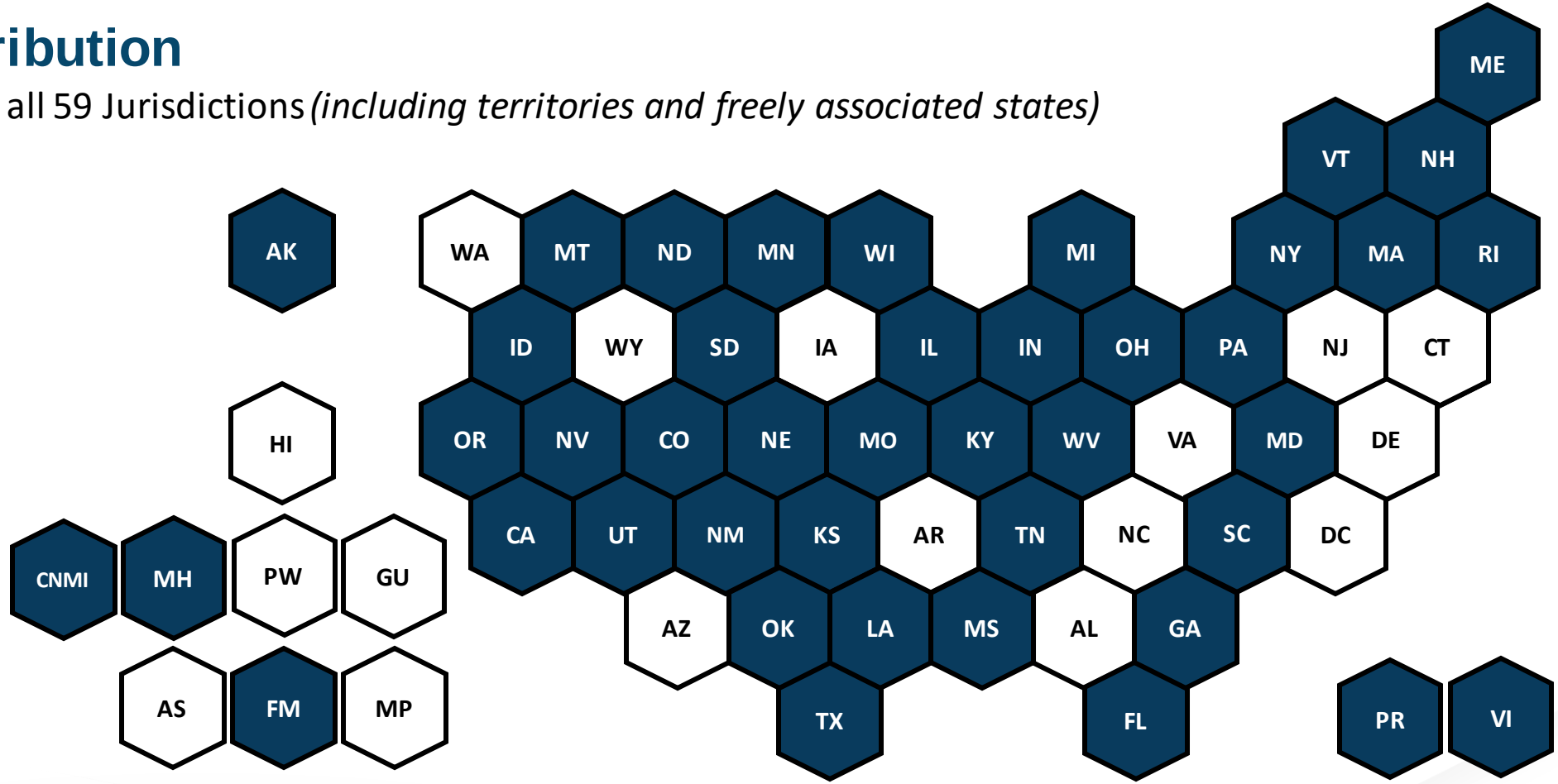
Localities (N=101)



State and Territorial Engagement Map

Distribution

Sent to all 59 Jurisdictions *(including territories and freely associated states)*



SPACECAT Scoring Methodology

Health agency responses are standardized as capacity scores using scoring methodology and averaged as a percentage.

Five-point capacity scale

- N/A= Null
- No capacity = 0 points
- Limited Capacity = .5 points
- Some Capacity= .75 points
- Full Capacity = 1 Point

Yes/no/in progress questions

- I don't know= null
- No= 0 points
- In-progress= .5 points
- Yes = 1 point

Average capacity scores were then grouped into capacity levels based on national results:

- 0-32%- Beginner capacity (orange)
- 33-67%- Intermediate capacity (light blue)
- 68-100%- Advance capacity (dark blue)

