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Executive Summary

The *Legislative Report on Suicide and Suicide Prevention in Texas* is submitted in compliance with House Bill (H.B.) 3980, 86th Legislature, Regular Session, 2019, which requires the Statewide Behavioral Health Coordinating Council (SBHCC) to submit a legislative report that includes recommendations from the “summary” report¹ and input from a stakeholder workgroup on suicide. This legislative report identifies opportunities and makes recommendations for each of the state agencies and institutions on the SBHCC regarding improving data collection for suicide-related events, using data to inform decisions and policy development relating to suicide prevention, and decreasing suicide in Texas, with an emphasis for those individuals at highest risk.²

As required by H.B. 3980, a stakeholder workgroup was established to assist the SBHCC to utilize the findings of the previously published summary report and prepare the legislative report with support from the Health and Human Services Commission (HHSC) as needed. The recommendations encompass a broad array of topic areas and include the following:

- Adopting a public health approach to improve comprehensive suicide prevention infrastructure across the lifespan and at all levels of suicide prevention, intervention, treatment, and postvention to assist those individuals at highest risk of suicide by utilizing:
  - The Centers for Disease Control and Prevention’s (CDC’s) *Preventing Suicide: A Technical Package of Policy, Programs, and Practice*; and
  - The Suicide Prevention Resource Center’s (SPRC’s) *State Suicide Prevention Infrastructure Recommendations* and its supplement, *Data Infrastructure: Recommendations for State Suicide Prevention*.

- Pursuing resources and opportunities to collect robust suicide related death data, identify the availability and accessibility of suicide data, and collaborate

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¹ The *Report on Suicide and Suicide Prevention in Texas* as submitted in compliance with H.B. 3980, 86th Legislature, Regular Session, 2019
² Individuals at highest risk include: individuals who identify as GLBTQ2S, youth, older adults ages 75 and up, individuals living in non-metro and rural areas, individuals with a disability, individuals experiencing homelessness, individuals who are incarcerated, individuals experiencing a mental illness and or a substance use disorder, military, veterans, suicide attempt survivors, individuals bereaved by suicide, and persons of color
and share data for systemic improvement through Memorandum of Understandings (MOUs) between local and state-level agencies.

- Establishing policies and procedures throughout state and local agencies which address suicide prevention, intervention, and postvention through increased evidence and research-based practices and collaboration among all employment arenas.

- Reducing suicide rates in Texas through a comprehensive approach that would potentially require the attention and commitment of multiple public and private entities. The *National Strategy for Suicide Prevention* indicates prevention efforts are more likely to succeed when they involve multiple partners from the public and private sectors working individually and collectively to address risks and protective factors at individual, family, community, and societal levels.
1. Introduction

Suicide is a public health crisis affecting residents of all ages in every region of the state. Detailed information on the high and rising rates of suicide deaths and attempts in Texas identified in the summary report required by H.B. 3980 and published in May 2020 helped identify the appropriate state and regional efforts necessary to decrease state suicide rates and address the disparities in state laws, policies, programs, and efforts currently being used to address suicide.

The summary report gathered available data on suicide, suicide attempts, and suicidal thoughts beginning in 2000 to the present, as available for each dataset. The summary report emphasized individuals in the highest categories of risk of death by suicide, specifically addressing certain characteristics and disaggregated by county, where available. The summary report also contained all available Texas policies and programs adopted across state systems to prevent suicides, as well as all state statutes addressing the topic.

H.B. 3980 requires the SBHCC, with input from the stakeholder workgroup and the findings of the summary report, to prepare a legislative report on suicide in Texas that identifies opportunities and makes recommendations, including those requiring action from the Legislature for state agencies to do the following:

- Improve data collection on suicide deaths and attempts regionally and across the state;
- Use the data to guide and inform decisions and development of policies related to suicide prevention; and
- Decrease suicide and target services to those at highest risk.

The bill also requires the SBHCC to create a stakeholder workgroup to assist the member agencies in preparing the legislative report. This workgroup consisted of individuals representing the following:

- A nonprofit group that coordinates multiple networks of state and community-based suicide prevention groups and assists with the development, implementation and monitoring of the statewide community-based suicide prevention plan;
- A local mental health authority with experience in suicide prevention and postvention activities;
• Groups with experience in suicide prevention and postvention activities in rural, suburban and urban communities, with military and veteran service members and their families, and in adult and juvenile justice settings;
• Persons with lived experience of surviving a suicide attempt or have lost a family member to suicide and are involved in suicide prevention and postvention activities; and
• Any other group identified by the SBHCC.

