



# **Report on Long-Term Action Plan to Prevent Veteran Suicides**

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**As Required by  
Texas Government Code,  
Section 531.0925**

**Health and Human Services  
Commission**

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**TEXAS**  
Health and Human  
Services

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## Executive Summary

Texas Government Code, Section 531.0925, 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 suicides 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. The legislation also calls for HHSC to develop a long-term action plan by September 1, 2021, for full implementation by September 1, 2027. This report summarizes the long-term action plan and includes recommendations for statutory, administrative, and budgetary reforms.

Texas Government Code Section 531.0925 requires HHSC to collaborate with the Texas Coordinating Council for Veteran Services (TCCVS), the United States (U.S.) Department of Veteran Affairs (VA), the Service Members, Veterans, and their Families (SMVF) Technical Assistance (TA) Center Implementation Academy of the Substance Abuse and Mental Health Services Administration (SAMSHA) of the U.S. Department of Health and Human Services (HHS), veteran advocacy groups, medical providers, and other appropriate parties to develop a plan to address the following 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.

This report and corresponding action plan make recommendations addressing the legislatively mandated goals with a public health approach. The focus of the report extends beyond individual veterans to include their families, peers, and communities in a public health approach to preventing veteran suicide. Additionally, current service members are included in this lifespan approach so they may be better prepared to identify and overcome suicidal ideations and behavior during or after their transition to veteran status.

This report builds upon the recommendations of the released *Short-Term Action Plan to Prevent Veteran Suicides* in creating long-term recommendations to prevent veteran suicides.

This report takes into consideration the multifaceted needs, risks and protective factors of the SMVF population to prevent veteran suicides in Texas. According to the Suicide Prevention Resource Center (SPRC) (2021)<sup>i</sup>, a major protective factor in preventing suicide is connectedness to people, family, community, and social institutions. Being proactive through an upstream focus on current service members empowers veterans to be better prepared for negative situations, including suicidality, which could arise during or after their transition to veteran status.

The proposed *Long-Term Action Plan to Prevent Veteran Suicides*, developed in collaboration with stakeholders and according to Government Code Section 531.0925, recommends actions that align with one or more of the strategic directions included in both the Texas State Plan for Suicide Prevention<sup>ii</sup> and the National VA Suicide Prevention Plan<sup>iii</sup> including:

- Healthy and Empowered Veterans, Families, and Communities;
- Awareness of and access to Clinical and Community Preventative Services;
- Awareness of and access to Treatment and Support Services; and
- Timely and relevant Surveillance<sup>iv</sup>, Research, and Evaluation.

In addition to adopting a public health approach to suicide prevention, an aim of this report is to highlight local, state, and federal partnerships to systematically prevent veteran suicide. Recommendations included in this action plan and report incorporate promising and evidence-based practices and actions from the Department of Defense through their Defense Suicide Prevention Office, the Centers for Disease Control and Prevention's (CDC) suicide prevention efforts, the SPRC's<sup>v</sup> recommendations for state suicide prevention infrastructure, the second edition of the Texas Statewide Behavioral Health Strategic Plan<sup>vi</sup>, developed by the Statewide Behavioral Health Coordinating Council (SBHCC)<sup>vii</sup>, the Texas Governor's Challenge<sup>viii</sup> initiative, the 2020 National Veteran Suicide Prevention Annual Report<sup>ix</sup>, and the TCCVS<sup>x</sup> Fifth Report.

# 1. Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) SMVF TA Center developed an SMVF Community Intercept Model<sup>xi</sup> 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 the SMVF lifespan where there is opportunity for outreach, engagement, service, and linkage to community resources and supports. This model serves as guide for identifying points of interaction in the construction of this proposed long-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 and allowing SMVF greater access to resources for suicide prevention.

In addition to the SAMHSA Intercept Model, the CDC's technical package of policy, programs and practices to prevent suicide was used in the development of recommendations that align with the Texas statewide and VA national plans to prevent suicide.<sup>xii</sup> The CDC 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 *Long-Term Action Plan to Prevent Veteran Suicide* in Appendix A contains strategies and action steps to destigmatize mental health care, increase the quality and quantity of data collected, create sustainable infrastructures,

increase cross-sector community collaboration, and increase the availability of and access to professional, SMVF-specific mental health services.

The recommendations build upon the results of the implementation of the short-term action plan and align with state and national efforts in veteran suicide prevention. The initiatives and reforms in the long-term plan are to be fully implemented by September 1, 2027.

## 2. Background

Researching suicide generally, in Texas, a person dies by suicide approximately every two hours. In 2018, approximately 3,930 persons living in Texas lost their lives to suicide, 152 more than in 2017.<sup>xiii</sup> According to the CDC, suicide rates in Texas have increased 18.9 percent since 1999.<sup>xiv</sup> This increase has led to suicide becoming the second leading cause of death for people 15-34 years old, the fourth leading cause of death for people 35-54 years old, and the eleventh leading cause of death across all age groups.<sup>xv</sup> More than twice as many people died by suicide in 2017 than in alcohol-related motor vehicle accidents.<sup>xvi</sup>

When a person dies by suicide, there is an undeniable impact felt through that person's social circle and the community. Suicide bereaved or loss survivors, those left behind after a suicide, are often plagued with complicated grief reactions, post-traumatic stress, and other major life disruptions following a loved one's suicide. Loss survivors are at a greater risk of attempting and dying by suicide themselves; therefore, providing support and treatment is imperative. According to the research conducted by the American Association of Suicidology Past-President, Julie Cerel, there are approximately 18 loss survivors for each suicide.<sup>xvii</sup> This means there would be 68,400 loss survivors in Texas from 2017 suicides alone. More people are becoming loss survivors because of the increasing rates of suicide in the state each year.

