Report on Suicide and Suicide Prevention in Texas 2022 Update

As Required by
the 2022-2023 General
Appropriations Act, Senate Bill 1,
87th Legislature, Regular Session,
2021 (Article IX, Section 10.04 (f))

Statewide Behavioral Health
Coordinating Council
November 2022

January 2023 - Revised

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Executive Summary

The *Report on Suicide and Suicide Prevention in Texas* was prepared by the Statewide Behavioral Health Coordinating Council (SBHCC) and is submitted in compliance with the 2022-23 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021 (Article IX, HHSC, Section 10.04 (f)). Section 10.04(f) requires the SBHCC to provide an update to the report on suicide and suicide prevention in Texas required by House Bill (H.B.) 3980, 86th Legislature, Regular Session, 2019, including data and recommendations specific to suicides among the veteran and youth in foster care populations. H.B. 3980 required a summary report on the prevalence of suicide in Texas, state policies and programs adopted across state systems and agencies to prevent suicides, as well as recommendations on how to reduce suicidal behavior in Texas.

The Health and Human Services Commission (HHSC) implements suicide prevention initiatives and partners with agencies and organizations such as the Department of State Health Services (DSHS) and the Texas Suicide Prevention Council to oversee the state's suicide prevention efforts.

The primary goal is to prevent all suicide deaths and connect individuals with appropriate behavioral health services at the right time and place. As a first step toward achieving this goal, it is critical to understand prevalence rates of suicide-related events, including suicidal thoughts, suicide attempts, and deaths caused by suicide. Since the year 2000:

- Texas has seen an overall increase in suicide mortality with the death rate rising 36.7 percent;
- Individuals ages 25-29 saw the greatest increase of any age group with a 69 percent increase in suicide mortality rate, closely followed by individuals ages 20-24 with an increase of 56.9 percent;
- The rate of suicide mortality for youth in the foster care system is more than three times the rate for youth in Texas;
- The rate of calls to the poison control network concerning suspected suicide in girls ages 6-12 increased seven-fold between 2005 and 2021, while the rate for young women 13-19 years old more than doubled; and
- The suicide mortality rate for veterans aged 18-34 rose 91.6 percent between 2001 and 2019, making it the highest rate for the veteran population.

Active military status is not collected on the Texas death certificate, therefore, suicide rates for active military members could not be calculated.

With Texas' large size and varied geography, it is important to analyze death by suicide prevalence rates with respect to location, showing since the year 2000:

- The Coastal Plains Community Center catchment area (Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg Live Oak, and San Patricio counties) experienced the largest increase in the suicide death rate with an increase of 127.3 percent;
- The Camino Real Community Services catchment area (Atascosa, Dimmit, Frio, Karnes, La Salle, Maverick, McMullen, Wilson, and Zavala counties) experienced the lowest increase in the suicide death rate with a decrease of 5.7 percent;
- The suicide mortality rate in non-metro areas is about 30-45 percent higher than the rate in metro areas; and
- The suicide mortality rate is increasing faster in non-metro areas than in metro areas.

For a comprehensive understanding of suicide prevention work in Texas, it is vital to recognize the existing state statutes, agency rules, and policies relating to suicide prevention, intervention, and postvention.

The Texas Education Code, Texas Family Code, Texas Health and Safety Code, Texas Civil Practice and Remedies Code, Texas Occupations Code, Texas Human Resources Code, Texas Penal Code, Texas Code of Criminal Procedure, Texas Government Code, and Texas Property Code all contain guidance relating to suicide prevention that affects the work of school personnel, mental health professionals, individuals working in the criminal and juvenile justice systems, and child welfare employees, among many others. These state statutes are included in Appendix B of this report, along with state agency initiatives since 2000 addressing suicide and suicide prevention.

Introduction

As H.B. 3980 stated, suicide is a public health crisis affecting residents of all ages in every region of the state. Developing a shared understanding of suicide in Texas will help determine the appropriate state and regional efforts necessary to decrease state suicide rates and address the disparities in state laws, policies, programs, and efforts currently being used to address suicide.

Section 10.04 (f) requires the SBHCC to write an update to the H.B. 3980 *Report on Suicide and Suicide Prevention in Texas* gathering available data on suicide, suicide attempts, and suicidal thoughts beginning in the year 2000 to the present, as available for each dataset with special attention to the veteran and youth in foster care populations. The report must identify the highest categories of risk of death by suicide, suicide attempts, and thoughts of suicide, specifically addressing the following characteristics: the age of the individual; the sex of the individual; and the individual's veteran status. The data must be disaggregated by county and recognized categories of risk, where available. S.B. 1 also calls for this report to contain all Texas policies and programs adopted across state systems to prevent suicides, as well as all state statutes and rules addressing the topic and recommendations for improvement.

This report addresses the call for action in S.B. 1 by cataloging available data, state laws, and an inventory of state policies and programs regarding suicide prevention from 2000 to the present. Highlighted in the report are data related to deaths by suicide in Texas, including suicide mortality data, as are available as of June 1, 2022. Available years of data varies by source. The Centers for Disease Control and Prevention (CDC) had 2020 data available. The U.S. Veteran's Administration only had data available from 2001 through 2019.

The report also includes suicide attempt data, referenced as suicide morbidity data. One way to capture suicide morbidity data is by examining hospital discharges reported in Texas, specifically looking at hospitalizations due to suicide attempt. Hospital discharge data was available to 2020. Since hospital discharge data does not capture all suicide attempts, emergency department visits for suicide attempts and calls to the poison control network for suspected suicide are also examined in this report. Emergency department data was available to 2020. Poison Control Network data was available through 2021. Emergency department data collection began in 2016, while Poison Control Network data began in 2004.

The data section of the report includes data from the Behavioral Risk Factor Surveillance System and the Youth Risk Behavior Surveillance System, including suicide attempts and suicidal thoughts among the adult population and high school students in Texas, respectively.

The report lists statutes and rules passed by the Texas Legislature concerning suicide from the 78th to the 87th Texas Legislative Sessions. This information is followed by a list of funding appropriated and programs implemented by state agencies since 2000 to combat suicide. This includes the agencies' policies regarding suicide.

Lastly, the report contains eleven recommendations to improve suicide prevention, intervention, and postvention in the state.

Background

According to the American Foundation for Suicide Prevention, a person dies by suicide approximately every two hours in Texas. In 2020, over 3,900 Texans lost their lives to suicide.[i] Suicide has become the second leading cause of death for individuals 15-34 years old, the fifth leading cause of death for individuals 35-54 years old, and the eleventh leading cause of death across all age groups. Almost three times as many people died by suicide in 2019 than in alcohol-related motor vehicle accidents.[ii]

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 American Association of Suicidology Past-President, Julie Cerel's research, there are approximately 135 people affected in some way by each suicide death including approximately 18 loss survivors who will experience short- or long-term bereavement from the death.[iii] This means there would be 526,000 people affected by a suicide and 70,000 new loss survivors in Texas from 2020 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 (AFSP), 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.[iv]

The numbers and rate of suicide attempts have also continued to rise over the last several years. While there is no complete count of suicide attempts currently available, AFSP estimates there were 1.2 million suicide attempts in the United States in 2020. It is estimated Texas had approximately 11,400 suicide attempts in 2017[v]; however, data later in this report will show that number has now nearly doubled. People who attempt suicide are at high risk for dying by suicide in the future; therefore, it is critical for these individuals to receive follow-up care and treatment as suicide is preventable.

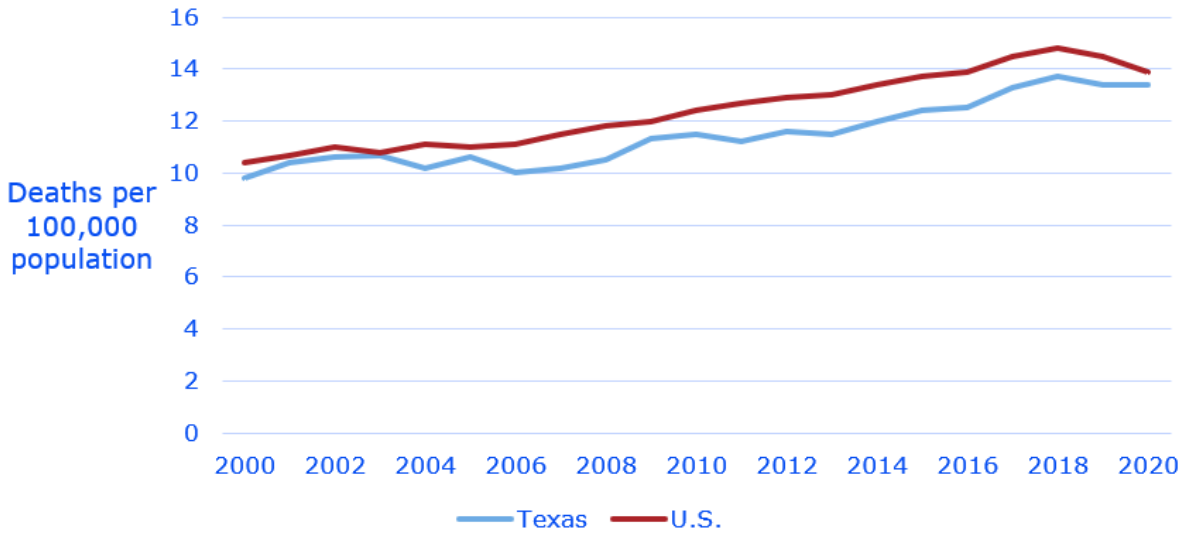
Suicide Data in Texas

Mortality Data

Mortality rates are calculated by dividing the number of deaths by the population and multiplying by 100,000. With a population of 29 million people, Texas has both the second largest state population and the second highest number of suicide deaths in the United States.[vi] While Texas was ranked 36th in the nation for suicide mortality rates in 2020,[vii] the state has experienced an increase in suicide mortality in the years since 2000. The crude death rate[viii] rose 36.7 percent, from 9.8 deaths per 100,000 population in 2000 to 13.4 deaths per 100,000 population in 2020.[ix] The increase was reflected to differing degrees by different groups within the population.

Figure 1 illustrates suicide mortality rates in the U.S. and Texas between 2000 and 2020.[1]

Figure 1 Suicide Mortality in Texas and the United States, 2000-2020[2]

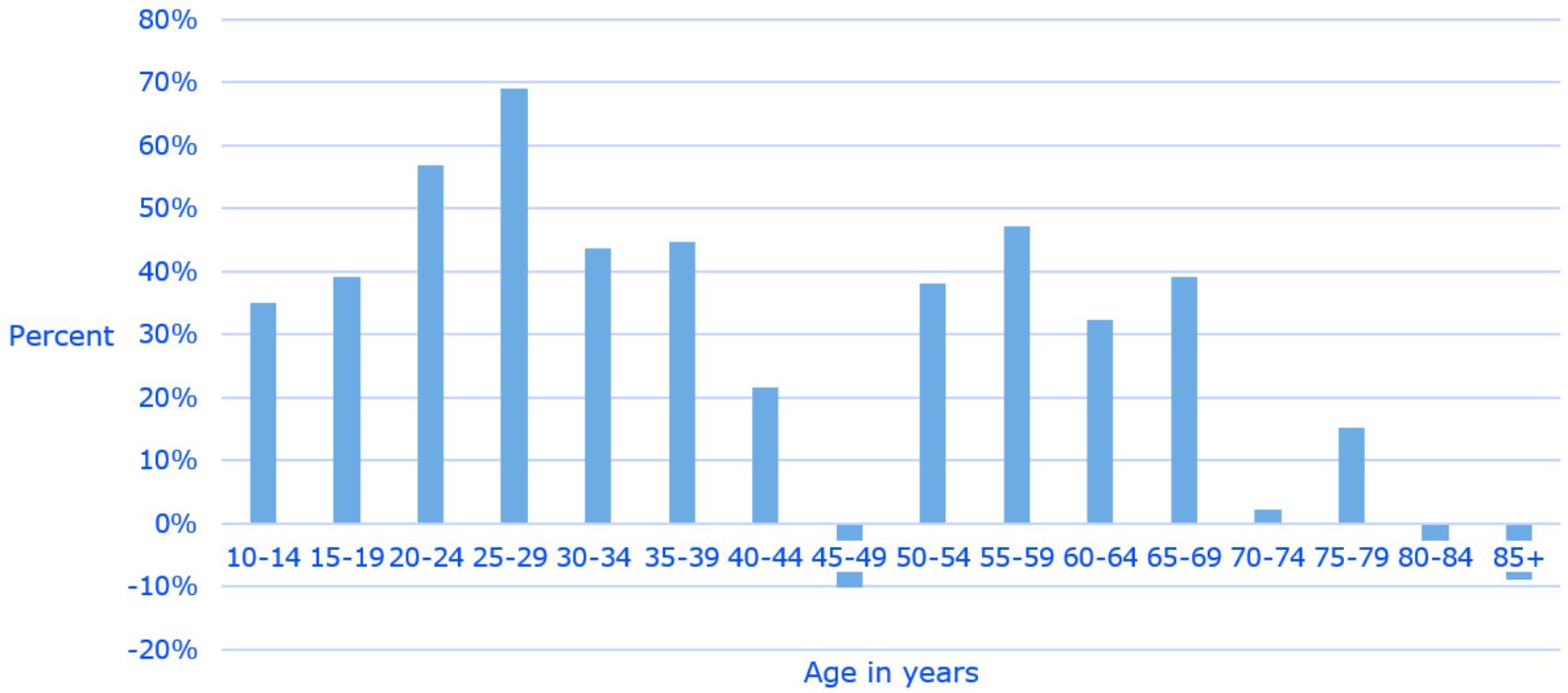


[1] See Table A1 in Appendix A
[2] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

Age[3]

Figure 2 illustrates the changes in suicide mortality rates between 2000 and 2020 by five-year age groups.

Figure 2 Changes in Suicide Mortality by Age Group, 2000-2020[4]



[3] See Table A2, Table A3, and Table A4 in Appendix A
[4] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

Adults aged 25-29 saw the greatest increase in suicide mortality of any age group from 2000 to 2020. During this timeframe, there was a 69 percent increase from a rate of 11.6 deaths per 100,000 population to a rate of 19.6 deaths per 100,000 population.

The increase for adults aged 20-24 was 56.9 percent, with rates rising from 12.3 deaths per 100,000 population to 19.3 deaths per 100,000 population.

Individuals aged 55-59 had the next highest increase at 47.3 percent, with rates rising from 11 deaths per 100,000 population to 16.2 deaths per 100,000 population.

Adults aged 35-39 had the next highest increase at 44.6 percent, with rates rising from 12.1 deaths per 100,000 population to 17.5 deaths per 100,000 population.

The next highest increase was among individuals aged 30-34, who had at 43.6 percent increase, with rates rising from 11.7 deaths per 100,000 population to 16.8 deaths per 100,000 population.

The increase for adults aged 65-69 was 39.2 percent, with rates rising from 9.7 deaths per 100,000 population to 13.5 deaths per 100,000 population.

The increase for youth aged 15-19 was 39.1 percent, with rates rising from 9.2 deaths per 100,000 population to 12.8 deaths per 100,000 population.

The increase for adults aged 50-54 was 38.1 percent, with rates rising from 12.6 deaths per 100,000 population to 17.4 deaths per 100,000 population.

The rate for children ages 10-14, while extremely low, experienced an increase of 35 percent, rising from 2 deaths per 100,000 population to 2.7 deaths per 100,000 population.

The increase for adults aged 60-64 was 32.2 percent, with rates rising from 12.2 deaths per 100,000 population to 16 deaths per 100,000 population.

The rates for adults aged 40-44 increased 21.7 percent, rising from 14.3 deaths per 100,000 population to 17.4 deaths per 100,000 population and the rates for adults aged 75-79 increased 15.2 percent, rising from 15.1 deaths per 100,000 population to 17.4 deaths per 100,000 population.

Individuals aged 70-74 saw a 2.1 percent increase from a rate of 14.1 deaths per 100,000 population to a rate of 14.4 deaths per 100,000 population.

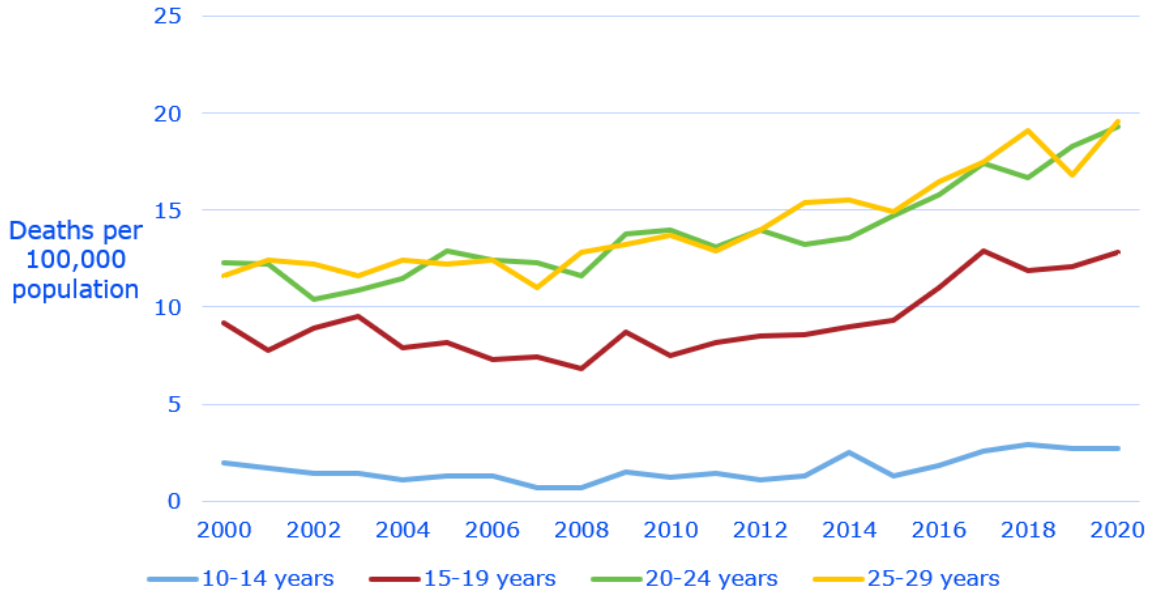
Adults aged 45-49 saw the largest decrease at 10.1 percent, falling from 16.9 deaths per 100,000 population to 15.2 deaths per 100,000 population and the 84+ age group, which saw strong fluctuations in its rate, experienced the next highest decrease, lowering by 8.9 percent from 20.2 deaths per 100,000 population to 18.4 deaths per 100,000 population. The 80-84 age group saw a smaller decrease at 3.1 percent, falling from 19.4 deaths per 100,000 population to 18.8 deaths per 100,000 population.

It is important to keep in mind that despite the fact the older age groups have the highest rates, the majority of suicides occur in middle age.

The COVID-19 pandemic thus far has had differing effects on different age groups. While most older adults saw a decrease between 2019 and 2020, there was an increase in the rate for 80–84-year-olds. Adults 30-44 years old and 60-64 years old saw an increase in suicide mortality rates while those 45-59 years old saw a decrease. The rate of suicide mortality for 10–14-year-olds stayed the same, while the rates for 15-29-year-olds increased. While these do not yet constitute trends, they are worth monitoring.

Figure 3 outlines the suicide mortality rate by youth and young adults from 2000-2020.

Figure 3. Youth and Young Adult Suicide Mortality, Texas 2000-2020[5]



[5] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

Figure 4 outlines the suicide mortality rate by individuals in their middle years from 2000-2020.

Figure 4. Suicide Mortality in the Middle Years, Texas 2000-2020

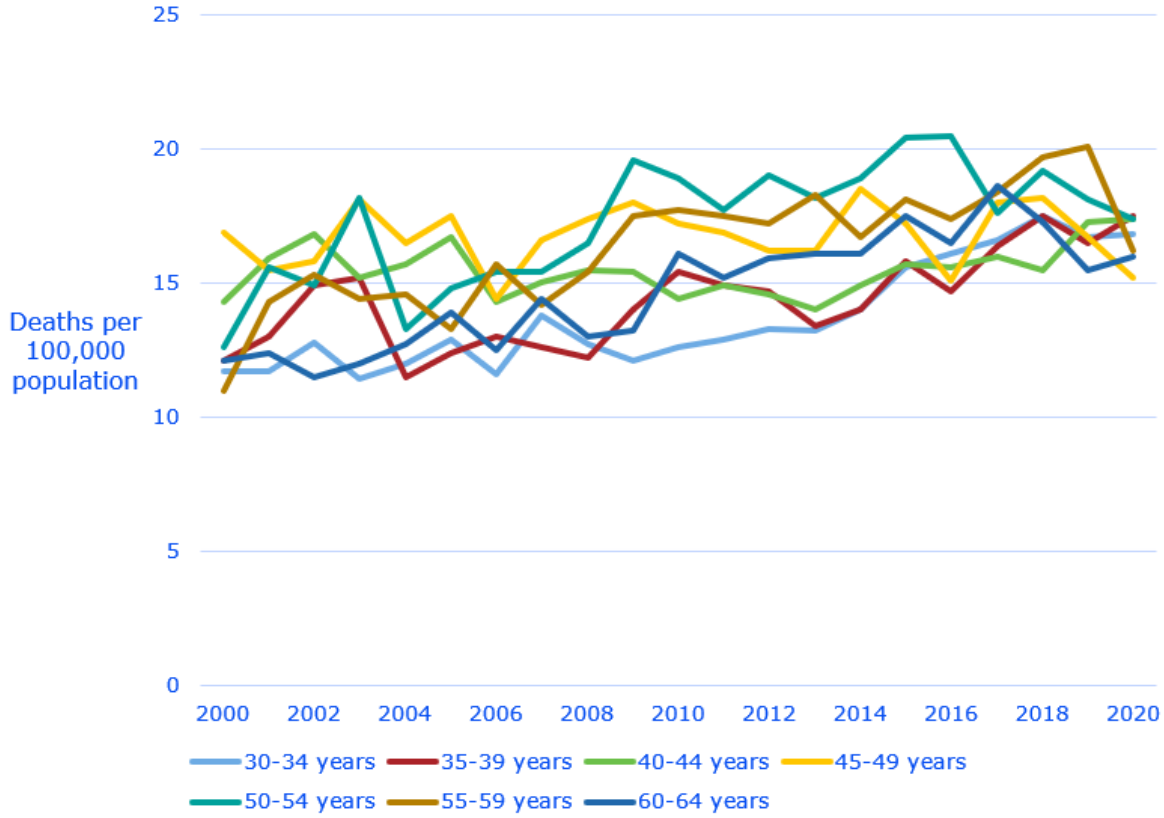
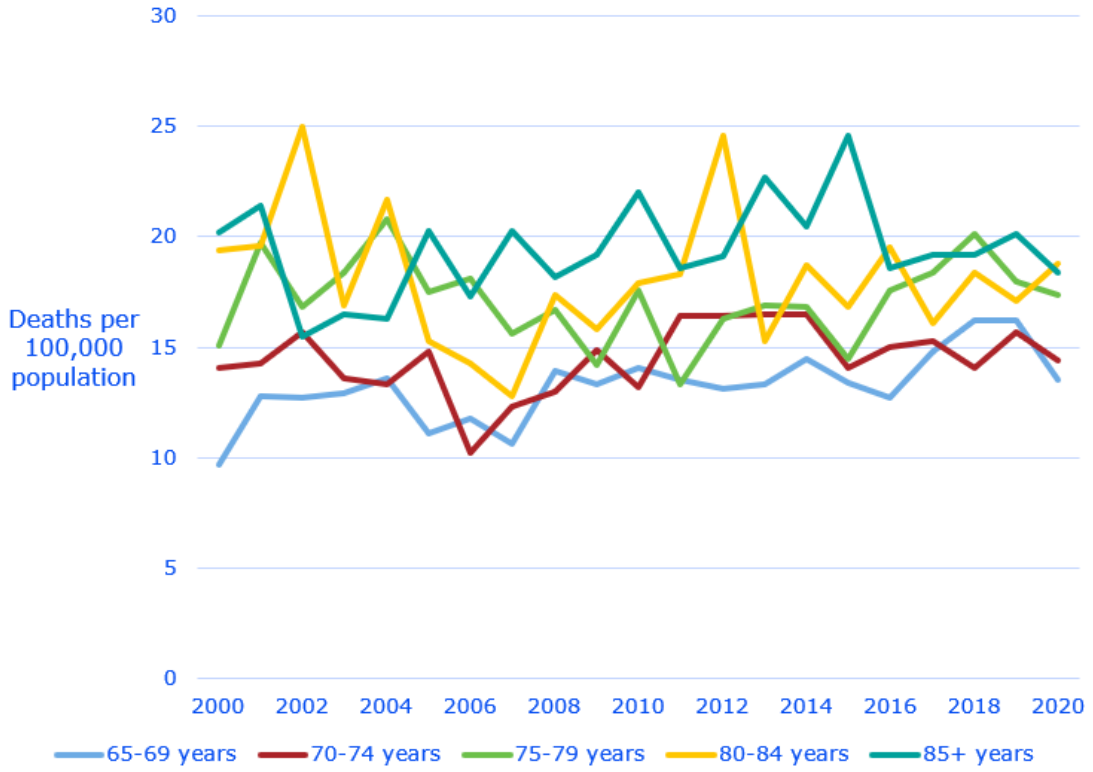


Figure 5 outlines the suicide mortality rate by older Texans from 2000-2020.

Figure 5. Suicide Mortality in Older Texas Residents[6]



[6] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

Race and Ethnicity[7]

Changes in suicide mortality rates also varied by race and ethnicity from 2000-2020. Texas residents of Asian or Pacific Island descent had the largest increase in rate at 92.5 percent, increasing rates from 4 deaths per 100,000 population to 7.7 deaths per 100,000 population between 2000 and 2020.

The next highest increase was among Hispanic Texas residents whose rate increased 59.6 percent from 5.2 deaths per 100,000 population to 8.3 deaths per 100,000 population.

Black or African American Texas residents saw a 44.6 percent increase from a rate of 5.6 deaths per 100,000 population to 8.1 deaths per 100,000 population, with the increase occurring mostly after 2014.

White, non-Hispanic Texas residents maintained the highest rates, but only saw a 48.6 percent rate increase of 13.8 deaths per 100,000 population to 20.5 deaths per 100,000 population.

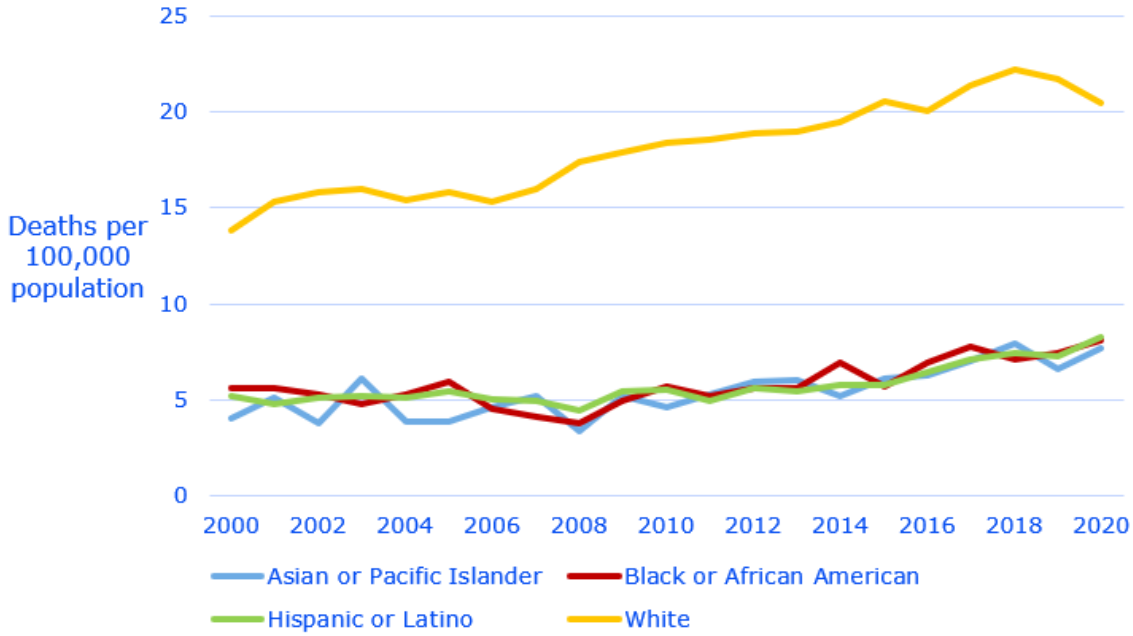
The ongoing pandemic has had differing effects on race and ethnic groups in Texas. White, non-Hispanic Texan residents saw a decrease in suicide mortality, while all other groups with available data[8] saw an increase in suicide mortality.

There were 117 suicide deaths among American Indian or Alaskan Native Texas residents during the 21 years of analysis, producing an overall crude mortality rate of 5.9 deaths per 100,000 population. Rates are suppressed for less than 10 deaths in order to protect confidentiality. Less than 20 deaths produce a rate which is not considered reliable. There was only one year in the 21-year period with more than nine suicide deaths in that population to produce an unreliable suicide death rate.

[7] See TableA5 in Appendix A
[8] Data on American Indian or Alaskan Native were suppressed due to small number and could not be evaluated.

Figure 6 outlines suicide mortality by race and ethnicity for 2000-2020.

Figure 6. Suicide Mortality by Race and Ethnicity, Texas 2000-2020[9]



[9] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

Sex[10]

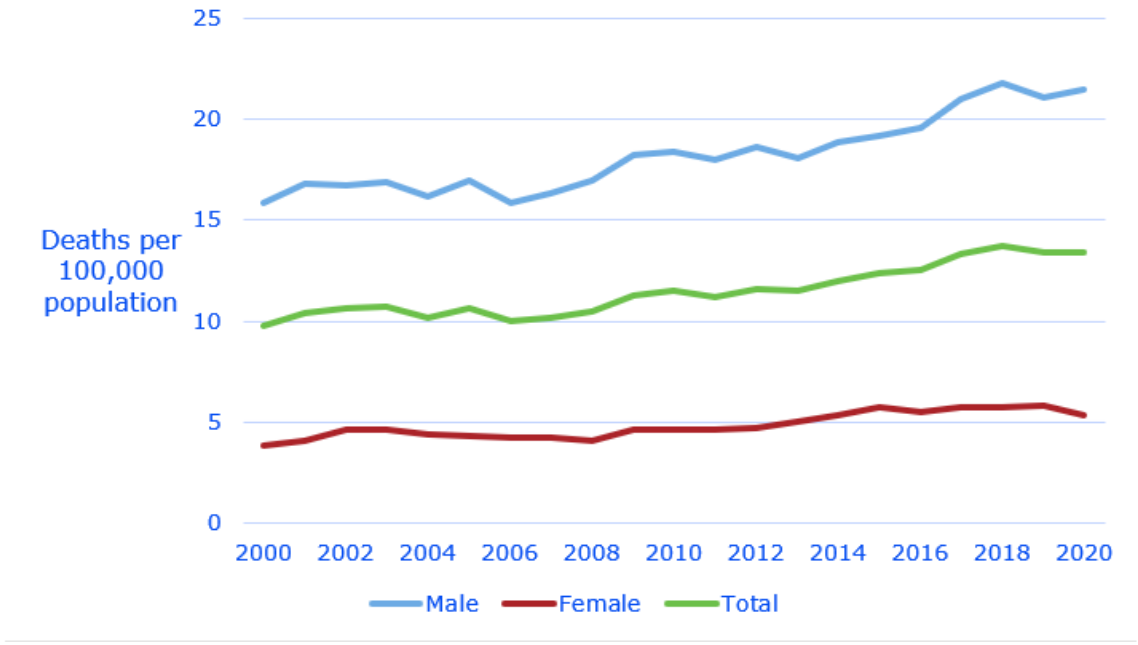
Suicide mortality rates vary by sex to a large degree. Males are three to four times as likely to die by suicide as females in the state of Texas; however, rates among females increased slightly more than males between 2000 and 2020.

Rates for females increased by 39.5 percent, from 3.8 deaths per 100,000 population to 5.3 deaths per 100,000 population.

Rates for males increased 35.2 percent, from 15.9 deaths per 100,000 population to 21.5 deaths per 100,000 population.

Figure 7 outlines the suicide mortality rate by sex for 2000-2020.

Figure 7. Suicide Mortality by Sex, Texas 2000-2020[11]



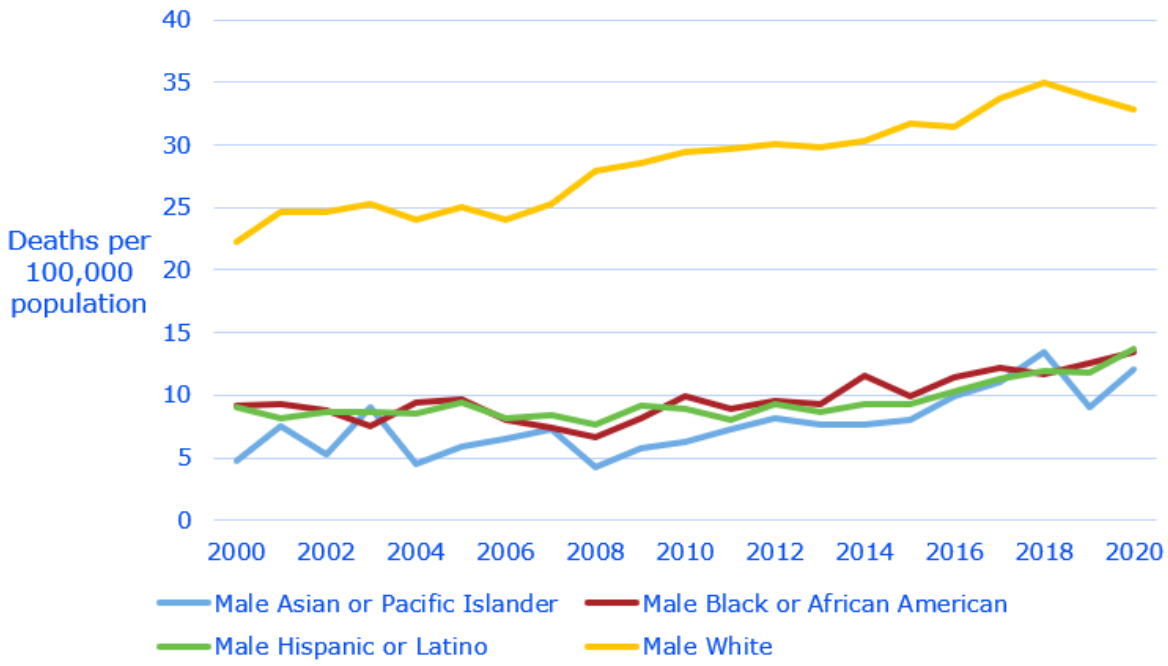
Mortality rates vary further by race and ethnicity and sex. Among both males and females, white Texas residents have the highest suicide mortality rate. Rates are increasing among all groups, but to different degrees.

[10] See Table A6, Table A7, and Table A8 in Appendix A
[11] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

White male suicide mortality rates have increased by 47.7 percent from 22.2 deaths per 100,000 population to 32.8 deaths per 100,000 population. Black or African American male suicide mortality rates have increased by 45.7 percent from 9.2 deaths per 100,000 population to 13.4 deaths per 100,000 population and the increase mostly occurred in the years after 2014. The rates among Asian or Pacific Islander males have more than doubled with a 154.8 percent increase from 4.7 deaths per 100,000 population to 12 deaths per 100,000 population. The rates among Hispanic males have increased 52.2 percent from 9 deaths per 100,000 population to 13.7 deaths per 100,000 population.

Figure 8 outlines the male suicide mortality rate by race and ethnicity for 2000-2020.

Figure 8. Male Suicide Mortality by Race and Ethnicity, Texas 2000-2020[12]



Female suicide mortality rates are also increasing by race and ethnicity group. The white female suicide mortality rate increased 49.1 percent between 2000 and 2020 from 5.7 deaths per 100,000 population to 8.5 deaths per 100,000 population.

The Hispanic female suicide mortality rate increased 123.1 percent from 1.3 deaths per 100,000 population to 2.9 deaths per 100,000 population.

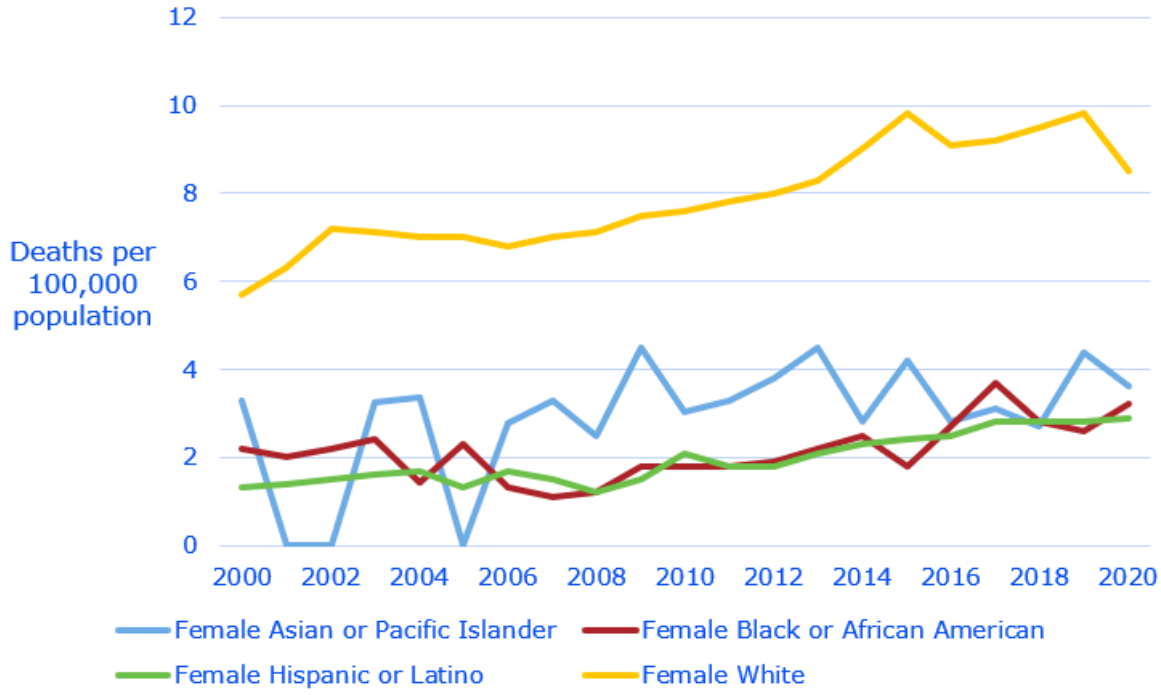
[12] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

The Black or African American female suicide mortality rate increased by 45.5 percent from 2.2 deaths per 100,000 population to 3.2 deaths per 100,000 population.

The rate for Asian or Pacific Islander females increased by 9.9 percent from 3.3 deaths per 100,000 population to 3.6 deaths per 100,000 population.

Figure 9 outlines the female suicide mortality rate by race and ethnicity for 2000-2020.

Figure 9. Female Suicide Mortality by Race and Ethnicity, Texas 2000-2020[13]



Veterans[14]

Section 10.04 (f), requires a special emphasis on the veteran population. The veteran population in Texas varies greatly from the general public. While the population of Texas is 51 percent female, the veteran population is only 10.9 percent female.

[13] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER
[14] See Table A9, Table A10, and Table A11 in Appendix A

Figure 10 shows the proportion of the population of Texas that is male and the proportion that is female.

Figure 10 Texas General Population by Sex, 2020[15]

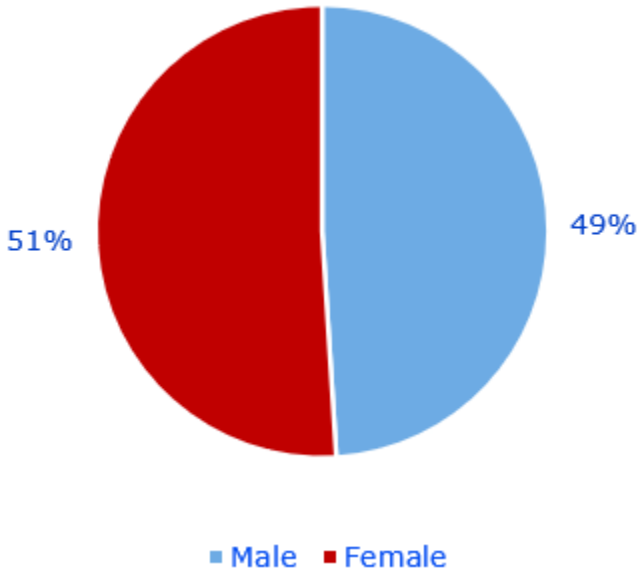
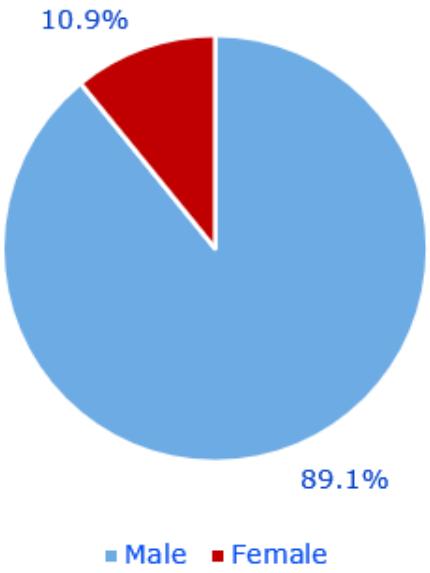


Figure 11 shows the proportion of the veteran population in Texas that is male and the proportion that is female.

[15] U.S. Census

Figure 11 Texas Veteran Population by Sex, 2020[16]



Veterans in Texas also have a different age distribution than the adult general population of Texas. There is a smaller proportion of veterans in the 18–34-year-old age group and a larger proportion of veterans in the 65–74-year-old and 75 years or older age groups than the general population.

Figure 12 shows the adult general population of Texas broken out into five age groups.

[16] U.S. Census

Figure 12 Texas Adult Population by Age Group, 2020[17]

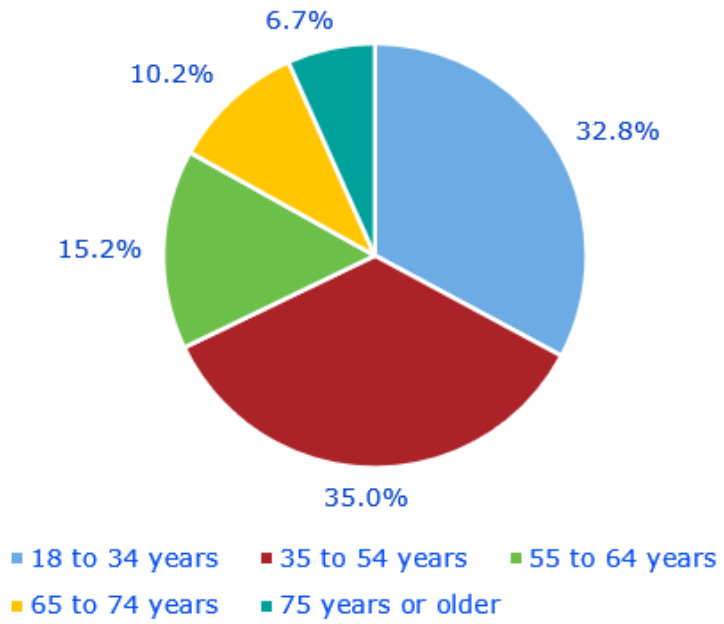
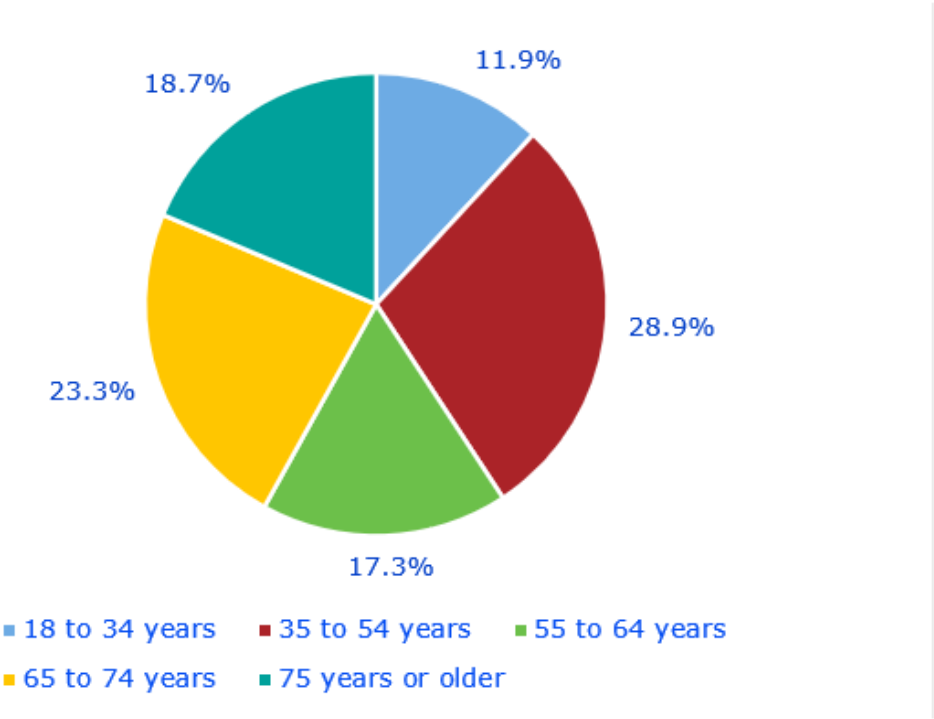


Figure 13 shows the veteran population of Texas broken out into five age groups.

[17] U.S. Census

Figure 13 Texas Veteran Population by Age Group, 2020[18]



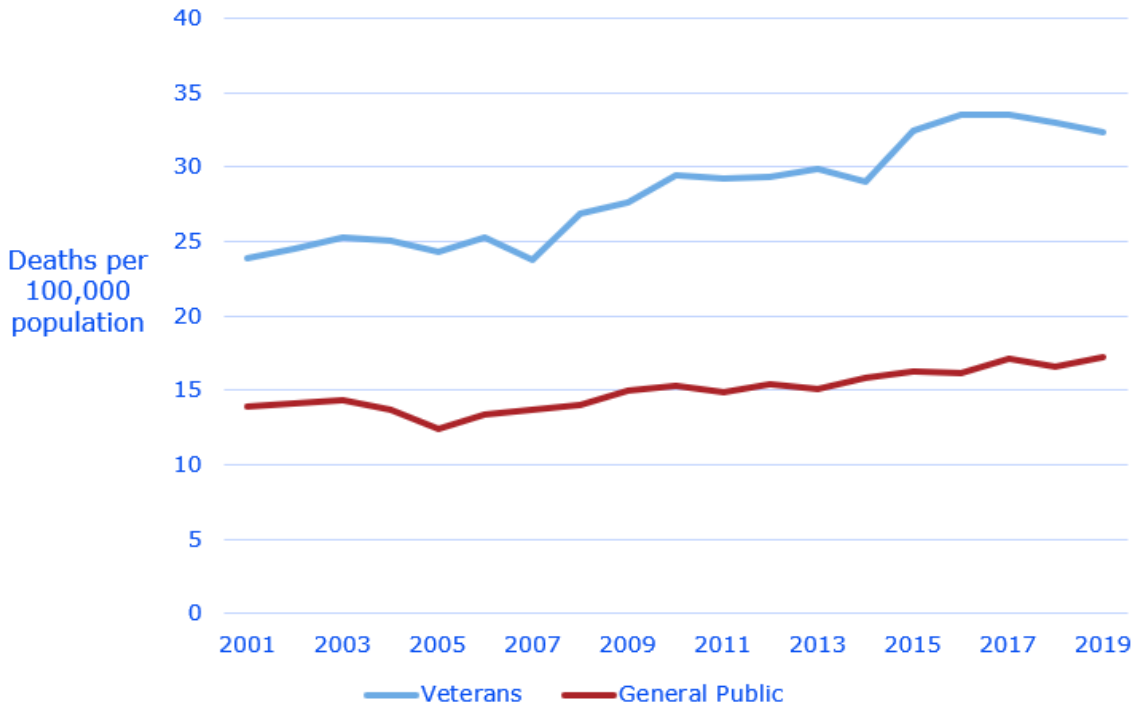
Veterans had a higher death rate by suicide than most of the other categories examined in this report with a rate approximately two times higher than the overall Texas rate. The age-adjusted veteran suicide death rate rose 35.6 percent between 2001 and 2019, from 23.9 deaths per 100,000 veteran population to 32.4 deaths per 100,000 veteran population. The Department of Defense/Department of Veteran's Affairs Joint Mortality Data Repository has only released data through 2019. One should keep in mind, however, that the age-adjusted rate is not sex-adjusted. The proportion of females in the veteran population is much lower than the proportion in the general population and females have lower suicide mortality rates than males. This larger proportion of females in the Texas rate would lower the overall rate for the general public.

The rate of veteran suicide mortality decreased slightly in both 2018 and 2019 creating a downward trend. Texas currently collects information about military status on the death certificate, with a single checkbox regarding involvement with the military, which could mean either active duty or veteran. Therefore, it was not possible to calculate rates for active-duty service members in Texas.

[18] U.S. Census

Figure 14 outlines the age-adjusted suicide mortality rate for veterans and the general public for 2001-2019.

Figure 14. Age-Adjusted[19] Suicide Mortality, Veterans and General Public, Texas 2001-2019[20]



Looking at veteran suicide mortality by age group, the largest increase is seen in the 18–34-year-old age group where the rate increased by 91.6 percent from 22.5 deaths per 100,000 population in 2001 to 43.1 deaths per 100,000 population in 2019.

The next largest increase was among the 55–74-year-old age group which rose by 56.2 percent from 18.5 deaths per 100,000 population in 2001 to 28.9 deaths per 100,000 population in 2019.

The suicide mortality rate increased 17 percent in the 75-year-old and older veteran population, increasing from 29.4 deaths per 100,000 population in 2001 to 34.4 deaths per 100,000 population in 2019.

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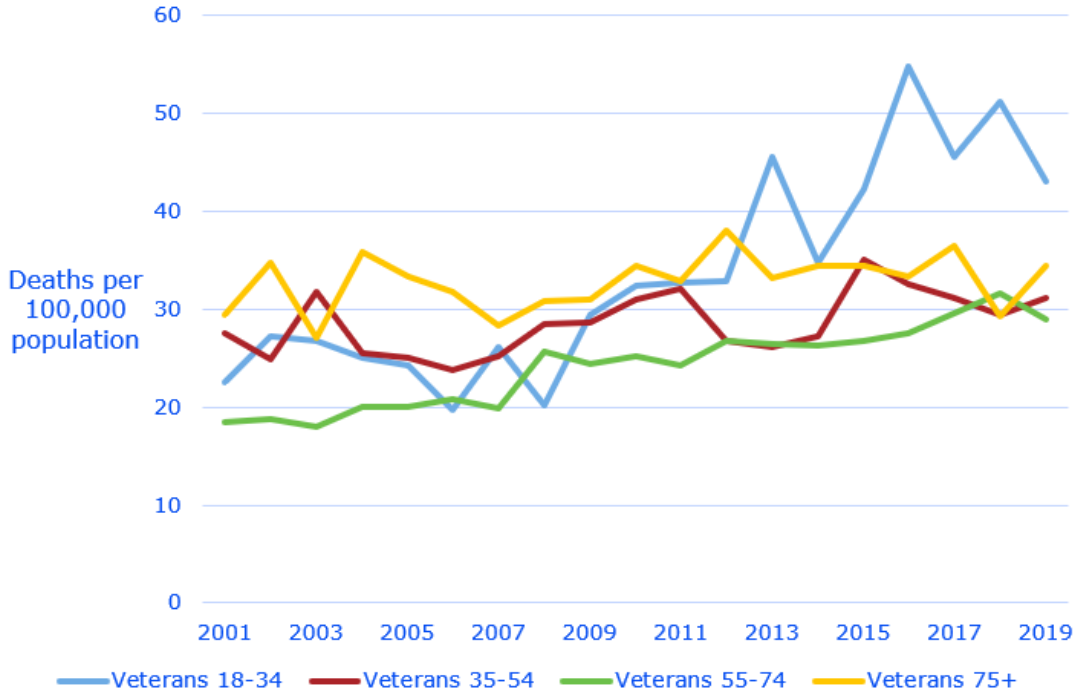
[19] Age-adjusted mortality rate is the rate that would have existed if both compared populations had the same age distribution. It is frequently used when populations have disparate age distributions.

[20] Department of Defense/Department of Veteran's Affairs Joint Mortality Data Repository (MDR) and Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

The 35–54-year-old veteran age group saw the smallest increase in suicide mortality of 12.7 percent, rising from 27.6 deaths per 100,000 population in 2001 to 31.1 deaths per 100,000 population in 2019.

Figure 15 shows the veteran suicide mortality rate by four age groupings.

Figure 15 Veteran Suicide Mortality by Age Group, 2001-2019[21]



The veteran suicide mortality by age group differed substantially from the suicide mortality rate by age group for the state of Texas.

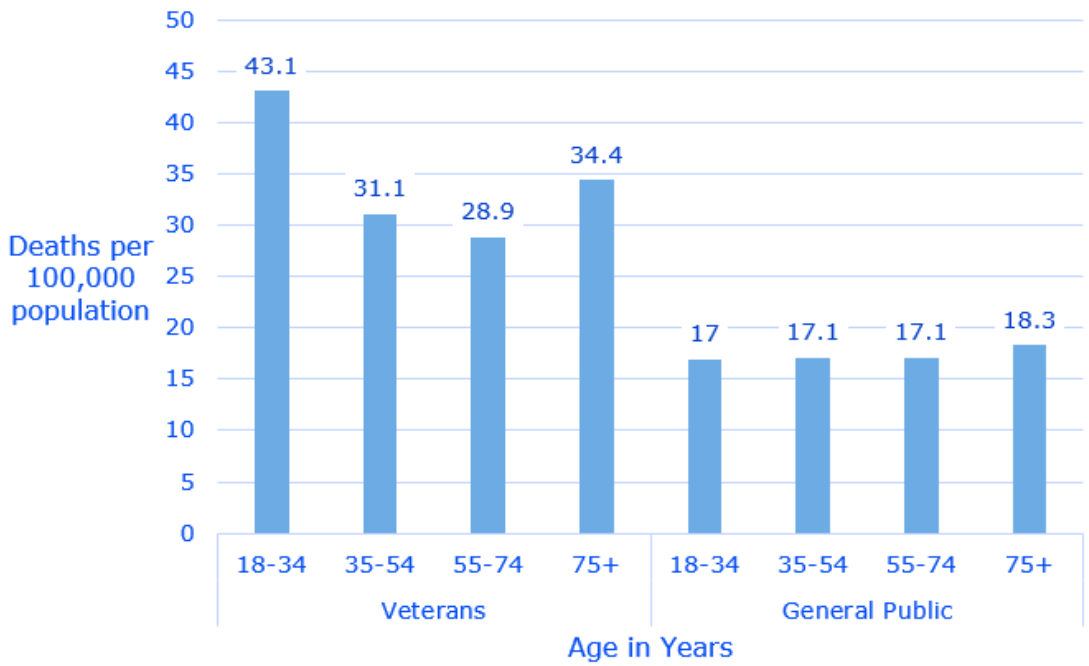
The difference was greatest in the 18–34-year-old population where the veteran rate of 43.1 deaths per 100,000 population was two and a half times higher than the rate for 18–34-year-old general public population of 17 deaths per 100,000 population.

Rates for the other veteran age groups were just less than twice as high as the age group rates for the general public.

Figure 16 shows the Texas suicide mortality rate by age for veterans and the general public

[21] Department of Defense/Department of Veteran's Affairs Joint Mortality Data

Figure 16 Texas Suicide Mortality by Age Group for Veterans and the General Public, 2019[22]



Youth in Foster Care

Sec. 10.04 (f), requires a special emphasis on youth in foster care. The only available data concerning youth in foster care is death by suicide. Records of suicide attempt and ideation are not maintained by the Department of Family and Protective Services (DFPS).

Utilizing the information gathered from DFPS, there are two methods of comparing these deaths. The first is to look at the expected and actual suicide deaths for the population in the foster care system and the second is to compare the suicide mortality death rate for children in Texas compared to children in the Texas foster care system.

The expected number is calculated applying the statewide rate to the foster care system population. While the number of suicides in the foster care system is not more than expected in fiscal year 2017 through fiscal year 2020, the number of suicide deaths in fiscal year 2021 is more than three times the expected number.

[22] Joint Veterans Administration/Department of Defense Mortality Data Repository (MDR) and Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

Table 1 shows the expected number of suicide deaths among youth in the foster care system and the actual number of deaths.

Table 1. Expected and Actual Number of suicide deaths among youth in the foster system.