This legislative report addresses the call for action in H.B. 3980 by utilizing the data gathered in the summary report to identify key strategies to improve and strengthen data collection at the state and regional levels, for both suicide deaths and suicide attempts, across various agencies and systems of care. This report outlines the recommendation to develop and create a robust state level surveillance system with a strong data infrastructure to identify and track those individuals at highest risk of suicide attempt and death. Once this system is in place, effective suicide prevention policies can be developed and implemented to decrease the lives lost to suicide in Texas.
2. Background

Suicide Deaths and Attempts and Its Social and Financial Impact

In Texas, a person dies by suicide approximately every two hours. In 2018, approximately 3,930 persons living in Texas lost their lives to suicide, 152 more than in 2017. Figure 1 reflects the crude death rate rose 35.7 percent, from 9.8 deaths per 100,000 population in 2000 to 13.3 deaths per 100,000 population in 2017.

Figure 1: Suicide Mortality in Texas, 2000-2017

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4 National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER
5 National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER
6 National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER
The increase in suicide mortality in Texas has led to suicide becoming the second leading cause of death for individuals 10-34 years old, the fourth leading cause of death for individuals 35-54 years old, the fifth leading cause of death for individuals 45-54, the tenth leading cause of death for individuals 55-64, and the seventeenth leading cause of death for individuals 65 and older. Almost three times as many Texans died by suicide in 2018 than in alcohol-related motor vehicle accidents. In 2017, 53 children ages 5-14 years died by suicide reflecting a rate of 1.3 suicides per 100,000 children in this age group and a 30 percent increase from the rate in 2000, as seen in Figure 2 below.

Figure 2: Youth and Young Adult Suicide, Texas 2000-2017

Across populations, suicide rates in Texas have increased about 36 percent in the past 20 years. The COVID-19 pandemic and economic recession are projected to exacerbate and increase many risk factors linked to suicide and lead to further increases in suicide deaths. The Meadows Mental Health Policy Institute projects that in Texas, absent an increase in preparedness to detect and treat depression

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7 American Foundation for Suicide Prevention, 2020
8 The Report on Suicide and Suicide Prevention in Texas, 2020
9 The Report on Suicide and Suicide Prevention in Texas, 2020
10 National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER
and addiction, every five-percentage point annual increase in the unemployment rate could result in 300 additional lives lost to suicide.\(^\text{11}\)

The numbers and rate of suicide attempts have also continued to rise over the last several years. According to the American Foundation of Suicide Prevention (AFSP), the United States experienced approximately three times as many suicide attempts in 2017 as suicide deaths. Data from Texas’ hospitalizations and emergency room visits revealed there were over 20,000 suicide attempts each year for the last three years.\(^\text{12}\) Individuals who attempt suicide are at high risk for dying by suicide in the future. Therefore, it is crucial to identify effective suicide prevention, intervention, and postvention strategies that can accommodate people where they need help, which is often outside of state service delivery systems.

**Social Impact**

When a person dies by suicide, there is an undeniable impact felt throughout that individual’s social circle and the community. Suicide bereaved or loss survivors, those left behind after a suicide, are often plagued with complicated grief reactions, post-traumatic stress, and other major life disruptions following a loved one’s suicide. Loss survivors are at a greater risk of attempting and dying by suicide themselves. According to the American Association of Suicidology, there are approximately 18 loss survivors for each suicide.\(^\text{13}\) In Texas, this would be equivalent to 70,740 loss survivors resulting from 3,930 people who died by suicide in 2018. Unfortunately, more people are becoming loss survivors because of the increasing rates of suicide in the state each year.

As a result of the COVID-19 pandemic, the Harris Poll conducted a new national survey of over 2,000 U.S. adults, ages 18 and older, on behalf of the National Action Alliance for Suicide Prevention (Action Alliance), the AFSP, the SPRC, and the Education Development Center. The survey data found that 81 percent of the respondents stated it’s more important than ever to make suicide prevention a

\(^{11}\) Meadows Mental Health Policy Institute, 2020

\(^{12}\) The Report on Suicide and Suicide Prevention in Texas, 2020

The survey data also showed 52 percent of the respondents reported being more open to talking about mental health because of COVID-19. Other results from the survey found that 73 percent of Americans said they are now more aware of the importance of taking care of their own mental health during the pandemic with many utilizing positive coping mechanisms. Most Americans also said that if they were having thoughts of suicide, they would tell someone, such as a mental health provider (34 percent), a family member (33 percent), a spouse/significant other (32 percent), a friend (30 percent), a primary care doctor (25 percent), a hotline/crisis line (21 percent), a clergy/faith leader (14 percent), a social media network (7 percent), or a coworker (5 percent). According to Colleen Carr, Director of the Action Alliance, “These new findings indicate that the American people are ready for the nation to take action now to mitigate the short-term, and prevent any long-term, negative mental health or suicide-related consequences of the pandemic.”