In addition to the social impact, the financial impact of suicide is substantial. According to the American Foundation of Suicide Prevention, Texas lost an estimated \$3,516,245,000 in lifetime medical and work loss cost related to suicide in 2010. The cost averages to \$1.2 million in financial loss per suicide death.<sup>xviii</sup>

In reviewing suicide death data for veterans, the VA reports an average 17.6 veterans die by suicide a day in the U.S.<sup>xix</sup> The VA published its latest updates on Texas veteran suicide data in 2020 and reported 511 veteran suicide deaths in the state during 2018, averaging 1.4 veteran suicide deaths a day in Texas in calendar year 2018.<sup>xx</sup> The data also demonstrates the 2018 veteran suicide rate in Texas was not significantly different than the veteran suicide rate nationally. Broken down by gender, this figure includes 481 males and 30 females. However, the veteran suicide rate was significantly higher than the national general population, at 32 percent, versus, 18.4 percent respectively.<sup>xxi</sup> This data also shows the most common method used to die by suicide was the use of a firearm (maintaining its lethality in every year data was collected) followed by suffocation, poisoning, and

other means. Figure 1 reflects the number and upward trend of veteran suicides in Texas from calendar years 2012 through 2018 by gender.

**Figure 1: Number and Trend of Veteran Suicides in Texas by Gender Calendar Years 2012-2018**

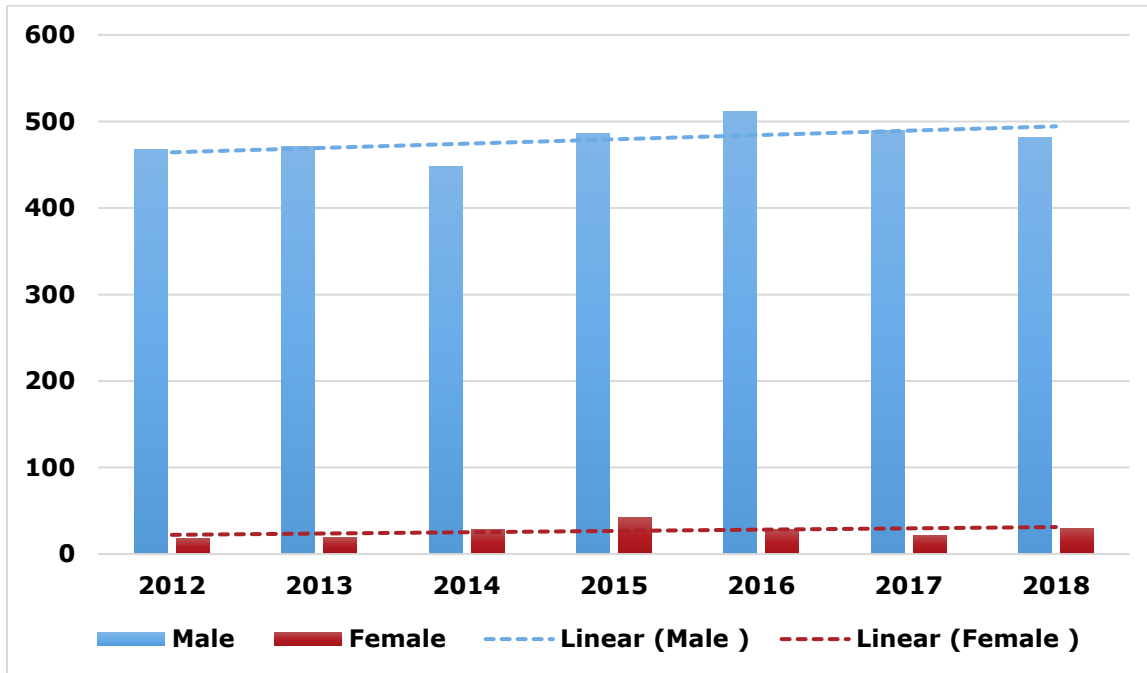
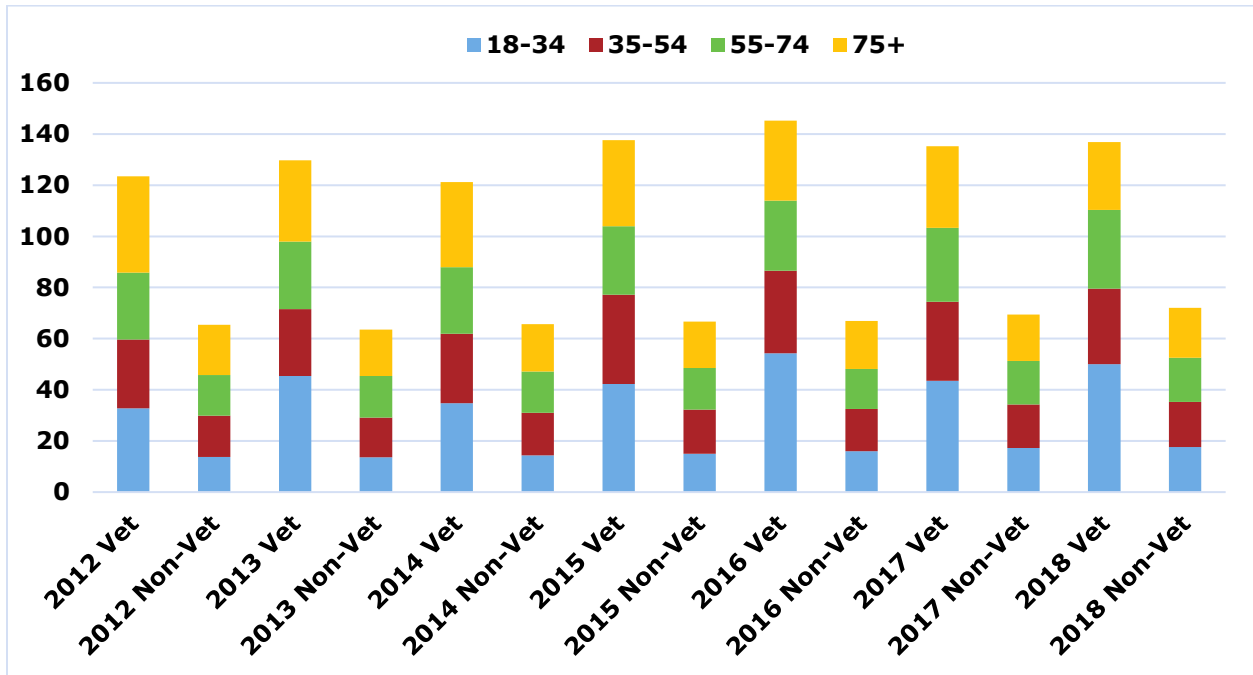


Figure 2 reflects suicide death rates per 100,000 people in Texas categorized by age ranges, comparing veteran to non-veteran populations from calendar years 2012 through 2018.

