South Carolina Violent Death Reporting System 2023 Evaluation

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Executive Summary

Prior to the COVID-19 pandemic, the South Carolina Violent Death Reporting System (SCVDRS) team would receive 80 to 90 percent of coroner and law enforcement reports. Now with increases seen in homicides, suicides, and overdose deaths, the program receives almost half that amount. The Program Manager wanted to better understand data provider and data user perspectives in order to improve their programs. Stakeholder interviews were conducted with data providers such as law enforcement (LE) and coroner/medical examiner (CME) staff as well as data users such as public health practitioners. The results were analyzed by the SCVDRS Evaluator using Microsoft Word and Excel. Several themes came up during analysis such as processes, improvements, technology, awareness, data dissemination, and organizational structure. The SCVDRS team is now better able to understand data provider and data user perspectives. The Evaluator found that there were several procedural improvements that could be made in addition to improvements in communication and awareness. The recommendation section lists concrete actions the team could take to improve their programs.

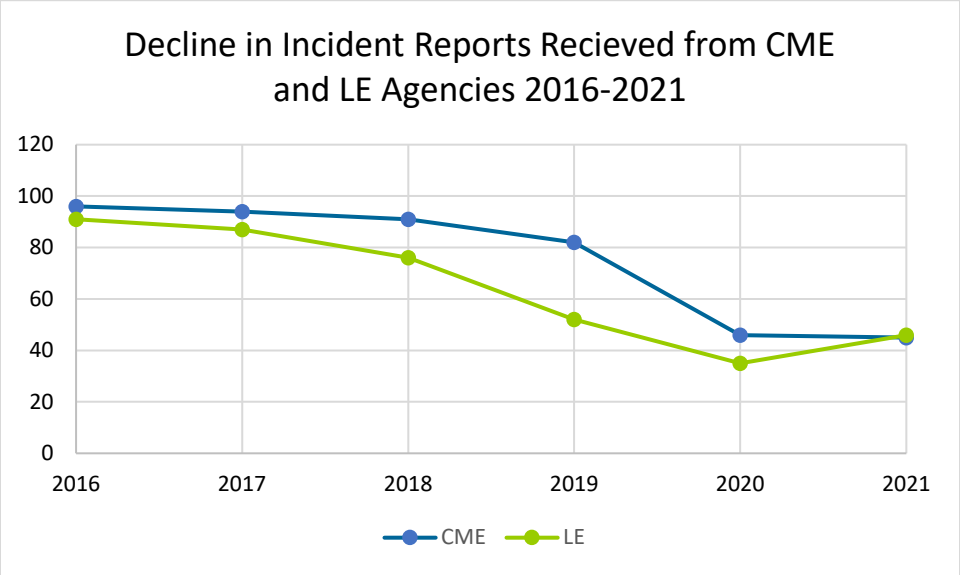
Introduction

South Carolina (SC) has one of the highest homicide rates in the United States. In 2021, the SC homicide rate was 13.4 per 100,000 population in comparison to neighboring states, Georgia, and North Carolina in which the rates were 11.4 and 9.7 per 100,000.[1] SC's high firearm mortality rate is also concerning. In 2020, the firearm death rate was 22 per 100,000 population and increased to 22.4 per 100,000 in 2021.[2] The COVID-19 pandemic, along with a rise in firearm and overdose deaths, has led to a significant increase in workload among violent death data providers, such as CME and LE staff. More state funding has not been allocated for CME and LE agencies despite the increase in mortality. Without proper funding, CME and LE do not have enough resources, staff, or time to participate in prevention activities outside of their first responder duties.

The Centers for Disease Control and Prevention (CDC) established the National Violent Death Reporting System (NVDRS) in 2002 and SCVDRS was established soon after. SC was one of the first states to start collecting surveillance data on violent deaths in 2003. SCVDRS abstractors are responsible for reading over LE and CME incident reports, looking for unique data elements, and writing a summarized narrative of the incident into the CDC NVDRS database. The data elements provide contextual information on violent deaths such as mental health conditions, firearm details and toxicology results. The SC Department of Health and Environmental control (DHEC) houses SCVDRS in the Division of Injury and Substance Abuse Prevention (DISAP). SCVDRS is ran by a small team including a Program Manager, Data and Quality Manager, and several abstractors. A Community Violence Intervention and Prevention (CVIP) Manager was recently brought on to oversee community led violence prevention efforts. The SCVDRS and CVIP Program Managers work closely together in their mission to prevent violence across SC.

Before the pandemic, the SCVDRS team routinely received 80 to 90 percent of CME and LE reports. For the data year 2017, they received 91% of CME records and 87% of LE records. However, since the pandemic they have received significantly less reports. For the data year 2021, they received 45% of CME records and 46% of LE records (NVDRS). That is a 50% decrease in CME reports and a 47% decrease in LE reports within 4 years. The SCVDRS team has since made improvements to their program and its processes, including updating their request for records letter and providing technical support to both

CME and LE agencies. Yet there were still numerous CME and LE agencies who were unable to send records during this last reporting period. SC law and regulations do not require reporting of violent and overdose deaths to the health department which has made it difficult for the team to promote the program. The SCVDRS team would like to better understand CME and LE perspectives on the SCVDRS program and record sending process. By doing so, they will be able to address any concerns and make it easier for CME and LE agencies to send reports in a timely manner.



Source: 2016-2021 SCVDRS Incident Data Completeness

The SCVDRS team have been working to form relationships with CME and LE staff across the state by being flexible and supportive, attending partner meetings and statewide conferences, and maintaining regular communication with data providers. Despite these efforts, there has not been a significant increase in the number of reports received. The SCVDRS Evaluator interviewed both data providers and data users as a part of this evaluation, however, significantly more data providers were interviewed since increasing data retrieval is SCVDRS's main priority. Data providers consists of the two main groups mentioned above, CME and LE record department staff. Data users were more varied but usually came from a public health background such as prevention, evaluation, treatment, or education. Using this evaluation, the SCVDRS team seeks to understand what aspects of the program could be improved upon and address those concerns in an equitable way.

Methods

The design of this evaluation is based off the North Carolina's Violent Death Reporting System (NCVDRS) evaluation in which they published a journal article titled, "Evaluation of the North Carolina Violent Death Reporting System."[3] There are some key differences between the two evaluations. NCVDRS conducted a review of related documents from years prior, did a quantitative data comparison, and interviewed a larger variety of stakeholders which included current and past NCVDRS employees. The SCVDRS Program Manager determined that the evaluation should be tailored towards data providers and that the stakeholder interviews were the priority. As a result, the other two methods were

excluded, and this evaluation did not include a quantitative component. The stakeholder interviews targeted data providers and data users. As stated above, data providers consisted of CME and LE staff. Usually, these staff members worked in records and were familiar with record sending. In smaller counties, staff members tended to take on different roles and typically oversaw multiple tasks. In larger counties, there was a specific person in charge of record sending and that was their sole focus. LE staff were either from countywide sheriff's offices or local police departments. Most of the time the LE staff members interviewed were strictly administrative and did not work in the field.

