

Overview of the Zero Suicide in Texas Initiative

History of Suicide Prevention Efforts in Texas

Texas has a long history of efforts to prevent deaths by suicide in the state and has developed strong infrastructure to support and coordinate these activities. The Texas Suicide Prevention Coordinator, housed in the Health and Human Services Commission, is tasked with overseeing cross-agency activities intended to prevent deaths by suicide, and is supported by local suicide prevention coordinators in each regional mental health authority. The state coordinates many of the suicide prevention efforts through the leadership of the Texas Suicide Prevention Council, which oversees the Texas Suicide Prevention Plan. The Council, as well as gatekeeper trainings, technical assistance following a death (postvention) and many communication activities, are coordinated by Mental Health America of Texas (MHAT). This infrastructure is further supported by the presence of local suicide prevention coalitions in many areas of the state. Texas has made significant efforts towards training “gatekeepers” to understand the warning signs of suicide risk, make appropriate referrals, and reduce the risk of subsequent deaths following a suicide through active postvention. The Texas Legislature has supported this work by requiring training in suicide prevention for school staff and promoting evidence-based practices in school settings through state agency collaboration.

In 2012, following the publication of the revised National Strategy for Suicide Prevention, the Department of State Health Services (DSHS) began focusing additional efforts on improving the capacity of the behavioral health system to identify, engage, and treat individuals at risk for suicide. DSHS began collaborating with interested Local Mental Health Authorities (LMHAs) to enhance the training of the workforce in identifying and managing individuals at risk of suicide. Fifteen LMHAs began measuring the perceived competence of their workforce through a Workforce Survey and committed to training 100% of employees in Applied Suicide Intervention Skills Training (ASIST). The Department of State Health Services partnered by providing financial support to develop organizational trainers in ASIST within each of the organizations. Results from a subsequent workforce survey in the participating organizations showed that 74% of the workforce had been trained in ASIST, up from 2% in 2012. Additionally, the majority of staff (86%) reported that they believed that they had the training they needed to engage or assist persons with suicidal desire. Staff also reported that they had the skills (83%) and supervision (86%) that they needed to assist individuals at risk for suicide. This initial success led the state to develop a plan for using the Zero Suicide framework to establish suicide safe care centers in the public mental health system.

Aims of the Zero Suicide in Texas Initiative

The Zero Suicide in Texas (ZEST) initiative, supported through a Garrett Lee Smith Suicide Prevention grant with the Substance Abuse and Mental Health Services Administration (SAMHSA), planned to use a comprehensive public health approach to prevent deaths by suicide. Modeled after the U.S. Air Force Suicide Prevention Program, the ZEST initiative

aimed to integrate best practices in suicide prevention, assessment and intervention into the public mental health system in Texas. The goals of the ZEST initiative are to:

- improve identification, treatment and support services for high risk youth by creating *Suicide Safe Care Centers* within the public mental health system;
- expand and coordinate these best practice suicide prevention activities with other youth-serving organizations and community partners to create *Suicide Safe Care Communities*;
- and implement research-informed training and communications efforts to create a *Suicide Safe Care State*.

What is a Suicide Safe Care Center?

The Department of State Health Services (now the Health and Human Services Commission) has partnered with community behavioral health centers in Texas to create Suicide Safe Care Centers. These organizations have committed to implementing a series of best practices intended to minimize the risk of suicide for children, adolescents and adults accessing services from the organization. Individuals with behavioral health challenges are at increased risk of suicide, which has been shown in Texas and other state systems. Focusing prevention efforts on the health care home helps create a system that weaves together a tapestry of overlapping prevention practices.

Suicide Safe Care Centers embrace the Zero Suicide framework, which is a commitment to striving for no deaths by suicide for individuals under the organization's care. This requires a commitment by the agency leadership and the development of an organizational culture that supports the following beliefs:

- *that suicide prevention is a core role of the agency,*
- *that all staff play a role, and*
- *that failures are the responsibility of the system, not any one individual.*

Organizations are supported through training opportunities and technical assistance to review their current suicide prevention practices and policies and implement new practices when needed. Opportunities for learning from peer organizations within the state will be provided and sharing of resources encouraged. Suicide Safe Care Centers are expected to implement best practices in the following domains:

- Workforce training and supervision;
- Screening and assessment for suicide risk;
- Safety planning and counseling on access to lethal means;
- Pathways to care for individuals at risk;
- Suicide-focused interventions;
- Care transition or continuity of care practices;
- Postvention practices and support for loss survivors; and
- Written policies to support suicide prevention.

How to Use the ZEST Toolkit

The ZEST toolkit was created to assist behavioral health organizations in Texas to implement the core components of the Zero Suicide framework. Each chapter of the toolkit sets out to identify the expectations for each organization through chapter goals. These goals represent Texas' expectations for suicide safe care centers within the respective domain. Within the chapter, then, the respective focus area is described in greater depth and resources for additional training or tools to assist in the change activities are shared.

Each organization that aims to implement the Zero Suicide framework is likely to choose different paths towards each goal, and the toolkit is meant to be flexible. The tools are intended to help organizations identify the agency's starting point, select initial change targets, and plan logical steps towards accomplishing these goals. Along the way, organizations are strongly encouraged to use continuous feedback from data to inform their efforts. As new tools are developed, they will be added to the toolkit to inform other organizations.

There are many organizations in Texas working towards the goal of Zero Suicide and learning from peers can be a powerful strategy to advance your efforts. Opportunities to participate in a learning collaborative on Zero Suicide may be available.