

TEXAS STATE PLAN FOR SUICIDE PREVENTION: GUIDELINES FOR SUICIDE PREVENTION IN TEXAS

2
0
1
8

*Amended and Adopted by the Texas Suicide Prevention Council
October 26, 2018*

“NO MATTER WHERE WE LIVE OR WHAT WE DO EVERYDAY, EACH OF US HAS A ROLE IN PREVENTING SUICIDE. OUR ACTIONS CAN MAKE A DIFFERENCE... WE HAVE NO TIME TO WASTE.”

— 2012 NATIONAL STRATEGY FOR SUICIDE PREVENTION

EXECUTIVE SUMMARY

In Texas, there were 3,488 deaths by suicide in 2016, with 1-1/2 times more suicides than homicides. The highest rates in Texas are for seniors and the middle ages. Suicide is the 2nd leading cause of death in Texas among older teens, college age youth and young adults and the 3rd leading cause of death among young teens, ages 10-14. However, suicide is considered to be among one of the most preventable of public health tragedies.

Although suicide is closely linked with mental illness, the majority of those who may have a mental disorder do not die by suicide. Thus, suicide prevention is not exclusively a mental health issue. The national plan and this State Plan view it as a public health issue that must be addressed at many levels by different groups working together in a comprehensive, collaborative and coordinated way.

HISTORY

The original Texas State Plan for Suicide Prevention was written in 2001 and 2002 by the Texas Suicide Prevention Plan Steering Committee (a multi-disciplinary group of professionals and survivors of suicide loss) 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. 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.

Following the merger of multiple state agencies, the Texas Department of State Health Services (DSHS) was formed in 2003 and took the lead for suicide prevention in Texas by recognizing suicide prevention as a public health problem.

When the Texas Suicide Prevention Council was formed with the merger of the Texas Suicide Prevention Network of local and university suicide prevention coalitions and statewide organizations including the Texas Department of State Health Services, the Council approved the plan in 2006 and reviewed and revised it in 2008, 2011 and 2014. As a broad-based membership group of statewide agencies and organizations, local university campuses, military and veterans groups, and community suicide prevention coalitions, the Council has agreed to periodically review, update and implement the Texas State Plan for Suicide Prevention. It charges its members with agreeing to support one or more of the State Plan goals.

The 2014 Texas State Plan for Suicide Prevention was the first major rewrite of the plan to follow the changes incorporated in the recommendations from the 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action, a joint report from the U.S. Surgeon General and the National Action Alliance for Suicide Prevention, <http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/>. This plan updates the 2014 version.

2018 STATE PLAN

The Texas State Plan for Suicide Prevention provides recommendations across the lifespan, including Strategic Directions, Objectives and Strategies specific to the state. The four strategic directions are aligned with those articulated in the National Strategy with the goals, objectives and strategies closely following the national plan. The statewide strategies identified in the plan are those that can be directly supported by the Texas Suicide Prevention Council and the Texas Department of State Health Services.

KEY COMPONENTS:

The key underlying framework of the original State Plan and this update is that suicide prevention is intended to be community-based and provides the structure needed to coordinate and collaborate across public and private resources. It is the hope of the Council that local community coalitions and statewide organizations will prioritize and craft strategies aligned with the National Strategy for Suicide Prevention. In addition, this plan is to assist in identifying local needs and to share this information with the Texas Suicide Prevention Council in order to promote opportunities for collaboration, data collection, sharing of best practices and lessons learned. The Appendix to this plan gives specific examples of how local communities and representative groups can participate in implementing the Texas State Plan for Suicide Prevention.

Key mental health and suicide prevention terms used in this document follow definitions in *Self-Directed Violence Surveillance Uniform Definition and Recommended Data Elements*, <https://www.cdc.gov/violenceprevention/pdf/self-directed-violence-a.pdf> and/or definitions in the National Strategy for Suicide Prevention, <http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/>

STRATEGIC DIRECTIONS:

1. Healthy and Empowered Individuals, Families, and Communities
2. Clinical and Community Preventive Services
3. Treatment and Support Services
4. Surveillance, Research, and Evaluation

GOALS:

- (1) Integrate and coordinate suicide prevention activities in multiple sectors and settings across the lifespan.
- (2) Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.
- (3) Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.
- (4) Promote responsible media reporting of suicide, appropriate representation of suicide and mental health issues in the entertainment industry, and the safety of online content related to suicide.
- (5) Develop, implement, and monitor best practice-based programs that promote wellness and prevent suicide and related behaviors.
- (6) Promote efforts to reduce access to lethal means of suicide among individuals and groups with

identified suicide risk.

- (7) Provide training to schools, community, and clinical and behavioral health service providers on the prevention of suicide and related behaviors.
- (8) Promote suicide prevention as a core component of health care services.
- (9) Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.
- (10) Provide care and support to individuals affected by suicide deaths or suicide attempts and implement community best practice-based postvention strategies to help prevent further suicides.
- (11) Increase the timeliness and usefulness of national, state, and local surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action.
- (12) Promote and support research on suicide prevention.
- (13) Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.

STRATEGIC DIRECTION 1: HEALTHY AND EMPOWERED INDIVIDUALS, FAMILIES, AND COMMUNITIES

GOAL 1. INTEGRATE AND COORDINATE SUICIDE PREVENTION ACTIVITIES ACROSS MULTIPLE SECTORS AND SETTINGS ACROSS THE LIFESPAN

OBJECTIVE 1.1: Identify and measure the integration of suicide prevention into the values, culture, leadership, and work of a broad range of organizations and programs as reported through the Texas Suicide Prevention Council data tracking measures.

STRATEGY 1.1.1: Support the implementation of programs and policies to build social connectedness and promote positive mental health and emotional health.

STRATEGY 1.1.2: Support the implementation of organizational changes to promote mental and emotional health in the health and behavioral health workforce.