The interview guides were designed to be semi-structured, which includes a set of questions followed by supplemental probing questions depending on the interviewee's responses. Three separate interview guides were created for CME agencies, LE agencies, and data users. The CME interview guide was developed using the National Association of Medical Examiners (NAMES) NVDRS Best Practices.[4] The best practices include recommendations for CME staff on how to increase NVDRS performance. The document lists best practices regarding categories including data issues, funding, and support, and NVDRS policy and procedure. The LE and data users interview guides were based off the CME interview guide and are similar in content and format. The LE interview guide was sent to an internal LE officer at DHEC for review, while the CME guide was sent to the President of the South Carolina Coroner's Association for review. The guides were also reviewed by DISAP's Director of Research and Planning, the SCVDRS Data and Quality Manager and the SCVDRS Program Manager. The LE and CME interview guides included eight sections and twenty-seven base questions. Some of the questions had predetermined probing questions that were used if applicable. The eight sections included general knowledge, program awareness, training/continuing education, death investigation, pocket guide, process, barriers, and additional. CME and LE staff members who strictly worked in records did not do death investigations. In these instances, the Evaluator would not ask questions related to that topic. The CME interview guide also included questions on case management systems that were used if applicable. The data users interview guide included four sections and fifteen questions. The four sections were program awareness, data use, data dissemination, and additional. The questions were open-ended and were based off themes mentioned in the NCVDRS evaluation journal article such as familiarity with the program, challenges with sending records, and ways to improve the record sending process.

The LE and CME contact lists were created using the SCVDRS team's 2020 retrieval data and the SCVDRS contact list. The LE contact list was divided by police department staff and Sheriff office department staff. The contacts were assigned to one of three categories using the retrieval percentages which ranged from 0% to 100%. Those agencies that sent reports regularly (70% or higher) were assigned to the "always send reports" category. Any agency who sent reports on an inconsistent basis (30-69%) were assigned to the "sometimes sends reports" category. Agencies that rarely submitted reports (29% or less) were assigned to the "never sends reports" category. For each contact list, seven agencies were assigned to one of the three categories listed above totaling 67 contacts. The LE contact list included 46 contacts, while the CME contact list included 21. Through the course of the interviews, it became clear that the SCVDRS team requested more records from the Sheriff's Offices than police departments, so the Evaluator expanded the Sheriff's contact list and did not contact all the police department agencies originally chosen. The data users contact list consisted of public health professionals who had previously requested data from SCVDRS. The SCVDRS Program Manager spoke about the evaluation during the December 2022 and April 2023 advisory council meetings. At the December meeting, the Evaluator provided more details about the stakeholder interviews in order to gain interest from meeting

attendees. A follow up email was sent to the advisory council members that included the Evaluators contact information and what to expect if contacted. No one reached out to the Evaluator, however, informing the SCVDRS stakeholders helped build rapport between the Evaluator and the participants.

Retrieval Data Used to Create Contact List (County Names not Included)

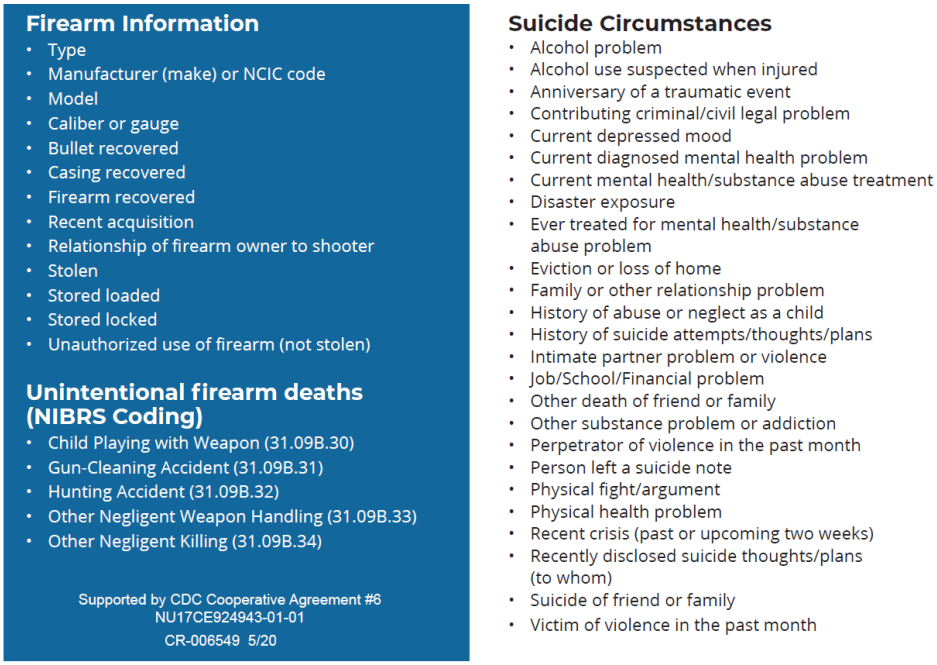
Count of Incident_Number	61	98%	Count of Incident_Number	61	61%
Count of CME	0		Count of LE	12	
Count of Incident_Number	12	0%	Count of Incident_Number	12	100%
Count of CME	133		Count of LE	27	
Count of Incident_Number	134	99%	Count of Incident_Number	134	20%
Count of CME	0		Count of LE	0	
Count of Incident_Number	17	0%	Count of Incident_Number	17	0%
Count of CME	17		Count of LE	14	
Count of Incident_Number	17	100%	Count of Incident_Number	17	82%

Source: 2020 SCVDRS Retrieval Data

The data was collected over a five-month period with interviews starting in February 2023 and concluding in June 2023. For each agency, a contact person's name was listed with their email (if available) and phone number. The Evaluator emailed all agencies with emails listed asking them if they would be willing to be interviewed. If they did not answer via email, they were contacted by phone. 17 of the 34 interviews were scheduled via email and the remaining 17 were contacted and scheduled via cell phone. The Evaluator attempted to contact all agencies at least twice. The interviews were conducted via Microsoft Teams or by cell phone. The Evaluator would start by describing their role at DHEC, explaining the purpose of the evaluation, and providing any other pertinent information such as the confidentiality disclaimer, and average length of the interview. During the introduction, the Evaluator would ask for consent to record the interview. In some cases, the interview was not recorded because of technical difficulties, or the participant seemed hesitant to be interviewed. Every person that was asked if they were willing to be recorded responded yes. All participants were informed that their responses would remain anonymous. If the interview was recorded, Microsoft Voice was used to record interviews over the phone and Microsoft Teams was used to record any interviews via Teams. They lasted on average 27 minutes however the longest interview was 66 minutes, and the shortest was 10 minutes.

At the end of each interview, the Evaluator would thank the participant and let them know they would receive a final evaluation report via email. All participants were told they could contact the Evaluator via phone or email if they had any additional thoughts. During the interviews, the Evaluator would ask the participants if they would be interested in joining the advisory council and if they would like to be sent a pocket guide via email. The pocket guide includes a list of firearm, mental health, and behavioral circumstances. If the person seemed hesitant to be interviewed, these questions were excluded. 19 people said they would like to be emailed a pocket guide. In some cases, a full list of variables was included in the email. The advisory council meeting invite was forwarded to 11 staff members post-interview. If any other technical assistance was needed or the agency had questions the Evaluator could not answer, they were connected to the SCVDRS Outreach Coordinator or Program Manager via email.

