



Report on Short-Term Action Plan to Prevent Veteran Suicides

**As Required by
Texas Government Code
§531.0999**

**Health and Human Services
Commission**

September 2019



TEXAS
Health and Human
Services

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Executive Summary

Texas Government Code Section 531.0999 added by Senate Bill (S.B.) 578, 85th Legislature, Regular Session, 2017, requires the Health and Human Services Commission (HHSC) to develop a comprehensive action plan to increase access to and availability of professional health services to prevent veteran suicidesⁱ in Texas. S.B. 578 calls for HHSC to develop a short-term action plan by September 1, 2019, for full implementation by September 1, 2021, including short-term recommendations covering statutory, administrative, and budget-related reforms.

S.B. 578 requires HHSC to collaborate with the Texas Coordinating Council for Veterans Services (TCCVS), the United States (U.S.) Department of Veterans Affairs (VA), the Substance Abuse and Mental Health Services Administration's (SAMHSA) Service Members, Veterans, and their Families (SMVF) Technical Assistance Center, veteran advocacy groups, medical providers, and other organizations to develop a plan to accomplish the following short-term goals:

1. Identify opportunities for raising awareness and providing resources for veteran suicide prevention;
2. Identify opportunities to increase access to veteran mental health services;
3. Identify funding resources to provide accessible and affordable veteran mental health services;
4. Expand public and private partnerships to ensure access to quality and timely mental health services;
5. Provide proactive outreach measures to reach veterans needing care;
6. Provide peer-to-peer service coordination, including training, certification, recertification, and continuing education for peer coordinators; and
7. Address suicide prevention awareness, measures, and training regarding veterans involved in the justice system.

While the legislative direction for this report is on prevention of veteran suicide specifically, the VA recognizes that family members are instrumental to each veteran's support networkⁱⁱ, and that a holistic approach including the veteran's family members must be used. Additionally, current service members should be included so they are prepared to identify and overcome suicidality which could arise during or after transition to veteran status.

This report takes into consideration the needs of the SMVF population in Texas in an effort to prevent veteran suicides.

The proposed short-term action plan developed in collaboration with stakeholders and in alignment with the seven short-term goals in S.B. 578 focuses on the following:

- Raising awareness among providers of the gaps in healthcare for SMVF which must be addressed to prevent suicide;
- Promoting the use of evidence-based and best practices regarding suicide prevention efforts for the SMVF population; and
- Normalizing safety seeking behavior.

Care was taken to align all efforts with work already directed toward suicide prevention in Texas including recommendations by the TCCVS,ⁱⁱⁱ the Texas Suicide Prevention Council's (TXSPC) Texas State Plan for Suicide prevention,^{iv} and the second edition of the Texas Statewide Behavioral Health Strategic Plan^v developed by the Statewide Behavioral Health Coordinating Council (SBHCC).^{vi}

1. Introduction

S.B. 578 requires HHSC to submit a report on the *Short-Term Action Plan to Prevent Veteran Suicide* by September 1, 2019, to the Texas Legislature and Governor. The report must describe short-term statutory, administrative, and budget-related policy initiatives and reforms to be fully implemented by September 1, 2021.

S.B. 578 also requires a legislative report on a long-term action plan inclusive of recommendations for statutory, administrative, and budget-related policy initiatives and reforms. This report is due to the Legislature and Governor by September 1, 2021 for full implementation by September 1, 2027. The 2021 report will build upon the results of the implementation of the short-term action plan and will align with state and national efforts in veteran suicide prevention.

The SAMHSA SMVF Technical Assistance Center developed an SMVF Community Intercept Model^{vii} to identify where SMVF are likely to engage with the community, why intercept points provide opportunities for outreach, and who collaborative partners may be. The model captures nine points in SMVF lives where there is opportunity for outreach, engagement, service, and linkage to community resources and supports. This model serves as a framework for guiding the construction of this proposed short-term action plan report and illustrates the breadth of efforts necessary to combat suicide in SMVF. The nine intercept points are:

1. Military Transitions
2. Veterans Affairs
3. Behavioral health care
4. Wellness and primary care
5. Peer support
6. Education and employment
7. Housing and benefits
8. Legal/justice system
9. Citizen services

Collaboration among SMVF providers can be facilitated through increased sharing of evidence-based practices, and increased incentives for implementation, allowing SMVF greater access to resources for suicide prevention.

In addition to the SAMHSA Intercept Model, the Center for Disease Control's (CDC) technical package of policy, programs and practices to prevent suicide^{viii} was used in the development of this report. The strategies referenced are:

1. Strengthen Economic Supports
2. Strengthen Access and Delivery of Suicide Care
3. Create Protective Environments
4. Promote Connectedness
5. Teach Coping and Problem-Solving Skills
6. Identify and Support People at Risk
7. Lessen Harms and Prevent Future Risk.

The proposed *Short-Term Action Plan to Prevent Veteran Suicide Overview* in Appendix A contains strategies and action steps to destigmatize mental health care, create sustainable infrastructures, increase cross-sector community collaboration, and increase the availability of professional and SMVF-specific mental health services.

The *Short-Term Action Plan to Prevent Veteran Suicide* identifies statutory, administrative, and budget-related gaps in the veteran suicide prevention efforts in Texas and provides recommendations for ways to address these gaps. Recommendations align with the seven short-term action plan goals described in S.B. 578.

2. Background

According to the American Foundation for Suicide Prevention (AFSP), “There is no single cause for suicide. It most often occurs when stressors exceed current coping abilities of someone suffering from a mental health condition.”^{ix} Left untreated, behavioral health needs can undermine a veteran’s health, productivity, social connectivity, and family relationships. Nearly 1.6 million veterans reside in Texas^x and there are 13 active military installations (counting Joint Base San Antonio as one installation). It is important to ensure SMVFs receive adequate resources to prevent veteran suicide.

The proposed *Short-Term Action Plan to Prevent Veteran Suicide* spans four core intercept points^{xi} to ensure that SMVF receive the resources and information needed to prevent suicide. Each of these intercept points may occur across public and private health systems SMVF are engaged in for treatment. The intercept points include:

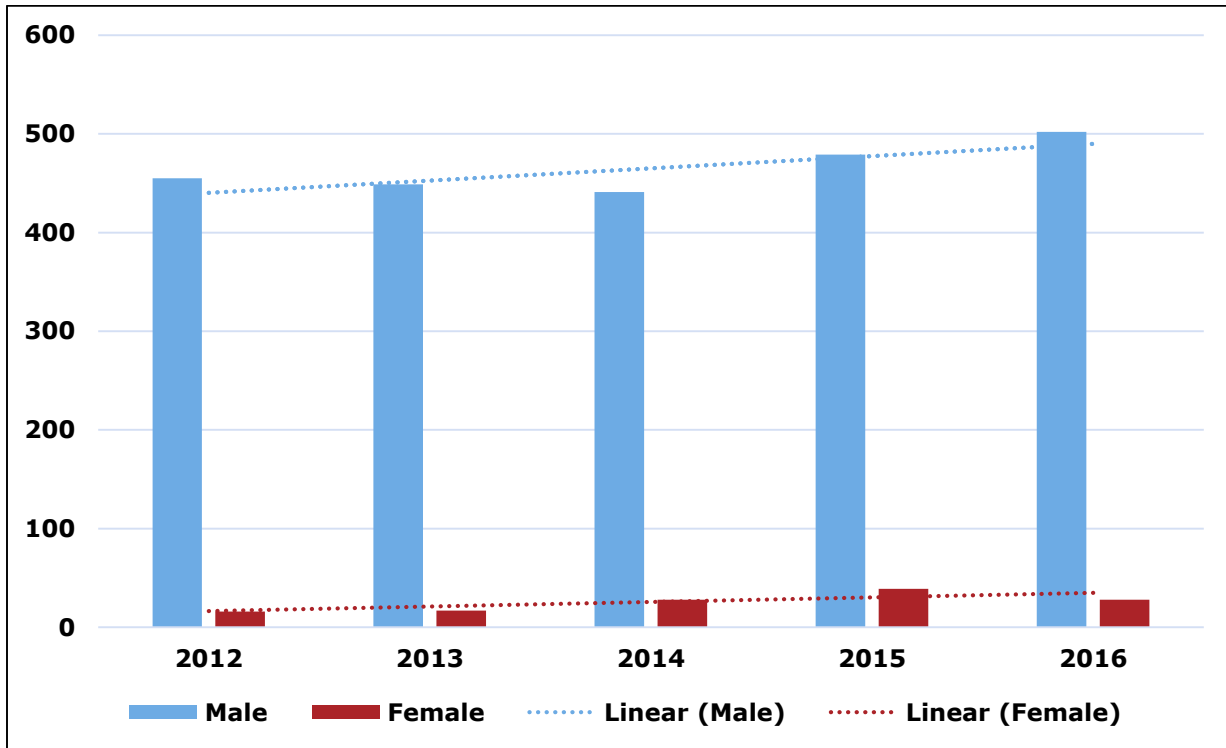
- Screening and referral process
- Evaluation
- Treatment
- Discharge planning process
- Post-discharge follow-up
- Continuity of Care
- Ongoing treatment and recovery support

The introduction of focus at these intercepts may assist in more effective reduction of the numbers of veteran suicides.