STRATEGY 1.1.3: Increase the number of local, state, professional, faith-based, military, veteran and other groups that integrate suicide prevention activities into their programs.

OBJECTIVE 1.2: Continuously improve effective, sustainable, and collaborative suicide prevention programming at the state, county, tribal, and local levels as measured through existing data capture systems.

STRATEGY 1.2.1: The Texas Health and Human Services Commission and the Texas Suicide Prevention Council will coordinate and convene public and private stakeholders, assess needs and resources, and administer a comprehensive state suicide prevention plan at regular intervals.

STRATEGY 1.2.2: Through the support of the Texas Health and Human Services Commission and the Texas Suicide Prevention Council, local mental health and local behavioral health authorities will participate in local coalitions to promote and implement comprehensive suicide prevention efforts at the community level.

STRATEGY 1.2.3: To promote suicide prevention collaboration and capacity building, the Texas Health and Human Services Commission and the Texas Suicide Prevention Council will coordinate a statewide suicide prevention technical assistance and education opportunities aligned with funding availability and identified needs.

OBJECTIVE 1.3: Sustain and strengthen infrastructure across agencies and organizations to advance suicide prevention.

STRATEGY 1.3.1: 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 higher risk groups.

STRATEGY 1.3.2: Ensure persons in high risk occupational groups are addressed in suicide prevention initiatives, such as first responders, construction, law enforcement, physicians, veterinarians, military service members, national guard, fire fighters, coroners and funeral directors, agriculture, forestry and mining, and others.

STRATEGY 1.3.3: Engage local, state, professional, volunteer, faith-based and other organizations about the importance of integrating suicide prevention activities into their programs.

STRATEGY 1.3.4: Continue to support the suicide prevention services of the Texas Health and Human Services Commission by increasing capacity and/or incorporating support from other areas within the agency, including epidemiology, crisis services and public health to assist in statewide suicide prevention and collaboration across agencies.

STRATEGY 1.3.5: Support the integration of suicide prevention activities into the newly formed Injury Prevention Branch at the Texas Department of State Health Services.

OBJECTIVE 1.4: Develop and sustain public-private partnerships to advance suicide prevention.

STRATEGY 1.4.1: Promote the resources of the National Action Alliance for Suicide Prevention, a public-private partnership dedicated to advancing the National Strategy for Suicide Prevention and participate in Alliance activities and committees where appropriate.

STRATEGY 1.4.2: Support the Texas Suicide Prevention Council's efforts to expand its state partner, local coalition, military/veteran coalition and education coalition membership.

OBJECTIVE 1.5: Integrate suicide prevention into all relevant health care policy efforts.

STRATEGY 1.5.1: Encourage businesses and employers to ensure that mental health services are included as a benefit in health plans and employee assistance programs and encourage employees to use these services as needed.

GOAL 2. IMPLEMENT RESEARCH-INFORMED COMMUNICATION EFFORTS DESIGNED TO PREVENT SUICIDE BY CHANGING KNOWLEDGE, ATTITUDES, AND BEHAVIORS.

OBJECTIVE 2.1: Develop, implement, and evaluate communication efforts designed to reach defined segments of the population.

STRATEGY 2.1.1: Develop and implement an effective communications strategy for defined higher risk audiences and school personnel promoting suicide prevention, mental health, and emotional well-being that incorporates traditional and new media, and also includes targeted bi-lingual approaches (Spanish) and specific military and veteran strategies as funding allows.

OBJECTIVE 2.2: Reach policymakers with dedicated communication efforts.

STRATEGY 2.2.1: Increase policymakers' understanding of suicide, its impact on constituents and stakeholders, and effective suicide prevention efforts.

STRATEGY 2.2.2: Incorporate and support local coalitions in driving messaging strategies for National Suicide Prevention Awareness Month, other national messaging initiatives and state messaging campaigns.

OBJECTIVE 2.3: Increase communication efforts in mass and social media that promote positive messages and support safe crisis intervention strategies.

STRATEGY 2.3.1: Incorporate emerging technologies in suicide prevention programs and communication strategies, using best practices guidelines, and link to the National Suicide Prevention Lifeline, 1-800-273-8255 where feasible.

STRATEGY 2.3.2: Incorporate positive messages and safe crisis intervention information in suicide prevention communication programs.

OBJECTIVE 2.4: Increase knowledge of risk factors and warning signs for suicide and how to connect individuals in crisis with assistance and care.

STRATEGY 2.4.1: Increase public awareness of the role of the national and local crisis lines in providing services and support to individuals in crisis.

STRATEGY 2.4.2: Increase the use of new and emerging technologies such as tele-health, chat and text services, websites, mobile applications, and online support groups for suicide prevention communications.

STRATEGY 2.4.3: The Texas Suicide Prevention Council will disseminate information in outreach activities on risk factors and warning signs for suicide, and how to connect individuals to help, including annual goals set to funding levels including utilization metrics for www.TexasSuicidePrevention.org, online training programs and select social media.

GOAL 3. INCREASE KNOWLEDGE OF THE FACTORS THAT OFFER PROTECTION FROM SUICIDAL BEHAVIORS AND THAT PROMOTE WELLNESS AND RECOVERY.

OBJECTIVE 3.1: Promote effective programs and practices that increase protection from suicide risk.

STRATEGY 3.1.1: Provide opportunities for social participation and inclusion for those who may be isolated or at risk.

STRATEGY 3.1.2: Implement programs and policies to prevent abuse, bullying, violence, and social marginalization or exclusion.

STRATEGY 3.1.3: Encourage individuals and families to build strong, positive relationships with family and friends.

STRATEGY 3.1.4: Encourage individuals and families to become involved in their community's volunteer efforts (e.g. mentor or tutor youth, join a faith or spiritual community, reach out to older adults in the community.)