Example of SCVDRS Pocket Guide



Firearm Information

- Type
- Manufacturer (make) or NCIC code
- Model
- Caliber or gauge
- Bullet recovered
- Casing recovered
- Firearm recovered
- Recent acquisition
- Relationship of firearm owner to shooter
- Stolen
- Stored loaded
- Stored locked
- Unauthorized use of firearm (not stolen)

Unintentional firearm deaths (NIBRS Coding)

- Child Playing with Weapon (31.09B.30)
- Gun-Cleaning Accident (31.09B.31)
- Hunting Accident (31.09B.32)
- Other Negligent Weapon Handling (31.09B.33)
- Other Negligent Killing (31.09B.34)

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Suicide Circumstances

- Alcohol problem
- Alcohol use suspected when injured
- Anniversary of a traumatic event
- Contributing criminal/civil legal problem
- Current depressed mood
- Current diagnosed mental health problem
- Current mental health/substance abuse treatment
- Disaster exposure
- Ever treated for mental health/substance abuse problem
- Eviction or loss of home
- Family or other relationship problem
- History of abuse or neglect as a child
- History of suicide attempts/thoughts/plans
- Intimate partner problem or violence
- Job/School/Financial problem
- Other death of friend or family
- Other substance problem or addiction
- Perpetrator of violence in the past month
- Person left a suicide note
- Physical fight/argument
- Physical health problem
- Recent crisis (past or upcoming two weeks)
- Recently disclosed suicide thoughts/plans (to whom)
- Suicide of friend or family
- Victim of violence in the past month

Source: SCVDRS Pocket Guide

TranscribeMe, an online transcription service, was used to transcribe 29 audio files. 30 audio files were uploaded but there was a technical error so one of the files could not be transcribed. Four of the interviews were not recorded but notes were taken. Twenty-nine transcriptions and 4 Word documents were analyzed using Microsoft Word and Excel. Two excel documents were created to analyze the results, one for data providers and one for data users. Within each document, separate excel sheets were created per theme and any statements that related to the theme were copy and pasted into the corresponding sheet. The type of agency was noted next to each quote so that CME and LE agency statements could be compared.

Analysis and Findings

Data Provider Analysis and Findings

The Evaluator started by analyzing the CME AND LE interviews. The Evaluator grouped like statements into themes and the main themes identified for data providers were processes, challenges, improvements, resources, technology, organizational structure, awareness, community, and topics of interest. Some of the themes had subcategories. An explanation of the themes for CME and LE data providers follow. Directly following the data provider themes is an analysis of the differences between CME and LE data perspectives.

Processes

Most data providers typically followed a process regarding record retrieval and sending. The record request letter was the first indicator that the agency needed to start this process. This letter prompted the next few steps which included identifying the decedents, pulling the records, and sending the records via fax, mail, case management system, or email. It became clear that many of the staff

members saw report sending as a part of their job duties. One explanation for this behavior is that CME and LE record staff respond to several requests for data each year and it is difficult to differentiate between them.

Much of the staff expressed that they wanted the process to be simpler. Some of the data providers sent records via mail but thought it might be easier to send them via email, however, they had not made that switch yet. It was unclear as to whether they already knew that they could send the records electronically or if this was there first-time hearing that. Some of the agencies sent records through both email and mail. Many of the counties that received large lists of decedents expressed that it was easier to mail the records than email them because of electronic file sharing size limitations. Many of the staff members mentioned that they have received names of people who did not die in their jurisdiction, and searching for those names was laborious. They also discussed having to send the main incident report, in addition to the supplemental reports, made the process complicated. They must search for and pull each report individually, and they expressed it would be simpler to send only one report. Some of the agencies said that the main report usually includes all the information in the supplemental reports.