The VA reports an average of 17^{xii} veterans die by suicide a day in the U.S.^{xiii} In 2016, the VA published an infographic with Texas veteran suicide data and reported 530 veteran suicide deaths^{xiv} in Texas, averaging more than one death a day in calendar year 2016. The data also demonstrates the 2016 veteran suicide rate in Texas was not significantly different than the veteran suicide rate nationally, with the rates of suicide among male and female veterans nationally 1.4 times and 1.8 times greater,^{xv} respectively, than non-veteran male and female suicides adjusted

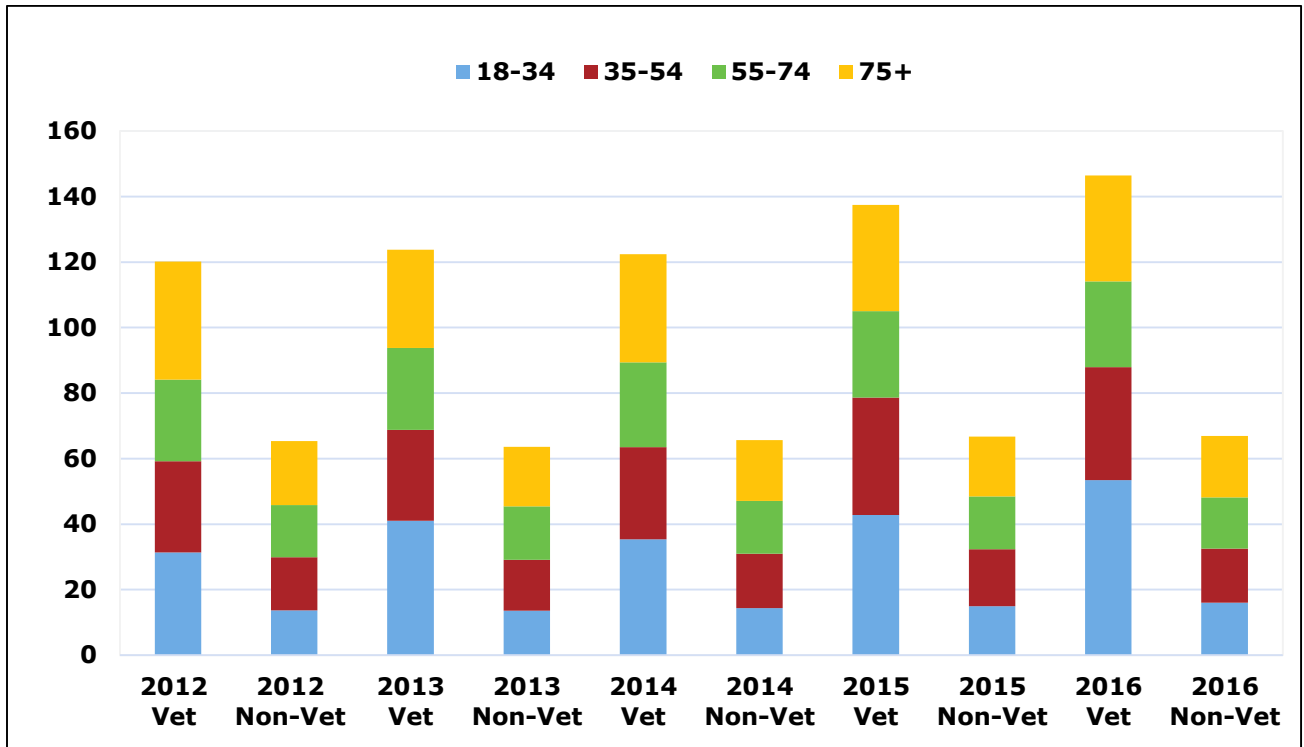
for age. This data also shows the most common method used to die by suicide^{xvi} was the use of a firearm (maintaining its lethality in every year data was collected) followed by suffocation, poisoning, and other lethal means. Lethal means in this context refers to the tool or method by which a person dies by suicide. Although nationally there are a greater number of male veteran suicides, female veterans suffer a higher rate of suicide. Figure 1 reflects the number and upward trend of veteran suicides in Texas from calendar years 2012 through 2016 by gender. Of note is the increase over the five years of data in both categories.

**Figure 1: Number and Trend of Veteran Suicides in Texas by Gender
Calendar Years 2012-2016**



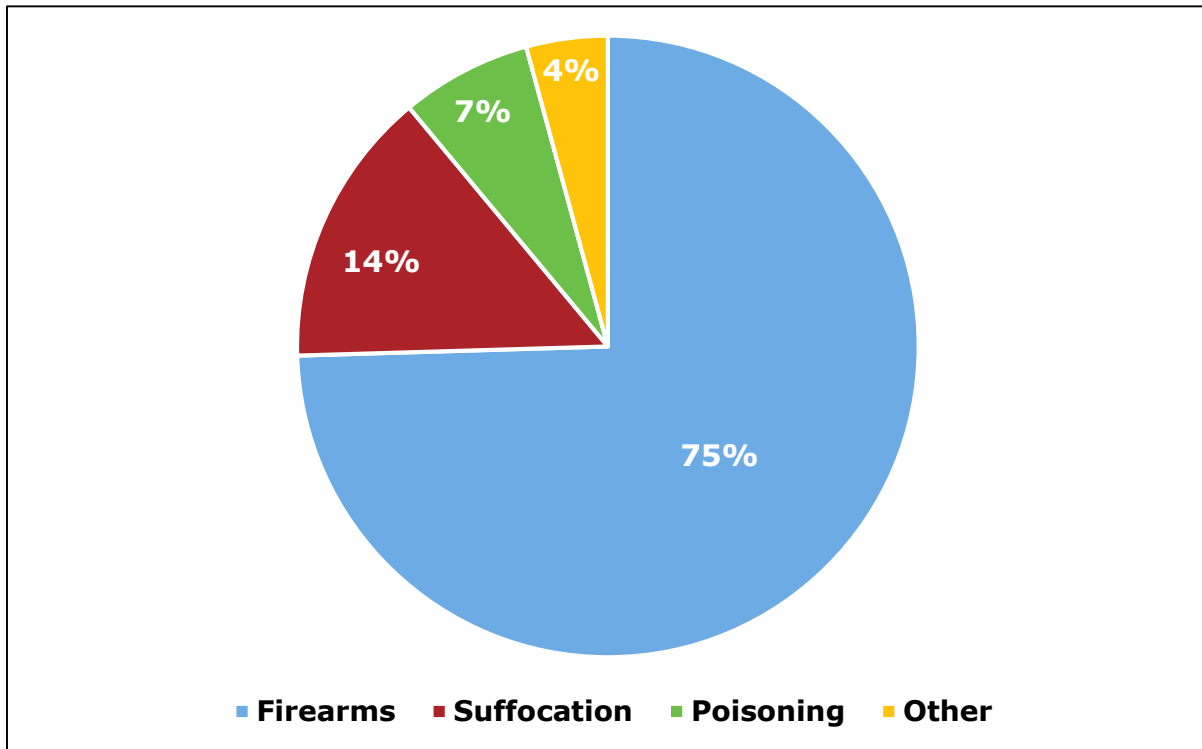
In 2018, the VA updated their *2005-2016 State Data Appendix^{xvii}* reflecting veterans ages 18 through 34 had the highest rate of suicide over the last four years of recorded data, and veterans ages 55 through 74 had the highest number of suicides over the past five years of recorded data. Figure 2 reflects suicide death rates per 100,000 people in Texas categorized by age ranges, comparing veteran to non-veteran populations from calendar years 2012 through 2016.

Figure 2: Texas Suicide Death Rates Per 100,000 by Veteran Status and Age Group Calendar Years 2012-2016



According to the 2016 VA data, 69 percent of all veteran suicides nationally occurred by use of firearm, compared to Texas, where over 75 percent of veteran suicide deaths occurred by use of a firearm. Figure 3 shows the percentage of veteran suicides in Texas by type of lethal means for calendar years 2012 through 2016.

Figure 3: Texas Veteran Suicide by Type of Lethal Means Calendar Years 2012-2016



Currently in Texas, veterans can access mental health services for suicide prevention through the VA, Local Mental Health Authorities (LMHA), Local Behavioral Health Authorities (LBHA), hospital systems, non-profit organizations, and private providers. HHSC, in collaboration with stakeholders, identified several barriers to veteran access to suicide prevention health services, including:

- High cost of continuous mental health services;
- Lack of SMVF-specific knowledge among medical and mental health providers;
- Challenges with connecting SMVF in crisis with immediate services;
- Lack of availability of and access to SMVF-specific mental health needs; and
- Lack of collaboration among community providers who deliver mental health services.