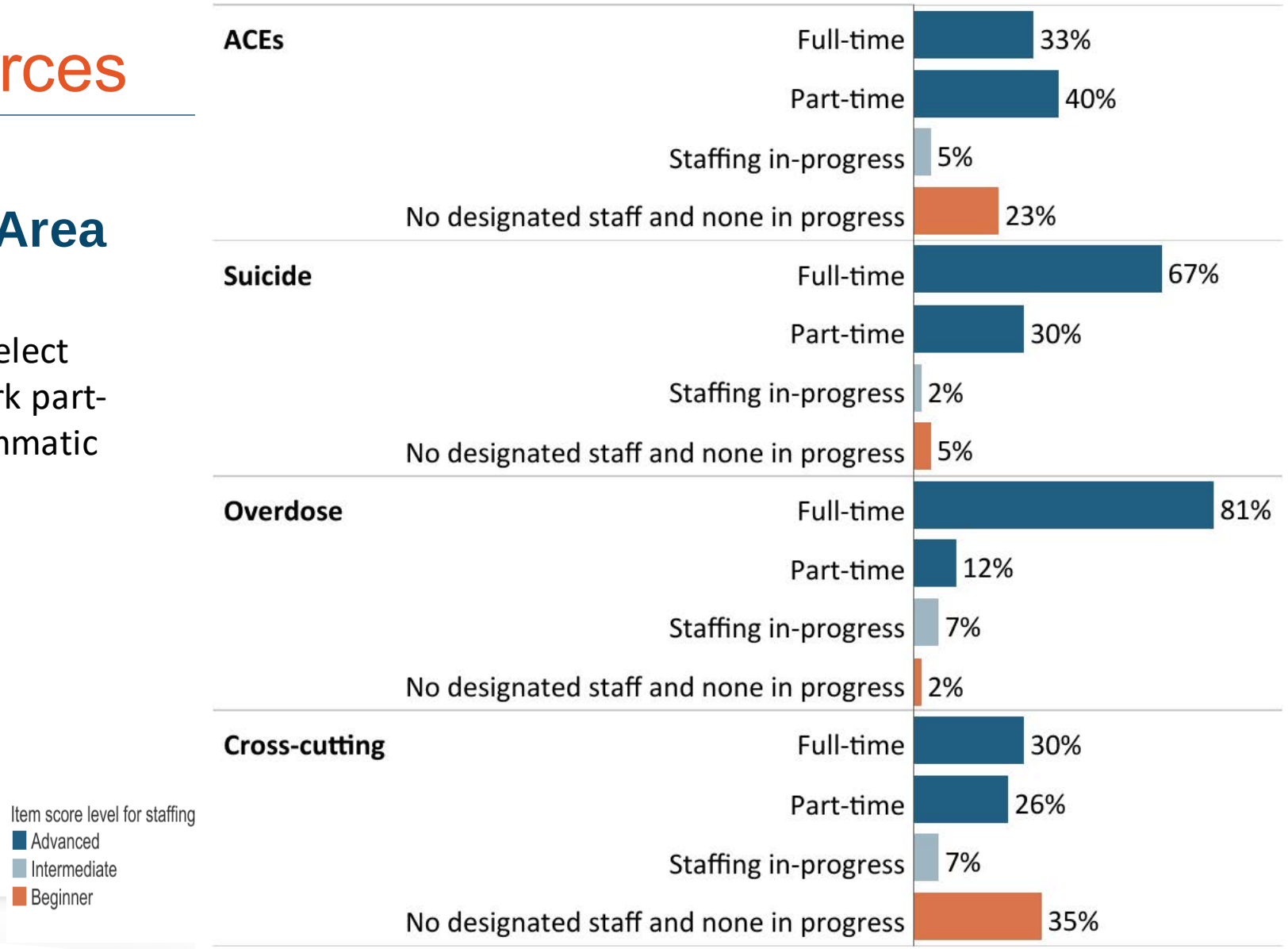
SPACECAT Results

Domain: Infrastructure Capacity

Managed Resources

Staffing by Program Area

Health Agencies were asked to select whether they have staff that work part-time or full-time in each programmatic area.



