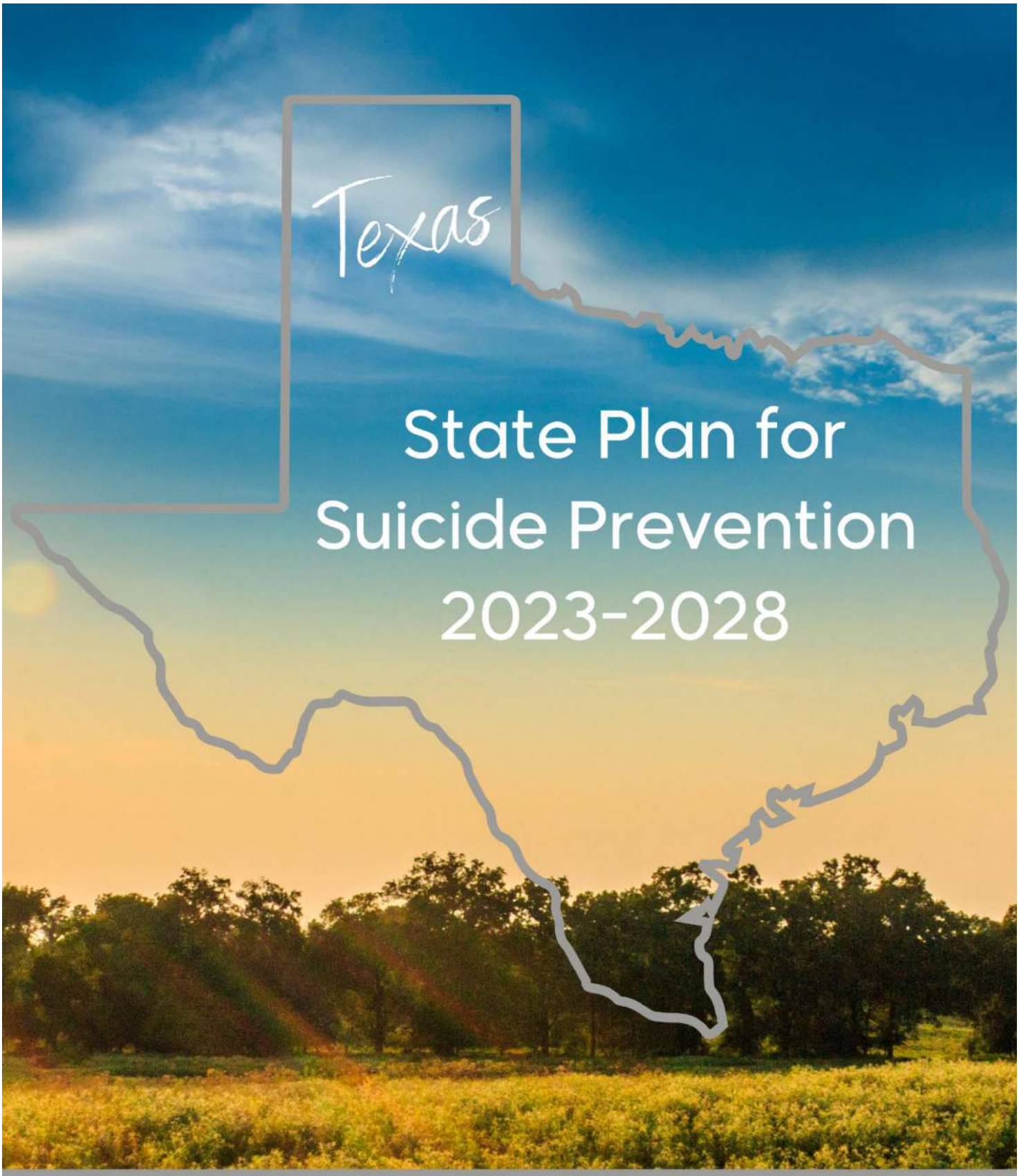

State Plan for Suicide Prevention 2023-2028

988 SUICIDE & CRISIS LIFELINE

STOP Texas SUICIDES

A working document of the
Texas Suicide Prevention Council

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Dedication

The Texas State Suicide Prevention Plan is dedicated to all residents of Texas who have been touched by suicide.
To those who have died by suicide
To those who are survivors of suicide loss
To those who are survivors of suicide attempt
To those who struggle with thoughts of suicide
To the caregivers and loved ones of individuals who struggle with suicide
To those in recovery
To those who work tirelessly to prevent suicide and suicide attempts in our state

By working together, we know we can make a difference in the lives of Texans and prevent suicide.

If you or someone you know needs support, please call, text, or chat with the 988 Suicide & Crisis Lifeline. Help and hope are available 24/7.
Do not wait. Reach out.

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Executive Summary

In Texas, there were 3,924 deaths by suicide in 2020—nearly twice the number of homicides in our state. Suicide is currently the 11th leading cause of death for all Texans and is one of the top three leading causes of death among children, youth, and young adults under the age of 34, only behind accidents/unintentional injury. For Texans in their middle years (ages 35-64), suicide is the 9th leading cause of death, and our older Texans experience the highest rates of suicide.

Suicide prevention is a priority for all Texans, and the urgency cannot be clearer. We must do more to prevent suicide. Suicide prevention is a call to action because many Texans are impacted directly or indirectly by this tragedy.

Although suicide is closely linked with mental illness, the majority of those who experience a mental health condition do not die by suicide. Thus, suicide prevention is not exclusively a mental health issue and requires a comprehensive, public health approach that includes focused attention on protective factors that help reduce suicide risk. The *2012 National Strategy for Suicide Prevention: Goals and Objective for Action*[1] and the 2021 addendum *The Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention*[2] both focus on a multisector approach across community public and private organizations throughout the prevention, intervention, and postvention spectrum.

The Texas Suicide Prevention Council (Council) coordinates and promotes collaboration across public and private partners to help ensure adequate and best practice suicide care across Texas. Since 2001, when the Texas Suicide Prevention Council (formerly the Texas Suicide Prevention Network) convened to create the first *Texas State Plan for Suicide Prevention*, the Council has worked to ensure its priorities and strategies aligned with the U.S. Surgeon General's framework to maximize and leverage federal and other resources where possible.

The Intent of the *Texas State Plan for Suicide Prevention*: 2023-2028

The *Texas State Plan for Suicide Prevention* is to develop a multisector plan that encompasses the public and private partners who have agreed to work together to improve suicide prevention, intervention, and postvention outcomes for our state. This plan provides the navigation and coordination necessary to align and support efforts and partners at local, regional, and statewide levels. It also serves as a road map to support public and private partners in identifying and prioritizing their suicide prevention activities to help ensure alignment with best practices and evidence-informed strategies and actions.

The *Texas State Plan for Suicide Prevention* also serves as a communications tool, educating and catalyzing Texas stakeholders to encourage all Texans to work together to improve suicide prevention, intervention, and postvention outcomes. The fundamental belief is if we are all working together, our suicide prevention efforts, capacity, and competency will be more efficient and effective in achieving a reduction in Texas suicide deaths. By calling attention to our collective goals and working together, we can—and will—achieve a suicide-safer Texas.

About the Suicide Prevention Council and the *Texas State Plan for Suicide Prevention*: A Brief History

The first *Texas State Plan for Suicide Prevention* was initiated in 2001 by the Texas Suicide Prevention Plan Steering Committee, a multidisciplinary group of professionals and those with lived experience convened by the (then) Texas Department of Health and the Governor's Emergency Management and Trauma Advisory Council. This State Plan was closely modeled after the 2001 *National Strategy for Suicide Prevention* and *The Surgeon General's Call to Action*. The Texas House Human Services Interim Committee recognized the *Texas State Plan for Suicide Prevention* in 2002, which recommended the establishment of the Texas Suicide Prevention Council. The Council is now composed of over 150 organizations and institutions across the public private continuum.

The Council was formed with the merger of the Texas Suicide Prevention Network of local and university suicide prevention coalitions and statewide organizations that now include Texas Health and Human Services and the Texas Department of State Health Services. This group of 10 communities that came together to form the initial State Plan has evolved into a statewide network of now over 40 local coalitions, 45 statewide partners, 30 military and Veteran partners, and over a dozen institutions of higher education who agree to work on one or more goals of the Plan.

The Council developed and approved an update to the *Texas State Plan for Suicide Prevention* in 2006 and approved additional revisions it in 2008, 2011, 2014, and 2018.