Fiscal Year	Texas Suicide Mortality rate for youth[23]	Number of youths in the foster care system	Expected Number of Suicide Deaths	Actual Number of Suicide Deaths
FY 2017	2.0	50,293	1.0	1
FY 2018	2.6	52,397	1.4	0
FY 2019	2.6	51,417	1.3	2
FY 2020	2.4	47,913	1.1	2
FY 2021	2.6	45,870	1.2	4

There are several reasons to expect a higher toll of suicide in the foster care population. This could be influenced by higher rates of trauma and adverse childhood experiences than children outside of the Texas foster care system and this may increase suicidal behavior.[x] These factors might contribute to the higher suicide death numbers in fiscal year 2019 and fiscal year 2020.

Looking at the suicide mortality rate for youth in Texas and comparing it to the suicide mortality rate for youth in the Texas foster care system, the rate for youth overall has increased by 30 percent from 2 deaths per 100,000 population to 2.6 deaths per 100,000 population over a five-year period from 2017 through 2021. The suicide mortality rate for youth in the Texas foster care system has increased by 335 percent from 2 deaths per 100,000 population to 8.7 deaths per 100,000 population over the same five-year period.

Due to the population size in the foster care system of around 50,000 youth, the rate can change significantly by just one or two additional deaths, as seen in fiscal year 2021.

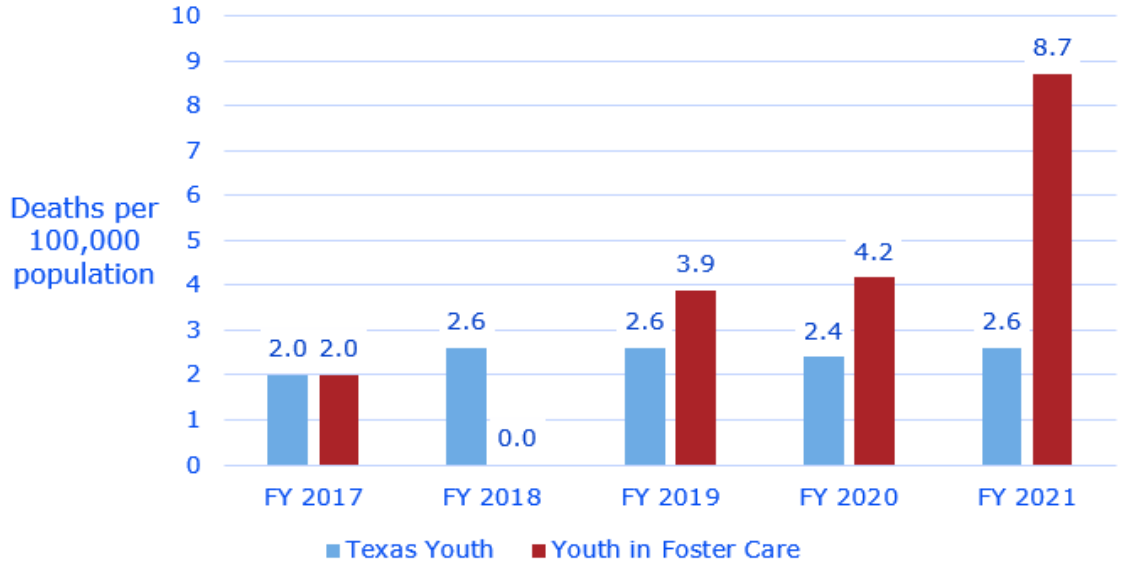
As mortality rates are not calculated on the Texas fiscal year, the mortality rates used were matched to the previous calendar year. For example, the fiscal year 2017 rate for youth in foster care was compared to the calendar year 2016 rate for Texas general youth population. This was also done to have a rate to compare to the fiscal year 2021 rate since calendar year 2021 data will not be released until late 2022 or early 2023. While there is a nine-month mismatch for the 2021 data,

[23] Rate for the previous calendar year

there would have been an excess of over 400 youth suicides in Texas, in addition to the 197 in 2020, for the suicide mortality in Texas youth to be similar to that of youth in the foster system.

Figure 17 shows the Texas suicide mortality rate youth in the foster care system and youth overall in fiscal year 2017–fiscal year 2021.

Figure 17 Texas Suicide Mortality Rates for Youth and Youth in the Foster Care System, Fiscal Years (FY) 2017 – 2021[24]



Local Mental Health and Behavioral Health Authorities[25]

In the May 2020 version of the *Report on Suicide and Suicide Prevention in Texas*, the state was divided into Public Health Regions (PHR) as a convenient way to localize the data since the PHR variable already existed in the DSHS datasets. For this update of the report, dividing the state by the existing public mental health system is more informative. The 39 local mental health authorities and local behavioral health authorities (LMHAs/LBHAs) each have a local service area (LSA) providing care to eligible Texans in all 254 counties. The data in this report provides information on the populations of these geographic subsections and not the client population of the LMHA/LBHAs.

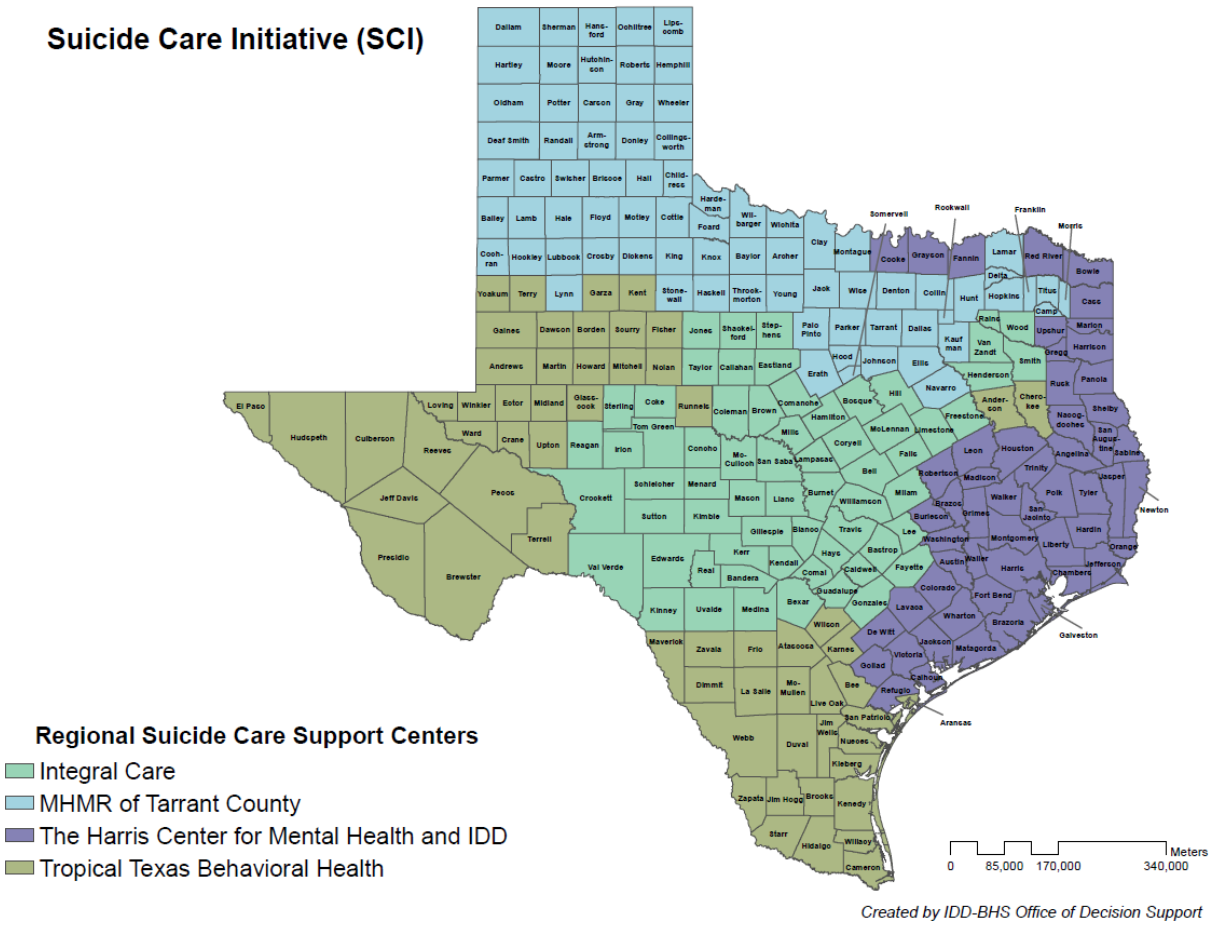
[24] Texas Department of Family and Protective Services and Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER
[25] See Table A12, Table A13, Table A14, Table A15, Table A16, Table A17, Table A18, and Table A19 in Appendix A

Suicide Care Initiative (SCI)

HHSC contracts with LMHAs/LBHAs to implement the Zero Suicide framework through two projects designed to improve suicide care in Texas. The Zero Suicide framework is a system-wide organizational commitment to safer suicide care in health and behavioral health care systems. The project to improve suicide care has two main goals. The first is the operation of four Regional Suicide Care Support Centers (RSCSCs) at LMHAs that provide regional training and technical assistance on Zero Suicide best-practices for eight or nine other LMHAs or LBHAs in their region. The second is for the RSCSCs to implement the Zero Suicide framework to fidelity within their LMHA.

The SCI regions have been used to categorize the LMHAs/LBHAs into smaller groups of nine or ten. Within each of these groups, catchment areas with similar rates are graphed in groups of five.

It should be noted that providing suicide mortality rates by LMHA/LBHA catchment area is not meant to provide an evaluation of the performance of these agencies. These breakouts of the 254 counties in Texas were familiar subsections for those working in public mental health. These data represent deaths by suicide in the counties served by these LMHAs/LBHAs, not individuals served by or known to the authorities.



SCI Region One Catchment Areas

The population of the counties in the MHMR Authority of Brazos Valley service area saw the smallest increase of deaths over the 21-year period with an increase of 14.3 percent from 10.5 per 100,000 population in 2000 to 12 per 100,000 population in 2020.

The counties served by Gulf Coast Center saw a similar increase of 15.5 percent from 14.2 deaths per 100,000 population in 2000 to 16.4 deaths per 100,000 population in 2020.

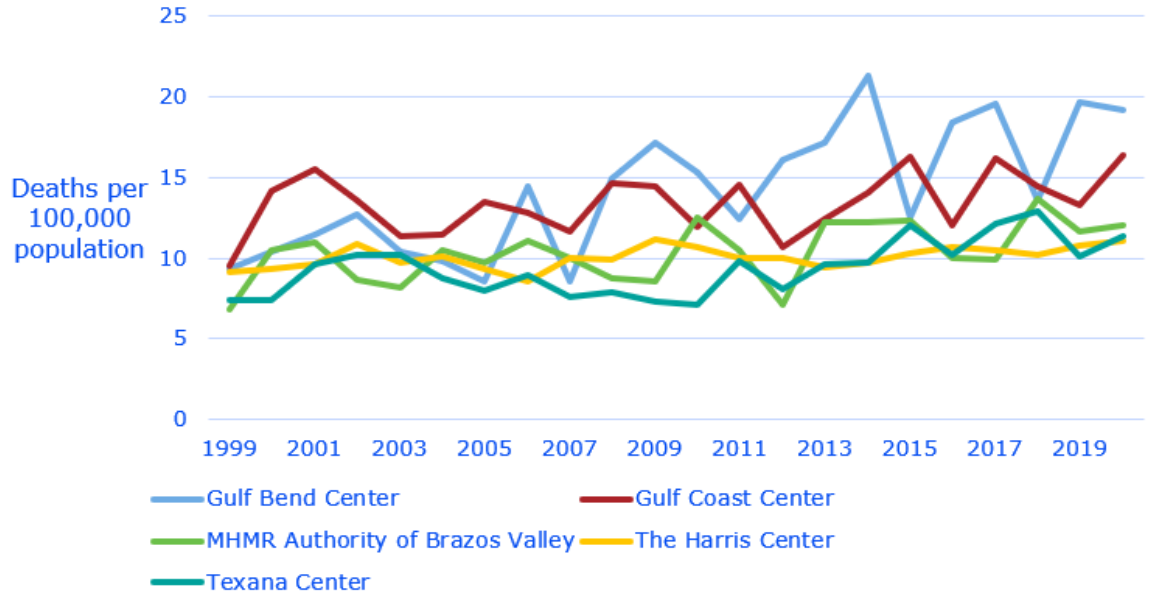
The counties served by Gulf Bend Center saw the largest increase over the 21-year period with an increase of 84.6 percent, from 10.4 deaths per 100,000 population in 2000 to 19.2 deaths per 100,000 population in 2020.

The counties served by Texana Center saw a large increase of 54.1 percent, from 7.4 deaths per 100,000 population in 2000 to 11.4 deaths per 100,000 population in 2020.

The counties served by The Harris Center saw a 19.4 percent increase, from 9.3 deaths per 100,000 population in 2000 to 11.1 deaths per 100,000 population in 2020.

Figure 18 outlines the suicide mortality rate by LMHA/LBHA in SCI Region One per 100,000 population for 1999-2020.

Figure 18. Suicide Mortality by Local Mental Health and Behavioral Health Authority (LMHA/LBHA) catchment area in Region One, 1999-2020[26]



The counties served by Spindletop Center saw the smallest increase over the 21-year period with an increase of 15.3 percent from 13.1 deaths per 100,000 population in 2000 to 15.1 deaths per 100,000 population in 2020.

The counties served by Community Healthcore saw the second largest increase with an increase of 55.9 percent, from 12.7 deaths per 100,000 population in 2000 to 19.8 deaths per 100,000 population in 2020.

The counties served by Burke Center also saw a large increase of 47.3 percent, from 14.6 deaths per 100,000 population in 2000 to 21.5 deaths per 100,000 population in 2020.

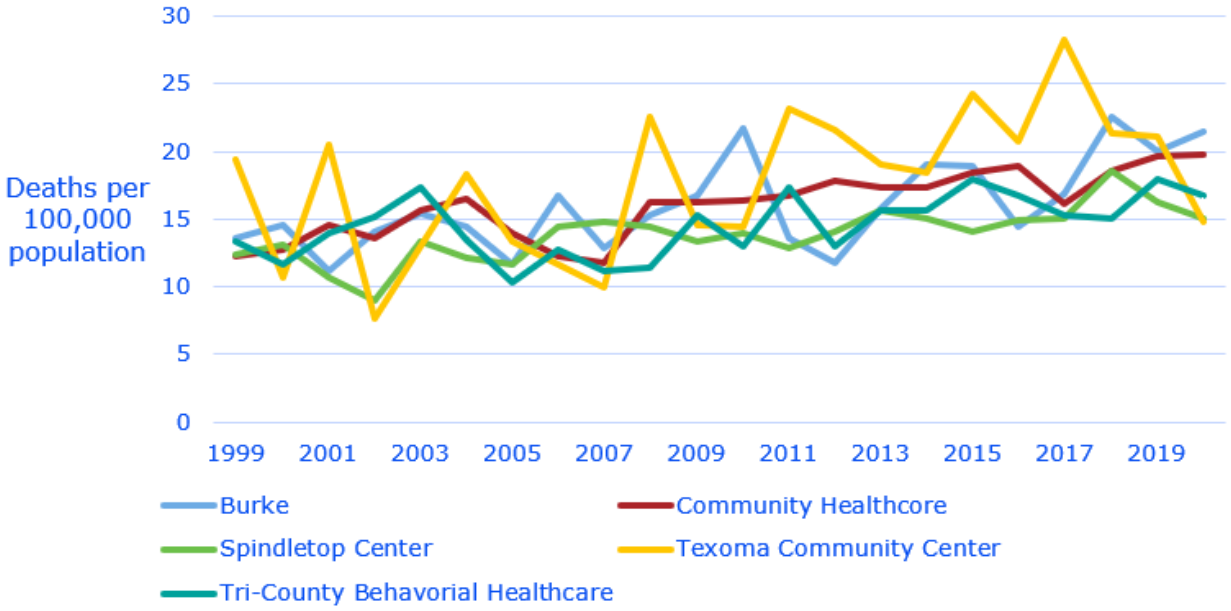
[26] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

The counties served by Tri-County Behavioral Healthcare saw a similar increase of 43.6 percent, from 11.7 deaths per 100,000 population in 2000 to 16.8 deaths per 100,000 population in 2020.

The counties served by Texoma Community Center saw an increase of 38.3 percent, from 10.7 deaths per 100,000 population in 2000 to 14.8 deaths per 100,000 population in 2020.

Figure 19 outlines mortality rates by LMHA/LBHA in SCI Region One for 1999-2020.

Figure 19. Suicide Mortality by Local Mental Health and Behavioral Health Authority (LMHA/LBHA) catchment area in Region One, 1999-2020[27]



SCI Region Two Catchment Areas

The counties served by MHMR Services for the Concho Valley saw the only decrease of deaths in this region with a 5 percent decrease, from 13.9 deaths per 100,000 population in 2000 to 13.2 deaths per 100,000 population in 2020.

The counties served by Integral Care saw the smallest increase of 12 percent, from 10.8 deaths per 100,000 population in 2000 to 12.1 deaths per 100,000 population in 2020.

[27] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

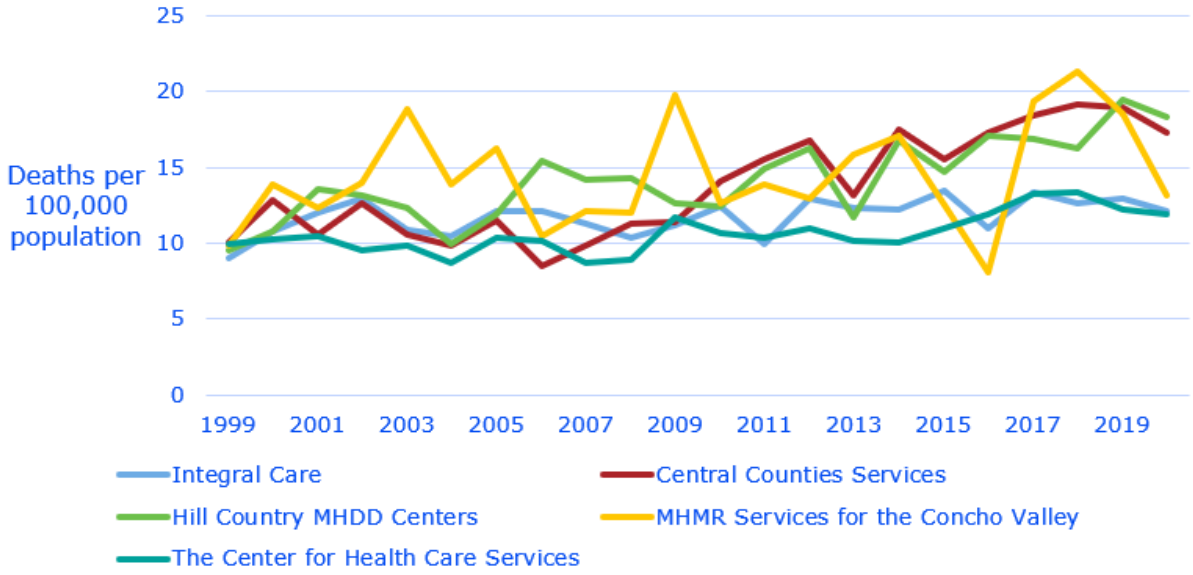
The counties served by the Center for Health Care Services saw a similar increase of 15.5 percent, from 10.3 deaths per 100,000 population in 2000 to 11.9 deaths per 100,000 population in 2020.

The counties served by Hill Country Mental Health and Developmental Disabilities Centers saw the largest increase of 69.4 percent, from 10.8 deaths per 100,000 population in 2000 to 18.3 deaths per 100,000 population in 2020.

The counties served by Central Counties Services saw a 34.1 percent increase, from 12.9 deaths per 100,000 population in 2000 to 17.3 deaths per 100,000 population in 2020.

Figure 20 outlines the suicide mortality rate by LMHA/LBHA in SCI Region Two per 100,000 population for 1999-2020.

Figure 20. Suicide Mortality by Local Mental Health and Behavioral Health Authority (LMHA/LBHA) catchment area in Region Two, 1999-2020[28]



The counties served by Bluebonnet Trails Community Services saw the smallest increase in this grouping with an increase of 52 percent, from 10 deaths per 100,000 population in 2000 to 15.2 deaths per 100,000 population in 2020.

[28] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

The counties served by Betty Hardwick Center saw a 54.7 percent increase, from 13.9 deaths per 100,000 population in 2000 to 21.5 deaths per 100,000 population in 2020.

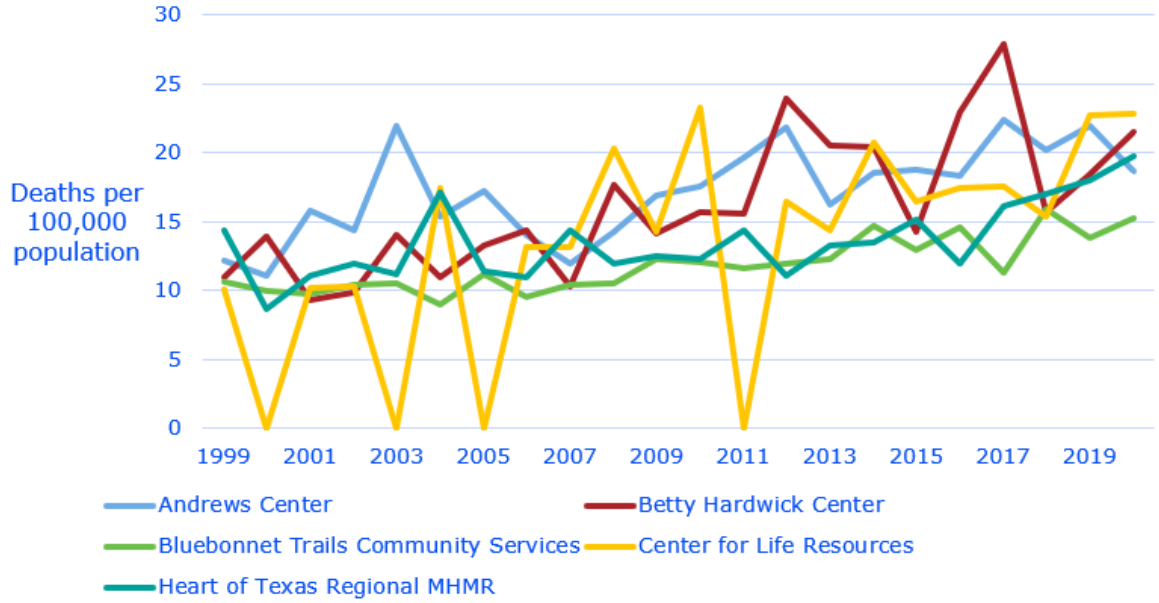
The counties served by Heart of Texas Behavioral Health Network saw the largest increase of 126.4 percent, more than doubling from 8.7 deaths per 100,000 population in 2000 to 19.7 deaths per 100,000 population in 2020.

The counties served by Center for Life Resources saw a similar increase of 123.5 percent, from 10.2 deaths per 100,000 population in 2001 to 22.8 deaths per 100,000 population in 2020. In Figure 21, below, there are several declines to what appears to be zero deaths. In those years, there were not enough suicides in the county for data to be released. Any time there are fewer than ten deaths from a particular cause in an area, the number is suppressed to protect the decedent.

The counties served by Andrews Center was a 67.6 percent increase, from 11.1 deaths per 100,000 population in 2000 to 18.6 deaths per 100,000 population in 2020.

Figure 21 outlines mortality rates by LMHA/LBHA in SCI Region Two for 1999-2020.

Figure 21. Suicide Mortality by Local Mental Health and Behavioral Health Authority (LMHA/LBHA) catchment area in Region Two, 1999-2020[29]



SCI Region Three Catchment Areas

The counties served by North Texas Behavioral Health Authority saw the smallest increase of deaths, 25.9 percent, from 8.5 deaths per 100,000 population in 2000 to 10.7 deaths per 100,000 population in 2020.

The counties served by My Health My Resources of Tarrant County saw the second smallest increase of 33.3 percent, from 9 deaths per 100,000 population in 2000 to 12 deaths per 100,000 population in 2020.

The counties served by LifePath Systems saw a 36.1 percent increase, from 8.3 deaths per 100,000 population in 2000 to 11.3 deaths per 100,000 population in 2020.

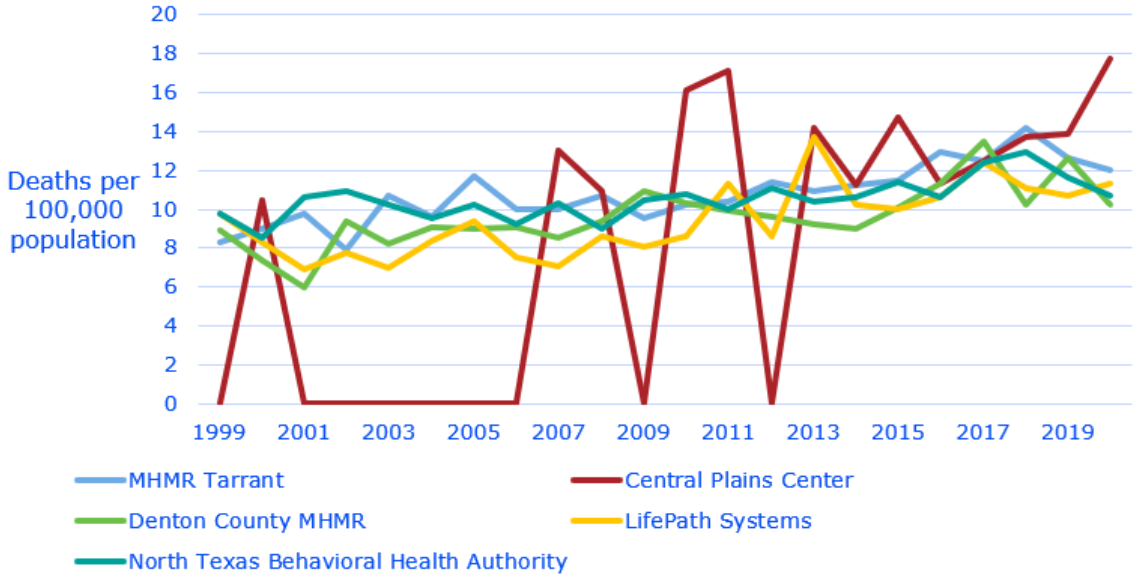
The counties served by Denton County MHMR saw a similar 37.8 percent increase, from 7.4 deaths per 100,000 population in 2000 to 10.2 deaths per 100,000 population in 2020.

[29] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

The counties served by Central Plains Center saw the largest increase of 68.6 percent, from 10.5 deaths per 100,000 population in 2000 to 17.7 deaths per 100,000 population in 2020. As with Center for Life Resources above, Central Plains Center had several years of suppressed data to protect the decedents. The actual number of suicides is unknown for those years but is less than 10.

Figure 22 outlines the suicide mortality rate by LMHA/LBHA in SCI Region Three per 100,000 population for 1999-2020.

Figure 22. Suicide Mortality by Local Mental Health and Behavioral Health Authority (LMHA/LBHA) catchment area in Region Three, 1999-2020[30]



The counties served by Lakes Regional Community Center saw an increase of 25.9 percent, from 16.2 deaths per 100,000 population 2000 to 20.4 deaths per 100,000 population in 2020.

The counties served by Helen Farabee Center saw an increase of 41.1 percent, from 12.4 deaths per 100,000 population in 2000 to 17.5 deaths per 100,000 population in 2020.

The counties served by StarCare Specialty Health System saw an increase of 70.1 percent, from 11.7 deaths per 100,000 population in 2000 to 19.9 deaths per 100,000 population in 2020.

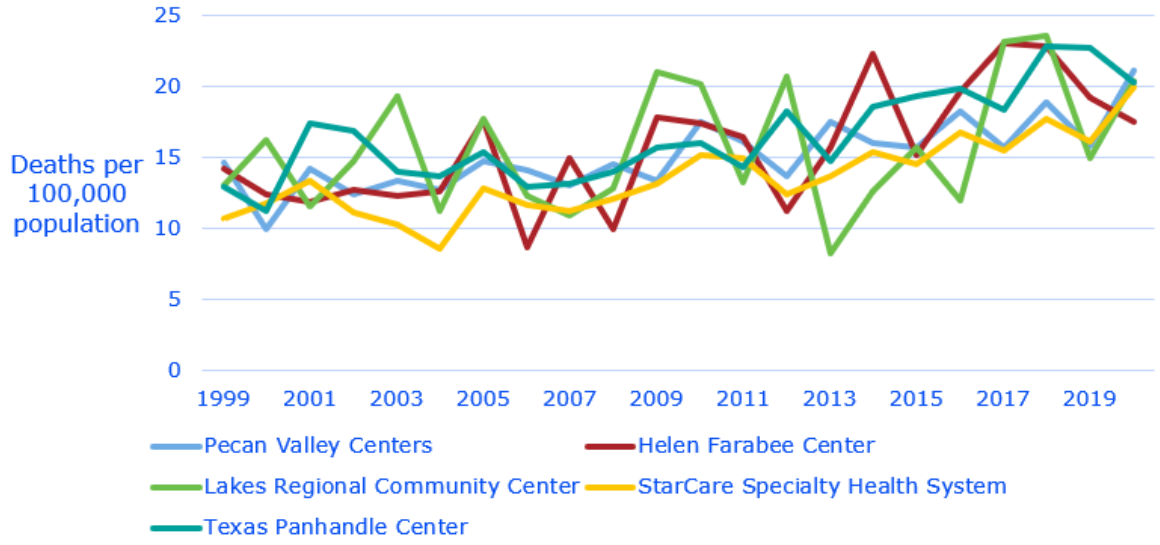
[30] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

The counties served by Texas Panhandle Center saw an 81.3 percent increase, from 11.2 deaths per 100,000 population in 2000 to 20.3 deaths per 100,000 population in 2020.

The counties served by Pecan Valley Centers for Behavioral & Developmental Healthcare saw the largest increase of 113.1 percent, 9.9 deaths per 100,000 population in 2000 to 21.1 deaths per 100,000 population.

Figure 23 outlines mortality rates by LMHA/LBHA in SCI Region Three for 1999-2020.

Figure 23. Suicide Mortality by Local Mental Health and Behavioral Health Authority (LMHA/LBHA) catchment area in Region Three, 1999-2020[31]



SCI Region Four Catchment Areas

The counties served by Tropical Texas Behavioral Health catchment area saw a 26.5 percent increase of deaths, from 4.9 deaths per 100,000 population in 2000 to 6.2 deaths per 100,000 population in 2020.

The counties served by Emergence Health Network catchment area saw a 37 percent increase, from 8.1 deaths per 100,000 population in 2000 to 11.1 deaths per 100,000 in 2020.

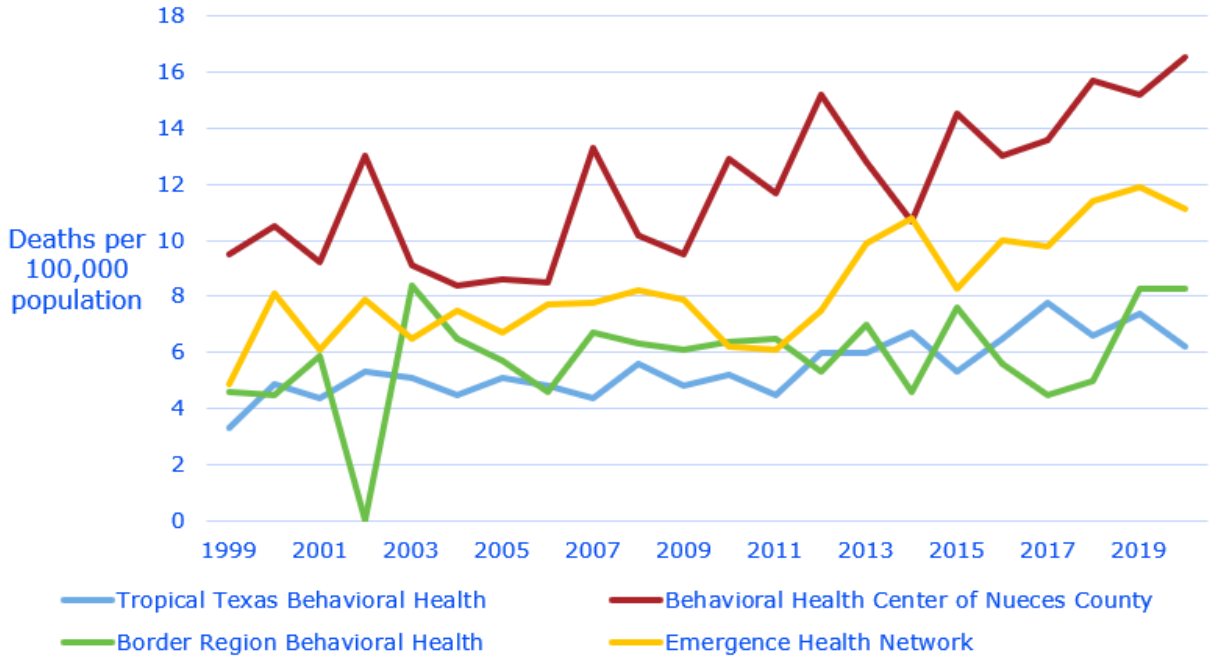
[31] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

The counties served by Behavioral Health Center of Nueces County catchment area saw a 57.1 percent increase, from 10.5 deaths per 100,000 population in 2000 to 16.5 deaths per 100,000 population in 2020.

The counties served by Border Region Behavioral Health Center catchment area saw an 84.4 percent increase, from 4.5 deaths per 100,000 population in 2000 to 8.3 deaths per 100,000 population in 2020.

Figure 24 outlines the suicide mortality rate by LMHA/LBHA catchment area in SCI Region Four per 100,000 population for 1999-2020.

Figure 24. Suicide Mortality by Local Mental Health and Behavioral Health Authority (LMHA/LBHA) catchment area in Region Four, 1999-2020[32]



The counties served by Camino Real Community Services catchment area saw a 5.7 percent decrease, from 14 deaths per 100,000 population in 2000 to 13.2 deaths per 100,000 population in 2020.

The counties served by ACCESS catchment area saw a 55.8 percent increase, from 19.7 deaths per 100,000 population in 2000 to 30.7 deaths per 100,000 population in 2020.

[32] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

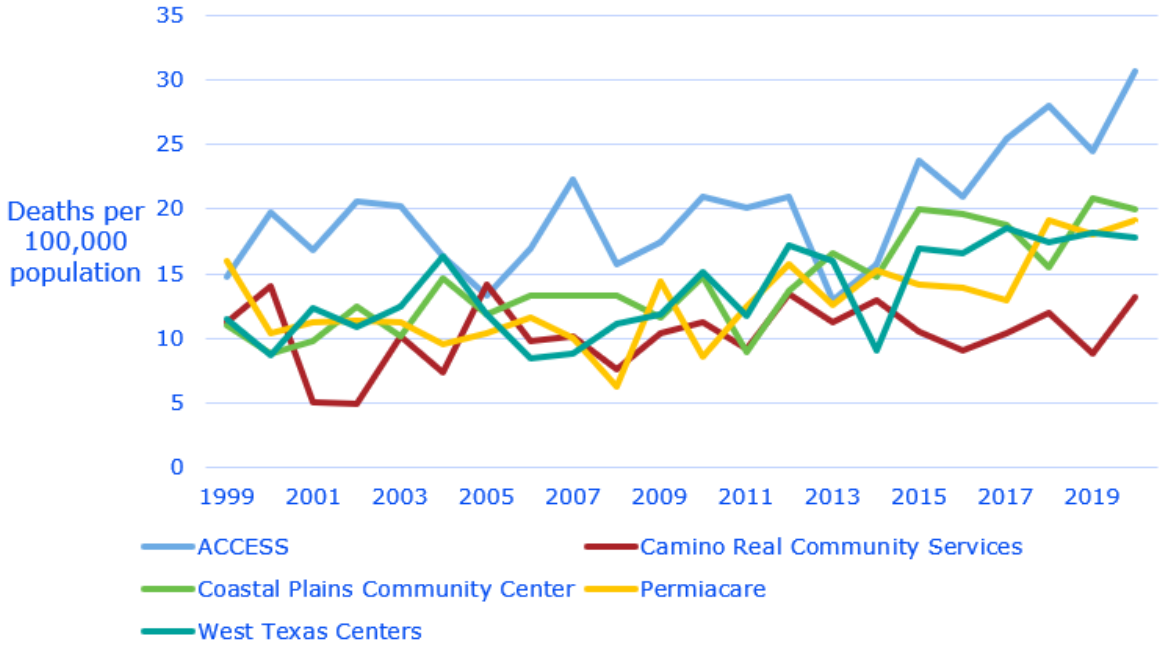
The counties served by Permiacare catchment area saw an 84.6 percent increase, from 10.4 deaths per 100,000 population in 2000 to 19.2 deaths per 100,000 population in 2020.

The counties served by West Texas Centers catchment area saw a 104.6 percent increase, from 8.7 deaths per 100,000 population in 2000 to 17.8 deaths per 100,000 population in 2020.

The counties served by Coastal Plains Community Center catchment area saw a 127.3 percent increase, from 8.8 deaths per 100,000 population in 2000 to 20 deaths per 100,000 population in 2020.

Figure 25 outlines mortality rates by LMHA/LBHA catchment area in SCI Region Four for 1999-2020.

Figure 25. Suicide Mortality by Local Mental Health and Behavioral Health Authority (LMHA/LBHA) catchment area in Region Four, 1999-2020[33]



Snapshot of Local Mental Health and Behavioral Health Authority Catchment Areas

The next three pages provide maps of the mortality rate (per 100,000 population) for LMHA/LBHA catchment area providing a snapshot in time to compare the rates

[33] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

across regions. The first map (Figure 26) shows the year 2000; the second map (Figure 27) shows 2010; and the third map (Figure 28) shows 2020, the most recent available data.

In 2000, the highest rate of suicide mortality was in the ACCESS catchment area, with a rate of 19.7 deaths per 100,000 population. Gulf Coast Center catchment area had the second highest rate of 14.2 deaths per 100,000 population. The lowest rates were in Border Region Behavioral Health Center catchment area with a rate of 4.5 deaths per 100,000 population and Tropical Texas Behavioral Health catchment area with a rate of 4.9 deaths per 100,000 population.

Figure 26 outlines the suicide mortality rates per 100,000 by LMHA/LBHA catchment area in 2000.

Figure 26. Suicide Mortality Rates per 100,000 Population by Local Mental and Behavioral Health Authority catchment area, Texas 2000[34] [35]

ID Number	LMHA / LBHA Geographic Service Area
1	ACCESS
2	Andrews Center Behavioral Healthcare System
3	Betty Hardwick Center
4	Bluebonnet Trails Community Services
5	Border Region Behavioral Health Center

[34] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

[35] The data reflects persons residing in the geographic catchment areas of the LMHA/LBHA.

ID Number	LMHA / LBHA Geographic Service Area
6	Burke Center
7	Camino Real Community Services
8	The Center for Health Care Services
9	Center for Life Resources
10	Central Counties Services
11	Central Plains Center
12	Coastal Plains Community Center
13	Community Healthcore
14	Denton County MHMR Center
15	Emergence Health Network
16	Gulf Bend Center
17	Gulf Coast Center
18	The Harris Center for Mental Health and IDD
19	Heart of Texas Regional MHMR Center
20	Helen Farabee Centers
21	Hill Country Mental Health & Developmental Disabilities Centers
22	Integral Care
23	Lakes Regional MHMR Center
24	LifePath Systems
25	MHMR Authority of Brazos Valley
26	My Health My Resources of Tarrant County
27	MHMR Services for the Concho Valley
28	North Texas Behavioral Health Authority
29	Nueces Center for Mental Health & Intellectual Disabilities
30	Pecan Valley Centers for Behavioral & Developmental HealthCare
31	PermiaCare
32	Spindletop Center
33	StarCare Specialty Health System
34	Texana Center
35	Texas Panhandle Centers
36	Texoma Community Center
37	Tri-County Behavioral Health
38	Tropical Texas Behavioral Health
39	West Texas Centers

In 2010, the counties served by the Center for Life Resources had the highest rate of deaths, 23.3 per 100,000 population. The counties served by Burke Center and the counties served by ACCESS had similar rates of 21.7 deaths per 100,000 population and 21 deaths per 100,000 population. The lowest rates were in the counties served by Tropical Texas Behavioral Health with 5.2 deaths per 100,000

population and the counties served by Emergence Health Network with 6.2 deaths per 100,000 population. The state rate was 10.8 deaths per 100,000 population.

Figure 27 outlines the suicide mortality rates per 100,000 population by LMHA/LBHA catchment areas in 2010.

Figure 27. Suicide Mortality Rates per 100,000 Population by Local Mental and Behavioral Health Authority catchment area, Texas 2010[36] [37]

In 2020, the highest rate was in the counties served by the ACCESS with a rate of 30.7 deaths per 100,000 population. The counties served by the Center for Life

[36] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

[37] The data reflects persons residing in the geographic catchment areas of the LMHA/LBHA.

Resources had the second highest rate of 22.8 deaths per 100,000. The lowest rates were in the counties served by the Tropical Texas Behavioral Health and the counties served by the Border Region Behavioral Health Center with rates of 6.2 deaths per 100,000 population, and 8.3 deaths per 100,000 population, respectively. The state rate was 13.4 deaths per 100,000 population.

Figure 28 outlines the suicide mortality rates per 100,000 population by LMHA/LBHA catchment areas in 2020.

Figure 28. Suicide Mortality per 100,000 Population by Local Mental and Behavioral Health Authority catchment area, Texas 2020[38] [39]

[38] Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER

[39] The data reflects persons residing in the geographic catchment areas of the LMHA/LBHA.

Metro and Non-Metro Areas[40]

While most suicide deaths in Texas occur in metro areas, the suicide mortality rate is higher in non-metro areas. The mortality rate has also increased by a higher percentage in non-metro areas over the 21 years of data examined in this report. Suicide mortality in metro areas increased by 35.1 percent from 9.4 deaths per 100,000 population to 12.7 deaths per 100,000 population.

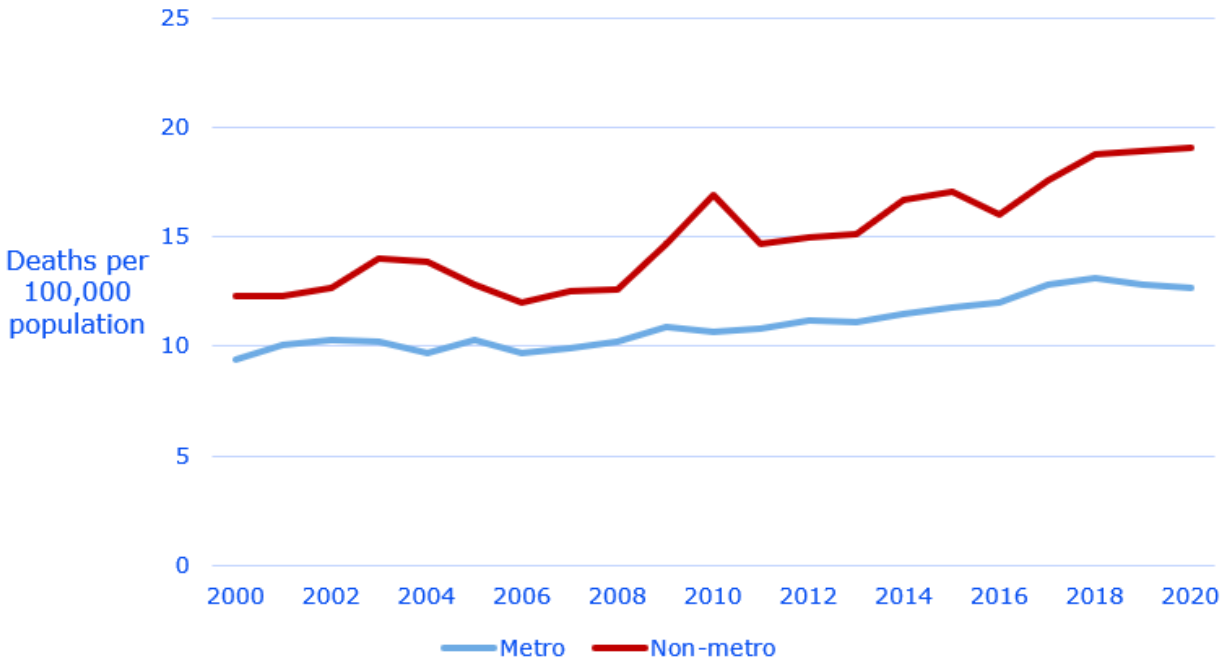
Metro area is defined as being a county in a Metropolitan Statistical Area (MSA)[xi]. There are 25 MSAs in Texas. They are: Dallas-Fort Worth-Arlington, Houston-The Woodlands-Sugarland, San Antonio-New Braunfels, Austin-Round Rock-San Marcos, McAllen-Edinburg-Mission, El Paso, Corpus Christi, Brownsville-Harlingen, Killeen-Temple-Fort Hood, Beaumont-Port Arthur, Lubbock, Laredo, Amarillo, Waco, College Station-Bryan, Tyler, Longview, Abilene, Wichita Falls, Texarkana, Odessa, Midland, Sherman-Denison, Victoria, and San Angelo.

Suicide mortality in non-metro areas increased by 55.3 percent from 12.3 deaths per 100,000 population to 19.1 deaths per 100,000 population. 82 of Texas' 254 counties are considered metro counties. They account for about 88 percent of the population of Texas.

[40] See Table A20 in 0

Figure 29 outlines the suicide mortality rate by metro and non-metro areas for 2000-2020.

Figure 29. Suicide Mortality Rate by Metro and Non-Metro Areas, Texas 2000-2020[41]



Complex Urbanization[42]

Metro and non-metro areas can be further broken down into six categories by population size. Within metro areas there are large central metro, large fringe metro, medium metro, and small metro areas. Within non-metro there are micropolitan cities and noncore areas.[xii]

Large central metro areas consist of MSA counties with greater than one million residents in the central city of the MSA. These areas saw the smallest increase in suicide mortality, with a 24.2 percent increase from 9.1 deaths per 100,000 population in 2000 to 11.3 deaths per 100,000 population in 2020.

Large fringe metro areas consist of the other counties in the large central metro MSAs that do not contain the central city. The second smallest increase was seen in

[41] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER
[42] See Table A21 in Appendix A

these counties with mortality rates increasing by 38.7 percent from 10.6 deaths per 100,000 population in 2001 to 14.7 deaths per 100,000 population in 2020.

Medium metro, which consists of counties with populations between 250,000 and 999,999 residents, experienced a smaller increase of 46.5 percent with suicide mortality rates increasing from 8.6 deaths per 100,000 population in 2000 to 12.6 deaths per 100,000 population in 2020.

The highest increase among the metro areas occurred in the small metro areas. These are counties with populations between 50,000 and 249,999 residents. Small metro areas had a 54.6 percent increase in suicide mortality rates, rising from 10.8 deaths per 100,000 population in 2000 to 16.7 deaths per 100,000 population in 2020.

Micropolitan areas, counties with 20,000 to 49,999 residents, experienced a larger increase of 55.3 percent. Their rates rose from 11.4 deaths per 100,000 population in 2000 to 17.7 deaths per 100,000 population in 2020.

The highest rates overall were found in the noncore counties which have populations under 20,000 residents. There the suicide mortality rate increased by 54.5 percent from 13.4 deaths per 100,000 population in 2000 to 20.7 deaths per 100,000 population in 2020.

Figure 30 shows the percentage change in suicide mortality rates between 2000 and 2020 by complex urbanization.

Figure 30. Percentage Change in Suicide Mortality rates between 2000 and 2020 by Complex Urbanization

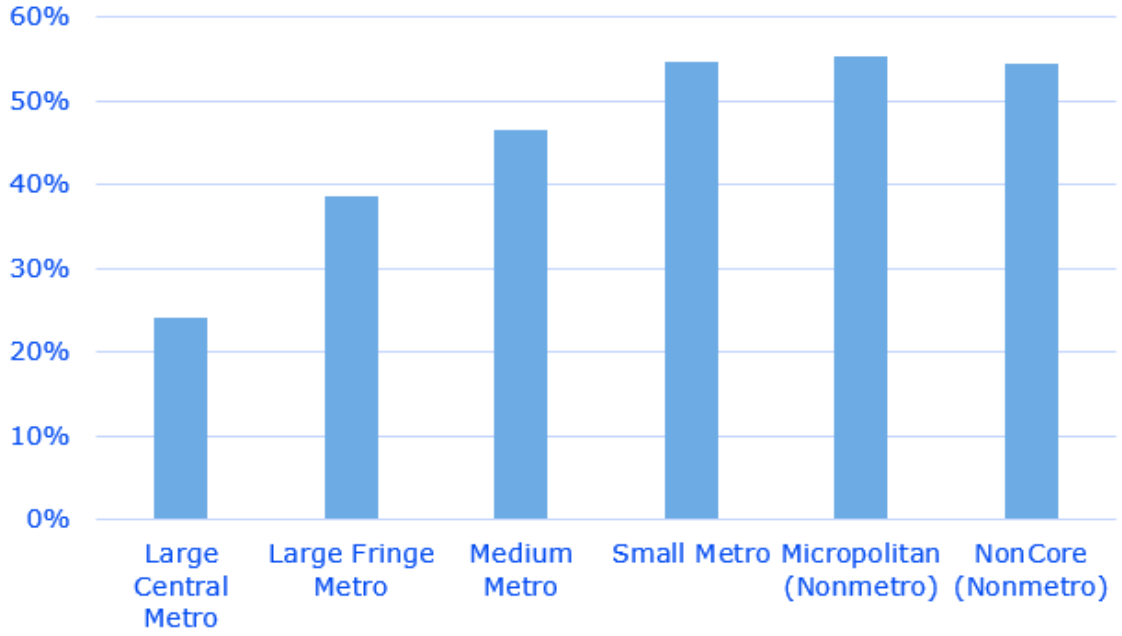
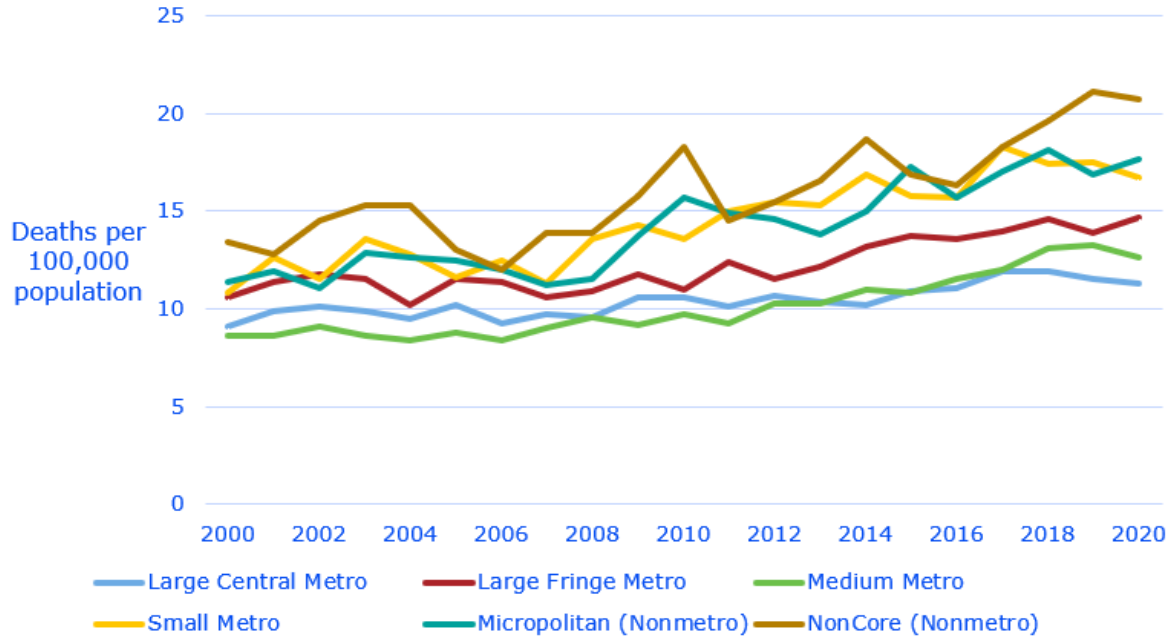


Figure 31 outlines the suicide mortality rate by complex urbanization for 2000-2020.

Figure 31. Suicide Mortality in Texas by Complex Urbanization, 2000-2020



Various changes in suicide mortality were seen in these sectors so far in the COVID-19 pandemic. Suicide mortality rates decreased in large central metro,

medium metro, small metro and noncore, while increasing in micropolitan and large fringe metro between 2019 and 2020.

Counties[43]

In order to calculate rates for the greatest proportion of all counties in Texas, 22-year rates were calculated to compare among counties. Any time there are fewer than ten deaths from a particular cause in an area, the number is suppressed to protect the decedent Many counties did not have enough suicide deaths over the 22-year period to calculate a stable rate. The highest rates were in Aransas (26.4), Haskell (23.3), Anderson (22.9), Montague (22.6), Jones (22.1), Stephens (22.0), Brewster (21.5), Llano (21.5), Marion (21.5), Kerr (21.5), Bandera (21.4), Polk (21.3), Hamilton (21.3), Winkler (21.2), Somervell (21.2), Blanco (20.4), Sabine (20.3), Red River (20.3), Tyler (20.3), and Kimble (20.2). The lowest rates were in Hidalgo (5.2), Maverick (5.4), Webb (5.6), Willacy (6.2), Cameron (6.2), Zapata (6.7), Starr (6.7), Frio (7.2), Kleberg (7.9), Brazos (8.0), Val Verde (8.0), El Paso (8.4), Fort Bend (8.4), Hale (8.7), Zavala (9.3), Gaines (9.6), Collin (9.7), Denton (9.9), Dallas (10.0), and Harris (10.1). (See table A22 in Appendix A for more details.)

[43] See Table A22 in Appendix A

Figure 32 outlines the 22-year suicide mortality rates per 100,000 population in Texas Counties for 1999-2020.

Figure 32. 22-Year Suicide Mortality Rates per 100,000 population in Texas Counties, 1999-2020[44]

[44] National Center for Health Statistics, Center for Disease Control and Prevention, CDC WONDER and Center for Health Statistics, Department of State Health Services

Limitations of Mortality Data

Mortality data is only as accurate as the death certificates on which it is based. Suicide is underreported on death certificates and therefore underreported in mortality data.[xiii] As mentioned previously, any number under 10 is suppressed to protect the confidentiality of the deceased, so small numbers make it difficult to estimate rates for some areas or some groups.

Texas death certificates contain a single item identifying the decedent as being associated with the military, not specifying duty status. The overall numbers of military associated deaths cannot be calculated into rates because it is unclear whether the denominator should be all veterans and active-duty service members or just all veterans. Veteran specific mortality data were therefore obtained from the U.S. Veteran's Administration (VA) through the joint VA and Department of Defense Mortality Data Repository (MDR). Texas specific data on current military service members was not an option as data was not available.

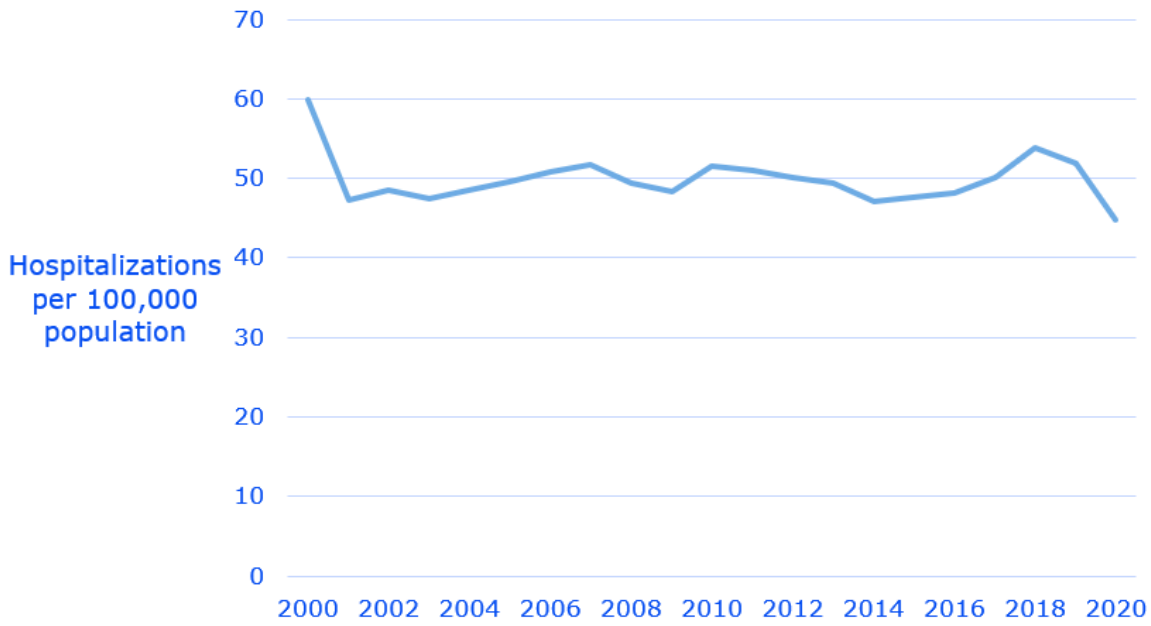
Hospitalization Data[45]

There are about 15,000 hospitalizations each year for suicide attempts in the state of Texas. The number of hospitalizations has been steadily increasing since 2001 until 2019 and 2020 which saw modest decreases, but the population of Texas has also been growing, leading to a relatively small increase in the rate of hospitalizations due to suicide attempt to 2018, then decreases in 2019 and 2020. In 2001, the rate was 47.2 hospitalizations per 100,000 population and in 2020, the rate was 44.7 hospitalizations per 100,000 population representing a 5.2 percent decrease overall.