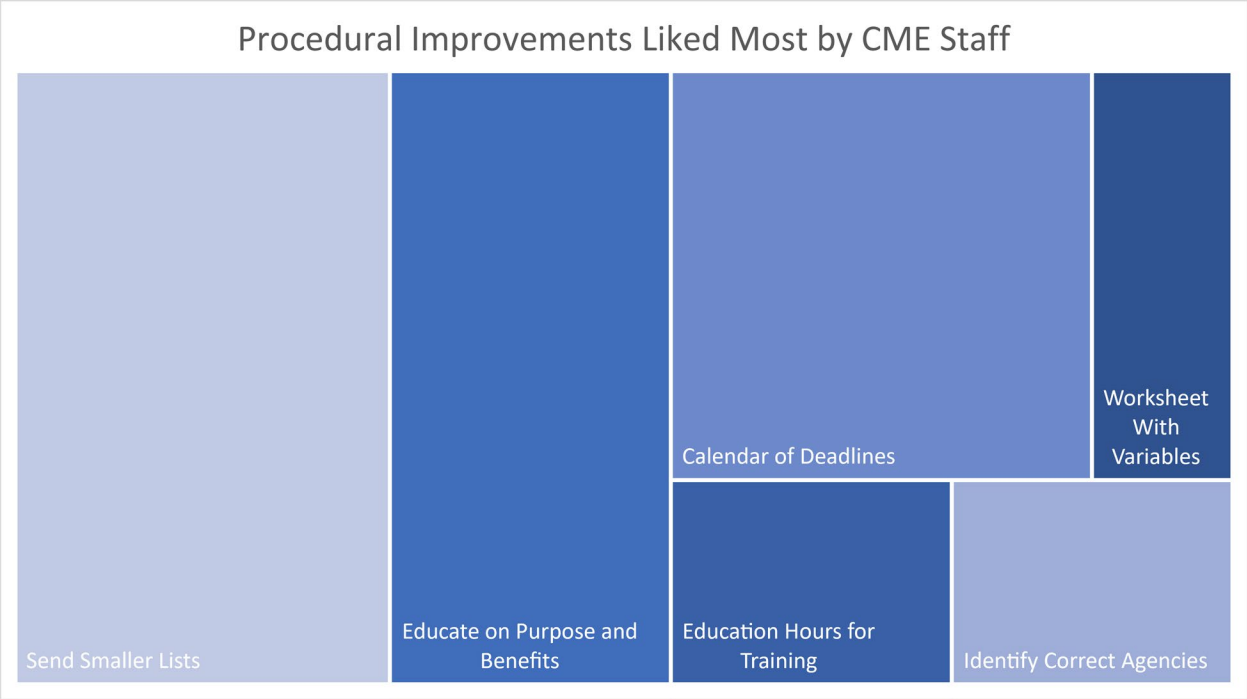
Challenges and Improvements

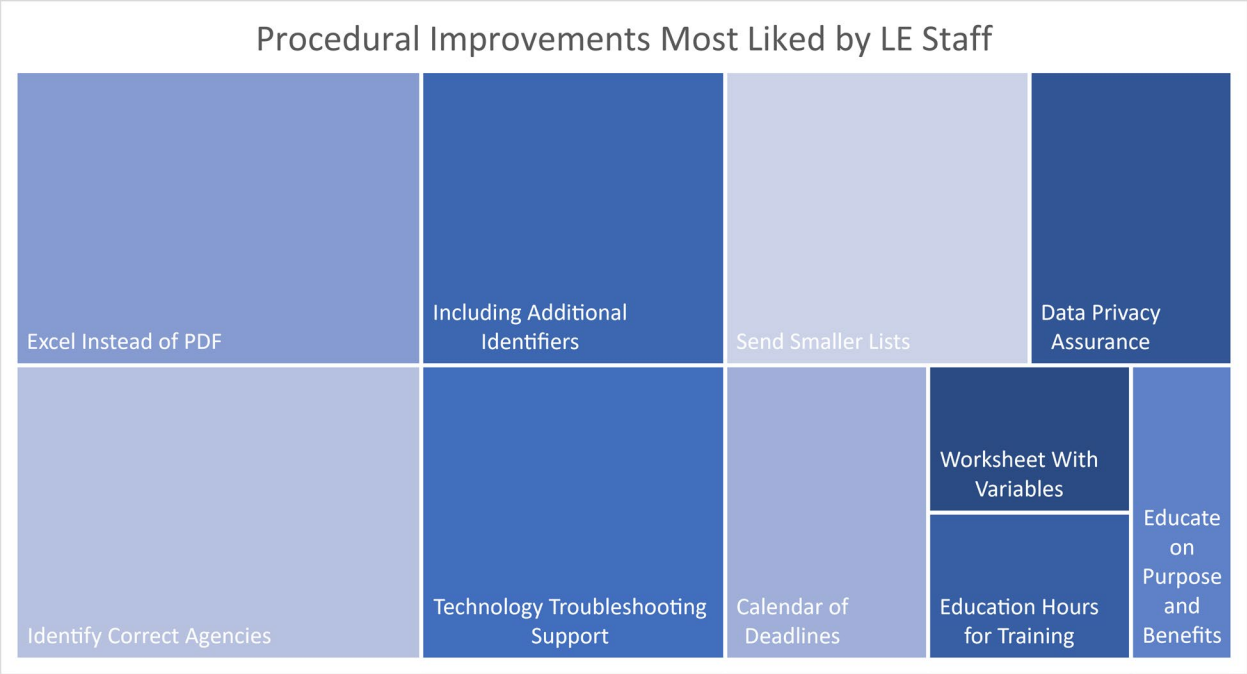
One challenge identified is developing trust between the SCVDRS team and CME and LE staff. As technology evolves, the need for in-person communication decreases. Technology can make the record sending process easier, but it can also affect program awareness and relationship building. While discussing the challenges regarding record retrieval and record sending, some of the data providers suggested ways to increase program awareness. They recommended educating the data providers about the program's purpose and checking in with each agency to ensure that they have the correct contact information for SCVDRS and vice versa. One CME staff member stated, "I think that it would be beneficial to have someone come out and present, 'Hey, this is what's done with this data, this is why it's imperative to gather this data.' I think you would get some more buy-in and more compliance if that was done." The team could also gather feedback from data providers by acknowledging that the records were received, calling the agencies to see how the experience was, and making sure they don't need additional technical assistance. Another way to get buy-in could be to offer trainings about NVDRS and offer continuing education credits to those who participate. This would benefit LE, CME, and SCVDRS staff.

Time was another challenge that data providers spoke about. They often felt like they did not have time to retrieve or send records in addition to their daily duties. Many of the LE staff said they often received names of decedents whose incident report was taken by a different LE agency in that county, and having to figure this out each time was tedious. To remedy these issues, they suggested that the request letter should list more identifiers such as the decedent's social security number, date of birth, driver's license number, and even the case number, which the SCVDRS team does not always have access to. Many of the data providers from larger counties expressed feeling overwhelmed when they receive a list of 100 or more decedents. One CME stated, "I dread that list because it is very hard for me to get time to pull each one of those files and copy everything for each one of those persons, then get it all together and sent back to you guys. It's low priority for me. I know it's high priority for y'all, but unfortunately, I have my daily duties that I have to do, and these funeral homes can't wait for me to give them their stuff." One suggestion was to send smaller lists of decedents every few weeks or months rather than sending one large list once or twice a year. After someone made this suggestion in the beginning of the interviews, the Evaluator asked other data providers their opinion on the matter, and many of them said

a smaller list would be helpful. They also talked about ways to improve the request letter such as changing the formatting of the list from a PDF to an excel document. This could make it easier for them to track which cases they are able to locate. The data providers also expressed that knowing in advance when they need to send records would be helpful and give them more time to prepare. One way of doing that could be to provide CME and LE staff with a calendar with the CDC NVDRS close out deadlines. Alternatively, the SCVDRS team could create their own deadlines and distribute those.

Another challenge that came up was silos. SC agencies and organizations are fragmented and there are no centralized databases for CME, or LE incident reports. Government agencies such as the SC Law Enforcement Division (SLED), and DHEC do not utilize a single database in which they can easily share data. Data providers send records to multiple programs at DHEC but there is no way for programs to share data with each other causing the providers to have to send the same records multiple times. This can make it difficult for data providers who must send the same data to multiple entities each year. Perhaps the development of a central database for incident reports, and/or incident report data would make it so that data providers do not have to send the same data to several agencies. Some other suggestions to these challenges included, having a centralized email, providing the agencies with a worksheet to fill out (instead of having them send the full incident report), and publicly recognizing data providers contributions via social media or the news.





Resources

The quantity and quality of resources such as staff, funding, time, and technology were different for each agency. Smaller counties tended to have smaller offices and less staff compared to larger counties. One CME staff member remarked, “I need a helper. I need someone to help me. And I know they need another person as well, because there’s times that all three of them are on separate calls”. Location played an important role regarding resources, such as time and funding. Circumstantial factors such as environment and population size were often discussed. Many of the smaller agencies do not receive the amount of funding they need to perform their duties. One CME commented, “Coroners across the state are sort of dealt with a lot of unfunded mandates. And they are mandated to report all types of things. And there is no funding for them to have somebody to do that. And so, when we have a lack of data, and it can appear like coroner A, B, C, and D are not participatory and are difficult and whatever, and some of it's true. But when everything's unfunded, they don't have the people to do it, and they don't have the resources to write a grant.” Most of the staff members interviewed worked in an administrative capacity, but still took on many roles and tasks. Many of the staff felt like there was too much work and not enough staff members to complete the work in a timely manner. One CME staff member said, “It’ll take like sometimes an hour or more just to set aside time to go through and try to pull all of those cases. But while I'm working on that, of course, I have other work that's being put to the side to do that.” To maximize resources, many data providers have started utilizing technology by keeping records electronically. For example, CME staff have started using an electronic case management system instead of keeping records physically. A coroner who switched to using Medicolegal Death Investigation (MDI) Log said, “We still do keep physical files, obviously, but it's so much more helpful with MDI Log to kind of have everything right at your fingertips. Especially if you're having to work from home or during the COVID situation when we were kind of back and forth between the office.”

Technology

One theme that emerged during analysis was the use and role of technology during data retrieval and sending. Technology was the main reason that data providers had issues sending records on time. The data providers expressed that if technology was not working or they were not able to invest in updated technology, they could not adequately retrieve or send records. One provider talked about how they were able to send records “as long as we have internet” and then went on to say, “We are not able to guarantee that all the time.” Some data providers said they have issues looking up each incident report and the task was laborious. Many of them asked if the SCVDRS team could include the case number when they request reports. When discussing issues with sending records, one participant stated, “Normally, it depends on the volume. If it's a whole bunch, we'll mail them because it just takes too much time and everything to scan and copy and all that stuff. When we print them out, we usually just mail them to you.” While many data providers did prefer to email, some of them claimed that large files had to be emailed multiple times. One stated, “Because of the volume, we have to mail them as in regular old-fashioned mail. It would have been nicer if we could email them, but we would have to do so many emails.” The same participant went on to say that they would rather send the files via mail using a USB drive which would save them paper and time.

During analysis, some communication barriers came up due to technological differences. The SCVDRS team often sends the request letter via fax because they do not know the email addresses for every agency. However, many data providers felt that using a fax machine was outdated, and one participant even said, “We don't want to deal with fax machines. We don't want to deal with the snail mail. Email is where it's at.” Another echoed, “Our fax machine is a little ancient. So, I like to correspond through emails. To me, it's just faster.” When the SCVDRS team does send the request letter through email, it is usually in PDF format and some providers felt that another format might work better. One participant said, “Because what she does is she just sends me basically a PDF copy of names and dates of death or approximations or whatnot, and then I have to print that out and I have to go and mark on it. So sometimes the writing on there isn't as pretty as it needs to be, so doing it in an Excel sheet would be a little bit easier, yeah. And that way that could be something that we could save in-house on our domain, on our server, so that if that information is needed again, it could just be pulled.” Another barrier related to technology that was discussed was its ability to take away from in-person social interaction. Using strictly technological forms of communication can often affect program awareness, since these data providers may not fully understand the purpose of sending records. One participant discussed how the SCVDRS team used to come to their office to abstract records. and while they were there, they would talk about what the team does which helped the staff understand the SCVDRS program better and led to relationship building. She said, “…multiple people, should visit the office occasionally. When the Program Manager was coming regularly, we were able to discuss the things that she was working on and looking for. Or somebody from that team, it wouldn't have to be just her of course, but maybe once a year, once every six months, have somebody pop in and just sit down and talk about maybe what they're seeing in our cases or what information they would like.”