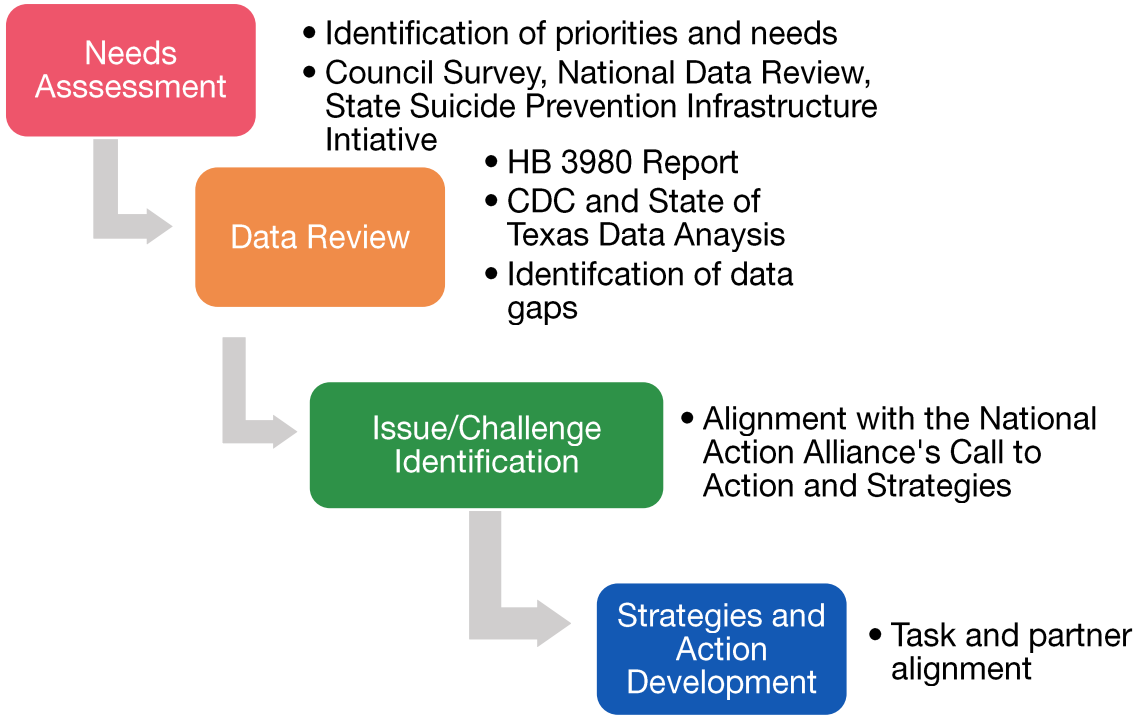
About the 2023-2028 *Texas State Plan for Suicide Prevention*

The Executive Committee of the Texas Suicide Prevention Council serves as the Planning Committee, led by Council Co-Chairs: one representing statewide partners and the other representing local coalitions. The 2023-2028 *Texas State Plan for Suicide Prevention* was developed with thorough input from Council members and key stakeholders concerning gaps and priorities, a review of HB3980 Suicide Data Summary Report and Recommendations, Report on Long-Term Action Plan for Suicide Prevention, as well as a review of the national resources. The Executive Committee convened in fall of 2021 and met regularly through May of 2022 to develop the plan and prepare a draft for full Council review. The Council will vote to adopt the final plan at its annual meeting in the fall of 2022.

Significant funding and resources implications result from this plan. It is important to note that many of the strategies and actions contained in the *Texas State Plan for Suicide Prevention* are currently unfunded and/or under-resourced. While the accompanying Action Plan outlines intended key initiatives, most actions are contingent on securing the necessary funding for implementation.

Planning Framework

The Planning Framework is presented below:



Working with the Council and stakeholders, the Executive Committee strived to be as data-driven as possible to ensure stakeholders can design their implementation actions in a coordinated and meaningful way. The Executive Committee discussed the findings from the Council survey, the data available in the state and nationally, best practices resources, and the current state plan to inform this update.

While available data are not as comprehensive as would be preferred, this plan utilizes several strategic resources to inform and align its efforts. At the state level, the *Report on Suicide and Suicide Prevention: As Required by House Bill 3980 of the 86th Legislature, Regular Session, 2019*,[3] the Texas Youth Risk Behavior Survey (YRBS),[4] *Report on Long-Term Action Plan to Prevent Veterans Suicide: As Required by Texas Government Code, Section 531.0925*,[5] and other resources to inform the 2023-2028 *Texas State Plan for Suicide Prevention* update.

Data sources that informed this effort include the Centers for Disease Control and Prevention's data resources WISQARS™ – Web-based Injury Statistics Query and Reporting System[6] and the WONDER™ – Wide-ranging ONline Data for Epidemiologic Research,[7] with support of Texas State Suicide Prevention Epidemiologist Ms. Jennifer Haussler Garing and State Suicide Prevention Coordinator Tammy Weppelman, Office of Mental Health Coordination, Texas Health and Human Services Commission. Other resources include but were not limited to the following:

- *Reducing Military and Veteran Suicide: Advancing a Comprehensive, Cross-Sector, Evidence-Informed, Public Health Strategy*[8]
- *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*[9]
- *National Strategy for Suicide Prevention: Goals and Objectives for Action, 2012*[10]
- *The Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention, 2021*[11]

Key Performance Areas

Key performance areas represent the broad, interrelated themes the Council believes to be critical to moving suicide prevention, intervention, and postvention forward in Texas. An overarching priority throughout this plan is to develop and promote prevention and reduce crisis-driven mental health care. It is through this lens that the key performance areas emerged. It is the hope of the Council that by aligning programs, practices, and policies by the key performance areas rather than functional areas, suicide prevention stakeholders in Texas will have greater capability and support for collaboration across partner organizations and institutions. These key performance areas are as follows:

KEY PERFORMANCE AREAS

At the beginning of each section, a high-level summary of issues/challenges and strategies is presented, followed by a detailed discussion that identifies the following:

- The identified issue or challenge
- How the issue/challenge is aligned with the Surgeon General's Call to Action
- Strategies for addressing the issue/challenge
- Coordinated action overview
- Primary agency or partner

In addition to this plan, a companion document detailing specific actions, tasks, and timelines is also being created. Together, they provide the Council's partners the ability to align their programmatic activities across agencies. By doing so, a comprehensive and strategically aligned approach can be developed, monitored, and measured over time.

Key Performance Area: Capacity Building Summary of Issues/Challenges and Strategies

Each key performance area, the corresponding issues and challenges, strategies, and actions are discussed below.

Lack of pervasive and consistent community-based suicide prevention capacity	CB 1.0 Continued efforts to build local suicide prevention coalitions across Texas, with an emphasis on upstream and protective factors, underserved areas, and/or high-risk groups. C.B. 2.0 Develop greater capacity outside of mental health workspaces and schools by coordinating with a broader set of community partners and systems.
Shift from costly crisis-centered intervention to upstream prevention and early intervention	**CB 3.0** Work with state partners and State Behavioral Health Coordinating Council on areas of homelessness, Tribal communities, employment, justice/law enforcement, and other related entities to prioritize upstream strategies. CB 4.0 Develop programs and services to expand community-focused prevention infrastructure by leveraging and equipping local coalitions in core competencies that support a comprehensive approach to suicide prevention.
Need for more resources, services, and broadband access in rural regions, where suicide rates tend to be higher	**CB 5.0** Identify and address rural region needs and work to fill gaps. **CB 6.0** Work to ensure expansion of broadband services so that suicide prevention, intervention, and postvention services and resources can be effectively delivered to all Texans.
Need for expanded lethal means and safety planning strategies for all Texans, with special emphasis on Veterans and rural adults	**CB 7.0** Create a culturally appropriate response of acceptance to placing time and distance between someone at risk of suicide and lethal means. **CB 8.0** Continue to deploy CALM training, safety planning, and other mechanisms for lethal means safety, especially in high-risk populations and regions.

Need to develop safe participation strategies to expand engagement for persons with lived experience	**CB 9.0** Continue efforts to support safely and include lived experience throughout the comprehensive approach to suicide prevention.
Grow capacity for workplace-based suicide prevention especially in high-risk occupations	**CB 10.0** Support employers and workers across the prevention, intervention, and postvention continuum.
Shortage of Mobile Crisis Outreach Team capacity hinders access to qualified mental health crisis response	**CB 11.0** Expand MCOT capacity so that all Texans have access to qualified mental health crisis response. **CB 12.0** Reduce reliance on law enforcement as a mental health response.

Background – Capacity Building

Capacity building addresses key infrastructure considerations that are needed to support Texans who may be at risk of suicide. There is a strong need for more consistent deployment of best practice resources, tools, and strategies for prevention, intervention, and postvention.