OBJECTIVE 3.2: Reduce prejudice, discrimination or stigma associated with suicidal behaviors, and mental health and substance use and misuse disorders.

STRATEGY 3.2.1: Promote mental health, increase understanding of mental and substance use and misuse disorders, and eliminate barriers to accessing help through broad communications, public education and public policy efforts.

STRATEGY 3.2.2: Increase funding and access to mental health services in an effort to reduce suicide attempts, hospitalizations or incarcerations due to mental health related behaviors.

OBJECTIVE 3.3: Promote the understanding that recovery from mental health and substance use disorders is possible for all.

STRATEGY 3.3.1: Communicate messages of resilience, hope, and recovery to communities, patients, clients and their families with mental health and substance use disorders <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/> and messaging specific to Texas "[Stories of Help and Hope: https://texassuicideprevention.org/training/video-training-lessons-guides/stories-of-help/](https://texassuicideprevention.org/training/video-training-lessons-guides/stories-of-help/)

GOAL 4. PROMOTE RESPONSIBLE MEDIA REPORTING OF SUICIDE, APPROPRIATE REPRESENTATION OF SUICIDE AND MENTAL HEALTH ISSUES IN THE ENTERTAINMENT INDUSTRY, AND THE SAFETY OF ONLINE CONTENT RELATED TO SUICIDE.

OBJECTIVE 4.1: Encourage and recognize news and online organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors.

STRATEGY 4.1.1: Disseminate *Recommendations for Reporting on Suicide* to news and online organizations <http://reportingonsuicide.org>

STRATEGY 4.1.2: Encourage communication and feedback to news and online organizations in response to stories related to suicide, noting when they are appropriate and/or inappropriate, utilizing a variety of communications such as letters to the editor, op-eds, articles, online article comments, personal contacts and phone calls.

STRATEGY 4.1.3: Recognize selected members of the news media industry who follow safe messaging guidelines at suicide prevention symposiums and regional meetings/summits.

OBJECTIVE 4.2: Promote and disseminate national guidelines on the safety of online content for new and emerging communication technologies and applications.

STRATEGY 4.2.1: Encourage statewide groups, local coalitions and gatekeepers to monitor and respond to the safety of online content and its use of national guidelines on safe messaging and suicide prevention.

OBJECTIVE 4.3: Disseminate and/or educate about national guidelines for journalism and mass communication schools regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula.

STRATEGY 4.3.1: Develop a distribution list of journalism and mass communications schools in Texas and disseminate the national guidelines.

STRATEGIC DIRECTION 2: CLINICAL AND COMMUNITY PREVENTIVE SERVICES

GOAL 5. DEVELOP, IMPLEMENT, AND MONITOR BEST PRACTICE-BASED PROGRAMS THAT PROMOTE WELLNESS AND PREVENT SUICIDE AND RELATED BEHAVIORS.

Objective 5.1: Strengthen the coordination, implementation and evaluation of comprehensive state, county, tribal, and local suicide prevention programming.

STRATEGY 5.1.1: Support the implementation of suicide prevention, interventions and policies as recommended in places such as the Suicide Prevention Resource Center's, Programs and Resources page <http://www.sprc.org/resources-programs>

STRATEGY 5.1.2: The Texas Suicide Prevention Council will promote and provide a link and/or listing of promising or best practice-based suicide prevention programs on <https://texassuicideprevention.org>

STRATEGY 5.1.3: The Texas Suicide Prevention Council will maintain a list of state and local suicide prevention council membership groups and contact information on <https://texassuicideprevention.org>

OBJECTIVE 5.2: Encourage community-based settings to implement effective programs and provide education that promote wellness, reduce risk factors and prevent suicide and related behaviors.

STRATEGY 5.2.1: Target groups at risk of suicide in Texas such as people in the military, veterans, and their families, foster care and/or juvenile justice. Also, people living with or affected by substance use and misuse, mental health consumers, suicide attempt survivors and those bereaved by suicide. Other targeted high-risk groups include: youth, elderly, Native American, middle-aged white males, mental health consumers, suicide attempt survivors, trauma survivors, gay/lesbian/bisexual/transgender/questioning/two-spirited people, and other higher risk groups.

STRATEGY 5.2.2: Promote, implement or development of suicide prevention policies and programs that address the needs of the above at-risk groups.

STRATEGY 5.2.3: Support and educate agencies and employers to recognize co-workers in distress and respond appropriately using information such as *Clinical Workplace Preparedness* and *Comprehensive Blueprint for Workplace Suicide Prevention* developed by the National Action Alliance for Suicide Prevention, and other best practice materials. <http://actionallianceforsuicideprevention.org/task-force/workplace/cspp/training>

STRATEGY 5.2.4: Support initiatives outlined in Texas State statutes for K-12 and higher education partners to ensure that students at risk of suicide have access to mental health and counseling services and are encouraged to use these services.

STRATEGY 5.2.5: Identify opportunities to promote wellness messaging, information and education.

OBJECTIVE 5.3: Intervene to reduce suicidal thoughts and behaviors in individuals and populations with suicide risk.

STRATEGY 5.3.1: Screen for mental health needs, including suicidal thoughts and behaviors, and make referrals to treatment and community resources, as needed.

STRATEGY 5.3.2: Implement through online training and a Training of Trainer network, suicide prevention programs in nonprofit, community, workplace and faith-based programs that address the needs of groups at risk for suicide and that are culturally, linguistically, and age appropriate.

STRATEGY 5.3.3: Encourage individuals, natural supports, guardians, foster parents and families to learn the risk factors and warning signs of suicide and suicidal behaviors. Programs should include resources on best practice-based suicide prevention trainings, pamphlets and social media messaging.