Financial Impact

In addition to the social impact, the financial impact of suicide is substantial. In 2017, the total national cost in lifetime medical and work loss was $5,325,049,000 with the average cost of $1.4 million in financial loss per suicide death.\(^\text{16}\)

\(^{16}\) Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2019
3. Summary Report Overview

HHSC is tasked as the lead agency for statewide suicide prevention efforts, through coordination with stakeholders and collaboration with other state agencies. H.B. 3980 required HHSC to develop a summary report that catalogs available data, state laws, and an inventory of state policies and programs from 2000 to the present. Additionally, H.B. 3980, directed the SBHCC, within HHSC, to establish a stakeholder workgroup to prepare a legislative report using the information from summary report. The legislative report must identify opportunities and make recommendations for state agencies to improve data collection for suicide-related events, use data to guide and inform decisions and policy development relating to suicide prevention, and decrease suicide in Texas. The overview below highlights information revealed in the summary report, which guided the recommendations outlined in this legislative report.

Overview

The summary report released information related to suicide-related events, along with further analysis of suicide prevalence rates with respect to age, gender, individual’s veteran status, and location within the state. However, due to the method of collecting information on the Texas death certificate, suicide rates for active military members could not be calculated.

In addition, the summary report identified all the existing state statutes, agency rules, and policies relating to suicide prevention, intervention, and postvention. The identified statutes, rules, and policies affected the work of school personnel, mental health professionals, individuals working in the criminal and juvenile justice systems, and child welfare employees, among many others. State agency initiatives addressing suicide and suicide prevention since 2000 were also included in the summary report.

The summary report revealed a deficiency of dedicated or sustained funding and a lack of a variety in suicide related policies and programs across state agencies to support comprehensive statewide suicide prevention strategies in Texas. However, many assets were also identified available to help Texas meet the challenge of reducing suicide statewide.
The SBHCC and the stakeholder workgroup utilized best practices and resources to identify the following recommendations for Texas state agencies, which are described in detail in the next sections. To highlight the most critical recommendations, the SBHCC and the workgroup developed a process to rank each initial recommendation into either a Tier I, II or III recommendation. All Tier I and II items became the priority recommendations included in this report, and Tier III recommendations are reviewed as further identified opportunities in this report.
4. Recommendations for Improved Statewide and Regional Data Collection of Suicide-Related Events

The SPRC’s new report, Data Infrastructure: Recommendations for State Suicide Prevention, offers recommendations to improve statewide and regional data collection of suicide-related events. The call to action is for states, at a minimum, to:

- Allocate sufficient funding and personnel to support high-quality, privacy-protected suicide morbidity and mortality data collection and analysis;
- Identify, connect with, and strengthen existing data sources;
- Ensure that high-risk and underserved populations are represented in data collection; and
- Develop the skills and a plan for regularly analyzing and using data to inform action at the state and local levels.

Recommendations

The following recommendations, in no rank order of importance, identify ways that Texas state agencies addressing behavioral health can potentially improve data collection on suicide deaths and attempts regionally and across the state. To further strengthen the state’s infrastructure, the recommendations link data from different systems while protecting privacy.

Recommendation 1: Build a Comprehensive Suicide-Related Data Infrastructure

- Explore building a state-level infrastructure for decision-makers and program planners with more robust data points to develop and tailor suicide prevention efforts.
- Consider identifying funding resources to effectively sustain a state-level infrastructure to ensure the continued collection and maintenance of comprehensive suicide-related data.
Consider the expansion of the **Texas Violent Death Reporting System** (TVDRS) maintained by the Department of State Health Services (DSHS) to obtain more information on suicides in Texas and measure the progress of initiatives to reduce the suicide rate. The TVDRS is grant funded by the CDC and was awarded to DSHS from 2018 to 2022 for use in Harris, Tarrant, Dallas, and Bexar counties as these counties make up roughly 40 percent of all the state’s violent deaths. This recommendation would enhance that system across the state to more effectively tailor prevention programs/services and interventions/treatment and formalize the structure with a continued funding stream.

**Recommendation 2: Improve Accuracy in Reporting of Suicide Data for State Systems**

- Identify training needs within state systems to improve their accuracy of suicide related data collection. Options could include:
  - Establishing collaborative partnerships with state agencies and agency partners that collect data related to suicide deaths and attempts;
  - Developing training tools and awareness activities to improve the ability of agencies and those individuals appointed for data collection to recognize and accurately report suicide attempt and death data; and
  - Identifying systems’ policies and processes needed to support these changes.

**Recommendation 3: Increase Timeliness of Suicide-Related Data Shared Among State Agencies**

- Leverage Texas Health and Safety Code Sec. 193.011 (Memorandum of Understanding on Suicide Data) to potentially share de-identified suicide-related data among state agencies.