Addressing the needs for upstream suicide prevention—intervening at the earliest point possible to reduce the need for crisis intervention—is a high priority for this plan. To do so, building the capacity needed across the prevention, intervention, and postvention continuum will be of critical importance as we work to achieve a significant reduction in deaths by suicide and suicide-related activity in our state.

In 2017, the National Institutes of Mental Health and the National Action Alliance for Suicide Prevention partnered with several national stakeholders to set the goal of reducing suicides by 20% by the year 2025. Achievement of this goal requires all stakeholders to work together so important initiatives can be leveraged, scaled, and measured across Texas communities.

In Texas, resources to address the above are underfunded, understaffed, or do not exist. In addition, community organizations, faith partners, Veteran Service Organizations, and others who are often the first point of contact with a person at risk, are also under-resourced.

For instance, in 2020, only 25% of Texas Suicide Prevention Local Coalitions indicated that they received any grant or foundation funding. In 2021, this percentage fell to 0%. Most people in crisis never reach the public mental health system. Of Veterans who have been identified with a mental health need, 55% are not using any mental health services. For those who do, 1 in 3 are not using VA services.[12] The Substance Abuse and Mental Health Services Administration's report *Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* estimates that less than half of adults in the U.S. ages 18 and older with any mental illness received treatment or counseling in 2020.[13] This report further indicates youth who experienced a major depressive episode or a major depressive episode with severe impairment in the past 12 months did not receive any treatment during the same time frame.

Further, the U.S. Department of Veterans Affairs indicates that of the 17.2 Veterans who died by suicide each day in 2019, 10.4 deaths occurred among Veterans who had no encounters with Veterans Health Administration in 2018 or 2019.[14]

Collectively, these and other indicators show that many of our community members who may need mental health support could have difficulty accessing these resources. If persons in need of mental health support are not receiving help within the public mental health system, it puts tremendous pressure on community capacity to reach these individuals and support efforts across community-based suicide prevention, intervention, and postvention initiatives.

Therefore, building capacity across our local coalitions and their extended community networks; statewide partners; service member, Veteran, and Veteran family partners; and institutions of higher education serve a vital role in suicide prevention.

CAPACITY BUILDING
KPA STRATEGY MAP BY ISSUE/CHALLENGE

Issue/Challenge: Lack of pervasive and consistent community-based suicide prevention capacity *Action Alliance Crosswalk: 1.1, 1.2, 1.3, 2.3*	
Strategy: CB 1.0 Continue efforts to build local suicide prevention coalitions across Texas, with an emphasis on upstream and protective factors, underserved areas, and/or high-risk groups.	
Action	Primary Partners
CB1.1 Support the Texas Suicide Prevention Council's work to recruit, grow, and maintain local coalitions, especially in high-priority areas.	Texas Suicide Prevention Collaborative, Texas Suicide Prevention Council
CB 1.2 Develop and deploy faith-based partner participation in local coalitions and OneStar Foundation Interagency Coordinating Group (e.g., adopting the Faith and Allegiance Initiative).	Texas Veterans Commission Veterans Mental Health Department, Foster Care Faith Programs, Texas Suicide Prevention Council
CB 1.3 Continue and grow collaboration among community suicide prevention coalitions and the Veterans Mental Health Department to support local initiatives for upstream suicide prevention for Texas communities.	Texas Veterans Commission Veterans Mental Health Department, Texas Suicide Prevention Council, HHS Veterans Mental Health Programs
Strategy: CB 2.0 Develop greater capacity outside of mental health workplaces and schools by coordinating and engaging with a broader set of community partners and systems.	
Action	Primary Partners
CB 2.1 Work with local coalitions to expand community partner base.	Texas Suicide Prevention Council, Texas Suicide Prevention

	Collaborative, Tribal Partners, Foster Care, Texas Veterans Commission, Texas Workforce Commission
Issue/Challenge: Shift from costly crisis-centered intervention to upstream prevention and early intervention *Action Alliance Crosswalk: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 3.1*	
Strategy: CB 3.0 Work with state partners and State Behavioral Coordinating Council on areas of homelessness, tribal communities, employment, justice/law enforcement, and other related entities to prioritize upstream strategies.	
Action	Primary Partners
CB 3.1 Maintain and support the State Behavioral Health Coordinating Council and promote expanded emphasis on upstream factors.	State Behavioral Health Coordinating Council, SBHCC Suicide Prevention Subcommittee
CB 3.2 Promote and enhance connectedness programming and resources to support communities and populations at elevated risk.	Youth, LBGTQ, Tribal Nations, Rural, SMVF, Higher Education (See below)
Youth: School-focused associations, foster care agencies; LBGTQ: community partners, Texas Suicide Prevention Council, local coalitions; Tribal Nations: Indian Health Service, Texas Suicide Prevention Council; Rural: AgriSafe Network, AgriLife Extension, Texas Suicide Prevention Council, local coalitions; SMVF: TVC Veterans Mental Health Department, Military Veteran Peer Network, HHS Veterans Services and Veterans Mental Health Programs, Texas Suicide Prevention Council's SMVF Coalition, VA partners; Higher Education: Texas Suicide Prevention Council's Higher Education Coalitions, other higher education partners	
Strategy: CB 4.0 Develop programs and services to expand community-focused prevention infrastructure by leveraging and equipping local coalitions in core competencies that support a comprehensive approach to suicide prevention.	
Action	Primary Partners
CB 4.1 Expand services, technical assistance, and training to support local suicide prevention in comprehensive suicide prevention.	Texas Suicide Prevention Council, Texas Suicide Prevention Collaborative, Local Coalitions, Tribal partners
CB 4.2 Fund a social media position to support local coalitions in outreach and awareness.	Texas Suicide Prevention Council, Local Coalitions, Texas Tech Mental Health Institute, Texas Parks and Wildlife, Texas Veterans Commission-Veterans Mental Health Department, LMHAs

Issue/Challenge: Need for more resources, services, and broadband access in rural regions, where suicide rates tend to be higher *Action Alliance Crosswalk: 2.3*	
Strategy: CB 5.0 Identify and address rural region needs and work to fill gaps.	
Action	Primary Partners
CB 5.1 Recruit AgriLife Extension Program, AgriSafe Network, and Promotoras to support these regions with cultural humility.	Texas Suicide Prevention Council, Local Coalitions, Texas Tech Mental Health Institute, Texas Parks and Wildlife, Texas Veterans Commission-VMHD, LMHAs
Strategy: CB 6.0 Work to ensure expansion of broadband services so that suicide prevention, intervention, and postvention services and resources can be effectively delivered to all Texans.	
Action	Primary Partners
CB 6.1 Ensure All Texas Access is leveraged to support expansion of services to rural regions.	
Issue/Challenge: Need for expanded lethal means and safety planning strategies for all Texans, with special emphasis on Veterans and rural adults *Action Alliance Crosswalk: 3.1, 3.2, 3.3*	
Strategy: CB 7.0 Create a culturally appropriate response of acceptance to placing time and distance between someone at risk of suicide and lethal means.	
Action	Primary Partners
CB 7.1 Develop an outreach initiative to support lethal means messaging pertaining to suicide risk.	Texas Suicide Prevention Council, TVC VMHD
Strategy: CB 8.0 Continue to deploy CALM training, safety planning, and other mechanisms for lethal means safety, especially in high-risk populations and regions.	
Action	Primary Partners
CB 8.1 Fund expansion of workshop leader training to support lethal means strategies.	Texas Suicide Prevention Council, Local Coalitions

Issue/Challenge: Need to develop safe participation strategies to expand engagement for persons with lived experience *Action Alliance Crosswalk: 1.3*	
Strategy: CB 9.0 Continue efforts to safely support and include lived experience throughout the comprehensive approach to suicide prevention.	
Action	Primary Partners
CB 9.1 Work with local coalitions and statewide partners to develop and measure outcomes of inclusion strategies.	Texas Suicide Prevention Collaborative, SBHCC
CB 9.2 Ensure all relevant work groups have lived experience perspectives as part of culturally humble approaches and strategies.	
Issue/Challenge: Grow capacity for workplace-based suicide prevention, especially in high-risk occupations *Action Alliance Crosswalk: 1.1, 1.2, 1.4*	
Strategy: CB 10.0 Support employers and workers across the prevention, intervention, and postvention continuum.	
Action	Primary Partners
CB 10.1 Develop, promote, identify, and partner with leading employers and associations to support outreach and engagement with Texas workplaces through a pilot initiative. Prioritize employers and associations with high-risk occupations.	Texas Suicide Prevention Council, Texas Workforce Commission, Texas Parks and Wildlife, SHRM
Issue/Challenge: Shortage of Mobile Crisis Outreach Team (MCOT) capacity hinders access to qualified mental health crisis response *Action Alliance Crosswalk: 5.1, 5.2*	
Strategy: CB 11.0 Expand MCOT capacity so that all Texans have access to qualified mental health crisis response.	
Action	Primary Partners
CB 11.1 Fund and expand MCOT capacity via LMHA structures.	HHS, LMHA
CB 11.2 Support HHSC Crisis Services Unit to develop and deploy an adequate strategy to improve 988 answer rates and access to care.	HHS Crisis Services Unit
Strategy: CB 12.0 Reduce reliance on law enforcement as a mental health response.	