MDI Log and case management systems in general were discussed extensively throughout the interviews. One major barrier to getting MDI Log is funding due to high costs, and CMEs are not typically allocated enough funding to be able to put it towards switching to a case management system. Fortunately, some of the CMEs interviewed were able to acquire additional funding and had upgraded to MDI Log. Many of them claimed that it made sending records easier, exemplified by one participant

who stated, “MDI Log made life much easier for the deputy coroners around here because that was still all information that we were gathering prior to going to MDI Log. But there wasn't a specific area to prompt the deputy coroner to remember to document that or to gather that information. Whereas with MDI Log, now there's actually a form to prompt them and help them in gathering that information.” Another spoke in length about how it has made the process simpler stating, “I mean, literally, I log on to the system. I make two clicks. My screen shows up, hey, these cases are pending, so they haven't been sent. Yeah. I select all of them and hit send, and it's done.” Besides MDI Log, technology was often not discussed in a positive manner. One participant mentioned using google to look up cases, but otherwise technology was discussed as a barrier.

There were also several concerns about privacy regarding electronic communications. Some coroners did not like sending sensitive information via email because of issues related to security. One staff member discussed conversations they have had with other CME staff and said, “Yeah, and I think some people are worried. Some people don't fully trust electronics, which is true, and I get how they can sometimes not always be reliable to people who like having physical things, but I like that you can use both. It doesn't have to be one or the other.” Another said they do not upload things online over fear they could be hacked, and they felt more comfortable sending the files physically.

Organizational Structure

Another theme that unexpectedly emerged during analysis was how each organization’s structure affected agency’s ability to send records. There was usually a clear hierarchy present in most agencies. Many of the CME staff members said they do not send records without their supervisor’s permission. One supervisor was talking about his staff and said, “Sometimes I may not see the email, maybe one of my administrators will see it. And they're not going to release any kind of reports until they get some type of thumbs up from me. “A LE staff member was explaining how they first started sending records to SCVDRS and said, “They gave us permission, because I can't just… give out the sheriff's reports or the city's [report]. So, they have to be aware of the fact that we process this request for them, and they are more than fine with it.” There were also communication issues relating to organizational differences. Larger organizations tended to have multiple departments with differing contact information. This can cause confusion and sometimes the request for records document can unknowingly become lost. Smaller organizations tended to work on tasks as a team. For example, one LE staff member said, “We're a little agency. So, whenever you're asking one person a question that you don't know the answer to, then everybody kind of just jumps in and tries to help. So, I mean, even when I do them, my Captain and my Chief and Major, they're all still very aware of you know the process and what has to be done with it.” Therefore, one advantage of being a smaller agency was increased internal collaboration and knowledge sharing. Staff turnover also affected record sending. If the one staff member in charge of sending records to SCVDRS left the organization, then the task often got lost in the shuffle. One CME staff member said, “It used to be our Captain who did the reporting, but he's no longer with us, and he hasn't been with us now three and a half years. So, I'm not sure who took on that responsibility or even if no one is taking it over and it's not being taken care of. I have no idea.”

Awareness

Some data providers, especially LE staff, had limited knowledge of the SCVDRS program. When asked what they know about the program, one data provider said, “I know nothing. Because I don't do anything with it. I don't know anything about it. All I do is send the reports when they need them.”

Another stated, “Absolutely nothing. All I know is that you guys requested the information, and I did what I could on my part.” Others had a vague idea of what the program does, but they did not know any specifics. When asked about the programs purpose one provider stated, “It's valuable data for a community as far as how much drugs [and mental health] are seriously impacting a community.” When asked about SCVDRS, another said, “Whenever you just initially hear the name, you think that somebody is dying because of murder. That's exactly what you think of.” When providers were asked about the data variables SCVDRS looks for in the incident reports, many said demographics. Others common answers included circumstances, relationship between victim and suspect, manner of death, and location of death. In response to this question one provider said, “Honestly, not really sure. I mean, I would honestly say it'd be just because of what led up to it, the things that were found on scene, what caused the actual death, etcetera.” Another provider said, “I'm not sure exactly what they're looking for. Maybe they want to know what type of weapon was used or how [it happened.]” This indicates that most data providers have a general idea of what SCVDRS is but not all of them are aware of the purpose and outcomes of the program.

Community

Some of the data providers discussed the importance of this data for community led violence prevention efforts. While not every data provider was familiar with the specifics of SCVDRS, many did understand that the data was likely used for prevention. They also talked about the impact that the community had on their office such as increases in population or incarcerations. Some of the larger agencies can devote time to prevention activities in the community because they have more resources available to them. They were also able to form partnerships with community organizations. One participant talked about how they partnered with a center in their community and spoke about how the center “funded us purchasing a [case management] system and doing a data dump of our old cases into the new system. And it was very expensive. And they paid for it. And basically, it was like a contract of we're going to pay for you to get this fancy system. And in exchange, you have to provide us with up-to-date data.” Many CME staff talked about working with other CME offices. One participant stated, “I heard that this specific CME office is the gold standard for drug issues and the whole spectrum for how to report drug deaths and how to start [Overdose Fatality Reviews] and all that. So, I'm trying to get in with them to get to go and observe and see what they do. And I haven't heard back from them.”

Topics of Interest

There were several public health issues that were discussed during the interviews including opioids, mental health, and firearms. Even though SCVDRS is for violent death surveillance, it was clear that the State Unintentional Drug Overdose Reporting System (SUDORS) also came to mind during these conversations. Data providers often referenced drug overdose deaths as a barrier due to the time it takes responding to these deaths, especially with the increases SC has seen in past years. Many CMEs also talked about how sending toxicology reports can be challenging due to time and funding constraints. SLED can do toxicology testing for free, however, the turnaround time is exponential which has caused CME staff to seek out alternative toxicology testing providers. Mental health was often brought up about when talking about drug use. Firearms were another issue frequently mentioned throughout the interviews. Many of the data providers felt that SCVDRS focused heavily on firearm data collection, which they understood the importance of to help prevent deaths caused by firearms.

CME and LE Differences

The CME and LE staff interviews differed in important ways. CME staff were typically more knowledgeable about the program but many of them felt they could learn more. LE staff had less exposure to the program since they only received requests from SCVDRS and not SUDORS. Many of the LE staff said when the task was given to them by their supervisor, they were told what needed to be done but not why. While both LE and CME staff thought certain processes could be simplified, more CME staff said that sending less information would be helpful. One CME staff member discussed the burden of sending supplemental reports and another said they would rather fill out a form than send the reports. However, LE staff members from larger counties did have similar concerns and one LE member also said they would like to fill out a form instead of sending reports. Both LE and CME staff members talked about how including more identifiers would make the process easier. One LE staff member talked about the inclusion of a case number. CME staff had more issues with resources than LE staff. They often talked about not having enough staff or time. It became clear that staffing and timing issues were from a lack of funding. Both LE and CME staff talked about technological complications regarding communications, record retrieval and sending. Many data providers talked about how email was often easier than fax. When it came to technological advancements, CME staff often spoke of MDI Log which is not available to LE staff. Since LE agencies can't access case management systems, this could make this process more complicated. The organizational structure of LE agencies was typically larger and more intricate than CME agencies. There were often multiple departments and even different offices spread across the county. This caused more communication issues with LE agencies. It was more common for the requests to become lost and for the record staff to never receive them.