The *Short-Term Action Plan to Prevent Veteran Suicide* outlines recommendations to address the barriers identified above and fulfill the following goals outlined in S.B. 578 and illustrated in Figure 4:

1. Raise awareness of health services and resources available to prevent suicide;
2. Increase access to mental health services;
3. Minimize costs for on-going mental health services;
4. Expand public and private partnerships among providers of services;
5. Increase peer-to-peer coordination;
6. Increase outreach to at-risk veteran populations; and
7. Increase services for veterans who are justice-involved.

Figure 4: Legislatively-Directed Short-Term Action Plan Goals



3. Statutory Recommendations for Service Member, Veterans, and Family Suicide Prevention

In reviewing barriers to accessibility and availability of professional veteran health services to prevent veteran suicide, HHSC conducted a comprehensive review of statutes governing mental health access and availability for veterans. While the legislative history of expanding mental health services is extensive (Appendix B), opportunities exist to address current gaps preventing a comprehensive, holistic network of care. With veterans still dying by suicide at great numbers and high rates in Texas, legislative action is constantly required to complete successful efforts, identify new initiatives, and create more support.

Data

Data collection is vital to identify gaps in veteran healthcare and to inform the state's priorities for increasing care in certain geographical areas and subpopulations of veterans. There is a need to standardize the collection and reporting of data regarding veteran suicides and to foster collaboration between local and state partners in the sharing of suicide data. For example, no standard practice exists for Medical Examiners (ME) and Justices of the Peace (JP) to accurately identify if a person who died by suicide was a veteran. The MEs must complete forensic examination that includes a review of multiple reports to determine the individual's veteran status. The following data-related recommendations align with all seven of the short-term action plan goals in S.B. 578:

Recommendation 1: Mandate that MEs and JPs access and use the Veteran Reentry Search Service (VRSS)^{xviii} to promote uniform and accurate determination of veteran status. This system is already in use at county jails to verify veteran status.^{xix}

Recommendation 2: Create a data portal to collect, store, and analyze data regarding SMVF suicides in Texas.

Recommendation 3: Require an SMVF identifier on death certificates in Texas.

Recommendation 4: Suggest Department of Information Resources be the repository for data on veteran suicide collection in Texas, with HHSC as the repository administrator.

Training and Education

While Texas has taken steps to increase awareness of military-related traumas and access to mental health care services for veterans, training and education on available services is still needed, as well as guidance for interacting with SMVF. These following training-related recommendations align with short-term action Goal 1: raise awareness of health services and resources available to prevent veteran suicide:

Recommendation 5: As a requirement for licensure, require mental health professionals to take an HHSC-approved course on SMVF suicide prevention strategies and suicide prevention resources.

Recommendation 6: Require mental health and medical providers to be trained in Military Cultural Competency (MCC), Military-Informed Care (MIC) SMVF suicide prevention strategies, and suicide prevention resources.

Recommendation 7: Require that all state agency veteran liaisons^{xx} undergo suicide prevention training to include knowledge of signs and indicators of suicidality, and the necessary steps to refer to resources, information, or services. (See also Recommendation 16)

Veteran Subpopulations for Focus

Increased efforts are needed to foster development of engagement tools for veterans most at risk for death by suicide: Vietnam War veterans and veterans ages 18 through 34. The following subpopulation-focused recommendations align with short-term action plan Goal 6: increase proactive outreach to the at-risk veteran population:

Recommendation 8: Add Vietnam War, Operation Enduring Freedom (OEF), and Operation Iraqi Freedom (OIF) veterans to the list of prioritized populations for state mental health support services.

Recommendation 9: Suggest the Legislature convene a task force to assess and make recommendations to address suicide among Vietnam, OEF, and OIF era veterans.

4. Administrative Recommendations for Service Member, Veteran, and Family Suicide Prevention

The following administrative changes may be implemented without the direction of the Legislature. State agencies, stakeholders, and private providers have internal policies and practices they can leverage to accommodate new information and business practices. The following recommendations align with all seven goals outlined in statute of the short-term action plan and may address gaps in collaboration and providing suicide prevention services to SMVF.

Data

Recommendation 10: Align performance measures with the Government Performance and Results Act for grant programs funding the provision of mental health services to SMVF to ensure the accurate and uniform measure and quality of each program.

Recommendation 11: The Texas Veterans Commission (TVC) could utilize the online repository created by H.B. 2530, 86th Legislature, Regular Session, 2019, to publish information about suicide prevention resources in Texas and collect information about what services, resources, and information are most searched and utilized in suicide prevention.

Advisory Committees

Recommendation 12: Establish an SMVF subcommittee of the TXSPC.

The TXSPC coordinates suicide prevention efforts across the state, working in local communities with 19 different local coalitions that serve SMVF. By creating an SMVF-specific subcommittee, the TXSPC can use existing infrastructure to identify and track the implementation of evidence-based practices among SMVF, develop a clearinghouse of evidence-based practices, and educate providers about these interventions.

State and Federal Partnerships

Recommendation 13: Enhance partnerships with the Department of Defense to identify opportunities to disseminate suicide prevention resources to service members prior to their transition from active duty.

Recommendation 14: Enhance partnerships with the VA, using Memorandums of Understanding (MOU) if necessary, to assess implementation of evidence-based interventions to prevent suicide and the efficacy of dissemination of suicide prevention resource information.

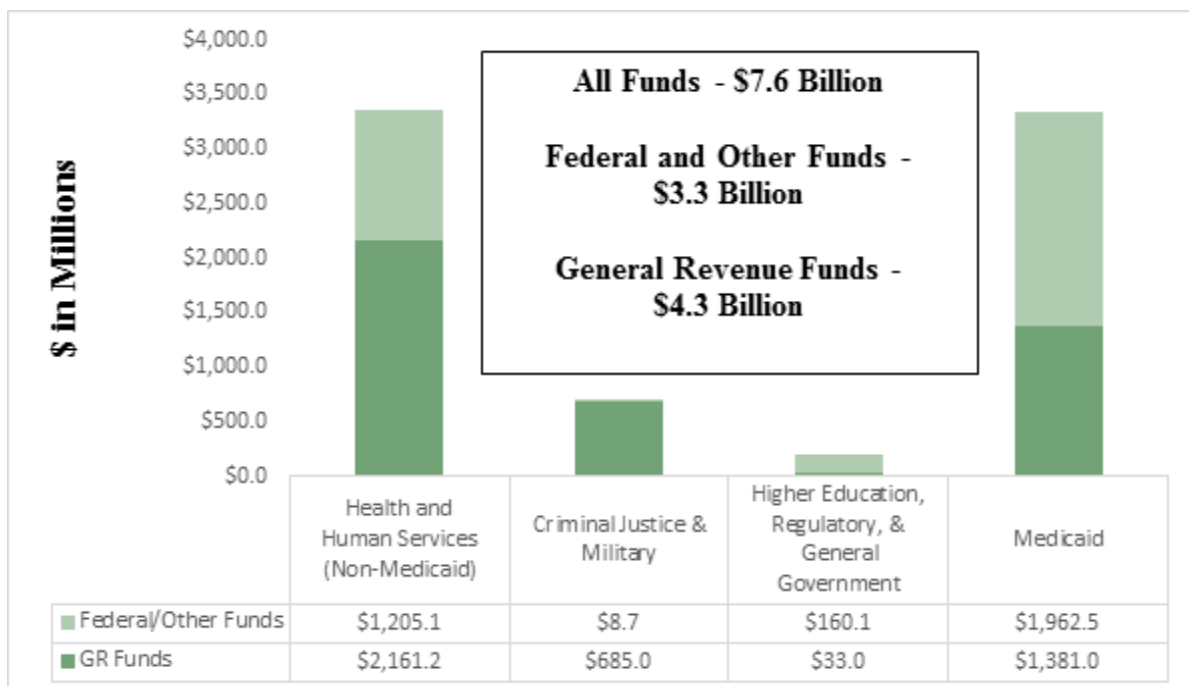
Recommendation 15: Require Suicide Prevention Coordinators employed by LMHAs and LBHAs, and through the Mental Health Program for Veterans (MHPV) and Texas Veterans and Family Alliance (TV+FA) Grant programs, to be trained in MCC and MIC, as well as how to utilize SMVF suicide prevention resources.