- Consider establishing interagency MOUs between HHSC and other state and federal agencies/divisions to help inform the state’s surveillance and policymaking efforts, especially during this time of the COVID-19 pandemic when behavioral health services, such as telehealth counseling, are vital. Those agencies include:
  - Federal agencies, such as the Veterans Administration (VA) and the CDC

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17 TVDRS, housed within DSHS’s Office of Injury Prevention and part of the **National Violent Death Reporting System** (NVDRS), is a data system piloted in Texas that collects comprehensive data from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports into one anonymous database.
Recommendation 4: Improve Availability and Accessibility of Consistent Reporting of Deaths by Suicide

- Identify processes to improve and increase the availability of disaggregated suicide death data by county or region, to allow community-based suicide prevention efforts greater opportunity for accessibility to consistent and reliable data for scarce suicide prevention resources.
- Look for opportunities to increase the availability and accessibility of suicide mortality reporting to contribute to the overall Texas suicide prevention infrastructure. Consistent, available, and accurate data are essential for a strong foundation to build programs, leverage resources, implement legislation, connect with partners and stakeholders, and create data-driven decisions and policies.
- Consider legislative options that authorize HHSC or the facilities contracted by the HHSC, such as the Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs), to collect and obtain real-time suicide related death data from the DSHS Vital Statistics Office for provider death reviews.
- Consider the creation and implementation of a Closed Data Portal administered by HHSC, to assist with modeling and Business Intelligence (BI) around suicide to systematically review, analyze, interpret available and emerging data, and leverage suicide prevention resources and funding.
The recommendations presented in SPRC’s *State Suicide Prevention Infrastructure Recommendations* were developed to help state leaders establish a secure foundation for suicide prevention and guide policymaking, funding and administrative decisions, with a goal to improve sustained suicide prevention efforts across the country. They also provide a backbone for supporting the principles and activities laid out in the CDC’s *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*.

**Recommendations**

The following recommendations, in no rank order of importance, identify ways Texas state agencies addressing behavioral health can come together and establish a collaborative infrastructure to support informed decision-making and policy development related to suicide prevention.

**Recommendation 1: Establish a SBHCC Suicide Prevention Subcommittee**

Options for the SBHCC Suicide Prevention Subcommittee to consider could include the following:

- Discussing the behavioral health needs of the individuals served by their agency through data analysis;
- Developing or examining and enhancing state suicide prevention policies and conducting data analysis;
- Assessing the status of current suicide prevention infrastructure and the use of recommended suicide prevention practices among SBHCC agencies/institutions, as well as those agencies under contract with them;
- Reviewing how well the structures, policies, and programs within their respective agencies/institutions, and those agencies who contract with them, align with best practices;
- Recommending agency specific policies and procedures related to suicide prevention, intervention, and postvention, such as suicide specific staff training,
identification of referral pathways to care and care transitions and consistent use of safe messaging guidelines; and

- Providing regular updates to the SBHCC and the Texas Legislature on suicide prevention activities that are being implemented across systems and sectors, including information on outcomes and areas of remaining need.

**Recommendation 2: Elevate Suicide Prevention as a Priority Through Identified Goals, Objectives, and Policies**

Options to consider could include:

- Demonstrating at the state agency leadership level a strong commitment to integrating suicide prevention data and surveillance into existing efforts.
- Systematizing data infrastructure planning so that it continues beyond staff transitions.
- Addressing suicide prevention in the Statewide Coordinated Behavioral Health Strategic Plan, ensuring that it aligns with the goals and objectives identified in the *National Strategy for Suicide Prevention* as well as the other national best practice resources on implementing comprehensive suicide prevention approaches.
  - Including a goal, along with objectives and/or strategies, that is focused on reducing suicide in Texas, especially among individuals at highest risk.

**Recommendation 3: Increase Utilization of Suicide-Related Data Reported**

- Identify how suicide-related data recorded and/or reported by state agencies pursuant to existing Texas Administrative Code (TAC) rules is currently being utilized. See Appendix A for a list of existing TAC rules that require recording and/or reporting of suicide-related data in certain facilities.
- Explore opportunities to have available information better inform suicide prevention efforts and policymaking.
- Consider specifying the sharing of information with HHSC’s suicide prevention team to increase availability and utilization of suicide-related data to better inform state level data-driven decision-making efforts.
6. Recommendations to Decrease Suicide, Especially for Individuals at Highest Risk

The Texas State Plan for Suicide Prevention provides recommendations across the lifespan, including strategic directions, objectives, and strategies specific to the state and that are aligned with those articulated in the National Strategy for Suicide Prevention.

Two strategies highlight the objective of needing to sustain and strengthen infrastructure across agencies and organizations to advance suicide prevention:

- Strengthen partnerships that serve individuals at higher risk of suicide, such as military, veterans, substance use and misuse, foster care, juvenile justice, youth, elderly, Native American, rural populations, middle-aged white males, mental health consumers, suicide attempt survivors, those bereaved by suicide, GLBTQ2S (Gay/Lesbian/Bisexual/Transgender/Questioning/Two-Spirited people) and other high-risk groups.