[45] See Table A23 in Appendix A

Figure 33 outlines the hospitalization rate for suicide attempts in Texas from 2000-2020.

Figure 33. Hospitalization Rate for Suicide Attempt, Texas 2000-2020[46]



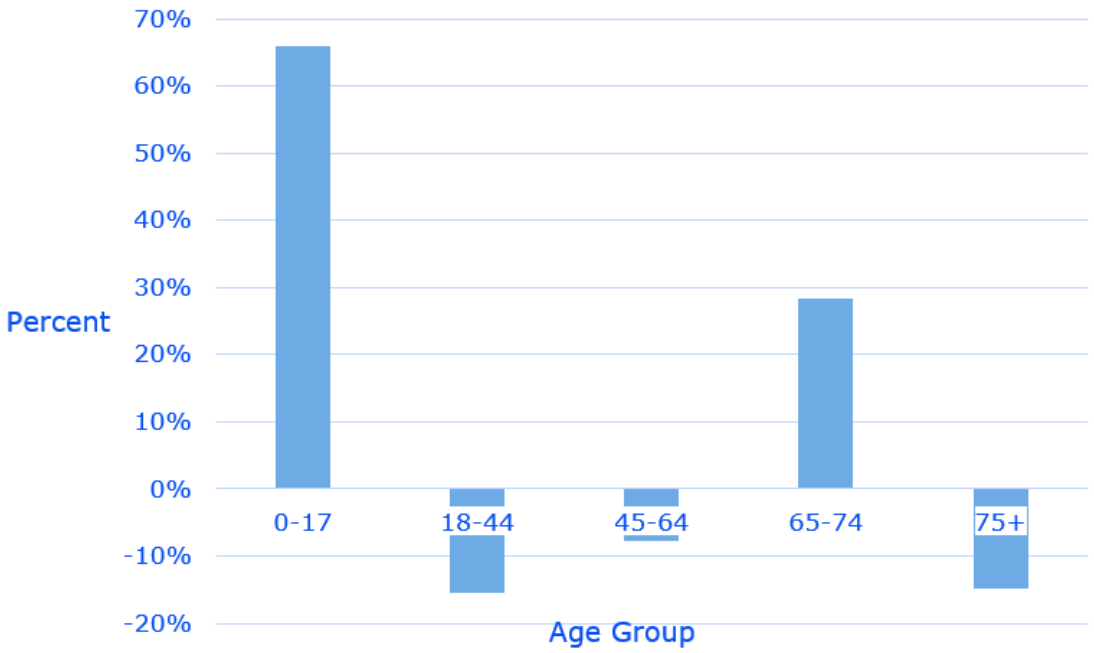
There is a noticeable spike in hospitalizations for suicide attempts in 2000 that is unexplainable. Social, weather, and economic events in Texas were examined to try to explain the spike, but no cause was concluded. Future data analysis will examine hospitalization for suicide attempts which occurred in the late 1990s to determine if the 2000 rate is a decrease from a previously higher rate. Because of this anomaly, all analysis of hospital discharge data begins with 2001.

Age[47]

Figure 34 illustrates the changes in hospitalization rates for suicide attempt since 2001 by age group.

[46] Texas Health Care Information Collection (THCIC), Department of State Health Services
[47] See Table A24 in Appendix A

Figure 34. Percentage Change in Hospitalization Rate for Suicide Attempt from 2001 to 2020 by Age Group.



The highest rates of inpatient hospitalization for suicide attempt were seen in the 18–44-year-old age group. That group, however, saw a 15.4 percent decrease in hospitalizations for suicide attempt with a rate of 74.8 hospitalizations per 100,000 population in 2001 and a rate of 63.3 hospitalizations per 100,000 population in 2020.

The next highest rates of inpatient hospitalization for suicide attempt were seen in the 45–64-year-old age group which also saw a 7.8 percent decrease in hospitalizations for suicide attempt with a rate of 38.5 hospitalizations per 100,000 population in 2001 and a rate of 35.5 hospitalizations per 100,000 population in 2020.

The next highest rates and the largest increase of inpatient hospitalizations for suicide attempt were seen in the 0-17-year-old age group which saw a 65.9 percent increase in hospitalizations for suicide attempt with a rate of 24 hospitalizations per 100,000 population in 2001 and a rate of 39.9 hospitalizations per 100,000 population in 2020.

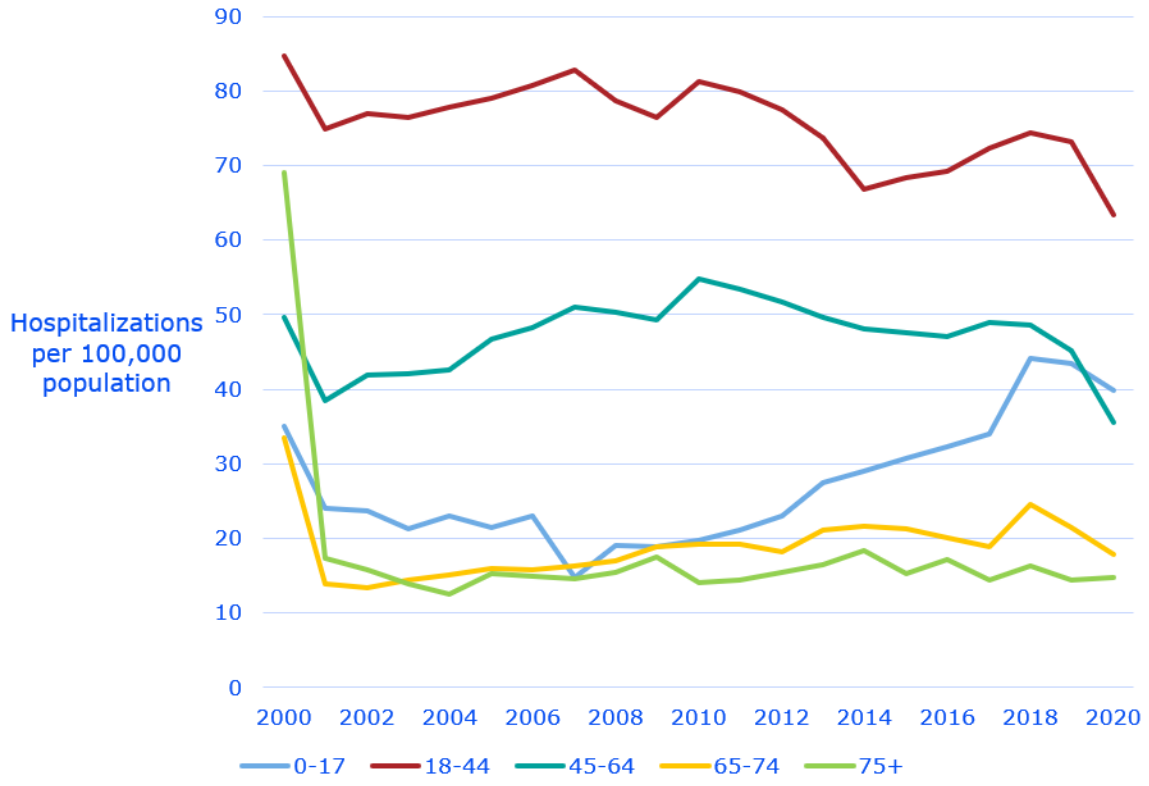
The 65-74-year-old age group saw the only other increase in rate of inpatient hospitalizations for suicide attempt with their rate increasing 28.3 percent from

13.9 hospitalizations per 100,000 population in 2001 to 17.9 hospitalizations per 100,000 population.

The lowest rates of inpatient hospitalizations for suicide attempt were seen in the 75-year-old and over age group which decreased 14.7 percent from 17.4 hospitalizations per 100,000 population in 2001 to 14.8 hospitalizations per 100,000 population.

Figure 35 outlines the inpatient hospitalization rate for suicide attempt age group from 2000-2020.

Figure 35. Inpatient Hospitalization Rate for Suicide Attempt by Age Group, 2000-2020[48]



[48] Texas Health Care Information Collection (THCIC), Department of State Health Services

Local Mental and Behavioral Health Authority Geographic Service Areas[49]

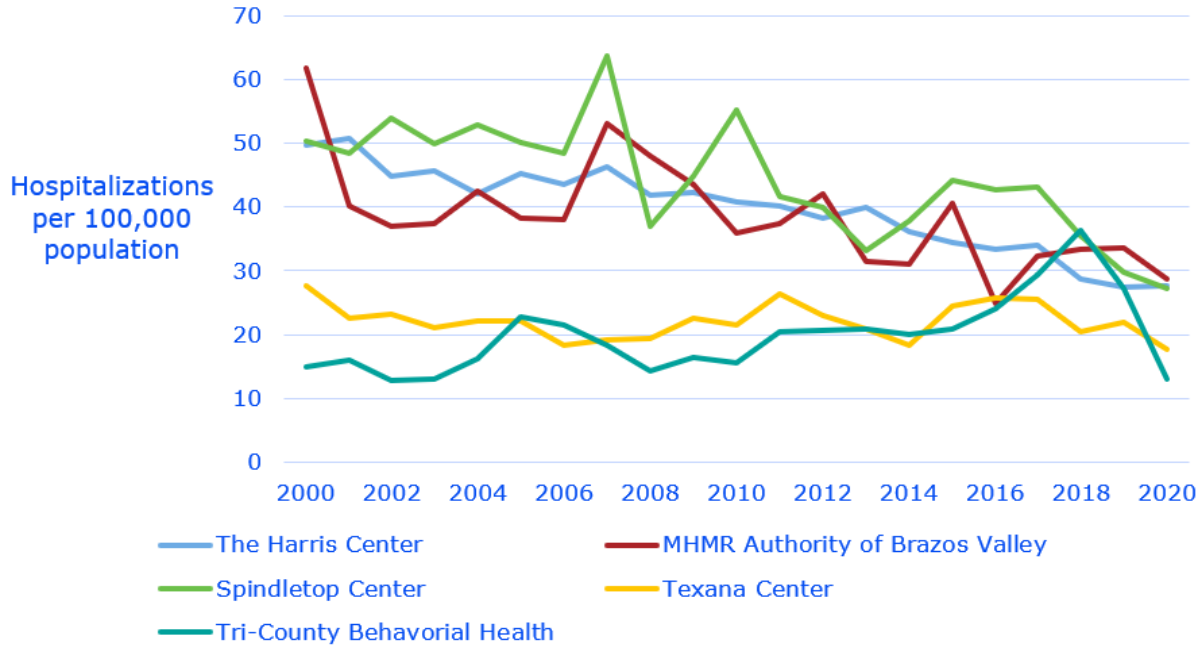
SCI Region One catchment areas

The hospitalization rate for suicide attempt decreased across most LMHA/LBHA catchment areas in SCI Region One between 2000 and 2020. The counties served by The Harris Center for Mental Health and Intellectual and Developmental Disability (IDD) saw a decrease of 45.5 percent, from 50.8 hospitalizations per 100,000 population in 2001 to 27.7 hospitalizations per 100,000 population in 2020. The rate in the counties served by the Spindletop Center decreased by 43.7 percent, from 48.3 hospitalizations per 100,000 in 2001 population to 27.2 hospitalizations per 100,000 population in 2020. The rate in the counties served by MHMR Authority of Brazos Valley decreased by 28.3 percent, from 40.1 hospitalizations per 100,000 population in 2001 to 28.7 hospitalizations per 100,000 population in 2020. The rate in the counties served by the Texana Center decreased by 21.3 percent, from 22.5 hospitalizations per 100,000 population in 2001 to 17.7 hospitalizations per 100,000 population in 2020. The rate in the counties served by the Tri-County Behavioral Health decreased by 18.2 percent, from 15.9 hospitalizations per 100,000 population in 2001 to 13 hospitalizations per 100,000 population in 2020.

Figure 36 outlines the hospitalization for suicide attempt rates in SCI Region 1 by LMHA/LBHA catchment area from 2000-2020.

[49] See Table A25, Table A26, Table A27, Table A28, Table A29, Table A30, Table A31, and Table A32 in 0

Figure 36. Hospitalization for Suicide Attempt Rates in SCI Region One by Local Mental and Behavioral Health Authority Catchment Areas, 2000-2020[50]

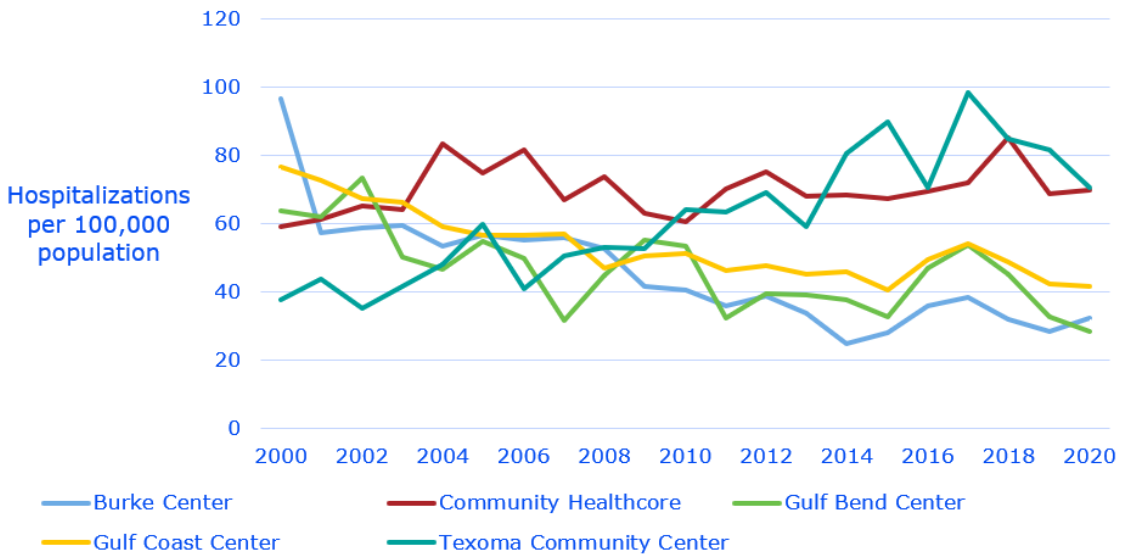


The rate in the counties served by Texoma Community Center increased by 61.1 percent, from 43.7 hospitalizations per 100,000 population in 2001 to 70.5 hospitalizations per 100,000 population in 2020. The rate in the counties served by the Community Healthcore saw the only other increase in SCI Region One, increasing 14 percent, from 61.2 hospitalizations per 100,000 population in 2001 to 69.8 hospitalizations per 100,000 population in 2020. The rate in the counties served by Gulf Coast Center decreased 42.9 percent, from 72.6 hospitalizations per 100,000 population in 2001 to 41.5 hospitalizations per 100,000 population in 2020. The rate in the counties served by the Burke Center decreased 43.8 percent, from 57.2 hospitalizations per 100,000 population in 2001 to 32.2 hospitalizations per 100,000 population in 2020. The rate in the counties served by the Gulf Bend Center decreased 53.9 percent, from 61.8 hospitalizations per 100,000 population in 2001 to 28.5 hospitalizations per 100,000 population in 2020.

Figure 37 outlines the hospitalization for suicide attempt rates in SCI Region 1 by LMHA/LBHA catchment area for 2000-2020.

[50] Texas Health Care Information Collection (THCIC), Department of State Health Services

Figure 37. Hospitalization for Suicide Attempt in SCI Region One by Local Mental and Behavioral Health Authority Catchment Area, 2000-2020[51]



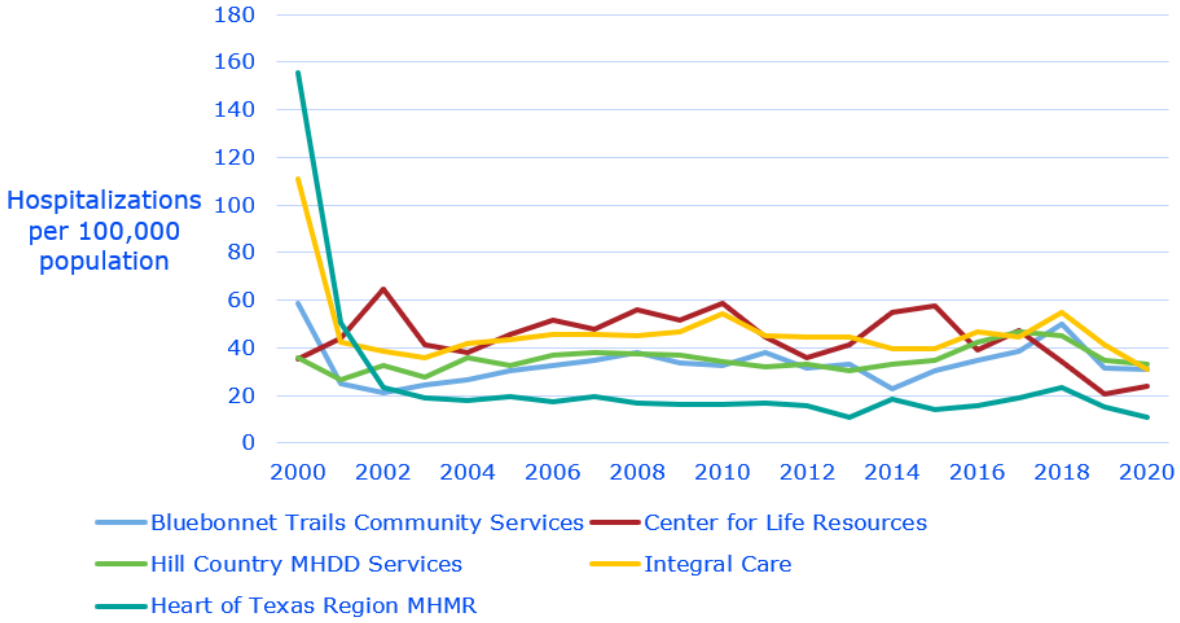
SCI Region Two Catchment Areas

The hospitalization rate for suicide attempt decreased in about half of LMHA/LBHA catchment areas in SCI Region Two between 2001 and 2020. The counties served by the Heart of Texas Behavioral Health Network saw a decrease of 78.9 percent, from 50.3 hospitalizations per 100,000 population in 2001 to 10.6 hospitalizations per 100,000 population in 2020. The rate in the counties served by the Center for Life Resources decreased by 45.9 percent, from 44 hospitalizations per 100,000 in 2001 population to 23.8 hospitalizations per 100,000 population in 2020. The rate in the counties served by Integral Care decreased by 26.7 percent, from 42.5 hospitalizations per 100,000 population in 2001 to 31.1 hospitalizations per 100,000 population in 2020. The rate in the counties served by the Bluebonnet Trails Community Services increased by 23.2 percent, from 24.9 hospitalizations per 100,000 population in 2001 to 30.7 hospitalizations per 100,000 population in 2020. And the rate in the counties served by the Hill Country Mental Health and Developmental Disabilities Centers increased by 24.8 percent, from 26.5 hospitalizations per 100,000 population in 2001 to 33.1 hospitalizations per 100,000 population in 2020.

[51] Texas Health Care Information Collection (THCIC), Department of State Health Services

Figure 38 outlines the hospitalization for suicide attempt rates in SCI Region 2 by LMHA/LBHA from 2000-2020.

Figure 38. Hospitalization for Suicide Attempt in SCI Region Two by Local Mental and Behavioral Health Authority Catchment Area, 2000-2020[52]

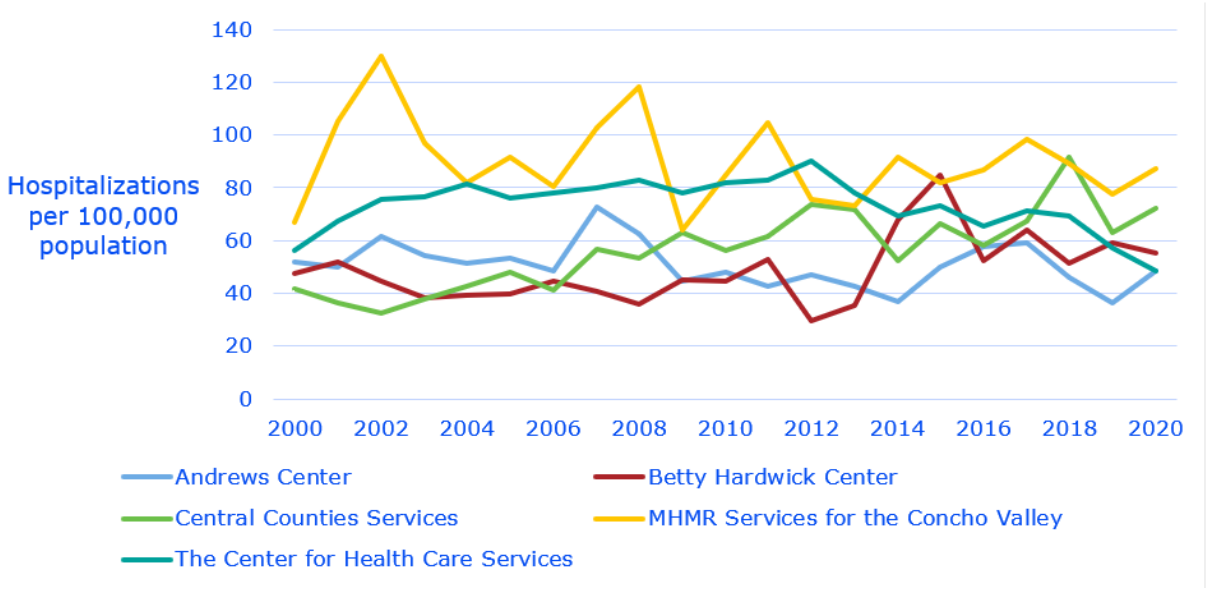


The counties served by the Center for Health Care Services catchment area saw a decrease of 28 percent, from 67.4 hospitalizations per 100,000 population in 2001 to 48.5 hospitalizations per 100,000 population in 2020. The rate in the counties served by the MHMR Services for the Concho Valley decreased by 17 percent, from 105.1 hospitalizations per 100,000 in 2001 population to 87.3 hospitalizations per 100,000 population in 2020. The rate in the counties served by Andrews Center decreased by 2.8 percent, from 49.8 hospitalizations per 100,000 population in 2001 to 48.4 hospitalizations per 100,000 population in 2020. The rate in the counties served by the Betty Hardwick Center increased by 6.9 percent, from 51.8 hospitalizations per 100,000 population in 2001 to 55.4 hospitalizations per 100,000 population in 2020. And the rate in the counties served by the Central Counties Services increased by 97.8 percent, from 36.6 hospitalizations per 100,000 population in 2001 to 72.4 hospitalizations per 100,000 population in 2020.

Figure 39 outlines the hospitalization for suicide attempt rates in SCI Region 2 by LMHA/LBHA from 2000-2020.

[52] Texas Health Care Information Collection (THCIC), Department of State Health Services

Figure 39. Hospitalization for Suicide Attempt in SCI Region Two by Local Mental and Behavioral Health Authority catchment area, 2000-2020[53]



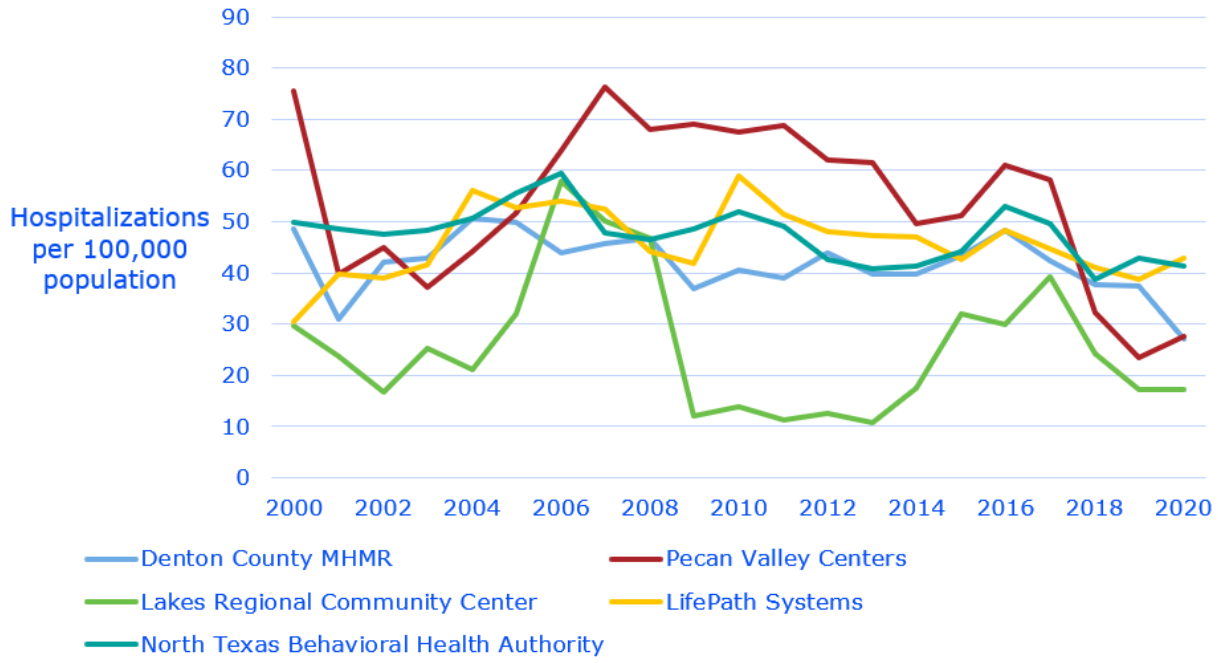
SCI Region Three Catchment Areas

The hospitalization rate for suicide attempt decreased in about half of LMHA/LBHA catchment areas in SCI Region Three between 2001 and 2020. The counties served by the Pecan Valley Centers for Behavioral and Developmental Healthcare saw a decrease of 30.9 percent, from 39.8 hospitalizations per 100,000 population in 2001 to 27.5 hospitalizations per 100,000 population in 2020. The rate in the counties served by the Lakes Regional Community Center decreased by 26.6 percent, from 23.6 hospitalizations per 100,000 in 2001 population to 17.3 hospitalizations per 100,000 population in 2020. The rate in the counties served by North Texas Behavioral Health Authority decreased by 14.7 percent, from 48.6 hospitalizations per 100,000 population in 2001 to 41.4 hospitalizations per 100,000 population in 2020. The rate in the counties served by the Denton County MHMR decreased by 12.8 percent, from 31.1 hospitalizations per 100,000 population in 2001 to 27.1 hospitalizations per 100,000 population in 2020. And the rate in the counties served by LifePath Systems increased by 8 percent, from 39.7 hospitalizations per 100,000 population in 2001 to 42.8 hospitalizations per 100,000 population in 2020.

Figure 40 outlines the hospitalization for suicide attempt rates in SCI Region 3 by LMHA/LBHA catchment area from 2000-2020.

[53] Texas Health Care Information Collection (THCIC), Department of State Health Services

Figure 40. Hospitalization for Suicide Attempt in SCI Region Three by Local Mental and Behavioral Health Authority Catchment Area, 2000-2020[54]

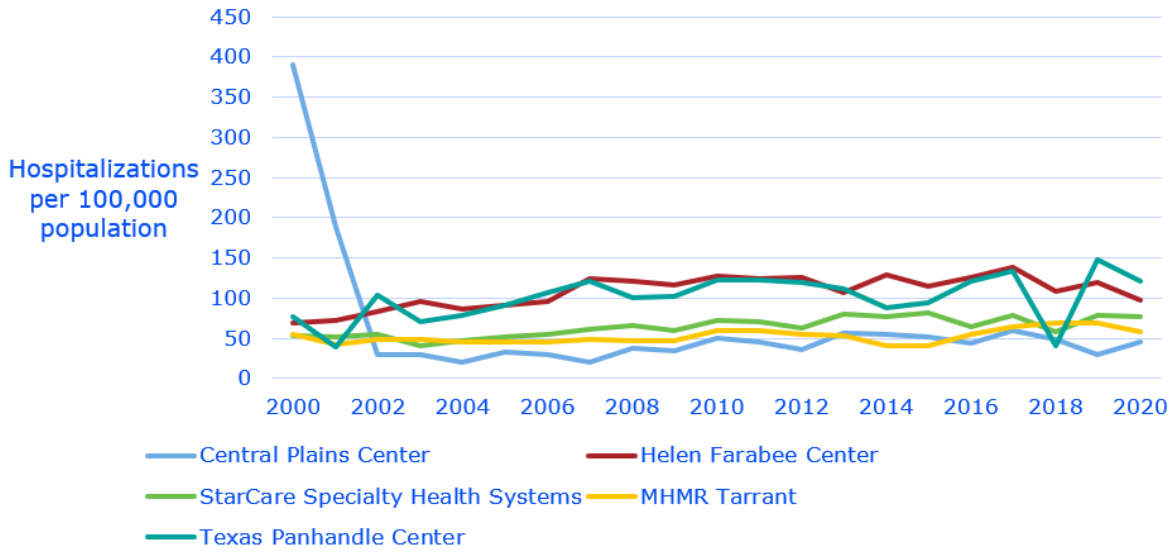


The counties served by the Central Plains Center saw a decrease of 75.6 percent, from 188.5 hospitalizations per 100,000 population in 2001 to 46 hospitalizations per 100,000 population in 2020. The rate in the counties served by the Helen Farabee Center increased by 34.4 percent, from 72.3 hospitalizations per 100,000 in 2001 population to 97.2 hospitalizations per 100,000 population in 2020. The rate in the counties served by My Health My Resources of Tarrant County increased by 39.2 percent, from 42 hospitalizations per 100,000 population in 2001 to 58.5 hospitalizations per 100,000 population in 2020. The rate in the counties served by the StarCare Specialty Health System increased by 48.2 percent, from 51.3 hospitalizations per 100,000 population in 2001 to 76.1 hospitalizations per 100,000 population in 2020. And the rate in the counties served by the Texas Panhandle Center increased by 208.9 percent, from 39 hospitalizations per 100,000 population in 2001 to 120.4 hospitalizations per 100,000 population in 2020.

Figure 41 outlines the hospitalization for suicide attempt rates in SCI Region 3 by LMHA/LBHA catchment area from 2000-2020.

[54] Texas Health Care Information Collection (THCIC), Department of State Health Services

Figure 41. Hospitalization for Suicide Attempt in SCI Region Three by Local Mental and Behavioral Health Authority Catchment Area, 2000-2020[55]



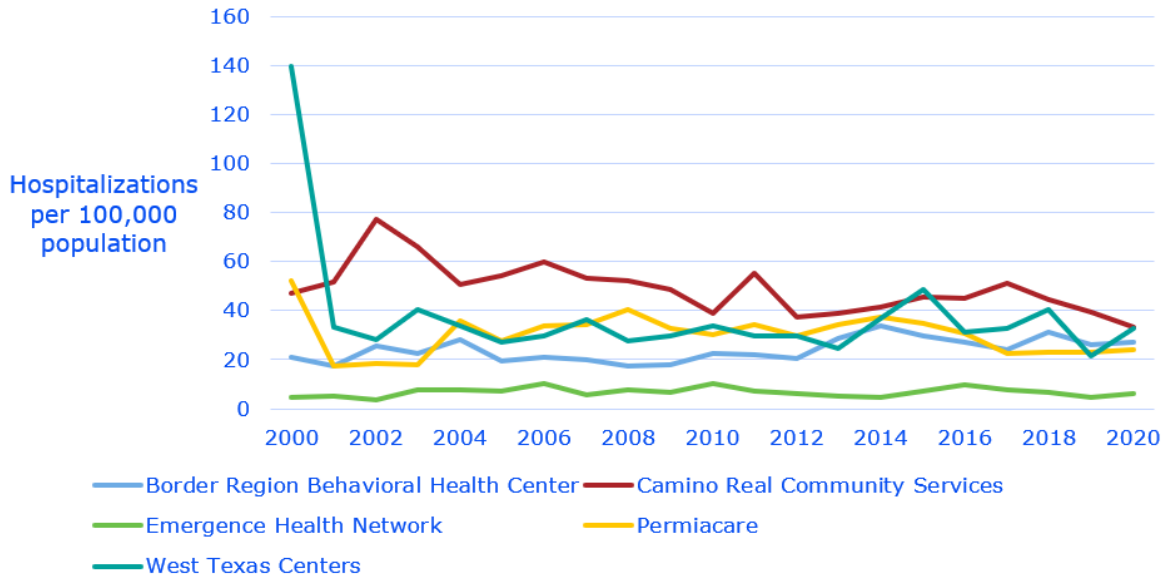
SCI Region Four Catchment Areas

The hospitalization rate for suicide attempt decreased in about half of LMHA/LBHA catchment areas in SCI Region Four between 2001 and 2020. The counties served by the Camino Real Community Services saw a decrease of 35.2 percent, from 51.4 hospitalizations per 100,000 population in 2001 to 33.3 hospitalizations per 100,000 population in 2020. The rate in the counties served by the West Texas Centers decreased by 1.9 percent, from 33.5 hospitalizations per 100,000 in 2001 population to 32.8 hospitalizations per 100,000 population in 2020. The rate in the counties served by Emergence Health Network increased by 19.4 percent, from 5.1 hospitalizations per 100,000 population in 2001 to 6.1 hospitalizations per 100,000 population in 2020. The rate in the counties served by the Permiacare decreased by 39.4 percent, from 17.3 hospitalizations per 100,000 population in 2001 to 24.1 hospitalizations per 100,000 population in 2020. And the rate in the counties served by the Border Region Behavioral Health Center increased by 53.8 percent, from 17.6 hospitalizations per 100,000 population in 2001 to 27.1 hospitalizations per 100,000 population in 2020.

Figure 42 outlines the hospitalization for suicide attempt rates in SCI Region 4 by LMHA/LBHA from 2000-2020.

[55] Texas Health Care Information Collection (THCIC), Department of State Health Services

Figure 42. Hospitalization for Suicide Attempt in SCI Region Four by Local Mental and Behavioral Health Authority Catchment Area, 2000-2020[56]

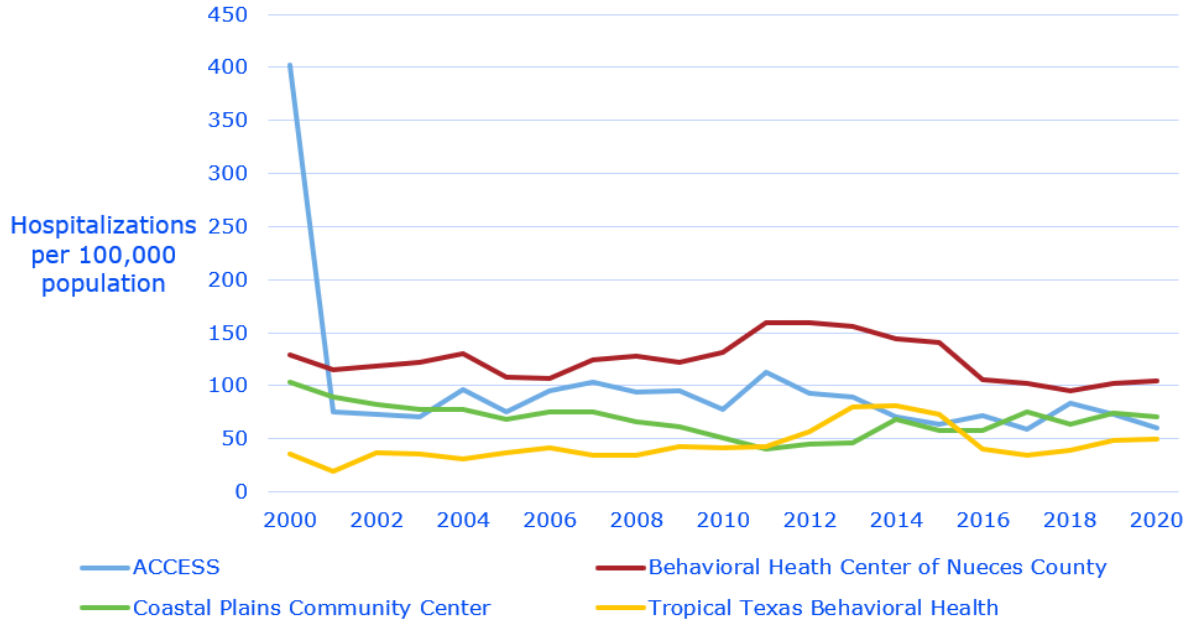


The counties served by the Coastal Plains Community Center saw a decrease of 21.9 percent, from 89.9 hospitalizations per 100,000 population in 2001 to 70.3 hospitalizations per 100,000 population in 2020. The rate in the counties served by the ACCESS increased by 20.5 percent, from 75 hospitalizations per 100,000 in 2001 population to 59.6 hospitalizations per 100,000 population in 2020. The rate in the counties served by Behavioral Health Center of Nueces County decreased by 9.6 percent, from 115.1 hospitalizations per 100,000 population in 2001 to 104.1 hospitalizations per 100,000 population in 2020. And the rate in the counties served by the Tropical Texas Behavioral Health increased by 159 percent, from 19 hospitalizations per 100,000 population in 2001 to 49.2 hospitalizations per 100,000 population in 2020.

Figure 43 outlines the hospitalization for suicide attempt rates in SCI Region 4 by LMHA/LBHA catchment area from 2000-2020.

[56] Texas Health Care Information Collection (THCIC), Department of State Health Services

Figure 43. Hospitalization for Suicide Attempt in SCI Region Four by Local Mental and Behavioral Health Authority catchment area, 2000-2020[57]



Snapshot of Local Mental and Behavioral Health Authority catchment areas

The next three pages provide maps of the suicide attempt hospitalization rate (per 100,000 population) for the LMHA/LBHA catchment areas providing a snapshot in time to compare the rates across regions. The first map shows 2000; the second shows 2010; and the third shows the most recent available data, 2020. There is an anomalous spike in 2000, but it was experienced differently by the service areas. In 2000, the highest rate of hospitalizations for suicide attempt was in the counties served by the ACCESS with 401.9 hospitalizations per 100,000 population. The counties served by Central Plains Community Center had similarly high rate of 390.3 hospitalizations per 100,000 population. The lowest rate was in the counties served by Emergence Health Network with 4.6 hospitalizations per 100,000 population. The counties served by Tri-County Behavioral Healthcare and the counties served by Border Region Behavioral Health Center also had low rates of 15 hospitalizations per 100,000 population and 37.6 hospitalizations per 100,000 population, respectively. The state rate was 59.8 hospitalizations per 100,000 population.

[57] Texas Health Care Information Collection (THCIC), Department of State Health Services

Figure 44 outlines the hospitalization rate for suicide attempts per 100,000 population by LMHA/LBHA catchment areas in 2000.

Figure 44. Rates of Hospitalization for Suicide Attempt per 100,000 population by Local Mental and Behavioral Health Authority Catchment Areas, Texas 2000[58] [59]

[58] Texas Health Care Information Collection (THCIC), Department of State Health Services

[59] The data reflects persons residing in the geographic catchment areas of the LMHA/LBHA.

ID Number	LMHA / LBHA Geographic Service Area
1	ACCESS
2	Andrews Center Behavioral Healthcare System
3	Betty Hardwick Center
4	Bluebonnet Trails Community Services
5	Border Region Behavioral Health Center
6	Burke Center
7	Camino Real Community Services
8	The Center for Health Care Services
9	Center for Life Resources
10	Central Counties Services
11	Central Plains Center
12	Coastal Plains Community Center
13	Community Healthcore
14	Denton County MHMR Center
15	Emergence Health Network

ID Number	LMHA / LBHA Geographic Service Area
16	Gulf Bend Center
17	Gulf Coast Center
18	The Harris Center for Mental Health and IDD
19	Heart of Texas Regional MHMR Center
20	Helen Farabee Centers
21	Hill Country Mental Health & Developmental Disabilities Centers
22	Integral Care
23	Lakes Regional MHMR Center
24	LifePath Systems
25	MHMR Authority of Brazos Valley
26	My Health My Resources of Tarrant County
27	MHMR Services for the Concho Valley
28	North Texas Behavioral Health Authority
29	Nueces Center for Mental Health & Intellectual Disabilities
30	Pecan Valley Centers for Behavioral & Developmental HealthCare

ID Number	LMHA / LBHA Geographic Service Area
31	PermiaCare
32	Spindletop Center
33	StarCare Specialty Health System
34	Texana Center
35	Texas Panhandle Centers
36	Texoma Community Center
37	Tri-County Behavioral Health
38	Tropical Texas Behavioral Health
39	West Texas Centers

In 2010, the highest rate of suicide attempt hospitalization was in the counties served by the Behavioral Health Center of Nueces County with a rate of 131.7 hospitalizations per 100,000 population. The counties served by The Helen Farabee Center and the counties served by Texas Panhandle Center also had high rates of 127.7 hospitalizations per 100,000 population and 122.1 hospitalizations per 100,000 population, respectively.

The lowest rate was in the counties served by Emergence Health Network with a rate of 10.5 hospitalizations per 100,000 population. The counties served by Tri-County Behavioral Healthcare and the counties served by Heart of Texas Behavioral Health Network also had lower rates with rates of 15.5 hospitalizations per 100,000 population and 16.3 hospitalizations per 100,000 population, respectively. The state rate was 51.5 hospitalizations per 100,000 population.

Figure 45 outlines the hospitalization rate for suicide attempts per 100,000 population by LMHA/LBHA catchment areas in 2010.

Figure 45. Rates of Hospitalization for Suicide Attempt per 100,000 Population by Local Mental and Behavioral Health Authority Catchment Areas, Texas 2010[60] [61]

In 2020, the highest rates of suicide attempt hospitalizations were in the counties served by the Texas Panhandle Center and the counties served by the Behavioral Health Center of Nueces County with rates of hospitalization of 120.4 hospitalizations per 100,000 population and 104.1 hospitalizations per 100,000 population. The counties served by the Helen Farabee Center had the next highest rate at 97.2 hospitalizations per 100,000 population. The lowest rates were in the

[60] Texas Health Care Information Collection (THCIC), Department of State Health Services
[61] The data reflects persons residing in the geographic catchment areas of the LMHA/LBHA.

counties served by the Emergence Health Network, the counties served by the Heart of Texas Behavioral Health Network, and the counties served by the Tri-County Behavioral Healthcare with rates of 6.1 hospitalizations per 100,000 population, 10.6 hospitalizations per 100,000 population, and 13 hospitalizations per 100,000 population, respectively. The state rate was 44.7 hospitalizations per 100,000 population.

Figure 46 outlines the hospitalization rate for suicide attempts per 100,000 population by LMHA/LBHA catchment areas in 2020.

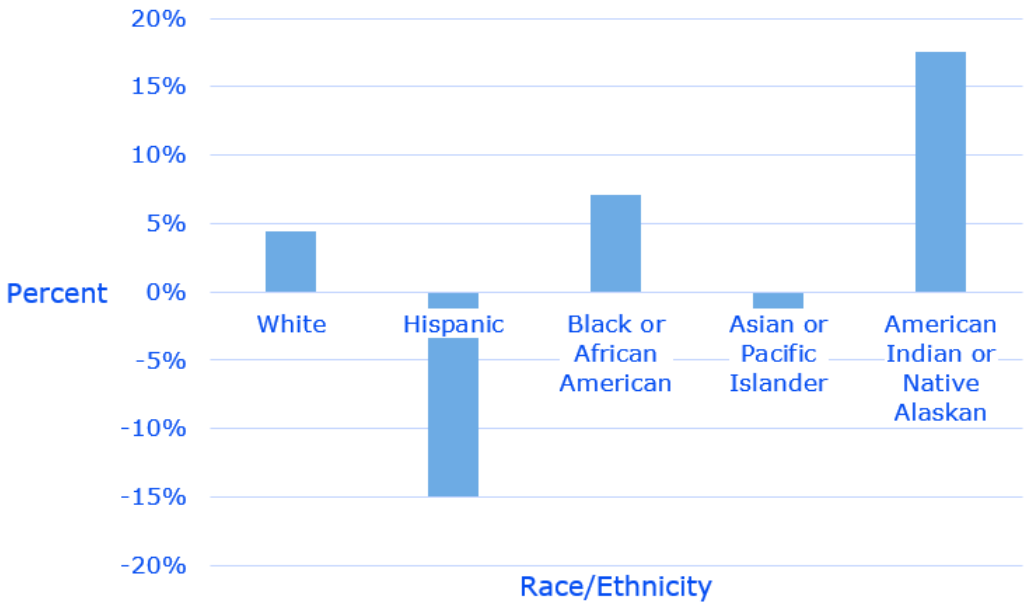
Figure 46. Rates of Hospitalization for Suicide Attempt per 100,000 Population by Local Mental and Behavioral Health Authority Catchment Areas, Texas 2020[62] [63]

[62] Texas Health Care Information Collection (THCIC), Department of State Health Services
[63] The data reflects persons residing in the geographic catchment areas of the LMHA/LBHA.

Race and Ethnicity[64]

Figure 47 illustrates the changes in hospitalization rates for attempted suicide between 2001 and 2020 by race and ethnicity groups.

Figure 47. Changes in Inpatient Hospitalizations for Suicide Attempt by Race and Ethnicity Groups, 2001-2020[65]



The highest rates of inpatient hospitalization for suicide attempt are among white individuals. This category saw a small increase in hospitalization rate of 4.4 percent, from 56.7 hospitalizations per 100,000 population to 59.2 hospitalizations per 100,000 population.

Black or African American individuals have the next highest rate of inpatient hospitalization for suicide attempt with a 7.1 percent decrease of 37 hospitalizations per 100,000 population to 39.6 hospitalizations per 100,000 population between 2001 and 2020.

Hispanic individuals have relatively low rates of hospitalization and saw the largest decrease from 2001 to 2020. The rate decreased 15 percent from 32.3 hospitalizations per 100,000 population to 27.5 hospitalizations per 100,000 population.

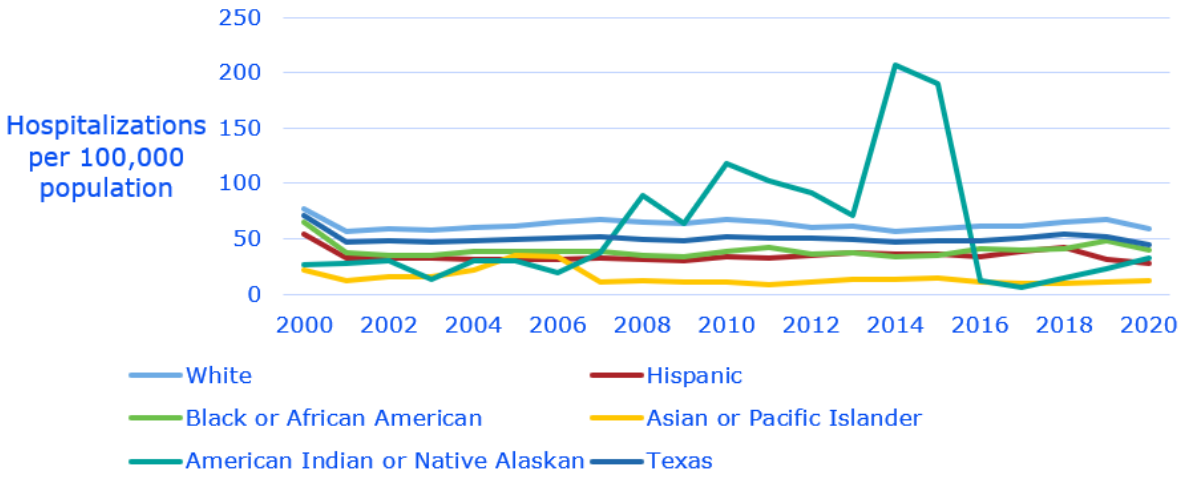
[64] See Table A33 in 0
[65] Texas Health Care Information Collection (THCIC), Department of State Health Services

Asian or Pacific Islanders have the lowest overall hospitalization rate which decreased by 2.6 percent from 12.3 hospitalizations per 100,000 population to 12 hospitalizations per 100,000 population.

American Indian or Alaskan Natives have the most unstable rate due to a relatively small population size in the denominator. That rate saw a 17.5 percent increase from 27.3 hospitalizations per 100,000 population to 32.1 hospitalizations per 100,000 population. There were also spikes in the American Indian or Alaskan Native rates which occur beginning in the third quarter of 2013 and continue until the third quarter of 2015, for which there is not a current explanation.

Figure 48 outlines the hospitalization rates for suicide attempts by race and ethnicity for 2000-2020.

Figure 48. Hospitalization for Suicide Attempt by Race and Ethnicity, Texas 2000-2020[66]



Limitations of Hospitalization Data

The ICD-9 and ICD-10 codes used to identify hospitalizations for suicide attempt can also be used to code non-suicidal self-injury (NSSI), so there is a chance that the incidents coded in this analysis are not actually suicide attempts. The injuries in this analysis were serious enough to require inpatient hospitalization and therefore were very serious injuries and most likely a suicide attempt and not NSSI.

[66] Texas Health Care Information Collection (THCIC), Department of State Health Services

The other major limitation of hospital discharge data is it being discharge-based and not individual-based. There is the possibility, although highly unlikely, that one group of individuals is repeatedly hospitalized for suicide attempt and accounting for the high number of hospital discharges as opposed to many people being hospitalized for suicide attempt.

Other limitations to hospitalization data are due to suppression of data elements to protect confidentiality of those hospitalized. Any case with an alcohol, drug, or Human Immunodeficiency Virus (HIV) diagnosis is automatically suppressed in several different ways. This includes suppressing sex and using broader age categorizations which were used in this report.

For this reason, it is not possible to provide data analysis based on the sex of the person admitted. Data by sex was suppressed in approximately half of hospital admissions for suicide. There is no way of knowing if these individuals had similar sex breakdowns to the individuals identified by sex in the dataset and thus if this suppression would bias the analysis.

Poison Control Center Data[67]

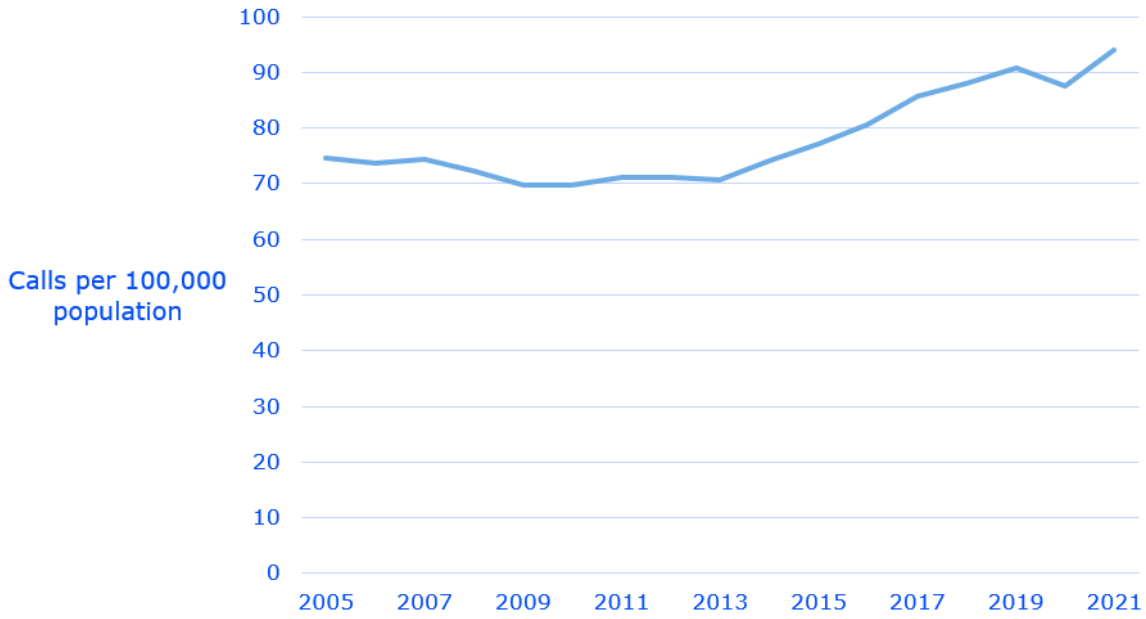
When a call is made to the Poison Control hotline, the caller identifies information about the subject of the call. The Poison Control Center receives calls from emergency departments, urgent care centers, doctors' offices, and the general public. Calls concerning self-inflicted poisonings are rising. The proportion of calls concerning adolescents is also increasing.

In the early 2000s, the percentage of calls of self-inflicted poisonings concerning adolescents 13-19 years old was about 23 percent; by 2015-2019, the percentage of calls for this reason concerning adolescents was 32 percent; and by 2021, the percentage of suspected suicide calls concerning adolescents was 40.7 percent. The number of calls Poison Control receives concerning suspected suicide has been increasing in the time of available data, starting in 2005 when 17,007 calls were received until 2021 when 27,764 calls were received. This constituted a 25.9 percent increase in the call rate per 100,000 population, from 74.7 calls per 100,000 population to 94 calls per 100,000 population.

Figure 49 outlines suspected suicide calls received by Texas Poison Control Network for 2005-2021.

[67] See Table A34 in 0

Figure 49. Texas Poison Control Network Suspected Suicide Calls, 2005-2021[68]



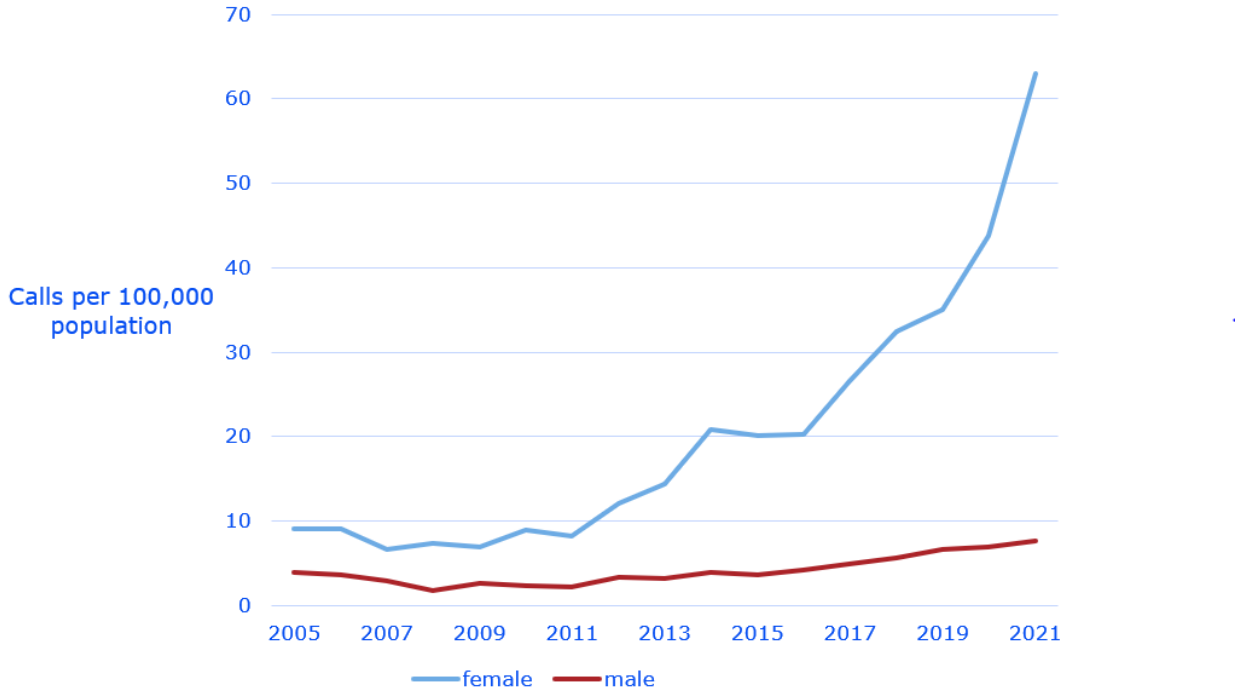
Age and Sex[69]

The highest rates for Poison Control calls concerning suspected suicide occurred with female adolescents 13 to 19 years old. The rate was significantly lower among the 6 to 12-year-old population. The next highest rates were seen in the 20-29-year-old populations. Although the rates were very low in the youngest group, they saw the largest increase, 600.4 percent from 9 calls per 100,000 populations to 63 calls per 100,000 population for females and 97.9 percent from 3.9 calls per 100,000 population to 7.7 calls per 100,000 population for males.