Managed Resources

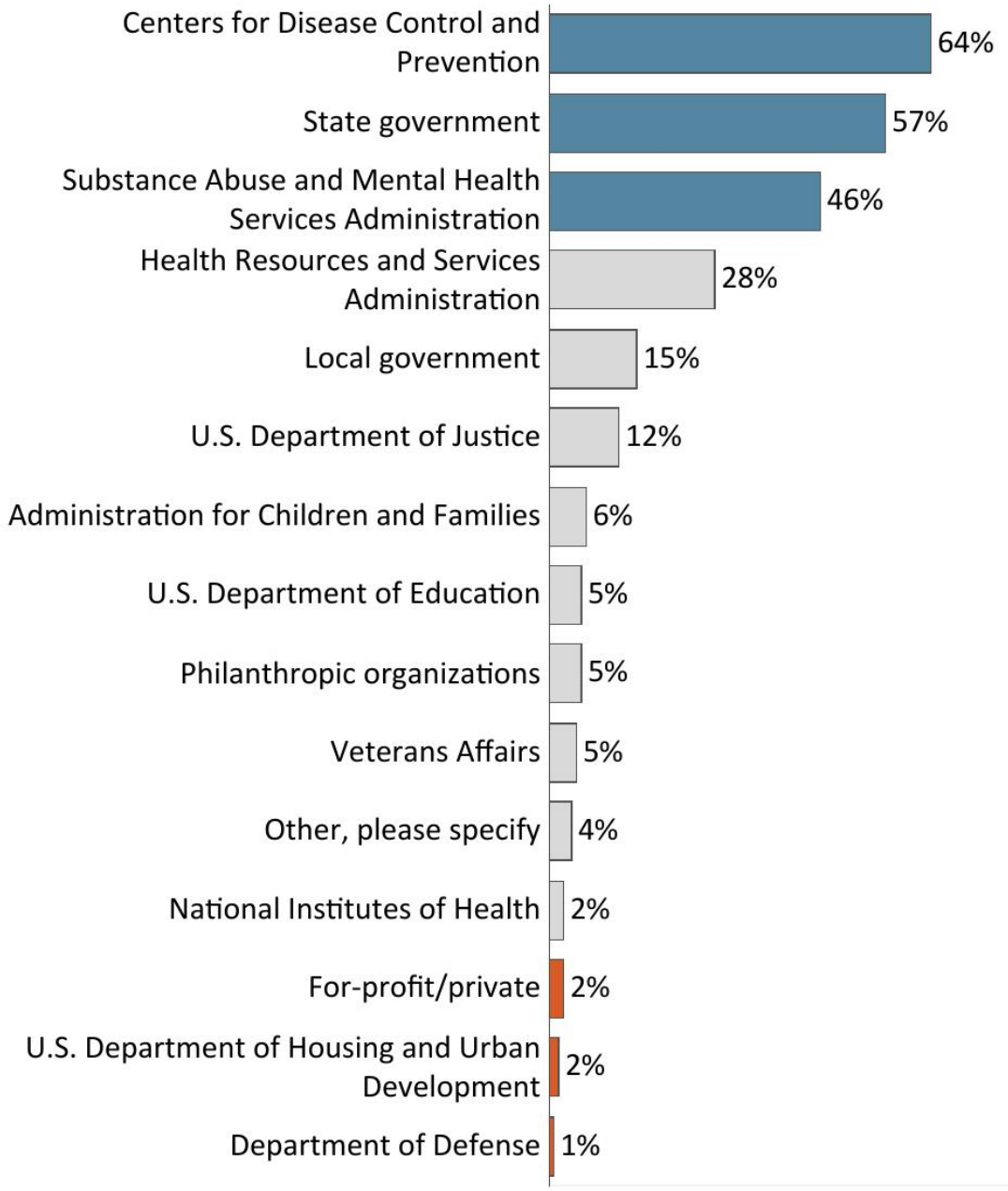
Funding Sources

Health agencies were asked to indicate the funding sources used for ACEs, suicide, and overdose prevention work within their agency.

Sustained Funding Sources

Health agencies were asked whether they have sustained funding sources for any of the program areas.

Sustained Funding for each programmatic area	% Average Capacity Score for All Respondents
ACES	49% (Intermediate Capacity)
Suicide	68% (Advanced Capacity)
Overdose	76% (Advanced Capacity)



Partnerships

Partner Types

Health agencies were asked to select all public/private partners with whom their agency coordinates for ACEs, suicide, and overdose.

Top 3 Partner Types for Each Program

	Partnership types	% of National Respondents
ACEs Prevention	Children, family, and adult social service organizations	86%
	Family support/parenting organizations	85%
	Local public health	80%
Suicide Prevention	Behavioral/mental healthcare organizations	97%
	State and community level nonprofit/philanthropic organizations	89%
	Primary/secondary schools	89%
Overdose Prevention	Behavioral/mental healthcare organizations	86%
	Local public health	86%
	Law enforcement/public safety organizations	86%

Partner Coordination

Health agencies were asked to consider the overall level at which their agency coordinates activities with critical partners to prevent ACEs, suicided, and overdose.

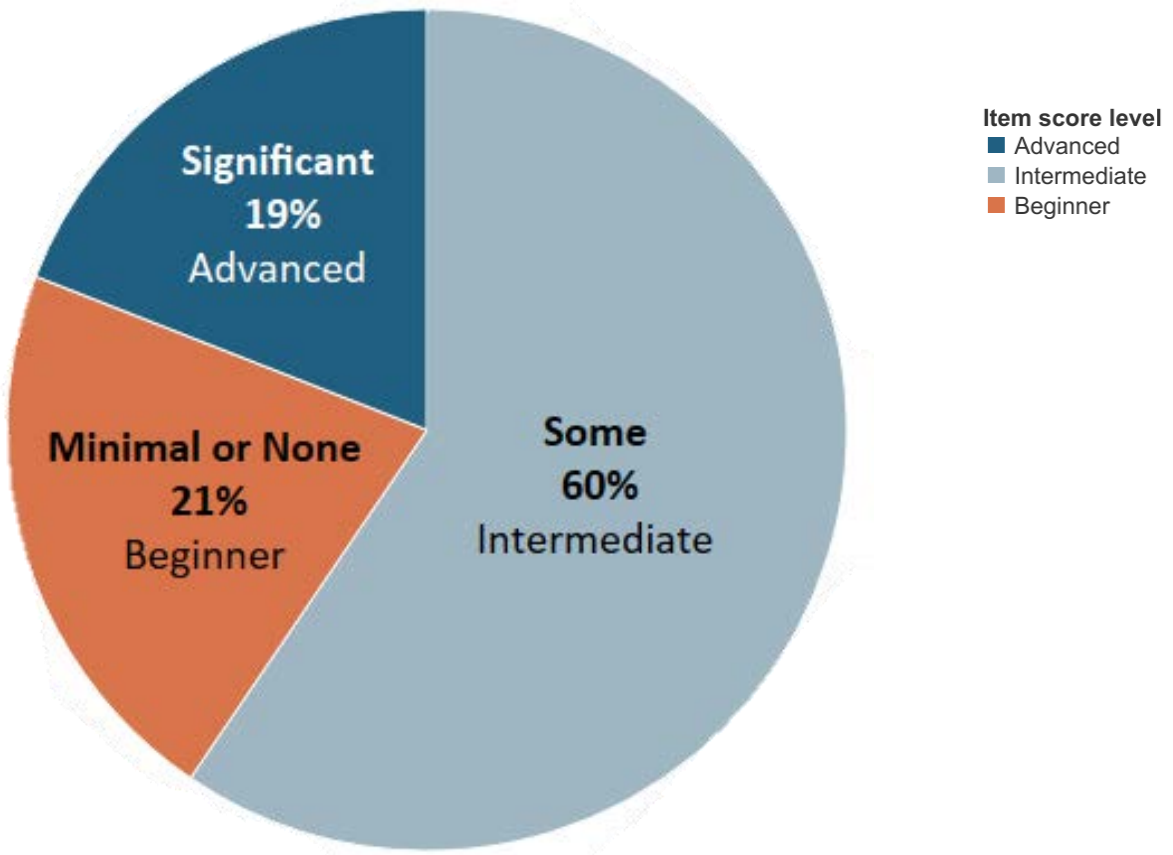
Partner Coordination	
Partner Coordination for each programmatic area	% Average Capacity Score for All Respondents
ACES	68% (Advanced Capacity)
Suicide	84% (Advanced Capacity)
Overdose	77% (Advanced Capacity)