STRATEGY 5.3.4: Encourage businesses and corporations to implement education and prevention programs for the workforce to learn the risk factors and warning signs of suicide and suicidal behaviors. Programs should include how to reach out to those who may be at risk and connect them with appropriate resources.

STRATEGY 5.3.5: Encourage businesses and corporations to implement education and prevention programs for the workforce to learn protective factors, wellness and recovery activities for people with suicidal behaviors and suicide history to promote healing and wellness. Programs should be trauma informed and resiliency based when possible.

STRATEGY 5.3.6: Encourage sharing of information and referral sources for suicide prevention across multiple sectors and settings including the National Suicide Prevention Lifeline number, text and chat 1-800-273-8255 <https://suicidepreventionlifeline.org>, Veterans Crisis Line and Veterans Crisis Text Line <https://www.veteranscrisisline.net/> Trevor Project crisis, text and chat <https://www.thetrevorproject.org>, Texas 211 <https://www.211texas.org/cms/>, Texas local and regional crisis numbers <https://www.dshs.state.tx.us/mhsa-crisishotline/>

OBJECTIVE 5.4: Strengthen efforts to increase access to, and delivery of, best practice-based effective programs and services for mental health and substance use disorders.

STRATEGY 5.4.1: Provide suicide safe care best practices and standards of care for providers of health, mental health, and substance abuse treatment, such as the National Action Alliance's *Zero Suicide in Health and Behavioral Health Care* toolkit, beginning with local behavioral health and mental health authorities. <http://zerosuicide.sprc.org>

STRATEGY 5.4.2: Educate the general public and policy makers about the need for adequate funding and leveraging of resources to increase access to and delivery of best practice-based programs.

GOAL 6. PROMOTE EFFORTS TO REDUCE ACCESS TO LETHAL MEANS OF SUICIDE AMONG INDIVIDUALS AND GROUPS WITH IDENTIFIED SUICIDE RISK.

OBJECTIVE 6.1: Encourage providers who interact with individuals and groups at risk for suicide to routinely assess for access to lethal means.

STRATEGY 6.1.1: Sponsor trainings and disseminate information on means restriction to mental health and healthcare providers, professional associations, patients and their families and work to ensure training curriculums offer lethal means training as funding allows

STRATEGY: 6.1.2: Incorporate lethal means counseling into suicide risk assessment protocols and address means restriction in safety plans.

STRATEGY 6.1.3: Coordinate with and promote medication take-back days and ongoing methods for the disposal of unwanted medications.

STRATEGY 6.1.4: Encourage individuals and families to dispose of unused medications, particularly those that are toxic or abuse-prone, and take additional measures (e.g. medication lock box) if a member of the household is at high risk for suicide.

STRATEGY 6.1.5: Through the promotion of CALM online and in-person training opportunities, educate clergy, parent groups, schools, juvenile justice personnel, rehabilitation centers, defense and divorce attorneys, healthcare providers and others about the importance of promoting efforts to reduce access to lethal means among individuals at risk for suicide.

STRATEGY 6.1.6: Encourage all individuals and families to store household firearms locked and unloaded with ammunition locked separately.

STRATEGY 6.1.7: For households with a member at high risk for suicide, take additional measures such as recommendations in the Means Matter website <https://www.hsph.harvard.edu/means-matter/>

OBJECTIVE 6.2: Partner with firearm dealers, gun owners, concealed handgun trainers and law enforcement to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership. Potential points of community collaboration (through local suicide prevention coalitions, statewide partners and Texas agencies) include:

STRATEGY 6.2.1: Develop a list of potential firearm suicide safe advocacy groups in Texas, such as gun retailers, shooting clubs and ranges, manufacturers, firearm retail insurers, concealed handgun instructors, law enforcement, farm and ranch associations and veterans groups.

STRATEGY 6.2.2: Initiate partnerships with firearm advocacy groups (e.g. retailers, shooting clubs, manufacturers, firearm retail insurers, concealed handgun instructors, law enforcement, farm and ranch associations and veterans groups) to increase suicide prevention awareness.

STRATEGY 6.2.3: Develop and implement pilot community projects to promote gun safety and suicide safe homes, incorporating the National Action Alliance's Zero Suicide recommendations <http://zerosuicide.sprc.org>

OBJECTIVE 6.3: Encourage the implementation of safety technologies to reduce access to lethal means.

STRATEGY 6.3.1: Align with organizations and agencies that are working in suicide prevention to support and promote safety technologies to reduce access to lethal means (e.g. reducing carbon monoxide, restricting medication pack sizes, pill dispensing lockboxes, barriers to bridges).

GOAL 7. PROVIDE TRAINING TO SCHOOLS, COMMUNITY, CLINICAL AND BEHAVIORAL HEALTH SERVICE PROVIDERS ON THE PREVENTION OF SUICIDE AND RELATED BEHAVIORS.

OBJECTIVE 7.1: Provide training to community groups in the prevention of suicide and related behaviors.

STRATEGY 7.1.1: Texas Health and Human Services Commission will promote the use of best practice gatekeeper programs.

STRATEGY 7.1.2: The Texas Suicide Prevention Council will provide education and training, resources on the signs of suicide and suicidal behaviors and where to go for help, utilizing best practice- based programs such as online gatekeeper programs.

STRATEGY 7.1.3: The Texas Suicide Prevention Council provides access to online gatekeeper training for K-12 education staff, as funding is available.

STRATEGY 7.1.4: Texas Suicide Prevention Council will provide technical assistance as needed and funded to help school districts develop suicide prevention plans through its Texas Suicide Safer Schools program <https://texassuicideprevention.org/information-library/schools-and-youth-materials/> and SAMHSA protocols such as <http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

OBJECTIVE 7.2: Provide training to all health care providers, including mental health, substance abuse and behavioral health, on the recognition, assessment, and management of risk factors, warning signs, and the delivery of effective clinical care for people with suicide risk.