Figure 50 outlines suspected suicide calls concerning children aged 6-12 received by Texas Poison Control Network for 2005-2020 by sex.

[68] Texas Poison Control Network (TPCN), Department of State Health Services
[69] See Table A35, Table A36, Table A37, Table A38, and Table A39 in 0

Figure 50. Texas Poison Control Network Suspected Suicide Calls concerning 6–12-year-old children by sex, 2005-2020[70]

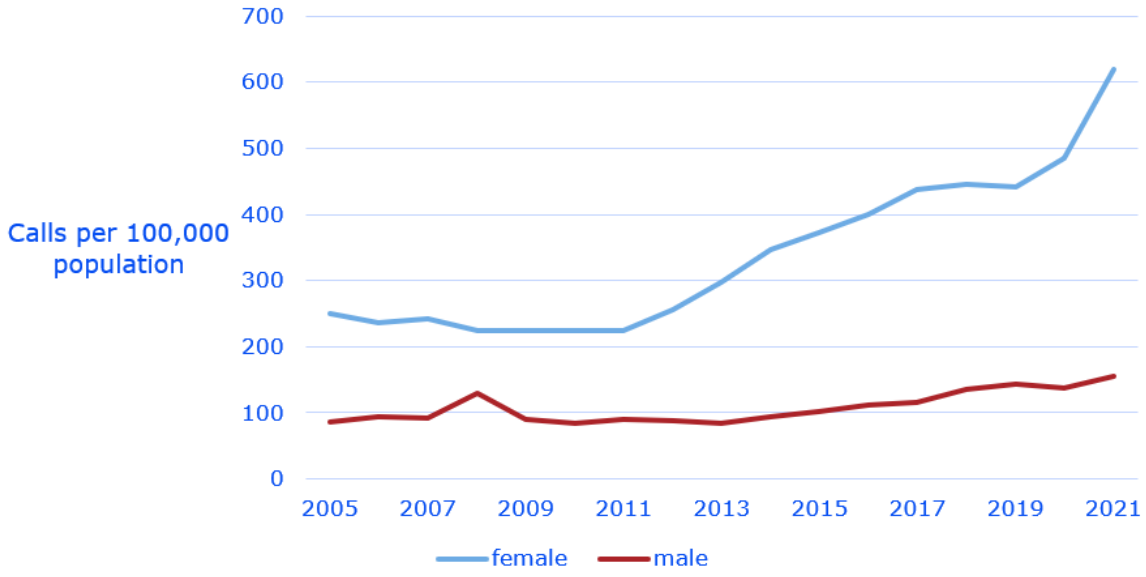


The adolescent age group of 13 to 19 years, also saw an increase of 148.4 percent, rising from 249.1 calls per 100,000 population in 2005 to 618.8 calls per 100,000 population in 2021 for females and 81.6 percent rising from 85.2 calls per 100,000 population in 2005 to 154.6 calls per 100,000 population in 2021 for males.

Figure 51 outlines suspected suicide calls concerning adolescents aged 13-19 received by Texas Poison Control Network for 2005-2020 by sex.

[70] Texas Poison Control Network (TPCN), Department of State Health Services

Figure 51. Texas Poison Control Network Suspected Suicide Calls concerning 13-19-year-old adolescents by sex, 2005-2020[71]

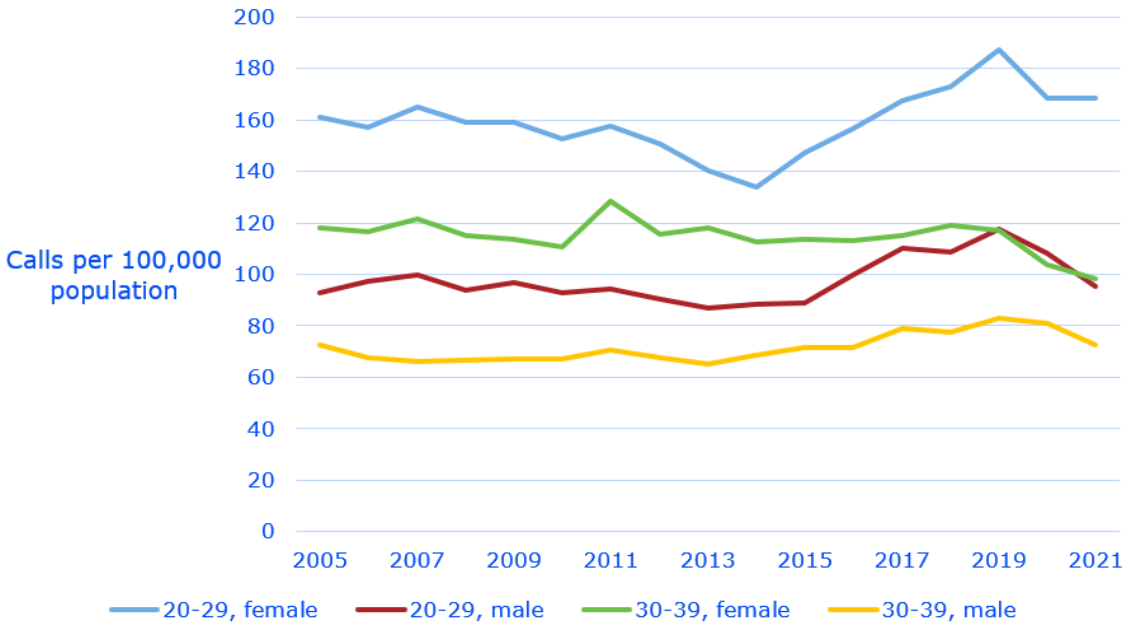


The rate among individuals 20-29-years old remained relatively stable with just a 4.5 percent increase, from 161.2 calls per 100,000 population in 2005 to 168.4 calls per 100,000 population in 2021 for females and a 2.9 percent, from 92.7 calls per 100,000 population in 2005 to 95.4 calls per 100,000 population in 2021 for males. Meanwhile the rates among females 30-39 years old decreased by 16.8 percent from 118 calls per 100,000 population in 2005 to 98.2 calls per 100,000 population in 2021 and decreased for males 30-39 years old 0.3 percent from 72.6 calls per 100,000 population in 2005 to 72.4 calls per 100,000 population in 2021.

Figure 52 outlines suspected suicide calls among 20-29-year-old and 30-39-year-old adults received by Texas Poison Control Network for 2005-2021.

[71] Texas Poison Control Network (TPCN), Department of State Health Services

Figure 52. Texas Poison Control Center Suspected Suicide Calls Concerning 20–29-year-old and 30–39-year-old Adults by sex, 2005-2021[72]

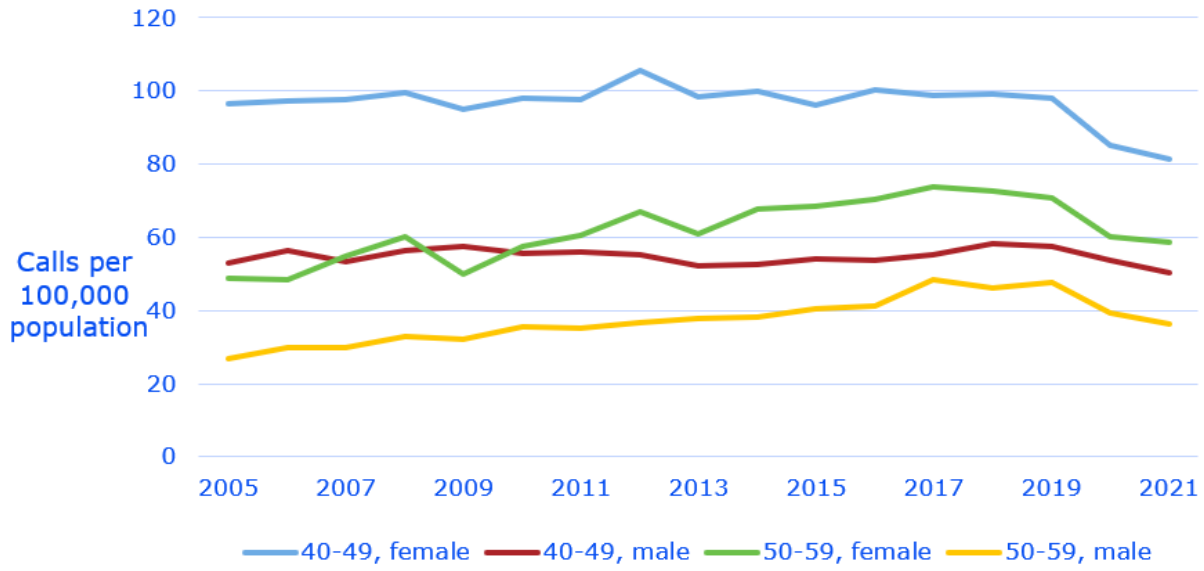


The rates of suspected suicide calls to the Poison Control Network continue to decline with age through the middle adult years. The rate also decreased among the 40-49-year-olds with 15.7 percent decrease over the 17-year period. The 40-49-year-old group rate went from 96.7 calls per 100,000 population in 2005 to 81.5 calls per 100,000 population in 2021 for females and the 40-49-year-old male group rate decreased 5.6 percent, going from 53.1 calls per 100,000 population in 2005 to 50.1 calls per 100,000 population in 2021. However, the 50-59-year- old age group saw an increase of 19.8 percent for females and 36.5 percent for males, with female rates rising from 48.9 calls per 100,000 population 2005 to 58.5 calls per 100,000 population in 2021 and the male rates rising from 26.7 calls per 100,000 population in 2005 to 36.5 calls per 100,000 population in 2021.

Figure 53 outlines suspected suicide calls among middle-aged adults received by Texas Poison Control Center by sex for 2005-2021.

[72] Texas Poison Control Network, Department of State Health Services

Figure 53. Texas Poison Control Center Suspected Suicide Calls Among Middle-Aged Adults by sex, 2005-2021[73]



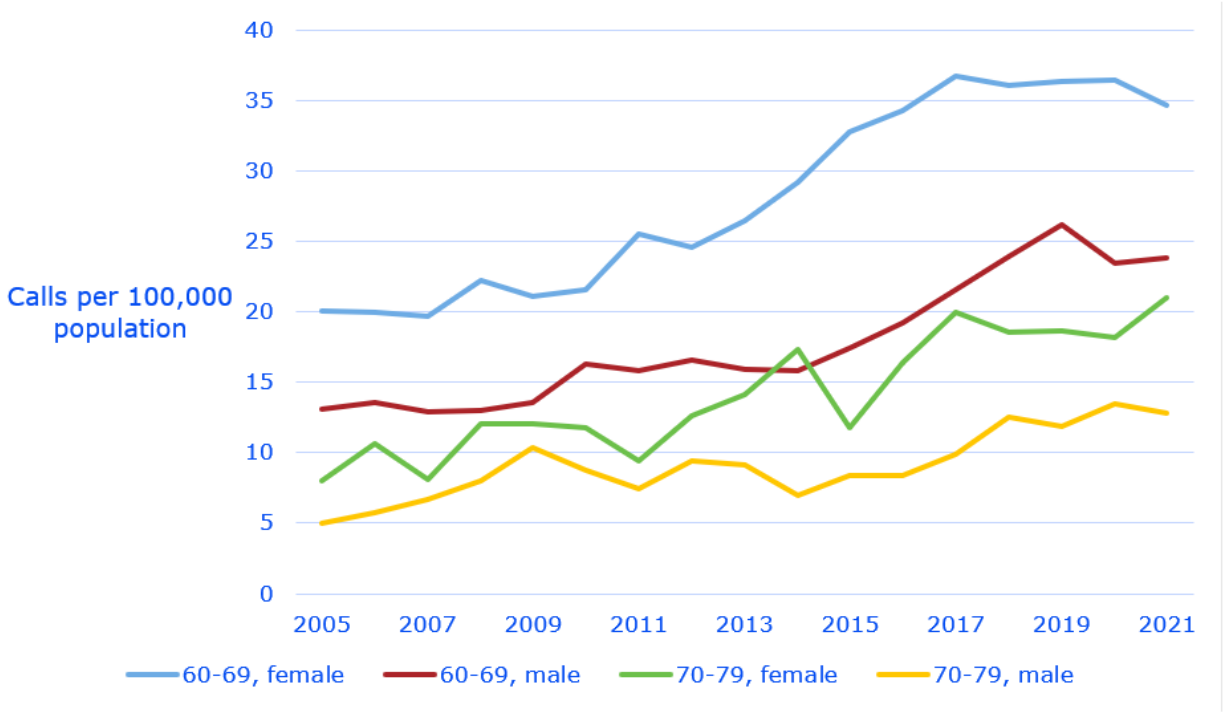
Older adults had the lowest Poison Control suspected suicide call rates; however, this age group experienced large increases in rates over the seventeen-year period. Calls for females 60-69 increased 72.5 percent from a rate of 20.1 calls per 100,000 population in 2005 to 34.6 calls per 100,000 population 2021 while calls for males 60-69 increase 81.8 percent from a rate of 13.1 calls per 100,000 population in 2005 to 23.8 calls per 100,000 population in 2021. Calls for females 70-79 increased 162.8 percent from 8 calls per 100,000 population in 2005 to 21 calls per 100,000 population in 2021. Calls for males 70 to 79 increased 157.5 percent from 5 calls per 100,000 population in 2005 to 12.8 calls per 100,000 population in 2021.

Numbers for call by sex for 80-89 and 90+ were suppressed for most of the years and rates could not be calculated.

[73] Texas Poison Control Network, Department of State Health Services

Figure 54 outlines suspected suicide calls among older adults received by Texas Poison Control Center for 2004-2018.

Figure 54. Texas Poison Control Center Suspected Suicide Calls Among Older Adults, 2004-2018[74]



The only 2021 data available at this time is from the Texas Poison Control Network. These data give the best view into what has happened in suicide attempts since the beginning of the COVID-19 pandemic. The starkest increases are among females under the age of twenty while rates for other age groups decreased or stayed about the same. For females aged 6 to 12 years old, the rate of calls concerning suspected suicides increased 79.8 percent from 35.1 calls per 100,000 population in 2019 to 63 calls per 100,000 population in 2021. For females aged 13-19 years old, that rate increase 40.1 percent from 441.6 calls per 100,000 population in 2019 to 618.8 calls per 100,000 population in 2021.

Limitations of Poison Control Data

The Poison Control Dataset is based on information given to the operator by the individual who phones the hotline. The data is therefore only as accurate as what is reported by the caller. Age is only reported in 10-year groupings for adults and in

[74] Texas Poison Control Network, Department of State Health Services

some cases reported as "unknown age adult" or "unknown age child" or even just "unknown" age. Cases identified as any of the unknowns were left out of the analysis. Race and ethnicity are not reported because the caller may not be an accurate reporter of the subject's identity. The county where the call originates is reported, but since many calls come from treatment centers or the site of the incident, the calls may not provide accurate depictions of the county of residence. This data misinformation would cause a mismatch of numerator and denominator when calculating a population rate. Therefore, the analysis of county level data was left out of the Poison Control data analysis because of the question of accuracy compared with the Hospital Discharge or Mortality data sets.

Emergency Department Outpatient Data[75]

DSHS currently collects inpatient and outpatient data from hospitals and ambulatory surgical centers. DSHS began collecting emergency department data from hospitals on January 1, 2015 per Title 25 Texas Administrative Code (TAC), Chapter 421, Sections 421.71-421.78, and in conjunction with the collection of inpatient and outpatient data.[76] The first year data was available is from 2016.

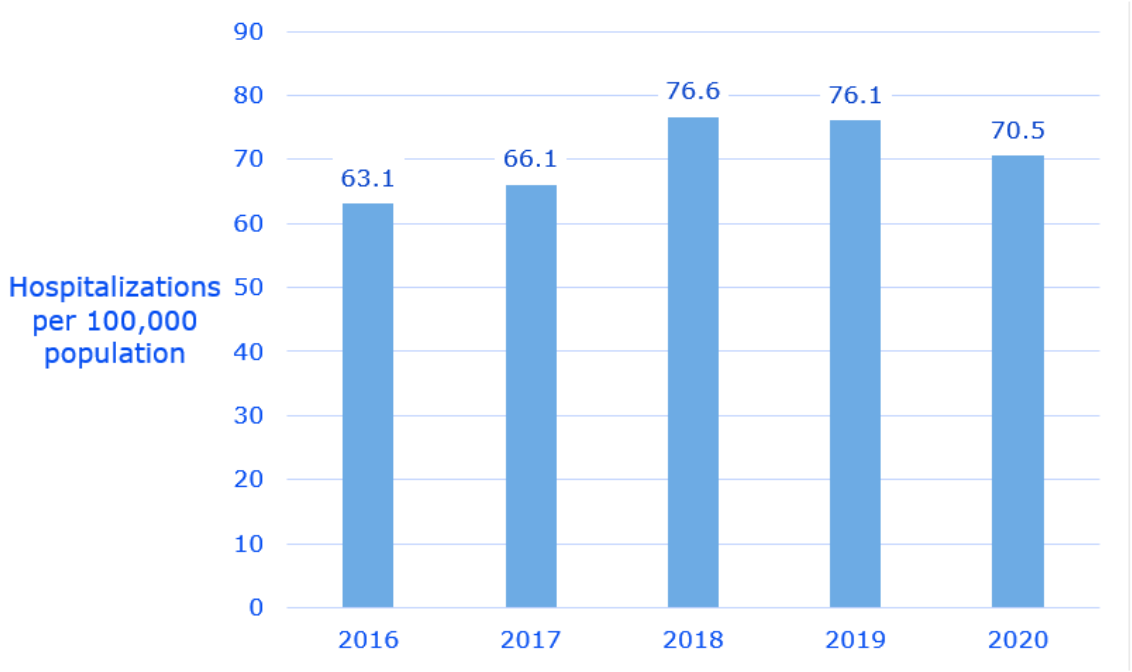
In the past five years, there have been about 20,000 emergency department visits each year for suicide attempt or NSSI where the patient has been treated and not admitted to the hospital. While these incidents only account for a small portion of emergency room visits each year, the number of visits in emergency department for suicide attempt is more than five times the number of suicide deaths each year in Texas. Both the number of emergency room visits and the rate per 100,000 population have risen over these five years.

The statewide rate of emergency department hospitalizations has increased 11.8 percent, from 63.1 hospitalizations per 100,000 population in 2016 to 70.5 hospitalizations per 100,000 population in 2020.

Figure 55 outlines emergency department outpatient hospitalizations in Texas for suicide attempt for 2016-2020.

[75] See Table A40 in 0
[76] Texas Health Care Information Collection (THCIC), Department of State Health Services

Figure 55. Texas Emergency Department Outpatient Hospitalizations for Suicide Attempt, 2016-2020[77]

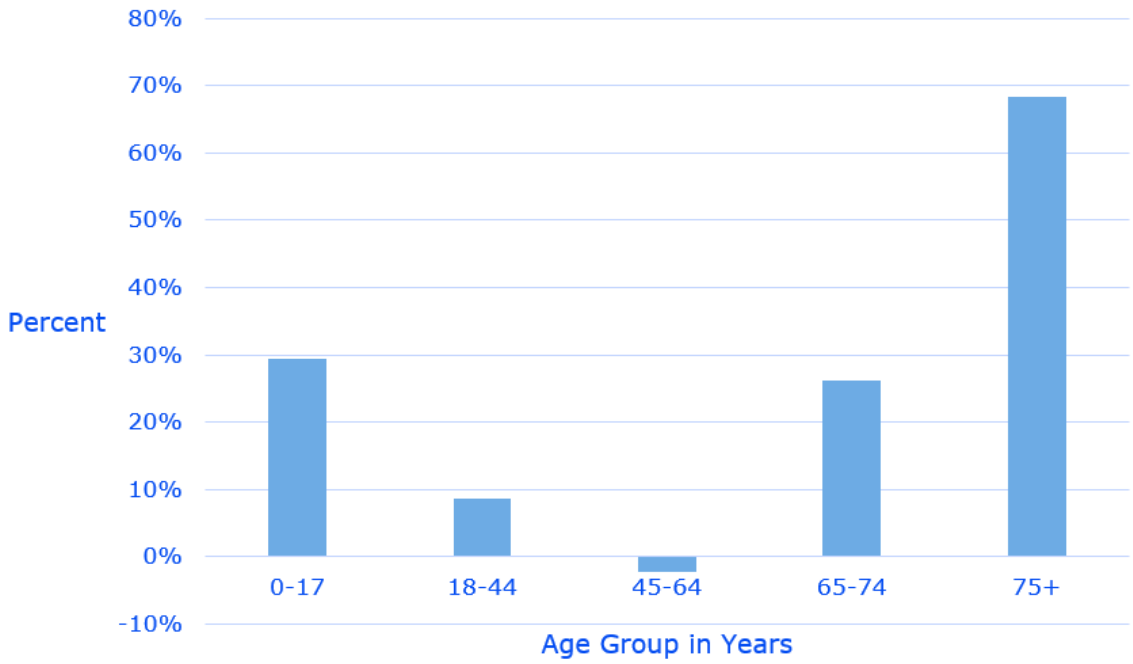


Age[78]

Figure 56 shows the percentage change in emergency department outpatient hospitalization rates for suicide attempt by age grouping for 2016-2020.

[77] Texas Health Care Information Collection (THCIC), Department of State Health Services
[78] See Table A41 in Appendix A

Figure 56. Percentage Change in Texas Emergency Department Outpatient Hospitalization Rates for Suicide Attempt by Age Group, 2016-2020[79]



The largest increase in emergency department hospitalizations for suicide attempt was seen among the group with the lowest rates of such hospitalizations. Those 75 years and older saw an increase of 68.3 percent from 4.6 hospitalizations per 100,000 population in 2016 to 7.8 hospitalizations per 100,000 population in 2020.

The second largest increase in emergency department hospitalizations for suicide attempt was seen in the 0–17-year-old population with a 29.3 percent increase from 70.2 hospitalizations per 100,000 population in 2016 to 92 hospitalizations per 100,000 population in 2020.

A similar increase in emergency department hospitalizations for suicide attempt was seen in the 65–74-year-old population with a 26.2 percent increase from 10 hospitalizations per 100,000 population in 2016 to 12.6 hospitalizations per 100,000 population.

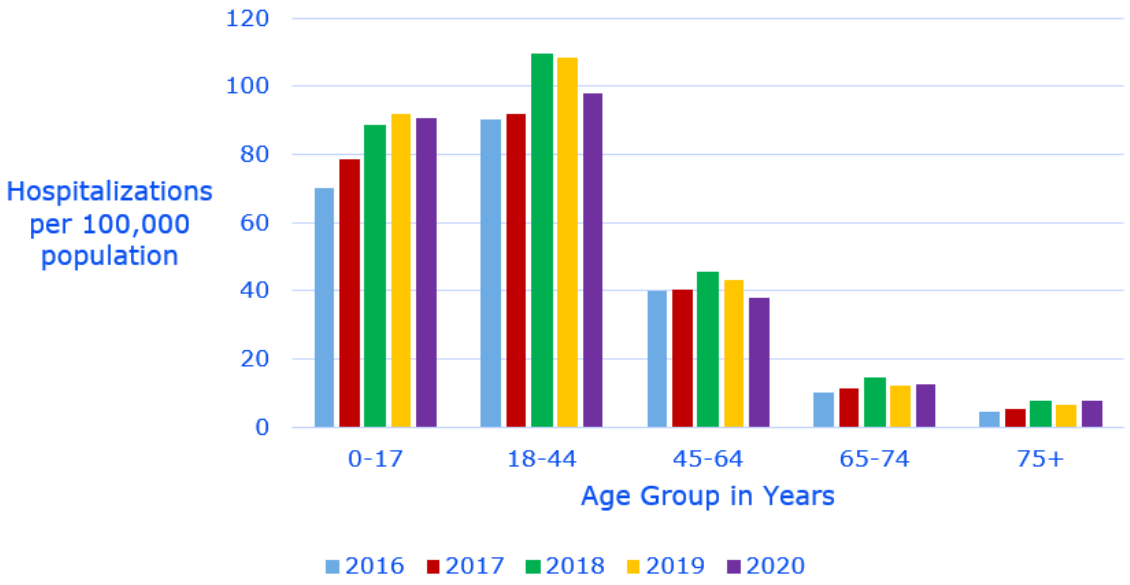
The smallest increase in emergency department hospitalizations for suicide attempt was seen in the 18–44-year-old population with an 8.6 percent increase from 90.2 hospitalization per 100,000 population in 2016 to 97.9 hospitalizations per 100,000 population in 2020.

[79] Texas Health Care Information Collection (THCIC), Department of State Health Services

The only decrease in emergency department hospitalizations for suicide attempt was seen in the 45-64-year-old population with a 4.9 percent decrease from 39.8 hospitalizations per 100,000 population in 2016 to 37.9 hospitalizations per 100,000 population in 2020.

Figure 57 outlines emergency department outpatient hospitalizations in Texas for suicide attempt by Age Group for 2016-2020.

Figure 57. Texas Emergency Department Outpatient Hospitalizations for Suicide Attempt by Age Group, 2016-2020[80]



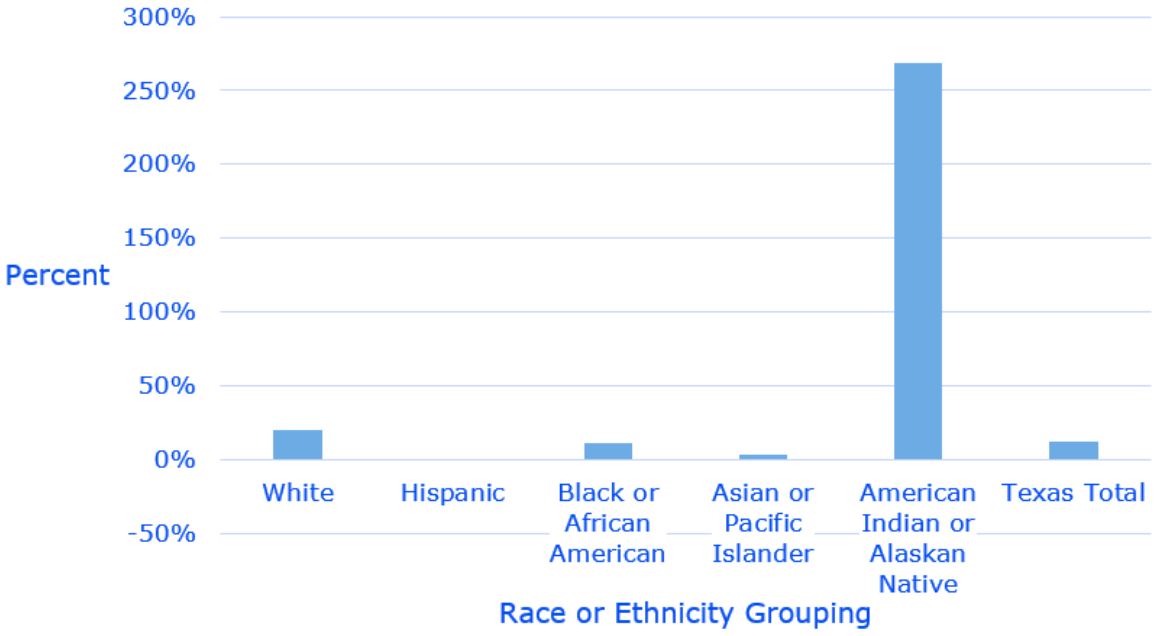
Race and Ethnicity[81]

Race and ethnicity groups utilized this service for suicide attempt or NSSI at different rates and with different levels of change over the five years of available data.

Figure 58 shows the percentage change in emergency department outpatient hospitalization rates for suicide attempt by race or ethnicity for 2016-2020.

[80] Texas Health Care Information Collection (THCIC), Department of State Health Services
[81] See Table A50 in Appendix A

Figure 58. Percentage Change in Texas Emergency Department Outpatient Hospitalization Rates for Suicide Attempt by Race or Ethnicity, 2016-2020[82]



The largest increase in emergency department outpatient hospitalization rates for suicide attempt was seen in American Indian or Alaskan Natives which increased 268.3 percent from 17.4 hospitalizations per 100,000 population in 2016 to 64.1 hospitalizations per 100,000 population in 2020.

The next largest increase in emergency department outpatient hospitalizations for suicide attempt was among Whites with a 20.2 percent increase from 71.7 hospitalizations per 100,000 population in 2016 to 86.2 hospitalizations per 100,000 population in 2020.

Black or African Americans had an 11.2 percent increase in emergency department outpatient hospitalizations for suicide attempt from 78.8 hospitalizations per 100,000 population in 2016 to 87.7 hospitalizations per 100,000 population in 2020.

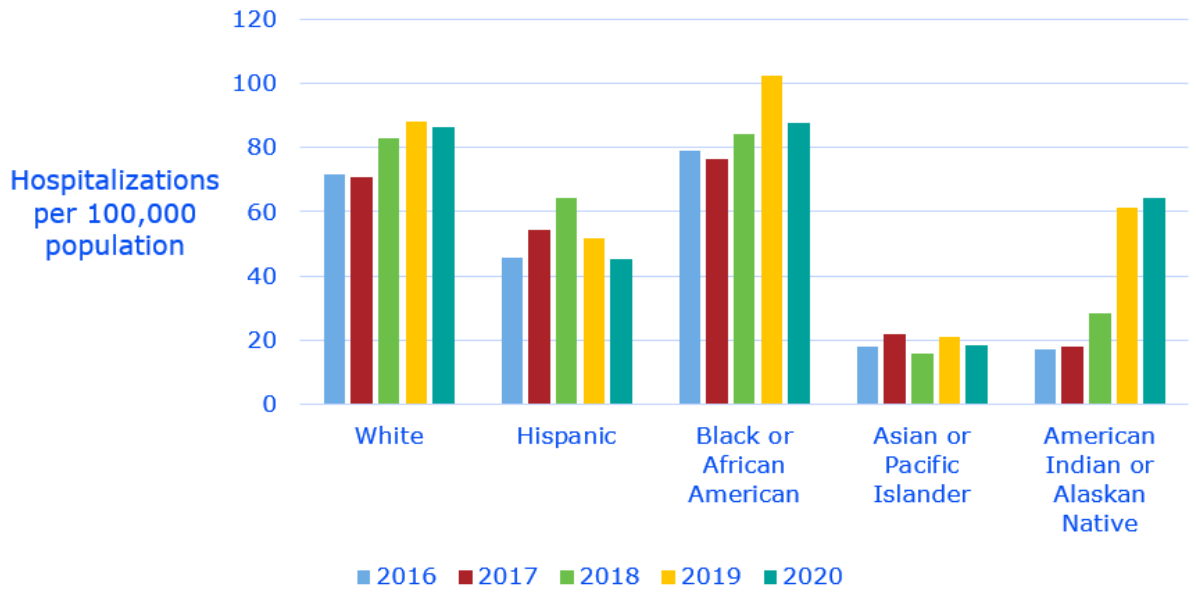
Asian or Pacific Islanders had the lowest rates of emergency department outpatient hospitalization for suicide attempt with a 2.9 percent increase from 18 hospitalizations per 100,000 population in 2016 to 18.6 hospitalization per 100,000 population in 2020.

[82] Texas Health Care Information Collection (THCIC), Department of State Health Services

The Hispanic population saw the only decrease in emergency department outpatient hospitalizations for suicide attempt with a decrease of 0.7 percent from 45.7 hospitalizations per 100,000 population in 2016 to 45.4 hospitalizations per 100,000 population in 2020.

Figure 59 outlines emergency department outpatient hospitalizations in Texas for suicide attempt by Race or Ethnicity for 2016-2020.

Figure 59. Texas Emergency Department Outpatient Hospitalizations for Suicide Attempt by Race or Ethnicity, 2016-2020[83]



Local Mental and Behavioral Health Authorities[84]

The rate of outpatient emergency room hospitalizations varies across the state. The counties served by the Helen Farabee Center had the highest rates, followed by the counties served by the Community Healthcore and the counties served by Betty Hardwick Center. About one third of the LMHA/LBHAs saw a decrease over the five years of data, while the rest saw an increase. Once again, for ease of graphing and explanation, the LMHA/LBHAs will be broken out by SCI Regions.

[83] Texas Health Care Information Collection (THCIC), Department of State Health Services
[84] See Table A42, Table A43, Table A44, Table A45, Table A46, Table A47, Table A48, and Table A49 in 0

SCI Region One Catchment Areas

The largest increase in the rate of outpatient emergency room hospitalizations was in the counties served by Community Healthcore with a 33.2 percent increase from 100.6 hospitalizations per 100,000 population in 2016 to 134.1 hospitalizations per 100,000 population in 2020. The counties served by the Texana Center had the next largest increase of 33 percent from 35.7 hospitalizations per 100,000 population in 2016 to 47.5 hospitalizations per 100,000 population in 2020. The counties served by The Harris Center experienced a 22.1 percent increase rising from 45.3 hospitalizations per 100,000 population in 2016 to 55.2 hospitalizations per 100,000 population in 2020. The counties served by Spindletop Center experienced 18 percent increases, rising from 53.9 hospitalizations per 100,000 population in 2016 to 63.6 hospitalizations per 100,000 population in 2020. The counties served by the Burke Center rose 15.2 percent, from 78.4 hospitalizations per 100,000 population in 2016 to 90.2 hospitalizations per 100,000 population in 2020. The counties served by the Gulf Bend Center and the counties served by Gulf Coast Center experienced a 6.6 and a 4.3 percent increase with rates increasing from 81.2 hospitalizations per 100,000 population in 2016 to 86.5 hospitalizations per 100,000 population in 2020 and from 60.4 hospitalizations per 100,000 population in 2016 to 63 hospitalizations per 100,000 population in 2020, respectively.

The counties served by MHMR Authority of Brazos Valley and the counties served by Texoma Community Center experienced the only decreases in SCI Region One with decreases of 23.2 percent and 1.2 percent, respectively. The counties served by MHMR Authority of Brazos Valley saw rates decrease from 73.1 hospitalizations per 100,000 population in 2016 to 72.2 hospitalizations per 100,000 population in 2020. The counties served by the Texoma Community Center decreased from 72.4 hospitalizations per 100,000 population in 2016 to 55.7 hospitalizations per 100,000 population in 2020.

Figure 60 outlines the outpatient emergency department hospitalization rates for suicide attempts by LMHA/LBHA catchment areas in SCI Region One for 2016-2020.

Figure 60. Outpatient Emergency Department Hospitalization for Suicide Attempt by Local Mental and Behavioral Health Authority Catchment Areas in SCI Region One, Texas 2016-2020[85]

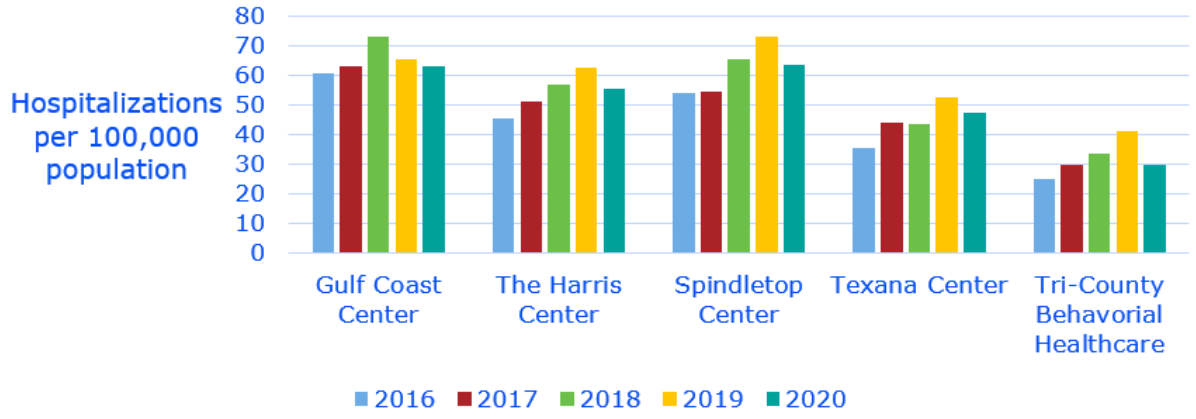
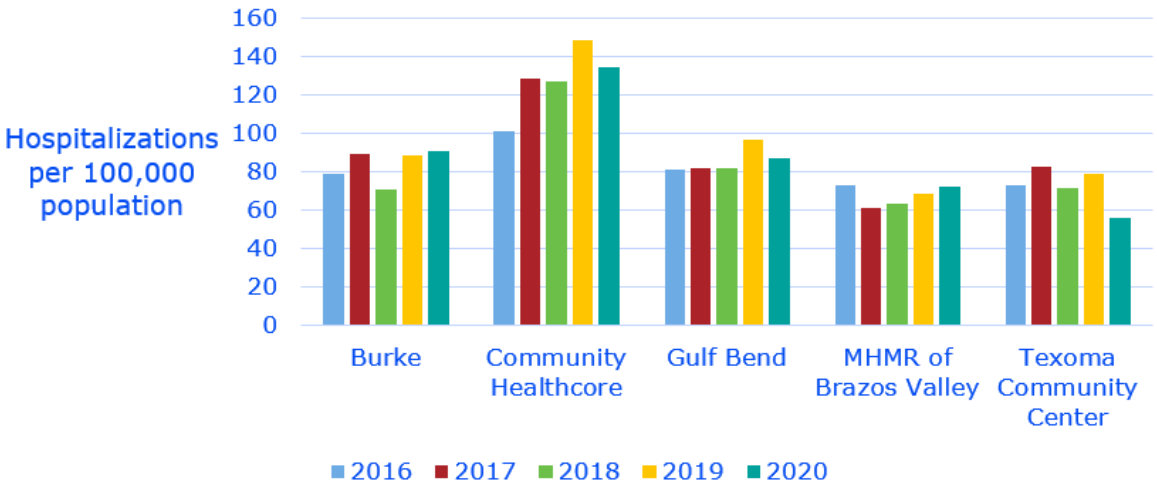


Figure 61 outlines the outpatient emergency department hospitalization rates for suicide attempts by LMHA/LBHA catchment areas in SCI Region One for 2016-2020.

Figure 61. Outpatient Emergency Department Hospitalization for Suicide Attempt by Local Mental and Behavioral Health Authority Catchment Areas in SCI Region One, Texas 2016-2020[86]



[85] Texas Health Care Information Collection (THCIC), Department of State Health Services
[86] Texas Health Care Information Collection (THCIC), Department of State Health Services

SCI Region Two Catchment Areas

The largest increase was in the counties served by the Andrews Center with a 33.3 percent increase from 60.2 hospitalizations per 100,000 population in 2016 to 80.3 hospitalizations per 100,000 population in 2020. The counties served by the Center for Life Resources had the next largest increase of 26.2 percent from 69.8 hospitalizations per 100,000 population in 2016 to 88 hospitalizations per 100,000 population in 2020. The counties served by the Bluebonnet Trails Community Services experienced a 12.9 percent increase rising from 60.1 hospitalizations per 100,000 population in 2016 to 67.8 hospitalizations per 100,000 population in 2020. The counties served by the Betty Hardwick Center experienced a 9.8 percent increase, rising from 117.1 hospitalizations per 100,000 population in 2016 to 128.6 hospitalizations per 100,000 population in 2020. The counties served by the MRMR Services for the Concho Valley rose 8.4 percent, from 51.4 hospitalizations per 100,000 population in 2016 to 55.7 hospitalizations per 100,000 population in 2020. The counties served by the Center for Health Care Services rate increased 1.9 percent, from 64.1 hospitalizations per 100,000 population in 2016 to 65.3 hospitalizations per 100,000 population in 2020.

The counties served by the Central Counties Services experienced a 25.3 percent decrease with rates decreasing from 121.7 hospitalizations per 100,000 population in 2016 to 90.9 hospitalizations per 100,000 population in 2020. The counties served by the Integral Care saw a decrease of 12.6 percent, falling from 69.2 hospitalizations per 100,000 population in 2016 to 60.5 hospitalizations per 100,000 population in 2020. The counties served by the Hill Country Mental Health and Developmental Disabilities Centers saw rates decrease 3.3 percent, from 73.8 hospitalizations per 100,000 population in 2016 to 71.3 hospitalizations per 100,000 population in 2020. The counties served by Heart of Texas Behavioral Health Network decreased 3.1 percent, from 37.6 hospitalizations per 100,000 population in 2016 to 36.5 hospitalizations per 100,000 population in 2020.

Figure 62 outlines the outpatient emergency department hospitalization rates for suicide attempts by LMHA/LBHA catchment areas in SCI Region Two for 2016-2020.

Figure 62. Outpatient Emergency Department Hospitalization for Suicide Attempt by Local Mental and Behavioral Health Authority Catchment Areas in SCI Region Two, Texas 2016-2020[87]

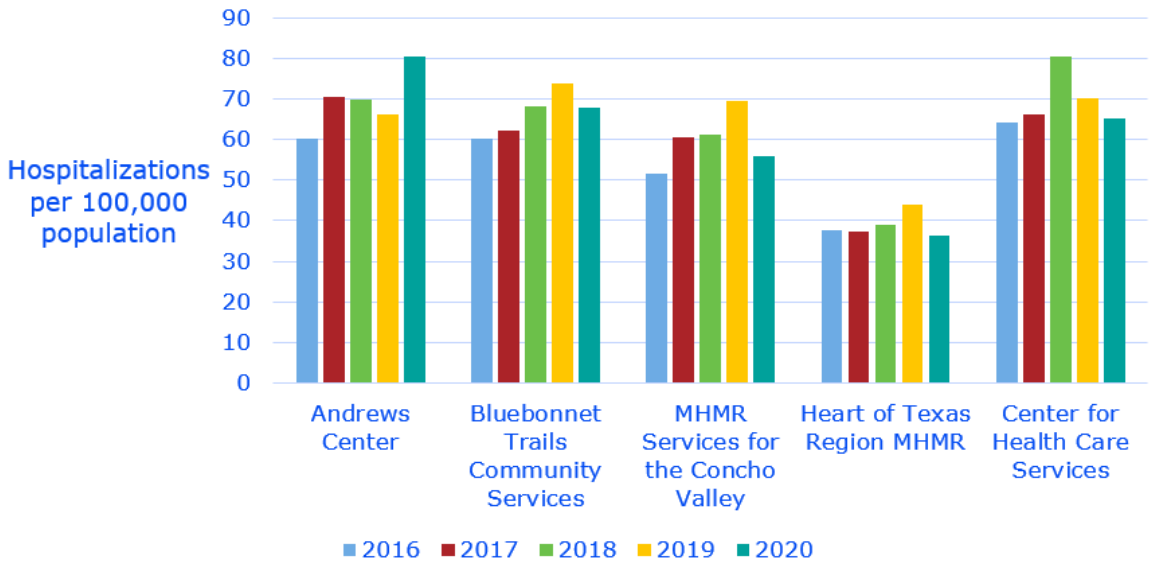
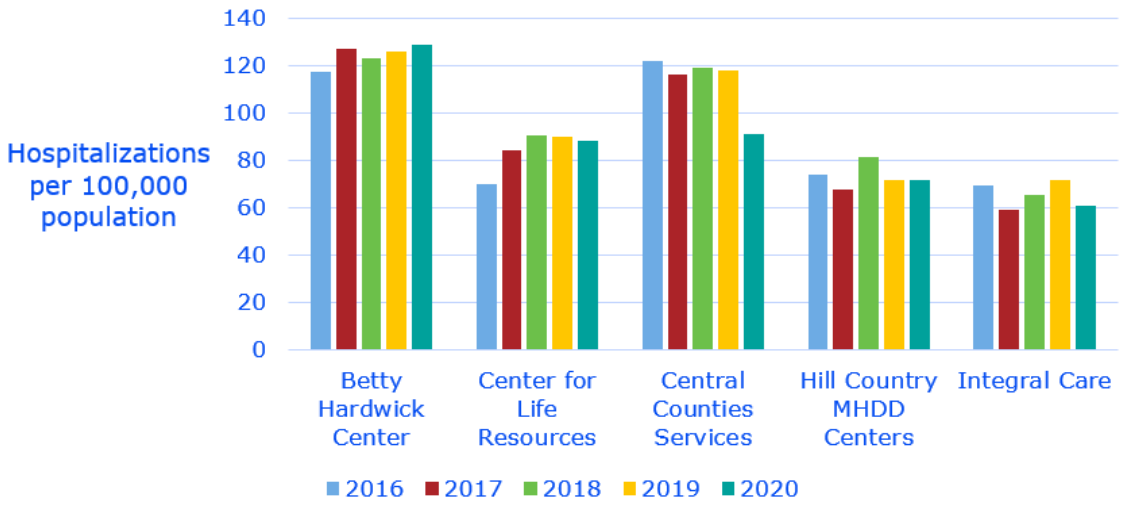


Figure 63 outlines the outpatient emergency department hospitalization rates for suicide attempts by LMHA/LBHA catchment areas in SCI Region Two for 2016-2020.

[87] Texas Health Care Information Collection (THCIC), Department of State Health Services

Figure 63. Outpatient Emergency Department Hospitalization for Suicide Attempt by Local Mental and Behavioral Health Authority catchment areas in SCI Region Two, Texas 2016-2020[88]



SCI Region Three Catchment Areas

The largest increase was in the counties served by the StarCare Specialty Health System with a 38.9 percent increase from 69.5 hospitalizations per 100,000 population in 2016 to 96.5 hospitalizations per 100,000 population in 2020. The counties served by the Helen Farabee Center had the next largest increase of 22.4 percent from 201.3 hospitalizations per 100,000 population in 2016 to 246.4 hospitalizations per 100,000 population in 2020. The counties served by My Health My Resources of Tarrant County experienced a 12.8 percent increase rising from 68.1 hospitalizations per 100,000 population in 2016 to 76.8 hospitalizations per 100,000 population in 2020. The counties served by LifePath Systems and the counties served by Lakes Regional Community Center experienced an 8.7 and an 8.5 percent increase with rates increasing from 51.8 hospitalizations per 100,000 population in 2016 to 56.3 hospitalizations per 100,000 population in 2020 and from 45.6 hospitalizations per 100,000 population in 2016 to 49.5 hospitalizations per 100,000 population in 2020, respectively. The counties served by the Denton County MHMR experienced a 5.8 percent increase, rising from 67.1 hospitalizations per 100,000 population in 2016 to 71 hospitalizations per 100,000 population in 2020. The counties served by the North Texas Behavioral Health Authority rose 4.4 percent, from 73.7 hospitalizations per 100,000 population in 2016 to 76.9

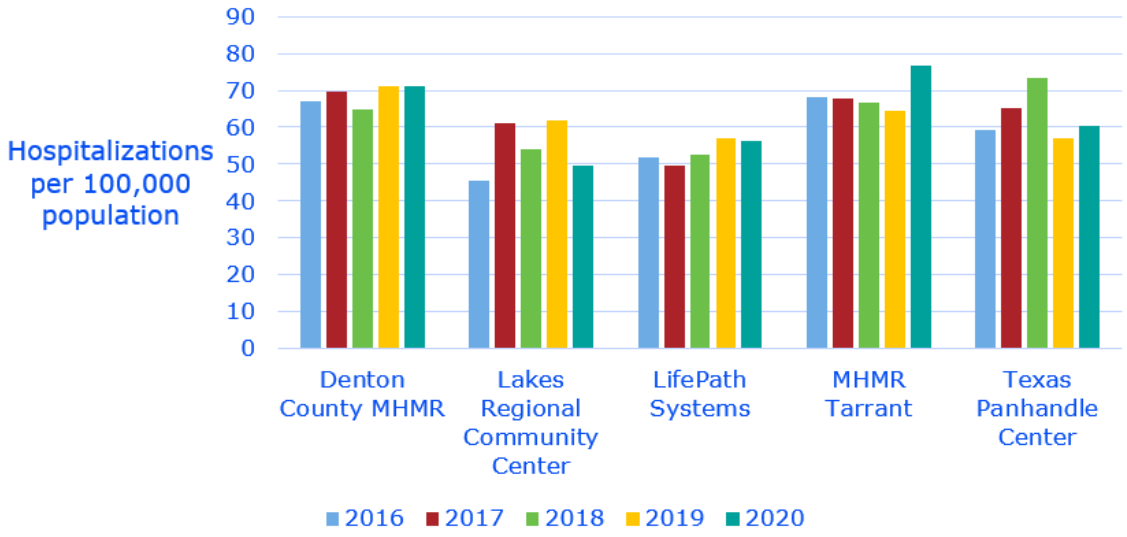
[88] Texas Health Care Information Collection (THCIC), Department of State Health Services

hospitalizations per 100,000 population in 2020. The counties served by the Texas Panhandle Center saw rates increase 2 percent, from 59.2 hospitalizations per 100,000 population in 2016 to 60.3 hospitalizations per 100,000 population in 2020.

The counties served by Central Plains Center and the counties served by Pecan Valley Centers for Behavioral and Developmental Healthcare experienced the only decreases in SCI Region Three with decreases of 29.3 percent and 8.6 percent, decreasing from 121.7 hospitalizations per 100,000 population in 2016 to 86.1 hospitalizations per 100,000 population in 2020 and 74.6 hospitalizations per 100,000 population in 2016 to 68.1 hospitalizations per 100,000 population in 2020, respectively.

Figure 64 outlines the outpatient emergency department hospitalization rates for suicide attempts by LMHA/LBHA catchment areas in SCI Region Three for 2016-2020.

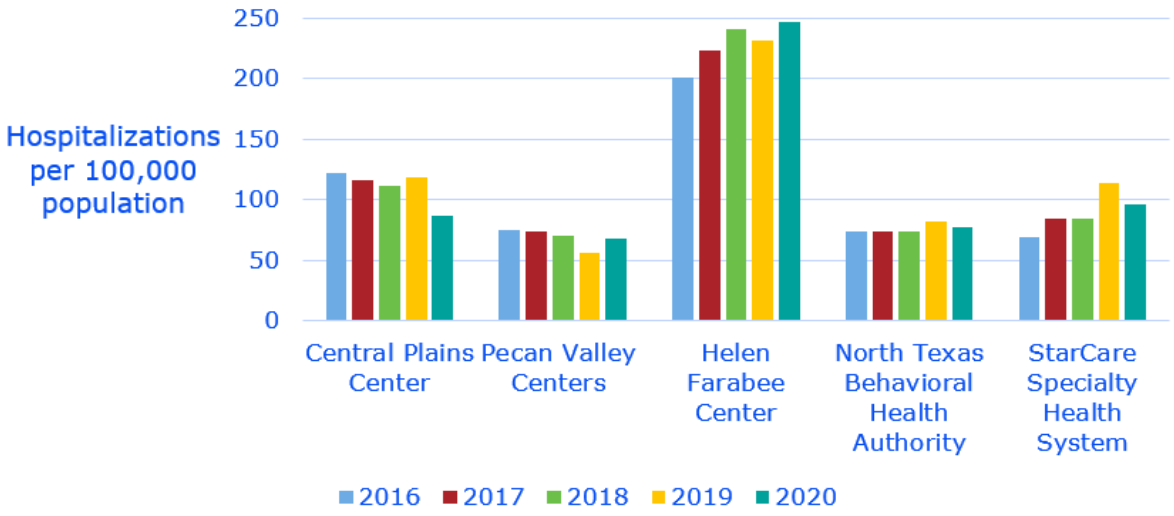
Figure 64. Outpatient Emergency Department Hospitalization for Suicide Attempt by Local Mental and Behavioral Health Authority Catchment Areas in SCI Region Three, Texas 2016-2020[89]



[89] Texas Health Care Information Collection (THCIC), Department of State Health Services

Figure 65 outlines the outpatient emergency department hospitalization rates for suicide attempts by LMHA/LBHA catchment areas in SCI Region Three for 2016-2020.

Figure 65. Outpatient Emergency Department Hospitalization for Suicide Attempt by Local Mental and Behavioral Health Authority Catchment Areas in SCI Region Three, Texas 2016-2020[90]



SCI Region Four Catchment Areas

The largest increase in SCI Region Four was in the counties served by the Camino Real Community Services where the rate rose by 54.1 percent, from 67.1 hospitalizations per 100,000 population in 2016 to 103.5 hospitalizations per 100,000 population in 2020. The counties served by the Behavioral Health Center of Nueces County saw a similar increase of 51.2 percent, from 64.5 hospitalizations per 100,000 population in 2016 to 97.5 hospitalizations per 100,000 population in 2020. The next largest increase was in the counties served by the Coastal Plains Community Center, rising 37.1 percent, from 85.6 hospitalizations per 100,000 population in 2016 to 117.4 hospitalizations per 100,000 population in 2020. The counties served by the Permiacare saw a 15.6 percent increase from 53.5 hospitalizations per 100,000 population in 2016 to 61.9 hospitalizations per 100,000 population in 2020. The counties served by Emergence Health Network and the counties served by Tropical Texas Behavioral Health saw similar increase of 3.6 percent and 1.7 percent, increasing from 14.8 hospitalizations per 100,000

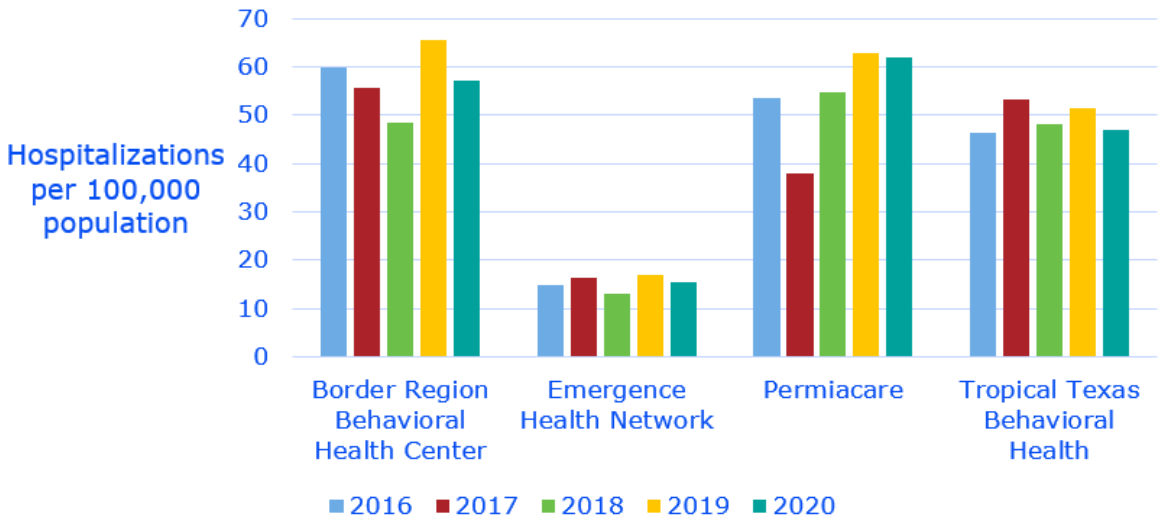
[90] Texas Health Care Information Collection (THCIC), Department of State Health Services

population in 2016 to 15.3 hospitalizations per 100,000 population in 2020 and 46.2 hospitalizations per 100,000 population in 2016 to 47 hospitalizations per 100,000 population in 2020, respectively.

The largest decrease was seen in the counties served by the ACCESS, with a decrease of 26.9 percent, from 129.8 hospitalizations per 100,000 population in 2016 to 94.9 hospitalizations per 100,000 population in 2020. The counties served by the West Texas Centers saw an 8.1 percent decrease from 97.6 hospitalizations per 100,000 population in 2016 to 89.6 hospitalizations per 100,000 population in 2020. The counties served by the Border Region Behavioral Health Center saw the smallest decrease of 4.6 percent, from 59.8 hospitalizations per 100,000 population in 2016 to 57 hospitalizations per 100,000 population in 2020.

Figure 66 outlines the outpatient emergency department hospitalization rates for suicide attempts by LMHA/LBHA catchment areas in SCI Region Four for 2016-2020.

