

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



*Amended and Adopted by the Texas Suicide Prevention Council
August 11, 2014*

"NO MATTER WHERE WE LIVE OR WHAT WE DO EVERY DAY, 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

E X E C U T I V E S U M M A R Y

In Texas, there were 3,032 deaths by suicide in 2012, and 2,802 deaths in 2011 with two 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 (15-34) and the 3rd leading cause of death among young teens, (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 and 2011. As a broad-based membership group of statewide agencies and organizations, local university campuses, 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 is 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/>.

2014 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 the same as those given 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 idea of the original State Plan and this update is that suicide prevention is intended to be community-based. It is the hope of the Council that local community coalitions and statewide organizations will prioritize and write strategies for other objectives under their control based on community needs and communicate their plans and efforts back to the Texas Suicide Prevention Council. Examples of strategies for communities will be found in an upcoming addendum to the Texas State Plan for Suicide Prevention that will give specific examples of how local communities and representative groups can participate in implementing the Plan.

Key mental health and suicide prevention terms used in this document follow definitions in *Self-Directed Violence Surveillance Uniform Definition and Recommended Data Elements*, <http://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:

- ▶ Healthy and Empowered Individuals, Families, and Communities
- ▶ Clinical and Community Preventive Services
- ▶ Treatment and Support Services
- ▶ 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, 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: Integrate suicide prevention into the values, culture, leadership, and work of a broad range of organizations and programs with a role to support suicide prevention activities.

STRATEGY 1.1.1: Implement programs and policies to build social connectedness and promote positive mental and emotional health.

STRATEGY 1.1.2: Implement organizational changes to promote mental and emotional health in the workforce.

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

OBJECTIVE 1.2: Establish effective, sustainable, and collaborative suicide prevention programming at the state, county, tribal, and local levels.

STRATEGY 1.2.1: The Texas Department of State Health Services and the Texas Suicide Prevention Council will coordinate and convene public and private stakeholders, assess needs and resources, and update and implement a comprehensive strategic state suicide prevention plan in 2014 and 2017, or as needed.

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

STRATEGY 1.2.3: The Texas Department of State Health Services and the Texas Suicide Prevention Council will coordinate a statewide suicide prevention symposium and two regional summits annually to promote suicide prevention collaboration in Texas.

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

STRATEGY 1.3.1: Strengthen partnerships with agencies that serve individuals at higher risk of suicide, such as military, veterans, substance abuse, foster care, juvenile justice, youth, elderly, Native American, 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: Educate local, state, professional, volunteer and faith-based organizations about the importance of integrating suicide prevention activities into their programs, and distribute specific suggestions and examples of integration.

STRATEGY 1.3.3: Advocate for strengthening the services of the suicide prevention officer in the Texas Department of State Health Services by increasing staff and/or incorporating support from other areas within the agency, including assistance from epidemiology, crisis services and public health to assist in statewide suicide prevention and collaboration across agencies.

STRATEGY 1.3.4: Promote the establishment of an injury and violence prevention center/ branch within the Texas Department of State Health Services that would include suicide prevention.

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.

STRATEGY 1.4.2: The Texas Suicide Prevention Council will increase the organizational membership by three member groups annually whose members include statewide and local groups, coalitions, veterans groups and college/university campuses.

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 encourage employees to use these services as needed.

STRATEGY 1.5.2: Encourage businesses and employers to ensure that mental health services are included in 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.

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: Prepare and disseminate educational white papers on suicide prevention topics for policymakers.

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 Lifeline, 1-800-273-8255.

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 of 80,000 printed materials distributed, 4,800 visits on www.TexasSuicidePrevention.org, 4,800 ASK about Suicide and Hope Box mobile application downloads, 300 tweets and re-tweets, 24 Facebook postings, 20,000 downloads of training and public awareness videos, and publication of a quarterly suicide prevention eNewsletter.

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 disorders.

STRATEGY 3.2.1: Promote mental health, increase understanding of mental and substance abuse 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/>

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: Develop a sample response template for recommendations to media, and a procedure for dissemination of the recommendations.

STRATEGY 4.1.4: Recognize selected members of the news media industry who follow safe messaging guidelines at suicide prevention symposiums and regional meetings/summits.

OBJECTIVE 4.2: Encourage and recognize members of the entertainment industry who follow recommendations regarding the appropriate representation of suicide and other related behaviors.

STRATEGY 4.2.1: Develop a sample response template for recommendations to the entertainment industry and a procedure for dissemination of the recommendations.

OBJECTIVE 4.3: Promote and disseminate national guidelines on the safety of online content for new and emerging communication technologies and applications.

