The Need for Data
In 2013, the Texas Department of State Health Services launched a Zero Suicide initiative to improve suicide care and reduce suicide rates in public behavioral health care facilities across the state. Among the first sites to implement the initiative were Denton and Tarrant Counties, which wanted to better understand and address suicide within their public behavioral health and crisis services systems. In accordance with Zero Suicide’s data-driven quality improvement component, the counties made initial efforts to collect information about trends in suicide rates in their behavioral health care systems. However, the large size of their populations made it difficult to consistently collect data from public behavioral health care systems. In addition, their community mental health clinics, also called Local Mental Health Authorities (LMHAs), did not transition to using electronic data for some of their medical records until 2014, so collecting data prior to this required a time-consuming review of paper charts. Denton and Tarrant officials realized that they needed to find new ways to obtain data, so that they could learn about the impact of their Zero Suicide efforts more quickly and efficiently.

Getting the Data
Three key elements made it possible for Denton and Tarrant Counties to create strong and timely data snapshots for their Zero Suicide-specific and broader county efforts. First, they utilized the Texas Health and Safety Code § 193.011 to gain access to recent suicide death information. This section of the code allows suicide death data to be shared among local agencies and organizations, such as Medical Examiner (ME) Offices and LMHAs, through a memorandum of understanding. The second key element was the ME’s practice of posting confirmed causes of all deaths on a public website, which allowed suicide prevention professionals to track additional suicide deaths in these counties.

Third, Denton and Tarrant Counties are part of the same ME district, and suicide prevention professionals in both counties have close relationships with this ME office. When a possible suicide death has occurred in the area, communication between the ME’s Office, local first responders, and crisis services allowed for the coordinated deployment of a Local Outreach to Suicide Survivors (LOSS) team. The LOSS team would check whether the decedent had ever accessed services from an LMHA in either county and, if so, would alert the LMHA. While visiting the families and offering postvention counseling and resources, LOSS teams would also sometimes learn of other factors relating to the decedent’s death, such as a history of substance abuse or previous suicide attempts, which helped to augment existing data.

DATA RESOURCES
Locating and Understanding Data for Suicide Prevention (online course): http://training.sprc.org
Zero Suicide in Health and Behavioral Health Care: http://zerosuicide.sprc.org
Improving Data Collection across the Health Care System: http://go.edc.org/Data2
Tarrant County, Texas: Medical Examiner’s Case Records: https://mepublic.tarrantcounty.com/MEPublic/

Texas received funding for their suicide prevention efforts through the Garrett Lee Smith Suicide Prevention Act, which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), and technical assistance from SAMHSA and the Suicide Prevention Resource Center (SPRC) at EDC.
“We knew that if we were aiming for zero suicides, that data would be large part of it. To be successful with Zero Suicide, you have to be able to track the data.”
—Brian Hoppe, Clinical Supervisor, Crisis Services, My Health My Resources (MHMR), Tarrant County

Analyzing the Data
After a suicide death was confirmed by the ME’s Office, county officials matched the decedent to LMHA records by name and date of birth. They were then able to examine the records for additional information, such as where the suicide occurred, the decedent’s gender, and when the decedent was last seen at a Denton or Tarrant LMHA clinic. Since electronic health records are not shared between counties, they were unable to determine whether decedents had accessed LMHA clinics in other Texas counties.

What Texas Learned
In 2015, 14 percent of suicide decedents in Denton and 9 percent of suicide decedents in Tarrant had been in contact with the county public behavioral health care system in the previous 12 months. By talking to family members of suicide decedents, LOSS teams had learned of two factors common in many of these deaths: decedents had a history of substance use, and family members sometimes did not take suicidal disclosures seriously.

County crisis services and LMHA clinics used this data to pinpoint ways to improve their care and to identify locations where services were most needed. Additionally, the data helped officials learn about trends and needs in their communities in real time.

What Comes Next?
Denton and Tarrant Counties have used the results of their analyses to:

- Institute universal suicide screening for LMHA patients
- Increase collaboration with substance abuse groups
- Provide suicide prevention education to the community and to family members of individuals at risk of suicide

Both counties continue to work closely with the ME’s Office to receive death data in real time and to cross reference the data with county LMHA records, allowing them to track the impact of their Zero Suicide efforts.

If you have questions or would like to learn more about how Denton and Tarrant Counties created their surveillance networks, contact:

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The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services.

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