- Ensure persons in high-risk occupations for exposure to trauma are addressed in suicide prevention initiatives. Examples of these occupations include, but are not limited to:
  - First Responders
  - Military Personnel
  - Peace Officers and Law Enforcement Personnel
  - Firefighters
  - Emergency Room Personnel
  - Child Protective Services Personnel
  - Physicians/Veterinarians

Recommendations

The following recommendations for Texas state agencies addressing behavioral health, in no rank order of importance, identify what could contribute to a decrease in suicides in Texas, especially for those individuals at highest risk.
**Recommendation 1: Increase Access to Behavioral Health Care**

- Identify ways to increase access to behavioral health care services for at-risk populations.
- Explore options for increasing the availability of a mental health workforce trained in delivering evidence-based suicide intervention treatments, such as Cognitive Behavioral Therapy (CBT) for Suicide Prevention, Collaborative Assessment and Management of Suicidality (CAMS) and Dialectical Behavior Therapy (DBT).
- Seek to improve access to mental health services in rural areas with consideration of the following possible mechanisms:
  - Supporting and leveraging the *All Texas Access Initiative* established by S.B. 633 (86R) to improve access to mental health services in rural areas through state agency and legislative actions;
  - Expanding access to telehealth services and addressing issues, such as availability of technology, funding streams, and barriers to confidentiality, related to reimbursement among private insurance plans, and the need for training grants to help mental health providers bring telehealth services online and expanding its use to other services and supports;
  - Integrating behavioral health into rural primary care clinics;
  - Establishing satellite community mental health offices;
  - Providing an enhanced reimbursement to providers in medically underserved areas;
  - Coordinating with the federal Office of Rural Health to improve access to mental health services in rural areas of the state; and
  - Utilizing the VA’s Suicide Risk Management Consultation Program for all providers and community agencies who work with veterans.
- Consider building in strategies that support comprehensive suicide prevention into grant proposals for funding opportunities that align with, but do not focus on suicide prevention, such as federal funding to assist state governments and agencies in COVID-19 response and recovery by:
  - Providing services that are culturally and linguistically appropriate, including providing suicide prevention materials and trainings available in Spanish and other languages spoken in the state;
  - Exploring evidence-based trainings and interventions that are designed specifically for GLBTQ2S people and their families, those who work within the criminal and juvenile justice system, or those who work with older adults; and
Increasing the capacity among professionals who serve populations at-risk for suicide attempts and death by promoting the integration of core suicide prevention competencies into relevant curricula and continuing education programs, reviewing and making recommendations to current core requirements for credentialing and accreditation bodies and expanding the workforce available to provide mental and behavioral health services.

- Increase awareness among school districts and personnel of effective practices by considering adding suicide prevention to the training facilitation and coordination duties assigned to the Non-Physician Mental Health Professionals (NPMHPs) employed by the LMHAs who will work at regional education service centers (ESCs) to increase awareness among educators on mental health, substance use, and grief and trauma informed practices.

**Recommendation 2: Increase Community Awareness of Suicide Factors and Warning Signs**

- Explore communication strategies to improve access to care in non-clinical community-based settings that those at risk are more likely to frequent, such as places of worship, unemployment offices, homeless shelters, youth centers, nursing homes, schools, sports groups, beauty salons and barber shops, and restaurants/bars.

**Recommendation 3: Support Continued Availability of Professional Veteran Health Services**

- Identify ways to implement recommendations found in HHSC’s Short- and Long-Term Veteran’s Suicide Prevention Plans (S.B. 578, 85R) and the Governor’s Challenge to Prevent Veteran Suicides.
  - The Short-Term Action Plan focuses on the following: raising awareness among providers of the gaps in healthcare for Service Members, Veterans and their Families (SMVF) which must be addressed to prevent suicide; promoting the use of evidence-based and best practices regarding suicide prevention efforts for the SMVF population; and normalizing safety seeking behavior.
  - The Governor’s Challenge, part of The Long-Term Action Plan, is in development and will be delivered to the Office of the Governor and State Legislature by September 1, 2021. It will incorporate the following Lines of Effort (LOE): infrastructure development to support veteran suicide prevention; transition supports for veterans and their families;
communications and outreach; continuity of care across systems; and data collaboration for decision-making.

- Seek out ways to continue to fund the Texas Military Department (TMD) Mental Health Initiative that provides counseling services to Texas State Guard and Texas National Guard service members regardless of duty status/insurance.
- Encourage LMHAs/LBHAs to enter into MOUs with VA facilities to address care transitions and continuity of care.
- Encourage all allied health entities to take advantage of free training related to suicide prevention offered by VA suicide prevention coordinators.
- Encourage all allied health entities to register and enroll as community care providers under the VA MISSION Act.