Cross-Cutting Coordination

Level of Strategic Planning Coordination and Shared Planning

Pie Chart Description: Level of strategic planning, coordination, and shared planning is the average percentage of total responses by response option across all three program areas.

Health agencies were asked to indicate their level of coordination within their agency occurs formally written strategic plans across ACEs, suicide and overdose.



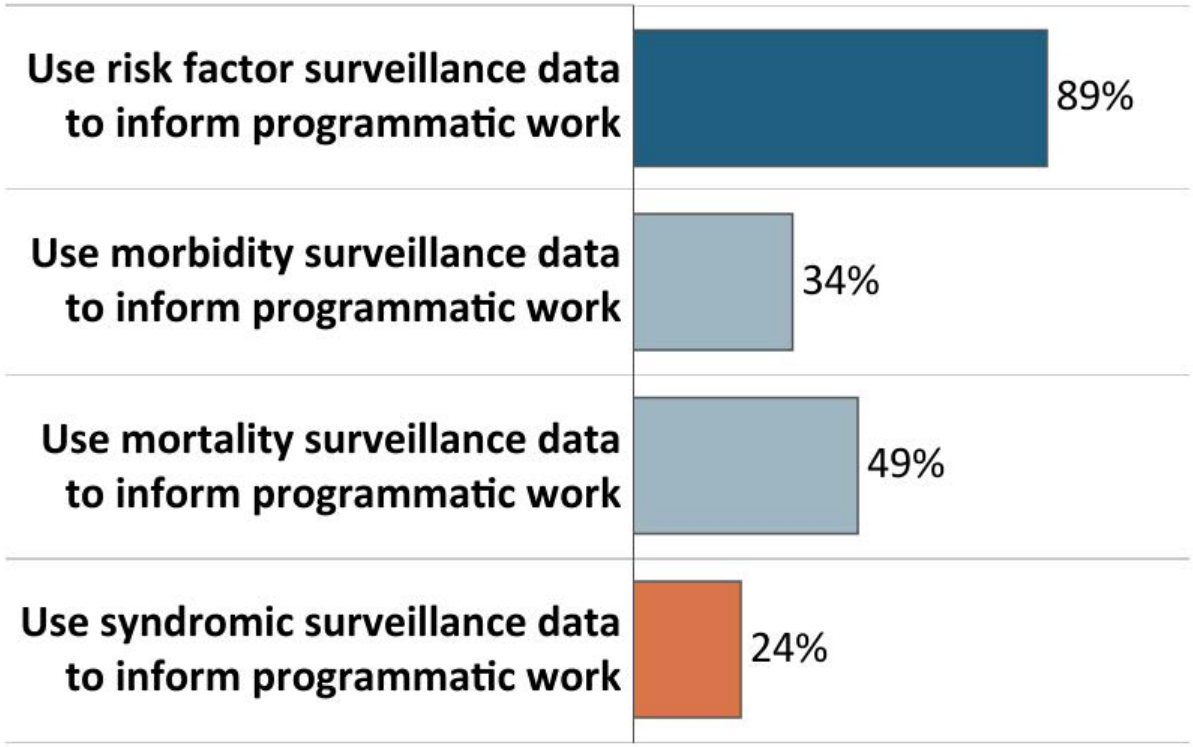
Coordination reponse text shortened (group). Color shows details about Item score level. Details are shown for Item score level and Coordination reponse text very short (group). The data is filtered on Question and Response text. The Question filter keeps Q15 and Q16. The Response text filter keeps 30 of 30 members. Percents are based on the whole table.

Coordination across all three programmatic areas	% Average Capacity Score for All Respondents
Overall internal resource sharing (e.g., in-kind contributions, shared staffing)	80% (Advanced Capacity)
Overall external partner coordination	76% (Advanced Capacity)

Data and Surveillance

ACEs Surveillance Data

Health agencies were asked to indicate how they were using surveillance data in each program area.