Recommendation 16: Through the SBHCC, require state agencies with public-facing websites to include SMVF suicide prevention resources including the National Suicide Prevention Lifeline^{xxi} and veteran liaisons^{xxii} as resource points for veteran suicide prevention information. [See also Recommendation 7]

5. State Appropriations Recommendations for Service Member, Veteran, and Family Suicide Prevention

The Texas state budget for the 2018-19 biennium identified \$4.0 billion related to behavioral health services in Article IX, Section 10.04. This funding crossed 18 state agencies (per Article IX, Sec. 10.04) and several areas of state government represented on the Statewide Behavioral Health Coordinating Council, including health and human services, criminal justice, higher education, general government, and regulatory services.

Figure 2: Behavioral Health Funding for the 2018-19 Biennium by Program Type



The exact amount of total state appropriations specific to addressing veteran suicide prevention is unknown. Specific to HHSC, the 2020-21 General Appropriations Act, H.B. 1, 86th Legislature, Regular Session, 2019 (Article II, HHSC, Riders 59 and 61) continues current funding levels for the Mental Health Program for Veterans at \$5 million annually for the fiscal year 2020-2021 biennium, and the Texas Veteran and Family Alliance Grant program at \$20 million for the biennium.

Funding

The following recommendations align with short-term action plan Goal 3: minimizing costs for ongoing mental health services.

Recommendation 17: Perform comprehensive review of current SMVF-specific, behavioral health supporting, state general revenue expenditures to identify current level of appropriations.

Recommendation 18: Fund TXSPC to:

- Increase collaboration among public and private entities to support suicide prevention efforts in SMVF; and
- Align all ongoing state and federal suicide prevention efforts to streamline implementation and prevent unnecessary duplication of work.

Recommendation 19: Appropriate funding for evaluations of state-funded mental health programs that prioritize services for SMVF and to assess their impact on suicide prevention.

Recommendation 20: Continue to fund, and look to expand, grants and programs that increase access to mental health services such as the MHPV and TV+FA Grant programs at HHSC.

6. Next Steps and Conclusion

In collaboration with stakeholders, HHSC identified potential solutions to address the short-term goals for veteran suicide prevention outlined in statute. HHSC will amend existing contracts and clarify internal policies regarding access to suicide prevention and crisis services for SMVF. Additionally, HHSC will partner with stakeholders to prevent suicide among veterans. Examples of these efforts include:

- Increasing the number of SMVF-specific suicide prevention trainings required by HHSC-contracted entities;^{xxiii} and
- Enhancing delivery of Mental Health First Aid (MHFA) training for Veterans.

In addition, potential statutory reforms and appropriations identified to address gaps in veterans' suicide prevention include:

- Enhancing SMVF mental health services through a continuation of state funds directed toward SMVF mental health supports and services; and
- Funding for the TXSPC.

These actions will allow Texas to be more proactive and responsive to SMVF suicide prevention needs and enhance the ability for military trauma-affected veterans to become knowledgeable of and be able to quickly access mental health services and supports as mandated in S.B. 578.

Following the completion of full implementation of this action plan by September 1, 2021, S.B. 578 requires the creation of a long-term action plan to be submitted on September 1, 2021, for full implementation by September 1, 2027. HHSC, along with stakeholders, will work to implement the short-term action plan and develop the long-term action plan in order to provide continuity of strategic efforts to combat the epidemic of veteran suicide.

List of Acronyms

Acronym	Full Name
AFSP	American Foundation for Suicide Prevention
CDC	Center for Disease Control
DSHS	Department of State Health Services
H.B.	House Bill
HHSC	Health and Human Services Commission
JP	Justice of the Peace
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MCC	Military Cultural Competency
ME	Medical Examiner
MHFA	Mental Health First Aid
MHPV	Mental Health Program for Veterans
MIC	Military Informed Care
MOU	Memorandum of Understanding
OEF	Operation Enduring Freedom

Acronym	Full Name
OIF	Operation Iraqi Freedom
PTSD	Post-Traumatic Stress Disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
SBHCC	Statewide Behavioral Health Coordinating Council
S.B.	Senate Bill
SMVF	Service Members, Veterans, and their Families
TCCVS	Texas Coordinating Council for Veterans Services
TDCJ	Texas Department of Criminal Justice
TXSPC	Texas Suicide Prevention Council
TVC	Texas Veterans Commission
TV+FA	Texas Veterans and Family Alliance Grant Program
U.S.	United States
VA	Department of Veterans Affairs
VRSS	Veteran Reentry Search Service
VTC	Veteran Treatment Court

Appendix A: Short Term Action Plan Overview

SEE ATTACHMENT FOR PROPOSED ACTION PLAN

Appendix B: Legislation

Legislative Action in Support of Veterans Healthcare

Over the past two decades, the Texas Legislature has enacted legislation to build health care infrastructure and increase access to mental health services in an effort to enhance suicide prevention efforts for SMVF in the state. Some of the legislation enacted includes:

- 77th Legislative Session, Regular Session, 2001
 - ▶ S.B. 515 established an adult fatality review team to look at the reporting of suicides, among other types of adult deaths.

- 81st Legislative Session, Regular Session, 2009
 - ▶ H.B. 1067 allowed for the establishment of MOUs between a ME, a JP, a local registrar, a local health authority, an LMHA, a community health center, a mental health center that acts as a collection agent for the suicide data reported by community mental health centers, or any other political subdivision of this state, for the purposes of reporting and sharing suicide data.
 - ▶ S.B. 1325 created the mental health intervention program for veterans pilot.

- 83rd Legislative Session, Regular Session, 2013
 - ▶ S.B. 462 created the Veteran Treatment Court (VTC) Program.
 - ▶ S.B. 846 mandated the TVC work with the Department of State Health Services (DSHS) to include a suicide prevention component as part of the accreditation training and examination for County Veteran Service Officers.
 - ▶ H.B. 2392 established the mental health intervention program for veterans in code and directed suicide prevention be a focus of the program.
 - ▶ H.B. 3793 provided grants to LMHAs to receive and provide training in MHFA.

- 84th Legislative Session, Regular Session, 2015
 - ▶ H.B. 19 codified the Military Veteran Peer Network as a program of TVC and DSHS and directed the establishment of a preventive services program for veteran and military families at risk of family violence, abuse, or neglect. The legislation defined the mental health intervention program for veterans as a community collaborative initiative.
 - ▶ S.B. 55 created a grant program at the HHSC to support community programs for veterans' mental health, requiring 100 percent matching funds from a private third party.
 - ▶ S.B. 805 directed veteran employment preference for state agencies.
 - ▶ S.B. 832 added mental health to the categories TCCVS must examine.
 - ▶ H.B. 875 established a method for verifying the veteran status of inmates booked into county jails.
 - ▶ S.B. 1304 and S.B. 1305 required the DSHS mental health intervention program for veterans to include women veterans and rural veterans as focused populations.
 - ▶ H.B. 1338 created training for peace officers and first responders on how to identify and interact with veterans affected by trauma.
 - ▶ S.B. 1474 renamed veteran courts to veteran treatment courts and expanded eligibility to those experiencing military sexual trauma.
 - ▶ S.B. 1624 mandated that mental health and suicide prevention services information be given to entering students at certain institutions of higher learning in Texas.
 - ▶ H.B. 1762 established a health care advocacy program for veterans to assist them in overcoming barriers to accessing health care.
 - ▶ H.B. 3729 directed that family members may participate in of the treatment and services provided through veteran treatment courts.

- 85th Legislative Session, Regular Session, 2017
 - ▶ S.B. 27 established the veteran counselor pilot program to provide mental health services to veterans.
 - ▶ S.B. 578 mandated the creation of a statewide short-term and long-term action plan to prevent veteran suicides.
 - ▶ S.B. 591 mandated TVC conduct a community outreach campaign to raise awareness of existing SMVF services, including mental health services.
 - ▶ S.B. 865 created a veteran services coordinator position at TDCJ and established a veteran reentry dorm for certain incarcerated veterans.

- 86th Legislative Session, Regular Session, 2019
 - ▶ H.B. 306 created an open burn pit registry for certain service members and veterans to record possible toxic exposure to support outreach and education.
 - ▶ H.B. 2530 requires TVC to develop an online repository of information of use to active duty military relocating to this state.
 - ▶ H.B. 3980 requires that the SBHCC prepare a report regarding suicide rates in this state and state efforts to prevent suicides.
 - ▶ H.B. 4429 requires LMHAs to have their MHFA trainer be trained in the veteran specific component and provide that training to SMVF.
 - ▶ H.C.R. 148 designated the month of June as Veteran Suicide and Post Traumatic Stress Disorder (PTSD) Awareness month for a 10-year period.
 - ▶ S.B. 601 requires that the TVC publish the results of needs assessments to their website.
 - ▶ S.B. 633 mandates that HHSC create an initiative to increase the capacity of LMHAs to provide access to mental health services, particularly in rural counties.
 - ▶ S.B. 822 reduced the amount of match required for mental health supportive TV+FA grants in counties with less than 250,000 population in order to increase the amount of grant projects in these areas.
 - ▶ S.B. 1180 requires the TVC to report VTC statistics including grant funding.
 - ▶ S.B. 1443 allowed the Texas Military Preparedness Commission to evaluate grant applications under the Defense Economic Adjustment Assistance Grant Program under an expanded criteria which can include mental health support and infrastructure development.
 - ▶ S.B. 1557 institutes a Purple Star designation for school district campuses based on a minimum criteria which includes counseling and mentorship, and a transition program for military connected students.