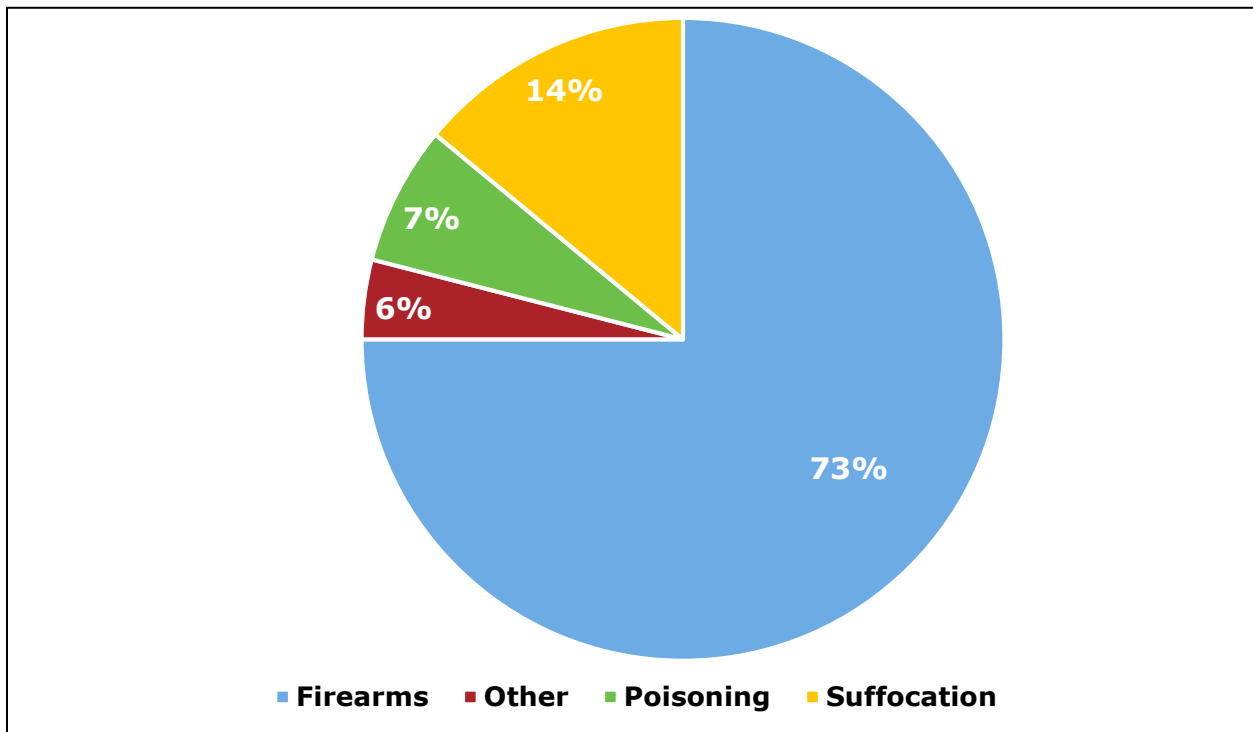


**Figure 2: Texas Suicide Death Rates Per 100,000 by Veteran Status and Age Group Calendar Years 2012-2018**



In Texas, 73 percent of veteran suicide deaths occurred by use of a firearm in 2018. Figure 3 shows the percentage of veteran suicides in Texas by method during calendar year 2018.

**Figure 3: Texas Veteran Suicide Deaths by Method in Calendar Year 2018**



Currently in Texas, veterans can access mental health services for suicide prevention through the VA, local mental health authorities (LMHA), local behavioral health authorities, hospital systems, non-profit organizations, and private providers. Current barriers for veteran access to suicide prevention services, as identified by HHSC and its collaboration partners, include:

- Lack of availability of and access to the full continuum of behavioral health services from outpatient to inpatient, including crisis services;
- Engagement in on-going behavioral health services;
- Lack of medical and behavioral health providers who practice with a military-informed perspective;
- Lack of continuity of care among federal, state, and local providers to deliver mental health services;
- Lack of transportation options to-and-from needed wellness and support services; and
- Lack of reliable internet connection to access telehealth services for veterans living in rural areas.

The *Long-Term Action Plan to Prevent Veteran Suicide* provides new recommendations and further defines those established in the *Short-Term Plan* to address these barriers. The report fulfills the following statutory requirements for the short and long-term action plans which are 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 and Long-Term Action Plan Goals**



### 3. Statutory Recommendations for Suicide Prevention in Service Members, Veterans, and Their Families

In reviewing barriers to the availability and accessibility of behavioral health services and supports which may prevent veteran suicide, HHSC conducted a comprehensive review of suicide related statutes and state agency initiatives since 2000 to address suicide. The results of this review are reported in the HHSC Report on Suicide and Suicide Prevention in Texas.<sup>xxii</sup> An additional review was completed regarding the array of behavioral health services that are potentially accessible to veterans. Texas has an extensive legislative history of expanding mental health services (see Appendix B). Despite these investments, opportunities remain to address existing gaps in veteran suicide prevention through development of a comprehensive, holistic network of care.