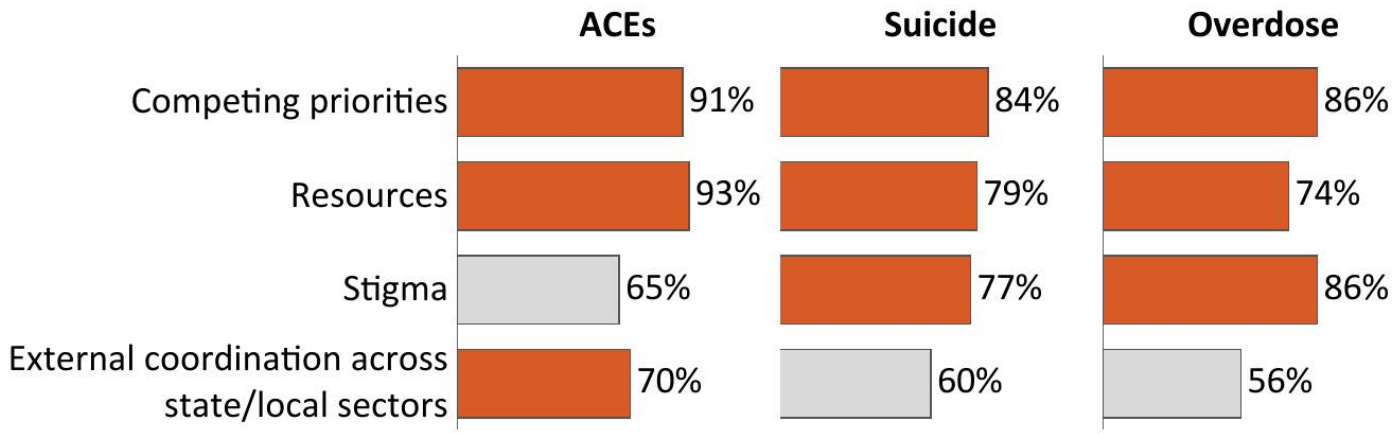


Percent of responses yes for each Item text . Color shows details about Score level (orange and blue). The data is filtered on Question, Program Area and Response text. The Question filter keeps Q13_2. The Program Area filter keeps ACEs. The Response text filter keeps 29 of 30 members. The view is filtered on Item text , which keeps 156 of 156 members.

Common Barriers

Highest Common Challenges

Health Agencies were asked to identify the challenges that impact their capacity to address ACEs, suicide, and overdose.