Action	Primary Partners
CB 12.1 Continue to deploy and expand rollout of collaborative law enforcement and mental health crisis services.	Local Mental Health Authorities

KEY PERFORMANCE AREA: MENTAL HEALTH WORKFORCE SUMMARY OF ISSUES/CHALLENGES AND STRATEGIES

Each key performance area, the corresponding issues and challenges, strategies, and actions are discussed below.

Mental health workforce shortages across crisis care continuum impact access to care	**WF 1.0** Address challenges in expanding implementation of psychiatric emergency system of care and law enforcement navigation systems, especially in rural areas. **WF 2.0** Establish consistent training requirements so that when someone changes jobs, the credentials are relevant, thus reducing the need for reskilling and training.
Staff recruiting and retention strategies are not keeping up with staffing needs, especially in areas of higher risk (e.g., rural, LBGTQ, higher education, SMVF, first responders, and non-English speaking providers)	**WF 3.0** Ensure workday structure is aligned with best practices or promising practices for time allocation to support those who work in Texas crisis care and as first responders as well as to equip supervisors to recognize warning signs, risk factors for suicide, and trauma.
Need to expand the role for peer support, caring contacts, and warmline options	**WF 4.0** Expand the role and capacity for peer support and warmlines. **WF 5.0** Evaluate the feasibility of embedding peers into crisis lines for warmline duty connections and create/implement warmline accreditation protocols designed to meet 988 implementation criteria.
Need for closing training gaps for best-practice crisis intervention skills and for providers experienced in assessing and treating suicide	**WF 7.0** Ensure schools, school districts, ESC have (or have access to) skilled clinicians across the suicide prevention, intervention, and postvention spectrum. **WF 8.0** Higher education needs greater access to gatekeeping, suicide screening, assessment, and treatment skills.
Lack of adequately trained staff to implement safety planning protocols for persons at risk of suicide	**WF 9.0** Expand safety planning and lethal means counseling in clinical care within and outside of the LMHA.

Need for a mechanism to easily identify community providers who have been trained in best-practice treatment/interventions for suicidality	**WF 10.0** Collaborate with credentialing organizations to identify and standardize a list of acceptable prevention and intervention CEUs for licensed clinicians, make available free CEUs in selected courses, and track and identify those who have completed these courses.

Background – Mental Workforce

As is evident in many sectors of the economy today, workforce challenges are a critical and strategic concern. Nowhere is this more evident than in our vital crisis continuum. The lifesaving nature of these professions requires an adequately trained and accessible workforce and necessitates that these providers have access to the support they need to address unique workplace concerns, such as secondary trauma, lived experience, caller abuse, and other stressful factors.

It is also important to note the vital role that volunteers play at all levels of our suicide prevention system. Peer support and Texans with lived experience offer a valuable dimension in providing Texans with the support they may need in a crisis or the aftermath of one. Supporting these efforts requires significant resources to ensure quality and reliability across the crisis continuum. We must consider the full range of costs—recruitment, management, training, quality assurance, and infrastructure—as all being part of successful and best-practice volunteer and peer support programs.

Two other crisis service areas also noted unique circumstances. The first pertains to disaster behavioral health. It is important to note that unless a disaster is declared at the state or federal level, there is no ongoing funding mechanism to address suicidal ideation that can occur after a disaster of any size or scope. Without consistent and reliable funding, supporting care provision in a manner that is available to all Texans in times of disaster is difficult. This situation adds additional strain on the local mental health authority in the region.

The second pertains to law enforcement and other critical first responders. Ensuring these community partners have access to training, resources, and the support needed is critical to providing a person-centered response to a crisis event. In addition, it is important to support first responders in managing secondary trauma and other short - and long-term workplace trauma exposure. It is not enough to say, “Take care of yourself.” Texas should be a national model of embedded care strategies that are proactively supportive, reduce stigma in help-seeking behavior and provides pathways that eliminate barriers to accessing support.

Three general themes surfaced as part of the planning process and are discussed below:

- Take care of caregivers
- Equip care providers with best-practice training and education on treating suicidality as well as the underlying mental health condition(s)
- Ensure culturally humble care is available and accessible to all Texans

Take Care of Caregivers

The ability to recruit, train, and retain skilled workers in behavioral health is a system-wide challenge, and yet, many aspects of this workforce are unique. For instance, disasters are local events, thus exposing providers working in disaster behavioral health to the same disaster conditions as the callers who are seeking help. Care providers who work with service members, Veterans, and families are often Veterans themselves who have some of the same risk factors as those they are serving. Global events, such as the Afghanistan withdrawal, impact our care-providing Veterans as well as the Veterans they serve.

While self-care for individuals working with those in crisis is essential, it cannot be solely the responsibility of the care provider alone. Our crisis systems and places of work must become leaders in creating care protocols, not only as a retention strategy but also as a moral and ethical imperative.

Another important factor during this planning process is the impact of mental health crisis response on first responders, many who have a history of trauma, secondary trauma, and/or prolonged trauma exposure themselves. Care and support through a system-wide strategy are needed to attract, retain, and support those serving in first responder roles in our communities.

Equip Care Providers with Best-Practice Training and Education on Treating Suicidality as well as the Underlying Mental Health Condition(s)

In addition to caring for our workforce, equipping our care providers with the best-practice skills necessary to effectively support someone at risk of suicide is essential. Yet, there is no professional standard for critical suicidality intervention training requirement for any mental health or physical health care profession. As a result, it is difficult to know if a care provider has been adequately trained to provide care once suicide risk has been established. In addition, because of the lack of coordinated and sustained funding, training opportunities are often ad-hoc and many do not have the resources needed, especially outside the public behavioral health system. Finally, the types of training matter; as we move more upstream in the prevention spectrum, it will be essential that those working in the prevention workforce be trained differently than those delivering clinical interventions.

There are evidence-based treatment protocols available and are currently being deployed within the public behavioral health system. However, many who need mental health care often do not qualify for services with this system. As such, indicators are needed to ensure that those connecting someone at risk to care pathways can confidently point to a qualified care provider skilled in best-practice suicidality interventions.

Ensure Culturally Humble Care Is Available and Accessible to All Texans

Texas is a vast and diverse state that spans 160 million acres, of which 130 million acres are classified as rural. Our 1.6 million Veterans who call Texas home are an indicator of the deep sense of community and service our state reflects.

The availability of culturally competent resources is not always aligned with or available in an area where a person who is struggling lives or works. Additionally, many of the tools, trainings, and resources are also lacking in cultural competency. For instance, rural regions often experience a different type of call than urban regions. The implementation of 988 for the National Suicide Prevention Lifeline provides a unique opportunity to evaluate resource gaps across our state. We know we have much work to do to ensure access to culturally humble, age-appropriate, and geographically relevant care.

Texas has made mental health workforce recruiting, training, and retention a priority. The statewide Behavioral Health Advisory Committee at Texas Health and Human Services is leading an effort to address key workforce issues, as are many of the credentialing organizations who support behavioral health professionals in our state. Some specific issues and challenges related to the *Texas State Plan for Suicide Prevention* are discussed below.