#### Data

Data collection is vital to identify gaps in veteran healthcare and inform the state's priorities for increasing care in certain geographical areas and veteran subpopulations. There is a need to standardize the collection and reporting of data regarding veteran suicides and foster collaboration between local and state partners in the sharing of suicide data. For example, no standard practice exists for medical examiners and justices of the peace to accurately identify if a person who died by suicide was a veteran. The medical examiners must complete a forensic examination that includes a review of multiple reports to determine the person's veteran status. The following data-related recommendations align with all seven of the long-term action plan goals.

**Recommendation 1:** Standardize the data collection and reporting of veteran suicide deaths by counties. This standardization should focus on medical examiners and justices of the peace and their reporting to the Department of State Health Services (DSHS) in the operation of the Texas Violent Death Reporting System (TVDRS).

In the administration of the TVDRS, DSHS has developed protocols for data collection and reporting that could inform implementation of this recommendation. Standardizing data collection and reporting may enhance local and state sharing of suicide data to enable analysis of risk and protective factors, empower resourcing decisions, and refine the focus of suicide prevention efforts.

**Recommendation 2:** Conduct post-mortem evaluations on cases of veteran suicide to identify risks for suicide and protective factors in place leading up to the death.

Collecting this qualitative data will add breadth to understanding risks of suicide in veteran populations. Paired with quantitative data, this information could inform predictive analysis regarding risks for suicide and inform decision-making regarding areas of the state where resources are needed to prevent veteran suicides.

**Recommendation 3:** Consult with the Department of Public Safety to understand what data is collected from first responder agencies. If suicide attempt data is collected, explore opportunities to develop data-sharing agreements between state agencies to inform outreach and engagement efforts to prevent suicide.

## **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 evidence-based suicide prevention practices is still needed, as well as guidance for interacting with SMVF. These recommendations are designed to raise awareness and use of suicidal ideation screenings, improve and empower provider-client interactions, and level-set use of established, evidence-based suicide prevention practices.

**Recommendation 4:** Encourage medical and behavioral health providers to administer research-informed assessments to evaluate suicidal ideation and suicide risks in SMVF clients such as the Columbia-Suicide Severity Rating Scale.

**Recommendation 5:** Inform hospital administrative staff on veteran eligibility for VA medical services and inform these providers about web-based mental health resource information for SMVF, such as [www.milvetpeer.net](http://www.milvetpeer.net), [www.texvet.org](http://www.texvet.org), and [www.mentalhealthtx.org](http://www.mentalhealthtx.org).

**Recommendation 6:** Encourage healthcare facilities to create, coordinate, and publicize opportunities for safe return of unused prescription medications with the Drug Enforcement Administration and Veterans Service Organizations.

**Recommendation 7:** Inform hospitals about the availability of free suicide prevention training from VA Suicide Prevention Coordinators.

**Recommendation 8:** Continue to encourage medical providers to register for and participate in the VA Mission Act and use the free suicide prevention resources available.

## 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. These subpopulation-focused recommendations align with long-term action plan Goal 6: increasing proactive outreach to the at-risk veteran population.

**Recommendation 9:** Encourage adoption and use of evidence-based tools and resources by community and faith-based organizations for integration of SMVF suicide prevention into their services. This may include specifically asking, “Did you serve or are you currently serving in the U.S. Armed Forces?” to promote inclusivity among veterans and military personnel and using resources such as the VA’s Safe Home Environment informational package.

**Recommendation 10:** Seek ways to increase outreach to older veterans and encourage screenings for depression, substance use and suicide risk during routine services in both in-person and tele-health environments.

**Recommendation 11:** Encourage and promote development and continued partnerships between local and statewide aging networks and SMVF mental health providers.

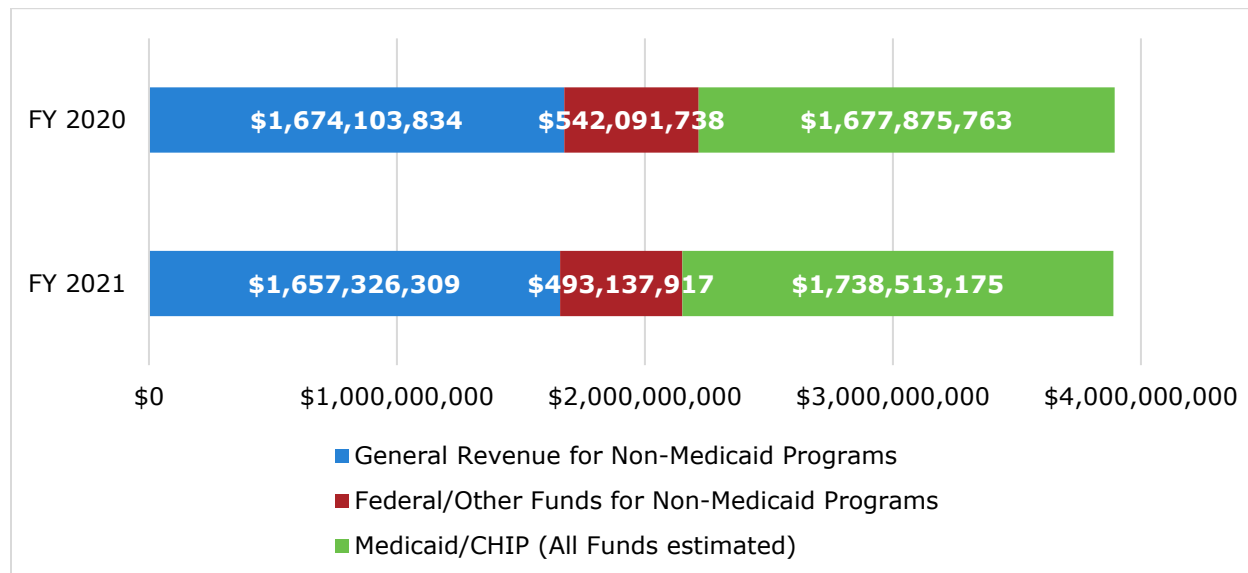
## 4. State Appropriations for Suicide Prevention for Service Members, Veterans, and Their Families

The Texas state budget for the 2020-21 biennium specifically identifies \$4.4 billion in funding for behavioral health services in Article IX, Section 10.04.<sup>xxiii</sup> This funding is allocated to 18 of the 23 SBHCC member agencies (per Article IX, Sec. 10.04) and impacts health and human services, criminal justice, higher education, general government, and regulatory services.