SPACECAT Results

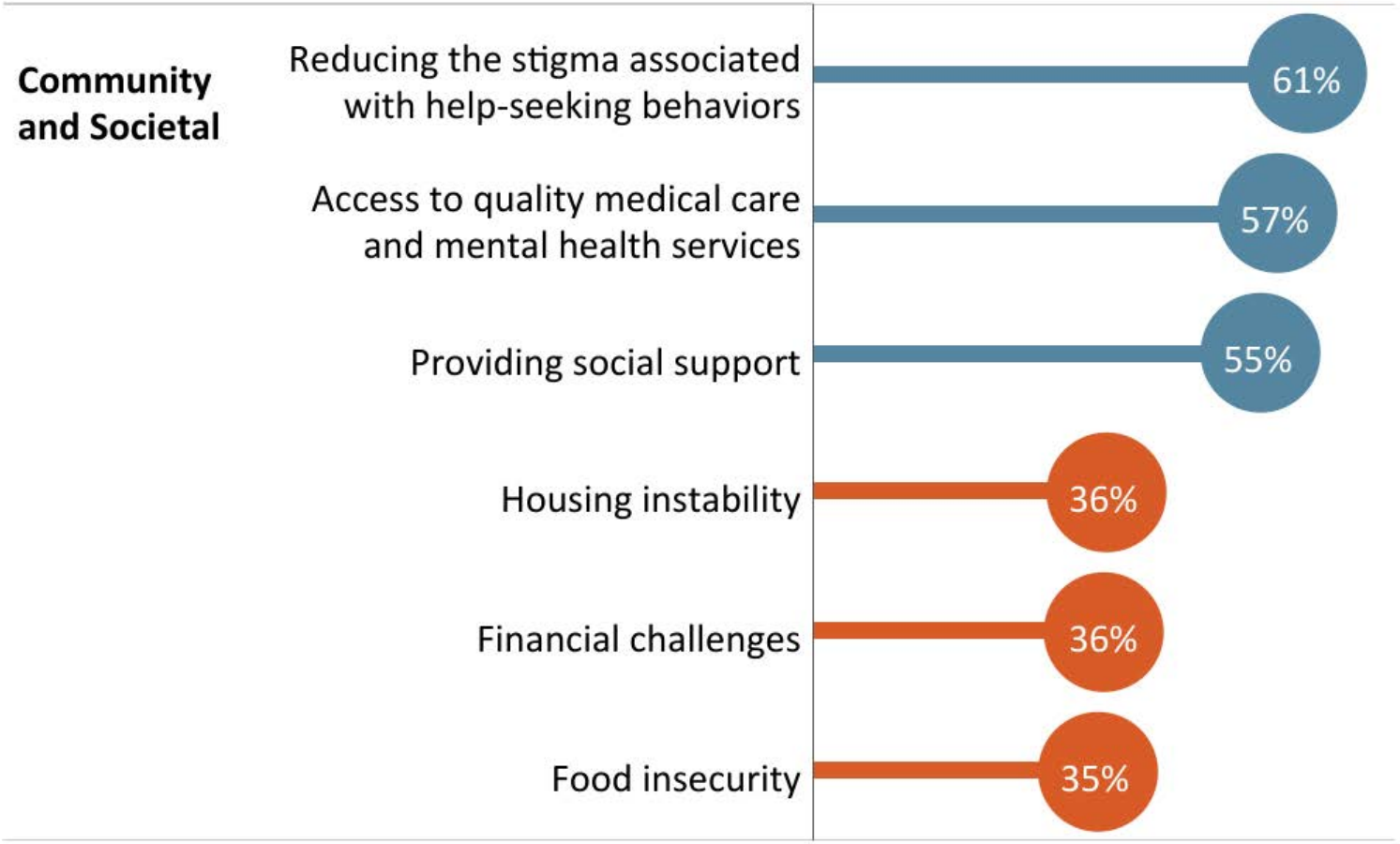
Domain: Topical Capacity

Risk and Protective Factors

Community and Societal

Health agencies were asked to estimate their agency's capacity to address risk and protective factors at each functional group of the social-ecological model for ACES, suicide, and overdose.

The graph highlights community and societal risk and protective factors with the top 3 and bottom 3 average scores.

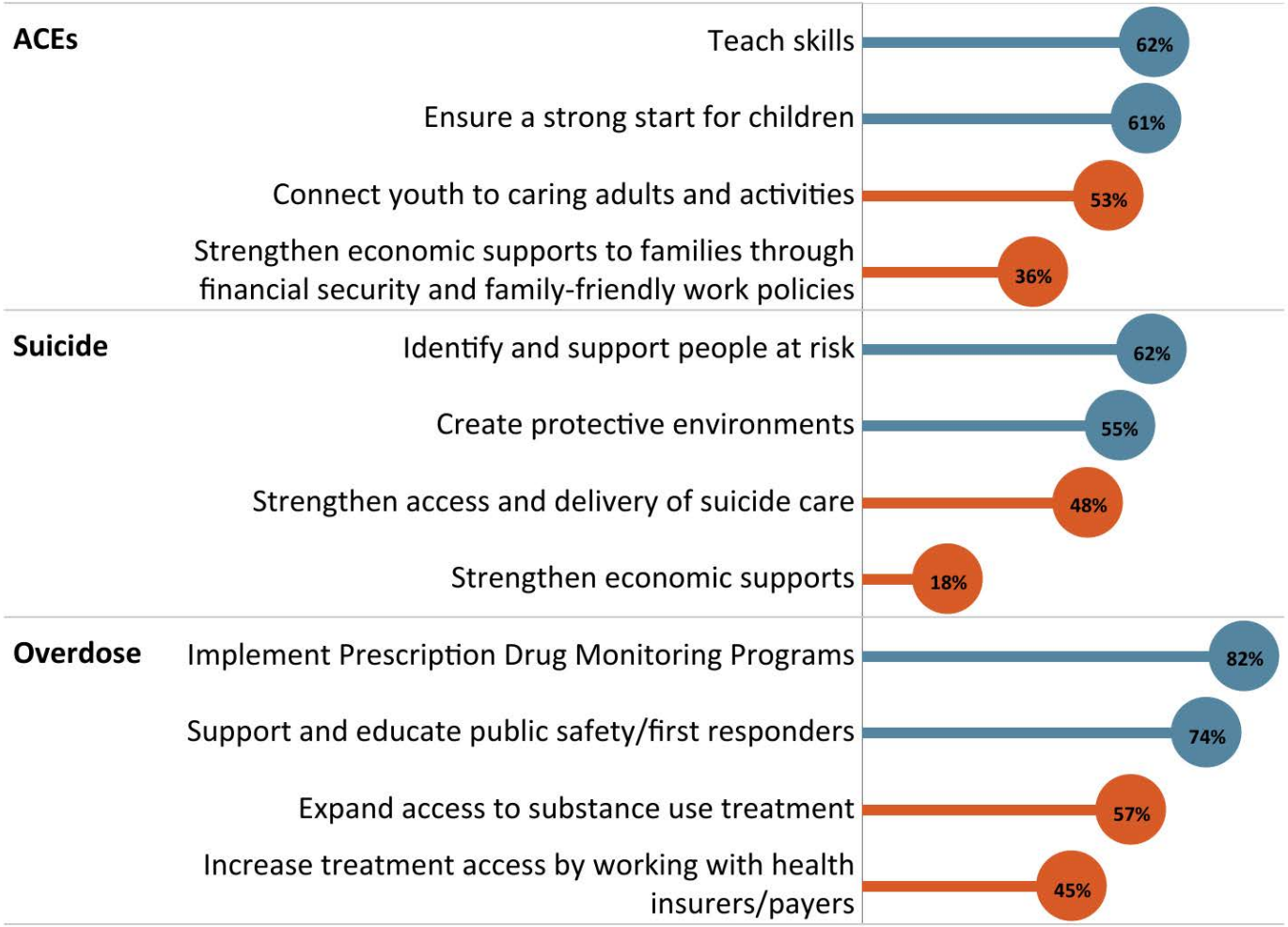


Prevention Strategies- Best Available Evidence

Interventions

Health Agencies were asked to indicate their agency's capacity to address interventions related to ACEs, suicide, and overdose intervention.