MENTAL HEALTH WORKFORCE KPA STRATEGY MAP BY ISSUE/CHALLENGE

Issue/Challenge: Mental health workforce shortages across crisis care continuum impact access to care *Action Alliance Crosswalk: 4.1, 4.2, 4.3, 4.4, 4.5, 5.1, 5.2, 5.3, 5.4, 5.5*	
Strategy: WF 1.0 Address challenges in expanding implementation of psychiatric emergency system of care and law enforcement navigation systems, especially in rural areas.	
Action	Primary Partners
TBD	TBD
Strategy: WF 2.0 Establish consistent training requirements so that when someone changes jobs, the credentials are relevant and reduces the need for re-skilling and training.	
Action	Primary Partners
WF 2.1 See Statewide Behavioral Health Workforce Committee Workplan for relevant actions.	Statewide Behavioral Health Workforce Committee
WF 2.2 Develop a best practice framework for treating suicidality in public and private clinical settings.	National Assn of Social Work-Texas, others TBD
Issue/Challenge: Staff recruiting, and retention strategies are not keeping up with staffing needs - especially in areas of higher risk: (rural, LBGTQ, higher education, SMVF, law enforcement, and non-English speaking providers. *Action Alliance Crosswalk: 5.1. 5.2. 5.3. 5.4. 5.5*	
Strategy: WF 3.0 Ensure workday structure is aligned with best practices or promising practices for time allocation to support those who work in Texas crisis care and first responders as well as equip supervisors to recognize warning signs, risk factors for suicide, and trauma.	
Action	Primary Partners
WF 3.1 Ensure secondary trauma support is in place for all crisis workforce participants.	
WF 3.2 Develop best practices for organizations to embed self-care as a priority and an accepted practice in all organizations across the crisis continuum.	
WF 3.3 Train law enforcement and other supervisory roles in suicide gatekeeping skills.	Dept of Public Safety, TCOLE, Texas Veterans Commission-VMHD
Issue/Challenge: There is a need to expand the role for peer support, caring contacts, and warm line options *Action Alliance Crosswalk: 4.5*	
Strategy: WF 4.0 Expand the role and capacity for peer support and warm lines.	
Action	Primary Partners
WF 4.1 Coordinate efforts with HHS Crisis Services Unit's 988 Implementation Plan for relevant actions.	HHSC Crisis Services Unit, Lifeline Call Centers, others.

Strategy: WF 5.0 Evaluate the feasibility of embedding peers into Crisis Lines for warm line duty connections and create/implement warmline accreditation protocols designed to meet 988 implementation criteria	
Action	Primary Partners
WF 5.1 Review Crisis Services Unit's 988 Implementation Plan to identify mechanisms to support the development of these capabilities.	HHSC Crisis Services Unit
WF 5.2 Ensure training requirements for peer specialists and recovery specialists contain evidence-based suicide prevention skills.	TVC-VMHD Peer Services Coordinator Certification
Issue/Challenge: Need to improve cultural humility of the mental health workforce to meet the needs of diverse populations and underserved regions *Action Alliance Crosswalk: 2.3*	
Strategy: WF 6.0 Provide the necessary training and long-term support needed to ensure those working across the crisis continuum are appropriately equipped to serve all Texans.	
Action	Primary Partners
WF 6.1 Work with the Military Veteran Peer Network (MVPN) to disseminate military cultural competency to a broad set of partners who may intersect with SMVF in their communities.	TVC-VMHD
WF 6.2 Develop and train in best practices for LBGTQIA+ suicide prevention and intervention.	
WF 6.3 Develop and train in best practices designed by BIPOC for suicide prevention and intervention.	
Issue/Challenge: Need to close training gaps for best practice crisis intervention skills. We need providers experienced in assessing and treating suicide *Action Alliance Crosswalk: 2.3, 4.1, 4.2, 4.3, 4.5*	
Strategy: WF 7.0 Ensure schools, school districts, and ESC have (or have access to) skilled clinicians across the suicide prevention, intervention, and postvention spectrum.	
Action	Primary Partners
WF 7.1 Fund additional clinical capacity via TCHATT, TXPAN, telehealth, and other mechanisms to ensure ready and available access to clinicians specifically trained in best-practice suicide prevention, intervention, and postvention skills.	Texas Child Mental Health Care Consortium
Strategy: WF 8.0 Higher education needs greater access to gatekeeping, suicide screening, assessment, and treatment skills.	
Action	Primary Partners
WF 8.1 Fund and support ongoing training opportunities for higher education partners to staff and train essential skilled workers to meet the needs of their campuses.	Higher Education Partners, others

Issue/Challenge: Lack of adequately trained staff to implement safety planning protocols for persons at risk of suicide *Action Alliance Crosswalk: 4.3, 4.4*	
Strategy: WF 9.0 Expand safety planning and lethal means counseling in clinical care within and outside of the LMHA.	
Action	Primary Partners
WF 9.1 Conduct safety planning training at the local suicide prevention coalition level.	Texas Suicide Prevention Collaborative, Texas Suicide Prevention Council, NASW-TX, Texas Nurses Assn, Texas Veterans Commission – Veterans Mental Health Department
WF 9.2 Ensure, through Suicide Care Initiative (SCI) activities, all relevant LMHA/LMHA staff are trained in evidence-based safety planning and lethal means protocols.	Texas Suicide Prevention Collaborative, Texas Suicide Prevention Council, HHS-OMHC, Texas Veterans Commission – Veterans Mental Health Department
Issue/Challenge: Need for a mechanism to easily identify community providers who have been trained in best-practice treatment/interventions for suicidality *Action Alliance Crosswalk: 4.1*	
Strategy: WF 10.0 Collaborate with credentialing organizations to identify and standardize a list of acceptable prevention and intervention CEUs for licensed clinicians, make available free CEUs in selected courses, and track and identify those who have completed these courses.	
Action	Primary Partners
WF 10.1 Form a task team to research and develop a framework to support clinicians who are seeking and acquiring these skills.	National Assn of Social Workers, Texas, Texas Counseling Assn., TVC-VMHD, others

KEY PERFORMANCE AREA: COMMUNICATIONS AND OUTREACH SUMMARY OF ISSUES/CHALLENGES AND STRATEGIES

Each key performance area, the corresponding issues and challenges, strategies, and actions are discussed below.

988 will require a significant and sustained investment in communications and outreach to create awareness and differentiate between 911 and 988	**CO 1.0** Ensure an integrated communications strategy exists that supports both public and private partners and the public, based on SAMHSA resources.
Social media engagement can be better leveraged to help reduce stigma, improve connectedness, and support care pathways and persons with lived experience	**CO 2.0** Improve stakeholder collaboration through enhanced communications and peer-to-peer exchange opportunities where feasible.
Need for lethal means safe storage buy-in by all agencies who intersect with Texans at risk	**CO 3.0** Expand awareness and education about lethal means safety that can be deployed across all partners, beyond lethal means counseling.
Need to be able to meet Texans where the need is greatest as those who have fewer connections and supports are not being reached in a culturally humble way	**CO 4.0** Expand capacity of the Texas Suicide Prevention Council to develop and support local coalitions in rural regions, connecting community leaders with the resources they need/prioritize.
Stigma pertaining to mental illness and suicide care is a significant barrier to help seeking	**CO 5.0** Leverage 988 outreach campaigns to address stigma.
Safe messaging by Texas community, state, and national media is a critical component to supporting communities with suicide-safe care	**CO 6.0** Expand local coalition capacity and statewide training to media associations and journalism schools to support best-practice reporting and safe messaging.

Background – Communication and Outreach

Creating communications and outreach across a variety of stakeholders within and outside of the public health system requires complex planning and coordination, especially for suicide prevention. In recent years, a great deal of research has been done in the development of suicide-safer messaging to help ensure vulnerable persons exposed to suicide-related content have the necessary supports to reduce stigma, increase help-seeking behavior, create connectedness, and educate and inform the public. Nowhere has this taken on more importance than in the implementation of 988 as a three-digit replacement for the National Suicide Prevention Lifeline's 10-digit number, 800-273-8255, that has been utilized for years.

This transition has magnified the strengths and weaknesses of collective and safe messaging. Fortunately, Texas has had the opportunity to collaborate on initiatives such as Suicide Prevention Month, Suicide Prevention Week, and similar efforts. Further, the use of social media platforms, such as Twitter, Facebook, LinkedIn, Instagram, Snapchat, and others, provides opportunities to reach more and more Texans.

Still, the stigma associated with mental health and suicide remains strong. We must continue to work together to improve outreach and messaging outcomes if we are going to reach all Texans in a culturally competent manner.

Another opportunity in outreach is the improved ability to connect Texans to qualified care pathways. There has been a great deal of work to promote initiatives such as the Disaster Distress Helpline, the COVID-19 Mental Health Crisis Line, the National Suicide Prevention Lifeline, Veterans Crisis Line, AgriStress Helpline, The Trevor Project, TransLifeline, Crisis Textline, as well as Texas-specific crisis lines offered by HHS and Local Mental Health Authorities Initiative across multiple partners and agencies.

Private sector initiatives such as AFSP's "Seize the Awkward" campaign and Meadows Mental Health Policy Institute's "Okay to Say" campaign are excellent examples of successful messaging designed to address stigma and increase help-seeking behavior. Texas Veteran Commission – Veterans Mental Health Department's Faith and Allegiance is another excellent example.

From a policy perspective, the addition of the National Suicide Prevention Lifeline on high school student ID cards is another communication success. Every day, more and more work is underway to ensure Texans know there is hope, help is available, and recovery and healing are possible.