In addition to funding specifically identified in Article IX, Section 10.04, Texas Medicaid is a major source of behavioral health funding, both through payments to health care providers for behavioral services and through the Delivery System Reform Incentive Payments (DSRIP) program included in the state's 1115 Transformation Waiver. Behavioral health-related Medicaid provider payments are estimated to be \$3.3 billion in the 2020-21 biennium.<sup>xxiv</sup>

Figure 5 illustrates the amount of funding Texas has allocated to behavioral health services in the 2020-21 biennium, reflecting the significant behavioral health investment made by the 86th Legislature.<sup>xxv</sup>

**Figure 5. Behavioral Health Services Funding for Fiscal Years 2020-2021**



Note: Excludes DSRIP funds

## **Statewide Behavioral Health Coordinating Council: Report on Suicide and Suicide Prevention in Texas**

In 2020, the SBHCC, submitted a Legislative Report on Suicide and Suicide Prevention in Texas in compliance with House Bill (H.B.) 3980, 86th Legislature, Regular Session, 2019, which requires the SBHCC to submit a legislative report that includes recommendations from the summary” report<sup>xxvi</sup> and input from a stakeholder workgroup on suicide. The legislative report identifies opportunities and makes recommendations for each of the state agencies and institutions on the SBHCC regarding improving data collection for suicide-related events, using data to inform decisions and policy development relating to suicide prevention, and decreasing suicide in Texas, with an emphasis for those people at highest risk. Some of the recommendations in this report specifically target statutory and mental health service enhancements that may prevent veteran suicide. In general, state appropriations that advance behavioral health trainings and services may prevent suicide in the general Texas population, and more specifically, SMVF.



## 5. Next Steps and Conclusion

The short and long-term action plans to prevent veteran suicide include statutory, administrative, and financial resources required to address the problem. Although these action plans are legislative directives for HHSC, implementation of the recommendations will require partnerships between local, state, and federal agencies and organizations to accomplish the mission.

In Texas, there are systemic efforts to enhance collaboration among the state and judicial institutions receiving General Revenue to advance behavioral health services and policy through the SBHCC. Generally, advancing access to timely and appropriate levels of behavioral health services will benefit SMVF who are served through the state-funded behavioral health system.

SAMHSA and the VA partner to work with states to implement the 2018-28 National Strategy for Preventing Veterans Suicides, often referred to as 'Governor's Challenges'. These federal organizations are requesting state's commitment to implementing this national strategy to prevent suicide among veterans. Concurrently, in 2019, a presidential task force was developed to create the *President's Roadmap to Empower Veterans and End the National Tragedy of Suicide* (PREVENTS). Given the alignment between these federal initiatives, HHSC consulted with the PREVENTS Task Force and developed five lines of efforts to prevent veteran suicides:

1. Sustainable Infrastructure for Suicide Prevention Among SMVF;
2. Enhanced Emphasis on Transition Points
3. Unified Communication Strategy
4. Improved Continuity of Wellness Services
5. Enhanced Data Sharing

Each of the recommendations in the short and long-term action plans align with these lines of effort and will inform HHSC's continued implementation of these action plans.

## List of Acronyms

Acronym	Full Name
<b>CDC</b>	Centers for Disease Control and Prevention
<b>DSHS</b>	Department of State Health Services
<b>H.B.</b>	House Bill
<b>HHSC</b>	Health and Human Services Commission
<b>LMHA</b>	Local Mental Health Authority
<b>MHFA</b>	Mental Health First Aid
<b>MOU</b>	Memoranda of Understanding
<b>PREVENTS</b>	President’s Roadmap to Empower Veterans and End the National Tragedy of Suicide
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SBHCC</b>	Statewide Behavioral Health Coordinating Council
<b>S.B.</b>	Senate Bill
<b>SMVF</b>	Service Members, Veterans, and their Families
<b>TCCVS</b>	Texas Coordinating Council for Veterans Services
<b>TVC</b>	Texas Veterans Commission
<b>TVDRS</b>	Texas Violent Death Reporting System
<b>U.S.</b>	United States

<b>Acronym</b>	<b>Full Name</b>
<b>VA</b>	Department of Veterans Affairs
<b>VTC</b>	Veteran Treatment Court

## **Appendix A. Long Term Action Plan Overview and Recommendations**

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 to enhance suicide prevention efforts for SMVF in the state. Some of the legislation enacted includes:

- 77th Legislature, Regular Session, 2001
  - ▶ Senate Bill (S.B.) 515 established an adult fatality review team to look at the reporting of suicides, among other types of adult deaths.
  
- 81st Legislature, Regular Session, 2009
  - ▶ H.B. 1067 allowed for the establishment of memoranda of understanding (MOUs) between a medical examiner, a justice of the peace, 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 Legislature, Regular Session, 2013
  - ▶ S.B. 462 created the Veteran Treatment Court (VTC) Program.
  - ▶ S.B. 846 mandated the Texas Veterans Commission (TVC) work with 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 Mental Health First Aid (MHFA).
  