Appendix C: Endnotes

ⁱ Texas Government Code, Chapter 531, §531.0999(a)

ⁱⁱ U.S. Department of Veterans Affairs. (2018). *National Strategy for Preventing Veteran Suicide 2018-2028*. Retrieved from https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf

ⁱⁱⁱ Texas Veterans Commission. (2018) *Coordinating Council for Veterans Services Fourth Report*. Retrieved from <https://www.tvc.texas.gov/wp-content/uploads/2018/10/TCCVS-Fourth-Report-1-Oct-2018.pdf>

^{iv} Texas Suicide Prevention Council. (2018) *Texas State Plan for Suicide Prevention: Guidelines for Suicide Prevention in Texas*. Retrieved from <https://texassuicideprevention.org/wp-content/uploads/2019/03/TexasPlanUpdate2018FINALpdf.pdf>

^v Texas Department of Health and Human Services. (2019) *Texas Statewide Behavioral Health Fiscal Years 2017-2021 Strategic Plan Update and the Foundation for the IDD Strategic Plan*. Retrieved from <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/hb1-statewide-behv-hlth-idd-plan-feb-2019.pdf>

^{vi} The Texas Statewide Behavioral Health Coordinating Council was created through Article II, Health and Human Services Commission, Rider 82 of S.B. 1, 83rd Legislature, Regular Session, 2013, and engages 18 state agencies that receive General Revenue behavioral health funding to develop a strategic behavioral health plan. Find more at <https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf>

^{vii} SAMHSA SMVF Technical Assistance Center. (2017). *Introduction to the service members, veterans, and their families community intercept model*. Retrieved from https://www.prainc.com/wp-content/uploads/2017/08/SMVF-Intercept-Model_FINAL.pdf

^{viii} Centers for Disease Control. (2017) *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>

^{ix} American Foundation for Suicide Prevention. (2018) *Suicide Facts and Figures: Texas 2018*. Retrieved from <https://afsp.org/about-suicide/state-fact-sheets/#Texas>

^x U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics. (2016). Retrieved from

https://www.va.gov/vetdata/veteran_population.asp

^{xi} Intercept points in this context are the points of social interaction in which a peer or counselor has an opportunity to intervene with a veteran towards suicide prevention.

^{xii} The VA revealed in a 2018 report that the previous, commonly-repeated 20 Veterans a day statistic included Active Duty suicides. An average of 17 per day reflects the 6,132 recorded veteran deaths by suicide in the last full calendar year for which we have verified data from the VA. Wentling, Nikki. "VA Reveals Its Veteran Suicide Statistic Included Active-Duty Troops". Military.com. 21 June 2018. <https://www.military.com/daily-news/2018/06/21/va-reveals-its-veteran-suicide-statistic-included-active-duty-troops.html>

^{xiii} U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. (2018) *VA National Suicide Data Report 2005-2016*. Retrieved from https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf

^{xiv} U.S. Department of Veterans Affairs. (2016). *Texas Veteran Suicide Data Sheet, 2016*. Retrieved from https://www.mentalhealth.va.gov/docs/data-sheets/2016/Texas_2016.pdf

^{xv} U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics. (2016). *2016 Key Data Points*. Retrieved from <https://www.mentalhealth.va.gov/docs/data-sheets/2016/2016-Key-Data-Points-Infographic-508.pdf>

^{xvi} The term "die by suicide" is evidence-based terminology, recommended to be used in place of terms like "successful/failed suicide". See links for responsible reporting of suicide here: <http://reportingonsuicide.org/wp-content/themes/ros2015/assets/images/Recommendations-eng.pdf>

^{xvii} U.S. Department of Veterans Affairs, National Center for Veterans Analysis and Statistics. (2018). *Texas Veteran Suicide Data Sheet, 2016*. Retrieved from https://www.mentalhealth.va.gov/docs/data-sheets/2016/Texas_2016.pdf

^{xviii} The **Veteran Reentry Search Service** is a secure web site which currently enables correctional and other criminal justice system entities to identify inmates or defendants who have served in the United States Military found at <https://vrss.va.gov/>.

^{xix} House Bill (H.B.) 875, 84th Regular Session, 2015, required the Texas Department of Criminal Justice (TDCJ) to verify an inmate's veteran status using the VRSS

^{xx} S.B. 805, 84th (R) Legislature, 2015, established that all state agencies of at least 500 full-time equivalent positions are required to designate an individual from the agency to serve as a veteran’s liaison

^{xxi} The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Call toll free 1-800-273-8255, Veterans press 1, text to 838255, or chat online at <https://suicidepreventionlifeline.org/>

^{xxii} S.B. 805, 84th (R) Legislature, 2015, established that all state agencies of at least 500 full-time equivalent positions are required to designate an individual from the agency to serve as a veteran’s liaison

^{xxiii} These entities include Local Mental Health Authorities (LMHA), Local Behavioral Health Authorities (LBHA), and grant recipients

Legislative Intent: Develop a comprehensive action plan to increase access to and availability of professional veteran health services to prevent veteran suicides.

Strategy	Action	Sec. 531.099(b)(1) Ensure capacity to improve veteran awareness of veteran SP resources and programs	Sec 531.099(b)(2) Increase access to veterans mental health services	Sec 531.099(b)(3) Ensure capacity to develop, implement measure impact of low/no cost access to mental health services	Sec 531.099(b)(4) Enable and support expansion of public private partnerships to identify veterans at risk and connect to appropriate care	Sec 531.099(b)(5) Ensure outreach initiatives connect veterans to evidence-based support mechanisms	Sec 531.099(b)(6) Maximize implementation of effective suicide prevention efforts within existing and among emerging veteran peer networks and community partnerships	Sec 531.099(b)(7) Ensure justice system(s) are equipped to identify and address the unique needs of veterans at risk of suicide	Achievable by August 31, 2021	Cannot be achieved by August 31, 2021, OR should be in long-term plan	CDC PLAN STRATEGY	VA NATIONAL PLAN STRATEGY
1. Increase public and private awareness of and engagement in statewide SMVF suicide prevention and mental health support.	1.1 Establish an interactive, statewide network for SMVF suicide prevention and mental health coordination.	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	YES
	1.2 Produce and circulate SMVF culturally-informed materials which promote awareness of suicide as a preventable public health concern for distribution to state, county, municipal entities for further distribution.	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES
2. Create greater visibility of SMVF suicide prevention to increase stakeholders involvement across disciplines and with the SMVF population.	2.1 Adopt a statewide legislative resolution to designate a SMVF Day within the National Suicide Prevention Week each September.	YES	NO	NO	NO	YES	NO	NO	NO	YES	YES	YES
	2.2 Coordinate an annual symposium to support awareness and prevention of suicide among SMVF.	YES	YES	NO	YES	YES	NO	NO	YES	YES	YES	YES
3. Increase the number of counties providing public information campaigns to increase knowledge of SMVF suicide prevention practices.	3.1 Design and produce SMVF culturally-informed public service announcements for distribution to communities through television, radio, billboards, and online. Where possible, include local resource contact information.	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	YES
4. Increase the number of public and private entities disseminating SMVF suicide prevention information online and through social media.	4.1 Develop a state-sponsored website to host bi-lingual SMVF suicide prevention information and resources, accessible via computer or cell phones.	YES	YES	NO	YES	YES	YES	NO	NO	YES	YES	YES
5. Create sustainability for SMVF suicide prevention efforts.	5.1 Employ SMVF Suicide Prevention Specialists within state agencies with specific programs to address SMVF mental health needs.	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES
	5.2 Secure funding to sustain the Texas Suicide Prevention Council's efforts to prevent SMVF suicides.	YES	NO	YES	YES	NO	YES	YES	NO	YES	YES	YES