Communications as a Pathway to Connectedness: A Vital Upstream Suicide Prevention Strategy

Research points to the role of connectedness—to our families, friends, workplaces, social groups, faith communities, and more—as a protective factor for suicide prevention. Connecting Texans to the resources they need and to each other will improve Texas suicide prevention outcomes.

But there is so much more to do. Siloed efforts across different populations (children, teens, Veterans, older adults, etc.) reduce the strength of messaging. To help change the focus of suicide reporting, we also need a broader partnership with Texas media and reporters.

Moreover, we must reach every Texan. Lack of broadband access limits opportunity to meet the challenges of suicide prevention. Stigma is still a fundamental issue, often in the regions or within populations where this risk is the greatest, such as our rural communities. The alignment of messaging about the one thing we can all do to make our homes suicide safer—putting time and distance between someone at risk of suicide and lethal means—requires a significant investment of resources, shifting attitudes and coordination across multisector partners if we are going to adequately create suicide-safer communities.

We have many more Texans to reach, and it will take all of us working together to make it happen. 988 implementation provides a unique opportunity amplify and leverage coordinated messaging at a critical time for suicide prevention in our state.

Recognizing our efforts in suicide prevention and highlighting work underway are ways to create momentum for communities to connect. Work at the local level plays a role in suicide prevention. Here are examples from the TVC-Certified Peer Service Coordinator of the Military Veteran Peer Network and the Galveston County Food Bank:

COMMUNICATIONS AND OUTREACH KPA STRATEGY MAP BY ISSUE/CHALLENGE

Issue/Challenge: 988 will require a significant and sustained investment in communications and outreach to create awareness and differentiation between 911 and 988 *Action Alliance Crosswalk: 1.4, 4.4, 5.2, 5.4*	
Strategy: CO 1.0 Ensure an integrated communications strategy exists that supports both public and private partners and the public, based on SAMHSA resources.	
Action	Primary Partners
CO 1.1 Build out the communications strategy as part of the 988 planning process.	HHS Crisis Services Unit, NAMI Texas, Texas Council, AFSP, Texas Suicide Prevention Council
Issue/Challenge: Social media engagement can be better leveraged to help reduce stigma, improve connectedness, and support care pathways and persons with lived experience *Action Alliance Crosswalk: 1.4*	
Strategy: CO 2.0 Improve stakeholder collaboration through enhanced communications and peer-to-peer exchange opportunities where feasible.	
Action	Primary Partners
CO 2.1 Establish a communications work team to ensure a coordinated strategy is developed and deployed.	Texas Suicide Prevention Council as funding allows
CO 2.2 (See CB 4.2)	
Issue/Challenge: Need for lethal means safe storage buy-in by all agencies who intersect Texans at risk of suicide *Action Alliance Crosswalk: 1.4*	
Strategy: CO 3.0 Expand awareness and education about lethal means safety that can be deployed across all partners, beyond lethal means counseling.	
Action	Primary Partners
CO 3.1 Create communications tools to increase acceptance about putting time and distance between someone at risk and lethal means.	TBD
Issue/Challenge: Need to be able to meet Texans where the need is greatest as those who have fewer connections and supports are not being reached in a culturally humble way *Action Alliance Crosswalk: 1.1, 1.3, 1.4, 3.1*	
Strategy: CO 4.0 Expand capacity of the Texas Suicide Prevention Council to develop and support local coalitions in rural regions, connecting community leaders with the resources they need/prioritize.	
Action	Primary Partners
CO 4.1 Create outreach and engagement mechanisms to develop the necessary partnerships in high-needs areas and populations.	Texas Suicide Prevention Council, Agri Safe Network, Texas Parks & Wildlife, Texas Veterans Commission – Veterans Mental

	Health Department, Texas Workforce Commission, rural-serving LMHAs, Texas A&M AgriLife Extension Program, Texas Tech Mental Health Institute
Issue/Challenge: Stigma pertaining to mental illness and suicide care is a significant barrier to help seeking *Action Alliance Crosswalk: 1.1, 1,2, 1.3, 1.4*	
Strategy: CO 5.0 Leverage 988 outreach campaigns to address stigma.	
Action	Primary Partners
CO 5.1 Ensure 988 communications plan addresses stigma.	HHS Crisis Services Unit
Issue/Challenge: Safe messaging by Texas community, state, and national media is a critical component to supporting communities with suicide-safe care *Action Alliance Crosswalk: 1.1, 1.2, 1.4*	
Strategy: CO 6.0 Expand local coalition capacity and statewide training to media associations and journalism schools to support best-practice reporting and safe messaging.	
Action	Primary Partners
CO 6.1 Provide best-practice media training and safe-messaging tools, such as templates local coalitions can share to equip them with the best-practice resources needed to support local media.	Texas Suicide Prevention Council, NAMI Texas, AFSP, National Action Alliance

KEY PERFORMANCE AREA: RESEARCH SUMMARY OF ISSUES/CHALLENGES AND STRATEGIES

Each key performance area, the corresponding issues and challenges, strategies, and actions are discussed below.

Significant research underway at Texas institutions is not readily available or communicated to local coalitions and others potentially impacted	**RE 1.0** Improve communications, awareness, and sharing of ongoing research and promising findings in suicide prevention, intervention, and postvention.
The impact of the important work and research being done by federal organizations and institutions outside of Texas is difficult to aggregate, synthesize, share, and communicate	**RE 2.0** Improve environmental scanning and research monitoring of federal, national, and state-level research, clinical trials, and other pertinent activities.
Texas has no systemically organized strategic research priorities on suicide prevention, intervention, postvention, high-risk populations, regions, or underserved communities	**RE 3.0** Establish a Strategic Research Task Force to address Texas-specific research needs.

Background - Research

At the national level, research is a key ingredient of the continued efforts to improve the knowledge base and suicide prevention, intervention, and postvention outcomes. The *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*[15] identifies several objectives pertaining to research that hold strategic importance to improving suicide prevention outcomes under "Strategic Direction 4: Surveillance, Research, and Evaluation," quoted below:

2012 National Strategy for Suicide Prevention
Goals and Objectives for Action
Goal 12. Promote and support research on suicide prevention

Objective 12.1. Develop a national suicide prevention research agenda with comprehensive input from multiple stakeholders

Objective 12.2. Disseminate the national suicide prevention research agenda

Objective 12.3. Promote the timely dissemination of suicide prevention research findings

Objective 12.4. Develop and support a repository of research resources to help increase the amount and quality of research on suicide prevention and care in the aftermath of suicidal behaviors

(Office of the Surgeon General & National Action Alliance for Suicide Prevention, 2012, Strategic Direction 4: Surveillance, Research, and Evaluation section, Goal 12)

We know important work is happening across our state and nation, but we do not have a process is in place to monitor, translate, and disseminate research findings and clinical trials into our community and statewide partners in an organized manner. In years past, the Texas Suicide Prevention Council had funding to do so; however, this funding lapsed in 2016. This missing piece is critical, as the amount of research initiatives underway have grown significantly since the last State Plan was constructed.

In addition, substantial work is occurring at the national level—across SAMHSA, CDC, DoD, VA, academic institutions, and others who are working tirelessly to improve suicide prevention, intervention, and postvention outcomes. By working together, exchanging information, and understanding research priorities, gaps, outcomes, promising practices, clinical trial opportunities, and more, Texans will have a broader array of information and opportunities to support data-driven decision-making at the policy and program levels.

RESEARCH KPA STRATEGY MAP BY ISSUE/CHALLENGE

Issue/Challenge: Significant research underway at Texas institutions is not readily available or communicated to local coalitions and others potentially impacted *Action Alliance Crosswalk: 2.4*	
Strategy: RE 1.0 Improve communications, awareness, and sharing of ongoing research and promising findings in suicide prevention, intervention, and postvention.	
Action	Primary Partners
RE 1.1 Collaborate with the Texas Child Mental Health Care Consortium to share and exchange research priorities, research outcomes, and clinical trial information and resources.	Texas Child Mental Health Care Consortium, OMHC, Texas Suicide Prevention Council, Texas Tech Mental Health Institute
Issue/Challenge: The impact of the important work and research being done by federal organizations and institutions outside of Texas is difficult to aggregate, synthesize, share, and communicate *Action Alliance Crosswalk: 2.4*	
Strategy: RE 2.0 Improve environmental scanning and research monitoring of federal, national, and state-level research, clinical trials, and other pertinent activities.	
Action	Primary Partners
RE 2.1 Create a mechanism to monitor ongoing research activities and share with the Texas Suicide Prevention Council and other relevant stakeholders.	Texas Suicide Prevention Council
RE 2.2 Ensure adequate funding is in place for key stakeholders to attend top-tier national and international conferences.	All partners

Issue/Challenge: Texas has no systemically organized strategic research priorities on suicide prevention, intervention, postvention, high-risk populations, regions, or underserved communities *Action Alliance Crosswalk: 2,4*	
Strategy: RE 3.0 Establish a Strategic Research Task Force to address Texas-specific research needs.	
Action	Primary Partners
RE 3.1 Create Strategic Research Task Force as a work group of the Texas Suicide Prevention Council.	Texas Suicide Prevention Council

KEY PERFORMANCE AREA: DATA SUMMARY OF ISSUES /CHALLENGES AND STRATEGIES

Each key performance area, the corresponding issues and challenges, strategies, and actions are discussed below.