- 84th Legislature, 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 Legislature, 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 the Texas Department of Criminal Justice and established a veteran reentry dorm for certain incarcerated veterans.
- 86th Legislature, 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 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 Texas Veterans + Family Alliance grants in counties with less than 250,000 population 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 criterion 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 criterion which includes counseling and mentorship, and a transition program for military connected students.
- 87th Legislature, Regular Session, 2021
    - ▶ S.B. 337 directs the Texas Workforce Commission to develop and administer a program that issues grants to one or more nonprofit organizations that facilitate the participation in apprenticeship training programs of veterans and active duty military service members who are transitioning into civilian employment.
    - ▶ S.B. 1093 expands opportunities for veterans to be served in treatment court programs that are adjacent to their county of residence or work.
    - ▶ H.B. 33 allows certain agencies to facilitate the award of postsecondary course credit leading to workforce credentialing based on military experience, education, and training to prepare veterans for employment in certain industries.
    - ▶ H.B. 139 allows state agencies or boards that license certain professionals to adopt rules that create exceptions for examination requirements, establish alternative methods for demonstrating competency, or expedite application processing procedures for military veterans and military spouses.
    - ▶ H.B. 626 expands the Texas Innovative Career Education (ACE) Grant Program to include certain non-profit organizations providing job training to veterans.
    - ▶ H.B. 1802 requires a study on the use of alternative therapies for treating post-traumatic stress disorder.
    - ▶ H.B. 3821 adds a provision to the Mental Health Program for Veterans that it employ and train mental health professionals to assist HHSC in the administration of the program.

## Appendix C: Endnotes

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- i [Risk and Protective Factors | Suicide Prevention Resource Center \(sprc.org\)](#)
- ii <https://sprc.org/sites/default/files/TexasPlanUpdate2018FINALpdf.pdf>
- iii [https://www.mentalhealth.va.gov/suicide\\_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf](https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf)
- iv Surveillance in a public health context should be understood as “the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice” according to CDC.gov
- v <https://www.sprc.org/state-infrastructure>
- vi <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/hb1-statewide-behv-hlth-idd-plan-feb-2019.pdf>
- vii 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>
- viii <https://www.samhsa.gov/smvf-ta-center/mayors-governors-challenges>
- ix <https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf>
- x [https://www.tvc.texas.gov/wp-content/uploads/2020/10/TCCVS-Final-Report\\_2020.pdf](https://www.tvc.texas.gov/wp-content/uploads/2020/10/TCCVS-Final-Report_2020.pdf)
- xi [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjGkpS9te3wAhV2B50JHeWDB7sQFjAAegQIAhAD&url=https%3A%2F%2Fwww.prainc.com%2Fwp-content%2Fuploads%2F2017%2F08%2FSMVF-Intercept-Model\\_FINAL.pdf&usq=AOvVaw3quCG5k4sS1CrwCq5t-TRo](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjGkpS9te3wAhV2B50JHeWDB7sQFjAAegQIAhAD&url=https%3A%2F%2Fwww.prainc.com%2Fwp-content%2Fuploads%2F2017%2F08%2FSMVF-Intercept-Model_FINAL.pdf&usq=AOvVaw3quCG5k4sS1CrwCq5t-TRo)
- xii <https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>
- xiii [Report on Suicide and Suicide Prevention in Texas](#)
- xiv [Suicide rising across the US | VitalSigns | CDC](#)
- xv <https://chapterland.org/wp-content/uploads/sites/13/2019/05/Texas-State-Facts-2019.pdf>
- xvi <https://chapterland.org/wp-content/uploads/sites/13/2019/05/Texas-State-Facts-2019.pdf>
- xvii Cerel, J., Brown, M. M., Maple, M., Singleton, M., van der Venne, J., Moore, M., & Flaherty, C. (2018, March 7). How Many People Are Exposed to Suicide? Not Six. *Suicide and Life Threatening Behavior*, 49(2), 529-534. Retrieved from <https://doi.org/10.1111/sltb.12450>
- xviii American Foundation for Suicide Prevention, 2019



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- xix <https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf>
- xx <https://www.mentalhealth.va.gov/docs/data-sheets/2018/2018-State-Data-Sheet-Texas-508.pdf>
- xxi [Texas Veteran Suicide Data Sheet \(va.gov\)](#)
- xxii [Report on Suicide and Suicide Prevention in Texas](#)
- xxiii State of Texas, Legislative Budget Board. (2019). 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article IX, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, Section 10.04). Retrieved from <https://capitol.texas.gov/tlodocs/86R/billtext/pdf/HB00001F.pdf#navpanes=0>
- xxiv State of Texas, Legislative Budget Board. (2019). 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article IX, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, Section 10.04). Retrieved from <https://capitol.texas.gov/tlodocs/86R/billtext/pdf/HB00001F.pdf#navpanes=0>
- xxv State of Texas, Legislative Budget Board. (2019). 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article IX, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, Section 10.04). Retrieved from <https://capitol.texas.gov/tlodocs/86R/billtext/pdf/HB00001F.pdf#navpanes=0>
- xxvi [Report on Suicide and Suicide Prevention in Texas](#)

RECOMMENDATIONS	IMPACT		
	Policy	Administrative	Fiscal
Recommendation 1.1: Continue to enhance the statewide network for SMVF mental health services and suicide prevention through collaboratives and programming.	yes	yes	no
Recommendation 1.2: Continue to distribute SMVF culturally-informed materials that promote awareness of suicide as a preventable public health concern.	no	yes	no
Recommendation 1.3: Explore the development of a multi-year SMVF suicide prevention awareness campaign which may include public service announcements distributed through television, radio, and social media.	no	yes	yes
Recommendation 1.4: Consult with tribal leaders in Texas to identify opportunities to collaborate on culturally appropriate suicide prevention awareness efforts for SMVF.	no	yes	no
Recommendation 1.5: Explore the development of a data dashboard for suicide data, information, and resources accessible by legislators, local health entities, and other community audiences.	yes	yes	yes
Recommendation 1.6: Explore opportunities to garner interest among state and local officials to support and publicly address suicide prevention practices for SMVF.	no	yes	no
Recommendation 2:1: Explore opportunities for multi-agency messaging and programming relating to Texas Veteran Suicide Prevention and Post-Traumatic Stress Disorder Awareness Month.	no	yes	no
Recommendation 2.2: Explore the opportunity to fund the Texas Suicide Prevention Collaborative's Texas Suicide Prevention Symposium to include a specific track for suicide prevention awareness among SMVF.	no	yes	yes
Recommendation 2.3: Explore opportunities to support the operations and administration of the SMVF workgroup of the Texas Suicide Prevention Collaborative.	yes	yes	yes
Recommendation 3.1: Assist the Texas Suicide Prevention Collaborative in developing the administrative infrastructure of their Local Coalitions to deliver training to the public on suicide prevention, intervention, and post-vention community response.	no	yes	yes
Recommendation 4.1: Continue to enhance TexVet.org to host bi-lingual SMVF suicide prevention information and resources which are accessible via computer and cell phone.	no	yes	yes
Recommendation 4.2: Explore opportunities to enhance the veterans and military resources webpage on the Texas Suicide Prevention Collaborative's website at TexasSuicidePrevention.org.	no	yes	yes
Recommendation 5.1: Continue to explore opportunities for state agencies to strengthen suicide prevention, intervention, and post-vention policies and services.	yes	yes	yes
Recommendation 5.2: Research federal grant opportunities to enhance state and local suicide prevention infrastructure and efforts.	no	yes	yes
Recommendation 5.3: Assess the availability and feasibility of utilizing tele-health to provide suicide prevention training and services to underserved populations with a primary focus on rural communities.	yes	yes	yes