**Recommendation 4: Increase Services to Survivors of Suicide Loss**

- Explore options to expand community-based Victims Services, Local Outreach to Suicide Survivors (LOSS) Teams, and Survivors of Suicide (SOS) support groups through LMHAs, community-based suicide prevention coalitions, and other organizations or agencies as appropriate to provide outreach, services, and support to survivors of suicide loss in their communities.
  - LOSS teams are an active postvention model in which teams go to the scenes of suicides to provide support, resources, and an instillation of hope to individuals newly bereaved by suicide. The resources provided include reduced-cost grief counseling and SOS support groups in the area. LOSS teams provide needed support both at the time of death and through follow-up calls in the weeks that follow.

**Recommendation 5: Funding of the Texas Suicide Prevention Collaborative**

- Identify funding opportunities for the Texas Suicide Prevention Collaborative, which is the only statewide nonprofit entity devoted to community-based suicide prevention. The Texas Suicide Prevention Collaborative supports the continuation, expansion, and sustainability of the following suicide prevention infrastructure activities:
  - Maintaining the Texas State Plan for Suicide Prevention that leverages public-private partnerships across multiple sectors to advance comprehensive suicide prevention in Texas and that is aligned with the national framework for suicide prevention;
Building the capacity of communities to lead effective, coordinated, multi-sector suicide prevention and response efforts. Support existing multi-sector community-based suicide prevention coalitions and develop new ones in underserved areas of the state through training and technical assistance on best practices;

Facilitating cross-sector information sharing and collaboration among public and private stakeholders engaged in suicide prevention at the community, state, and federal levels through the coordination of the Texas Suicide Prevention Council; and

Providing state agencies with information and technical assistance on community-based and cross-sector practices in suicide prevention.
7. Identifying Future Opportunities

This section outlines the SBHCC and the workgroup’s Tier III recommendations, which are identified as further opportunities for suicide prevention and intervention policies, practices, and procedures, as required by H.B. 3980.

Opportunities

The SBHCC and the workgroup identified the following opportunities for Texas state agencies to adopt the following policies, practices and procedures related to suicide prevention and intervention.

Opportunity 1: Incorporate Suicide Prevention and Intervention Strategies in Disaster and Crisis Plans

- Coordinate with the Disaster Behavioral Health Consortium to review existing crisis and disaster plans that are under the purview of state agencies and identify opportunities to incorporate targeted suicide prevention and intervention strategies. Include these strategies in relevant crisis/disaster plans at state, agency, and community levels.
- Identify and incorporate lessons learned in suicide prevention from previous crisis response efforts, including those related to Hurricane Harvey, the Santa Fe school shooting, and the shootings in Sutherland Springs, the Walmart in El Paso, and in Odessa, as well as current and ongoing COVID-19 response and recovery.
- Identify the reach and impact of disaster training that addresses suicide and has been provided within the state to help determine areas where training and/or additional capacity-building efforts are needed to respond to current and future crises.
- Consider providing grant funding or incentives to community-based mental health providers to receive necessary trainings that will enable them to assist in disaster response efforts as soon as needed and not waiting until the crisis or disaster has occurred.
Opportunity 2: Increase Utilization of Effective Suicide-Specific Interventions and Treatments

- A strong mental and behavioral health infrastructure and timely services for people at risk of suicide are the backbone of suicide prevention.
- After researching successful approaches to suicide reduction, the Action Alliance’s Clinical Care and Intervention Task Force identified seven essential elements of suicide care for health and behavioral health care systems to adopt:
  - Lead system-wide culture change committed to reducing suicides;
  - Train a competent, confident, and caring workforce;
  - Identify individuals with suicide risk via comprehensive screening and assessment;
  - Engage all individuals at-risk of suicide using a suicide care management plan;
  - Treat suicidal thoughts and behaviors using evidence-based treatments;
  - Transition individuals through care with warm hand-offs and supportive contacts; and
  - Improve policies and procedures through continuous quality improvement.

Opportunity 3: Provide Targeted Suicide Prevention and Intervention Resources

- Recognize and address the “moral injury” among first responders and medical professionals – the distressing psychological, behavioral, social, and sometimes spiritual aftermath of repeated and ongoing exposure to traumatic events that may go against an individual’s values and moral beliefs.

Opportunity 4: Explore Ways to Increase and Support Availability of Programs and Services

The following Texas programs increase protective factors that prevent or mitigate risk factors\(^{18}\) associated with suicide:
- School-based youth substance use prevention programs administered through HHSC;
- Prevention and intervention programs administered by DFPS;

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\(^{18}\) Examples of risk factors include: stigma and discrimination, financial and housing instability, lack of healthy coping or problem-solving skills, substance abuse, child abuse and neglect, and domestic violence.
• The Mental Health Program for Veterans, collaboratively administered by HHSC and Texas Veterans Commission (TVC);
• Texas Workforce Commission and local workforce boards; and
• Suicide prevention, intervention and post suicide care programs administered through HHSC.