STRATEGY 4.3.1: 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 4.4: Disseminate 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 4.4.1: 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 best practice registry, and the Substance Abuse and Mental Health Services (SAMHSA) national registry of evidence-based programs and practices. <http://nrepp.samhsa.gov>

STRATEGY 5.1.2: The Texas Suicide Prevention Council will annually update a link and/or listing of best practice-based suicide prevention programs on www.TexasSuicidePrevention.org.

STRATEGY 5.1.3: The Texas Suicide Prevention Council will annually update a list of state and local suicide prevention council membership groups and contact information on www.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 military, veterans, substance abuse, foster care, juvenile justice, youth, elderly, Native American, middle-aged white males, mental health consumers, suicide attempt survivors, gay/lesbian/bisexual/transgender/questioning/two-spirited people, those bereaved by suicide, and other higher risk groups.

STRATEGY 5.2.2: Work with various stakeholders to implement suicide prevention policies and programs that address the needs of these at risk groups.

STRATEGY 5.2.3: Train employees and supervisors 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: Work with educational groups and related programs and agencies such as the Texas Education Agency, student health advisory councils, school districts, Communities In Schools, Education Service Centers, Texas University and College Counseling Centers, professional associations, universities, colleges, and community colleges to ensure that students at risk of suicide have access to mental health and counseling services and are encouraged to use those 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 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 and families 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 5.3.4: 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 sharing of information and referral sources for suicide prevention across multiple sectors and settings including the National Suicide Prevention Lifeline number, 1-800-273-8255 / <http://www.suicidepreventionlifeline.org>, Texas local and regional crisis numbers, <https://www.dshs.state.tx.us/mhsa-crisishotline/>, and Texas 211, <https://www.211texas.org/cms/>.

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.actionallianceforsuicideprevention.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.

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

STRATEGY 6.1.3: Sponsor medication take-back days and ongoing methods for the disposal of unwanted medications (e.g. secure collection kiosks at police departments or pharmacies)

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

STRATEGY 6.1.8 Texas Suicide Prevention Council will distribute 800 gunlocks annually to stakeholders.

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.

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.actionallianceforsuicideprevention.org>

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

STRATEGY 6.3.1: 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: The Texas Department of State Health Services will promote the use of best practice gatekeeper programs.

STRATEGY 7.1.2: The Texas Suicide Prevention Council will provide education, training, and resources to 300 community providers annually on the signs of suicide and suicidal behaviors and where to go for help, utilizing best practice- based programs such as gatekeeper programs.

STRATEGY 7.1.3: Through tools developed in partnerships with The Texas Department of State Health Services and the Texas Suicide Prevention Council 3,000 school staff, higher education faculty and students will be trained annually to recognize students at potential risk of suicide and how to refer to appropriate services.

STRATEGY 7.1.4: The Texas Department of State Health Services and the Texas Suicide Prevention Council will provide technical assistance as needed to help school districts develop suicide prevention plans. <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: Explore partnerships with the Center for the Elimination of Disproportionality and Disparities through the Texas Health and Human Services Commission to increase cultural competency and relevance in suicide prevention. http://www.hhsc.state.tx.us/hhsc_projects/cedd/

STRATEGY 7.2.3: Increase the capacity of healthcare providers to deliver routine suicide prevention screening and services using best practice guidelines.

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: Integrate 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: Review 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: Add suicide risk-specific protocols to programs and policies for mental health clinicians, supervisors, first responders, and their support staff.

STRATEGY 7.5.2: The Texas Department of State Health Services will develop standards of excellence for suicide safe care centers for all local mental health authorities in the state by 2017. <https://www.dshs.state.tx.us>

STRATEGY 7.5.3: Enhance 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: Promote the adoption of Zero Suicide as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.

STRATEGY 8.1.1: The Texas Department of State Health Services and the Texas Suicide Prevention Council will develop a pilot program and Zero Suicide Toolkit on how to implement suicide safe care centers in communities in Texas by 2017.

STRATEGY 8.1.2: Promote www.zerosuicide.com 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 organizational readiness survey of the national action alliance for suicide prevention.

OBJECTIVE 8.2: Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.

OBJECTIVE 8.3: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.

STRATEGY 8.3.1: 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 8.4: 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 8.4.1: Promote the use of safety planning and other best practices for emergency department care as highlighted in the Suicide Prevention Resource Center's Best Practices Registry <http://www.sprc.org/bpr>

OBJECTIVE 8.5: Encourage healthcare delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.

OBJECTIVE 8.6: Establish linkages among providers of primary care, mental health and substance abuse services and community-based programs, including peer support programs.

STRATEGY 8.6.1: The Texas Department of State Health Services and the Texas Suicide Prevention Council will promote suicide prevention regional summits to enhance linkages among providers of primary care, mental health and substance abuse services and community-based programs, including peer support programs.

OBJECTIVE 8.7: Coordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.