RECOMMENDATIONS	IMPACT		
	Policy	Administrative	Fiscal
Recommendation 6.1: Encourage partnerships between VSOs, community and faith-based organizations, and suicide prevention training programs to integrate SMVF suicide prevention activities into their programs.	no	yes	no
Recommendation 6.2: Continue to partner with VHA hospital systems and community and faith-based organizations to develop working agreements at the local level to increase access to SMVF suicide prevention resources and mental health professionals.	yes	yes	yes
Recommendation 6.3: Collaborate with the VHA to disseminate information on the VA Mission Act registration for community-based suicide prevention and mental health professionals serving the SMVF population.	no	yes	no
Recommendation 6.4: Partner with local communities and the VA to encourage implementation of the VA's Suicide Prevention NOW initiative, Suicide Prevention 2.0, and other community-based suicide prevention intervention initiatives.	yes	yes	no
Recommendation 7.1: Partner with state and local organizations to develop SMVF-focused public awareness campaigns on reducing stigma associated with receiving mental health services.	no	yes	yes
Recommendation 7.2: Partner with organizations to provide military-informed care and military cultural competency trainings to mental and medical health professionals, suicide prevention specialists, advocates, first responders, and crisis call centers.	yes	yes	yes
Recommendation 8.1: Explore opportunities to partner with Texas schools of journalism and media associations to incorporate trauma-informed care and suicide safe messaging in their reporting.	yes	yes	no
Recommendation 9.1: Explore opportunities to partner with institutions of higher education and the VA to make providers who are trained in military-informed care to be available to support SMVF students.	yes	yes	yes
Recommendation 9.2: Explore opportunities to partner with institutions of higher education to promote suicide prevention awareness and military cultural competency among faculty and staff at institutions of higher learning.	yes	yes	no
Recommendation 9.3: Explore opportunities to partner with VSOs to seek and receive training in SMVF suicide prevention, intervention, and post-vention practices.	no	yes	no
Recommendation 10.1: Partner with state agencies and professional organizations to provide suicide prevention training to employees.	no	yes	no
Recommendation 10.2: Explore opportunities to incentivize suicide-safe workplaces and the inclusion of suicide prevention and postvention resources available to workers.	yes	yes	no
Recommendation 11.1: Partner with the Texas Commission on Jail Standards (TCJS) and TDCJ to enhance use of the Veteran Reentry Search Service to identify justice-involved veterans and provide suicide prevention information and resources.	yes	yes	yes
Recommendation 11.2: Partner with state agencies and local organizations to develop and make referrals to Veterans Treatment Courts for military trauma-affected veterans.	yes	yes	yes

RECOMMENDATIONS	IMPACT		
	Policy	Administrative	Fiscal
Recommendation 11.3: Explore opportunities to partner with the Texas Commission on Law Enforcement (TCOLE) and other law enforcement organizations to host trainings on techniques that may be used to de-escalate military trauma-affected SMVF and divert to appropriate mental health services.	yes	yes	yes
Recommendation 11.4: Explore opportunities to partner with the TCOLE and other law enforcement organizations to inform law enforcement about the Texas crisis hotline system, Veteran Crisis Line and emerging 988 system which can be used to locate mental health resources.	yes	yes	no
Recommendation 11.5: Continue to partner with TCJS and TDCJ to coordinate the transition and linkage of SMVF transitioning from jails and prisons to behavioral health services to reduce the risk of suicide.	yes	yes	yes
Recommendation 12.1: Explore opportunities to partner with organizations in aging networks to identify SMVF and provide information on suicide prevention, intervention, and post-vention practices.	no	yes	no
Recommendation 12.2: Explore opportunities to partner with organizations in aging networks to increase outreach to older veterans and encourage screenings for depression, substance use and suicide risk during routine services in office and via tele-health.	yes	yes	yes
Recommendation 13.1: Partner with medical associations to inform their members about evidenced-based practices in assessing for suicidal ideation and behaviors in SMVF during routine medical appointments in-person and via telehealth.	yes	yes	no
Recommendation 13.2: Partner with the VA and other organizations to educate hospital administration on VA eligibility requirements and linking patients to VA medical and mental health services.	no	yes	no
Recommendation 13.3: Partner with local VSOs to assess opportunities to partner with healthcare facilities to raise awareness about safe return of unused prescription medications through existing programs.	no	yes	no
Recommendation 13.4: Partner with the VA and medical and hospital associations to make suicide prevention training available in their local service area.	no	yes	no
Recommendation 14.1: Explore opportunities to standardize the data collection and reporting of veteran suicide deaths by counties. This standardization should focus on medical examiners and Justices of the Peace and their reporting to DSHS in the operation of the TVDRS.	yes	yes	yes
Recommendation 14.2: Explore the feasibility of conducting post-mortem evaluations on cases of veteran suicide to identify risks for suicide and protective factors in place leading up to the death.	yes	yes	yes
Recommendation 14.3: Explore the feasibility of having first responder agencies report de-identified suicide attempts involving SMVF to the Department of Public Safety.	yes	yes	yes
Recommendation 14.4: Partner with DSHS to identify opportunities to sustain funding for the TVDRS and, where needed, increase the number of jurisdictions included in the reporting.	yes	yes	yes
Recommendation 15.1: Partner with the Texas Department of Housing and Community Affairs and other state agencies and organizations to explore existing programs that provide resources to house homeless veterans, or supports that promote sustaining housing long-term.	yes	yes	yes