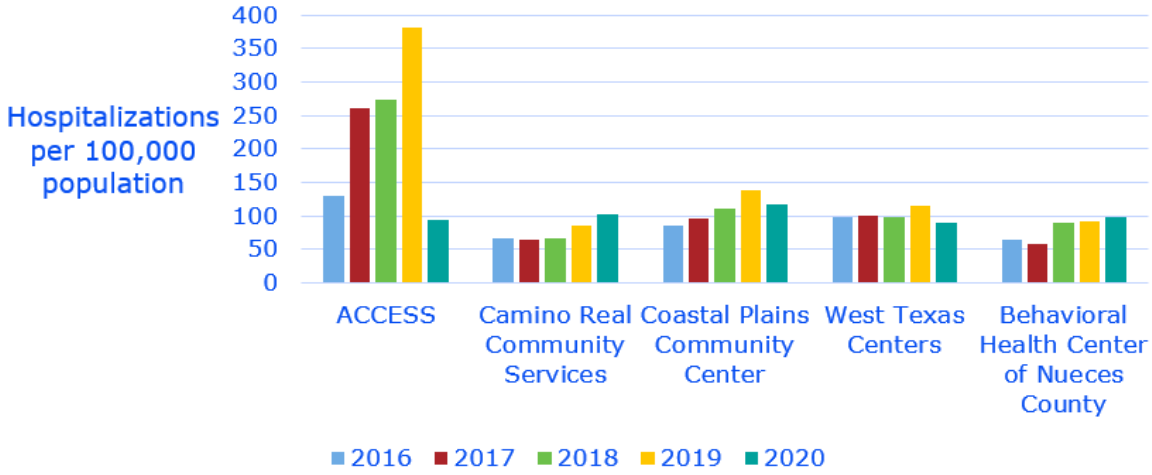
Figure 66. Outpatient Emergency Department Hospitalization for Suicide Attempt by Local Mental and Behavioral Health Authority Catchment Areas in SCI Region Four, Texas 2016-2020[91]



[91] Texas Health Care Information Collection (THCIC), Department of State Health Services

Figure 67 outlines the outpatient emergency department hospitalization rates for suicide attempts by LMHA/LBHA catchment areas in SCI Region Four for 2016-2020.

Figure 67. Outpatient Emergency Department Hospitalization for Suicide Attempt by Local Mental and Behavioral Health Authority Catchment Areas in SCI Region Four, Texas 2016-2020[92]



It should be noted that providing emergency department outpatient hospitalization rates by local mental and behavioral health authority catchment area is not meant to provide an evaluation of the performance of these agencies. These breakouts of the 254 counties in Texas were familiar subsections for those working in public mental health. The rates of emergency department outpatient hospitalizations rather show a measure of use of the emergency services in these areas.

Snapshot of Local Mental and Behavioral Health Authority catchment areas

The next two pages provide maps of the suicide attempt outpatient emergency department hospitalization rate (per 100,000 population) for the LMHA/LBHA catchment areas providing a snapshot in time to compare the rates across regions. The first map shows 2016 and the second shows the most recent available data, 2020.

[92] Texas Health Care Information Collection (THCIC), Department of State Health Services

In 2016, the highest rate of outpatient emergency department hospitalizations for suicide attempt was in the counties served by the Helen Farabee Centers with 201.3 hospitalizations per 100,000 population. The counties served by ACCESS and the counties served by Central Counties Services had similarly high rate of 129.8 hospitalizations per 100,000 population and 121.7 hospitalizations per 100,000 population, respectively. The lowest rate was in the counties served by Emergence Health Network with 14.8 hospitalizations per 100,000 population. The counties served by Tri-County Behavioral Healthcare also had a low rate of 25 hospitalizations per 100,000 population. The state rate was 63.1 hospitalizations per 100,000 population.

Figure 68 outlines the emergency department outpatient hospitalization rate for suicide attempts per 100,000 population by LMHA/LBHA catchment areas in 2016.

Figure 68. Rates of Outpatient Emergency Department Hospitalization for Suicide Attempt per 100,000 population by Local Mental and Behavioral Health Authority Catchment Areas, Texas 2016[93] [94]

[93] Texas Health Care Information Collection (THCIC), Department of State Health Services

[94] The data reflects persons residing in the geographic catchment areas of the LMHA/LBHA.

ID Number	LMHA / LBHA Geographic Service Area
1	ACCESS
2	Andrews Center Behavioral Healthcare System
3	Betty Hardwick Center
4	Bluebonnet Trails Community Services
5	Border Region Behavioral Health Center
6	Burke Center
7	Camino Real Community Services
8	The Center for Health Care Services
9	Center for Life Resources
10	Central Counties Services
11	Central Plains Center
12	Coastal Plains Community Center
13	Community Healthcore
14	Denton County MHMR Center
15	Emergence Health Network

ID Number	LMHA / LBHA Geographic Service Area
16	Gulf Bend Center
17	Gulf Coast Center
18	The Harris Center for Mental Health and IDD
19	Heart of Texas Regional MHMR Center
20	Helen Farabee Centers
21	Hill Country Mental Health & Developmental Disabilities Centers
22	Integral Care
23	Lakes Regional MHMR Center
24	LifePath Systems
25	MHMR Authority of Brazos Valley
26	My Health My Resources of Tarrant County
27	MHMR Services for the Concho Valley
28	North Texas Behavioral Health Authority
29	Nueces Center for Mental Health & Intellectual Disabilities
30	Pecan Valley Centers for Behavioral & Developmental HealthCare

ID Number	LMHA / LBHA Geographic Service Area
31	PermiaCare
32	Spindletop Center
33	StarCare Specialty Health System
34	Texana Center
35	Texas Panhandle Centers
36	Texoma Community Center
37	Tri-County Behavioral Health
38	Tropical Texas Behavioral Health
39	West Texas Centers

In 2020, the highest rate of outpatient emergency department hospitalizations for suicide attempt was in the counties served by the Helen Farabee Centers with 246.4 hospitalizations per 100,000 population. The counties served by Betty Hardwick Center and the counties served by Community Healthcore had the next highest rates of 128.6 hospitalizations per 100,000 population and 134.1 hospitalizations per 100,000 population, respectively. The lowest rate was in the counties served by Emergence Health Network with 15.3 hospitalizations per 100,000 population. The counties served by Tri-County Behavioral Healthcare catchment area also had a low rate of 30 hospitalizations per 100,000 population. The state rate was 70.6 hospitalizations per 100,000 population.

Figure 69 outlines the emergency department outpatient hospitalization rate for suicide attempts per 100,000 population by LMHA/LBHA catchment areas in 2020.

Figure 69. Rates of Outpatient Emergency Department Hospitalization for Suicide Attempt per 100,000 population by Local Mental and Behavioral Health Authority Catchment Areas, Texas 2020[95] [96]

Limitations of Emergency Department Outpatient Data

The Emergency Department Outpatient dataset only includes emergency departments that are physically connected to hospitals. Due to this limitation, this analysis does not include visits to freestanding emergency rooms.

[95] Texas Health Care Information Collection (THCIC), Department of State Health Services

[96] The data reflects persons residing in the geographic catchment areas of the LMHA/LBHA.

Like the Hospital Discharge Dataset, the Emergency Room Outpatient Public Use Data File is suppressed in multiple ways to protect the confidentiality of patients, beyond excluding all personal health identifiers. If the diagnosis codes include drug, alcohol, or HIV, then the sex of the patient is suppressed. Since about half of the suicide admissions data had sex suppressed, it was not possible to include analysis based on sex in this report.

Behavioral Risk Factor Surveillance System

The Texas Behavioral Risk Factor Surveillance System (BRFSS) is a random digit telephone survey of non-institutionalized adults throughout the state of Texas that collects data about residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. It is part of a system of surveys coordinated by the CDC beginning in 1984, that are conducted in all fifty states, the District of Columbia, and three U.S. territories. Nationwide, BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world. The Texas BRFSS interviews about 10,000 people each year. Surveys are conducted in English and Spanish and last about 25-30 minutes. The results are weighted on 14 different variables, to match the true population of the state of Texas. Therefore, the results are representative of all adults living in Texas, not just those who answered the survey. More than half of respondents receive their call on a cell phone. The survey was answered by 60 percent cell phone and 40 percent landline in 2016 and 2017 and increased to 70 percent cell phone and 30 percent landline in 2018.

The Texas BRFSS includes questions about chronic disease prevalence, risk behaviors, demographics, health care utilization, and preventative health behaviors. Four questions concerning suicide were added to the Texas BRFSS in 2016, 2017, and 2018. The questions ask 1) if the respondent seriously considered attempting suicide in the past 12 months, 2) attempted suicide in the past 12 months, 3) how many times (if they said yes to the previous question), and 4) if any suicide attempt in the past 12 months required medical attention (again, only asked if they answered yes to the second question).

Suicide Attempt

The results from three years of BRFSS data are insufficient to analyze suicide attempt in adults in Texas. The questions regarding suicide were specifically placed at the end of the survey due to being sensitive in nature.

As a result, not all survey respondents answered those questions as respondents often drop out of the survey before its completion due to its length. Even with the extensive sample of 10,000 per year, a very small number of individuals responded that they had attempted suicide in the past 12 months. The overall prevalence of attempting suicide in the past 12 months was 0.6 percent.

Given the rarity of the event, rates by demographics or regions could not be calculated with any accuracy. For example, there was a calculated rate for whites, but the rates for Black or African Americans, Hispanics, and others were all unstable due to the low prevalence rates. The BRFSS team estimates it will take at least five years of data to make stable estimates based on demographics and this data collection is still underway.

Suicidal Ideation[97]

Suicidal ideation was reported to have occurred slightly more often and is thus easier to analyze. The highest rates of suicidal ideation were in young adults, 18-24 years old. Males and females had essentially the same rates and rates across race and ethnicity (where they could be calculated) were similar.

In the figures below, the blue lines represent confidence interval of the survey data. A confidence interval is a range of values that describes the certainty of an estimate based on survey results. The BRFSS is a random sample and therefore, confidence intervals are used to account for any potential sampling error.

Figure 70 outlines suicidal ideation in the past 12 months by young adults and adults for 2016-2018,

[97] See Table A51, Table A52, and Table A53 in 0

Figure 70. Suicidal Ideation in the Past 12 Months by Young Adult and Adult, Texas BRFSS, 2016-2018[98]

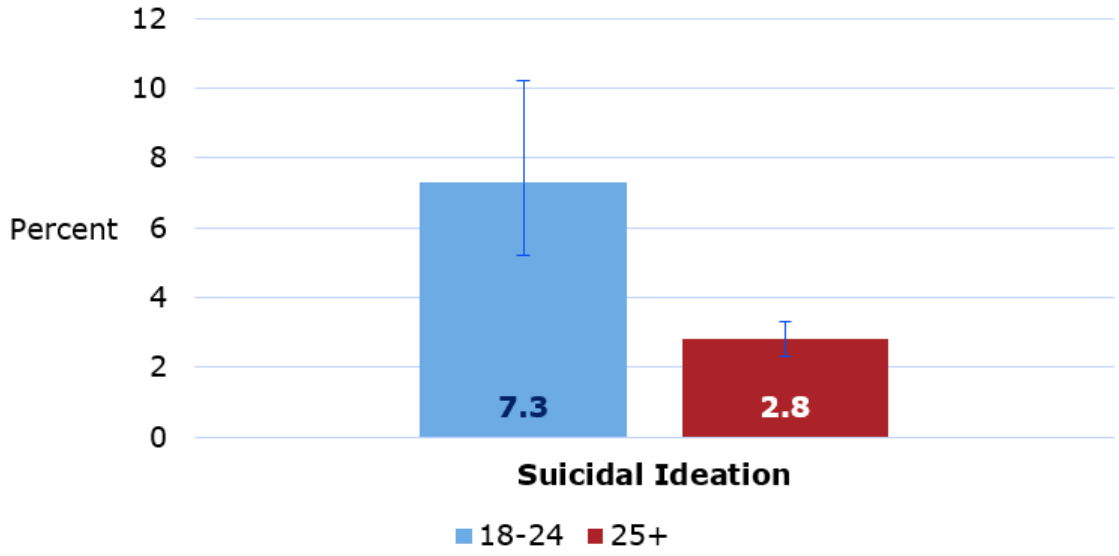


Figure 71 outlines suicidal ideation in the past 12 months by sex for 2016-2018.

[98] Behavior Risk Factor Surveillance System Data, Center for Health Statistics, Department of State Health Services

Figure 71. Suicidal Ideation in the Past 12 Months by Sex, Texas BRFSS, 2016-2018[33]

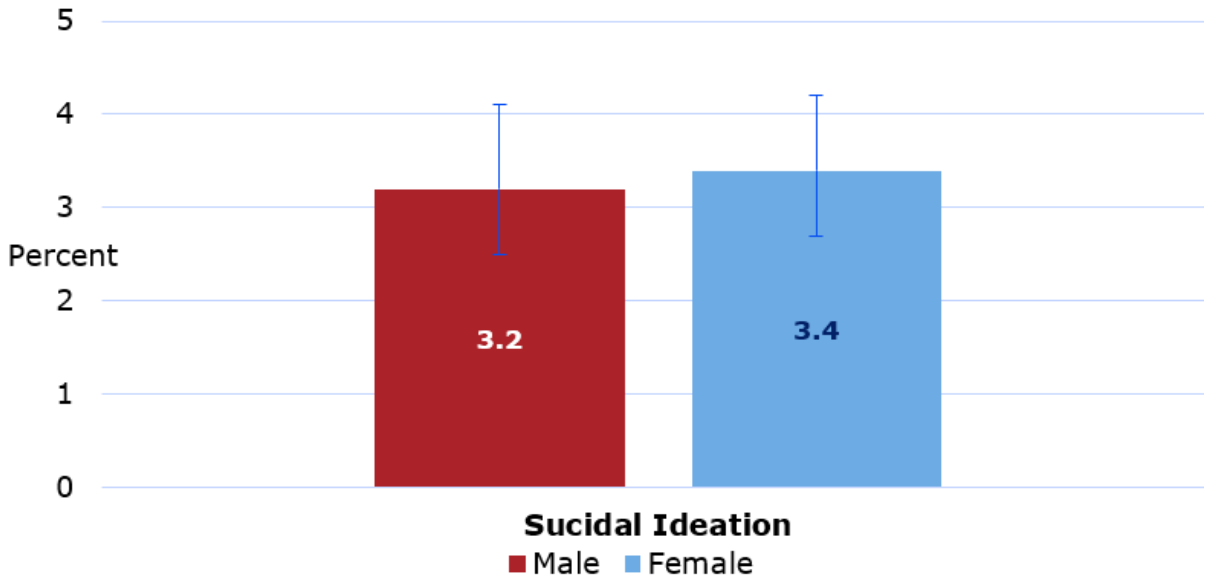
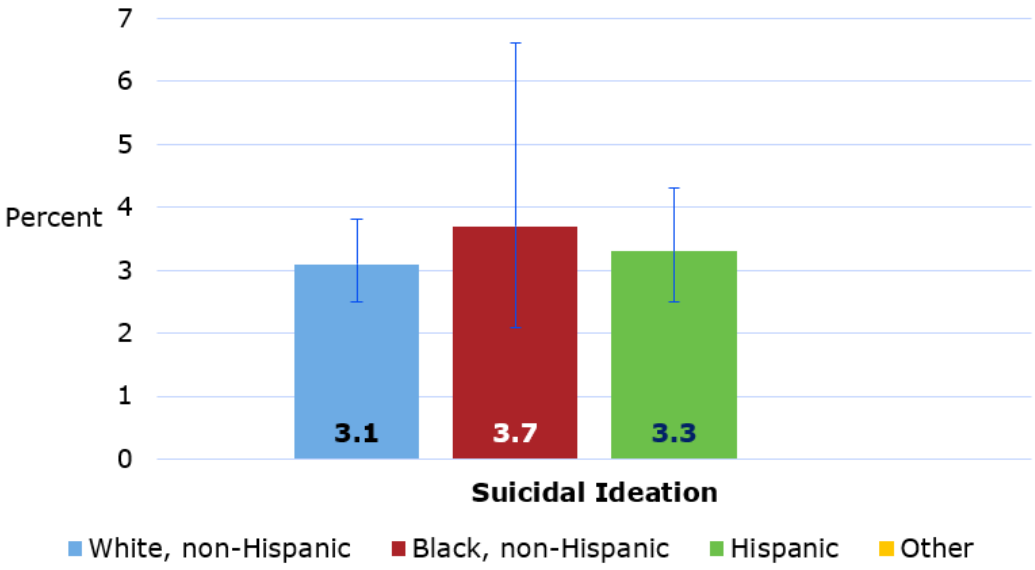


Figure 72 outlines suicidal ideation in the past 12 months by race and ethnicity for 2016-2018.

Figure 72. Suicidal Ideation in the Past 12 Months by Race and Ethnicity, Texas BRFSS, 2016-2018[99]

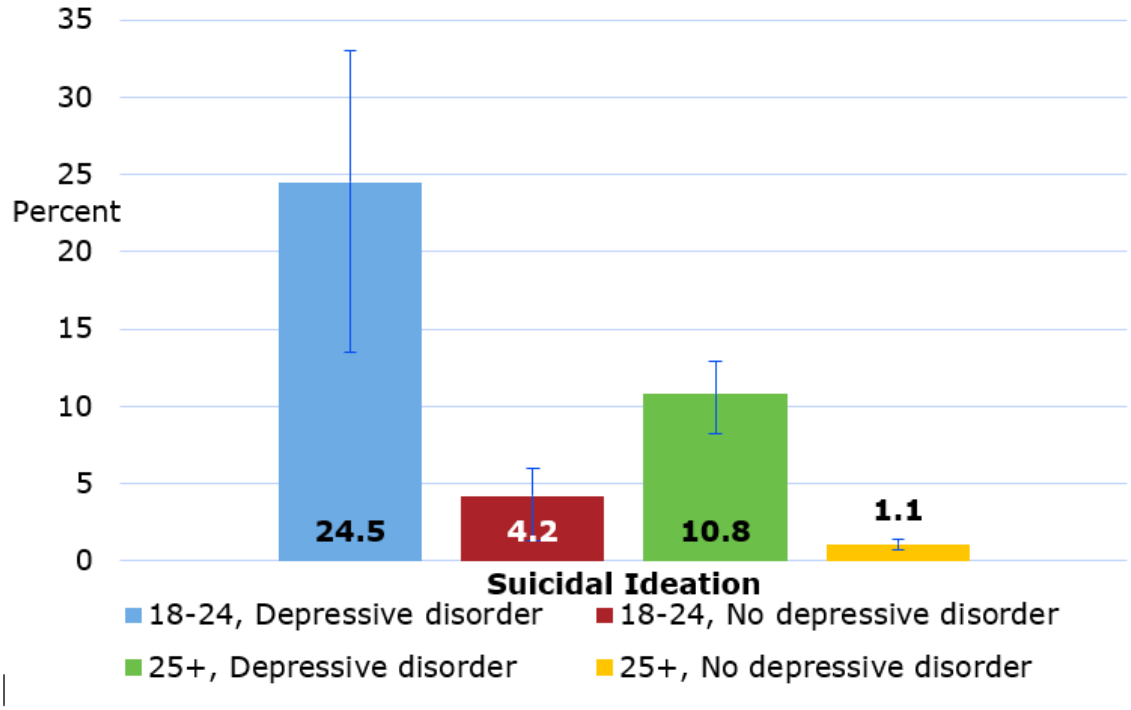


Three factors were found to increase the risk of having suicidal ideation in the past 12 months for both the 18-24-year-old age group, and the over 25-year-old age group. The first factor was the individual having been diagnosed with a depressive disorder. Young adults were about six times as likely to have suicidal ideation if they had been diagnosed with a depressive disorder and adults were about ten times as likely.[xiv]

Figure 73 outlines suicidal ideation in the past 12 months by age group and depressive disorder status for 2016-2018.

[99] Behavior Risk Factor Surveillance System Data, Center for Health Statistics, Department of State Health Services

Figure 73. Suicidal Ideation in the Past 12 Months by Age Group and Depressive Disorder Status, Texas BRFSS 2016-2018[100]



The second risk factor is having a disability. Disability status in the BRFSS is based on a series of six questions asking about the respondents' ability to do certain activities. The questions ask if the respondent: is deaf or has serious difficulty hearing; has difficulty seeing even with corrective lenses; has serious difficulty concentrating, remembering or making decisions due to a physical, mental, or emotional condition; has serious difficulty walking or climbing stairs; has difficulty dressing or bathing; or has difficulty completing errands alone such as shopping or visiting a doctor's office due to a physical, mental, or emotional condition. If the respondent answers yes to any of these questions, they are considered to have a disability for the purposes of analysis.

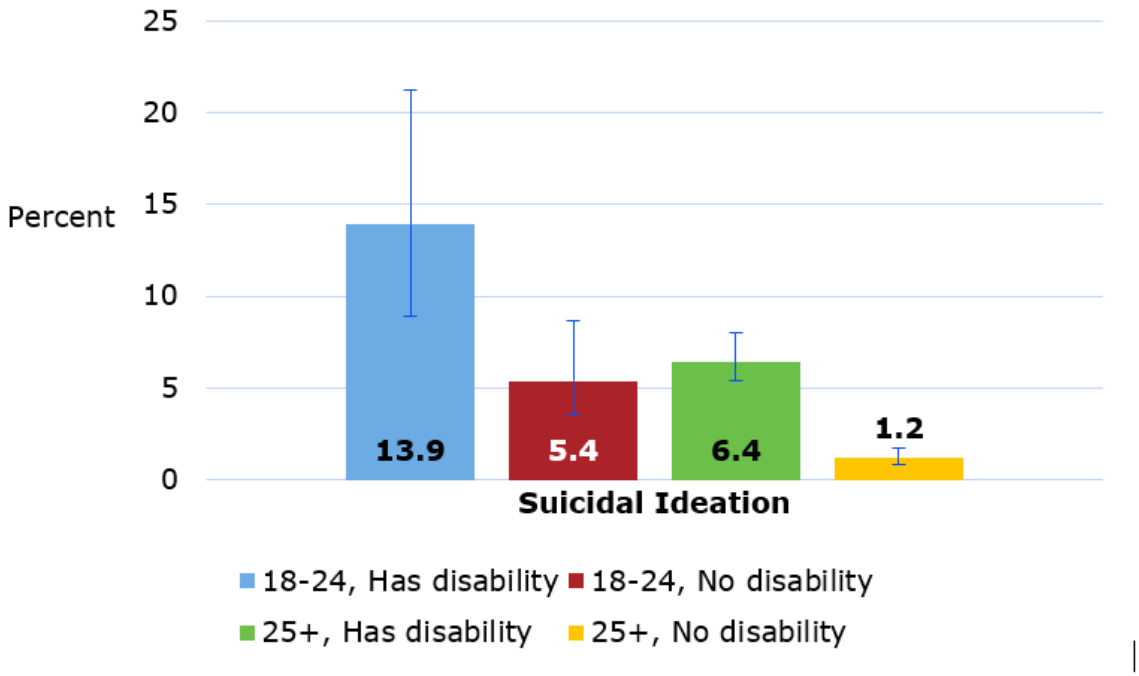
Among the 18-24-year-old age group, individuals who responded yes to at least one of these questions were two and a half times as likely to have also had suicidal

[100] Behavior Risk Factor Surveillance System Data, Center for Health Statistics, Department of State Health Services

ideation. In the 25 years and older age group, these individuals were more than five times as likely to have suicidal ideation.[xv]

Figure 74 outlines suicidal ideation in the past 12 months by age group and disability status for 2016-2018.

Figure 74. Suicidal Ideation in the Past 12 Months by Age Group and Disability Status, Texas BRFSS, 2016-2018[101]



Limitations of Behavioral Risk Factor Surveillance System (BRFSS)

The relative rarity of suicide attempt among most adults makes it difficult to estimate rates even in a large-scale telephone survey like the BRFSS. There is also some consideration that individuals who have attempted suicide may have more difficulty reporting their suicidal thoughts, or ideation, on a telephone interview with a live person than on an anonymous written survey instrument. As there is distinctively more suicidal ideation among the younger population, it may be appropriate to posit that there are also more suicide attempts among the younger population. This is problematic because the survey does very well receiving responses from older adults, but has much more difficulty obtaining responses from

[101] Behavior Risk Factor Surveillance System Data, Center for Health Statistics, Department of State Health Services

young adults. While the weighting of the survey data fixes that issue for most areas, it would not help with the low number of respondents who admit to attempting suicide in the past 12 months.

This section has not been updated since the last version of this report. Collection of five years of data from the Texas BRFSS is currently underway and should be available in late 2025.

Youth Risk Behavior Survey

The Texas Youth Risk Behavior Survey (YRBS) is a biennial survey of students in randomly selected classrooms in randomly selected high schools conducted in odd-numbered years. It monitors health-related behaviors that contribute to the leading causes of morbidity and mortality in adolescence and adulthood.

The YRBS asks five questions concerning suicide. All questions ask about the time frame of the past 12 months. The first question is a proxy for depression, asking if the student has been sad or depressed for at least two weeks such that they discontinued their usual activities. The next two questions ask about suicidal ideation and if the student had made a plan to attempt suicide. The last questions ask if the student has attempted suicide, if so, how many times, and if medical attention was required for any of the attempts.

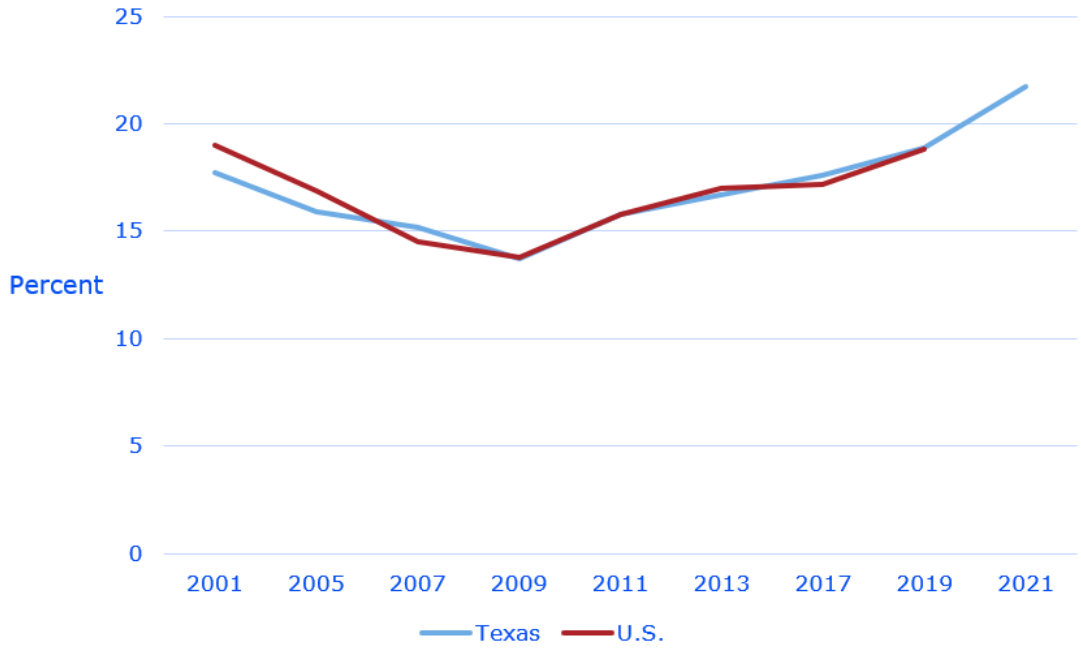
Suicidal Ideation[102]

The rate of suicidal ideation, or seriously considering attempting suicide, among Texas high school students is similar to that of students nationwide. It has remained the same, statistically, over the past 20 years. The 2021 national dataset was not available.

Figure 75 outlines the percentage of Texas and U.S. high school students who seriously considered attempting suicide in the past 12 months for 2001-2021.

[102] See Table A54 in 0

Figure 75. High School Students Who Seriously Considered Attempting Suicide in the Past 12 Months, Texas and the U.S., YRBS 2001-2021[103]



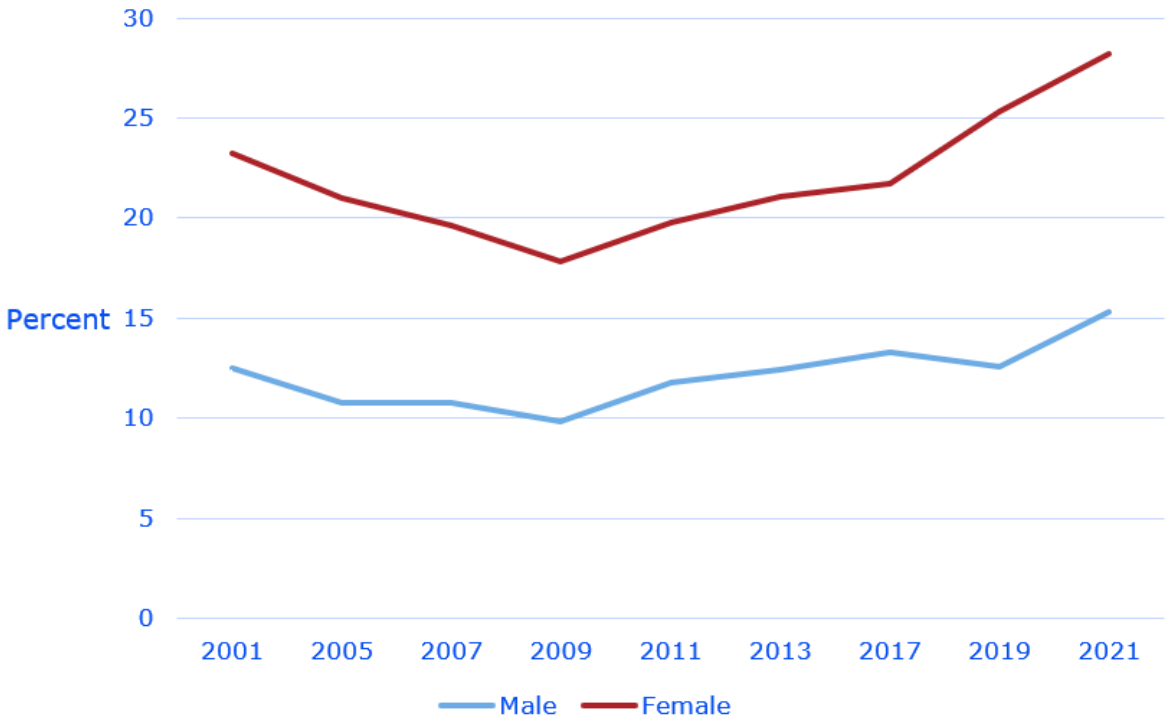
Sex[104]

Females are nearly twice as likely as males to seriously consider attempting suicide. The net change in rates from 2001-2019 is different, with the rate for females increasing by 21.6 percent, from 23.2 percent to 28.2 percent and the rate for males increasing by 22.4 percent, from 12.5 percent to 15.3 percent.

Figure 76 outlines the percentage of Texas high school students who seriously considered attempting suicide in the past 12 months by sex for 2001-2021.

[103] Centers for Disease Control and Prevention, 2001-2017 Youth Risk Behavior Survey Data, available at www.cdc.gov/yrbs
[104] See Table A55 in 0

Figure 76. Texas High School Students Who Seriously Considered Attempting Suicide in the Past 12 Months by Sex, Texas YRBS, 2001-2021[105]



Race and Ethnicity[106]

Suicidal ideation rates by race and ethnicity in the YRBS should be cautiously considered since the sample size can be small for Black or African Americans and other categories causing the differences to rarely be statistically significant. The rate for other is high, but not statistically significant. Over the 20 years there is a 9.9 percent increase in this group's rate, from 24.2 percent to 26.6 percent.

Hispanic rates are also higher than white rates during some years, but not others. There is a net increase of 3 percent in the rate of suicidal ideation among Hispanic students, from 19.9 percent to 20.5 percent.

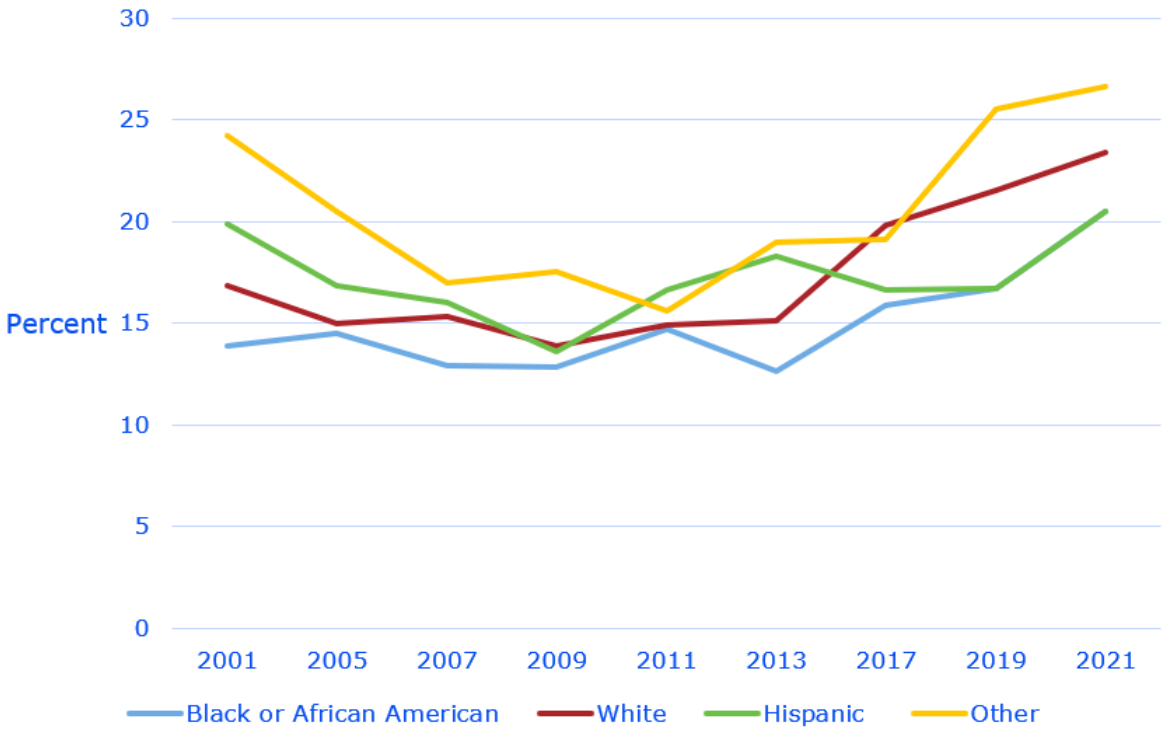
The largest increase was in Black or African American students where the rate increased 47.5 percent from 13.9 percent to 20.5 percent. There was also an

[105] Youth Risk Behavior Survey Data, Center for Health Statistics, Department of State Health Services
[106] See Table A56 in 0

increase in the rates among white students of 39.3 percent, from 16.8 percent to 23.4 percent.

Figure 77 outlines the percentage of Texas high school students who seriously considered attempting suicide in the past 12 months by race and ethnicity for 2001-2021.

Figure 77. Texas High School Students Who Seriously Considered Attempting Suicide in the Past 12 Months by Race and Ethnicity, Texas YRBS 2001-2021[107]



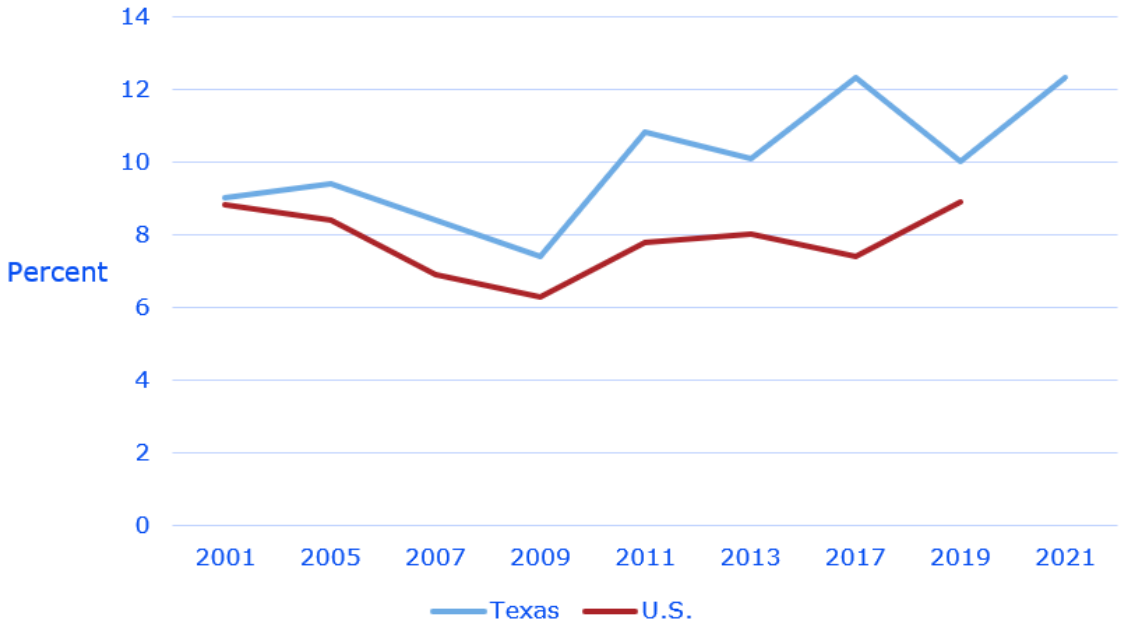
Suicide Attempt[108]

Texas' suicide attempt rate for high school students is higher than the national rate. The rate has increased 36.7 percent since Texas began measuring the rate in 2001, while the U.S. rate has stayed the same in the same time frame. The U.S. data for 2021 was not available.

[107] Youth Risk Behavior Survey Data, Center for Health Statistics, Department of State Health Services
[108] See Table A57 in 0

Figure 78 outlines the percentage of Texas and U.S. high school students who attempted suicide in the past 12 months for 2001-2021.

Figure 78. Texas High School Students Who Attempted Suicide in the Past 12 Months in Texas and the U.S., YRBS, 2001-2021[109]



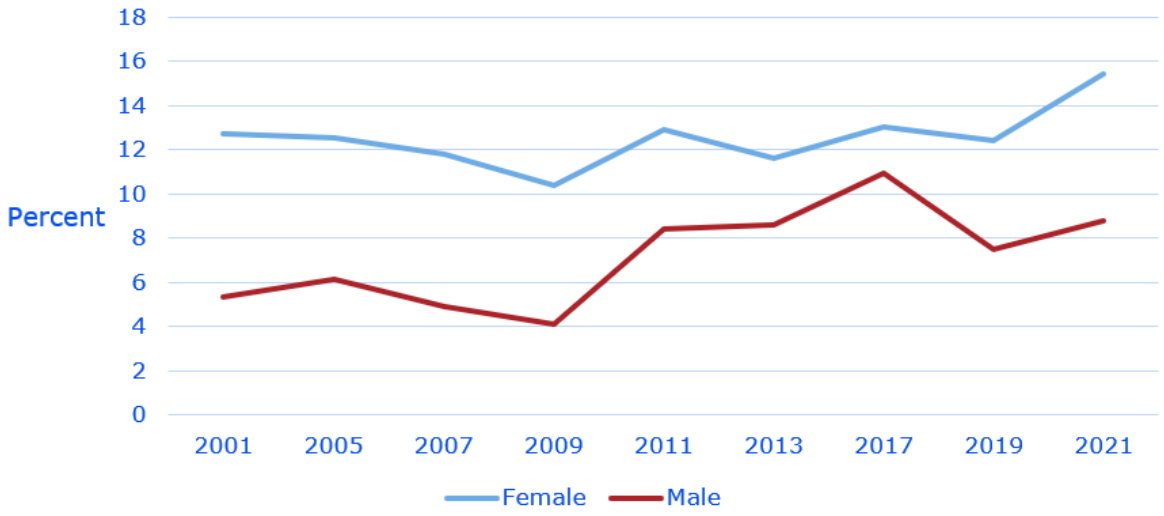
Sex[110]

The suicide attempt rate for high school students differs between males and females, with females having the higher rate of suicide attempt. The rate for females has increased by 21.3 percent from 12.7 percent to 15.4 percent, however, the rate for males has increased by 66 percent, from 5.3 percent to 8.8 percent.

Figure 79 outlines the percentage of Texas high school students who attempted suicide in the past 12 months by sex for 2001-2021.

[109] Centers for Disease Control and Prevention, 2017 Youth Risk Behavior Survey Data, available at www.cdc.gov/yrbs
[110] See Table A58 in 0

Figure 79. Texas High School Students Who Have Attempted Suicide in the Past 12 Months by Sex, Texas YRBS, 2001-2021[111]



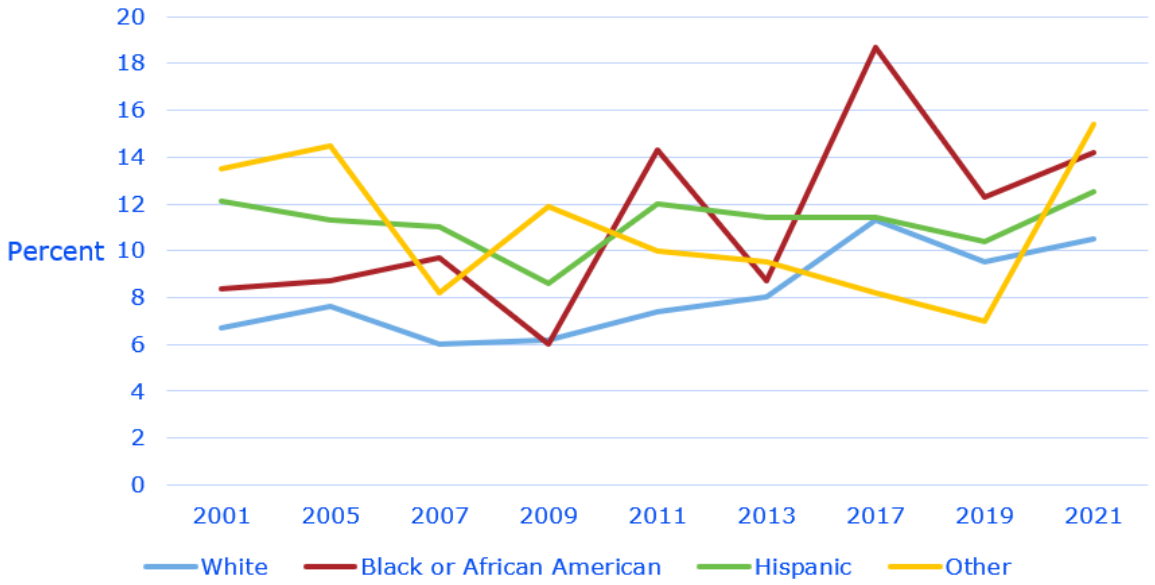
Race and Ethnicity[112]

Suicide attempt rates for high school students by race and ethnicity in the YRBS should be cautiously considered since the sample size can be small for Black or African American students and other categories causing the differences to rarely be statistically significant. Taking that into account, the rates of attempted suicide among white students appears to be the lowest of the race and ethnicity groupings; however, this rate still increased between 2001 and 2021 by 56.7 percent, from 6.7 percent to 10.5 percent. Black or African American students saw the greatest increase, with a 69 percent increase, from 8.4 percent to 14.2 percent. The rate among Hispanic students increased 3.3 percent, from 12.1 percent to 12.5 percent. The rate among other students was highly variable but increased overall by 14.1 percent, from 13.5 percent to 15.4 percent.

Figure 80 outlines the percentage of Texas high school students who attempted suicide in the past 12 months by race and ethnicity for 2001-2021.

[111] Youth Risk Behavior Survey Data, Center for Health Statistics, Department of State Health Services
[112] See Table A59 in 0

Figure 80. Texas High School Students Who Attempted Suicide in the Past 12 Months by Race and Ethnicity, Texas YRBS, 2001-2021[113]



Limitations of Youth Risk Behavior Survey Data

Because of the small numbers of students in some racial and ethnic subgroups who participate in any single Texas YRBS, the suicide ideation and attempt estimates may lack precision. The range around the estimate most likely to contain the true value is much broader than it would be with a larger sample size. The survey results are from self-reported data, but research suggests that adolescents are as likely to tell the truth as adults and many steps are taken to remove invalid responses, as well as to demonstrate the confidentiality and importance of the survey to participants. The YRBS is reliant on schools to participate to achieve a necessary participation rate for generalizable data. In 2015, Texas did not achieve the necessary school participation rate, so there is no data for that year. Similarly, the 2003 Texas data was insufficient and could not be used. The 2021 national YRBS data are still being processed by a contractor for the Centers for Disease Control and Prevention and were not available as of July 15, 2022.

[113] Youth Risk Behavior Survey Data, Center for Health Statistics, Department of State Health Services

Suicide Related Statutes

Section 10.05(f) requires HHSC to update the H.B. 3890 *Report on Suicide and Suicide Prevention in Texas*, which includes a list of all state statutes related to suicide and suicide prevention, intervention, and postvention. Appendix B lists the pertaining state statutes alphabetically by code area and then in numerical order. These statutes were collected through the work of Denise Brady, J.D., for the Texas Suicide Prevention Council in 2015 and, for more recent statutes, research on the legislative library website. Please see Appendix B for a list of these statutes as updated for this report.

Included in this listing are many Education Code statutes relating to issues such as: school staff development; School Health Advisory Councils; health curriculum; and safe, supportive schools. The section on Health and Safety Code concerns establishment of a death review committee, mental health first aid, sharing of data, and early mental health intervention for youth. Further statutes include programs for veterans, standard for juvenile corrections officers, and preventing children from accessing firearms.

Policies

As an update to the H.B. 3980 report, this section includes agency rules and policies related to suicide and suicide prevention, intervention, and postvention. Policies for state agencies were collected from member organizations of the Statewide Behavioral Health Coordinating Council (SBHCC) and updated for this report. The information is listed exactly as received.

Department of Family and Protective Services

Youth Connection Website

DFPS operates a Youth Connection website for older teens and youth who have aged out of the Texas foster care system. The content is governed by statute or rule or policy and was determined to be useful information for the population. Suicide prevention content for individuals struggling with thoughts of suicide or who want to help someone struggling with thoughts of suicide includes the National Suicide Prevention Lifeline (1-800-273-8255) and an option call or chat online. The chat or call is 24/7, free, and confidential support to help an individual or someone they know who is dealing with depression or thoughts of suicide. There are also special numbers for Spanish speakers: (1-888-628-9454) and the deaf: (1-800-799-4889). Content related to Suicide Prevention was added in September 2017. The Youth Connection Website is temporarily unavailable and under review.

DFPS Prevention and Early Intervention 2022-2026 Five Year Plan

As part of the preventing child maltreatment and fatalities, there is a component that will emphasize suicide prevention for teens. In its 2022-2026 Five Year Strategic Plan, one of the plan's seven objectives over the next five years includes "Utilizing Research to Inform the Most Effective Prevention Strategies". Under this objective one strategy is "Review and evaluate long-term and emerging trends through the Office of Child Safety, as well as current community and programmatic needs related to preventing child maltreatment, child maltreatment fatalities and near fatalities, to promote and support child safety at the local and state levels."

DFPS Prevention and Early Intervention (PEI) will partner with HHSC to update its Suicide Prevention toolkit that includes social media posts, resources, and graphics to help raise awareness about the importance of mental health and suicide

prevention. This toolkit is published and updated in September. PEI will convene a state-wide safety summit with stakeholders, community providers, and other state agencies to identify ways PEI can partner with communities to address child fatalities and near fatalities, including those caused by physical abuse, unsafe sleep practices, and preventable drownings. Utilizing a public health approach, PEI will focus resources on equipping communities with tools and resources specific to suicide prevention for teens. Additionally, ongoing safety trainings will be provided to increase awareness and safety practices both within communities as well as with providers and home visitors.

DFPS Policy 6420 Rights of Children and Youth in Foster Care

Policy number 6420 Rights of Children and Youth in Foster Care (CPS October 2017) includes a requirement that CPS staff must provide Form 2530 CPS Rights of Children and Youth in Foster Care to all children and youth in CPS foster care, as required by Social Security Act, Section 475A(b), 42 U.S.C. §675A(b) and Texas Family Code §263.008. It specifies that CPS staff must review Form 2530 with the child and the caregiver no later than 72 hours from the date when the child comes into foster care or a placement change is made. Right #37 says that "As a child or youth in foster care I have the right to:

Be involved in decisions about my medical care:

1. I may consent to my own treatment in some cases if allowed by the health care provider. For example, the law allows me to consent to my own counseling for suicide prevention, drug or alcohol problems, or sexual, physical or emotional abuse, and I can agree to be treated for serious contagious or communicable diseases.
2. If I am pregnant and unmarried, I can agree to hospital, medical or surgical treatment, other than abortion, related to the pregnancy. If I have a child who is in my legal care, I can consent to all medical care for my child.
3. If I am 16 years old or older, I have the right to ask a judge to legally authorize me to make some or all of my own medical decisions, such as which kinds of medications I should take."

This policy has been in effect since 2009.

Health and Human Services Commission

26 TAC Chapter 301, Subchapter G outlines the contract administration functions of Intellectual or Developmental Disabilities and Behavioral Health Services at HHSC with community mental health services through general provisions, organizational standards, and standards of care.

26 TAC §301.351(e)(6) requires crisis service providers to maintain documentation of lethality, and specifically refers to suicide as an example.

HHSC has developed rules to implement Human Resources Code §42.0433. These rules will become effective in September. The requirements will be in 26 TAC Chapters 748 (Minimum Standards for General Residential Operations) and 749 (Minimum Standards for Child-Placing Agencies)."

Texas Commission on Jail Standards

Suicide Intake Screening Form

The Texas Commission on Jail Standards (TCJS) must create a form for jails to determine at intake whether an inmate may be experiencing mental illness. If affirmative, the jail notifies a magistrate. This policy has been in effect since 2000.

Training: Assessing for Suicide, Medical, and Mental Impairments.

TCJS developed and delivered training for county jailers in awareness of mental illness. This policy has been in effect from 2013 to 2017.

Mental Health Trainers

TCJS employed trainers, delivering mental health awareness training to county jailers across Texas. This training is offered through the Texas Commission on Law Enforcement (TCOLE) and was extended for 2020 and 2021. This policy has been in effect since 2017.

New Suicide Prevention Training

TCJS provides training for county jailers in suicide prevention via a Texas Commission on Law Enforcement (TCOLE) course credit. This policy has been in effect in 2020.

Texas Department of Criminal Justice

Administrative Directive 02.15 - Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents

The Emergency Action Center (EAC) is responsible for receiving all reports of serious or unusual incidents and notifying appropriate entities and administrative staff. Reported information shall be made available to the Texas Department of Criminal Justice (TDCJ) administration to ensure availability of the necessary information to make critical decisions that affect the safety and security of the public and all divisions of the TDCJ. The EAC operates 24 hours per day, 7 days a week. This policy has been in effect since 1985.

Administrative Directive 06.56 – Procedures for Handling Offenders Identified as Suicide Risks

There is a directive establishes guidelines for the referral and handling of offenders identified as suicide risk. An offender is considered to be a suicide risk when behavior appears to have the intent or definite potential of leading to self-inflicted physical harm or death. Staff must immediately and effectively respond to suicidal behavior. This policy has been in effect since 1985.

Correctional Managed Health Care Policy Manual C-20.01 - Training for Correctional Officers

Ongoing health-related training and documentation is required at least every two years for all correctional officers. There is an annual in-service training on suicide prevention, heat-related illness, HIV/AIDS and Hepatitis. This policy has been in effect since 1985.

Correctional Managed Health Care Policy Manual A-11.1 - Procedure to be Followed in Cases of Offender Death

Specific procedures are outlined in the event of an offender's death. This policy has been in effect since 1985.

Correctional Managed Health Care Policy Manual E-32.1 - Receiving, Transfer and Continuity of Care Screening

There are guidelines for immediate identification and treatment of health care needs of offenders through receiving/transfer screening and for providing continuity of care. This policy has been in effect since 1985.

Correctional Managed Health Care Policy Manual E-35.1 - Mental Health Appraisal for Incoming Offenders

All incoming offenders admitted into the TDCJ will undergo an Intake Mental Health Appraisal by a qualified mental health professional (QMHP) to identify mental health indicators for mental health evaluation referral. This policy has been in effect since 1985.

Correctional Managed Health Care Policy Manual E-35.2 - Mental Health Evaluation

There is a mechanism to provide mental health evaluations of offenders identified as having potential mental health needs. This policy has been in effect since 1985.

Correctional Managed Health Care Policy Manual G-51.6 - Referral of an Offender for Admission to a Behavioral Health Facility

There is an outlined process for referring an offender for crisis management and possible admission into a behavioral health facility as a result of acute mental illness and/or suicidal/self-injurious behavior. This policy has been in effect since 1985.

Correctional Managed Health Care Policy Manual I-67.1 - Compelled Psychoactive Medication for Mental Illness

Psychoactive medications may be compelled by the treating practitioner for a patient who is imminently dangerous to self or others due to mental illness or at risk of significant deterioration. This policy has been in effect since 1989.

Correctional Managed Health Care Policy Manual G-53.1 - Suicide Prevention Plan

There is specialized programming, intervention, training and tracking for the prevention of offender suicide, which includes mental health observation, crisis management, and constant and direct observation. This policy has been in effect since 1995.

Texas Administrative Code Residential Services 163.39 (n) Health Care (3) Health Screening (iii)

Questionnaires for health screening include inquiries into and observations of mental health problems, including suicide attempts or ideation are documented. This policy has been in effect since 1997.

Texas Administrative Code Residential Services 163.39 (13) Suicide Prevention

Each facility shall have a written suicide prevention and intervention program reviewed and approved by a qualified medical or mental health professional. All staff with resident supervision responsibilities shall be trained in the implementation of the suicide prevention program. This policy has been in effect since 1997.

Correctional Managed Health Care Policy Manual A-08.9 - The Chronic Mentally Ill Treatment Program - (CMI-TP)

The Chronic Mentally Ill Treatment Program (CMI-TP) is a multidisciplinary program designed to treat and manage the identified chronic mentally ill offender who requires structured monitoring and supervision, in order to further stabilize their

mental illness and assist in achieving their highest level of functioning. This policy has been in effect since 2002.

Correctional Managed Health Care Policy Manual A-08.10 - The Program for the Aggressive Mentally Ill Offender (PAMIO)

The program provides mental health evaluation and treatment for aggressive mentally ill offenders. The treatment program utilizes a multi-disciplinary approach through specific therapeutic modalities. The offender is expected to work their way through the program and demonstrate progress. Upon successful completion of the program, treatment staff will make a recommendation to the State Classification Committee to review the offender for a less restrictive housing assignment. This policy has been in effect since 2002.

Correctional Managed Health Care Policy Manual I-66.3 - Therapeutic Seclusion of Mental Health Patients

Behavioral health facilities may utilize therapeutic seclusion as a special treatment procedure for limited periods of time by physician or psychiatrist/psychiatric mid-level practitioner order.

The use of therapeutic seclusion requires clinical justification and is employed only to protect the patient from self-injury or injury to others. Therapeutic seclusion is not employed as punishment or as a convenience to staff. This policy has been in effect since 2002.

Executive Directive 02.17 - Serious Incident Reviews

The TDCJ will conduct a serious incident review for a serious or unusual incident involving TDCJ offenders and staff, as deemed necessary by the executive director. The review shall examine all aspects of the situation, determine the findings, and offer recommendations to the executive director for corrective action. This policy has been in effect since 2003.

American Correctional Association (ACA) Standards for Adult Correctional Institutions 4th and 5th Edition

Mental Health Program 4368 & 4369, Mental Health Screen 4370, Mental Health Appraisal 4371, Mental Health Evaluations 4372, Suicide Prevention and Intervention 4373. This policy has been in effect since 2003.

Standard Operating Procedures John T Montford Psychiatric/Medical Unit Texas Tech University Health Sciences Center (TTUHSC) SOP: JMP-043

Offenders may need inpatient treatment involving either short-term or extended hospitalization in a Behavioral Health Facility because of acute mental illness and/or suicidal/self-injurious behavior. This policy has been in effect since 2004.

Laundry Necessities Procedure Manual 19.08 - Suicide Blankets

Establishes that the laundry department has the responsibility to launder suicide blankets as requested by medical. Also, that the laundry department shall not make repairs to the suicide blankets. These blankets must be returned to the vendor. This policy has been in effect since 2005.

Security Memorandum 05.20 - Responding to an Offender Suicide or Attempted Suicide

Establishes a policy that staff shall immediately respond to an offender who is threatening or appears to be attempting suicide.

Staff shall make every effort to prevent an offender from attempting suicide and shall obtain immediate medical and/or mental health assistance for the offender. This policy has been in effect since 2007.

University of Texas Medical Branch (UTMB) Correctional Managed Care (CMC) Mental Health Services Departmental Policy Manual - MHS B-3 - Suicide Prevention

This policy provides specialized programming, intervention and training on the prevention of offender suicide. This policy has been in effect since 2007.

Youthful Offender Program (YOP) - Champion Program Operations Manual (CYPOM) 02.06 – "Suicide Prevention, Risk, and Reporting"

This policy provides an overview for the Champion program staff concerning appropriate suicide prevention training, risk identification, notification, documentation, and reporting. This policy has been in effect since 2008.

Reentry and Integration Division – Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), Program Guidelines and Processes, PGP 01.02 Intensive Case Management

Each contracted Local Mental Health Authority (LMHA) is required to provide 24/7 crisis intervention services to offenders enrolled in case management. This policy has been in effect since 2009.

Reentry and Integration Division - TCOOMMI, Program Guidelines and Processes, PGP 01.07 Transitional Case Management

Each contracted Local Mental Health Authority (LMHA) is required to provide 24/7 crisis intervention services to offenders enrolled in case management. This policy has been in effect since 2009.