STRATEGY 7.2.1: Increase the capacity of health care providers to deliver suicide prevention services in a linguistically and culturally appropriate way.

STRATEGY 7.2.2: Increase the capacity of healthcare providers to deliver routine suicide prevention screening and services using best practice guidelines. Including links to key screening tools and trainings such as C-SSRS available via the <https://TexasSuicidePrevention.org> website.

OBJECTIVE 7.3: Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all health professions, including graduate and continuing education.

STRATEGY 7.3.1: Promote the integration of core suicide prevention competencies into relevant curricula and continuing education programs (e.g. nursing, medicine, allied health, pharmacy, social work, education, counseling, therapists).

OBJECTIVE 7.4: Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by credentialing and accreditation bodies.

STRATEGY 7.4.1: Promote the review of current core requirements for credentialing and accreditation bodies and make recommendations regarding suicide prevention and intervention guidelines to their curricula.

OBJECTIVE 7.5: Develop and implement protocols, programs, and policies for clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.

STRATEGY 7.5.1: Promote the addition of suicide risk-specific protocols to programs and policies for mental health clinicians, supervisors, first responders, and their support staff.

STRATEGY 7.5.2: Texas Health and Human Services Commission promotes the adoption of standards of excellence for suicide safe care centers for all local mental health authorities.

STRATEGY 7.5.3: Promote effective communication and coordination among mental health clinicians, supervisors, first responders, their support staff, and others on responding to clients at imminent risk.

STRATEGIC DIRECTION 3: TREATMENT AND SUPPORT SERVICES

GOAL 8. PROMOTE SUICIDE PREVENTION AS A CORE COMPONENT OF HEALTH CARE SERVICES.

OBJECTIVE 8.1: Support continuous improvement of Zero Suicide implementation by health care and community support systems that provide services and support to defined patient populations.

STRATEGY 8.1.1: Texas Health and Human Services Commission and the Texas Suicide Prevention Council will maintain initiatives that support Zero Suicide work in health and behavioral healthcare agencies as funding allows.

STRATEGY 8.1.2: Promote <http://zerosuicide.sprc.org> website in publications and communications about treatment and support services.

STRATEGY 8.1.3: Educate providers of health care and community support systems about adopting Zero Suicide as an aspirational goal, and promote the use of tools, resources and research on the Texas Zero Suicide toolkit and website as well as the national website and toolkit.

OBJECTIVE 8.2: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.

STRATEGY 8.2.1: Advocate for funding for prevention and postvention for clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.

OBJECTIVE 8.3: Promote continuity of care and the safety and well being of all patients treated for suicide risk in emergency departments or hospital inpatient units.

STRATEGY 8.3.1: Promote the use of Counseling on Access to Lethal Means (CALM), the Stanley and Brown tool, the safety planning intervention and other research informed practices for emergency department care as highlighted in the Suicide Prevention Resource Center's Finding Programs at <https://www.sprc.org/strategic-planning/finding-programs-practices>

OBJECTIVE 8.4: Encourage healthcare delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.

STRATEGY 8.4.1: Encourage utilization of continuous improvement efforts through appropriate tools and methods for analyzing appropriate responses to suicide attempts as an indicator. An example data metric sheet can be found at <http://zerosuicide.sprc.org>

OBJECTIVE 8.5: Develop collaborations between emergency departments and other health care providers to provide safe alternatives to emergency department care and hospitalization when appropriate, and to promote rapid follow-up and ongoing care after discharge.

STRATEGY 8.5.1: Promote rapid enhanced programs for immediate care after discharge, such as caring letters, postcards, texts and letters.

STRATEGY 8.5.2: Use social media to encourage follow up care for all engaged in suicide prevention protocols.

GOAL 9. PROMOTE AND IMPLEMENT EFFECTIVE CLINICAL AND PROFESSIONAL PRACTICES FOR ASSESSING AND TREATING THOSE IDENTIFIED AS BEING AT RISK FOR SUICIDAL BEHAVIORS.

OBJECTIVE 9.1: Promote national guidelines for the assessment of suicide risk among persons receiving care in all settings.

STRATEGY 9.1.1: Educate providers about best practice-based toolkits and ways to implement the national guidelines for the assessment of suicide risk among persons receiving care in all settings, which can be found on the Suicide Prevention Resource Center's Finding Programs and Practices List, <http://www.sprc.org/strategic-planning/finding-programs-practices>

OBJECTIVE 9.2: Disseminate and implement best practice-based guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk, such as guidelines posted on the SPRC Finding Programs and Practices List at <http://www.sprc.org/strategic-planning/finding-programs-practices>

STRATEGY 9.2.1: Educate providers about the best practice-based national guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk, which can be found on the Suicide Prevention Resource Center's Finding Programs and Practices List <http://www.sprc.org/strategic-planning/finding-programs-practices>

OBJECTIVE 9.3: Promote the safe disclosure of suicidal thoughts and behaviors by all patients.

STRATEGY 9.3.1: The Texas Suicide Prevention Council will advocate for the promotion of safe disclosure of suicidal thoughts and behaviors.

STRATEGY 9.3.2: The Texas Suicide Prevention Council will advocate for the elimination penalties for suicide attempts from insurance providers.

STRATEGY 9.3.3: Texas Health and Human Services Commission and the Texas Suicide Prevention Council will support the education of providers about safe and effective guidelines for conducting suicide risk assessments such as:

- Chronological Assessment of Suicide Events - CASE approach: www.suicideassessment.com
- Columbia Suicide Severity Rating Scale - CSSRS - <http://www.cssrs.columbia.edu/>
- Assessing and Managing Suicide Risk (AMSR - <http://www.sprc.org/training-events/amr>
- Collaborative Assessment and Management of Suicidality: CAMS - <http://psychology.cua.edu/faculty/jobes.cfm>

and other programs identified on the Suicide Prevention Resource Center's Resources and Practices <http://www.sprc.org/resources-programs>

OBJECTIVE 9.4: Adopt and implement guidelines to effectively engage families and concerned others, when appropriate, throughout entire episodes of care for persons with suicide risk.