OBJECTIVE 8.8: 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 8.8.1: Promote rapid enhanced programs for immediate care after discharge, such as caring letters, postcards, texts and letters.

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 Best Practices Registry, <http://www.sprc.org/bpr>

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 best practices registry at <http://www.sprc.org/bpr>

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 Best Practices Registry, <http://www.sprc.org/bpr>.

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 identify and review barriers identified by Texas insurance providers to promote the safe disclosure of suicidal thoughts and behaviors by all patients by the end of 2016.

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

STRATEGY 9.3.3: The Texas Department of State Health Services and the Texas Suicide Prevention Council will educate providers about safe and effective guidelines for conducting safe suicide risk assessments such as the 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-institute/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 best practice registry, <http://www.sprc.org/bpr>, beginning with local mental health authorities, by 2016.

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 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, www.sprc.org, and SAMHSA, www.sa.mhhsa.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/bpr/section-III/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. <http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way-Forward-Final-2014-07-01.pdf>

STRATEGY 10.1.1: The Texas Department of State Health Services 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 (e.g. www.TexasSuicidePrevention.org and <http://www.sprc.org/bpr>.)

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. <http://www.samhsa.gov/traumajustice/traumadefinition/guidelines.aspx>

STRATEGY 10.2.2: The Texas Department of State Health Services 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: The Texas Department of State Health Services 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: The Texas Department of State Health Services 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. http://www.texasuicideprevention.org/wp-content/uploads/2013/06/TexasSuicidePrevention-2012Toolkit_8-31.pdf and <https://www.afsp.org/coping-with-suicide-loss/education-training/after-a-suicide-a-toolkit-for-schools>

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

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: Provide 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: Provide 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.

STRATEGY 10.5.7: Develop or 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: The Texas Department of State Health Services 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: The Texas Department of State Health Services 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 advocate for Texas to join the National Violent Death Reporting System in order to gain additional surveillance data.

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, txsuicideprevention@mhatexas.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 www.TexasSuicidePrevention.org, Facebook, newsletters, Twitter, and other social media.

OBJECTIVE 12.4: 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.

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

OBJECTIVE 12.5: Encourage Texas foundations to support suicide prevention research.

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: The Texas Department of State Health 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.

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.

WHAT COMMUNITIES CAN DO TO ADVANCE THE STATEWIDE GOALS

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 page 23 of http://www.texassuicideprevention.org/wp-content/uploads/2013/06/TexasSuicidePrevention-2012Toolkit_8-31.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.
- ▶ 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. (<http://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/>)
- ▶ Educate first responders, 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. <http://www.hsph.harvard.edu/means-matter/> and http://www.sprc.org/search/apachesolr_search/means%20matters?filters=
- ▶ 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. <http://bjp.rcpsych.org/content/197/1/5.full>

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 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 2014 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://www.afsp.org/coping-with-suicide-loss/education-training/after-a-suicide-a-toolkit-for-schools>

Assessing and Managing Suicide Risk (AMSR)

<http://www.sprc.org/training-institute/amr>

Best Practices Registry, Suicide Prevention Resource Center

<http://www.sprc.org/bpr>

Counseling on Access to Lethal Means Project (CALM)

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

Center for Elimination of Disproportionality and Disparities

http://www.hhsc.state.tx.us/hhsc_projects/cedd/

Chronological Assessment of Suicide Events (CASE approach - www.suicideassessment.com),

Clinical Workplace Preparedness and Comprehensive Blueprint for Workplace Suicide Prevention

<http://actionallianceforsuicideprevention.org/task-force/workplace/cspp/training>

Collaborative Assessment and Management of Suicidality (CAMS)

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

Columbia Suicide Severity Rating Scale (CSSRS)

<http://www.cssrs.columbia.edu/>

Coming Together to Care, Texas Suicide Prevention and Postvention Toolkit

http://www.texassuicideprevention.org/wp-content/uploads/2013/06/TexasSuicidePrevention-2012Toolkit_8-31.pdf

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

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

National Registry of Evidence-Based Prevention Programs

<http://nrepp.samhsa.gov>

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

<http://www.suicidepreventionlifeline.org>

Preventing Suicide: A Toolkit for Schools

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

Recommendations for Reporting on Suicide

<http://reportingonsuicide.org>

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

<http://www.samhsa.gov/traumajustice/traumadefinition/guidelines.aspx>

Suicide Prevention Home Page, Texas Department of State Health Services

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

2-1-1 Texas Information and Referral Network

<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 Suicide Prevention Website

<http://www.texassuicideprevention.org>

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

<http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way-Forward-Final-2014-07-01.pdf>

Zero Suicide in Health and Behavioral Health Care

<http://zerosuicide.actionallianceforsuicideprevention.org>