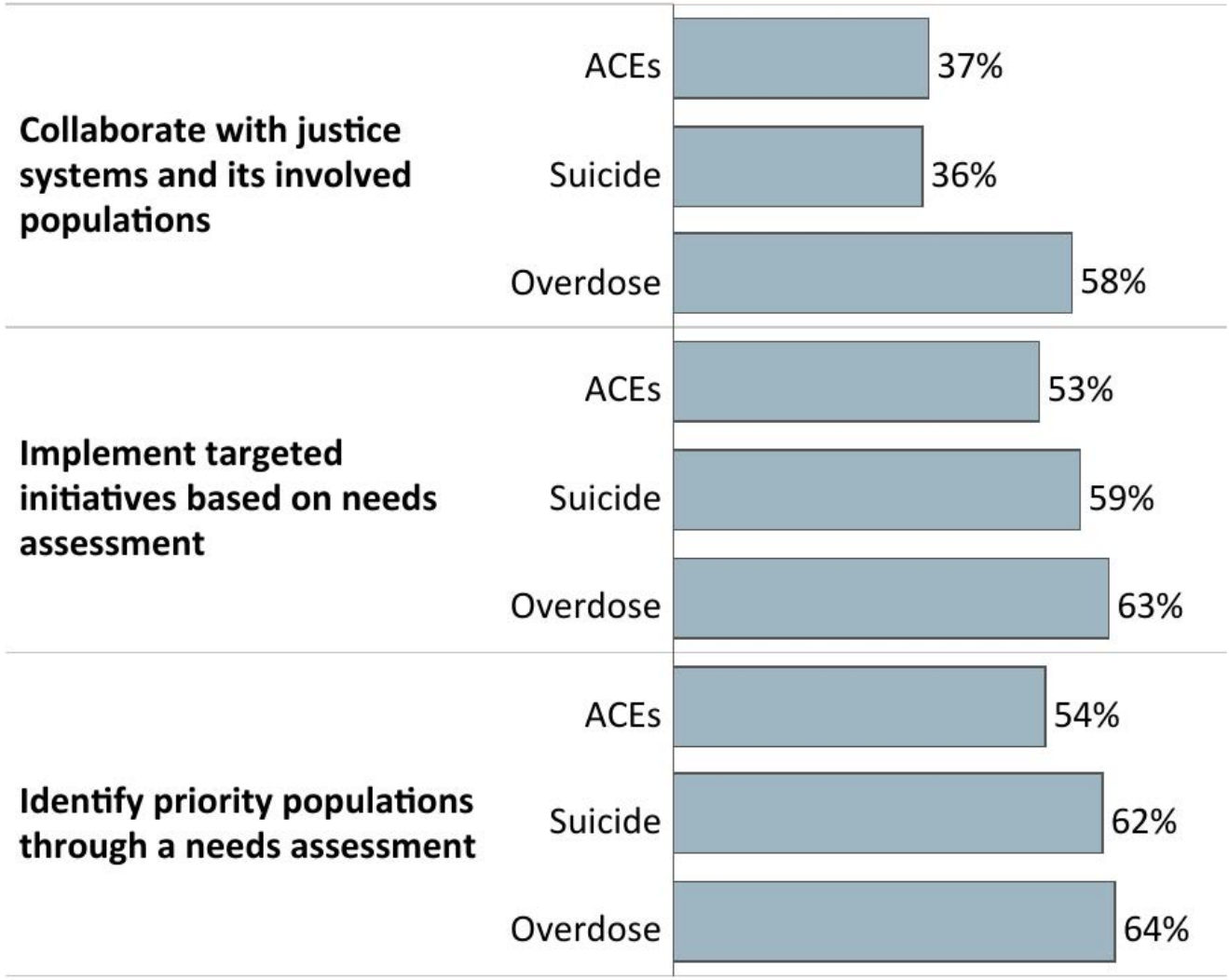
The graph highlights interventions with the top 2 and bottom 2 average capacity scores.



Health Disparities

Strategies to Address Health Disparities

Health agencies were asked to indicate by each program area's level of capacity to address health disparities by populations disproportionally affected by ACEs, suicide, and overdose.



Health Disparities

Populations Disproportionally Affected

Health agencies were asked to indicate by each program area's level of capacity to address health disparities with each population disproportionally affected by ACEs, suicide, and overdose.