STRATEGY 9.4.1: Engage families and those at risk of suicide about the importance of including families and concerned others in the safety planning process.

OBJECTIVE 9.5: Adopt and implement policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving care for mental health and/or substance use and misuse disorders.

STRATEGY 9.5.1: Promote best practice risk stratification systems and pathways of clinical care.

OBJECTIVE 9.6: Promote standardized protocols for use within emergency departments based on common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs.

OBJECTIVE 9.7: Promote guidelines on the documentation of assessment and treatment of suicide risk and establish a training and technical assistance capacity to assist providers with implementation.

STRATEGY 9.7.1: Promote best practice-based recommendations such as those identified in suicide prevention and resources for primary care by the Suicide Prevention Resource Center's Finding Programs and Practices <http://www.sprc.org/strategic-planning/finding-programs-practices> and SAMHSA, www.samhsa.gov, related to assessment and treatment of those identified with suicidal thoughts and behaviors. Example: Recognizing and Responding to Suicide Risk in Primary Care <http://www.sprc.org/resources-programs/recognizing-and-responding-suicide-risk-primary-care-rrsr—pc>

GOAL 10. PROVIDE CARE AND SUPPORT TO INDIVIDUALS AFFECTED BY SUICIDE DEATHS OR SUICIDE ATTEMPTS, AND IMPLEMENT COMMUNITY BEST PRACTICE-BASED POSTVENTION STRATEGIES TO HELP PREVENT FURTHER SUICIDES.

OBJECTIVE 10.1: Promote guidelines for effective comprehensive support programs for individuals with lived experience, including those bereaved by suicide and survivors of suicide attempts, and promote the full implementation of these guidelines at the state, county, tribal, and community levels.

STRATEGY 10.1.1: Texas Health and Human Services Commission and the Texas Suicide Prevention Council will add links and/or information on best-practice support programs or guidelines for postvention strategies to appropriate websites such as <https://texassuicideprevention.org> <https://www.sprc.org/resources-programs>, and: <https://theactionalliance.org/resource/way-forward-pathways-hope-recovery-and-wellness-insights-lived-experience>

OBJECTIVE 10.2: Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.

STRATEGY 10.2.1: Disseminate guidelines on trauma informed care to clinicians, agencies, and first responders.

STRATEGY 10.2.2: Texas Health and Human Services Commission and the Texas Suicide Prevention Council will collaborate with state initiatives on trauma informed care and systems of care to include suicide prevention and postvention.

OBJECTIVE 10.3: Engage suicide attempt survivors and those bereaved by suicide in suicide prevention planning, including support services, treatment, community suicide prevention education, and promote guidelines and protocols for support groups for suicide attempt survivors and those bereaved by suicide.

STRATEGY 10.3.1: Texas Health and Human Services Commission and the Texas Suicide Prevention

Council will promote the development of follow-up services for attempt survivors, and those bereaved by suicide, in emergency departments and other community providers after a suicide attempt or death by suicide. Follow-up may include phone calls, post cards, email, or texts at intervals with caring messages, and contact information for help.

STRATEGY 10.3.2: Texas Health and Human Services Commission and the Texas Suicide Prevention Council will promote inclusion of people with lived experience, including suicide attempt survivors and those bereaved by suicide, in local, regional, and state initiatives.

OBJECTIVE 10.4: Promote community postvention best practice-based policies and programs to help prevent suicide clusters and contagion.

STRATEGY 10.4.1: Inform communities and school districts about support for postvention including how to address suicide clusters and contagion through the local mental health authority suicide prevention coordinator, local suicide prevention coalitions, the state suicide prevention coordinator, and the ad hoc state postvention advisory group of The Texas Department of State Health Services. These resources can be found at <http://www.dshs.state.tx.us/mhsa/suicide/Suicide-Prevention.aspx>

OBJECTIVE 10.5: Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation as funding allows.

<https://texassuicideprevention.org/information-library/texas-suicide-prevention-toolkit/> and <https://www.afsp.org/coping-with-suicide-loss/education-training/after-a-suicide-a-toolkit-for-schools> and <https://texassuicideprevention.org/information-library/schools-and-youth-materials/>

STRATEGY 10.5.1: Support and encourage communities to develop a LOSS Team (Local Outreach to Suicide Survivors), trainings, support groups, and offer best practice-based bibliotherapy and other resources <http://lossteam.com>

STRATEGY 10.5.2: Provide support for open and direct talk about suicide postvention through best practice-based presentations, debriefing, and counseling.

STRATEGY 10.5.3: Encourage and /or support to schools and school districts for training and facilitated discussions with teachers, administrators, support staff, and parents after a suicide loss.

STRATEGY 10.5.4: Encourage protocols to support to students after a suicide loss in one-to-one or small group discussions only.

STRATEGY 10.5.5: Provide awareness about the need for best practice supports to medical examiner officers, victim services groups, first responders, funeral homes and faith-based organizations for those bereaved by suicide deaths or affected by suicide attempts.

STRATEGY 10.5.6: Disseminate guidelines about best practices for online and social media after suicide attempt or loss through <https://Texassuicideprevention.org>

STRATEGY 10.5.7: Disseminate best practice-based support materials targeted to youth after a suicide loss.

STRATEGY 10.5.8: Encourage safe messaging training for all individuals and organizations involved in prevention, intervention and postvention activities SuicidePreventionMessaging.org

OBJECTIVE 10.6: Provide health care providers, first responders, and others with best practice-based care and support when a patient under their care, or a colleague, dies by suicide.