**Opportunity 5: Identify opportunities to coordinate and strategize on the dissemination of lethal means reduction information**

• Identify opportunities to educate personnel in schools, juvenile justice, rehabilitation centers, as well as defense and divorce attorneys, healthcare providers, foster parents, and others about the importance of promoting efforts to create time and distance between lethal means and high-risk individuals during an emergent or urgent suicide crisis.
• Consider incorporating evidence-based practices for lessening potential for self-harm, such as Counseling on Access to Lethal Means (CALM), into suicide risk assessment protocols and in safety plans across settings.
• Identify potential opportunities to expand or build upon the Safe Storage Public Awareness Campaign legislation passed in 2019. Examples include:
  ▸ VA’s Safe Storage Toolkit
  ▸ The Opioid Task Force
  ▸ Texas Department of Transportation’s End of the Streak Texas campaign
  ▸ Texas Prescription Monitoring Program
  ▸ VA Community Veterans Engagement Boards (CVEB)
• Incorporate military and veteran culture awareness into suicide prevention trainings to enhance protective factors such as social connectedness and a sense of community throughout organizations at the local and state levels. Greater understanding of military culture would improve the ease of transition from the military to civilian culture thus increasing a sense of community and renewed life purpose, which are all behavioral health protective factors. Participating organizations could:
  ▸ Train staff in suicide prevention and military culture and then receive a certificate from the TVC granting permission to display a yet-to-be-established Texas logo acknowledging organizational participation;
  ▸ Publish policies encouraging staff to seek behavioral health care and requiring attendance at suicide prevention training and military culture training;
  ▸ Establish procedures to more consistently ask all individuals seeking state services if they served in the military. Those who affirm military service
would be given a brochure informing them of the state services available to them; and

- Create a database for tracking the number trained in suicide prevention and military culture training and other data points related to this effort.

**Opportunity 6: Recognize and Support Prevention and Early Intervention Strategies**

Recognizing the critical role “upstream” prevention strategies play in reducing suicide risk – and increasing the availability of these programs and services to at-risk populations and regions – is an important component of comprehensive statewide suicide prevention. This also aligns with guidelines in CDC’s *Preventing Suicide: A Technical Package of Policy, Programs, and Practice* which recommend policies and procedures to:

- Strengthen economic supports through strengthening household financial security and enacting housing stabilization policies;
- Strengthen access and delivery of suicide care through coverage of mental health conditions in health insurance policies and reducing provider shortages in underserved areas;
- Create protective environments through reducing access to lethal means among persons at risk of suicide, community-based policies to reduce excessive alcohol use, and organizational policies and culture;
- Promote connectedness through peer norm programs and community and faith-based engagement activities; and
- Teach coping and problem-solving skills through social-emotional learning programs and parenting skills and family relationship programs.

**Opportunity 7: Require Policies and Procedures Related to Suicide Prevention, Intervention, and Postvention**

- Explore opportunities for providers and contractors delivering programs and services to individuals at highest risk to have policies and procedures related to suicide prevention.
- Utilize the CDC’s resource, *Preventing Suicide: A Technical Package of Policy, Programs, and Practice* to build and deliver services for these at-risk populations.
8. Conclusion

The SBHCC, in collaboration with the stakeholder workgroup, identified potential recommendations to address the goals of H.B. 3980 as required by the *Legislative Report on Suicide and Suicide Prevention in Texas*.

Funding resources and opportunities to collect robust suicide related death data, as well as the availability and accessibility of this data, could be identified and strengthened through improved training procedures for those involved in this data, and through the development of MOUs between local and state-level agencies to collaborate and share data for systemic improvement.

Policies and procedures should be considered throughout state and local agencies which address suicide prevention, intervention, and postvention through increased evidence- and research-based practices and collaboration among all employment arenas. The recording and reporting of data pursuant to existing TAC rules could be strengthened at all state and local agencies to improve policy and decision making.

The utilization of evidence-based and best practice interventions should be emphasized to reach populations at highest risk. Support for LOSS teams is recommended, as well as a grassroots call to increase the availability of programs and services that prevent or mitigate known risk factors associated with suicide.

Continued support is recommended for the implementation of HHSC’s Long-Term Veteran’s Suicide Prevention Plan to increase access to and availability of professional veteran health services to prevent veteran suicides. Funding could be identified for the Texas Suicide Prevention Collaborative to support the continuation and sustainability of cross-sector information sharing and collaboration among public and private stakeholders at the community, state, and federal levels, as well as maintaining the Texas State Plan for Suicide Prevention.