Data User Analysis and Findings

Next, the Evaluator analyzed the data user interviews. While there was less of these interviews to analyze, they were typically longer and more detailed. The themes for the data user interviews are similar to the data providers. The themes identified were improvements, challenges, awareness, data dissemination, community, and topics of interest.

Improvements

Most of the data users expressed interest in sharing data with the SCVDRS team during the interviews. Some even went as far as saying they were willing to help disseminate SCVDRS data to the community. For example, when talking about sharing data with important stakeholders in their county, one participant stated, “We could be a space to do that, or we could be a conduit through which that information can flow.” This could be one way to disseminate SCVDRS data to communities who may not know about the program. A few participants discussed the development of a form that public health professionals could fill out when requesting SCVDRS data. One said, “Yeah, I appreciate the human touch, but I do think the form probably cuts down on the need for the back-and-forth.” Another stated, “100%, yes. I think a form would probably make everybody's lives a lot easier.” Another topic that came up during the interviews was the type of data people are most interested in. Many of the data users were interested in county level data versus statewide data in order to address the issues specifically in their communities. Some other ideas that were discussed included making the data more prominent during data walk presentations and having a public-facing dashboard specifically for SCVDRS data.

Challenges

Several participants talked about COVID-19 and the impact that had on public health efforts, specifically data dissemination. One participant shared how they requested data before the pandemic, but once it was shared it was never used to inform any prevention efforts because COVID-19 took priority. She stated, “All of those issues fell off the agenda once COVID. And it was all about COVID policies. It's just an hour a month. And that took basically the whole time for a long time, which is sad to think of how many other you know issues of public health importance just-- but that happened all over the country.” Another challenge when it comes to SCVDRS data is the time it takes to collect this type of information. The team collects data from two years before the current year making this surveillance system retrospective in nature. One participant stated, “The landscape is a little different all over again. So, it's hard to enact the most relevant intervention if I don't have the most relevant data.” To remedy this issue, a participant suggested that the SCVDRS team come up with a publication timetable to disseminate to stakeholders. She discussed how it would be useful to have the updated data elements sent to her each year. Another common issue was communication not only within one agency, but also between different agencies. Many of the participants expressed that this fragmentation could make it difficult to request and disseminate data. One of the participants said, “I think it gets difficult in South Carolina because we have the Department of Mental Health, we have DAODAS, and we have DHEC. And so, something like gun violence, suicides, homicides… I don't want to step on other people's toes, I'm not sure if this is an issue that I should be involved with.” One issue that was mentioned sparingly but is still important to discuss is the quality of data. Some data users felt like community members do not trust the data because they don’t understand how it was collected. This was not specifically referencing SCVDRS data, but overall data collection in general.

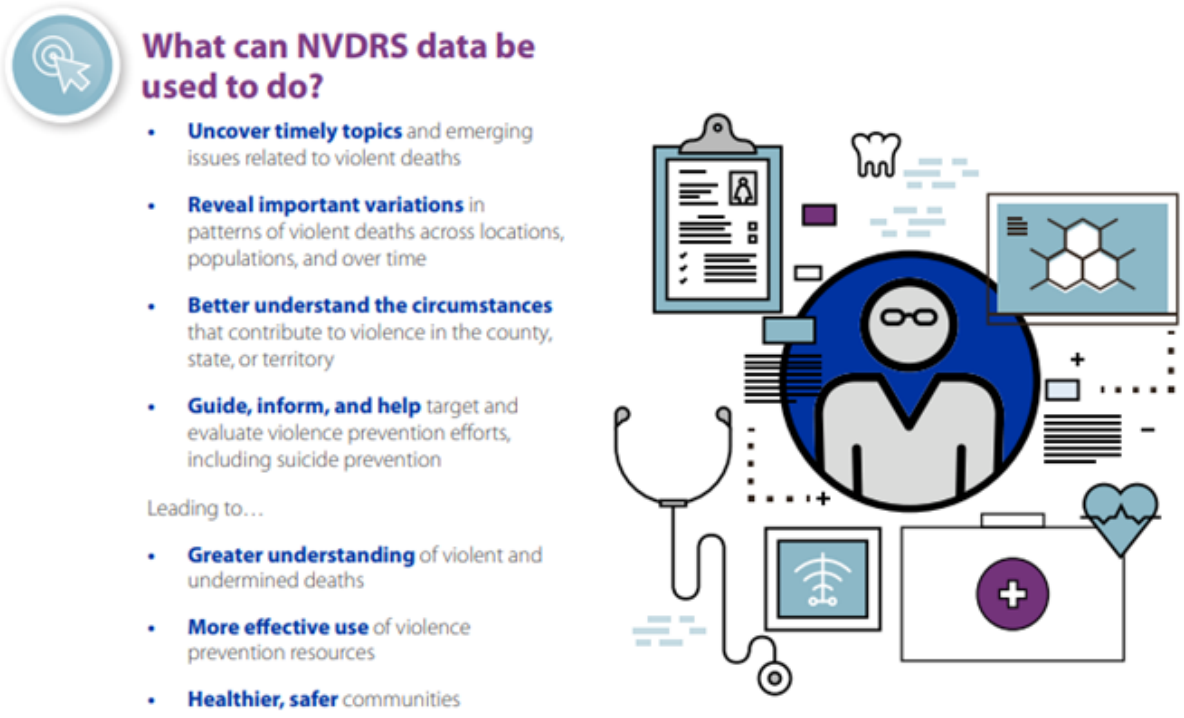
Awareness

Many of the data users came from a public health background and understood the program’s purpose and had a general idea of what data the SCVDRS abstractors look for. When specifically asked about what data elements SCVDRS collects one participant answered, “Gun violence. Certainly, opioid stuff. I have called them and said, hey, I'm writing a grant. Can you give me any suicide data for this particular county or regions of suicide stuff.” Many of them found out about SCVDRS data through word of mouth or professional connections. Some mentioned knowing or working with the Director of DISAP, the SCVDRS/SUDORS Program Manager or another DHEC employee. Two of the participants mentioned working with a Program Manager who preceded the current manager, indicating that they have been involved with the program for a long time. While talking about the transition from the past Program Manager to the current one, a participant said, “So before the current Program Manager, it was a little harder to get data to be honest… But now you know, we have a great working relationship with them.” The Advisory Council was mentioned frequently by the participants. The Advisory Council meetings are where most of the participants were able to see SCVDRS data.

Data Dissemination

There was a lot of discussions around how to improve data dissemination both at the agency level and at the community level. Many of the participants discussed how they could share data with the SCVDRS team better. Some of them suggested ways of improving data dissemination such as creating a SCVDRS dashboard, participating in data walks, engaging with coalitions, and creating community-led work groups. The participants said they liked the visuals and graphs that the SCVDRS team have developed, and thought the data was high quality and reliable. Some challenges related to data dissemination came

up, such as not knowing which data to prioritize. One participant compared SCVDRS to a similar program that also collected hundreds of data variables and commented, “I think you might be in a similar situation with data, where you have all this data, but there's really three points that are highly useful to people in the field. And so, identifying what those are and making sure that they're out there and updated on a regular basis [is important].” When data users were asked what kind of data they were most interested in, they said racial disparities, location of death, county of death, method of death, firearm circumstances, mental health circumstances, and sexual orientation.