Safe Prisons/PREA Operations Manual, 07.01 - Visual Tracking Grid

This policy establishes a procedure and guidelines for maintaining a Visual Tracking Grid (VTG) of the unit to pinpoint locations of Safe Prisons/PREA related incidents occurring on the unit. The VTG provides a visual display of incidents to provide staff with awareness related to patterns, trends, times, and locations. This policy has been in effect since 2011.

Serious Violent Offender Reentry Initiative (SVORI) Program Operations Manual, SVORI 04.07 – Role Of Security Staff In SVORI

This policy provides an overview for the SVORI program staff concerning safety and security objectives to include suicide reporting procedures. This policy has been in effect since 2011.

Correctional Managed Health Care Policy Manual G-52.3 - Admission to the TDCJ Mental Health Therapeutic Diversion Program (MHTDP)

The MHTDP program targets offenders with mental health issues such as adjustment disorders, mood (depressive and bipolar disorder), anxiety (panic disorder, post-traumatic stress disorder (PTSD) and other anxiety disorders), impulse control disorders (intermittent explosive disorder and other emotional and behavioral difficulties resulting in emotional liability and behavioral dyscontrol). Participants receive both individual and group therapy designed to improve the offender's decision making, impulse control and quality of life. This policy has been in effect since 2014.

Our Roadway To Freedom Program (ORTF) Operations Manual 04.07 – "Role Of Security Staff In ORTF"

This policy provides an overview for the ORTF program staff concerning safety and security objectives to include suicide reporting procedures. This policy has been in effect since 2014.

Reentry and Integration Division, Program Guidelines and Processes, PGP 02.03 Release Processing

Each releasing offender is provided resources to assist post-release which includes the national suicide prevention hotline. This policy has been in effect since 2015.

National Commission on Correctional Health Care (NCCHC), Standards for Health Services in Prisons, P-B-05 - Suicide Prevention and Intervention

Suicides are prevented when possible by implementing prevention efforts and intervention. This policy has been in effect since 2018.

National Commission on Correctional Health Care (NCCHC), Standards for Health Services in Prisons, P-E-05 - Mental Health Screening and Evaluation

Mental health screening is performed to ensure that urgent mental health needs are met. This policy has been in effect since 2018.

Female Cognitive Pre-Release Program (FCPRP) Operations Manual, FCPRP 04.02 – Role Of Security Staff In Female Cognitive Pre-Release Program (FCPRP)

This policy provides an overview for the FCPRP program staff concerning safety and security objectives to include suicide reporting procedures. This policy has been in effect since 2019.

Texas Juvenile Justice Department

CMS 01.13: Mental Health Screening and Psychological Evaluation

The Texas Juvenile Justice Department (TJJD) has an agency internal policy which includes use of the suicide risk screening for orientation and assessment. It has been in effect for five years.

CMS 06.71: Suicide Alert Procedures for High-Restriction Facilities

This is an agency internal policy for assessing, treating, and responding to youth with suicidal ideations and behaviors at the secure facilities. It has been in effect for six years.

CMS 06.73: Suicide Alert Procedures for Medium-Restriction Facilities

This is an agency internal policy for assessing, treating, and responding to youth with suicidal ideations and behaviors at the halfway houses. It has been in effect for six years.

GAP 380.9187: Suicide Alert Definitions

There is General Administrative Policy pertaining to defining suicide related terms used in the TJJD suicide prevention policies. It has been in effect for 12 years.

GAP 380.9188: Suicide Alert for High-Restriction Facilities

There is General Administrative Policy pertaining to procedures for identification, assessment, treatment, and protection of youth in secure facilities that may be at risk for suicide. It has been in effect for 12 years.

GAP 380.9189: Suicide Alert for Medium-Restriction Facilities

There is General Administrative Policy pertaining to procedures for identification, assessment, treatment, and protection of youth in halfway houses that may be at risk for suicide. It has been in effect for 12 years.

GAP 380.9190: Suicide Prevention for Parole

There is General Administrative Policy for procedures for the protection of youth on parole in the community who may be at risk for suicide. It has been effect for 12 years.

CMS 12.61: Suicide Prevention Procedures for Youth on Parole

There is agency internal policy for parole staff awareness and response to parole youth engaging in suicide behavior or ideation. It has been in effect for six years.

Texas Military Department

Draft Operations Order for FY20/21 for National Guard

Family Support Services (FSS) will develop Intervention Officer (SIO) with Applied Suicide Intervention Skills Training (ASIST) training and marketing plan in order to improve SIO/ASIST compliance. FSS will develop Master Resilience Trainer (MRT) training and marketing plan and acquire addition funding for Texas Military Department (TMD) counselors to sustain resiliency.

Army Regulation 600-63- Army Health Promotion

Implementation of the Community Health Promotion Program is aimed at enhancing readiness and reduce suicidal behaviors. It has been in effect nine years and was revised in 2016.

H.B. 1025, 83rd Legislature, Regular Session, 2013

House Bill (H.B.) 1025 created the TMD Mental Health Initiative (Counseling team). It has been in effect for eight years.

H.B. 1 Rider 28, 86th Legislature, Regular Session, 2019

H.B. 1 limits the TMD Mental Health Initiative (Counseling team) clients to military members. It has been in effect three years.

Army Regulation 600_85- Army Substance Abuse Program (Ch 12)

This regulation directs units to conduct Unit Risk Inventories at least annually (suicidal thoughts/activity are included in the survey). This policy has been in effect since 2012 and it was updated in 2016.

Department of Army (DA) Pamphlet 600-24- Health Promotion, Risk Reduction, and Suicide Prevention

This policy explains procedures for health promotion, risk reduction, and suicide prevention efforts to mitigate high-risk behaviors. It has been in effect for six years.

Important Army Programs: Sexual Harassment/Assault Response and Prevention, Equal Opportunity, Suicide Prevention, Alcohol and Drug Abuse Prevention, and Resilience

This policy provides guidance for a more effective method of training, emphasizing leader involvement, and leveraging the Army's culture to improve the outcomes of these valuable programs to enhance the readiness and welfare of our Soldiers and units. It has been in effect three years.

Texas Tech University Health Sciences Center (TTUHSC)

TTUHSC Operating Policy: HSC OP 70.38, Employee Assistance Program

This policy establishes the procedures governing the use of and referral to the Employee Assistance Program (EAP). The policy also allows EAP to provide wellness workshops on select topics. Suicide prevention programs such as Question, Persuade, and Refer (QPR) and Mental Health First Aid (MHFA) have been offered as requested. The policy has been in effect since 1991.

Texas Veteran Commission

Government Code, § 434.038, requires the Texas Veteran Commission (TVC) to coordinate with DSHS to incorporate a suicide prevention component as part of the accreditation training and examination for county veteran service officers.

Government Code, § 434.351 – § 434.401, specify TVC's requirements related to statewide coordination for the mental health program for veterans (MHPV) and the community collaboration initiative related to MHPV.

Programs

H.B. 3980 required a description of state agency initiatives since 2000 to address suicide and include the following information relating to each initiative: the administering state agency; the funding sources, including whether the funding was provided by a federal block grant, a federal discretionary grant, or state appropriations; the years of operation; and whether the initiative is an example of a community-based effort to address suicide. Programs were collected from agency members of the SBHCC and the information is reported as provided.

Department of State Health Services

Texas Youth Suicide Prevention Grant

The Texas Youth Suicide Prevention Grant project was in effect for three years with three partners to increase services and referrals for youth when identified as being at risk for suicide. Partners included Mental Health America Texas, Air Force Base Medical Center in San Antonio Pediatric Clinic and Bexar County Center for Health Services LMHA.

Years Funded

FY 2008-FY 2011

Community Based Intervention

This is an example of community-based intervention.

Table 2: Funding for FY 2008-FY 2011 Texas Youth Suicide Prevention Grant

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$470,000	$470,000	$470,000	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$470,000**	**$470,000**	**$470,000**	**$0**	**$0**

Zero Suicide Texas Grant (ZEST)

The goals of the ZEST initiative were to improve identification, treatment and support services for high-risk youth by creating Suicide Safe Care Centers within the public mental health system; expanding and coordinating these best practice suicide prevention activities with other youth-serving organizations and community partners to create Suicide Safe Care Communities; and implementing research-informed training and communications efforts to create a Suicide Safe Care State.

Years Funded

FY 2012-FY 2016

Community Based Intervention

This is an example of community-based intervention.

Table 3: Funding for FY 2012-FY 2016 Zero Suicide Texas Grant (ZEST)

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$440,000	$440,000	$189,000	$251,000
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$440,000**	**$440,000**	**$189,000**	**$251,000**

Statewide Suicide Plan and Programs

With support from the Maternal/Child Health (MCH) Block Grant, the program was able to host a Symposium to raise public awareness, train providers and educate in suicide prevention best practices from national experts. Further new tools were developed, such as: an update of the Texas State Plan for Suicide Prevention; Suicide Safer Schools toolkit, model, and suicide prevention applications; webpage; toolkit and one pagers to address evidence-based, and best practice based suicide prevention needs for stakeholders.

Years Funded

FY 2012-FY 2016

Community Based Intervention

This is an example of community-based intervention.

Table 4: Funding for FY 2012-FY 2016 Statewide Suicide Plan and Programs

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$175,000	$200,000	$1,000,000	$889,000	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$175,000**	**$200,000**	**$1,000,000**	**$889,000**	**$0**

Signs of Suicide (SOS)

SOS is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11-13) and high-school (13-17) students. It is designated as a program with evidence of effectiveness.

Years Funded

FY 2015-FY 2019

Community Based Intervention

This is not an example of community-based intervention.

Table 5: Funding for FY 2015-FY 2019 Signs of Suicide

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$18,428	$47,058	$45,962	$56,856	$18,626
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$18,428**	**$47,058**	**$45,962**	**$56,856**	**$18,626**

Signs of Suicide (SOS)

SOS is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11-13) and high-school (13-17) students. It is designated as a program with evidence of effectiveness.

Years Funded

FY 2020

Community Based Intervention

This is not an example of community-based intervention.

Table 6: Funding for FY 2020 Signs of Suicide (SOS)

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$25,000	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$25,000**	**$0**	**$0**	**$0**	**$0**

Texas Commission on Jail Standards

Suicide Intake Screening Form

This form is for jails to determine at intake whether an inmate may be experiencing mental illness. If it is affirmative, the jail notifies a magistrate.

Years Funded

FY 2020, FY 2015.
No budget line item.
Funded with existing funds.

Community Based Intervention

This is not an example of community-based intervention.

Table 7: Funding for FY 2020, FY 2015 Suicide Intake Screening Form

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Training: Assessing for Suicide, Medical, and Mental Impairments

This is training for county jailers in awareness of mental illness.

Years Funded

FY 2013 – FY 2017.
No budget line item.
Funded with existing funds.

Community Based Intervention

This is not an example of community-based intervention.

Table 8: Funding for FY 2013 – FY 2017 Training: Assessing for Suicide, Medical, and Mental Impairments

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Mental Health Trainers

TCJS employed trainers deliver mental health awareness training to county jailers across Texas which is offered through TCOLE. It was extended for 2020 and 2021.

Years Funded

FY 2017 – FY 2019.

Community Based Intervention

This is not an example of community-based intervention.

Table 9: Funding for FY 2017 – FY 2019 Mental Health Trainers

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$176,022	$158,416	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$176,022**	**$158,416**	**$0**	**$0**	**$0**

Prison Safety Fund

The Prison Safety Fund enables county jails with 96 beds or less to purchase electronic monitoring equipment for high-risk areas of jail, may include areas housing inmates with mental illness. It was later extended to include jails with up to 288 beds.

Years Funded

FY 2018 and extended to FY 2019.Community Based Intervention

This is not an example of community-based intervention.

Table 10: Funding for FY 2018-19 Prison Safety Fund

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$59,710	$247,506	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$59,710**	**$247,506**	**$0**	**$0**	**$0**

New Suicide Prevention Training

The New Suicide Prevention training is available for county jailers as a TCOLE course credit.

Years Funded

No budget line item.

Community Based Intervention

This is not an example of community-based intervention.

Table 11: Funding for New Suicide Prevention Training, FY 20-24

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Texas Veterans Commission

Veterans Mental Health Department (VMHD)

The Veterans Mental Health Department (VMHD) is focused on ensuring access to competent mental health services for service members, veterans, and their families. VMHD accomplishes this task by providing training, certification, and technical assistance across Texas. In addition to connecting veterans in need directly to local services, VMHD also works with partners at the national, state, and local level to address veteran-specific issues including suicide prevention/intervention, veteran homelessness, military cultural competency, peer support services, military-related trauma, women and rural veterans, and justice involvement. Across all programming, VMHD is fortunate to have the broadest definition of veteran regardless of discharge status, branch of services, or having served one day or a career. All services including training, technical assistance, and direct services provided across VMHD programming are offered freely to all who are in need. VMHD is made up of the Justice Involved Veteran Program, the Homeless Veteran Initiative, the Community & Faith Based Program, the Provider Program, the Military Veteran Peer Network, and Veteran Suicide Prevention.

Years Funded

FY 2015-FY 2019.

Community Based Intervention

This is an example of community-based intervention.

Table 12: Funding for FY 2020-FY 2023 Veterans Mental Health Department (VMHD)

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$313,200	$313,200	$313,200	$313,200	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$313,200**	**$313,200**	**$313,200**	**$313,200**	**$0**

Texas Juvenile Justice Department

Collaborative Assessment and Management of Suicidality (CAMS)

CAMS is an evidence-based therapeutic framework for suicide specific assessments of patient's suicidal risk. The clinician and patient engage in an interactive assessment process and the patient is actively involved in the development of their own treatment plan.

Years Funded

FY 2020.

Community Based Intervention

This is an example of community-based intervention.

Table 13: Funding for FY 2020 Collaborative Assessment and Management System (CAMS)

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$10,000	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$10,000**	**$0**	**$0**	**$0**	**$0**

Zero Suicide Institute

The Zero Suicide Institute implements an approach that includes evidence-based practices for suicide prevention, coordinating trainings and adopting continuous quality improvement efforts including prevention-commitment to comprehensive suicide safer care. The institute works with Persuade Refer and Collaborative Assessment and management of Suicidality by training staff on new modernized instruments to improve current suicide assessments and treatment.

Years Funded

FY 2020.

Community Based Intervention

This is an example of community-based intervention.

Table 14: Funding for FY 2020 Zero Suicide Institute

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$30,000	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$30,000**	**$0**	**$0**	**$0**	**$0**

Question Persuade Refer (QPR) - Training for Trainers

QPR is training for trainers and mental health professionals.

Years Funded

FY 2019.

Community Based Intervention

This is not an example of community-based intervention.

Table 15: Funding for FY 2019 QPR - Training for Trainers

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$29,278	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$29,278**	**$0**	**$0**	**$0**	**$0**

Wellness Project - Well Bed System

The Wellness Project is an electronic wellness check system where coaches virtually log their check ins of youth and enhances accountability of check ins for youth on suicide watch.

Years Funded

FY 2020.

Community Based Intervention

This is not an example of community-based intervention.

Table 16: Funding for FY 2020 Wellness Project - Well Bed System

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$444,445	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$444,445**	**$0**	**$0**	**$0**	**$0**

Texas Department of Criminal Justice[114]

Emergency Action Center (EAC)

The Emergency Action Center (EAC) is responsible for receiving all reports of serious or unusual incidents and notifying appropriate entities and administrative staff. Reported information shall be made available to the TDCJ administration to ensure availability of the necessary information to make critical decisions that affect the safety and security of the public and all divisions of the TDCJ. The EAC operates 24 hours per day, 7 days a week. It was formulated in 1985.

Years Funded

FY 2020-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 17: Funding for FY 2020-Present Emergency Action Center (EAC)

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

[114] No funding information is available for TDCJ because funding was tied to other initiatives and could not be easily determined.

Correctional Officer - Suicide Prevention Training

In accordance with Correctional Managed Health Care Policy C-20.1 - Training for Correctional Officers in suicide prevention, heat-related illness, HIV/AIDS and Hepatitis is conducted and documented annually. This training was formulated in 1985.

Years Funded

FY 2020-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 18: Funding for FY 2020-Present Correctional Officer - Suicide Prevention Training

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Assessments and Referral to Mental Health Services

Newly arrived offenders are screened for emergent medical and mental health needs immediately upon arrival by a member of health services staff. Offenders with urgent mental health needs are immediately referred to a mental health professional. A mental health appraisal that includes a structured interview is performed on all offenders within 14 days of arrival. A comprehensive mental health evaluation is conducted by a qualified mental health professional within 14 days of referral. This assessment was formulated in 1985.

Years Funded

FY 2000-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 19: Funding for FY 2000-Present Assessments and Referral to Mental Health Services

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Crisis Management

Offenders who present a significant and imminent danger to themselves are moved to Crisis Management at one of the psychiatric hospitals, Clements Unit or Mt. View Unit. Offenders who have mental health needs that cannot be met on an outpatient unit are moved to one of the psychiatric hospitals, Jester IV, Montford or Skyview. The inpatient facilities are designed and staffed to provide more intense diagnostics, treatment, monitoring and to manage more acute mental illness. These policies date back to at least 1985.

Years Funded

FY 2000-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 20: Funding for FY 2000-Present Crisis Management

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

TDCJ Suicide Prevention Task Force

The Suicide Prevention Working Group holds monthly meetings to discuss events leading up to, surrounding, and following a suicide. Appropriate recommendations for unit practices and future training initiatives are discussed to further aid in the prevention and response to suicide.

There is also an Annual Suicide Review Meeting conducted by agency staff and university medical providers to review all suicides. Based on the analysis of each suicide, policies and practices are reviewed and discussed to offer improvements in preventing suicides.

Years Funded

FY 2000-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 21: Funding for FY 2000-Present TDCJ Suicide Prevention Task Force

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Correctional Managed Health Care Committee (CMHCC) Joint Morbidity and Mortality Suicide Subcommittee

The CMHCC group membership consists of psychiatrists and doctoral level psychologist appointed by the university Medical Directors and the TDCJ Health Services Division Director. This group is charged with the ongoing review of each TDCJ offender suicide from a clinical perspective to assess the quality of health care rendered in each case and identify trends that may assist in further development of additional suicide prevention measures. This group meets on a monthly basis and was formulated in 1994.

Years Funded

FY 2000-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 22: Funding for FY 2000-Present Correctional Managed Health Care Committee (CMHCC) Joint Morbidity and Mortality Suicide Subcommittee

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

TDCJ Office of Mental Health Monitoring and Liaison (OMHML) Suicide Monitoring Activities

OMHML reviews offender suicide, develops corrective action plans, and maintains statistical suicide data.

Years Funded

FY 2000-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 23: Funding for FY 2000-Present TDCJ Office of Mental Health Monitoring and Liaison (OMHML) Suicide Monitoring Activities

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Mental Health First Aid Training

Mental Health First Aid (MHFA) Training is conducted by Certified MHFA Instructor for all medical and behavioral staff at the John T. Montford Unit. It was formulated in 1994.

Years Funded

FY 2000-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 24: Funding for FY 2000-Present Mental Health First Aid Training

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Intensive Crisis Counseling - Outpatient Services

Offenders who are identified as possible risk for suicide and/or present in a crisis will be offered intensive crisis counseling by a qualified mental health professional (QMHP). The QMHP will use Cognitive Therapy, Strategic/Solution Focused Therapy, and Reality Therapy strategies to lessen patient's response to precipitating events. This was formulated in 1994.

Years Funded

FY 2000-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 25: Funding for FY 2000-Present Intensive Crisis Counseling - Outpatient Services

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Transitional Success Group Treatment (TSG) on Intake Facilities

Texas Tech University Health Sciences Center (TTUHSC) group programming on intake facilities focuses on successful transition into TDCJ. It addresses depression management, suicide prevention, and adjusting to correctional environment by using effective coping strategies. It was formulated in 1994.

Years Funded

FY 2000-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 26: Funding for FY 2000-Present Transitional Success Group Treatment (TSG) on Intake Facilities

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Staff Training

The agency has increased both Pre-Service and In-Service crisis intervention and mental health response training for correctional and parole staff. Officer training also includes content specific to suicide prevention and response. Pre-Service Training and annual In-Service Training include Crisis Intervention/Mental Health training.

Years Funded

FY 2002-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 27: Funding for FY 2002-Present Intensive Crisis Counseling - Outpatient Services

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Specialized Psychiatric Treatment Programs

Specialized psychiatric treatment programs for offender patients assigned to high security that do not require acute care inpatient psychiatric therapy have been instituted at the Clements Unit. The Program for the Aggressive Mentally Ill Offender (PAMIO) provides evaluation and treatment of mentally ill offenders with aggressive behavior. There are also two programs for the Chronically Mentally Ill (CMI) offenders, Inpatient CMI and Outpatient CMI.

Years Funded

FY 2002-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 28: Funding for FY 2002-Present Specialized Psychiatric Treatment Programs

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

University of Texas Medical Branch (UTMB) Unit-Level Suicide Prevention and Intervention Training

Suicide Prevention training is conducted with unit UTMB Mental Health Staff in accordance with American Correctional Association (ACA) Standard 4373.

Years Funded

FY 2003-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 29: Funding for FY 2003-Present University of Texas Medical Branch (UTMB) Unit-Level Suicide Prevention and Intervention Training

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

University of Texas Medical Branch (UTMB) Suicide Prevention Training

Suicide Prevention training is conducted with UTMB Mental Health Staff in accordance with UTMB Correctional Managed Care (CMC) Mental Health Services Department Policy Manual, Policy MHS B-3. Training is done at the following levels: regional, online, and at the UTMB CMC annual meeting.

Years Funded

FY 2007-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 30: Funding for FY 2007-Present University of Texas Medical Branch (UTMB) Suicide Prevention Training

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Rehabilitation Programs

TDCJ operates rehabilitation programs including the Youthful Offender Program (YOP) Champion Program, the Female Cognitive Pre-Release Program (FCPRP), the Serious Violent Offender Reentry Initiative (SVORI) Program, and Our Roadway to Freedom (ORTF). Each of these programs has policies in place concerning suicide prevention, identification, notification, documentation, and reporting.

Years Funded

FY 2008-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 31: Funding for FY 2008-Present Rehabilitation Programs

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

Each contracted Local Mental Health Authority (LMHA) is required by TCOOMMI policy to provide 24/7 crisis intervention services to offenders enrolled in case management.

Years Funded

FY 2009-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 32: Funding for FY 2009-Present Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Regional Incident Reviews

A Regional Incident Review is conducted following an offender suicide, by an assembled team of staff not assigned to the unit at which the suicide occurred. The team reviews the circumstances of the incident including, but not limited to, a review of security procedures, correctional officer staffing, health services, physical plan and classification to identify any issues or trends which may prevent future occurrences.

Years Funded

FY 2010-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 33: Funding for FY 2010-Present Regional Incident Reviews

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Office of Inspector General Suicide Review

All in-custody deaths that are not physician attended deaths by natural causes or execution are referred to the Office of Inspector General for review and investigation as deemed appropriate.

Years Funded

FY 2010-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 34: Funding for FY 2010-Present Office of Inspector General Suicide Review

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Employee Information Pocket Card

The Employee Information Pocket Card provides staff with different scenarios that could indicate: Suicide High Risk Factors, Warning Statement, Signs an Offender Might be Suicidal, or Mood Changes.

Years Funded

FY 2012-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 35: Funding for FY 2012-Present Employee Information Pocket Card

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Mental Health Therapeutic Diversion Program (MHTDP)

The MHTDP program targets offenders with mental health issues such as adjustment disorders, mood (depressive and bipolar disorder), anxiety (panic disorder, PTSD and other anxiety disorders), impulse control disorders (intermittent explosive disorder, and other emotional and behavioral difficulties resulting in emotional liability and behavioral dyscontrol). Participants receive both individual and group therapy designed to improve the offender's decision making, impulse control and quality of life.

Years Funded

FY 2014-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 36: Funding for FY 2014-Present Mental Health Therapeutic Diversion Program (MHTDP)

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Reentry Initiatives

Each releasing offender is provided resources to assist post-release which includes the national suicide prevention hotline.

Years Funded

FY 2015-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 37: Funding for FY 2015-Present Reentry Initiatives

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Online Distance Learning Course 1020 - Non-Violent Crisis Intervention

Online distance learning class is provided for licensed counselors to receive continuing education. The curriculum provides an overview of crisis intervention and offers valuable information such as suicide prevention, risk identification, and notification.

Years Funded

FY 2015-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 38: Funding for FY 2015-Present Online Distance Learning Course 1020 - Non-Violent Crisis Intervention

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Incoming Inmate Flyer

The incoming inmate flyer provides incoming inmates with different scenarios that could indicate: Suicide High Risk Factors, Warning Statement, Signs an Offender Might be Suicidal, or Mood Changes.

Years Funded

FY 2017-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 39: Funding for FY 2017-Present Incoming Offender Flyer

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

New Arrival Orientation Packet

Clients reporting to parole as a new arrival are provided a resource packet which includes the 24/7 crisis hotline phone number.

Years Funded

FY 2019-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 40: Funding for FY 2019-Present New Arrival Orientation Packet

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Executive Level Suicide Review Team

A team comprised of senior staff conducts an extensive review of each suicide to include staff and inmate interviews, policy reviews, and provides recommendations to executive leadership.

Years Funded

FY 2019-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 41: Funding for FY 2019-Present Executive Level Suicide Review Team

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Self-Harm Prevention Initiative

The purpose of the Self Harm Prevention Initiative is to facilitate collaboration and information sharing at each TDCJ unit. This initiative will provide training and education on suicide prevention, monitoring at-risk inmates as identified by the screening tool, and facilitate multi-disciplinary case staffing between partners on a consistent basis. Initial implementation currently focuses on two units to identify best practices for rollout statewide.

Years Funded

FY 2022-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 42: Funding for FY 2019-Present Executive Level Suicide Review Team

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$0**	**$0**	**$0**	**$0**	**$0**

Health and Human Services Commission

Resilient Youth - Safer Environments (RYSE)

This Substance Abuse and Mental Health Services Administration (SAMSHA) funded grant creates comprehensive Suicide Safer Early Intervention and Prevention (SSIP) systems to support youth serving organizations, including Texas schools, mental health programs, educational institutions, juvenile justice systems, substance abuse programs, and foster care systems.

The target population, youth ages 10 to 24 years at elevated risk of suicide and suicide attempts, will receive enhanced services through best practice trainings, improved suicide care in clinical early intervention, and effective programming and

treatment services in Hurricane Harvey and Santa Fe ISD schools.

Years Funded

FY 2020-FY 2024.

Community Based Intervention

This is an example of community-based intervention.

Table 43: Funding for FY 2020-FY 2024 Resilient Youth - Safer Environments (RYSE)

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$736,000	$736,000	$736,000	$736,000	$736,000
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$736,000**	**$736,000**	**$736,000**	**$736,000**	**$736,000**

Suicide Care Initiative (SCI)

SCI works through LMHAs/LBHAs to implement the Zero Suicide framework through two collaborative projects with the goal of providing effective suicide care to individuals at all stages in their suicide care journey. The Zero Suicide framework refers to a system-wide organizational commitment to safer suicide care in health and behavioral health care systems. The following four LMHAs have been identified as Regional Suicide Care Support Center (RSCSC) pilot sites to oversee the development, implementation, and evaluation of SCI projects of other LMHAs and LBHs in their region through the grant funding provided:

- The Harris Center for Mental Health and IDD;
- Integral Care;
- My Health My Resources (MHMR) of Tarrant County; and
- Tropical Texas Behavioral Health.

Years Funded

FY 2019 – FY 2023

Community Based Intervention

This is an example of community-based intervention.

Table 44: Funding for FY 2019 – FY 2023 Suicide Care Initiative (SCI)

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$1,979,315	$1,979,315	$1,979,315	$1,737,523	$1,737,523
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$1,979,315**	**$1,979,315**	**$1,979,315**	**$1,737,523**	**$1,737,523**

Community-Based Crisis Programs (CBCP): crisis stabilization units, extended observation units, crisis residential units, and crisis respite units.

CBCPs are available 24/7 and include prompt face-to-face crisis assessments, crisis intervention services, and crisis follow-up and relapse prevention services in a residential setting. CBCPs may be staffed with mental health providers, peer providers, substance use disorder providers, medical professionals, or other professionals that offer assessment, support, and services to achieve psychiatric stabilization to individuals with behavioral health issues.

Years Funded

FY 2008-Present.

Community Based Intervention

This is an example of community-based intervention.

Table 45: Funding for FY 2019-2023 Community-Based Crisis Programs (CBCP): crisis stabilization units, extended observation units, crisis residential units, and crisis respite units.

Fund Type	FY2019	FY2020	FY2021	FY2022	FY2023
General Revenue	44,854,273	44,854,273	44,854,273	44,854,273	44,854,273
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**44,854,273**	**44,854,273**	**44,854,273**	**44,854,273**	**44,854,273**

Mobile Crisis Outreach Team (MCOT)

MCOTs are qualified professionals deployed into the community to provide a combination of services including emergency care, urgent care, and crisis follow-up and relapse prevention to children, adolescents, and adults in the community 24 hours a day, 7 days a week, every day of the year.

Years Funded

FY 2008-Present.

Community Based Intervention

This is an example of community-based intervention.

Table 46: Funding for FY 2019-FY 2023 Mobile Crisis Outreach Team (MCOT)

Fund Type	FY2019	FY2020	FY2021	FY2022	FY2023
General Revenue	Unknown	Unknown	Unknown	Unknown	Unknown
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	2,329,449	2,329,449
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total				**2,329,449**	**2,329,449**

Exact general revenue dollars spent on MCOT services each year are unknown as LMHAs and LBHAs do not receive a specific allocation to support MCOT services. The funds used to pay for these services are included in the general allocation for crisis services in the base budget.

Crisis Hotline Services

The Crisis Hotline is a continuously available telephone service staffed by trained and competent crisis staff to provide crisis screening and access to crisis intervention services, mental health and substance use referrals support, and general mental health and substance use information to callers 24 hours a day, 7 days a week, every day of the year.

Years Funded

FY 2008-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 47: Funding for FY 2008- Crisis Hotline Services

Fund Type	Year One	Year Two	Year Three	Year Four	Year Five
General Revenue	Unknown	Unknown	Unknown	Unknown	Unknown
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0

Exact general revenue dollars spent on hotline services each year are unknown as LMHAs and LBHAs do not receive a specific allocation to support hotline services. The funds used to pay for these services are included in the general allocation for crisis services in the base budget.

National Suicide Prevention Lifeline (NSPL)

Four Local Mental Health Authorities (The Harris Center, Emergence Health Network, Integral Care, and MHMR of Tarrant County) participate as NSPL members within a national network of local crisis centers that provide free and confidential emotional support to people in suicidal or emotional distress 24 hours a day, 7 days a week.

Years Funded

FY 2020-FY 2021.

Community Based Intervention

This is an example of community-based intervention.

Table 48: Funding for FY 2019-FY 2023 National Suicide Prevention Lifeline (NSPL)

Fund Type	FY2019	FY2020	FY2021	FY2022	FY2023
General Revenue	$0	$0	$0	$0	$0
Federal Funds, Discretionary Grant	$0	$814,822	$2,144,920	$243,580	$0
Federal Funds, Block Grant	$0	$0	$0	$5,384,439	$6,155,835
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$70,477	$23,000	$0
Sub-total		**$814,822**	**$2,215,397**	**$5,651,019**	**$6,155,835**

Private Purchased Beds/Community Mental Health Hospital beds

HHSC currently contracts with LMHAs/LBHAs, to provide inpatient level of care in the community under the G.2.2. Community Hospital strategy. The funding strategy and reporting requirements on HHSC funded beds can be grouped into two primary categories: first, the Community Mental Health Hospital (CMHH) beds and second the Psychiatric Purchased Beds (PPBs) CMHHs and PPBs are staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during an acute behavioral health crisis.

Years Funded

FY 2020-Present.

Community Based Intervention

This is not an example of community-based intervention.

Table 49: Funding for FY2019-FY2023 Private Purchased Beds/Community Mental Health Hospital beds

Fund Type	FY2019	FY2020	FY2021	FY2022	FY2023
General Revenue	$95,385,955	$109,158,929	$109,062,517	$124,062,517	$124,062,517
Federal Funds, Discretionary Grant	$0	$0	$0	$0	$0
Federal Funds, Block Grant	$0	$0	$0	$0	$0
Interagency Contract	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
Sub-total	**$95,385,955**	**$109,158,929**	**$109,062,517**	**$124,062,517**	**$124,062,517**

Recommendations

The following recommendations developed by the SBHCC identify ways Texas state agencies can partner with organizations to prevent suicide in underserved and high-risk populations such as veterans and their family members and youth in foster care. These recommendations reflect proposals that would advance the state's suicide prevention efforts.

Suicide Prevention Among Veterans

In 2018, the U.S. Department of Veterans Affairs (V.A.) issued the National Strategy for Preventing Veteran Suicide 2018-2028, which provides a roadmap for how the V.A. intends to address suicide among veterans. Texas' efforts to prevent suicide among veterans align with this national strategy and the Long-Term Plan to Prevent Veteran Suicides directed by Texas Government Code, Section 531.0925.

Recommendation 1: Conduct psychological autopsies/root cause analyses 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 the veteran population. 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 2: 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.

Recommendation 3: Partner with organizations that employ veterans and/or provide care to veterans to be trained in military cultural competency and deliver suicide prevention training.

Recommendation 4: Partner with veteran-serving organizations (e.g., healthcare, employment services, etc.) to explore the administration of universal suicide risk screenings and assessments among veterans such as the Columbia-Suicide Severity Rating Scale.

Recommendation 5: Provide education to veteran-serving organizations on elevated risk factors for suicide among veterans including co-occurring physical

disabilities, traumatic brain injury, homelessness, justice involvement, and early transitional period out of military service.

Recommendation 6: Promote and enhance efforts aimed at early screening of prior military service such as a "Ask the Question: Did You Serve Campaign". The focus is on the early identification of prior military services to promptly engage available services. These efforts also focus on asking about history of military service over "are you a veteran" to better identify those who may not self-identify as "veterans" (e.g., those without combat experience, guardsmen, etc.).

Recommendation 7: Encourage all state agencies that are providing services to veterans to have suicide prevention, intervention, and postvention procedures in place internally and for those entities they oversee.

Recommendation 8: Enhance partnerships between state, local governments, and community partners through supporting and strengthening existing multidisciplinary local coalitions that serve veterans and building new ones as needed.

Recommendation 9: Support collaboration of TVC's Veterans Mental Health Department's Community & Faith-Based Coordinator with the Veteran Health Administration's Chaplains to jointly instruct the "Community Clergy Training Program to Improve Rural Veterans Mental Health".

Suicide Prevention Among Youth in Foster Care

Recommendation 10: Explore and implement evidence-based trainings and interventions including early identification and safety planning for youth in foster care, foster families, and people who work with youth in foster care.

Recommendation 11: Explore opportunities to collect suicide morbidity data from emergency room visits by youth in foster care.

Recommendation 12: Explore actions needed to enhance surveillance of suicide morbidity and suicide mortality data among youth in foster care.

Advancing the State's Suicide Prevention Efforts

Recommendation 13: Recruit and retain a qualified behavioral health workforce that is knowledgeable about suicide prevention and implements services that prevent suicide by:

- Implementing the recruitment and retention strategies in the Strong Families, Supportive Communities: Moving Our Behavioral Health Workforce Forward 2020 report.
- Partnering with boards who license health and behavioral healthcare providers to explore continuing education requirements in suicide prevention and intervention when renewing professional licenses.
- Making in-person and virtual trainings accessible on evidenced-based practices in suicide prevention, intervention, and postvention.

Recommendation 14: Strengthen education and public awareness of suicide prevention strategies among at-risk populations by:

- Training Non-Physician Mental Health Professionals on evidence-based practices in suicide prevention which they can in turn provide to school employees.
- Hosting trainings on culturally and linguistically appropriate suicide prevention response when serving populations at higher risk of suicide.

Recommendation 15: Increase access to behavioral health services by:

- Supporting the implementation of strategies in the All Texas Access report published in 2020 and the forthcoming report to be published December 2022.
- Exploring opportunities to partner with the Texas State Office of Rural Health to improve awareness of and access to behavioral health services in rural communities.
- Enhancing reimbursement rates for behavioral health services for providers in medically underserved areas.
- Expanding access to telehealth services by reviewing and acting on the information highlighted in the Texas Broadband Plan 2022.
- Continuing to fund training that increases awareness of signs and symptoms of emotional disturbance or mental illness such as Mental Health First Aid (i.e., adult, youth, and teen) and Youth Aware of Mental Health.

- Increasing access to intensive services and supports for children, youth, and families such as Community Resource Coordination Groups, Youth Empowerment Services, and Coordinated Specialty Care.
- Implementing strategies that support expansion of local crisis services infrastructure such as multi-disciplinary response teams, crisis respite units, crisis residential units, extended observation units, and crisis stabilization units, including facilities that solely serve children and youth.
- Reviewing, and where appropriate, taking action on HHSC's recommendations related to 9-8-8 implementation due to the Senate Committee on Finance, the House Committee on Appropriations, the Legislative Budget Board, the Governor, the Lieutenant Governor, the Speaker of the House, and permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services by September 1, 2022.

Recommendation 16: Fund the Texas Suicide Prevention Collaborative (TxSPC) to partner with local, state, and federal organizations to advance the state's suicide prevention efforts. TxSPC is the only organization in Texas devoted to statewide community-based suicide prevention. With funding, TxSPC will:

- Make updates to the Texas State Plan for Suicide Prevention which is a framework for suicide prevention.
- Develop and build capacity among local suicide prevention coalitions to lead effective, coordinated, multi-sector suicide prevention and response efforts.
- Serve as a resource hub for public and private stakeholders engaged in suicide prevention at the community, state, and federal levels through training, technical assistance, and hosting suicide prevention conferences.

Recommendation 17: Enhance suicide-related data infrastructure which will inform local and state-level suicide prevention policy and services by:

- Supporting the expansion of the Texas Violent Death Reporting System (TVDRS) maintained by DSHS to obtain more information on suicides in Texas and measure the progress of initiatives to reduce the suicide rate. The TVDRS is grant funded by the Centers for Disease Control and Prevention (CDC) and started as a pilot program in 2019 to collect information on suicides in Harris County. Since then, TVDRS has been collecting data on all violent deaths in an increasing number of counties, from 4 counties in 2020 (40 percent of all violent deaths) to 13 counties in 2021 (60 percent of all violent deaths). TVDRS plans to expand to statewide data collection for violent deaths by 2027. This recommendation would support the expansion of that system across the state to more effectively tailor prevention

programs/services and interventions/treatment and formalize the structure with a continued funding stream.

- Explore standardizing the data collection and reporting of suicide deaths by counties. This standardization should focus on medical examiners, coroners, and justices of the peace.

Recommendation 18: Expand services that reduce risk of suicide and promote healing after a suicide death by expanding Local Outreach to Suicide Survivors (LOSS) Teams, and Survivors of Suicide (SOS) support groups.

List of Acronyms

Acronym	Full Name
ACA	American Correctional Association
ACE	Adverse Childhood Experience
AIDS	Acquired Immune Deficiency Syndrome
AFSP	American Foundation for Suicide Prevention
ASIST	Applied Suicide Intervention Skills Training
BRFSS	Behavioral Risk Factor Surveillance System
CAMS	Collaborative Assessment and Management System
CDC	Centers for Disease Control and Prevention
CMC	Correctional Managed Care
CMI	Chronically Mentally Ill
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
EAC	Emergency Action Center
FSS	Family Support Services
HIV	Human Immunodeficiency Virus
HHSC	Health and Human Services Commission
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MCOT	Mobile Crisis Outreach Team
MHFA	Mental Health First Aid
MHMR	Mental Health and Mental Retardation
MHTDP	Mental Health Therapeutic Diversion Program
MRT	Master Resilience Trainer
MVPN	Military Veteran Peer Network
NSPL	National Suicide Prevention Lifeline
ORTF	Our Roadway to Freedom
OSAR	Outreach, Screening, Assessment, Referral
PADRE	Parenting Awareness Drug Risk Education
PAMIO	Program for the Aggressive Mentally Ill Offender
PESC	Psychiatric Emergency Services Centers
PRC	Prevention Resource Center
PTSD	Post-Traumatic Stress Disorder
QMHP	Qualified Mental Health Professional
QPR	Question, Persuade, and Refer
RSCSC	Regional Suicide Care Support Center
RYSE	Resilient Youth – Safer Environments
SBHCC	State Behavioral Health Coordinating Council
SCI	Suicide Care Initiative
SMVF	Service members, veterans, and their families
SSIP	Suicide Early Intervention and Prevention
SVORI	Serious Violent Offender Reentry Initiative
TCJS	Texas Commission on Jail Standards
TCOLE	Texas Commission on Law Enforcement
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TDCJ	Texas Department of Criminal Justice

Acronym	Full Name
THCIC	Texas Health Care Information Collection
TJJD	Texas Juvenile Justice Department
TMD	Texas Military Department
TPCN	Texas Poison Control Network
TTUHSC	Texas Tech University Health Sciences Center
TVC	Texas Veterans Commission
VMHD	Veterans Mental Health Department
YOP	Youthful Offender Program
YRBS	Youth Risk Behavior Survey
ZEST	Zero Suicide in Texas

Appendix A. Data Tables

Mortality

Table A1. Texas and the U.S. Suicide Mortality, Number and Rate per 100,000 Population, 2000-2020[115]

Year	Texas Deaths	Texas Rate	U.S. Deaths	U.S. Rate
1999	2,004	9.7	29,180	10.5
2000	2,048	9.8	29,319	10.4
2001	2,221	10.4	30,545	10.7
2002	2,307	10.6	31,595	11.0
2003	2,358	10.7	31,422	10.8
2004	2,293	10.2	32,363	11.1
2005	2,410	10.6	32,559	11.0
2006	2,344	10.0	33,200	11.1
2007	2,432	10.2	34,529	11.5
2008	2,547	10.5	35,969	11.8
2009	2,806	11.3	36,837	12.0
2010	2,886	11.5	38,307	12.4
2011	2,887	11.2	39,442	12.7
2012	3,029	11.6	40,531	12.9
2013	3,054	11.5	41,060	13.0
2014	3,248	12.0	42,756	13.4
2015	3,400	12.4	44,145	13.7
2016	3,477	12.5	44,876	13.9
2017	3,769	13.3	47,107	14.5
2018	3,928	13.7	48,312	14.8
2019	3,887	13.4	47,478	14.5
2020	3,920	13.4	45,940	13.9

[115] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Age Group

Table A2. Suicide Mortality in Youth and Young Adults, Texas 2000-2020[116]

Year	10-14 years number	10-14 years rate	15-19 years number	15-19 years rate	20-24 years number	20-24 years rate	25-29 years number	25-29 years rate
2000	32	2.0	150	9.2	189	12.3	184	11.6
2001	28	1.7	129	7.8	197	12.2	195	12.4
2002	23	1.4	149	8.9	173	10.4	193	12.2
2003	24	1.4	161	9.5	187	10.9	183	11.6
2004	20	1.1	135	7.9	199	11.5	198	12.4
2005	22	1.3	142	8.2	225	12.9	201	12.2
2006	23	1.3	130	7.3	218	12.4	212	12.4
2007	12	0.7	134	7.4	218	12.3	194	11.0
2008	13	0.7	125	6.8	207	11.6	231	12.8
2009	28	1.5	164	8.7	249	13.8	243	13.2
2010	22	1.2	141	7.5	255	14.0	253	13.7
2011	27	1.4	154	8.2	245	13.1	243	12.9

[116] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Year	10-14 years number	10-14 years rate	15-19 years number	15-19 years rate	20-24 years number	20-24 years rate	25-29 years number	25-29 years rate
2012	21	1.1	159	8.5	271	14.0	266	14.0
2013	26	1.3	162	8.6	259	13.2	296	15.4
2014	49	2.5	171	9.0	272	13.6	306	15.5
2015	26	1.3	180	9.3	297	14.7	301	14.9
2016	36	1.8	216	11.0	316	15.8	342	16.5
2017	53	2.6	258	12.9	346	17.4	371	17.5
2018	60	2.9	242	11.9	333	16.7	413	19.1
2019	57	2.7	248	12.1	367	18.3	365	16.8
2020	57	2.7	265	12.8	391	19.3	425	19.6

Unreliable = Rate is considered unreliable if the numerator is less than 20.

Table A3. Suicide Mortality in the Middle Years, Texas 2000-2020[117]

Year	30-34 years number	30-34 years rate	35-39 years number	35-39 years rate	40-44 years number	40-44 years rate	45-49 years number	45-49 years rate	50-54 years number	50-54 years rate	55-59 years number	55-59 years rate	60-64 years number	60-64 years rate
2000	183	11.7	204	12.1	233	14.3	239	16.9	151	12.6	99	11.0	85	12.1
2001	188	11.7	217	13.0	267	15.9	228	15.5	200	15.6	134	14.3	90	12.4
2002	210	12.8	245	14.9	284	16.8	242	15.8	193	14.9	156	15.3	87	11.5
2003	189	11.4	246	15.2	260	15.2	284	18.1	243	18.2	155	14.4	96	12.0
2004	199	12.0	184	11.5	271	15.7	266	16.5	184	13.3	166	14.6	107	12.7
2005	213	12.9	201	12.4	286	16.7	289	17.5	211	14.8	160	13.3	123	13.9
2006	193	11.6	218	13.0	245	14.3	244	14.4	229	15.4	200	15.7	115	12.5
2007	230	13.8	217	12.6	254	15.0	285	16.6	239	15.4	184	14.2	145	14.4
2008	214	12.7	213	12.2	260	15.5	302	17.4	264	16.5	206	15.4	138	13.0
2009	209	12.1	246	14.0	259	15.4	317	18.0	321	19.6	242	17.5	148	13.2
2010	222	12.6	272	15.4	244	14.4	302	17.2	316	18.9	252	17.7	189	16.1
2011	235	12.9	260	14.9	259	14.9	294	16.9	303	17.7	260	17.5	190	15.2
2012	248	13.3	258	14.7	260	14.6	279	16.2	329	19.0	264	17.2	201	15.9
2013	253	13.2	238	13.4	253	14.0	275	16.2	317	18.2	289	18.3	209	16.1
2014	275	14.0	254	14.0	272	14.9	315	18.5	333	18.9	271	16.7	216	16.1
2015	311	15.6	295	15.8	287	15.7	299	17.2	360	20.4	301	18.1	243	17.5
2016	324	16.1	282	14.7	283	15.6	269	15.1	357	20.5	293	17.4	236	16.5
2017	340	16.6	324	16.4	293	16.0	328	18.0	303	17.6	313	18.4	276	18.6
2018	363	17.5	356	17.5	286	15.5	337	18.2	327	19.2	338	19.7	263	17.3
2019	352	16.7	340	16.5	325	17.3	309	16.7	307	18.1	346	20.1	240	15.5
2020	361	16.8	367	17.5	336	17.4	282	15.2	301	17.4	277	16.2	253	16.0

[117] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Table A4. Suicide Mortality in Older Texas Residents, 2000-2020[118]

Year	65-69 years number	65-69 years rate	70-74 years number	70-74 years rates	75-79 years number	75-79 years rate	80-84 years number	80-84 years rate	85+ years number	85+ years rate
2000	59	9.7	75	14.1	64	15.1	52	19.4	48	20.2
2001	79	12.8	77	14.3	85	19.7	55	19.6	51	21.4
2002	80	12.7	85	15.7	73	16.8	73	25.0	37	15.5
2003	83	12.9	74	13.6	81	18.4	51	16.9	40	16.5
2004	90	13.6	73	13.3	92	20.8	68	21.7	40	16.3
2005	75	11.1	82	14.8	79	17.5	49	15.3	52	20.3
2006	83	11.8	58	10.2	83	18.1	47	14.3	46	17.3
2007	78	10.6	71	12.3	72	15.6	43	12.8	56	20.3
2008	108	13.9	77	13.0	78	16.7	59	17.4	52	18.2
2009	109	13.3	91	14.9	67	14.2	54	15.8	57	19.2
2010	120	14.1	82	13.2	84	17.6	62	17.9	67	22.0
2011	120	13.5	106	16.4	65	13.3	65	18.3	60	18.6
2012	127	13.1	111	16.4	81	16.3	89	24.6	64	19.1

[118] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Year	65-69 years number	65-69 years rate	70-74 years number	70-74 years rates	75-79 years number	75-79 years rate	80-84 years number	80-84 years rate	85+ years number	85+ years rate
2013	136	13.3	118	16.5	87	16.9	56	15.3	79	22.7
2014	156	14.5	125	16.5	89	16.8	70	18.7	74	20.5
2015	152	13.4	112	14.1	79	14.5	64	16.8	92	24.6
2016	151	12.7	123	15.0	100	17.6	76	19.5	72	18.6
2017	177	14.8	137	15.3	109	18.4	64	16.1	76	19.2
2018	199	16.2	133	14.1	126	20.1	75	18.4	77	19.2
2019	204	16.2	154	15.7	119	18.0	72	17.1	82	20.1
2020	176	13.5	149	14.4	120	17.4	81	18.8	76	18.4

Race and Ethnicity

Table A5. Texas Suicide Mortality by Race and Ethnicity, 2000-2020[119]

Year	Asian or Pacific Islander Number	Asian or Pacific Islander Rate	Black or African American Number	Black or African American Rate	Hispanic or Latino Number	Hispanic or Latino Rate	White Number	White Rate
2000	24	4.0	134	5.6	348	5.2	1,534	13.8
2001	33	5.1	137	5.6	335	4.8	1,707	15.3
2002	26	3.8	134	5.3	370	5.1	1,768	15.8
2003	44	6.1	123	4.8	391	5.2	1,792	16.0
2004	30	3.9	136	5.3	396	5.1	1,724	15.4
2005	31	3.9	154	5.9	433	5.4	1,783	15.8
2006	39	4.6	125	4.5	414	5.0	1,738	15.3

[119] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Year	Asian or Pacific Islander Number	Asian or Pacific Islander Rate	Black or African American Number	Black or African American Rate	Hispanic or Latino Number	Hispanic or Latino Rate	White Number	White Rate
2007	47	5.2	116	4.1	426	4.9	1,827	16.0
2008	32	3.4	110	3.8	394	4.4	1,995	17.4
2009	51	5.2	143	4.9	497	5.4	2,072	17.9
2010	47	4.6	169	5.7	523	5.5	2,129	18.4
2011	56	5.3	158	5.2	482	4.9	2,178	18.6
2012	66	5.9	174	5.6	555	5.6	2,225	18.9
2013	71	6.0	178	5.6	546	5.4	2,245	19.0
2014	65	5.2	225	6.9	607	5.8	2,332	19.5
2015	81	6.1	190	5.7	622	5.8	2,483	20.6
2016	87	6.3	235	6.9	698	6.4	2,437	20.1
2017	102	7.0	271	7.8	790	7.1	2,589	21.4
2018	121	7.9	252	7.1	837	7.4	2,693	22.2
2019	103	6.6	268	7.4	847	7.3	2,652	21.7
2020	125	7.7	300	8.1	975	8.3	2,510	20.5

Sex

Table A6. Texas Suicide Mortality by Sex, 2000-2020[120]

Year	Male Number	Male Rate	Female Number	Female Rate	Total Number	Total Rate
2000	1,644	15.9	404	3.8	2,048	9.8
2001	1,779	16.8	442	4.1	2,221	10.4
2002	1,804	16.7	503	4.6	2,307	10.6
2003	1,851	16.9	507	4.6	2,358	10.7
2004	1,797	16.2	496	4.4	2,293	10.2
2005	1,918	17.0	492	4.3	2,410	10.6
2006	1,844	15.9	500	4.2	2,344	10.0
2007	1,931	16.3	501	4.2	2,432	10.2
2008	2,049	17.0	498	4.1	2,547	10.5
2009	2,234	18.2	572	4.6	2,806	11.3
2010	2,297	18.4	589	4.6	2,886	11.5
2011	2,290	18.0	597	4.6	2,887	11.2
2012	2,413	18.6	616	4.7	3,029	11.6
2013	2,385	18.1	669	5.0	3,054	11.5
2014	2,523	18.9	725	5.3	3,248	12.0

[120] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Year	Male Number	Male Rate	Female Number	Female Rate	Total Number	Total Rate
2015	2,613	19.2	787	5.7	3,400	12.4
2016	2,711	19.6	766	5.5	3,477	12.5
2017	2,954	21.0	815	5.7	3,769	13.3
2018	3,108	21.8	820	5.7	3928	13.7
2019	3,034	21.1	853	5.8	3,887	13.4
2020	3,136	21.5	784	5.3	3,920	13.4

Table A7. Male Suicide Mortality by Race and Ethnicity, Texas 2000-2020[121]

Year	White Male Number	White Male Rate	Hispanic Male Number	Hispanic Male Rate	Black or African American Male Number	Black or African American Male Rate	Asian / Pacific Islander Male Number	Asian / Pacific Islander Male Rate
2000	1,211	22.2	307	9.0	107	9.2	14	Unreliable
2001	1,349	24.6	287	8.1	111	9.3	24	7.5
2002	1,358	24.7	316	8.6	106	8.8	18	Unreliable
2003	1,391	25.3	331	8.7	92	7.5	32	9.0
2004	1,325	24.0	332	8.5	117	9.4	17	Unreliable
2005	1,384	25.0	381	9.4	123	9.7	23	5.9
2006	1,346	24.0	345	8.2	106	8.0	27	6.5
2007	1,423	25.3	364	8.4	100	7.4	32	7.3
2008	1,584	27.9	342	7.6	92	6.7	20	4.3
2009	1,634	28.6	426	9.1	115	8.2	28	5.8
2010	1,685	29.4	423	8.9	142	9.9	31	6.2
2011	1,714	29.7	396	8.0	130	8.9	38	7.3
2012	1,752	30.1	464	9.3	144	9.6	44	8.1
2013	1,749	29.8	439	8.6	142	9.3	44	7.7
2014	1,790	30.3	488	9.3	183	11.6	47	7.7
2015	1,889	31.7	497	9.3	159	9.9	52	8.0
2016	1,880	31.4	563	10.3	187	11.4	67	9.9
2017	2,024	33.7	634	11.3	205	12.2	79	11.1
2018	2,110	35.0	681	11.9	200	11.7	100	13.5
2019	2,049	33.9	686	11.8	220	12.6	68	9.0
2020	1,988	32.8	806	13.7	239	13.4	95	12.0

Unreliable = Rate is considered unreliable if the numerator is less than 20.

[121] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Table A8. Texas Female Suicide Mortality by Race and Ethnicity, 2000-2020[122]

Year	White Female Number	White Female Rate	Hispanic Female Number	Hispanic Female Rate	Black or African American Female Number	Black or African American Female Rate	Asian / Pacific Islander Female Number	Asian / Pacific Islander Female Rate
2000	323	5.7	41	1.3	27	2.2	10	3.3 (Unreliable)
2001	358	6.3	48	1.4	26	2.0	*	*
2002	410	7.2	54	1.5	28	2.2	*	*
2003	401	7.1	60	1.6	31	2.4	12	3.3 (Unreliable)
2004	399	7.0	64	1.7	19	1.4 (Unreliable)	13	3.4 (Unreliable)
2005	399	7.0	52	1.3	31	2.3	*	*
2006	392	6.8	69	1.7	19	1.3 (Unreliable)	12	2.8 (Unreliable)
2007	404	7.0	62	1.5	16	1.1 (Unreliable)	15	3.3 (Unreliable)
2008	411	7.1	52	1.2	18	1.2 (Unreliable)	12	2.5 (Unreliable)
2009	438	7.5	71	1.5	28	1.8	23	4.5
2010	444	7.6	100	2.1	27	1.8	16	2.8 (Unreliable)
2011	464	7.8	86	1.8	28	1.8	18	3.3 (Unreliable)
2012	473	8.0	89	1.8	30	1.9	22	3.8
2013	496	8.3	107	2.1	36	2.2	27	4.5
2014	542	9.0	119	2.3	42	2.5	18	2.8 (Unreliable)
2015	594	9.8	125	2.4	31	1.8	29	4.2
2016	557	9.1	135	2.5	48	2.7	20	2.8
2017	565	9.2	156	2.8	66	3.7	23	3.1
2018	583	9.5	156	2.8	52	2.8	21	2.7
2019	603	9.8	161	2.8	48	2.6	35	4.4
2020	522	8.5	169	2.9	61	3.2	30	3.6

Note: Rate is considered "unreliable" if the numerator is less than 20.