Need to accelerate access to reliable and accurate statewide data to support data-driven decision-making for partner agencies and statewide stakeholders	DA 1.0 **To be determined**
Need to accelerate access to reliable and accurate local, regional, and tribal data to support data-driven decision-making for partner agencies and stakeholders	DA 2.0 Create MOUs with medical examiners, coroners, and justices of the peace to support data sharing and accurate reporting on suicide.
Barriers to interagency data sharing create difficulty in accessing timely data	DA 3.0 Improve interagency data sharing through collaborative means and legislative mandates to support greater access to and analysis of suicide and adjacent data.
Need for an effective data capture system for Veteran organizations in the state	DA 4.0 Improve collaboration of VA and DoD data sharing with local, state, and federal partners.
Need to expand participation in YRBSS and other upstream and social determinants of health, including causal data pertaining to suicide prevention	DA 5.0 Utilize and disseminate YRBSS data and elevate its profile within communities and schools to enhance school participation.
Fledgling data on key at-risk communities and geographies impact the ability to make data-informed decisions	DA 6.0 Grow capacity in data infrastructure to support a greater understanding of suicide-related concerns across key at-risk communities and geographies.

Need to develop data-supported evaluation mechanisms to determine efficacy of prevention programming	**DA 7.0** Improve data gathering for local coalitions to help create appropriate evaluation mechanisms.

Background - Data

Suicide prevention-related data in the state of Texas continues to be a challenge. While significant progress is being made with initiatives such as the HB 3980 report and coordination across the Statewide Behavioral Health Coordinating Council, fundamental access to timely, accurate, and precise data is cumbersome at best.

In Texas, the Centers for Disease Control and Prevention's WISQARS™ and WONDER™ databases offer insight into Texas suicide-related activity. However, due to the vast rural regions on our state, geographically precise data are often missing due to privacy restrictions. In addition, medical examiners, coroners, and justices of the peace collect and report data differently—sometimes differently in different counties. The two-year lag in reporting through the CDC makes it difficult to triage community support in postvention situations.

The National Violent Death Reporting System (NVDRS) has been active since 2008 to collect and track more than 600 data elements in many states. Texas has been part of NVDRS as of January 2019 and established the Texas Violent Death Reporting System within the Texas Department of State Health Services. Currently, the Texas Violent Death Reporting System is collecting information in a handful of counties and does not currently provide statewide analysis, though data should be available for the covered areas sometime in 2022.

Child Fatality Review Teams (CFRTs) are also an important part of public health prevention data. CFRTs are largely in place across our state; however, statewide coverage has not been reached. In some cases, a CFRT can cover as many as 26 counties.

Accurate, geographically precise, and timely data are crucial when assessing a community's suicide prevention needs. Data are currently out of date, unreliable, suppressed, and/or cannot be utilized to drive real-time data decision-making at the community, public health level. To illustrate, for the period of 2016-2020 (the latest data available), only 118 out of Texas' 254 counties has a designated suicide death rate per 100,000 of population. The remaining counties are listed as suppressed for privacy reasons or are listed as unreliable rates.[16]

There are other data-related challenges as well. Data collection for Native American communities and aging populations as well as data pertaining to firearms are areas of need. Service members, Veterans, and military/Veteran families also hold promise for additional data and analysis.

Given the significant challenges pertaining to access to accurate, timely, population and geographically precise data, all agencies with relevant information should make it an urgent priority to work together to capture and share any data related to suicide and suicidal behaviors as efficiently as possible. This concern is cited in other complementary plans spanning the Statewide Behavioral Health Coordinating Council Subcommittee on Suicide Prevention, the Texas Veterans Commission Coordinating Council for Veterans Services, among other efforts.

DATA KPA STRATEGY MAP BY ISSUE/CHALLENGE

Issue/Challenge: Need to accelerate access to reliable and accurate statewide data to support data-driven decision-making for partner agencies and statewide stakeholders *Action Alliance Crosswalk: 6.1, 6.2, 6.3*	
Strategy: DA 1.0 To be determined	
Action	Primary Partners
To Be Determined	To Be Determined
Issue/Challenge: Need to accelerate access to reliable and accurate local, regional, and tribal data to support data-driven decision-making for partner agencies and stakeholders *Action Alliance Crosswalk: 6.1, 6.2*	
Strategy: DA 2.0 Create MOUs with medical examiners, coroners, and justices of the peace offices to support data sharing and accurate reporting on suicide.	
Action	Primary Partners
DA 2.1 Add ME/coroner/JP on all local coalitions where feasible.	Local Suicide Prevention Coalitions, Texas Suicide Prevention Council
DA 2.2 Add statewide representative of the ME/coroner/JP community to Texas Suicide Prevention Council.	
Issue/Challenge: Barriers to interagency data sharing create difficulty in accessing timely data *Action Alliance Crosswalk: 6.1, 6.2, 6.4*	
Strategy: DA 3.0 Improve interagency data sharing through collaborative means and legislative mandates to support greater access to and analysis of suicide and adjacent data.	
Action	Primary Partners
DA 3.1 Create MOUs to expand data sharing across agency partners.	
Issue/Challenge: Need for an effective data capture system for Veteran organizations in the state *Action Alliance Crosswalk: 6.1, 6.2, 6.5*	
Strategy: DA 4.0 Improve collaboration of VA and DoD data sharing with local, state, and federal partners.	
Action	Primary Partners
DA 4.1 Create MOU with VA partners to support enhanced data sharing pertaining to Veterans.	
Issue/Challenge: Need to expand participation in YRBSS and other upstream and social determinants of health, including causal data pertaining to suicide prevention *Action Alliance Crosswalk: 6.1, 6.2, 6.3, 6.5*	

Strategy: DA 5.0 Continue to utilize and disseminate YRBSS data and elevate its profile within communities and schools to enhance school participation.	
Action	Primary Partners
DA 5.1 Incorporate YRBSS results into trainings and communications tools to grow exposure to the data set and value it provides.	Texas Suicide Prevention Council, Texas Suicide Prevention Collaborative, OMHC, others
Issue/Challenge: Fledgling data on key at-risk communities and geographies impact the ability to make data-informed decisions *Action Alliance Crosswalk: 6.1, 6.2, 6.3*	
Strategy: DA 6.0 Grow capacity in data infrastructure to support a greater understanding of suicide-related concerns across key at-risk communities and geographies.	
Action	Primary Partners
DA 6.1 Develop and/or enhance data access for Texas rural communities.	
DA 6.2. Develop relationships and access to TVDRS data.	
DA 6.3 Develop and/or enhance data for tribal communities and suicide risk, activity, and outcomes.	
Issue/Challenge: Need to develop data-supported evaluation mechanisms to determine efficacy of prevention programming *Action Alliance Crosswalk: 2.4*	
Strategy: DA 7.0 Improve data gathering for local coalitions to help create appropriate evaluation mechanisms.	
Action	Primary Partners
DA 7.1 Fund and implement the CONNECT project evaluation survey mechanisms.	Texas Suicide Prevention Council

KEY PERFORMANCE AREA: POSTVENTION SUMMARY OF ISSUES AND CHALLENGES

Each key performance area, the corresponding issues and challenges, strategies, and actions are discussed below.

Inconsistent postvention capacity across local suicide prevention coalitions, especially long-term postvention	**PV 1.0** Ensure each local suicide prevention coalition has access to best-practice LOSS Team training and short- and long-term postvention strategies.
Need for additional postvention planning in schools and school districts	**PV 2.0** Ensure school districts have access to evidence-based postvention strategies.
Insufficient support for SMVF postvention initiatives	**PV 3.0** To be determined
Lack of widespread accessibility to peer supports for Texans with lived experience	**PV 4.0.** Ensure access to attempt survivor groups.
Need greater access to resources for service providers who work with those impacted by suicide loss and for clinicians who have lost a client to suicide	**PV 5.0** To be determined
Our community partners need to be better equipped to respond to a loss by suicide through best practices	**PV 6.0** To Encourage agencies and workplaces to have a plan in place in event of a client or staff loss to suicide.