Strategy	Action	Sec. 531.099(b)(1) Ensure capacity to improve veteran awareness of veteran SP resources and programs	Sec 531.099(b)(2) Increase access to veterans mental health services	Sec 531.099(b)(3) Ensure capacity to develop, implement measure impact of low/no cost access to mental health services	Sec 531.099(b)(4) Enable and support expansion of public private partnerships to identify veterans at risk and connect to appropriate care	Sec 531.099(b)(5) Ensure outreach initiatives connect veterans to evidence-based support mechanisms	Sec 531.099(b)(6) Maximize implementation of effective suicide prevention efforts within existing and among emerging veteran peer networks and community partnerships	Sec 531.099(b)(7) Ensure justice system(s) are equipped to identify and address the unique needs of veterans at risk of suicide	Achievable by August 31, 2021	Cannot be achieved by August 31, 2021, OR should be in long-term plan	CDC PLAN STRATEGY	VA NATIONAL PLAN STRATEGY
6. Leverage existing infrastructure to examine and make recommendations regarding SMVF suicide prevention efforts.	6.1 Create an independent workgroup within the Texas Veterans Commission's Texas Coordinating Council of Veteran Services to examine and make recommendations regarding SMVF suicide prevention. Require inclusion of recommendations in TCCVS's report to the Governor and Legislature.	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES
	6.2 Require existing behavioral health policy-review bodies to examine SMVF suicide prevention efforts across the state and make recommendations for improvement.	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES
7. Increase community collaboration to address SMVF suicide prevention.	7.1 Create opportunities for community and faith-based organizations to integrate SMVF suicide prevention activities into their programs.	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES
	7.2 Encourage use of evidence-based tools and resources by community and faith-based organizations to integrate SMVF suicide prevention into their programs.	YES	NO	YES	YES	YES	YES	NO	NO	YES	YES	YES
	7.3 Coordinate and facilitate working agreements between Veteran Health Administration hospital systems and community and faith-based organizations, locally, to increase access to SMVF suicide prevention and mental health professionals.	YES	YES	YES	YES	YES	YES	NO	NO	YES	NO	NO
	7.4 Coordinate with Veterans Health Administration to make available information on VA Mission Act registration for community-based suicide prevention and mental health professionals serving the SMVF population.	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	NO
8. Destigmatize mental health seeking behavior among SMVF.	8.1 Create SMVF-focused public awareness campaign on benefits of addressing mental health concerns.	YES	YES	NO	NO	YES	YES	NO	YES	YES	YES	YES
	8.2 Foster the use of TVC's Military Informed Care training, or other military cultural competence training, among mental and medical health professionals, suicide prevention workers, and crisis call centers.	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES
	8.3 Increase the use of opinion editorials, public service announcements, and spokespersons to articulate to the SMVF population the message that mental health treatment demonstrates strength and leadership.	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	YES

Strategy	Action	Sec. 531.099(b)(1) Ensure capacity to improve veteran awareness of veteran SP resources and programs	Sec 531.099(b)(2) Increase access to veterans mental health services	Sec 531.099(b)(3) Ensure capacity to develop, implement measure impact of low/no cost access to mental health services	Sec 531.099(b)(4) Enable and support expansion of public private partnerships to identify veterans at risk and connect to appropriate care	Sec 531.099(b)(5) Ensure outreach initiatives connect veterans to evidence-based support mechanisms	Sec 531.099(b)(6) Maximize implementation on of effective suicide prevention efforts within existing and among emerging veteran peer networks and community partnerships	Sec 531.099(b)(7) Ensure justice system(s) are equipped to identify and address the unique needs of veterans at risk of suicide	Achievable by August 31, 2021	Cannot be achieved by August 31, 2021, OR should be in long-term plan	CDC PLAN STRATEGY	VA NATIONAL PLAN STRATEGY
9. Promote SMVF suicide-safe messaging in the media.	9.1 Encourage state agencies to acknowledge media outlets which provide accurate and responsible representation of SMVF suicides and mental health conditions.	YES	NO	NO	NO	YES	YES	NO	NO	YES	YES	YES
	9.2 Establish process to collect and analyze news reports for SMVF suicide-safe messaging.	NO	NO	NO	YES	YES	NO	NO	YES	YES	YES	YES
	9.3 Encourage Texas journalism schools and media associations to adopt evidence-based practices regarding SMVF suicides.	YES	YES	NO	YES	YES	NO	NO	YES	YES	YES	YES
	9.4 Encourage institutions of higher learning to include curriculum on SMVF-suicide safe messaging in their schools' of journalism.	YES	NO	NO	YES	YES	NO	NO	NO	YES	YES	YES
10. Improve SMVF-suicide prevention efforts at institutions of higher learning.	10.1 Create a recognition program acknowledging colleges and universities for innovative programs that promote SMVF suicide prevention and awareness of mental health intervention options.	YES	YES	NO	YES	YES	NO	NO	NO	YES	YES	YES
	10.2 Encourage colleges and universities to take steps to create VA-funded VITAL program coordinators on their campuses.	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	YES
	10.3 Promote the training of Military Informed Care among faculty and staff at institutions of higher learning.	YES	YES	NO	YES	YES	NO	NO	YES	YES	YES	YES
	10.4 Encourage colleges and universities to invite VA Suicide Prevention Coordinators to present at seminars focused on SMVF mental health.	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	NO
	10.5 Encourage Veteran Student Organizations to seek and receive training in SMVF suicide prevention and at-risk behaviors.	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES

Strategy	Action	Sec. 531.099(b)(1) Ensure capacity to improve veteran awareness of veteran SP resources and programs	Sec 531.099(b)(2) Increase access to veterans mental health services	Sec 531.099(b)(3) Ensure capacity to develop, implement measure impact of low/no cost access to mental health services	Sec 531.099(b)(4) Enable and support expansion of public private partnerships to identify veterans at risk and connect to appropriate care	Sec 531.099(b)(5) Ensure outreach initiatives connect veterans to evidence-based support mechanisms	Sec 531.099(b)(6) Maximize implementation on of effective suicide prevention efforts within existing and among emerging veteran peer networks and community partnerships	Sec 531.099(b)(7) Ensure justice system(s) are equipped to identify and address the unique needs of veterans at risk of suicide	Achievable by August 31, 2021	Cannot be achieved by August 31, 2021, OR should be in long-term plan	CDC PLAN STRATEGY	VA NATIONAL PLAN STRATEGY
11. Increase the proportion of employers that ensure the availability of promising or best practice based prevention strategies for SMVF suicide.	11.1 Promote promising or best practice based SMVF specific training through the appropriate professional organizations such as the Texas Workforce Commission, Employee Assistance Programs, Society for Human Resources, and the Chambers of Commerce.	YES	NO	NO	YES	YES	NO	NO	NO	YES	YES	YES
	11.2 Encourage development of SMVF prevention and postvention policies in the workplace.	NO	YES	YES	NO	NO	NO	YES	NO	YES	YES	YES
12. Improve SMVF suicide prevention efforts among justice-involved veterans.	12.1 Screen and refer eligible veterans for participation in veteran-specific, peer-to-peer programs within TDCJ facilities.	NO	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES
	12.2 Enhance county-level and TDCJ use of Veteran Reentry Search Service to identify veterans.	NO	NO	YES	NO	NO	NO	YES	YES	YES	NO	NO
	12.3 Promote the development of and referral to Veterans Treatment Courts for military trauma-affected veterans.	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
	12.4 Increase the number of Law Enforcement Officers trained in techniques to de-escalate military trauma-affected SMVF to reduce 'suicide by police' incidents.	YES	NO	YES	YES	YES	NO	YES	YES	YES	YES	YES
	12.5 Require all staff at county detention facilities and TDCJ facilities to be trained on, and increase use of, evidence-based suicide screening tools.	YES	NO	NO	NO	NO	NO	NO	YES	NO	YES	NO
	12.6 Enable eligible veterans in TDCJ facilities to apply for VA compensation for military service-related disabling conditions.	NO	YES	YES	YES	NO	YES	NO	YES	YES	YES	NO
	12.7 Increase ability of Law Enforcement Officers to divert military trauma affected SMVF to mental health and behavioral services.	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES

Strategy	Action	Sec. 531.099(b)(1) Ensure capacity to improve veteran awareness of veteran SP resources and programs	Sec 531.099(b)(2) Increase access to veterans mental health services	Sec 531.099(b)(3) Ensure capacity to develop, implement measure impact of low/no cost access to mental health services	Sec 531.099(b)(4) Enable and support expansion of public private partnerships to identify veterans at risk and connect to appropriate care	Sec 531.099(b)(5) Ensure outreach initiatives connect veterans to evidence-based support mechanisms	Sec 531.099(b)(6) Maximize implementation of effective suicide prevention efforts within existing and among emerging veteran peer networks and community partnerships	Sec 531.099(b)(7) Ensure justice system(s) are equipped to identify and address the unique needs of veterans at risk of suicide	Achievable by August 31, 2021	Cannot be achieved by August 31, 2021, OR should be in long-term plan	CDC PLAN STRATEGY	VA NATIONAL PLAN STRATEGY
13. Improve efforts to prevent SMVF suicides within aging services.	13.1 Promote the implementation of promising or best practice SMVF specific prevention programs throughout aging networks.	YES	YES	NO	YES	YES	YES	NO	YES	YES	YES	YES
	13.2 Provide SMVF support and technical assistance to the aging networks.	YES	NO	NO	YES	YES	YES	NO	YES	YES	YES	YES
	13.3 Increase outreach to older SMVF and encourage screenings for depression, substance abuse and suicide risk.	YES	NO	NO	NO	YES	NO	NO	YES	YES	YES	YES
	13.4 Mandate semi-annual screening for depression, substance abuse and suicide risk in hospice and nursing facilities which serve SMVF.	NO	YES	YES	YES	NO	NO	NO	NO	YES	NO	NO
	13.5 Encourage continued partnerships between aging networks and SMVF mental health providers.	YES	YES	NO	NO	YES	NO	NO	YES	YES	YES	YES
14. Create ownership among medical community for SMVF suicide prevention	14.1 Encourage use of best practices to identify SMVF suicidal ideation and behaviors during routine medical appointments.	YES	YES	YES	YES	YES	NO	NO	NO	YES	YES	YES
	14.2 Provide training to medical providers on Military Informed Care, or other military cultural competency curricula.	YES	NO	YES	YES	YES	NO	NO	YES	YES	YES	YES
	14.3 Educate hospital administrative staff on veteran eligibility for VA medical services.	YES	YES	YES	YES	YES	NO	NO	NO	YES	NO	NO
	14.4 Encourage healthcare facilities to create and publicize opportunities for safe return of unused prescription medications.	YES	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO
	14.5 Encourage hospitals to take advantage of free suicide prevention training from VA Suicide Prevention Coordinators.	NO	YES	YES	YES	YES	YES	NO	YES	YES	NO	NO
	14.6 Encourage medical providers to register for and participate in the VA Mission Act.	NO	NO	YES	YES	YES	NO	NO	YES	YES	YES	YES
15 Increase understanding of SMVF suicides, risk factors, and preventive factors	15.1 Conduct forensic research studies on SMVF suicides to identify patterns.	NO	NO	YES	NO	NO	NO	NO	NO	YES	YES	YES
	15.1 Require all county-level MEs and JPs to collect and share data related to SMVF suicides with DSHS.	YES	YES	NO	YES	YES	NO	NO	NO	YES	YES	YES
	15.2 Require all first responder agencies to report de-identified suicide attempts involving SMVF to DPS.	NO	NO	NO	YES	NO	NO	YES	NO	YES	NO	NO
	15.3 Require DPS to develop and deliver an annual report to the Governor and Legislature regarding all SMVF suicide attempts reported, including means.	YES	YES	YES	YES	YES	NO	YES	NO	YES	YES	YES

Strategy	Action	Sec. 531.099(b)(1) Ensure capacity to improve veteran awareness of veteran SP resources and programs	Sec 531.099(b)(2) Increase access to veterans mental health services	Sec 531.099(b)(3) Ensure capacity to develop, implement measure impact of low/no cost access to mental health services	Sec 531.099(b)(4) Enable and support expansion of public private partnerships to identify veterans at risk and connect to appropriate care	Sec 531.099(b)(5) Ensure outreach initiatives connect veterans to evidence-based support mechanisms	Sec 531.099(b)(6) Maximize implementation on of effective suicide prevention efforts within existing and among emerging veteran peer networks and community partnerships	Sec 531.099(b)(7) Ensure justice system(s) are equipped to identify and address the unique needs of veterans at risk of suicide	Achievable by August 31, 2021	Cannot be achieved by August 31, 2021, OR should be in long-term plan	CDC PLAN STRATEGY	VA NATIONAL PLAN STRATEGY
16. Continue follow-up for SMVF discharging from intensive settings.	16.1 Encourage inpatient treatment facilities to coordinate with local SMVF support networks for continuity of care for discharging SMVF.	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	YES
	16.2 Encourage intensive outpatient facilities to collaborate with local SMVF entities and organizations for peer-to-peer services.	YES	YES	YES	YES	YES	YES	NO	NO	NO	NO	NO
	16.3 Conduct suicide screening and coordinate continuity of care for SMVF who are discharging from county jails and TDCJ facilities with elevated risk of suicide.	YES	YES	NO	YES	YES	YES	YES	NO	NO	YES	YES
17. Empower SMVF to engage in safe storage of lethal means	17.1 Encourage firearms retailers to display and offer SMVF-focused suicide prevention pamphlets and brochures in their stores.	YES	NO	NO	YES	YES	YES	NO	YES	YES	YES	YES
	17.2 Encourage licensed carry permit instructors to provide SMVF-focused suicide prevention pamphlets and brochures during their classes.	YES	NO	NO	YES	YES	YES	NO	YES	YES	YES	YES
	17.3 Encourage medication prescribers and pharmacy staff to provide SMVF-focused suicide prevention pamphlets or brochures to their clients describing safe storage and disposal of prescription medications.	YES	NO	NO	YES	YES	YES	NO	YES	YES	YES	YES
18. Increase suicide prevention training	18.1 Require annual training on evidence-based suicide prevention screening tools for all state-funded projects which serve SMVF.	YES	NO	NO	YES	YES	YES	YES	YES	YES	YES	YES
	18.2 Require state agencies to report, annually, the number of trainings conducted and percent of staff trained in suicide prevention techniques and referral processes.	YES	YES	NO	NO	YES	YES	YES	YES	YES	YES	YES
19. Increase availability of access points for SMVF experiencing effects of military-related traumas.	19.1 Improve connection between health care facilities and the statewide Military Veteran Peer Network.	YES	YES	NO	NO	YES	NO	NO	YES	YES	YES	YES
	19.2 Survey SMVF across the state to assess level of awareness of and types of access points to supportive mental health services.	YES	YES	NO	YES	YES	NO	NO	YES	NO	YES	YES
	19.3 Require entities receiving state funds to host a link and telephone number to the VA Crisis Line on their online home page.	YES	NO	YES	YES	YES	YES	NO	NO	NO	YES	YES

Strategy	Action	Sec. 531.099(b)(1) Ensure capacity to improve veteran awareness of veteran SP resources and programs	Sec 531.099(b)(2) Increase access to veterans mental health services	Sec 531.099(b)(3) Ensure capacity to develop, implement measure impact of low/no cost access to mental health services	Sec 531.099(b)(4) Enable and support expansion of public private partnerships to identify veterans at risk and connect to appropriate care	Sec 531.099(b)(5) Ensure outreach initiatives connect veterans to evidence-based support mechanisms	Sec 531.099(b)(6) Maximize implementation on of effective suicide prevention efforts within existing and among emerging veteran peer networks and community partnerships	Sec 531.099(b)(7) Ensure justice system(s) are equipped to identify and address the unique needs of veterans at risk of suicide	Achievable by August 31, 2021	Cannot be achieved by August 31, 2021, OR should be in long-term plan	CDC PLAN STRATEGY	VA NATIONAL PLAN STRATEGY
20. Link state-funded crisis centers to SMVF community service organizations.	20.1 Encourage SMVF service organizations to enter into mutual understandings with community mental health and substance abuse services.	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	YES
	20.2 Provide training to staff and volunteers of crisis centers on SMVF community service organizations and how to access them.	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES
21. Produce a biannual report on SMVF suicide and suicide attempts.	21.1 Identify available and appropriate SMVF data sources.	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES
	21.2 Synthesize data from multiple SMVF data management systems including but not limited to law enforcement, emergency medical, public health departments, and hospitals, including the VA.	NO	NO	YES	NO	NO	NO	NO	NO	YES	YES	YES
	21.3 Produce and disseminate a report to legislators, state agencies and public and private organizations.	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES

RECOMMENDATIONS	IMPACT		
	Policy	Administrative	Fiscal
Recommendation 1.1: Establish an interactive, statewide network for SMVF suicide prevention and mental health coordination.	YES	YES	NO
Recommendation 1.2: Produce and circulate SMVF culturally-informed materials which promote awareness of suicide as a preventable public health concern for distribution to state, county, and municipal entities for further distribution.	NO	YES	YES
Recommendation 2.1: Adopt a statewide legislative resolution to designate a SMVF Day within the National Suicide Prevention Week each September.	YES	YES	NO
Recommendation 2.2: Coordinate an annual symposium to support awareness and prevention of suicide among SMVF.	NO	YES	NO
Recommendation 3.1: Design and produce SMVF culturally-informed public service announcements for distribution to communities through television, radio, billboards, and online. Where possible, include local resource contact information.	NO	YES	NO
Recommendation 4.1: Develop a state-sponsored website to host bi-lingual SMVF suicide prevention information and resources, accessible via computer or cell phones.	NO	YES	YES
Recommendation 5.1: Employ SMVF Suicide Prevention Specialists within state agencies with specific programs to address SMVF mental health needs.	YES	YES	YES
Recommendation 5.2: Secure funding to sustain the Texas Suicide Prevention Council's efforts to prevent SMVF suicides.	YES	NO	YES
Recommendation 6.1: Create an independent workgroup within the Texas Veterans Commission's Texas Coordinating Council of Veteran Services to examine and make recommendations regarding SMVF suicide prevention. Require inclusion of recommendations in TCCVS's report to the Governor and Legislature.	NO	YES	NO
Recommendation 6.2: Require existing behavioral health policy-review bodies to examine SMVF suicide prevention efforts across the state and make recommendations for improvement.	NO	YES	NO
Recommendation 7.1: Create opportunities for community and faith-based organizations to integrate SMVF suicide prevention activities into their programs.	NO	YES	NO
Recommendation 7.2: Encourage use of evidence-based tools and resources by community and faith-based organizations to integrate SMVF suicide prevention into their programs.	NO	YES	NO
Recommendation 7.3: Coordinate and facilitate working agreements between Veteran Health Administration hospital systems and community and faith-based organizations, locally, to increase access to SMVF suicide prevention and mental health professionals.	NO	YES	NO
Recommendation 7.4: Coordinate with Veterans Health Administration to make available information on VA Mission Act registration for community-based suicide prevention and mental health professionals serving the SMVF population.	NO	YES	NO
Recommendation 8.1: Create SMVF-focused public awareness campaign on benefits of addressing mental health concerns.	NO	YES	NO