*= Less than 10

[122] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Veterans

Table A9. Age-Adjusted Suicide Mortality by Veteran Status, 2001-2019[123]

Year	Veteran Suicides	Veteran Suicide Rate per 100,000	General Population Suicides	General Population Rate per 100,000
2001	420	23.9	2134	13.9
2002	428	24.5	2209	14.1
2003	441	25.3	2271	14.3
2004	438	25.1	2214	13.7
2005	418	24.4	2323	14.1
2006	400	23.5	2269	13.4
2007	404	23.8	2357	13.7
2008	454	26.9	2476	14
2009	463	27.6	2710	15
2010	497	29.5	2816	15.3
2011	489	29.2	2789	14.9
2012	491	29.4	2943	15.4
2013	496	29.9	2942	15.1
2014	481	29.0	3127	15.8
2015	533	32.5	3290	16.3
2016	549	33.5	3339	16.2
2017	541	33.5	3582	17.1
2018	528	33.0	3741	17.6
2019	514	32.4	3710	17.2

Table A10. Veteran Suicide Mortality by Age Group, 2001-2019[124]

Year	18-34 Suicides Deaths	18-34 Suicide Rate	35-54 Suicide Deaths	35-54 Suicide Rate	55-74 Suicide Deaths	55-74 Suicide Rate	75+ Suicide Deaths	75+ Suicide Rate
2001	51	22.5	178	27.6	116	18.5	75	29.4
2002	60	27.3	156	24.9	119	18.7	92	34.8
2003	58	26.7	193	31.7	117	18	73	27.1

[123] Department of Defense/Department of Veteran's Affairs Joint Mortality Data Repository
[124] Department of Defense/Department of Veteran's Affairs Joint Mortality Data Repository

Year	18-34 Suicides Deaths	18-34 Suicide Rate	35-54 Suicide Deaths	35-54 Suicide Rate	55-74 Suicide Deaths	55-74 Suicide Rate	75+ Suicide Deaths	75+ Suicide Rate
2004	53	25.1	153	25.5	131	20	100	35.8
2005	51	24.3	144	25.1	132	20	91	33.3
2006	40	19.7	134	23.8	135	20.8	91	31.7
2007	53	26.2	141	25.2	127	19.8	83	28.3
2008	41	20.2	157	28.5	164	25.7	92	30.9
2009	60	29.4	156	28.7	155	24.4	92	31
2010	66	32.4	165	31	165	25.2	100	34.5
2011	67	32.7	167	32.1	161	24.3	94	32.8
2012	67	32.8	137	26.8	176	26.7	111	38
2013	93	45.6	132	26.1	174	26.5	97	33.1
2014	71	34.8	136	27.3	175	26.3	99	34.4
2015	85	42.3	174	35.1	175	26.8	99	34.4
2016	108	54.8	161	32.5	181	27.6	97	33.4
2017	88	45.6	154	31.2	190	29.6	104	36.5

Year	18-34 Suicides Deaths	18-34 Suicide Rate	35-54 Suicide Deaths	35-54 Suicide Rate	55-74 Suicide Deaths	55-74 Suicide Rate	75+ Suicide Deaths	75+ Suicide Rate
2018	95	51.1	144	29.4	201	31.6	84	29.2
2019	78	43.1	152	31.1	181	28.9	100	34.4

Table A11. Veteran and General Public Suicide Mortality by Age Group, 2019[125]

Age Group	Veteran Suicide Deaths	Veteran Suicide Rate	General Public Suicide Deaths	General Public Suicide Rate
18-34	78	43.1	1208	17.0
35-54	152	31.1	1283	17.1
55-74	181	28.9	946	17.1
75+	100	34.4	273	18.3

[125] Department of Defense/Department of Veteran's Affairs Joint Mortality Data Repository

Suicide Care Initiative (SCI) Regions

Table A12. Suicide Mortality by LMHA/LBHA Catchment area in SCI Region One, Texas 1999-2020[126]

Year	Gulf Bend Center number	Gulf Bend Center rate	Gulf Coast Center number	Gulf Coast Center rate	MHMR Authority of Brazos Valley number	MHMR Authority of Brazos Valley rate	The Harris Center number	The Harris Center rate	Texana Center number	Texana Center rate
1999	16	9.3	46	9.5	18	6.8	307	9.1	37	7.4
2000	18	10.4	70	14.2	28	10.5	315	9.3	38	7.4
2001	20	11.5	78	15.5	30	11.0	333	9.6	51	9.6
2002	22	12.7	70	13.6	24	8.7	386	10.9	57	10.2
2003	18	10.4	60	11.4	23	8.2	349	9.7	59	10.2
2004	17	9.8	62	11.5	30	10.5	367	10.1	53	8.8
2005	15	8.6	74	13.5	28	9.7	342	9.3	50	8.0
2006	25	14.4	72	12.8	33	11.1	326	8.6	58	8.9
2007	15	8.6	67	11.6	30	10.0	388	10.0	52	7.6
2008	26	14.9	86	14.6	27	8.8	391	9.9	56	7.9
2009	30	17.1	86	14.4	27	8.6	451	11.2	54	7.3
2010	27	15.3	72	11.9	40	12.5	436	10.7	54	7.1
2011	22	12.4	89	14.5	34	10.5	420	10.0	76	9.8
2012	29	16.1	67	10.7	23	7.1	427	10.0	65	8.1
2013	31	17.1	79	12.4	40	12.2	409	9.4	79	9.6

[126] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Year	Gulf Bend Center number	Gulf Bend Center rate	Gulf Coast Center number	Gulf Coast Center rate	MHMR Authority of Brazos Valley number	MHMR Authority of Brazos Valley rate	The Harris Center number	The Harris Center rate	Texana Center number	Texana Center rate
2014	39	21.3	92	14.1	41	12.2	429	9.7	83	9.7
2015	23	12.5	109	16.3	42	12.3	468	10.3	107	12.0
2016	34	18.4	82	12.0	35	10.0	491	10.7	94	10.2
2017	36	19.6	113	16.2	35	9.9	489	10.5	114	12.1
2018	25	13.6	102	14.4	49	13.7	481	10.2	125	12.9
2019	36	19.7	95	13.3	42	11.6	507	10.8	101	10.1
2020	35	19.2	119	16.4	44	12.0	528	11.1	117	11.4

Table A13. Suicide Mortality by LMHA/LBHA Catchment area in SCI Region One, Texas 1999-2020[127]

Year	Burke number	Burke rate	Community Healthcore number	Community Healthcore rate	Spindletop Center number	Spindletop Center rate	Texoma Community Center number	Texoma Community Center rate	Tri-County Behavioral Healthcare number	Tri-County Behavioral Healthcare rate
1999	48	13.6	52	12.3	51	12.4	34	19.4	55	13.3
2000	52	14.6	54	12.7	54	13.1	19	10.7	50	11.7
2001	40	11.2	62	14.6	44	10.7	37	20.5	62	13.9
2002	51	14.1	58	13.6	37	9.0	14	7.7	70	15.2
2003	56	15.4	67	15.6	55	13.4	24	13.0	83	17.3

[127] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Year	Burke number	Burke rate	Community Healthcore number	Community Healthcore rate	Spindletop Center number	Spindletop Center rate	Texoma Community Center number	Texoma Community Center rate	Tri-County Behavioral Healthcare number	Tri-County Behavioral Healthcare rate
2004	53	14.5	71	16.5	50	12.1	34	18.3	67	13.5
2005	43	11.7	60	13.9	48	11.6	25	13.4	53	10.3
2006	62	16.8	54	12.3	59	14.4	22	11.6	68	12.8
2007	48	12.9	52	11.8	61	14.8	19	10.0	62	11.2
2008	57	15.3	72	16.3	60	14.4	43	22.5	65	11.4
2009	63	16.7	73	16.3	56	13.3	28	14.6	90	15.3
2010	82	21.7	74	16.4	59	13.9	28	14.5	78	13.0
2011	52	13.6	76	16.8	55	12.9	45	23.2	107	17.4
2012	45	11.8	81	17.8	60	14.1	42	21.6	82	13.0
2013	60	15.8	79	17.4	67	15.7	37	19.0	101	15.7
2014	72	19.0	79	17.4	65	15.1	36	18.4	104	15.6
2015	72	18.9	84	18.5	61	14.1	48	24.2	124	18.0
2016	55	14.4	86	18.9	65	14.9	42	20.8	119	16.8
2017	65	16.9	73	16.1	66	15.0	58	28.2	111	15.3
2018	87	22.6	85	18.6	81	18.5	45	21.4	113	15.1
2019	77	20.0	89	19.6	71	16.3	45	21.1	138	18.0
2020	83	21.5	90	19.8	66	15.1	32	14.8	133	16.8

Table A14. Suicide Mortality by LMHA/LBHA Catchment area in SCI Region Two, Texas 1999-2020[128]

Year	Integral Care number	Integral Care rate	Central Counties Services number	Central Counties Services rate	Hill Country MHDD Centers number	Hill Country MHDD Centers rate	MHMR Services for the Concho Valley number	MHMR Services for the Concho Valley rate	The Center for Health Care Services number	The Center for Health Care Services rate
1999	71	9.0	36	10.1	41	9.5	12	9.8	138	10.0
2000	88	10.8	47	12.9	48	10.8	17	13.9	144	10.3
2001	101	12.0	39	10.6	62	13.6	15	12.3	149	10.5
2002	110	13.0	47	12.6	62	13.2	17	14.0	137	9.5
2003	93	10.9	40	10.6	59	12.3	23	18.9	146	9.9
2004	91	10.5	38	9.9	49	10.0	17	13.9	130	8.7
2005	108	12.1	45	11.5	60	11.9	20	16.3	159	10.4
2006	112	12.1	34	8.5	80	15.4	13	10.5	160	10.2
2007	108	11.3	41	9.9	76	14.2	15	12.1	141	8.7
2008	102	10.4	48	11.3	79	14.3	15	12.0	147	8.9
2009	113	11.2	49	11.4	71	12.6	25	19.8	198	11.7
2010	127	12.4	62	14.1	71	12.4	16	12.6	183	10.7
2011	106	10.0	69	15.5	87	14.9	18	13.9	182	10.4
2012	142	13.0	76	16.8	97	16.3	17	13.0	196	11.0
2013	138	12.3	60	13.2	71	11.7	21	15.9	186	10.2
2014	141	12.2	80	17.5	105	16.8	23	17.1	187	10.1
2015	159	13.5	72	15.5	95	14.7	17	12.5	209	11.0
2016	132	11.0	81	17.3	114	17.1	11	8.1	230	11.9
2017	164	13.4	88	18.4	116	16.9	26	19.4	260	13.3
2018	157	12.6	93	19.2	115	16.3	29	21.3	266	13.4

[128] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Year	Integral Care number	Integral Care rate	Central Counties Services number	Central Counties Services rate	Hill Country MHDD Centers number	Hill Country MHDD Centers rate	MHMR Services for the Concho Valley number	MHMR Services for the Concho Valley rate	The Center for Health Care Services number	The Center for Health Care Services rate
2019	166	13.0	94	19.0	141	19.5	25	18.5	245	12.2
2020	158	12.1	87	17.3	137	18.3	18	13.2	241	11.9

Table A15. Suicide Mortality by LMH/LBHA Catchment area in SCI Region Two, Texas 1999-2020[129]

Year	Andrews Center number	Andrews Center rate	Betty Hardwick Center number	Betty Hardwick Center rate	Bluebonnet Trails Community Services number	Bluebonnet Trails Community Services rate	Center for Life Resources number	Center for Life Resources rate	Heart of Texas Regional MHMR number	Heart of Texas Regional MHMR rate
1999	41	12.2	19	11.0	53	10.6	10	10.1	46	14.4
2000	38	11.1	24	13.9	52	10.0	*	*	28	8.7
2001	55	15.8	16	9.3	54	9.7	10	10.2	36	11.1
2002	51	14.4	17	9.9	60	10.4	10	10.3	39	12.0
2003	79	21.9	24	14.0	63	10.5	*	*	37	11.2
2004	56	15.3	19	11.0	56	9.0	17	17.4	57	17.1
2005	64	17.2	23	13.3	72	11.2	*	*	38	11.4
2006	53	14.0	25	14.4	64	9.5	13	13.2	37	11.0
2007	46	12.0	18	10.3	73	10.4	13	13.2	49	14.4
2008	55	14.2	31	17.7	77	10.5	20	20.3	41	12.0
2009	66	16.9	25	14.1	93	12.3	14	14.2	43	12.5
2010	69	17.5	28	15.7	93	12.1	23	23.3	43	12.3
2011	78	19.6	28	15.6	92	11.6	*	*	51	14.4

[129] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Year	Andrews Center number	Andrews Center rate	Betty Hardwick Center number	Betty Hardwick Center rate	Bluebonnet Trails Community Services number	Bluebonnet Trails Community Services rate	Center for Life Resources number	Center for Life Resources rate	Heart of Texas Regional MHMR number	Heart of Texas Regional MHMR rate
2012	87	21.8	43	23.9	97	11.9	16	16.4	39	11.1
2013	65	16.2	37	20.5	103	12.3	14	14.4	47	13.3
2014	75	18.5	37	20.4	127	14.7	20	20.7	48	13.5
2015	77	18.8	26	14.3	115	12.9	16	16.5	54	15.1
2016	76	18.3	42	22.9	134	14.6	17	17.4	43	11.9
2017	94	22.4	51	27.9	107	11.3	17	17.5	59	16.1
2018	86	20.2	29	15.7	154	15.9	15	15.4	63	17.0
2019	94	21.9	34	18.4	138	13.8	22	22.7	67	18.0
2020	81	18.6	40	21.5	158	15.2	22	22.8	74	19.7

Table A16. Suicide Mortality by LMHA/LBHA Catchment area in SCI Region Three, Texas 1999-2020[130]

Year	MHMR Tarrant number	MHMR Tarrant rate	Central Plains Center number	Central Plains Center rate	Denton County MHMR number	Denton County MHMR rate	LifePath Systems number	LifePath Systems rate	North Texas Behavioral Health Authority number	North Texas Behavioral Health Authority rate
1999	118	8.3	*	*	37	8.9	46	9.8	248	9.8
2000	130	9.0	10	10.5	32	7.4	41	8.3	218	8.5
2001	146	9.8	*	*	28	6.0	37	6.9	276	10.6
2002	121	7.9	*	*	46	9.4	44	7.8	286	10.9
2003	166	10.7	*	*	42	8.2	41	7.0	269	10.2
2004	152	9.6	*	*	48	9.1	52	8.4	251	9.5
2005	189	11.7	*	*	50	9.0	61	9.4	272	10.2
2006	167	10.0	*	*	53	9.1	51	7.5	249	9.2
2007	171	10.0	12	13.0	52	8.5	51	7.1	282	10.3
2008	186	10.7	10	10.9	59	9.4	64	8.6	248	9.0
2009	170	9.5	*	*	71	10.9	62	8.1	295	10.5
2010	184	10.2	15	16.1	68	10.3	67	8.6	307	10.8
2011	193	10.4	16	17.1	68	9.9	92	11.3	289	10.0
2012	214	11.4	*	*	68	9.6	72	8.6	326	11.1
2013	209	10.9	13	8.0	67	9.2	117	13.7	308	10.4
2014	218	11.2	10	11.2	68	9.0	90	10.2	318	10.6
2015	227	11.5	13	14.7	79	10.1	91	10.0	348	11.4
2016	261	12.9	10	11.3	91	11.3	100	10.6	328	10.6
2017	257	12.5	11	12.5	113	13.5	120	12.4	391	12.4
2018	296	14.2	12	13.7	88	10.2	112	11.1	411	12.9

[130] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Year	MHMR Tarrant number	MHMR Tarrant rate	Central Plains Center number	Central Plains Center rate	Denton County MHMR number	Denton County MHMR rate	LifePath Systems number	LifePath Systems rate	North Texas Behavioral Health Authority number	North Texas Behavioral Health Authority rate
2019	264	12.6	12	13.9	112	12.6	111	10.7	371	11.6
2020	255	12.0	15	17.7	94	10.2	121	11.3	345	10.7

Table A17. Suicide Mortality by LMH/LBHA Catchment area in SCI Region Three, Texas 1999-2020[131]

Year	Pecan Valley Centers number	Pecan Valley Centers rate	Helen Farabee Center number	Helen Farabee Center rate	Lakes Regional Community Center number	Lakes Regional Community Center rate	StarCare Specialty Health System number	StarCare Specialty Health System rate	Texas Panhandle Center number	Texas Panhandle Center rate
1999	46	14.6	42	14.2	19	13.0	30	10.7	47	12.9
2000	32	9.9	37	12.4	24	16.2	33	11.7	41	11.2
2001	47	14.2	35	11.8	17	11.5	38	13.3	64	17.4
2002	42	12.4	38	12.7	22	14.7	32	11.1	62	16.8
2003	46	13.3	37	12.3	29	19.3	30	10.2	52	14.0
2004	45	12.7	38	12.6	17	11.2	25	8.5	51	13.7
2005	53	14.7	53	17.6	27	17.7	38	12.8	58	15.4
2006	52	14.1	26	8.6	19	12.3	35	11.6	49	12.9
2007	49	13.0	45	14.9	17	10.9	34	11.2	50	13.1
2008	56	14.5	30	9.9	20	12.8	37	12.1	54	14.0
2009	52	13.3	54	17.8	33	21.0	41	13.1	61	15.7
2010	69	17.5	53	17.4	32	20.2	48	15.1	63	16.0
2011	64	16.1	50	16.4	21	13.2	48	14.9	57	14.3
2012	55	13.7	34	11.2	33	20.7	40	12.4	73	18.2

[131] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Year	Pecan Valley Centers number	Pecan Valley Centers rate	Helen Farabee Center number	Helen Farabee Center rate	Lakes Regional Community Center number	Lakes Regional Community Center rate	StarCare Specialty Health System number	StarCare Specialty Health System rate	Texas Panhandle Center number	Texas Panhandle Center rate
2013	71	17.5	48	15.7	13	8.2	45	13.7	59	14.7
2014	66	16.0	68	22.3	20	12.6	51	15.4	75	18.6
2015	66	15.7	46	15.1	25	15.7	49	14.5	78	19.3
2016	78	18.2	60	19.6	19	11.9	57	16.7	80	19.8
2017	69	15.7	71	23.0	37	23.1	53	15.5	74	18.3
2018	85	18.9	71	22.8	38	23.6	61	17.7	92	22.8
2019	73	15.8	60	19.2	24	14.9	56	16.1	91	22.7
2020	100	21.1	55	17.5	33	20.4	70	19.9	81	20.3

Table A18. Suicide Mortality by LMHA/LBHA Catchment area in SCI Region Four, Texas 1999-2020[132]

Year	Tropical Texas Behavioral Health number	Tropical Texas Behavioral Health rate	Behavioral Health Center of Nueces County number	Behavioral Health Center of Nueces County rate	Border Region Behavioral Health number	Border Region Behavioral Health rate	Emergence Health Network number	Emergence Health Network rate
1999	30	3.3	30	9.5	12	4.6	33	4.9
2000	45	4.9	33	10.5	12	4.5	55	8.1

[132] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER

Year	Tropical Texas Behavioral Health number	Tropical Texas Behavioral Health rate	Behavioral Health Center of Nueces County number	Behavioral Health Center of Nueces County rate	Border Region Behavioral Health number	Border Region Behavioral Health rate	Emergence Health Network number	Emergence Health Network rate
2001	42	4.4	29	9.2	16	5.9	42	6.1
2002	52	5.3	41	13.0	*	*	55	7.9
2003	52	5.1	29	9.1	24	8.4	46	6.5
2004	47	4.5	27	8.4	19	6.5	54	7.5
2005	55	5.1	28	8.6	17	5.7	49	6.7
2006	53	4.8	28	8.5	14	4.6	57	7.7
2007	49	4.4	44	13.3	21	6.7	59	7.8
2008	64	5.6	34	10.2	20	6.3	63	8.2
2009	57	4.8	32	9.5	20	6.1	62	7.9

Year	Tropical Texas Behavioral Health number	Tropical Texas Behavioral Health rate	Behavioral Health Center of Nueces County number	Behavioral Health Center of Nueces County rate	Border Region Behavioral Health number	Border Region Behavioral Health rate	Emergence Health Network number	Emergence Health Network rate
2010	62	5.2	44	12.9	21	6.4	50	6.2
2011	56	4.5	40	11.7	22	6.5	50	6.1
2012	75	6.0	53	15.2	18	5.3	62	7.5
2013	75	6.0	45	12.8	24	7.0	82	9.9
2014	85	6.7	38	10.7	16	4.6	90	10.8
2015	68	5.3	52	14.5	27	7.6	69	8.3
2016	84	6.5	47	13.0	20	5.6	84	10.0
2017	102	7.8	49	13.6	16	4.5	82	9.8
2018	87	6.6	57	15.7	18	5.0	96	11.4

Year	Tropical Texas Behavioral Health number	Tropical Texas Behavioral Health rate	Behavioral Health Center of Nueces County number	Behavioral Health Center of Nueces County rate	Border Region Behavioral Health number	Border Region Behavioral Health rate	Emergence Health Network number	Emergence Health Network rate
2019	97	7.4	55	15.2	30	8.3	100	11.9
2020	82	6.2	60	16.5	30	8.3	93	11.1

Table A19. Suicide Mortality by LMH/LBHA Catchment area in SCI Region Four, Texas 1999-2020[133]

Year	ACCESS number	ACCESS rate	Camino Real Community Services number	Camino Real Community Services rate	Coastal Plains Community Center number	Coastal Plains Community Center rate	Permiacare number	Permiacare rate	West Texas Centers number	West Texas Centers rate
1999	15	14.8	20	11.3	25	11.0	45	16.0	24	11.5
2000	20	19.7	25	14.0	20	8.8	29	10.4	18	8.7
2001	17	16.8	9	5.0	22	9.8	31	11.2	25	12.3
2002	21	20.6	9	4.9	28	12.4	32	11.4	22	10.9
2003	21	20.2	19	10.2	23	10.2	32	11.3	25	12.4
2004	17	16.3	14	7.4	33	14.6	27	9.5	33	16.4
2005	14	13.3	27	14.1	27	11.9	30	10.4	24	11.9
2006	18	16.9	19	9.8	30	13.3	34	11.6	17	8.4

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Year	ACCESS number	ACCESS rate	Camino Real Community Services number	Camino Real Community Services rate	Coastal Plains Community Center number	Coastal Plains Community Center rate	Permiacare number	Permiacare rate	West Texas Centers number	West Texas Centers rate
2007	24	22.3	20	10.2	30	13.3	30	10.0	18	8.8
2008	17	15.7	15	7.6	30	13.3	19	6.2	23	11.1
2009	19	17.5	21	10.4	26	11.6	45	14.4	25	11.9
2010	23	21.0	23	11.3	33	14.8	27	8.6	32	15.1
2011	22	20.1	19	9.2	20	8.9	40	12.4	25	11.7
2012	23	21.0	28	13.4	31	13.7	52	15.7	37	17.2
2013	14	12.9	24	11.3	38	16.6	43	12.6	35	16.0
2014	17	15.7	28	12.9	34	14.8	53	15.2	20	9.0
2015	26	23.8	23	10.5	46	20.0	51	14.1	38	16.9
2016	23	21.0	20	9.1	45	19.6	50	13.9	37	16.6
2017	28	25.5	23	10.4	43	18.8	47	12.9	41	18.5
2018	31	28.0	27	12.0	35	15.5	72	19.2	39	17.5
2019	27	24.5	20	8.8	47	20.9	69	18.0	41	18.2
2020	34	30.7	30	13.2	45	20.0	74	19.2	40	17.8

Metro and Non-metro

Table A20. Texas Suicide Mortality in Metro and Non-Metro Areas, 2000-2020[134]

Year	Metro Number	Metro Rate	Non-metro Number	Non-metro Rate
2000	1,701	9.4	352	12.3
2001	1,873	10.2	352	12.3
2002	1,943	10.3	368	12.8
2003	1,957	10.2	406	14.0
2004	1,891	9.7	409	14.1
2005	2,042	10.3	376	12.9
2006	1,993	9.8	354	12.0
2007	2,065	9.9	368	12.5
2008	2,177	10.2	375	12.6
2009	2,370	10.9	439	14.7
2010	2,383	10.8	508	16.9
2011	2,450	10.8	446	14.8
2012	2,579	11.2	458	15.2
2013	2,600	11.1	459	15.2
2014	2,748	11.5	506	16.7
2015	2,881	11.8	522	17.2
2016	2,998	12.1	490	16.1
2017	3,238	12.8	540	17.6
2018	3,351	13.1	577	18.8
2019	3,307	12.8	580	18.9
2020	3,331	12.7	589	19.1

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Complex Urbanization

Table A21. Texas Suicide Mortality by Complex Urbanization, 2000-2020[135]

Year	Large Central Metro number	Large Central Metro rate	Large Fringe Metro number	Large Fringe Metro rate	Medium Metro number	Medium Metro rate	Small Metro number	Small Metro rate	Micropolitan (Nonmetro) number	Micropolitan (Nonmetro) rate	NonCore (Nonmetro) number	NonCore (Nonmetro) rate
2000	892	9.1	328	10.6	314	8.6	162	10.8	172	11.4	180	13.4
2001	989	9.9	372	11.4	317	8.6	191	12.6	180	11.9	172	12.8
2002	1,028	10.1	398	11.8	340	9.1	176	11.5	168	11.1	197	14.5
2003	1,015	9.9	404	11.5	325	8.6	209	13.6	197	12.9	208	15.3
2004	995	9.5	369	10.2	326	8.4	198	12.8	195	12.6	210	15.3
2005	1,080	10.2	431	11.5	344	8.8	182	11.6	194	12.5	179	13.0
2006	1,013	9.3	444	11.4	335	8.4	198	12.5	188	12.0	166	12.0
2007	1,084	9.7	432	10.6	366	9.0	182	11.3	176	11.2	192	13.9
2008	1,093	9.6	461	10.9	397	9.6	221	13.6	182	11.5	193	13.9
2009	1,233	10.6	512	11.8	386	9.2	236	14.3	218	13.7	221	15.8
2010	1,253	10.6	485	11.0	414	9.7	227	13.6	251	15.7	256	18.3
2011	1,221	10.1	565	12.4	403	9.3	253	15.0	241	14.9	204	14.5
2012	1,322	10.7	536	11.5	453	10.3	265	15.5	236	14.6	217	15.5
2013	1,300	10.4	581	12.2	453	10.3	263	15.3	224	13.8	233	16.6
2014	1,304	10.2	650	13.2	492	11.0	296	16.9	243	15.0	263	18.7

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Year	Large Central Metro number	Large Central Metro rate	Large Fringe Metro number	Large Fringe Metro rate	Medium Metro number	Medium Metro rate	Small Metro number	Small Metro rate	Micropolitan (Nonmetro) number	Micropolitan (Nonmetro) rate	NonCore (Nonmetro) number	NonCore (Nonmetro) rate
2015	1,418	10.9	694	13.7	485	10.8	281	15.8	283	17.3	239	16.9
2016	1,475	11.1	712	13.6	520	11.5	281	15.7	257	15.7	232	16.3
2017	1,598	11.9	757	14.0	546	12.0	328	18.3	279	17.0	261	18.3
2018	1,622	11.9	810	14.6	602	13.1	317	17.4	297	18.1	280	19.6
2019	1,579	11.5	796	13.9	610	13.3	322	17.5	277	16.9	303	21.1
2020	1,572	11.3	866	14.7	583	12.6	310	16.7	291	17.7	298	20.7

County

Table A22. 22-year Suicide Mortality by County of Residence, Texas 1999-2020[136]

County	Total Deaths	Population 1999-2020	Total Rate
Anderson County, TX	288	1,256,976	22.9
Andrews County, TX	46	336,436	13.7
Angelina County, TX	253	1,867,950	13.5
Aransas County, TX	137	519,808	26.4
Archer County, TX	24	194,894	12.3
Armstrong County, TX	*	43,288	*
Atascosa County, TX	145	989,312	14.7
Austin County, TX	112	606,805	18.5
Bailey County, TX	17	152,921	11.1 (Unreliable)
Bandera County, TX	96	448,206	21.4
Bastrop County, TX	269	1,619,517	16.6
Baylor County, TX	*	82,854	*
Bee County, TX	109	710,723	15.3
Bell County, TX	902	6,619,482	13.6
Bexar County, TX	4034	37,395,231	10.8
Blanco County, TX	46	225,565	20.4
Borden County, TX	*	14,422	*
Bosque County, TX	66	395,196	16.7
Bowie County, TX	324	2,015,139	16.1
Brazoria County, TX	855	6,788,887	12.6
Brazos County, TX	335	4,200,418	8.0
Brewster County, TX	43	199,683	21.5
Briscoe County, TX	*	35,973	*
Brooks County, TX	28	162,609	17.2
Brown County, TX	131	834,290	15.7
Burleson County, TX	59	379,769	15.5
Burnet County, TX	140	926,459	15.1
Caldwell County, TX	107	838,100	12.8
Calhoun County, TX	58	466,308	12.4
Callahan County, TX	56	295,277	19.0
Cameron County, TX	539	8,628,899	6.2
Camp County, TX	38	270,058	14.1

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County	Total Deaths	Population 1999-2020	Total Rate
Carson County, TX	26	136,891	19.0
Cass County, TX	122	664,301	18.4
Castro County, TX	17	173,899	9.8 (Unreliable)
Chambers County, TX	101	752,433	13.4
Cherokee County, TX	183	1,099,831	16.6
Childress County, TX	26	158,996	16.4
Clay County, TX	45	237,152	19.0
Cochran County, TX	19	70,009	27.1 (Unreliable)
Coke County, TX	13	75,781	17.2 (Unreliable)
Coleman County, TX	27	191,580	14.1
Collin County, TX	1643	16,922,693	9.7
Collingsworth County, TX	11	66,723	16.5 (Unreliable)
Colorado County, TX	63	456,804	13.8
Comal County, TX	397	2,437,372	16.3
Comanche County, TX	40	301,811	13.3
Concho County, TX	11	85,124	12.9 (Unreliable)
Cooke County, TX	160	847,528	18.9
Coryell County, TX	242	1,640,622	14.8
Cottle County, TX	*	34,249	*
Crane County, TX	16	95,795	16.7 (Unreliable)
Crockett County, TX	12	82,883	14.5 (Unreliable)
Crosby County, TX	12	137,944	8.7 (Unreliable)
Culberson County, TX	*	54,653	*
Dallam County, TX	27	146,952	18.4
Dallas County, TX	5274	52,777,962	10.0
Dawson County, TX	33	303,425	10.9
Deaf Smith County, TX	47	414,621	11.3
Delta County, TX	13	116,265	11.2 (Unreliable)
Denton County, TX	1434	14,494,566	9.9
DeWitt County, TX	66	445,110	14.8
Dickens County, TX	*	53,405	*
Dimmit County, TX	23	225,274	10.2
Donley County, TX	11	79,993	13.8 (Unreliable)
Duval County, TX	35	263,595	13.3
Eastland County, TX	60	404,297	14.8
Ector County, TX	401	3,081,664	13.0
Edwards County, TX	12	44,087	27.2 (Unreliable)

County	Total Deaths	Population 1999-2020	Total Rate
Ellis County, TX	358	3,232,313	11.1
El Paso County, TX	1433	17,093,880	8.4
Erath County, TX	105	832,983	12.6
Falls County, TX	53	390,438	13.6
Fannin County, TX	148	736,271	20.1
Fayette County, TX	72	529,705	13.6
Fisher County, TX	12	88,320	13.6 (Unreliable)
Floyd County, TX	14	144,707	9.7 (Unreliable)
Foard County, TX	*	29,982	*
Fort Bend County, TX	1072	12,732,616	8.4
Franklin County, TX	36	228,161	15.8
Freestone County, TX	85	422,396	20.1
Frio County, TX	28	389,290	7.2
Gaines County, TX	37	386,498	9.6
Galveston County, TX	935	6,482,856	14.4
Garza County, TX	10	132,615	7.5 (Unreliable)
Gillespie County, TX	90	533,358	16.9
Glasscock County, TX	*	28,699	*
Goliad County, TX	27	159,946	16.9
Gonzales County, TX	61	436,692	14.0
Gray County, TX	91	493,319	18.4
Grayson County, TX	449	2,668,311	16.8
Gregg County, TX	398	2,624,009	15.2
Grimes County, TX	86	580,243	14.8
Guadalupe County, TX	347	2,814,538	12.3
Hale County, TX	68	778,809	8.7
Hall County, TX	*	74,459	*
Hamilton County, TX	39	183,315	21.3
Hansford County, TX	10	119,232	8.4 (Unreliable)
Hardeman County, TX	11	92,953	11.8 (Unreliable)
Hardin County, TX	198	1,174,176	16.9
Harris County, TX	9040	89,547,003	10.1
Harrison County, TX	213	1,425,675	14.9
Hartley County, TX	10	127,745	7.8 (Unreliable)
Haskell County, TX	30	129,020	23.3
Hays County, TX	408	3,500,672	11.7
Hemphill County, TX	*	82,310	*

County	Total Deaths	Population 1999-2020	Total Rate
Henderson County, TX	340	1,722,589	19.7
Hidalgo County, TX	851	16,380,793	5.2
Hill County, TX	144	761,989	18.9
Hockley County, TX	76	506,532	15.0
Hood County, TX	197	1,118,924	17.6
Hopkins County, TX	117	762,290	15.3
Houston County, TX	78	511,111	15.3
Howard County, TX	141	768,775	18.3
Hudspeth County, TX	*	80,486	*
Hunt County, TX	300	1,900,011	15.8
Hutchinson County, TX	73	487,285	15.0
Irion County, TX	*	35,447	*
Jack County, TX	28	196,612	14.2
Jackson County, TX	47	315,664	14.9
Jasper County, TX	127	782,019	16.2
Jeff Davis County, TX	*	49,495	*
Jefferson County, TX	688	5,534,105	12.4
Jim Hogg County, TX	17	114,720	14.8 (Unreliable)
Jim Wells County, TX	116	893,073	13.0
Johnson County, TX	446	3,303,475	13.5
Jones County, TX	98	443,311	22.1
Karnes County, TX	45	333,403	13.5
Kaufman County, TX	326	2,233,432	14.6
Kendall County, TX	116	749,720	15.5
Kenedy County, TX	*	9,204	*
Kent County, TX	*	17,504	*
Kerr County, TX	230	1,070,452	21.5
Kimble County, TX	20	98,849	20.2
King County, TX	*	6,422	*
Kinney County, TX	10	77,934	12.8 (Unreliable)
Kleberg County, TX	55	693,022	7.9
Knox County, TX	*	84,468	*
Lamar County, TX	189	1,086,373	17.4
Lamb County, TX	36	307,091	11.7
Lampasas County, TX	66	434,224	15.2
La Salle County, TX	14	150,626	9.3 (Unreliable)
Lavaca County, TX	50	428,292	11.7

County	Total Deaths	Population 1999-2020	Total Rate
Lee County, TX	43	364,065	11.8
Leon County, TX	73	363,604	20.1
Liberty County, TX	266	1,699,385	15.7
Limestone County, TX	85	507,641	16.7
Lipscomb County, TX	*	71,399	*
Live Oak County, TX	40	261,346	15.3
Llano County, TX	91	422,657	21.5
Loving County, TX	*	2,063	*
Lubbock County, TX	825	6,088,055	13.6
Lynn County, TX	19	132,889	14.3 (Unreliable)
McCulloch County, TX	35	179,299	19.5
McLennan County, TX	606	5,144,458	11.8
McMullen County, TX	*	16,902	*
Madison County, TX	44	299,021	14.7
Marion County, TX	50	232,276	21.5
Martin County, TX	11	110,371	10.0 (Unreliable)
Mason County, TX	16	87,380	18.3 (Unreliable)
Matagorda County, TX	100	813,900	12.3
Maverick County, TX	63	1,174,251	5.4
Medina County, TX	118	1,001,959	11.8
Menard County, TX	10	48,829	20.5 (Unreliable)
Midland County, TX	411	3,100,578	13.3
Milam County, TX	77	543,951	14.2
Mills County, TX	14	108,175	12.9 (Unreliable)
Mitchell County, TX	27	201,576	13.4
Montague County, TX	97	429,653	22.6
Montgomery County, TX	1459	9,887,130	14.8
Moore County, TX	48	465,139	10.3
Morris County, TX	48	282,858	17.0
Motley County, TX	*	27,324	*
Nacogdoches County, TX	186	1,388,720	13.4
Navarro County, TX	177	1,046,077	16.9
Newton County, TX	55	315,800	17.4
Nolan County, TX	52	331,723	15.7
Nueces County, TX	895	7,464,037	12.0
Ochiltree County, TX	39	216,895	18.0
Oldham County, TX	10	45,700	21.9 (Unreliable)

County	Total Deaths	Population 1999-2020	Total Rate
Orange County, TX	304	1,834,351	16.6
Palo Pinto County, TX	123	613,593	20.0
Panola County, TX	70	513,865	13.6
Parker County, TX	407	2,520,084	16.2
Parmer County, TX	17	219,549	7.7 (Unreliable)
Pecos County, TX	43	347,750	12.4
Polk County, TX	216	1,013,878	21.3
Potter County, TX	476	2,614,034	18.2
Presidio County, TX	15	161,489	9.3 (Unreliable)
Rains County, TX	43	239,324	18.0
Randall County, TX	459	2,644,844	17.4
Reagan County, TX	12	75,869	15.8 (Unreliable)
Real County, TX	14	71,861	19.5 (Unreliable)
Red River County, TX	58	285,769	20.3
Reeves County, TX	31	305,590	10.1
Refugio County, TX	20	162,919	12.3
Roberts County, TX	*	19,322	*
Robertson County, TX	52	364,269	14.3
Rockwall County, TX	201	1,651,282	12.2
Runnels County, TX	28	233,863	12.0
Rusk County, TX	177	1,135,269	15.6
Sabine County, TX	47	231,214	20.3
San Augustine County, TX	31	192,694	16.1
San Jacinto County, TX	101	571,477	17.7
San Patricio County, TX	190	1,465,509	13.0
San Saba County, TX	13	132,271	9.8 (Unreliable)
Schleicher County, TX	*	67,959	*
Scurry County, TX	46	366,853	12.5
Shackelford County, TX	*	73,168	*
Shelby County, TX	80	558,726	14.3
Sherman County, TX	13	67,407	19.3 (Unreliable)
Smith County, TX	715	4,523,343	15.8
Somervell County, TX	38	179,347	21.2
Starr County, TX	89	1,323,111	6.7
Stephens County, TX	46	208,685	22.0
Sterling County, TX	*	27,822	*
Stonewall County, TX	*	32,036	*

County	Total Deaths	Population 1999-2020	Total Rate
Sutton County, TX	12	88,835	13.5 (Unreliable)
Swisher County, TX	32	171,892	18.6
Tarrant County, TX	4294	39,288,156	10.9
Taylor County, TX	430	2,890,457	14.9
Terrell County, TX	*	20,191	*
Terry County, TX	41	276,558	14.8
Throckmorton County, TX	*	36,168	*
Titus County, TX	98	681,728	14.4
Tom Green County, TX	354	2,438,046	14.5
Travis County, TX	2687	22,660,747	11.9
Trinity County, TX	54	315,665	17.1
Tyler County, TX	95	468,482	20.3
Upshur County, TX	159	857,114	18.6
Upton County, TX	*	74,459	*
Uvalde County, TX	60	583,579	10.3
Val Verde County, TX	84	1,050,138	8.0
Van Zandt County, TX	225	1,153,038	19.5
Victoria County, TX	291	1,930,871	15.1
Walker County, TX	210	1,480,317	14.2
Waller County, TX	124	943,882	13.1
Ward County, TX	33	241,185	13.7
Washington County, TX	74	728,483	10.2
Webb County, TX	299	5,333,013	5.6
Wharton County, TX	109	907,291	12.0
Wheeler County, TX	23	116,218	19.8
Wichita County, TX	454	2,892,710	15.7
Wilbarger County, TX	44	297,449	14.8
Willacy County, TX	29	468,798	6.2
Williamson County, TX	996	9,179,013	10.9
Wilson County, TX	117	926,303	12.6
Winkler County, TX	34	160,332	21.2
Wise County, TX	177	1,298,929	13.6
Wood County, TX	163	912,558	17.9
Yoakum County, TX	18	173,991	10.3 (Unreliable)
Young County, TX	76	398,210	19.1
Zapata County, TX	20	298,205	6.7
Zavala County, TX	24	259,339	9.3

Note: Rate is considered "unreliable" if the numerator is less than 20.

*= Less than 10

Hospitalizations

Table A23. Hospitalizations for Attempted Suicide by Year, 2000-2020[137]

Year	Total	Rate per 100,000
2000	12,530	59.8
2001	10,060	47.2
2002	10,522	48.5
2003	10,464	47.5
2004	10,857	48.5
2005	11,280	49.5
2006	11,875	50.8
2007	12,304	51.6
2008	11,996	49.3
2009	11,967	48.3
2010	12,951	51.5
2011	13,086	51.0
2012	13,056	50.1
2013	13,088	49.5
2014	12,678	47.0
2015	13,102	47.7
2016	13,434	48.2
2017	14,165	50.0
2018	15,443	53.8
2019	15,053	51.9
2020	13,135	44.7

[137] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Age

Table A24. Hospitalizations for Attempted Suicide by Age Group, 2000-2020[138]

Year	0-17 number	0-17 rate	18-44 number	18-44 rate	45-64 number	45-64 rate	65-74 number	65-74 rate	75+ number	75+ rate
2000	2,062	35.0	7,350	84.6	2,093	49.7	383	33.5	642	69.0
2001	1,438	24.0	6,595	74.8	1,701	38.5	161	13.9	165	17.4
2002	1,440	23.8	6,843	76.9	1,930	41.9	157	13.4	152	15.7
2003	1,310	21.4	6,830	76.4	2,015	42.1	172	14.5	137	13.9
2004	1,430	23.0	7,007	77.8	2,112	42.5	183	15.2	125	12.5
2005	1,351	21.5	7,166	79.0	2,409	46.7	197	16.0	157	15.3
2006	1,486	23.1	7,435	80.8	2,595	48.3	201	15.8	158	15.0
2007	1,378	14.8	7,714	82.8	2,840	51.0	215	16.4	157	14.6
2008	1,276	19.1	7,427	78.7	2,891	50.4	234	17.0	168	15.4
2009	1,287	18.9	7,298	76.4	2,918	49.4	270	18.9	195	17.6
2010	1,352	19.7	7,835	81.2	3,302	54.7	284	19.3	160	14.2
2011	1,472	21.1	7,839	79.8	3,310	53.5	297	19.3	168	14.4
2012	1,604	23.0	7,736	77.5	3,233	51.7	298	18.1	185	15.5
2013	1,932	27.4	7,452	73.6	3,133	49.6	368	21.2	203	16.5
2014	2,066	29.0	6,887	66.8	3,094	48.1	397	21.7	232	18.3
2015	2,220	30.8	7,159	68.3	3,114	47.5	409	21.3	200	15.4
2016	2,355	32.3	7,319	69.2	3,126	47.1	404	20.1	230	17.1
2017	2,501	34.0	7,771	72.4	3,296	49.0	396	19.0	200	14.5
2018	3,260	44.1	8,110	74.3	3,304	48.7	533	24.6	234	16.3
2019	3,212	43.4	8,065	73.1	3,089	45.2	483	21.5	214	14.4
2020	2,966	39.9	7,077	63.3	2,441	35.5	418	17.9	227	14.8

[138] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Suicide Care Initiative (SCI) Regions

Table A25. Hospitalizations for Suicide Attempts by LMHA/LBHA catchment area in SCI Region One, Texas 2000-2020[139]

Year	The Harris Center number	The Harris Center rate	MHMR Authority of Brazos Valley number	MHMR Authority of Brazos Valley rate	Spindletop Center number	Spindletop Center rate	Texana Center number	Texana Center rate	Tri-County Behavioral Health number	Tri-County Behavioral Health rate
2000	1,688	49.6	165	61.8	207	50.4	141	27.6	64	15.0
2001	1,765	50.8	109	40.1	198	48.3	120	22.5	71	15.9
2002	1,582	44.7	102	37.0	221	53.8	129	23.2	59	12.8
2003	1,637	45.6	105	37.4	205	49.9	122	21.0	62	12.9
2004	1,524	42.0	121	42.5	218	52.8	134	22.2	81	16.3
2005	1,666	45.2	111	38.3	208	50.1	139	22.2	117	22.8
2006	1,658	43.5	113	38.1	198	48.4	120	18.3	114	21.4

[139] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Year	The Harris Center number	The Harris Center rate	MHMR Authority of Brazos Valley number	MHMR Authority of Brazos Valley rate	Spindletop Center number	Spindletop Center rate	Texana Center number	Texana Center rate	Tri-County Behavioral Health number	Tri-County Behavioral Health rate
2007	1,787	46.3	160	53.1	263	63.7	131	19.2	101	18.3
2008	1,650	41.9	148	48.1	154	36.9	137	19.3	82	14.4
2009	1,709	42.4	137	43.4	189	44.9	167	22.6	97	16.5
2010	1,673	40.9	115	36.0	234	55.2	162	21.4	93	15.5
2011	1,678	40.1	121	37.5	177	41.5	206	26.5	126	20.5
2012	1,626	38.2	137	42.0	170	39.9	183	22.9	130	20.6
2013	1,735	40.0	103	31.4	142	33.2	173	21.0	135	20.9
2014	1,604	36.1	104	31.0	162	37.7	157	18.3	134	20.1
2015	1,565	34.5	139	40.6	191	44.1	219	24.5	143	20.8

Year	The Harris Center number	The Harris Center rate	MHMR Authority of Brazos Valley number	MHMR Authority of Brazos Valley rate	Spindletop Center number	Spindletop Center rate	Texana Center number	Texana Center rate	Tri-County Behavioral Health number	Tri-County Behavioral Health rate
2016	1,529	33.3	87	24.9	186	42.7	237	25.7	170	24.0
2017	1,580	34.0	114	32.3	190	43.2	241	25.5	214	29.4
2018	1,345	28.6	119	33.3	156	35.6	198	20.4	273	36.4
2019	1,296	27.5	121	33.5	130	29.8	218	21.9	204	27.2
2020	1,313	27.7	105	28.7	119	27.2	182	17.7	103	13.0

Table A26. Hospitalizations for Suicide Attempts by LMHA/LBHA catchment area in SCI Region One, Texas 2000-2020[140]

Year	Burke Center number	Burke Center rate	Community Healthcore number	Community Healthcore rate	Gulf Bend Center number	Gulf Bend Center rate	Gulf Coast Center number	Gulf Coast Center rate	Texoma Community Center number	Texoma Community Center rate
2000	344	96.7	251	59.2	110	63.5	377	76.6	67	37.6
2001	205	57.2	260	61.2	107	61.8	365	72.6	79	43.7
2002	212	58.7	278	65.2	127	73.4	346	67.1	64	35.1
2003	216	59.3	275	64.2	87	50.2	348	66.1	77	41.8
2004	195	53.2	359	83.4	81	46.7	318	59.1	89	48.0
2005	208	56.6	323	74.6	95	54.8	311	56.6	112	59.9
2006	204	55.2	357	81.6	86	49.6	319	56.6	77	40.8
2007	208	55.9	294	66.9	55	31.7	329	57.0	96	50.5

[140] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Year	Burke Center number	Burke Center rate	Community Healthcore number	Community Healthcore rate	Gulf Bend Center number	Gulf Bend Center rate	Gulf Coast Center number	Gulf Coast Center rate	Texoma Community Center number	Texoma Community Center rate
2008	197	52.7	326	73.6	78	44.7	278	47.1	101	52.9
2009	156	41.4	282	62.9	97	55.1	301	50.4	101	52.5
2010	153	40.4	272	60.4	94	53.3	309	51.1	124	64.2
2011	137	35.9	318	70.2	57	32.2	284	46.1	123	63.5
2012	147	38.6	341	75.0	71	39.5	299	47.8	134	68.9
2013	128	33.8	309	68.1	71	39.2	287	45.1	115	59.1
2014	94	24.8	310	68.2	69	37.7	300	46.0	158	80.6
2015	107	28.1	306	67.3	60	32.5	272	40.7	178	89.7
2016	137	35.9	315	69.4	87	47.1	337	49.3	142	70.5

Year	Burke Center number	Burke Center rate	Community Healthcore number	Community Healthcore rate	Gulf Bend Center number	Gulf Bend Center rate	Gulf Coast Center number	Gulf Coast Center rate	Texoma Community Center number	Texoma Community Center rate
2017	148	38.6	327	72.1	99	53.9	377	54.1	202	98.3
2018	123	31.9	388	85.1	83	45.3	346	48.9	178	84.8
2019	109	28.3	313	68.8	60	32.8	302	42.2	174	81.7
2020	124	32.2	318	69.8	52	28.5	301	41.5	152	70.5

Table A27. Hospitalizations for Suicide Attempts by LMHA/LBHA catchment are in SCI Region Two, Texas 2000-2020[141]

Year	Bluebonnet Trails Community Services number	Bluebonnet Trails Community Services rate	Center for Life Resources number	Center for Life Resources rate	Hill Country MHDD Services number	Hill Country MHDD Services rate	Integral Care number	Integral Care rate	Heart of Texas Region MHMR number	Heart of Texas Region MHMR rate
2000	305	58.7	35	35.4	158	35.7	900	110.8	501	155.8
2001	139	24.9	43	44.0	121	26.5	359	42.5	163	50.3
2002	123	21.3	63	64.6	152	32.3	328	38.7	76	23.3

[141] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Year	Bluebonnet Trails Community Services number	Bluebonnet Trails Community Services rate	Center for Life Resources number	Center for Life Resources rate	Hill Country MHDD Services number	Hill Country MHDD Services rate	Integral Care number	Integral Care rate	Heart of Texas Region MHMR number	Heart of Texas Region MHMR rate
2003	146	24.4	40	41.1	132	27.5	308	36.0	63	19.1
2004	166	26.8	37	37.8	177	36.0	366	42.0	60	18.0
2005	196	30.6	45	45.8	165	32.7	385	43.2	66	19.7
2006	217	32.3	51	51.7	192	36.9	423	45.7	59	17.5
2007	242	34.5	47	47.8	204	38.0	436	45.6	66	19.4
2008	280	38.3	55	55.9	208	37.7	443	45.2	58	17.0
2009	253	33.6	51	51.8	207	36.7	472	46.9	56	16.2
2010	253	32.8	58	58.6	195	34.1	557	54.4	57	16.3
2011	301	37.8	44	44.6	188	32.1	479	45.1	59	16.7
2012	255	31.3	35	35.8	197	33.2	486	44.4	56	15.9
2013	275	32.9	40	41.1	186	30.6	500	44.6	39	11.0
2014	197	22.9	53	54.9	207	33.1	459	39.9	66	18.5
2015	270	30.4	56	57.7	224	34.8	466	39.6	51	14.2
2016	318	34.7	38	39.0	283	42.5	561	46.8	57	15.8
2017	362	38.3	46	47.3	320	46.6	549	44.8	70	19.1
2018	487	50.1	33	34.0	317	44.9	683	54.7	86	23.2
2019	317	31.7	20	20.6	250	34.5	525	41.2	56	15.0
2020	319	30.7	23	23.8	247	33.1	405	31.1	40	10.6

Table A28. Hospitalizations for Suicide Attempts by LMHA/LBHA catchment are in SCI Region Two, Texas 2000-2020[142]

Year	Andrews Center number	Andrews Center rate	Betty Hardwick Center number	Betty Hardwick Center rate	Central Counties Services number	Central Counties Services rate	MHMR Services for the Concho Valley number	MHMR Services for the Concho Valley rate	The Center for Health Care Services number	The Center for Health Care Services rate
2000	177	51.8	82	47.3	151	41.6	82	67.0	783	56.2
2001	173	49.8	89	51.8	135	36.6	128	105.1	957	67.4
2002	218	61.7	77	44.8	121	32.3	158	129.7	1,096	75.8
2003	195	54.2	66	38.5	142	37.8	118	96.8	1,123	76.4
2004	188	51.3	68	39.4	163	42.6	100	81.8	1,219	81.2
2005	198	53.3	69	39.8	188	48.1	112	91.5	1,165	76.2
2006	183	48.3	78	44.8	164	41.1	99	80.3	1,230	78.1
2007	279	72.9	71	40.6	236	57.0	127	102.5	1,291	79.9
2008	241	62.4	63	35.9	227	53.3	148	118.4	1,373	83.1
2009	174	44.6	80	45.2	280	63.0	81	64.2	1,317	78.1
2010	189	48.0	80	44.9	247	56.3	108	84.7	1,409	82.2
2011	170	42.7	95	53.0	274	61.6	135	104.6	1,452	82.7
2012	187	46.8	53	29.5	334	73.8	99	75.9	1,614	90.4
2013	171	42.7	64	35.5	327	71.8	97	73.2	1,417	78.0

[142] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Year	Andrews Center number	Andrews Center rate	Betty Hardwick Center number	Betty Hardwick Center rate	Central Counties Services number	Central Counties Services rate	MHMR Services for the Concho Valley number	MHMR Services for the Concho Valley rate	The Center for Health Care Services number	The Center for Health Care Services rate
2014	149	36.8	123	67.8	240	52.5	123	91.5	1,291	69.6
2015	206	50.2	155	85.0	307	66.2	111	81.7	1,385	73.0
2016	239	57.6	96	52.3	273	58.2	118	86.7	1,264	65.5
2017	249	59.3	117	64.0	322	67.5	132	98.4	1,396	71.3
2018	197	46.3	95	51.6	445	91.7	121	89.0	1,375	69.2
2019	157	36.5	109	59.0	312	63.2	105	77.5	1,142	57.0
2020	211	48.4	103	55.4	363	72.4	119	87.3	984	48.5

Table 29. Hospitalizations for Suicide Attempts by LMHA/LBHA catchment are in SCI Region Three, Texas 2000-2020[143]

Year	Denton County MHMR number	Denton County MHMR rate	Pecan Valley Centers number	Pecan Valley Centers rate	Lakes Regional Community Center number	Lakes Regional Community Center rate	LifePath Systems number	LifePath Systems rate	North Texas Behavioral Health Authority number	North Texas Behavioral Health Authority rate
2000	210	48.5	244	75.5	44	29.7	150	30.5	1,278	49.8
2001	144	31.1	132	39.8	35	23.6	212	39.7	1,268	48.6
2002	205	42.0	152	44.9	25	16.8	220	39.0	1,249	47.6
2003	219	43.0	129	37.2	38	25.3	245	41.6	1,274	48.4
2004	268	50.6	156	44.2	32	21.1	347	56.2	1,339	50.7
2005	276	49.8	186	51.7	49	32.1	341	52.7	1,477	55.6
2006	256	43.8	235	63.9	89	57.8	370	54.1	1,606	59.5

[143] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Year	Denton County MHMR number	Denton County MHMR rate	Pecan Valley Centers number	Pecan Valley Centers rate	Lakes Regional Community Center number	Lakes Regional Community Center rate	LifePath Systems number	LifePath Systems rate	North Texas Behavioral Health Authority number	North Texas Behavioral Health Authority rate
2007	279	45.8	287	76.4	78	50.2	374	52.4	1,303	47.7
2008	295	46.8	262	68.1	73	46.7	328	44.2	1,285	46.5
2009	240	36.9	270	69.0	19	12.1	320	41.8	1,364	48.6
2010	268	40.4	266	67.6	22	13.9	461	58.9	1,470	51.9
2011	267	38.9	274	68.9	18	11.3	418	51.5	1,417	49.0
2012	310	43.8	249	62.1	20	12.6	402	48.2	1,249	42.6
2013	289	39.7	249	61.4	17	10.7	404	47.3	1,210	40.8
2014	300	39.8	204	49.6	28	17.6	416	47.0	1,246	41.3
2015	339	43.4	215	51.3	51	32.0	390	42.7	1,349	44.1

Year	Denton County MHMR number	Denton County MHMR rate	Pecan Valley Centers number	Pecan Valley Centers rate	Lakes Regional Community Center number	Lakes Regional Community Center rate	LifePath Systems number	LifePath Systems rate	North Texas Behavioral Health Authority number	North Texas Behavioral Health Authority rate
2016	390	48.4	261	61.0	48	30.0	454	48.3	1,639	52.9
2017	354	42.3	255	58.2	63	39.3	434	44.8	1,564	49.6
2018	323	37.6	145	32.2	39	24.2	413	41.1	1,237	38.7
2019	333	37.5	108	23.4	28	17.4	401	38.8	1,380	43.0
2020	249	27.1	130	27.5	28	17.3	459	42.8	1,339	41.4

Table A30. Hospitalizations for Suicide Attempts by LMHA/LBHA catchment area in SCI Region Three, Texas 2000-2020[144]