Opportunities should be explored to educate mental health and healthcare providers, professional associations, and individuals receiving mental and behavioral health services and their families on how to help someone in a suicidal crisis create time and distance between them and the intended lethal means.
Finally, state entities should consider utilizing the CDC’s *Preventing Suicide: A Technical Package of Policy, Programs, and Practice* and SPRC’s *State Suicide Prevention Infrastructure Recommendations* and its supplement, *Data Infrastructure: Recommendations for State Suicide Prevention* as roadmaps to improve comprehensive suicide prevention infrastructure across the lifespan and at all levels of suicide prevention, intervention, treatment, and postvention to assist those individuals at greatest risk of suicide. Access to all levels of mental health assessment and treatment, such as telehealth, should be increased, especially in the state’s rural areas. These services should be culturally and linguistically appropriate, available in Spanish and the other major spoken languages.

Clinical and non-clinical providers should provide evidence-based interventions and treatment as well as deliver suicide prevention training throughout the state to assist those at risk of suicide. Targeted mental health and suicide prevention and intervention resources should be provided to first responders and medical professionals working on the front lines of treating COVID-19, and effective suicide prevention, intervention and postvention practices should be easily available for educators and all school support staff to assist their students, families, and colleagues.

By adopting a public health approach and prioritizing comprehensive data improvement to serve our Texans at highest risk, these recommendations encompass a broader lens, recognizing that suicide is everyone’s business and together, we can all work to prevent it.
## List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
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<tbody>
<tr>
<td>AFSP</td>
<td>American Foundation for Suicide Prevention</td>
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<tr>
<td>BI</td>
<td>Business Intelligence</td>
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<tr>
<td>CALM</td>
<td>Counseling on Access to Lethal Means</td>
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<tr>
<td>CAMS</td>
<td>Collaborative Assessment and Management of Suicide</td>
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<tr>
<td>CBT</td>
<td>Cognitive Behavior Therapy</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>COVID</td>
<td>Coronavirus Disease</td>
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<tr>
<td>DBT</td>
<td>Dialectical Behavior Therapy</td>
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<tr>
<td>DFPS</td>
<td>Department of Family and Protective Services</td>
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<tr>
<td>DSHS</td>
<td>Department of State Health Services</td>
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<tr>
<td>ESC</td>
<td>Education Service Center</td>
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<tr>
<td>GLBTQ2S</td>
<td>Gay/Lesbian/Bisexual/Transgender/Questioning/Two-Spirited people</td>
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<tr>
<td>HHSC</td>
<td>Health and Human Services Commission</td>
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<tr>
<td>LBHA</td>
<td>Local Behavioral Health Authority</td>
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<tr>
<td>LMHA</td>
<td>Local Mental Health Authority</td>
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<td>LOE</td>
<td>Lines of Effort</td>
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<td>LOSS</td>
<td>Local Outreach to Suicide Survivors</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>NPMHP</td>
<td>Non-Physician Mental Health Professional</td>
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<td>NVDRS</td>
<td>National Violent Death Reporting System</td>
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<td>OMHC</td>
<td>Office of Mental Health Coordination</td>
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<td>SBHCC</td>
<td>State Behavioral Health Coordinating Council</td>
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<tr>
<td>SMVF</td>
<td>Service Members, Veterans and their Families</td>
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<td>SOS</td>
<td>Survivors of Suicide</td>
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<td>SPRC</td>
<td>Suicide Prevention Resource Center</td>
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<tr>
<td>TAC</td>
<td>Texas Administrative Code</td>
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<tr>
<td>TANF</td>
<td>Temporary Assistance to Needy Families</td>
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<tr>
<td>TDCJ</td>
<td>Texas Department of Criminal Justice</td>
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<tr>
<td>Acronym</td>
<td>Full Name</td>
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<tr>
<td>TEA</td>
<td>Texas Education Agency</td>
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<tr>
<td>TJJD</td>
<td>Texas Juvenile Justice Department</td>
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<td>TMD</td>
<td>Texas Military Department</td>
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<td>Texas Veterans Commission</td>
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<td>Texas Violent Death Reporting System</td>
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<tr>
<td>VA</td>
<td>Veterans Administration</td>
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Appendix A. TAC Rules Relating to Suicide-Related Data Reporting

- TAC rules include:
  - Title 25, Part 1, Rule §133.48 - free standing emergency medical centers
  - Title 25, Part 1, Rule §135.27 - ambulatory surgical centers
  - Title 25, Part 1, Rule §200.7 - preventable adverse events at health facilities
  - Title 25, Part 1, Rule §405.263 - state and community mental health facilities
  - Title 25, Part 1, Rule §405.269 and Title 25, Part 1, Rule §412.321 - local mental health authorities
  - Title 25, Part 1, Rule §448.509 - chemical dependency treatment facilities
  - Title 25, Part 1, Rule §510.47 and Title 26, Part 1, Rule §510.47 - psychiatric hospitals and crisis stabilization units
  - Title 26, Part 1, Rule §748.305 - child placing agencies
  - Title 37, Part 11, Rule §343.214 - juvenile justice facilities