RECOMMENDATIONS	IMPACT		
	Policy	Administrative	Fiscal
Recommendation 8.2: Foster the use of TVC's Military Informed Care training, or other military cultural competence training, among mental and medical health professionals, suicide prevention workers, and crisis call centers.	YES	YES	NO
Recommendation 8.3: Increase the use of opinion editorials, public service announcements, and spokespersons to articulate to the SMVF population the message that mental health treatment demonstrates strength and leadership.	NO	YES	NO
Recommendation 9.1: Encourage state agencies to acknowledge media outlets which provide accurate and responsible representation of SMVF suicides and mental health conditions.	NO	YES	NO
Recommendation 9.2: Establish process to collect and analyze news reports for SMVF suicide-safe messaging.	NO	YES	NO
Recommendation 9.3: Encourage Texas journalism schools and media associations to adopt evidence-based practices regarding SMVF suicides.	YES	YES	NO
Recommendation 9.4: Encourage institutions of higher learning to include curriculum on SMVF-suicide safe messaging in their schools' of journalism.	YES	YES	NO
Recommendation 10.1: Create a recognition program acknowledging colleges and universities for innovative programs that promote SMVF suicide prevention and awareness of mental health intervention options	YES	YES	NO
Recommendation 10.2: Encourage colleges and universities to take steps to create VA-funded VITAL program coordinators on their campuses.	YES	YES	NO
Recommendation 10.3: Promote the training of Military Informed Care among faculty and staff at institutions of higher learning.	YES	YES	NO
Recommendation 10.4: Encourage colleges and universities to invite VA Suicide Prevention Coordinators to present at seminars focused on SMVF mental health.	NO	YES	NO
Recommendation 10.5: Encourage Veteran Student Organizations to seek and receive training in SMVF suicide prevention and at-risk behaviors.	NO	YES	NO
Recommendation 11.1: Promote promising or best practice based SMVF specific training through the appropriate professional organizations such as the Texas Workforce Commission, Employee Assistance Programs, Society for Human Resources, and the Chambers of Commerce.	NO	YES	NO
Recommendation 11.2: Encourage development of SMVF prevention and postvention policies in the workplace.	NO	YES	NO
Recommendation 12.1: Screen and refer eligible veterans for participation in veteran-specific, peer-to-peer programs within TDCJ facilities.	NO	YES	NO
Recommendation 12.2: Enhance county-level and TDCJ use of Veteran Reentry Search Service to identify veterans.	NO	YES	NO
Recommendation 12.3: Promote the development of and referral to Veterans Treatment Courts for military trauma-affected veterans.	NO	YES	NO
Recommendation 12.4: Increase the number of Law Enforcement Officers trained in techniques to de-escalate military trauma-affected SMVF to reduce 'suicide by police' incidents.	YES	YES	NO

RECOMMENDATIONS	IMPACT		
	Policy	Administrative	Fiscal
Recommendation 12.5: Require all staff at county detention facilities and TDCJ facilities to be trained on, and increase use of, evidence-based suicide screening tools.	YES	YES	NO
Recommendation 12.6: Enable eligible veterans in TDCJ facilities to apply for VA compensation for military service-related disabling conditions.	NO	YES	YES
Recommendation 12.7: Increase ability of Law Enforcement Officers to divert military trauma affected SMVF to mental health and behavioral services.	YES	YES	NO
Recommendation 13.1: Promote the implementation of promising or best practice SMVF specific prevention programs throughout aging networks.	NO	YES	NO
Recommendation 13.2: Provide SMVF support and technical assistance to the aging networks.	NO	YES	NO
Recommendation 13.3: Increase outreach to older SMVF and encourage screenings for depression, substance abuse and suicide risk.	NO	YES	NO
Recommendation 13.4: Mandate semi-annual screening for depression, substance abuse and suicide risk in hospice and nursing facilities which serve SMVF.	YES	YES	NO
Recommendation 13.5: Encourage continued partnerships between aging networks and SMVF mental health providers.	NO	YES	NO
Recommendation 14.1: Encourage use of best practices to identify SMVF suicidal ideation and behaviors during routine medical appointments.	NO	YES	NO
Recommendation 14.2: Provide training to medical providers on Military Informed Care, or other military cultural competency curricula.	YES	YES	YES
Recommendation 14.3: Educate hospital administrative staff on veteran eligibility for VA medical services.	NO	YES	NO
Recommendation 14.4: Encourage healthcare facilities to create and publicize opportunities for safe return of unused prescription medications.	NO	YES	NO
Recommendation 14.5: Encourage hospitals to take advantage of free suicide prevention training from VA Suicide Prevention Coordinators.	NO	YES	NO
Recommendation 14.6: Encourage medical providers to register for and participate in the VA Mission Act.	NO	YES	NO
Recommendation 15.1: Conduct forensic research studies on SMVF suicides to identify patterns.	YES	YES	YES
Recommendation 15.2: Require all county-level MEs and JPs to collect and share data related to SMVF suicides with DSHS.	YES	YES	YES
Recommendation 15.3: Require all first responder agencies to report de-identified suicide attempts involving SMVF to DPS.	YES	YES	YES
Recommendation 16.1: Encourage inpatient treatment facilities to coordinate with local SMVF support networks for continuity of care for discharging SMVF.	NO	YES	NO
Recommendation 16.2: Encourage intensive outpatient facilities to collaborate with local SMVF entities and organizations for peer-to-peer services.	NO	YES	NO
Recommendation 16.3: Conduct suicide screening and coordinate continuity of care for SMVF who are discharging from county jails and TDCJ facilities with elevated risk of suicide.	YES	YES	NO

RECOMMENDATIONS	IMPACT		
	Policy	Administrative	Fiscal
Recommendation 17.1: Encourage firearms retailers to display and offer SMVF-focused suicide prevention pamphlets and brochures in their stores.	NO	YES	NO
Recommendation 17.2: Encourage licensed carry permit instructors to provide SMVF-focused suicide prevention pamphlets and brochures during their classes.	NO	YES	NO
Recommendation 17.3: Encourage medication prescribers and pharmacy staff to provide SMVF-focused suicide prevention pamphlets or brochures to their clients describing safe storage and disposal of prescription medications.	YES	YES	NO
Recommendation 18.1: Require annual training on evidence-based suicide prevention screening tools for all state-funded projects which serve SMVF.	YES	YES	YES
Recommendation 18.2: Require state agencies to report, annually, the number of trainings conducted and percent of staff trained in suicide prevention techniques and referral processes.	YES	YES	NO
Recommendation 19.1: Improve connection between health care facilities and the statewide Military Veteran Peer Network.	NO	YES	NO
Recommendation 19.2: Survey SMVF across the state to assess level of awareness of and types of access points to supportive mental health services.	NO	YES	NO
Recommendation 19.3: Require entities receiving state funds to host a link and telephone number to the VA Crisis Line on their online home page.	YES	YES	YES
Recommendation 20.1: Encourage SMVF service organizations to enter into mutual understandings with community mental health and substance abuse services.	NO	YES	NO
Recommendation 20.2: Provide training to staff and volunteers of crisis centers on SMVF community service organizations and how to access them.	YES	YES	YES
Recommendation 21.1: Identify available and appropriate SMVF data sources.	NO	YES	NO
Recommendation 21.2: Synthesize data from multiple SMVF data management systems including but not limited to law enforcement, emergency medical, public health departments, and hospitals, including the VA.	YES	YES	YES
Recommendation 21.3: Produce and disseminate a report to legislators, state agencies and public and private organizations.	NO	YES	NO