Background - Postvention

Postvention relates to the activities that take place after a loss by suicide to support those directly and indirectly impacted. These initiatives are a critical component of a comprehensive approach to suicide prevention and can aid in the healing and recovery process for all involved. As previously stated, access to timely data is critical, and nowhere is this more important than in postvention to ensure a prompt and supportive response to a death by suicide.

Texas communities bear the burden of postvention—our schools, law enforcement, first responders, faith-based organizations, Veteran Services Organizations, workplaces, and other social institutions. Yet, the postvention infrastructure in our state often relies on victims' services or nonprofit organizations that provide suicide loss support groups, which are doing excellent work. For instance, the American Foundation for Suicide Prevention offers peer support to those impacted by suicide loss. However, these initiatives are not universally available across our state and often vary in levels of services provided. Most of those who are impacted do not know the resources available.

We also know postvention is not something that ends with a memorial service. Postvention, if implemented properly, is a long-term commitment to those impacted through supportive measures that can aid in the healing

process. For example, most schools do not have a long-term postvention plan in place—a plan that monitors anniversaries of a loss or points of transition for impacted siblings as they hand off from one campus to another. There is also no reporting requirement for community-wide postvention efforts or availability thereof at the community level.

Many of these challenges stem from the lack of available resources to institute formal postvention processes, such as LOSS Teams or similar measures at the community level. Further, these efforts should be developed and delivered in a culturally humble manner to ensure all Texans feel safe and supported. As part of this plan, securing resources for best-practice postvention should be a priority at the state, regional, and local levels.

POSTVENTION KPA STRATEGY MAP BY ISSUE/CHALLENGE

Issue/Challenge: Inconsistent postvention capacity across local suicide prevention coalitions, especially long-term postvention *Action Alliance Crosswalk: 1.2, 1.3, 2.3, and 7.0*	
Strategy: PV 1.0 Ensure each local suicide prevention coalition has access to best-practice LOSS Team training and short- and long-term postvention strategies.	
Action	Primary Partners
PV 1.1 Create awareness of postvention best practices for local communities.	Texas Suicide Prevention Council, HHS-OMHC, TVC-VMHD
PV 1.2 Conduct quarterly LOSS Team trainings for communities starting up an initiative and biannual refreshers/learning collaborative.	
PV 1.3 Design extension of AS+K? workshops to include best-practice postvention resources.	Texas Suicide Prevention Collaborative
Issue/Challenge: Need for additional postvention planning in schools and school districts *Action Alliance Crosswalk: 2.3, 7.0*	
Strategy: PV 2.0 Ensure school districts have access to evidence-based postvention strategies.	
Action	Primary Partners
PV 2.1 Disseminate tools to schools and school districts.	AFSP, Texas Suicide Prevention Collaborative, RYSE and Project Aware initiatives
PV 2.2 Ensure postvention content at the Texas Suicide Prevention Symposium.	Texas Suicide Prevention Council
PV 2.3 Provide topic coverage at Texas Advancing Suicide Safer Schools initiatives and conference presentations.	Texas Suicide Prevention Collaborative, AWARE Grant, RYSE Grant
Issue/Challenge: Need for expanded support for SMVF postvention initiatives *Action Alliance Crosswalk: 2.3, 7.0*	
Strategy: PV 3.0 To be determined	

Action	Primary Partners
PV 3.1 TBD	Texas Veterans Commission – Veterans Mental Health Department
Issue/Challenge: Lack of widespread accessibility to peer supports for Texans with lived experience *Action Alliance Crosswalk: 1.3, 2.3, 7.0*	
Strategy: PV 4.0 Ensure access to attempt survivor supports.	
Action	Primary Partners
PV 4.1 Expand capacity of best-practice attempt survivor support groups.	
PV 4.2 Leverage the Suicide Care Initiative to provide biannual learning collaborative and learning sessions on attempt survivor groups and lived experience supports.	
Issue/Challenge: Need greater access to resources for service providers who work with those impacted by suicide loss and for clinicians who have lost a client to suicide *Action Alliance Crosswalk: 1.1, 1.2, 1.4*	
Strategy: PV 5.0 (See WF 3.0)	
Action	Primary Partners
PV 5.1 Increase access to suicide grief training for clinicians working with individuals bereaved by suicide. (See WF 3.1, WF 3.2, WF 3.3)	
Issue/Challenge: Our community partners need to be better equipped to respond to a loss by suicide through best practices *Action Alliance Crosswalk: 1.1, 1.2, 1.4*	
PV 6.0 Encourage agencies and workplaces to have a plan in place in the event of a client or staff loss to suicide.	
Action	Primary Partners
PV 6.1 Create communications tools and outreach to increase the awareness about postvention steps.	Texas Suicide Prevention Council, State Behavioral Health Coordinating Council

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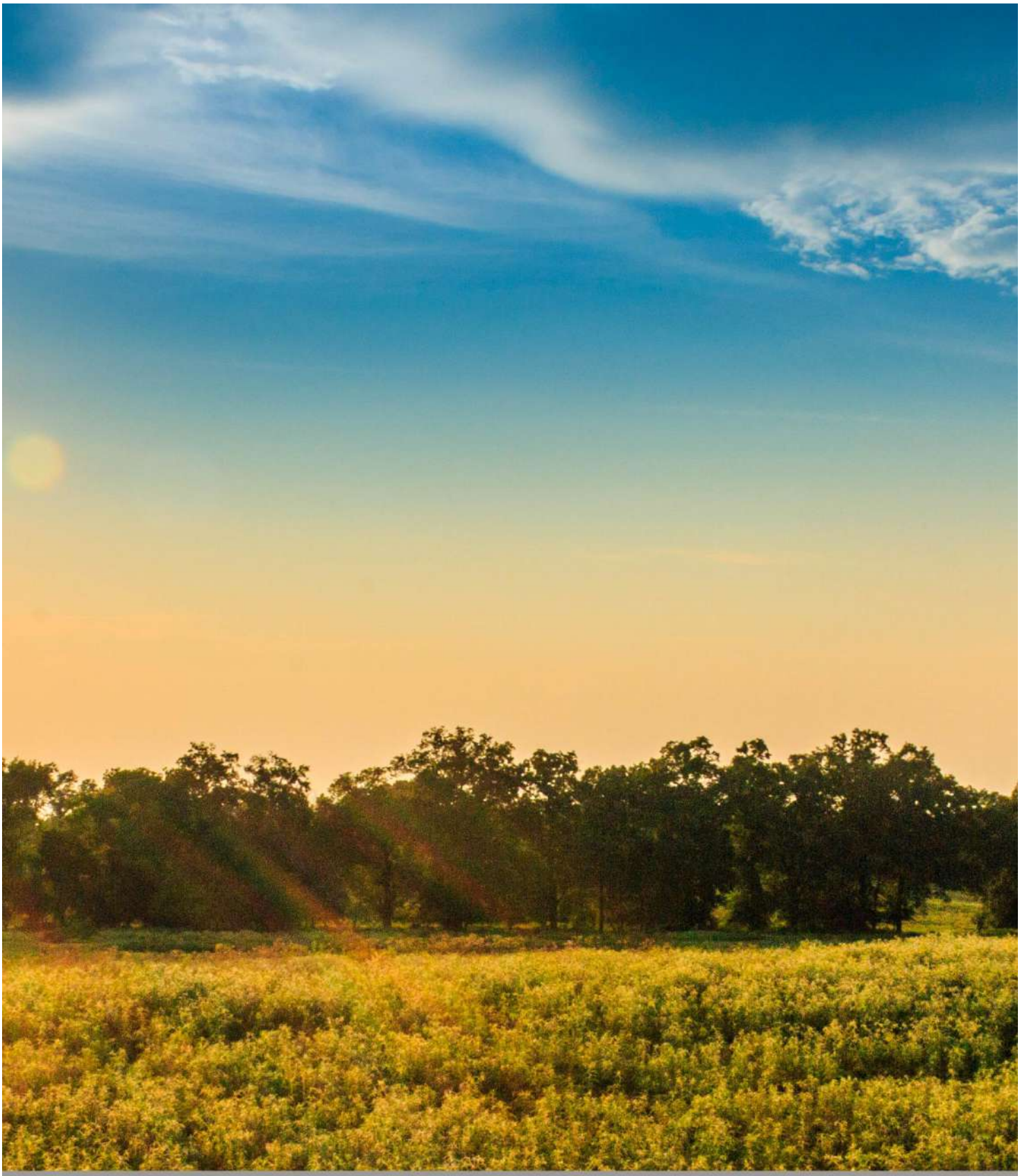

TEXAS
SUICIDE
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