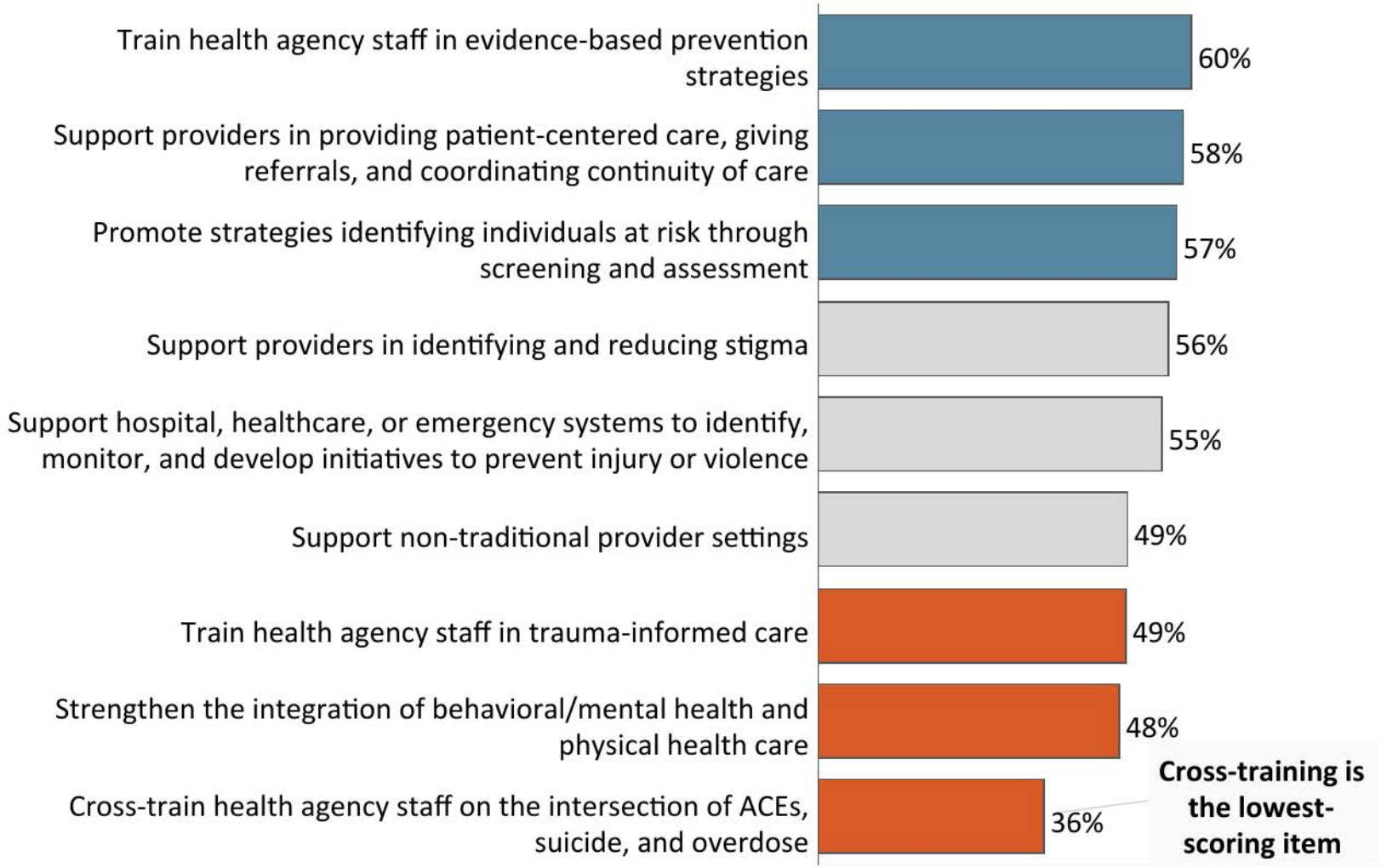
The graph highlights the top and bottom three capacities to address population disproportionally affected for each programmatic area.

	ACEs	Suicide	Overdose
Individuals with a mental health/behavioral health condition	48%	62%	66%
Rural and frontier populations	48%	57%	59%
Racial and ethnic minorities	47%	51%	45%
Individuals who have previously experienced an overdose	24%	36%	67%
Veterans and military service members	29%	58%	35%
Survivors of suicide loss	29%	59%	25%
Individuals with prior suicide attempts	30%	54%	25%
Communities experiencing concentrated poverty	42%	29%	34%
Protective services and children in foster care	40%	34%	23%
Communities experiencing concentrated violence	34%	30%	27%
Individuals experiencing homelessness	30%	24%	33%

Workforce Capacity

Education and Training

Health agencies were asked to indicate the level of capacity to educate and trai for each program area to address ACEs, suicide, and overdose.



Key Take-Aways

- **Capacity appears to be higher when states/territories have more funding and resources for a particular topic area.**
- **State/territorial health agencies report strong multidisciplinary partnerships to support overdose, ACEs, and suicide prevention efforts.**
- **State/territorial health agencies may benefit from ongoing support regarding upstream strategies to strengthen economic supports within communities (e.g., addressing housing, food insecurity, etc.).**
- **There is a need to increase capacity to address the root causes of health disparities and imbed health equity approaches into overdose, ACEs, and suicide prevention strategies.**

Limitations and Considerations

- **Snapshot in time.**
- **Self-assessment.**
- **SPACECAT scoring is only meant to spark discussion about capacity.**
- **The funding states and territorial health agencies can apply for differs across the three topic areas and is usually competitive.**
- **The SPACECAT is an internal health agency tool and does not reflect work that external agencies and partners may be doing to prevent ACEs, suicide, and overdose.**

Call to Action

- **Health agency programmatic staff can take practical steps to improve their capacity in specific capacity elements (workforce capacity, health disparities, surveillance/data etc.).**
- **Increase collaboration to integrate work across all programs.**
- **Leverage resources across all programs.**
- **Leverage this data to braid and layer funding opportunities.**

Questions and Answers

ASTHO's Technical Assistance Plan

Written Reports

- National Report- Available in July 2022
- Regional Report- Available in July 2022

Infographic

- A visual two-pager of SPACECAT Results- Available in July 2022

Interactive Dashboards

- Interactive dashboards on the SPACECAT webpage- Available at the end of June 2022

Capacity Element Guidance Toolkit

- A capacity building toolkit for health agency staff- Available in July 2022

Peer to Peer Convening

- Health agency staff participants will be invited to discuss SPACECAT and ways to improve capacity and the intersection of ACEs, suicide, and overdose prevent, July 28, 2022.

Connect With Us

Contact us at SBH@ASTHO.org

Look out for upcoming SPACECAT resources and tools at **https://my.astho.org/Spacecat/Home**

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Thank You

Let us know how we did by visiting https://bit.ly/3y9dYqK

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