STRATEGY 10.6.1: Provide support (including training, facilitated discussions, and counseling support) to professional caregivers in communities and schools after a patient or a colleague dies by suicide.

STRATEGY 10.6.2: Consider utilizing hospital or health care organizations' regular communications to inform other providers about increased suicide risk and potential clusters.

STRATEGIC DIRECTION 4: SURVEILLANCE, RESEARCH, AND EVALUATION

GOAL 11. INCREASE THE TIMELINESS AND USEFULNESS OF NATIONAL, STATE AND LOCAL SURVEILLANCE SYSTEMS RELEVANT TO SUICIDE PREVENTION AND IMPROVE THE ABILITY TO COLLECT, ANALYZE, AND USE THIS INFORMATION FOR ACTION.

OBJECTIVE 11.1: Improve the timeliness of reporting vital records data at state, county, local, school, and higher education levels.

STRATEGY 11.1.1: Improve capacity for state epidemiologists to review and report suicide data to the Texas Suicide Prevention Council.

OBJECTIVE 11.2: Improve the usefulness and quality of suicide related data, including death, attempt, ideation, and exposure to suicide.

STRATEGY 11.2.1: Promote a mechanism in Texas to collect and disseminate suicide attempt data.

OBJECTIVE 11.3: Improve and expand state/county, tribal, and local public health capacity to routinely collect, analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions.

STRATEGY 11.3.1: As allowed by law, encourage government entities to enter into memorandums of understanding to share suicide data that does not name a deceased person.

OBJECTIVE 11.4: Increase the number of national and state representative surveys and other data collection instruments that include questions on suicidal behaviors, related risk factors, and exposure to suicide.

STRATEGY 11.4.1: Texas Health and Human Services Commission and the Texas Suicide Prevention Council will review and make recommendations for the addition of questions to the Youth Risk Behavior Surveillance System Survey related to suicide prevention and postvention, as well as gay/lesbian/bisexual/transgender/two-spirited youth.

STRATEGY 11.4.2: Texas Health and Human Services Commission and the Texas Suicide Prevention Council will review and make recommendations for the addition of questions to the Texas Behavioral Risk Factor Surveillance System Survey related to suicide prevention and gay/lesbian/bisexual/transgender/two-spirited adults.

STRATEGY 11.4.3: The Texas Suicide Prevention Council will support the implementation of the National Violent Death Reporting System as feasible.

GOAL 12. PROMOTE AND SUPPORT RESEARCH ON SUICIDE PREVENTION.

OBJECTIVE 12.1: Develop a Texas suicide prevention research agenda with comprehensive input from multiple stakeholders.

STRATEGY 12.1.1: Form partnerships with higher education to promote and support suicide prevention research.

STRATEGY 12.1.2: Consult with the research prioritization task force of the National Action Alliance for Suicide Prevention on how Texas can develop a mechanism to prioritize state research.

OBJECTIVE 12.2: Disseminate national and Texas suicide prevention research agenda.

STRATEGY 12.2.1: Encourage Texas researchers to apply for national grants and research opportunities on suicide prevention, intervention, and postvention.

STRATEGY 12.2.2: Encourage suicide prevention researchers to inform the Texas Department of State Health Services Suicide Prevention Officer and the Texas Suicide Prevention Council, admin@texasusuideprevention.org about their articles and research projects so that their results can be shared statewide.

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

STRATEGY 12.3.1: Provide timely dissemination of suicide research findings through links on <https://TexasSuicidePrevention.org> and social media and/or other mechanisms as funding allows.

OBJECTIVE 12.4: Encourage the development of research resources to help increase the amount and quality of research on suicide prevention and care in the aftermath of suicidal behaviors and postvention.

STRATEGY 12.4.1: Provide links to repositories of national suicide prevention, intervention and postvention toolkits and websites.

GOAL 13. EVALUATE THE IMPACT AND EFFECTIVENESS OF SUICIDE PREVENTION INTERVENTIONS AND SYSTEMS AND SYNTHESIZE AND DISSEMINATE FINDINGS.

OBJECTIVE 13.1: Evaluate the effectiveness of suicide prevention interventions in Texas.

STRATEGY 13.1.1: Texas Health and Human Services and the Texas Suicide Prevention Council will publicize evaluation results of best practice-based suicide prevention projects, including the Zero Suicide Texas pilot project.

OBJECTIVE 13.2: Assess, synthesize and disseminate the evidence in support of suicide prevention interventions in Texas through <https://TexasSuicidePrevention.org> website, presentations, webinars, trainings and reports.

OBJECTIVE 13.3: Examine how suicide prevention efforts are implemented in different states/counties and communities to identify the types of delivery structures that may be most efficient and effective.

OBJECTIVE 13.4: Evaluate the impact and effectiveness of the Texas State Plan for Suicide Prevention in reducing suicide morbidity and mortality.

STRATEGY 13.4.1: Advocate for development of a mechanism and funding to evaluate and assess the impact of the Texas State Plan for Suicide Prevention as funding allows.