RECOMMENDATIONS	IMPACT		
	Policy	Administrative	Fiscal
Recommendation 15.2: Partner with inpatient treatment facilities and psychiatric emergency services centers to coordinate with local SMVF support networks prior to discharging SMVF to enhance continuity of care.	no	yes	no
Recommendation 15.3: Explore opportunities to partner with the VA to inform service members of civilian programs that provide mentorship to service members transitioning to veteran status.	no	yes	no
Recommendation 16.1: Explore opportunities to partner with pharmacies and primary care providers to inform patients about suicide-safe guidelines for dispensing and managing pharmaceuticals.	no	yes	no
Recommendation 17.1: Explore opportunities to inform health care facilities about the statewide Military Veteran Peer Network.	no	yes	no
Recommendation 17.2: Assess the feasibility to biennially survey SMVF across the state to assess their awareness and access to mental health services.	no	yes	no

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	Policy	Administrative	Fiscal
Recommendation 1.1: Continue to enhance the statewide network for SMVF mental health services and suicide prevention through collaboratives and programming.	yes	yes	no
Recommendation 1.2: Continue to distribute SMVF culturally-informed materials that promote awareness of suicide as a preventable public health concern.	no	yes	no
Recommendation 1.3: Explore the development of a multi-year SMVF suicide prevention awareness campaign which may include public service announcements distributed through television, radio, and social media.	no	yes	yes
Recommendation 1.4: Consult with tribal leaders in Texas to identify opportunities to collaborate on culturally appropriate suicide prevention awareness efforts for SMVF.	no	yes	no
Recommendation 1.5: Explore the development of a data dashboard for suicide data, information, and resources accessible by legislators, local health entities, and other community audiences.	yes	yes	yes
Recommendation 1.6: Explore opportunities to garner interest among state and local officials to support and publicly address suicide prevention practices for SMVF.	no	yes	no
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Recommendation 4.1: Continue to enhance TexVet.org to host bi-lingual SMVF suicide prevention information and resources which are accessible via computer and cell phone.	no	yes	yes
Recommendation 4.2: Explore opportunities to enhance the veterans and military resources webpage on the Texas Suicide Prevention Collaborative's website at TexasSuicidePrevention.org.	no	yes	yes
Recommendation 5.1: Continue to explore opportunities for state agencies to strengthen suicide prevention, intervention, and post-vention policies and services.	yes	yes	yes
Recommendation 5.2: Research federal grant opportunities to enhance state and local suicide prevention infrastructure and efforts.	no	yes	yes
Recommendation 5.3: Assess the availability and feasibility of utilizing tele-health to provide suicide prevention training and services to underserved populations with a primary focus on rural communities.	yes	yes	yes
Recommendation 6.1: Encourage partnerships between VSOs, community and faith-based organizations, and suicide prevention training programs to integrate SMVF suicide prevention activities into their programs.	no	yes	no
Recommendation 6.2: Continue to partner with VHA hospital systems and community and faith-based organizations to develop working agreements at the local level to increase access to SMVF suicide prevention resources and mental health professionals.	yes	yes	yes
Recommendation 6.3: Collaborate with the VHA to disseminate information on the VA Mission Act registration for community-based suicide prevention and mental health professionals serving the SMVF population.	no	yes	no
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Recommendation 9.1: Explore opportunities to partner with institutions of higher education and the VA to make providers who are trained in military-informed care to be available to support SMVF students.	yes	yes	yes
Recommendation 9.2: Explore opportunities to partner with institutions of higher education to promote suicide prevention awareness and military cultural competency among faculty and staff at institutions of higher learning.	yes	yes	no
Recommendation 9.3: Explore opportunities to partner with VSOs to seek and receive training in SMVF suicide prevention, intervention, and post-vention practices.	no	yes	no
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<b>RECOMMENDATIONS</b>	<b>IMPACT</b>		
	<b>Policy</b>	<b>Administrative</b>	<b>Fiscal</b>
Recommendation 11.4: Explore opportunities to partner with the TCOLE and other law enforcement organizations to inform law enforcement about the Texas crisis hotline system, Veteran Crisis Line and emerging 988 system which can be used to locate mental health resources.	yes	yes	no
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Recommendation 12.1: Explore oppportunities to partner with organizations in aging networks to identify SMVF and provide information on suicide prevention, intervention, and post-vention practices.	no	yes	no
Recommendation 12.2: Explore oppportunities to partner with organizations in aging networks to increase outreach to older veterans and encourage screenings for depression, substance use and suicide risk during routine services in office and via tele-health.	yes	yes	yes
Recommendation 13.1: Partner with medical associations to inform their members about evidenced-based practices in assessing for suicidal ideation and behaviors in SMVF during routine medical appointments in-person and via telehealth.	yes	yes	no
Recommendation 13.2: Partner with the VA and other organizations to educate hospital administration on VA eligibility requirements and linking patients to VA medical and mental health services.	no	yes	no
Recommendation 13.3: Partner with local VSOs to assess opportunities to partner with healthcare facilities to raise awareness about safe return of unused prescription medications through existing programs.	no	yes	no
Recommendation 13.4: Partner with the VA and medical and hospital associations to make suicide prevention training available in their local service area.	no	yes	no
Recommendation 14.1: Explore opportunities to standardize the data collection and reporting of veteran suicide deaths by counties. This standardization should focus on medical examiners and Justices of the Peace and their reporting to DSHS in the operation of the TVDRS.	yes	yes	yes
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