Year	Central Plains Center number	Central Plains Center rate	Helen Farabee Center number	Helen Farabee Center rate	StarCare Specialty Health Systems number	StarCare Specialty Health Systems rate	MHMR Tarrant number	MHMR Tarrant rate	Texas Panhandle Center number	Texas Panhandle Center rate
2000	373	390.3	205	68.8	149	52.7	800	55.3	279	76.1
2001	177	188.5	215	72.3	147	51.3	626	42.0	143	39.0
2002	27	28.9	246	82.4	158	54.7	738	48.4	381	103.5
2003	28	29.9	288	96.1	118	40.3	754	48.5	263	71.0
2004	19	20.2	259	85.9	140	47.5	719	45.5	291	78.0
2005	31	33.1	272	90.3	154	51.9	740	45.9	341	90.7
2006	27	29.0	289	95.3	163	54.2	758	45.6	406	107.1
2007	19	20.5	376	124.4	187	61.6	837	49.0	461	120.7
2008	34	37.1	365	120.8	202	65.9	821	47.0	385	100.0
2009	31	33.8	353	116.2	185	59.2	845	47.4	397	101.9
2010	46	49.5	389	127.7	230	72.6	1,064	58.8	480	122.1
2011	43	46.0	377	124.0	225	69.9	1,103	59.6	488	122.6
2012	33	35.5	384	126.2	201	62.1	1,035	55.0	476	118.8
2013	51	55.8	325	106.6	262	80.0	1,021	53.4	450	112.2
2014	49	55.0	395	129.4	257	77.4	801	41.2	356	88.4

[144] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Year	Central Plains Center number	Central Plains Center rate	Helen Farabee Center number	Helen Farabee Center rate	StarCare Specialty Health Systems number	StarCare Specialty Health Systems rate	MHMR Tarrant number	MHMR Tarrant rate	Texas Panhandle Center number	Texas Panhandle Center rate
2015	45	50.9	351	114.9	277	82.1	806	40.7	379	93.6
2016	39	44.2	383	124.9	221	64.8	1,111	55.1	489	121.1
2017	52	58.9	426	138.0	270	78.7	1,317	64.1	539	133.4
2018	43	49.1	335	107.7	197	57.1	1,423	68.3	165	40.9
2019	25	29.0	375	119.9	271	77.8	1,461	69.5	592	147.8
2020	39	46.0	306	97.2	268	76.1	1,242	58.5	481	120.4

Table A31. Hospitalizations for Suicide Attempts by LMHA/LBHA catchment area in SCI Region Four, Texas 2000-2020[145]

Year	Border Region Behavioral Health Center number	Border Region Behavioral Health Center rate	Camino Real Community Services number	Camino Real Community Services rate	Emergence Health Network number	Emergence Health Network rate	Permiacare number	Permiacare rate	West Texas Centers number	West Texas Centers rate
2000	55	20.8	84	47.0	31	4.6	146	52.4	288	139.6
2001	48	17.6	93	51.4	35	5.1	48	17.3	68	33.5
2002	72	25.8	142	77.3	26	3.7	52	18.5	57	28.2
2003	65	22.7	123	66.1	55	7.8	51	18.0	81	40.2

[145] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Year	Border Region Behavioral Health Center number	Border Region Behavioral Health Center rate	Camino Real Community Services number	Camino Real Community Services rate	Emergence Health Network number	Emergence Health Network rate	Permiacare number	Permiacare rate	West Texas Centers number	West Texas Centers rate
2004	82	27.9	96	50.9	57	7.9	102	35.8	68	33.8
2005	59	19.7	103	54.0	51	7.0	80	27.8	55	27.4
2006	64	20.9	116	59.9	76	10.2	99	33.7	60	29.7
2007	63	20.2	104	53.1	44	5.8	102	34.0	74	36.3
2008	55	17.2	104	52.4	58	7.5	124	40.6	57	27.5
2009	59	18.1	98	48.8	54	6.9	103	32.9	62	29.5
2010	75	22.7	79	38.8	84	10.5	95	30.2	72	34.0
2011	75	22.2	114	55.1	60	7.3	110	34.2	63	29.5
2012	69	20.3	78	37.3	51	6.2	98	29.6	64	29.8
2013	98	28.5	83	39.0	41	5.0	116	34.0	54	24.7
2014	118	33.8	90	41.6	37	4.4	131	37.5	82	37.0
2015	104	29.5	100	45.6	58	6.9	125	34.7	109	48.4
2016	96	27.1	99	44.9	83	9.9	111	30.8	70	31.3
2017	87	24.2	114	51.3	65	7.7	82	22.6	73	33.0
2018	113	31.4	100	44.4	54	6.4	86	22.9	90	40.5
2019	95	26.3	90	39.6	37	4.4	89	23.2	48	21.6
2020	98	27.1	76	33.3	51	6.1	93	24.1	74	32.8

Table A32. Hospitalizations for Suicide Attempts by LMHA/LBHA catchment area in SCI Region Four, Texas 2000-2020[146]

Year	ACCESS number	ACCESS rate	Behavioral Health Center of Nueces County number	Behavioral Health Center of Nueces County rate	Coastal Plains Community Center number	Coastal Plains Community Center rate	Tropical Texas Behavioral Health number	Tropical Texas Behavioral Health rate
2000	409	401.9	403	128.5	234	103.2	326	35.3
2001	76	75.0	361	115.1	202	89.9	181	19.0
2002	74	72.6	374	118.3	185	82.1	362	36.9
2003	73	70.3	387	121.8	175	77.6	358	35.4
2004	101	96.6	419	130.2	177	78.2	320	30.7
2005	79	74.8	350	107.5	156	68.8	392	36.6
2006	102	95.7	351	106.7	169	74.9	460	41.9
2007	111	103.2	412	124.7	170	75.5	388	34.5
2008	102	94.5	425	127.4	148	65.9	397	34.5
2009	104	95.5	413	122.1	138	61.5	505	42.8
2010	85	77.8	448	131.7	114	51.0	493	41.0
2011	124	113.3	548	159.6	91	40.5	528	42.8
2012	101	92.3	553	159.0	103	45.4	705	56.7
2013	97	89.1	547	155.4	106	46.4	1,005	80.1

[146] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Year	ACCESS number	ACCESS rate	Behavioral Health Center of Nueces County number	Behavioral Health Center of Nueces County rate	Coastal Plains Community Center number	Coastal Plains Community Center rate	Tropical Texas Behavioral Health number	Tropical Texas Behavioral Health rate
2014	77	70.9	515	144.6	158	68.8	1,027	80.7
2015	69	63.2	507	140.9	133	57.8	945	73.5
2016	78	71.3	384	106.3	133	57.8	515	39.8
2017	65	59.1	371	102.7	171	74.9	457	35.0
2018	93	84.0	344	95.0	145	64.1	512	39.0
2019	81	73.4	372	102.7	166	73.8	635	48.4
2020	66	59.6	378	104.1	158	70.3	650	49.2

Race and Ethnicity

Table A33. Hospitalizations for Suicide Attempt by Race and Ethnicity, Texas 2000-2020[147]

Year	White number	White rate	Hispanic number	Hispanic rate	Black or African American number	Black or African American rate	Asian or Pacific Islander number	Asian or Pacific Islander rate	American Indian or Native Alaskan number	American Indian or Native Alaskan rate
2000	8,583	77.4	3,640	54.6	1,581	65.6	132	21.9	21	26.4
2001	6,315	56.7	2,256	32.3	912	37.0	80	12.3	22	27.3
2002	6,629	59.4	2,396	33.1	869	34.7	106	15.4	25	30.5
2003	6,434	57.5	2,427	32.4	898	35.3	112	15.4	11	13.3
2004	6,704	59.8	2,473	31.9	999	38.7	169	22.2	25	29.7
2005	6,951	61.8	2,549	31.8	1,008	38.3	283	35.4	26	30.5
2006	7,343	64.7	2,646	31.8	1,079	39.0	286	33.8	17	19.5

[147] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Year	White number	White rate	Hispanic number	Hispanic rate	Black or African American number	Black or African American rate	Asian or Pacific Islander number	Asian or Pacific Islander rate	American Indian or Native Alaskan number	American Indian or Native Alaskan rate
2007	7,722	67.6	2,765	32.1	1,076	38.2	94	10.5	33	37.3
2008	7,475	65.1	2,753	30.8	1,013	35.4	117	12.4	80	88.8
2009	7,409	64.1	2,757	29.8	1,005	34.4	110	11.1	58	63.5
2010	7,821	67.4	3,190	33.7	1,158	39.0	115	11.2	109	118.1
2011	7,643	65.4	3,230	33.0	1,276	42.1	88	8.3	99	102.7
2012	7,134	60.6	3,514	35.3	1,118	36.0	118	10.5	89	91.9
2013	7,225	61.0	3,736	36.8	1,198	37.8	157	13.3	70	71.0
2014	6,830	57.2	3,723	35.8	1,111	34.2	164	13.1	208	206.5
2015	7,051	58.6	3,884	36.4	1,146	34.5	202	15.2	196	190.4

Year	White number	White rate	Hispanic number	Hispanic rate	Black or African American number	Black or African American rate	Asian or Pacific Islander number	Asian or Pacific Islander rate	American Indian or Native Alaskan number	American Indian or Native Alaskan rate
2016	7,401	61.2	3,697	34.0	1,404	41.4	147	10.6	13	12.6
2017	7,481	61.7	4,308	38.6	1,366	39.4	149	10.2	7	6.7
2018	7,949	65.4	4,839	42.6	1,439	40.6	150	9.8	15	14.2
2019	8,233	67.5	3,654	31.7	1,759	48.7	172	11.1	25	23.2
2020	7,244	59.2	3,210	27.5	1,467	39.6	195	12.0	35	32.1

Poison Control Center

Table A34. Suspected Suicide Calls to Poison Control Network, Total and Rate per 100,000 Population, Texas 2004-2021[148]

Year	Total	Rate
2004	17,391	77.7
2005	17,007	74.7
2006	17,192	73.6
2007	17,746	74.5
2008	17,547	72.2
2009	17,310	69.8
2010	17,527	69.7
2011	18,263	71.1
2012	18,544	71.2
2013	18,667	70.6
2014	20,013	74.2
2015	21,177	77.1
2016	22,463	80.6
2017	24,246	85.7
2018	25,233	87.9
2019	26,306	90.7
2020	25,695	87.5
2021	27,764	94.0

[148] Texas Poison Control Network, Department of State Health Services

Age and Sex

Table A35. Suspected Suicide Calls to Poison Control Network by Sex and 6-12-year-old Age Group, Total and Rate per 100,000 Population, Texas 2005-2021[149]

Year	6-12 female number	6-12 female rate	6-12 male number	6-12 male rate
2005	104	9.0	47	3.9
2006	107	9.1	44	3.6
2007	81	6.7	36	2.8
2008	91	7.3	23	1.8
2009	88	6.9	35	2.6
2010	117	8.9	31	2.3
2011	109	8.2	30	2.2
2012	163	12.1	46	3.3
2013	196	14.4	46	3.3
2014	285	20.8	55	3.9
2015	278	20.1	52	3.6
2016	283	20.3	61	4.2
2017	372	26.6	71	4.9
2018	456	32.4	82	5.6
2019	496	35.1	98	6.7
2020	623	43.8	102	6.9
2021	902	63.0	114	7.7

[149] Texas Poison Control Network, Department of State Health Services

Table A36. Suspected Suicide Calls to Poison Control Network by Sex and 13-19-year-old Age Group, Total and Rate per 100,000 Population, Texas 2005-2021[150]

Year	13-19 female number	13-19 female rate	13-19 male number	13-19 male rate
2005	2,957	249.1	1,074	85.2
2006	2,867	236.1	1,209	93.8
2007	2,978	241.6	1,193	91.3
2008	2,796	223.6	1,718	129.8
2009	2,838	223.6	1,218	90.8
2010	2,859	223.8	1,125	83.4
2011	2,888	224.1	1,239	91.0
2012	3,337	256.7	1,195	87.1
2013	3,901	296.7	1,163	83.8
2014	4,604	345.8	1,310	93.4
2015	5,009	372.3	1,435	101.2
2016	5,449	400.0	1,596	111.3
2017	6,039	437.7	1,689	116.4
2018	6,223	444.8	1,976	134.5
2019	6,257	441.6	2,136	143.7
2020	6,957	485.8	2,071	138.0
2021	8,953	618.8	2,343	154.6

[150] Texas Poison Control Network, Department of State Health Services

Table A37. Suspected Suicide Calls to Poison Control Network by Sex and Younger Adult Age Groups, Total and Rate per 100,000 Population, Texas 2005-2021[151]

Year	20-29 female number	20-29 female rate	20-29 male number	20-29 male rate	30-39 female number	30-39 female rate	30-39 male number	30-39 male rate
2005	2,666	161.2	1,609	92.7	1,925	118.0	1,196	72.6
2006	2,662	156.9	1,721	97.2	1,937	116.6	1,127	67.5
2007	2,850	165.2	1,792	99.6	2,060	121.7	1,121	66.2
2008	2,796	159.1	1,718	93.9	1,978	115.2	1,140	66.4
2009	2,838	159.0	1,799	97.0	1,982	113.5	1,168	67.0
2010	2,744	152.5	1,733	92.6	1,950	110.5	1,183	67.3
2011	2,897	157.7	1,808	94.5	2,289	128.3	1,255	70.4
2012	2,812	150.6	1,773	90.2	2,090	115.8	1,229	67.7
2013	2,652	140.3	1,732	86.7	2,163	118.1	1,207	65.2
2014	2,584	133.7	1,800	88.4	2,114	112.7	1,301	68.7
2015	2,897	147.3	1,840	88.7	2,173	113.4	1,391	71.8
2016	3,101	156.3	2,083	99.6	2,205	113.1	1,420	71.7
2017	3,345	167.5	2,319	109.9	2,289	114.9	1,605	79.1
2018	3,495	172.7	2,315	108.5	2,412	118.8	1,613	77.7
2019	3,810	187.3	2,516	117.5	2,412	117.1	1,752	83.1
2020	3,453	168.6	2,334	108.3	2,167	103.5	1,732	80.8
2021	3,627	168.4	2,163	95.4	2,053	98.2	1,561	72.4

[151] Texas Poison Control Network, Department of State Health Services

Table A38. Suspected Suicide Calls to Poison Control Network by Sex and Middle Adult Age Groups, Total and Rate per 100,000 Population, Texas 2005-2021[152]

Year	40-49 female number	40-49 female rate	40-49 male number	40-49 male rate	50-59 female number	50-59 female rate	50-59 male number	50-59 male rate
2005	1,630	96.7	889	53.1	656	48.9	344	26.7
2006	1,658	97.1	953	56.3	682	48.3	405	30.0
2007	1,669	97.6	908	53.5	794	54.7	415	29.8
2008	1,705	99.5	962	56.5	899	60.0	471	32.8
2009	1,637	94.9	988	57.6	771	50.0	477	32.2
2010	1,698	98.0	960	55.8	907	57.5	540	35.5
2011	1,705	97.5	971	55.9	988	60.7	552	35.2
2012	1,852	105.5	966	55.4	1,111	66.8	587	36.6
2013	1,728	98.3	910	52.1	1,032	61.1	619	37.9
2014	1,774	100.0	925	52.7	1,162	67.6	635	38.2
2015	1,727	96.3	960	54.1	1,190	68.4	678	40.3
2016	1,815	100.5	958	53.6	1,220	70.2	695	41.3
2017	1,815	98.8	1,005	55.3	1,279	73.7	813	48.2
2018	1,842	99.2	1,071	58.2	1,260	72.7	775	46.0
2019	1,833	97.9	1,069	57.5	1,225	70.6	803	47.6
2020	1,616	85.3	1,011	53.7	1,052	60.3	669	39.5
2021	1,560	81.5	952	50.1	1,047	58.5	633	36.5

[152] Texas Poison Control Network, Department of State Health Services

Table A39. Suspected Suicide Calls to Poison Control Network by Older Adult Age Group, Total and Rate per 100,000 Population, Texas 2005-2021[153]

Year	60-69 female number	60-69 female rate	60-69 male number	60-69 male rate	70-79 female number	70-79 female rate	70-79 male number	70-79 male rate
2005	164	20.1	97	13.1	45	8.0	22	5.0
2006	170	20.0	105	13.6	61	10.6	26	5.7
2007	179	19.7	107	12.9	47	8.1	31	6.7
2008	214	22.2	114	13.0	71	12.1	38	8.0
2009	214	21.1	126	13.5	72	12.1	50	10.3
2010	228	21.5	158	16.3	71	11.8	43	8.7
2011	285	25.5	162	15.8	59	9.4	38	7.4
2012	286	24.5	177	16.6	81	12.6	50	9.4
2013	321	26.5	176	15.9	95	14.1	51	9.1
2014	370	29.2	182	15.8	122	17.4	41	7.0
2015	433	32.8	209	17.4	86	11.8	51	8.4
2016	471	34.3	240	19.2	124	16.4	53	8.4
2017	516	36.7	275	21.6	161	20.0	67	9.9
2018	520	36.1	313	24.0	158	18.6	90	12.6
2019	536	36.3	350	26.1	166	18.6	89	11.9
2020	551	36.4	323	23.5	170	18.2	106	13.5
2021	546	34.6	344	23.8	207	21.0	106	12.8

[153] Texas Poison Control Network, Department of State Health Services

Outpatient Emergency Department Hospitalizations

Table A40. Texas Outpatient Emergency Department Hospitalizations by Year, 2016-2020[154]

Year	Texas Number	Texas Rate
2016	17,574	62.2
2017	18,697	64.9
2018	21,999	74.9
2019	22,067	76.1
2020	20,719	70.6

Age

Table A41. Texas Outpatient Emergency Department Hospitalizations by Age Group, 2016-2020[155]

Year	0-17 number	0-17 rate	18-44 number	18-44 rate	45-64 number	45-64 rate	65-74 number	65-74 rate	75+ number	75+ rate
2016	5,124	70.2	9,545	90.2	2,643	39.8	200	10.0	62	4.6
2017	5,801	78.8	9,860	91.8	2,725	40.5	234	11.2	76	5.5
2018	6,553	88.6	11,956	109.5	3,068	45.2	309	14.3	110	7.7
2019	6,809	92.0	11,936	108.2	2,948	43.2	276	12.3	97	6.5
2020	6,753	90.8	10,946	97.9	2,604	37.9	294	12.6	119	7.8

[154] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services
[155] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Suicide Care Initiative (SCI) Regions

Table A42. Texas Outpatient Emergency Department Hospitalizations in Suicide Care Initiative (SCI) Region One by LMHA/LBHA Catchment Area, 2016-2020[156]

Year	Gulf Coast Center number	Gulf Coast Center rate	The Harris Center number	The Harris Center rate	Spindletop Center number	Spindletop Center rate	Texana Center number	Texana Center rate	Tri-County Behavioral Healthcare number	Tri-County Behavioral Healthcare rate
2016	413	60.4	2,077	45.3	235	53.9	329	35.7	177	25.0
2017	439	62.9	2,383	51.2	240	54.6	417	44.1	216	29.7
2018	517	73.0	2,678	57.0	287	65.5	424	43.7	252	33.6
2019	468	65.3	2,945	62.5	319	73.1	524	52.6	318	41.4
2020	457	63.0	2,617	55.2	278	63.6	488	47.5	237	30.0

[156] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Table A43. Texas Outpatient Emergency Department Hospitalizations in Suicide Care Initiative (SCI) Region One by LMHA/LBHA Catchment Area, 2016-2020[157]

Year	Burke Center number	Burke Center rate	Community Healthcore number	Community Healthcore rate	Gulf Bend Center number	Gulf Bend Center rate	MHMR of Brazos Valley number	MHMR of Brazos Valley rate	Texoma Community Center number	Texoma Community Center rate
2016	299	78.4	457	100.6	150	81.2	255	73.1	146	72.4
2017	343	89.4	581	128.1	150	81.7	214	60.7	170	82.7
2018	271	70.4	578	126.8	150	81.8	226	63.2	150	71.5
2019	339	88.1	673	147.9	177	96.7	248	68.7	168	78.9
2020	348	90.2	611	134.1	158	86.5	264	72.2	120	55.7

[157] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Table A44. Texas Outpatient Emergency Department Hospitalizations in Suicide Care Initiative (SCI) Region Two by LMHA/LBHA Catchment Area, 2016-2020[158]

Year	Andrews Center number	Andrews Center rate	Bluebonnet Trails Community Services number	Bluebonnet Trails Community Services rate	MHMR Services for the Concho Valley number	MHMR Services for the Concho Valley rate	Heart of Texas Region MHMR number	Heart of Texas Region MHMR rate	Center for Health Care Services number	Center for Health Care Services rate
2016	250	60.2	551	60.1	70	51.4	136	37.6	1,237	64.1
2017	296	70.5	587	62.2	81	60.4	137	37.4	1,295	66.1
2018	297	69.7	661	68.0	83	61.1	144	38.9	1,598	80.5
2019	284	66.0	738	73.7	94	69.4	164	44.0	1,405	70.1
2020	350	80.3	704	67.8	76	55.7	137	36.5	1,324	65.3

[158] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Table A45. Texas Outpatient Emergency Department Hospitalizations in Suicide Care Initiative (SCI) Region Two by LMHA/LBHA Catchment Area, 2016-2020[159]

Year	Betty Hardwick Center number	Betty Hardwick Center rate	Center for Life Resources number	Center for Life Resources rate	Central Counties Services number	Central Counties Services rate	Hill Country MHDD Centers number	Hill Country MHDD Centers rate	Integral Care number	Integral Care rate
2016	215	117.1	68	69.8	571	121.7	491	73.8	830	69.2
2017	232	126.9	82	84.3	554	116.1	463	67.5	723	58.9
2018	226	122.7	88	90.6	577	118.9	574	81.3	814	65.2
2019	232	125.6	87	89.7	582	117.9	517	71.4	907	71.2
2020	239	128.6	85	88.0	456	90.9	533	71.3	787	60.5

Table A46. Texas Outpatient Emergency Department Hospitalizations in Suicide Care Initiative (SCI) Region Three by LMHA/LBHA Catchment Area, 2016-2020[160]

Year	Denton County MHMR number	Denton County MHMR rate	Lakes Regional Community Center number	Lakes Regional Community Center rate	LifePath Systems number	LifePath Systems rate	MHMR Tarrant number	MHMR Tarrant rate	Texas Panhandle Center number	Texas Panhandle Center rate
2016	541	67.1	73	45.6	487	51.8	1,374	68.1	239	59.2
2017	581	69.5	98	61.1	480	49.5	1,390	67.7	264	65.3
2018	556	64.7	87	54.0	530	52.7	1,393	66.8	295	73.2
2019	632	71.2	100	62.0	591	57.1	1,358	64.6	229	57.2
2020	653	71.0	80	49.5	604	56.3	1,631	76.8	241	60.3

Table A47. Texas Outpatient Emergency Department Hospitalizations in Suicide Care Initiative (SCI) Region Three by LMHA/LBHA Catchment Area, 2016-2020[161]

Year	Central Plains Center number	Central Plains Center number	Pecan Valley Centers number	Pecan Valley Centers rate	Helen Farabee Center number	Helen Farabee Center rate	North Texas Behavioral Health Authority number	North Texas Behavioral Health Authority rate	StarCare Specialty Health System number	StarCare Specialty Health System rate
2016	71	80.5	319	74.5	617	201.3	2,282	73.7	237	69.5
2017	76	86.1	324	73.9	690	223.6	2,307	73.1	290	84.6
2018	37	42.2	315	69.9	748	240.4	2,365	74.1	292	84.7
2019	88	102.0	261	56.6	725	231.8	2,631	82.0	396	113.8
2020	73	86.1	322	68.1	776	246.4	2,485	76.9	340	96.5

[159] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services
[160] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services
[161] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Table A48. Texas Outpatient Emergency Department Hospitalizations in Suicide Care Initiative (SCI) Region Four by LMHA/LBHA Catchment Area, 2016-2020[162]

Year	Border Region Behavioral Health Center number	Border Region Behavioral Health Center rate	Emergence Health Network number	Emergence Health Network rate	Permiacare number	Permiacare rate	Tropical Texas Behavioral Health number	Tropical Texas Behavioral Health rate
2016	212	59.8	124	14.8	193	53.5	598	46.2
2017	200	55.7	138	16.4	138	38.0	694	53.1
2018	174	48.4	110	13.1	206	54.8	630	48.0
2019	236	65.4	143	17.0	241	62.7	676	51.5
2020	206	57.0	129	15.3	239	61.9	621	47.0

[162] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Table A49. Texas Outpatient Emergency Department Hospitalizations in Suicide Care Initiative (SCI) Region Four by LMHA/LBHA Catchment Area, 2016-2020[163]

Year	ACCESS number	ACCESS rate	Camino Real Community Services number	Camino Real Community Services rate	Coastal Plains Community Center number	Coastal Plains Community Center rate	West Texas Centers number	West Texas Centers rate	Behavioral Health Center of Nueces County number	Behavioral Health Center of Nueces County rate
2016	142	129.8	148	67.1	197	85.6	218	97.6	233	64.5
2017	288	261.9	145	65.3	222	97.2	222	100.2	212	58.7
2018	303	273.8	151	67.1	252	111.4	219	98.4	322	88.9
2019	420	380.5	197	86.8	310	137.9	260	115.6	336	92.7
2020	105	94.9	236	103.5	264	117.4	202	89.6	354	97.5

[163] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Race and Ethnicity

Table A50. Texas Outpatient Emergency Department Hospitalizations by Race and Ethnicity, 2016-2020[164]

Year	White number	White rate	Hispanic number	Hispanic rate	Black or African American number	Black or African American rate	Asian or Pacific Islander number	Asian or Pacific Islander rate	American Indian or Alaskan Native number	American Indian or Alaskan Native rate
2016	8,679	71.7	4,978	45.7	2,676	78.8	250	18.0	18	17.4
2017	8,561	70.6	6,048	54.2	2,644	76.2	319	21.9	19	18.2
2018	10,058	82.7	7,309	64.3	2,980	84.0	241	15.8	30	28.3
2019	10,764	88.2	5,955	51.7	3,688	102.2	327	21.1	66	61.3
2020	10,547	86.2	5,312	45.4	3,243	87.7	302	18.6	70	64.1

[164] Texas Health Care Information Collection (THCIC), Center for Health Statistics, Department of State Health Services

Behavioral Risk Factor Surveillance System (BRFSS)

Suicidal Ideation

Table A51. Texas Adults who have Seriously Considered Suicide in the Past 12 Months, 3-Year Combined Prevalence, Texas BRFSS 2016-2018[165]

Suicidal Ideation	Percent	95% CI
Texas	3.2	(2.7-3.8)
Male	3.2	(2.5-4.1)
Female	3.2	(2.6-4.0)
18-24	7.1	(5.0-9.9)
25+	2.7	(2.3-3.3)
White, Non-Hispanic	3.1	(2.5-3.8)
Black, Non-Hispanic	3.7	(2.1-6.6)
Hispanic	3.2	(2.4-4.2)
Other	R	(. - .)

Table A52. Texas Adults who have Seriously Considered Suicide in the Past 12 Months by Age Group and Depressive Disorder, 3-Year Combined Prevalence, Texas BRFSS 2016-2018[165]

Age and Group	Percent	95% CI
18-24 Depressive disorder	24.5	(16.0-35.5)
18-24 No depressive disorder	4.2	(2.4-7.1)
25+ Depressive disorder	10.8	(8.7-13.4)
25+ No depressive disorder	1.1	(0.8-1.5)

Table A53. Texas Adults who have Seriously Considered Suicide in the Past 12 Months by Age Group and Disability Status, 3-Year Combined Prevalence, Texas BRFSS 2016-2018[166]

Age Group and Disability Status	Percent	95% CI
18-24 Has Disability	13.9	(8.9-21.2)
18-24 No Disability	5.4	(3.3-8.7)
25+ Has Disability	6.4	(5.2-8.0)
25+ No Disability	1.2	(0.8-1.7)

[165] Behavioral Risk Factor Surveillance System Data, Center for Health Statistics, Department of State Health Services
[166] Behavioral Risk Factor Surveillance System Data, Center for Health Statistics, Department of State Health Services

Youth Risk Behavior Survey (YRBS)

Suicidal Ideation

Table A54. High School Students Who Seriously Considered Suicide in the Past 12 Months, Texas and the U.S. 2001-2019[167]

Year	Texas Percent	Texas 95% C.I.	U.S. Percent	U.S. 95% C.I.
2001	17.7	(16.4-19.1)	19.0	(17.7-20.5)
2005	15.9	(14.3-17.5)	16.9	(15.9-17.8)
2007	15.2	(14.0-16.3)	14.5	(13.4-15.6)
2009	13.7	(12.2-15.4)	13.8	(13.1-14.6)
2011	15.8	(14.8-17.1)	15.8	(15.1-16.5)
2013	16.7	(15.1-18.4)	17.0	(15.8-18.2)
2017	17.6	(15.4-20.0)	17.2	(16.2-18.3)
2019	18.9	(16.6-21.4)	18.8	(17.6-20.0)
2021	21.7	(18.2-25.7)		

Table A55. Texas High School Students Who Seriously Considered Suicide in the Past 12 Months by Sex,2001-2019[168]

Year	Female Percent	Female 95% C.I.	Male Percent	Male 95% C.I.
2001	23.2	(21.4-25.1)	12.5	(11.0-14.2)
2005	21.0	(19.1-23.1)	10.8	(8.6-13.6)
2007	19.6	(17.6-21.8)	10.8	(9.2-12.7)
2009	17.8	(14.8-21.2)	9.8	(8.3-11.7)
2011	19.8	(18.1-21.7)	11.8	(10.2-13.7)
2013	21.1	(18.7-23.7)	12.4	(10.6-14.6)
2017	21.7	(18.6-25.3)	13.3	(10.7-16.4)
2019	25.3	(22.0-28.9)	12.6	(10.4-15.1)
2021	28.2	(23.8-32.9)	15.3	(12.3-18.9)

[167] Centers for Disease Control and Prevention, 2001-2019 Youth Risk Behavior Survey Data, available at www.cdc.gov/yrbs
[168] Youth Risk Behavior Survey Data, Center for Health Statistics, Department of State Health Services

Table A56. Texas High School Students Who Seriously Considered Suicide in the Past 12 Months by Race and Ethnicity, 2001-2019[169]

Year	White Rate	White 95% C.I.	Black or African American Rate	Black or African American 95% C.I.	Hispanic Rate	Hispanic 95% C.I.	Other Rate	Other 95% C.I.
2001	6.7	(5.5-8.0)	8.4	(5.8-12.2)	12.1	(10.6-13.8)	13.5	(8.2-21.2)
2005	7.6	(6.3-9.1)	8.7	(5.7-12.9)	11.3	(9.8-13.4)	14.5	(8.5-23.6)
2007	6.0	(4.7-7.7)	9.7	(7.3-12.8)	11.0	(8.3-14.6)	8.2	(5.1-13.1)
2009	6.2	(5.1-7.4)	6.0	(3.8-9.2)	8.6	(6.5-11.4)	11.9	(7.1-19.1)
2011	7.4	(5.7-9.7)	14.3	(11.4-17.8)	12.0	(10.4-13.9)	10.0	(6.5-15.1)
2013	8.0	(5.9-10.8)	8.7	(5.8-12.9)	11.4	(9.3-14.0)	9.5	(5.7-15.5)
2017	11.3	(7.6-16.3)	18.7	(11.4-29.0)	11.4	(9.9-13.1)	8.2	(5.5-12.1)
2019	21.5	(16.3-27.9)	16.7	(11.2-24.2)	16.7	(14.1-19.7)	25.5	(20.9-30.6)
2021	23.4	(17.2-31.1)	20.5	(16.3-25.5)	20.5	(16.6-25.1)	26.6	(17.8-37.7)

[169] Youth Risk Behavior Survey Data, Center for Health Statistics, Department of State Health Services

Suicide Attempt

Table A57. High School Students Who Attempted Suicide in Texas and the U.S., 2001-2019[170]

Year	Texas Percent	Texas 95% C.I.	U.S. Percent	U.S. 95% C.I.
2001	9.0	(7.9-10.2)	8.8	(8.0-9.7)
2005	9.4	(8.3-10.6)	8.4	(7.6-9.3)
2007	8.4	(7.1-9.9)	6.9	(6.3-7.6)
2009	7.4	(6.3-8.7)	6.3	(5.7-7.0)
2011	10.8	(9.7-12.1)	7.8	(7.1-8.5)
2013	10.1	(8.4-12.1)	8.0	(7.2-8.9)
2017	12.3	(10.2-14.6)	7.4	(6.5-8.4)
2019	10.0	(8.2-12.3)	8.9	(7.9-10.0)
2021	12.3	(9.6-15.4)		

Table A58. Texas High School Students Who Attempted Suicide in the Past 12 Months by Sex, 2001-2019[171]

Year	Female Percent	Female 95% C.I.	Male Percent	Male 95% C.I.
2001	12.7	(11.1-14.5)	5.3	(4.3-6.4)
2005	12.5	(10.7-14.6)	6.1	(4.7-7.8)
2007	11.8	(10.0-14.0)	4.9	(3.3-7.3)
2009	10.4	(8.3-13.1)	4.1	(3.3-5.7)
2011	12.9	(11.0-15.1)	8.4	(7.0-10.2)
2013	11.6	(9.3-14.4)	8.6	(7.0-10.5)
2017	13.0	(9.5-17.4)	10.9	(8.7-13.5)
2019	12.4	(9.7-15.8)	7.5	(5.7-9.7)
2021	15.4	(11.9-19.7)	8.8	(6.1-12.4)

[170] Centers for Disease Control and Prevention, 2001-2019 Youth Risk Behavior Survey Data, available at www.cdc.gov/yrbs

[171] Youth Risk Behavior Survey Data, Center for Health Statistics, Department of State Health Services

Table A59. Texas High School Students Who Attempted Suicide in the Past 12 Months, YRBS 2001-2019[172]

Years	White Percent	White 95% C.I.	Black or African American Percent	Black or African American 95% C.I.	Hispanic Percent	Hispanic 95% C.I.	Other Percent	Other 95% C.I.
2001	6.7	(5.5-8.0)	8.4	(5.8-12.2)	12.1	(10.6-13.8)	13.5	(8.2-21.2)
2005	7.6	(6.3-9.1)	8.7	(5.7-12.9)	11.3	(9.8-13.4)	14.5	(8.5-23.6)
2007	6.0	(4.7-7.7)	9.7	(7.3-12.8)	11.0	(8.3-14.6)	8.2	(5.1-13.1)
2009	6.2	(5.1-7.4)	6.0	(3.8-9.2)	8.6	(6.5-11.4)	11.9	(7.1-19.1)
2011	7.4	(5.7-9.7)	14.3	(11.4-17.8)	12.0	(10.4-13.9)	10.0	(6.5-15.1)
2013	8.0	(5.9-10.8)	8.7	(5.8-12.9)	11.4	(9.3-14.0)	9.5	(5.7-15.5)
2017	11.3	(7.6-16.3)	18.7	(11.4-29.0)	11.4	(9.9-13.1)	8.2	(5.5-12.1)
2019	9.5	(6.3-14.3)	12.3	(8.4-17.7)	10.4	(8.5-12.7)	7.0	(3.5-13.7)
2021	10.5	(7.1-15.4)	14.2	(8.7-22.2)	12.5	(9.9-15.6)	15.4	(8.1-27.1)

[172] Youth Risk Behavior Survey Data, Center for Health Statistics, Department of State Health Services

Appendix B. Texas Statutes

Texas Agriculture Code

Farmer Mental Health and Suicide Prevention Program

Chapter 12, § 12.051

Texas Civil Practice & Remedies Code

Assumption of the Risk: Affirmative Defense

Chapter 93, § 93.001

Disregard of Declaration for Mental Health Treatment

Chapter 137, § 137.008

Texas Code of Criminal Procedure

Deaths Requiring an Inquest

Chapter 49, § 49.04

Medical Examiners/Death Investigations

Chapter 49, § 49.25

Texas Education Code

Facilities Standards

Chapter 7, § 7.061

District-Level Planning and Decision-Making

Chapter 11, § 11.252

Educator Preparation

Chapter 21, § 21.044

Continuing Education

Chapter 21, § 21.054

Staff Development

Chapter 21, § 21.451

Transfer of Victims of Bullying

Chapters 25 and 37, § 25.0342 and § 37.0832

Digital Citizenship

Chapter 28, § 28.002

Essential Knowledge and Skills Curriculum

Chapter 28, § 28.002

Health Curriculum

Chapter 28, § 28.002

Local School Health Advisory Council and Health Education Instruction

Chapter 28, § 28.004

School Health Advisory Council and Suicide

Chapter 28, § 28.004

Counselors

Chapter 33, § 33.006

Student Code of Conduct

Chapter 37, § 37.001

Discipline; Law and Order

Chapter 37, § 37.0012, § 37.002, § 37.007 and § 37.009

Discipline; Law and Order, and Occupations Code, Law Enforcement Officers

Chapter 37, Texas Education Code, § 37.0812

Discipline, Law and Order

Chapter 37, § 37.0832

Threat Assessment and Safe and Supportive School Program and Team

Chapter 37, § 37.115

Multihazard Emergency Operations Plan

Chapter 37, §37.108 (f) (6)

Health and Safety; Psychotropic Drugs and Psychiatric Evaluations or Examinations

Chapter 38, § 38.016

Trauma-Informed Care Policy

Chapter 38, § 38.036

School-Based Health Centers - Parental Consent Required

Chapter 38, § 38.053

Identification of Health-Related Concerns

Chapter 38, § 38.057

Collaborative Task Force on Public School Mental Health Services

Chapter 38, § 38.301-38.311

Funding for Suicide Prevention

Chapter 42, § 42.168

School Safety Allotment

Chapter 48 §48.115

Requirements for Higher Education

Chapter 51, § 51.9193-§ 51.9194

Texas Estates Code

Estate of Person who Dies by Suicide

Chapter 201, §201.061

Texas Family Code

Consent to Counseling

Chapter 32, § 32.004

Medical Services to Minors in the Conservatorship of the State

Chapter 266, § 266.009

Texas Government Code

Veterans County Service Offices

Chapter 434, § 434.038

Mental Health Program for Veterans

Chapter 434, § 434.351

Program for Veterans

Chapter 434, §434.401

Inmate Welfare

Chapter 501, § 501.068

Fire Sprinkler Head Inspection

Chapter 511, § 511.0097

Grants for Veterans' Programs

Chapter 531, § 531.0992

Veteran Suicide Prevention Action Plan

Chapter 531, § 531.0925

Suicide Prevention Subcommittee of the SBHCC

Chapter 531, § 531.477

Texas Health & Safety Code

Texas Health and Human Services Commission Chapter 62, § 62.052
Mental Health Promotion and Intervention, Substance Abuse Prevention and Intervention, and Suicide Prevention Chapter 161, § 161.325

Honoring Advance Directive or Do Not Resuscitate Order Not Aiding Suicide

Chapter 166, § 166.047, § 166.096

Personal Information

Chapter 193, § 193.005

Memorandum of Understanding on Suicide Data

Chapter 193; § 193.011

Convictions Barring Employment

Chapter 250, § 250.006

Services for Children and Youth

Chapter 533, § 533.040

Annual Status Report

Chapter 552, § 552.103

Annual Status Report

Chapter 555, § 555.103

Search Warrants

Chapter 573, §573.001

Court-Ordered Mental Health Services

Chapter 574, § 574.034, § 574.011

Administration of Medication to Patient under Court-Ordered Mental Health Services

Chapter 574, § 574.103

Medication Emergency Defined

Chapter 574, § 574.101, § 592.151

Administration of Medication to Client Receiving Voluntary or Involuntary Residential Care Services or to a Client Committed to Certain Residential Care Facilities

Chapter 592, § 592.152 – § 592.153

Establishment of Review Team

Chapter 672, §672.001 – §672.013

Transmitting Requests for Emergency Aid

Chapter 772, § 772.112, § 772.212, § 772.312, § 772.515 and § 772.614

Mental Health First Aid Training

Chapter 1001, § 1001.201 – §1001.206, §1001.2031

Mental Health Program for Veterans

Chapter 1001, § 1001.221 – § 1001.224

Mental Health First Aid Report

Chapter 1001, § 1001.205

Texas Human Resources Code

Suicide Prevention, Intervention, and Postvention Plan

Chapter 42, § 42.0433

Office of Inspector General

Chapter 61, § 61.0451

Juvenile Correctional Officers

Chapter 242, § 242.009

Texas Occupations Code

Required Suspension, Revocation, or Refusal of License for Certain Offenses

Chapter 301, § 301.4535

Disclosure of Certain Information Relating to Occupants

Chapter 1101, § 1101.556

Training and Education for School District Peace Officers and School Resource Officers

Chapter 1701, § 1701.262-§ 1701.263

Texas Penal Code

Protection of Life or Health

Chapter 9, § 9.34

Aiding Suicide

Chapter 22, § 22.08

Making a Firearm Accessible to a Child

Chapter 46, § 46.13

Texas Property Code

Reporting a Suicide on a Property

Chapter 5, § 5.008

Designations from 86th Legislative Session

Veterans Suicide and PTSD Awareness Month

Concurrent Resolution

- WHEREAS, The veterans of the armed forces of the United States experience post-traumatic stress disorder and commit suicide at rates far higher than the general population; and
- WHEREAS, The men and women who bear arms in our defense regularly face traumatic situations that are not necessarily unique to military life but are certainly more prevalent, ranging from violent and life-threatening experiences to sexual harassment and assault; and
- WHEREAS, Between 7 and 8 percent of the general population experience PTSD at some point in their lives, but veterans are afflicted at rates that range from 12 percent for those who took part in the Gulf War to between 11 and 20 percent for veterans of Operations Iraqi Freedom and Enduring Freedom; approximately 15 percent of Vietnam veterans are currently diagnosed with PTSD, and nearly a third of them have experienced the condition over the course of their lifetimes; and
- WHEREAS, The aftermath of trauma can manifest itself as depression, outbursts of anger, and substance abuse, but the most tragic consequence is suicide; from 2008 to 2016, more than 6,000 veterans each year took their own lives; moreover, in 2016, the suicide rate for veterans was 26.1 per 100,000 as opposed to 17.4 for non-veteran adults, when adjusted for age and gender; and
- WHEREAS, Suicide and other consequences of PTSD affect not only the veterans themselves, but also their families, friends, and communities; in an effort to address this urgent problem, the U.S. Department of Veterans Affairs, the Department of Defense, the Department of Homeland Security, the National Action Alliance for Suicide Prevention, and many veterans and private sector organizations are working to expand treatment and prevention services; these initiatives can be furthered by increasing public awareness of the issue and by engaging the active support of a broad spectrum of concerned citizens; and
- WHEREAS, Americans owe those men and women who sacrificed so much on our behalf an eternal debt of gratitude, and it is essential that our veterans receive the assistance they need to enhance their well-being and their ability to live long and fulfilling lives; now, therefore, be it

- RESOLVED, That the 86th Legislature of the State of Texas hereby designate June as Veteran Suicide and PTSD Awareness Month; and, be it further
- RESOLVED, That, in accordance with the provisions of Section 391.004(d), Government Code, this designation remain in effect until the 10th anniversary of the date this resolution is finally passed by the legislature.

Texas Suicide Prevention Week

Concurrent Resolution

- WHEREAS, The observance of National Suicide Prevention Month in September provides a fitting opportunity to heighten understanding of this critical public health issue; and
- WHEREAS, Each year in the United States, more than twice as many people die from suicide as from homicide, and suicide has become an issue of ever more pressing concern in recent decades; from 1999 to 2016, rates of suicide rose in nearly every state, and Texas experienced an 18.9 percent increase during that time period; and
- WHEREAS, Although suicide is difficult to predict, it is often preceded by warning signs, and sudden changes in mood and behavior can indicate that an individual may need help; the concern expressed by friends, parents, and other family members can make a tremendous difference to someone who is struggling with suicidal thoughts; and
- WHEREAS, Evidence shows that suicides can be reduced by teaching coping and problem-solving skills; many individuals can also find relief from depression and other emotional pressures through therapy, and it is vital that the public be made aware of available treatment options, including psychological counseling; and
- WHEREAS, Education initiatives can be especially helpful for young people; suicide is the second leading cause of death among primary and secondary students ages 10 and older, and a concerted outreach effort in public schools can be an effective means of engaging students, their families, and the wider community; and
- WHEREAS, Suicide exacts a heavy toll on our state, leaving far too many people to cope with the sudden loss of someone they hold dear, and a greater awareness of suicide warning signs and intervention strategies can play an important part in reducing the number of these senseless tragedies; now, therefore, be it

- RESOLVED, That the 86th Legislature of the State of Texas hereby designate September as Suicide Prevention Month; and, be it further
- RESOLVED, That in accordance with the provisions of Section 391.004(d), Government Code, this designation remain in effect until the 10th anniversary of the date this resolution is finally passed by the legislature.

Appendix C. Suicide Care Initiative Regions and Counties

SCI Region	LMHA/LBHA	County
One	The Harris Center for Mental Health and IDD	Harris
One	Burke Center	Angelina
One	Burke Center	Houston
One	Burke Center	Jasper
One	Burke Center	Nacogdoches
One	Burke Center	Newton
One	Burke Center	Polk
One	Burke Center	Sabine
One	Burke Center	San Augustine
One	Burke Center	San Jacinto
One	Burke Center	Trinity
One	Burke Center	Tyler
One	Community Healthcore	Bowie

SCI Region	LMHA/LBHA	County
One	Community Healthcore	Cass
One	Community Healthcore	Gregg
One	Community Healthcore	Harrison
One	Community Healthcore	Marion
One	Community Healthcore	Panola
One	Community Healthcore	Red River
One	Community Healthcore	Rusk
One	Community Healthcore	Upshur
One	MHMR Authority of Brazos Valley	Brazos
One	MHMR Authority of Brazos Valley	Burleson
One	MHMR Authority of Brazos Valley	Grimes
One	MHMR Authority of Brazos Valley	Leon
One	MHMR Authority of Brazos Valley	Madison
One	MHMR Authority of Brazos Valley	Robertson
One	MHMR Authority of Brazos Valley	Washington

SCI Region	LMHA/LBHA	County
One	Spindletop Center	Chambers
One	Spindletop Center	Hardin
One	Spindletop Center	Jefferson
One	Spindletop Center	Orange
One	Texan Center	Austin
One	Texan Center	Colorado
One	Texan Center	Fort Bend
One	Texan Center	Matagorda
One	Texan Center	Waller
One	Texan Center	Wharton
One	Texoma Community Center	Cooke
One	Texoma Community Center	Fannin
One	Texoma Community Center	Grayson
One	Gulf Coast Center	Brazoria
One	Gulf Coast Center	Galveston

SCI Region	LMHA/LBHA	County
One	Tri-County Behavioral Health	Liberty
One	Tri-County Behavioral Health	Montgomery
One	Tri-County Behavioral Health	Walker
Two	Integral Care	Travis
Two	Andrews Center	Henderson
Two	Andrews Center	Rains
Two	Andrews Center	Smith
Two	Andrews Center	Van Zandt
Two	Andrews Center	Wood
Two	Betty Hardwick Center	Callahan
Two	Betty Hardwick Center	Jones
Two	Betty Hardwick Center	Shackleford
Two	Betty Hardwick Center	Stephens
Two	Betty Hardwick Center	Taylor
Two	Bluebonnet Trails Community Services	Bastrop

SCI Region	LMHA/LBHA	County
Two	Bluebonnet Trails Community Services	Burnet
Two	Bluebonnet Trails Community Services	Caldwell
Two	Bluebonnet Trails Community Services	Fayette
Two	Bluebonnet Trails Community Services	Gonzales
Two	Bluebonnet Trails Community Services	Guadalupe
Two	Bluebonnet Trails Community Services	Lee
Two	Bluebonnet Trails Community Services	Williamson
Two	Center for Life Resources	Brown
Two	Center for Life Resources	Coleman
Two	Center for Life Resources	Comanche
Two	Center for Life Resources	Eastland
Two	Center for Life Resources	McCulloch
Two	Center for Life Resources	Mills
Two	Center for Life Resources	San Saba
Two	Central Counties Services	Bell

SCI Region	LMHA/LBHA	County
Two	Central Counties Services	Coryell
Two	Central Counties Services	Hamilton
Two	Central Counties Services	Lampasas
Two	Central Counties Services	Milam
Two	Hill Country MHDD Centers	Bandera
Two	Hill Country MHDD Centers	Blanco
Two	Hill Country MHDD Centers	Comal
Two	Hill Country MHDD Centers	Edwards
Two	Hill Country MHDD Centers	Gillespie
Two	Hill Country MHDD Centers	Hays
Two	Hill Country MHDD Centers	Kendall
Two	Hill Country MHDD Centers	Kerr
Two	Hill Country MHDD Centers	Kimble
Two	Hill Country MHDD Centers	Kinney
Two	Hill Country MHDD Centers	Llano

SCI Region	LMHA/LBHA	County
Two	Hill Country MHDD Centers	Mason
Two	Hill Country MHDD Centers	Medina
Two	Hill Country MHDD Centers	Menard
Two	Hill Country MHDD Centers	Real
Two	Hill Country MHDD Centers	Schleicher
Two	Hill Country MHDD Centers	Sutton
Two	Hill Country MHDD Centers	Uvalde
Two	Hill Country MHDD Centers	Val Verde
Two	MHMR Services of Concho Valley	Coke
Two	MHMR Services of Concho Valley	Concho
Two	MHMR Services of Concho Valley	Crockett
Two	MHMR Services of Concho Valley	Irion
Two	MHMR Services of Concho Valley	Reagan
Two	MHMR Services of Concho Valley	Sterling
Two	MHMR Services of Concho Valley	Tom Green

SCI Region	LMHA/LBHA	County
Two	Heart of Texas Region MHMR Center	Bosque
Two	Heart of Texas Region MHMR Center	Falls
Two	Heart of Texas Region MHMR Center	Freestone
Two	Heart of Texas Region MHMR Center	Hill
Two	Heart of Texas Region MHMR Center	Limestone
Two	Heart of Texas Region MHMR Center	McLennan
Two	The Center for Health Care Services	Bexar
Three	My Health My Resources of Tarrant County	Tarrant
Three	Central Plains Center	Bailey
Three	Central Plains Center	Briscoe
Three	Central Plains Center	Castro
Three	Central Plains Center	Floyd
Three	Central Plains Center	Hale
Three	Central Plains Center	Lamb
Three	Central Plains Center	Motley

SCI Region	LMHA/LBHA	County
Three	Central Plains Center	Parmer
Three	Central Plains Center	Swisher
Three	Denton County MHMR	Denton
Three	Pecan Valley Centers for Behavioral and Developmental Healthcare	Erath
Three	Pecan Valley Centers for Behavioral and Developmental Healthcare	Hood
Three	Pecan Valley Centers for Behavioral and Developmental Healthcare	Johnson
Three	Pecan Valley Centers for Behavioral and Developmental Healthcare	Palo Pinto
Three	Pecan Valley Centers for Behavioral and Developmental Healthcare	Parker
Three	Pecan Valley Centers for Behavioral and Developmental Healthcare	Somervell
Three	Helen Farabee Centers	Archer
Three	Helen Farabee Centers	Baylor
Three	Helen Farabee Centers	Childress
Three	Helen Farabee Centers	Clay

SCI Region	LMHA/LBHA	County
Three	Helen Farabee Centers	Cottle
Three	Helen Farabee Centers	Dickens
Three	Helen Farabee Centers	Foard
Three	Helen Farabee Centers	Hardeman
Three	Helen Farabee Centers	Haskell
Three	Helen Farabee Centers	Jack
Three	Helen Farabee Centers	King
Three	Helen Farabee Centers	Montague
Three	Helen Farabee Centers	Stonewall
Three	Helen Farabee Centers	Throckmorton
Three	Helen Farabee Centers	Wichita
Three	Helen Farabee Centers	Willbarger
Three	Helen Farabee Centers	Wise
Three	Helen Farabee Centers	Young
Three	Lakes Regional Community Center	Camp

SCI Region	LMHA/LBHA	County
Three	Lakes Regional Community Center	Delta
Three	Lakes Regional Community Center	Franklin
Three	Lakes Regional Community Center	Hopkins
Three	Lakes Regional Community Center	Lamar
Three	Lakes Regional Community Center	Morris
Three	Lakes Regional Community Center	Titus
Three	LifePath Systems	Collin
Three	North Texas Behavioral Health Authority	Dallas
Three	North Texas Behavioral Health Authority	Ellis
Three	North Texas Behavioral Health Authority	Hunt
Three	North Texas Behavioral Health Authority	Kaufman
Three	North Texas Behavioral Health Authority	Navarro
Three	North Texas Behavioral Health Authority	Rockwall
Three	StarCare Specialty Health System	Cochran
Three	StarCare Specialty Health System	Crosby

SCI Region	LMHA/LBHA	County
Three	StarCare Specialty Health System	Hockley
Three	StarCare Specialty Health System	Lubbock
Three	StarCare Specialty Health System	Lynn
Three	Texas Panhandle Center	Armstrong
Three	Texas Panhandle Center	Carson
Three	Texas Panhandle Center	Collingsworth
Three	Texas Panhandle Center	Dallam
Three	Texas Panhandle Center	Deaf Smith
Three	Texas Panhandle Center	Donley
Three	Texas Panhandle Center	Gray
Three	Texas Panhandle Center	Hall
Three	Texas Panhandle Center	Hansford
Three	Texas Panhandle Center	Hartley
Three	Texas Panhandle Center	Hemphill
Three	Texas Panhandle Center	Hutchinson

SCI Region	LMHA/LBHA	County
Three	Texas Panhandle Center	Lipscomb
Three	Texas Panhandle Center	Moore
Three	Texas Panhandle Center	Ochiltree
Three	Texas Panhandle Center	Oldham
Three	Texas Panhandle Center	Potter
Three	Texas Panhandle Center	Randall
Three	Texas Panhandle Center	Roberts
Three	Texas Panhandle Center	Sherman
Three	Texas Panhandle Center	Wheeler
Four	Tropical Texas Behavioral Health	Cameron
Four	Tropical Texas Behavioral Health	Hidalgo
Four	Tropical Texas Behavioral Health	Willacy
Four	ACCESS	Anderson
Four	ACCESS	Cherokee
Four	Nueces Center for Mental Health and Intellectual Disabilities	Nueces

SCI Region	LMHA/LBHA	County
Four	Border Region Behavioral Health Center	Jim Hogg
Four	Border Region Behavioral Health Center	Starr
Four	Border Region Behavioral Health Center	Webb
Four	Border Region Behavioral Health Center	Zapata
Four	Camino Real Community Services	Atascosa
Four	Camino Real Community Services	Dimmit
Four	Camino Real Community Services	Frio
Four	Camino Real Community Services	La Salle
Four	Camino Real Community Services	Karnes
Four	Camino Real Community Services	Maverick
Four	Camino Real Community Services	McMullen
Four	Camino Real Community Services	Wilson
Four	Camino Real Community Services	Zavala
Four	Coastal Plains Community Center	Aransas
Four	Coastal Plains Community Center	Bee

SCI Region	LMHA/LBHA	County
Four	Coastal Plains Community Center	Brooks
Four	Coastal Plains Community Center	Duval
Four	Coastal Plains Community Center	Jim Wells
Four	Coastal Plains Community Center	Kenedy
Four	Coastal Plains Community Center	Kleberg
Four	Coastal Plains Community Center	Live Oak
Four	Coastal Plains Community Center	San Patricio
Four	Emergence Health Network	El Paso
Four	Permiacare	Brewster
Four	Permiacare	Culberson
Four	Permiacare	Ector
Four	Permiacare	Hudspeth
Four	Permiacare	Jeff Davis
Four	Permiacare	Midland
Four	Permiacare	Pecos

SCI Region	LMHA/LBHA	County
Four	Permiacare	Presidio
Four	West Texas Centers	Andrews
Four	West Texas Centers	Borden
Four	West Texas Centers	Crane
Four	West Texas Centers	Dawson
Four	West Texas Centers	Fisher
Four	West Texas Centers	Gaines
Four	West Texas Centers	Garza
Four	West Texas Centers	Glasscock
Four	West Texas Centers	Howard
Four	West Texas Centers	Kent
Four	West Texas Centers	Loving
Four	West Texas Centers	Martin
Four	West Texas Centers	Mitchell
Four	West Texas Centers	Nolan

SCI Region	LMHA/LBHA	County
Four	West Texas Centers	Reeves
Four	West Texas Centers	Runnels
Four	West Texas Centers	Scurry
Four	West Texas Centers	Terrell
Four	West Texas Centers	Terry
Four	West Texas Centers	Upton
Four	West Texas Centers	Ward
Four	West Texas Centers	Winkler
Four	West Texas Centers	Yoakum

Endnotes

[i] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER
[ii] American Foundation for Suicide Prevention, 2019
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[iv] American Foundation for Suicide Prevention, 2019
[v] American Foundation for Suicide Prevention, 20169
[vi] Texas State Demographer's Office and Centers for Disease Control and Prevention
[vii] Centers for Disease Control and Prevention
[viii] Crude death rate is the number of new cases (or deaths) occurring in a specified population per year, usually expressed as the number of cases per 100,000 population.
[ix] National Center for Health Statistics, Centers for Disease Control and Prevention, WONDER
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[xi] as defined by the U.S. Office of Management and Budget
[xii] as defined by the U.S. Office of Management and Budget
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[xiv] Table 83 in Appendix A
[xv] Table 85 in Appendix A