STRATEGIC DIRECTION 1 - HEALTHY AND EMPOWERED INDIVIDUALS, FAMILIES AND COMMUNITIES

Participate in local coalitions of stakeholders to promote and implement comprehensive suicide prevention efforts at the community level. For more information, go to the Texas Suicide Prevention Toolkit: Coming Together to Care located at: https://texassuicideprevention.org/wp-content/uploads/2015/09/2015_Toolkit_Online.pdf

- Develop and implement communication strategies that convey messages of help, hope, and resiliency. www.suicidepreventionmessaging.org.
- Provide opportunities for social participation and inclusion for those who may be isolated or at risk, such as veterans service organizations, support groups and follow up care.
- Include those with lived experience such as attempt survivors and those bereaved by suicide for planning and implementation of programs.
- Consider sharing recommendations for reporting on suicide and safe messaging to media and encourage communication and feedback to news and online communities in response to local stories related to suicide. www.SuicidePreventionMessaging.org

STRATEGIC DIRECTION 2 - CLINICAL AND COMMUNITY PREVENTIVE SERVICES

- Implement suicide prevention programs that address the needs of groups at risk for suicide and that are culturally, linguistically, and age appropriate.
- Initiate partnership with firearm advocacy groups (e.g. retailers, shooting and hunting clubs, manufacturers, firearm retail insurers) to increase suicide awareness <https://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/>
- Advocate for the education of first responders, veterans groups, foster care, clergy, parent groups, schools, juvenile justice personnel, rehabilitation centers, defense and divorce attorneys, and others about the importance of promoting efforts to reduce access to lethal means among individuals at risk for suicide <https://www.hsph.harvard.edu/means-matter/> and <http://www.sprc.org/search/lethal%20means>
- Advocate with your local hospital, emergency departments and other health care providers to provide follow up connections through rapid enhanced programs for immediate care after discharge, such as caring letters, postcards, texts and letters. <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/postcards-green-cards-and-telephone-calls-therapeutic-contact-with-individuals-following-selfharm/7B8A8A273236746102FF2C71E4E068E9>

STRATEGIC DIRECTION 3 - TREATMENT AND SUPPORT SERVICES

- Coordinate the services of community-based and peer-support programs with the support available from local providers of mental health and substance abuse services to better serve individuals at risk for suicide.
- Consider providing support services for those with lived experience such as suicide attempt survivors and for those bereaved by suicide.

STRATEGIC DIRECTION 4 - SURVEILLANCE RESEARCH, AND EVALUATION

- Work with a local university to evaluate your suicide prevention program.

RESOURCES REFERENCED IN THE 2018 TEXAS STATE PLAN FOR SUICIDE PREVENTION

2012 National Strategy for Suicide Prevention

<http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/>

After a Suicide: A Toolkit for Schools

<https://afsp.org/our-work/education/after-a-suicide-a-toolkit-for-schools/>

Assessing and Managing Suicide Risk (AMSR)

<http://www.sprc.org/training-events/amsr>

Counseling on Access to Lethal Means Project (CALM)

<https://www.hsph.harvard.edu/means-matter/>

Chronological Assessment of Suicide Events (CASE approach)

<https://suicideassessment.com>

Clinical Workplace Preparedness and Comprehensive Blueprint for Workplace Suicide Prevention

<https://theactionalliance.org/healthcare/clinical-workforce>

Collaborative Assessment and Management of Suicidality (CAMS)

<http://psychology.cua.edu/faculty/jobes.cfm>

Columbia Suicide Severity Rating Scale (CSSRS)

<http://cssrs.columbia.edu>

Coming Together to Care, Texas Suicide Prevention and Postvention Toolkit

<https://texassuicideprevention.org/information-library/texas-suicide-prevention-toolkit/TexasPlanUpdate2new.doc>

Defense Suicide Prevention Office

<https://www.dspo.mil>

Framework for Successful Messaging

www.SuicidePreventionMessaging.org

LOSS Team Postvention Workshops and Trainings

<http://www.lossteam.com/About-LOSSteam-2010.shtml>

Means Matters, Harvard School of Public Health (Gun Shop Project)

<https://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/>

National Suicide Prevention Lifeline, 1-800-273-8255

<https://suicidepreventionlifeline.org>

Preventing Suicide: A Toolkit for Schools

<https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

Recommendations for Reporting on Suicide

<http://reportingonsuicide.org>

Recommendations on Safe Messaging

<http://www.sprc.org/sites/default/files/migrate/library/SafeMessagingrevised.pdf>

Adopted 12.15.18

Self-Directed Violence Surveillance Uniform Definition and Recommended Data Elements

<http://www.cdc.gov/violenceprevention/pdf/self-directed-violence-a.pdf>

Suggested Guidelines for Implementation of a Trauma-informed Approach

<https://store.samhsa.gov/product/Trauma-Informed-Care-in-Behavioral-Health-Services-Quick-Guide-for-Clinicians-Based-on-TIP-57/SMA15-4912>

Suicide Prevention Home Page, Texas Department of State Health Services

<http://www.dshs.state.tx.us/mhsa/suicide/Suicide-Prevention.aspx>

Suicide Prevention Resource Center - Resources and Programs

<http://www.sprc.org/resources-programs>

Suicide Safer Schools – Texas

<https://texassuicideprevention.org/information-library/schools-and-youth-materials/>

Texas 211 – Connecting People and Services

<https://www.211texas.org/cms/>

Texas Crisis Lines

<https://www.dshs.state.tx.us/mhsa-crisishotline/>

Texas Department of State Health Services

<https://www.dshs.state.tx.us>

Texas Health and Human Services Commission

<https://hhs.texas.gov>

Texas Military and Veteran Peer Network

[https://www.milvetpeer.net/?](https://www.milvetpeer.net/)

Texas Suicide Prevention Council

<https://texassuicideprevention.org>

Texas Suicide Safer Schools

<https://texassuicideprevention.org/information-library/schools-and-youth-materials/>

Texas Suicide Prevention Website

<https://TexasSuicidePrevention.org>

TexVet Initiative

<https://www.textvet.org>

Veterans Affairs Suicide Prevention Coordinators and Medical Centers

<https://www.veteranscrisisline.net/get-help/local-resources/va?state=tx>

The Way Forward - Pathways to hope, recovery, and wellness with insights from lived experience

<https://theactionalliance.org/resource/way-forward-pathways-hope-recovery-and-wellness-insights-lived-experience>

Zero Suicide in Health and Behavioral Health Care

<https://zerosuicide.sprc.org>