Source: CDC Coroner Medical Examiner Fact Sheet

Community

The community, especially at a local level, was discussed frequently during the data user interviews. These staff members tended to work directly with the community and therefore had more insight on how this data affected the counties in which they worked. When talking about community one participant said, “…That would go along with some research that's coming out of the law school right now, where they're looking at access to civil remedies, like restraining orders and orders of protection. And it's hyperlocal… And there's patterns in, say, Lee County, the level of violence that people reach before they ask for an order of protection is particularly high, right? In Beaufort, nobody asks for an order of protection. So… I think it's important to both have a local, like a county-wide, but then also the statewide because those serve the different audiences.” When the Evaluator was asking how the program has improved, one participant said, “So it made my grant writing easier. I think it's also helped inform some of the local community efforts around alcohol and drug use.” Some of the participants put the data to action in their communities. For example, one participant talked about how they asked for data about location of suicides in their county and they found out that people often died by suicide at parks. In response, they developed signage for the parks and educated park employees on warning signs

of suicidal behaviors. Another participant discussed developing strategies to address certain trends, such as black children dying of homicide where the perpetrator is unknown.

Topics of Interest

Multiple trends and topics were mentioned during the interviews. The most common were COVID-19, opioids, firearms, and mental health. Most of these topics came up in reference to data dissemination barriers or causes of death. Many of the participants talked about how COVID-19 was on everyone's mind and so other types of data did not get as much attention during this time. When talking about preventing death, many participants discussed the surveillance of overdose deaths. While this evaluation did not specifically address SUDORS, it is clear that overdose death data is a priority. When talking about opioids and overdose, mental health was usually mentioned. It shows that data users are starting to see the connection between mental health diagnosis and overdose deaths and the data that supports these claims. When participants were asked to talk about what they know about the SCVDRS program, many people referenced firearm deaths and talked about preventing gun violence.

Recommendations

There are multiple areas in which the SCVDRS team could make improvements that could increase the number of records data providers are able to send in and improve data dissemination efforts.

1. Optimize all data provider request, retrieval and sending processes

Many of the data providers expressed that parts of the records sending process were unnecessarily complicated. Simplifying the process to fit their needs would increase buy-in. One data provider had trouble figuring out who to contact and suggested that the team use a centralized email for all communications. Other CME and LE staff members spoke about how the request letter could be improved by sending requests for incident reports in smaller batches. This would save time and decrease the reporting burden for LE and CME agencies. Data providers also expressed that they often received these requests randomly which made it difficult to plan. As soon as the SCVDRS team is notified of the CDC NVDRS reporting deadlines, they could create and disseminate a schedule to data providers noting when reports are needed by. This would allow CME and LE staff to prepare for this task. The team could also provide more identifiers in their requests such as social security, date of birth, driver's license number, and case number, if possible. This would make it easier for data providers to locate the reports. If possible, the team should try to identify which LE agency (police department or Sheriff's office) has the incident report before sending the request in order to prevent delays. The request letter, which includes names of the decedents, is currently sent by fax or electronically via PDF. Sending the list of decedents in an Excel spreadsheet would allow the agency to make notes in the document and track which incident reports they were able to locate. After receiving the agencies records, the SCVDRS team could ask each agency how the experience was, and update their contact information, as well as determine how they would like to receive record requests next time. This way they know they are contacting the right people using their preferred method.

2. Strengthen partnerships between data providers and SCVDRS team

Some of the data providers felt like they did not fully understand the program's purpose because they rarely spoke to anyone on the SCVDRS team. They simply responded to the request letters without knowing the outcome. The SCVDRS team should consider devoting time to visiting both CME and LE agencies in person when they are able to. Visiting in person would allow them to introduce themselves,

talk about SCVDRS' purpose and answer any questions. Another way to strengthen this relationship would be to offer trainings on NVDRS and incentivize those who complete the training with continuing education credits. Both the agency and the SCVDRS team would benefit from stronger partnerships. The SCVDRS team should also do an inventory of all data providers and determine which agencies have the most trouble sending records. They can offer more assistance to these agencies and explore ways to address their unique issues. Many data providers also expressed concerns about privacy. This concern could be addressed via in person conversations or the SCVDRS team could create a privacy agreement that states they agree to keep all incident reports secure. Another way to strengthen these relationships would be to engage with the communities in which these agencies are located. Forming partnerships with multiple entities in the community would raise awareness and allow all agencies to work towards the same goal.

3. Explore funding opportunities for LE and CME agencies

As technology evolves, more people are switching to electronic databases and software. MDI Log, the most popular case management system in SC, is being used by numerous CME agencies. However, not all agencies are able to afford to switch to this case management system due to funding constraints. State and local governments, as well as agencies who receive grant funding, should consider funding the installation of case management systems in all data provider agencies. Only CME's utilize MDI log at this time, however a case management system would also benefit LE staff. CMEs are overwhelmed and need increased funding so that they can hire more staff. Many CME staff said they do not have time to pull and send dozens of incident reports. As grant funding opportunities become available, the SCVDRS team could think about ways they can help support LE and CME offices. The SCVDRS team has provided funding to CMEs for toxicology testing in the past but couldn't help agencies in other areas such as staffing and technology infrastructure.

4. Promote and improve data user request process and dissemination

Data users often spoke about how they heard about the program from a coworker or fellow public health practitioner. When requesting data, data users typically sent an email to the SCVDRS Program Manager, and then the manager helped them figure out what kinds of data they needed. One way to improve this process would be to create a form where data providers could see all the data variables they could choose from. Some data users said they could not remember all the variables and seeing them might have helped them choose better variables for their purposes. A form could also make it easier for data users to fully explain what they need the data for and allow them to indicate how they would like the data to be displayed. It became clear during the evaluation that data users have strong ties with the community and are more than willing to disseminate SCVDRS information to them. This could look different depending on the county and type of data. Many of the data users said they are interested in county level data so perhaps the team could create an infographic for each county and disseminate that information to people who work in the community. A DHEC regional employee said that speaking with DHEC region staff may be a good place to start because they are easier to access and communicate with. The SCVDRS team should also consider creating a publication calendar and work on updating previous publications to show changes over time. A calendar would provide structure to the team so that they can plan for the development and dissemination of data products. This may be out of SCVDR's scope however, if possible, the team should investigate creating a centralized incident report database to aid in the sharing of data between both local and state agencies. The team should continue to expand and improve upon the Advisory Council, such as creating an SCVDRS dashboard that Council

members have access to. Many data users expressed that they only received SCVDRS data during Advisory Council meetings. In order to ensure the data the team disseminates is relevant, they could poll data users to see which data variables and data products should be prioritized. If it is not possible to survey the Advisory Council at this time, the team should use the topics of interests identified in this report to inform what kind of data they should share with the community. Other ways that the team could promote dissemination of SCVDRS data to the community is to become more involved with data walks, engage with coalitions, and form work groups within different communities.

Conclusion

In SC, deaths due to firearms and overdoses are at an all-time high. DISAP plans to implement violence prevention programs and activities at both the local and state level. Being able to reference accurate and comprehensive data is essential to this mission. Currently, the SCVDRS team does not receive one hundred percent of CME and LE incident reports. Without these county's data, the circumstances surrounding violent deaths in the state cannot be fully understood or addressed. The SCVDRS team seeks to better understand data provider perspectives in order to improve their program and make data retrieval and data sending more efficient. By making these processes simpler and forming partnerships with SC agencies, the SCVDRS team hopes to improve data provider and data user experiences. Using the recommendations in this report, the team will be able to take steps towards increasing the number of reports they receive each year and improve the program at every level.

Citations

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Appendix

Appendix A: LE Interview Introduction, Guide and Outro-

Good afternoon,

My name is Danielle Hiller. I work for the Department of Health and Environmental Control (DHEC) at the central office in Columbia. I am an Evaluator for the Division of Injury and Substance Use Prevention. We house the South Carolina Violent Death Reporting System (SCVDRS). I work closely with Susan Jackson, Marlene Al-Barwani and Brittney Gist.

I am conducting interviews with key stakeholders across the state. We will be using this information improve the SCVDRS program. I would like to talk to you (or the person who sends and receives records in your office) about your experience with the SCVDRS program, law enforcement report creation/dissemination, and key processes.

The interview will be conducted via phone or Microsoft Teams. It should take less than 30 to 60 minutes. I will be taking notes, and with your consent, I will also be recording the interview. All responses will be kept confidential. This means that your specific interview responses will only be shared with the evaluation team. The overall results will be shared with the CDC, our advisory council, and other stakeholders. We will ensure that any information we include in our overall report does not identify you as the respondent.

In order to continue to collect data on violent deaths and subsequently aid in the prevention of those deaths, we need your help.

Do you have any questions? Would you like to be interviewed via phone or Microsoft Teams? When is a good time to schedule the interview?

General Knowledge:

1. How long have you worked in law enforcement?
2. How long have you worked for this organization?

Program Awareness:

1. How did you learn about the SCVDRS program?
2. What is your understanding of the program's goals and purpose?
3. What is your understanding of the data elements that SCVDRS collects?
4. What kinds of data are you most interested in?
    a. Examples-Mental Health, Substance Use, Firearm, Suicide, Homicide
5. Are you a part of our advisory council?
    a. If not, would you like to be a part of our advisory council?

Training and Continuing Education:

1. What kind of training and continuing education do you receive regarding documenting and reporting your death investigation?
1. What guidelines do you follow?
2. Is there a template you use?

3. Would you be interested in additional training and continuing education?

Death Investigation:

1. How do you conduct the death investigation and document your findings?
2. How do would you determine specific info about evidence such as who owned a firearm?
3. How do you determine profile information about the decedent such as if the decedent had a mental health issue?

Pocket Guide:

1. SCVDRS has a pocket guide listing circumstances of interest for various manners of death…Does your office use the pocket guide?
    a. If not, why?
    b. If yes, what is an example of a time you might use it?

Process:

1. What is staffing like at your agency?
2. What is your process for sending reports?
3. Who sends the reports or exports data in your facility?
4. How do they track the reports they send?
5. How long does it take you to release each report?
6. What is the best way to contact your office?
7. Do you send supplemental reports?

Barriers:

1. What are some things about your office that may impact your office's ability to send reports?
    a. What about the county in which your office is based?
2. How does your office acquire funding?
3. If you could change anything about the death investigation and report sending process, what would it be?
4. How could we make it easier for your organization to send reports consistently?

Additional:

1. Is there anything else you would like to add?

Outro:

That concludes the interview. Thank you for taking the time out of your day to speak with me. This interview, along with several others, will be used to evaluate the SCVDRS program. Our goal is to better understand both data provider, and data user perspectives. The findings will be shared with the advisory council and CDC. In the future, we would like to better inform data providers about the types of data we collect and improve our report request process. If you would like to learn more about the results of the evaluation, please send me an email at hillerdl@dhec.sc.gov. You can also provide me with your email now. I will send out the results of the evaluation after it is finalized. This will be sometime after August 2023. Again, my name is Danielle Hiller. If you would like to talk further, my phone number is 803-898-5240. Do you have any other questions or concerns?

Appendix B: CME Interview Introduction, Guide, and Outro-

Introduction:

My name is Danielle Hiller. I work for the Department of Health and Environmental Control (DHEC) at the central office in Columbia. I am an Evaluator for the Division of Injury and Substance Use Prevention. We house the South Carolina Violent Death Reporting System (SCVDRS). I work closely with Susan Jackson, Marlene Al-Barwani and Brittney Gist.

I am conducting interviews with key stakeholders across the state. We will be using this information improve the SCVDRS program. I would like to talk to you (or the person who sends and receives records in your office) about your experience with the SCVDRS program, coroner report creation/dissemination, and key processes.

The interview will be conducted via phone or Microsoft Teams. It should take less than 30 to 60 minutes. I will be taking notes, and with your consent, I will also be recording the interview. All responses will be kept confidential. This means that your specific interview responses will only be shared with the evaluation team. The overall results will be shared with the CDC, our advisory council, and other stakeholders. We will ensure that any information we include in our overall report does not identify you as the respondent.

In order to continue to collect data on violent deaths and subsequently aid in the prevention of those deaths, we need your help.

Do you have any questions? Would you like to be interviewed via phone or Microsoft Teams? When is a good time to schedule the interview?

Please feel free to call me or email me with any questions or concerns.

General Knowledge:

1. How long have you worked as (insert name of profession)?
2. How long have you worked for (insert name of agency)?

Program Awareness:

1. How did you learn about the SCVDRS program?
2. What is your understanding of the program's goals and purpose?
3. What is your understanding the data elements that SCVDRS collects?
4. What kinds of data are most valuable to you?
    a. Examples-Mental Health, Substance Use, Firearm, Suicide, Homicide
5. Are you a part of our advisory council?
6. If not, would you like to be a part of our advisory council?
7. How we can we raise more awareness going forward?

Training and Continuing Education:

1. What kind of training and continuing education do you receive regarding documenting and reporting your death investigation?
2. What guidelines do you follow?

    a. Do you follow NAMES Manner of Death Guide?
    b. Have you read NAMES best practice guidelines?
3. Is there a template you use?
4. Would you be interested in additional training and continuing education?

Death Investigation:

1. How do you conduct the death investigation and document your findings?
2. How do would you determine specific info about evidence such as who owned the firearm?
3. How do you determine profile information about the decedent such as if the decedent had a mental health issue?

Pocket Guide:

1. SCVDRS gas a pocket guide listing circumstances of interest for various manners of death…Does your office use the pocket guide?
    a. If not, why?
    b. If yes, what is an example of a time you might use it?

Process:

1. What is your process for sending reports?
2. Who sends the reports or exports data in your facility?
3. How do they track the reports they send?
4. How long does it take you to release each report?
5. What is the best way to contact your office?

Barriers:

1. What are some things about your office that may impact your office's ability to send reports?
2. What about the county in which your office is based?
3. How does your office acquire funding?
4. If you could change anything about the death investigation and report sending process, what would it be?
5. How do we make it easier for your office to send reports on a consistent basis?

Additional:

1. What could our program do to make it easier for your organization to send reports?
2. Is there anything else you would like to add?

Those that use a case management system (CMS):

1. What do you like about your CMS?
    a. What do you not like?
2. What convinced you use this CMS?
3. How has a case management system changed the way you send reports?

In field abstraction:

1. What about having SCVDRS comes to your office to abstract do you like?
2. What do you not like?

Outro:

That concludes the interview. Thank you for taking the time out of your day to speak with me. This interview, along with several others, will be used to evaluate the SCVDRS program. Our goal is to better understand both data provider, and data user perspectives. The findings will be shared with the advisory council and CDC. In the future, we would like to better inform data providers about the types of data we collect and improve our report request process. If you would like to learn more about the results of the evaluation, please send me an email at hillerdl@dhec.sc.gov. You can also provide me with your email now. I will send out the results of the evaluation after it is finalized. This will be sometime after August 2023. Again, my name is Danielle Hiller. If you would like to talk further, my phone number is 803-898-5240. Do you have any other questions or concerns?