REPORT / RYSE

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RESILIENT YOUTH – SAFER ENVIRONMENTS

Evaluation Report 2020-2021

Submitted to the Texas Health and Human Services Commission

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Background and Overview

Purpose. The Resilient Youth Safer Environments (RYSE) initiative is a five-year initiative aimed at reducing the risk of suicide in children, adolescents, and young adults ages 10 to 24 in Galveston County. RYSE is funded by a Garrett Lee Smith grant from the Substance Abuse and Mental Health Services Administration (SAMHSA); the initiative was funded from June 2019 – June 2024. RYSE focuses on Galveston County, as the region's youth and young adult suicide rate has been higher than the state average for the past ten years. Additionally, the Santa Fe community experienced significant flooding in Hurricane Harvey in August 2017, followed by a tragic school shooting in May 2018.

The RYSE initiative allows Texas to expand upon its previous success in the Zero Suicide in Texas (ZEST) initiative, which assisted in the reduction of deaths by suicide and suicide attempts among youth through the development of Suicide Safer Care Centers (SSCCs) in the public mental health system. The RYSE expansion aims to connect the SSCCs with the establishment of Suicide Safer Schools (SSS) for youth in Galveston County. This network of SSCCs and SSS will then support the implementation of youth suicide prevention and early intervention strategies in other youth-serving providers, including mental health programs, educational institutions, juvenile justice systems, substance use programs, and foster care systems. The lessons learned and tools and resources developed in Galveston County will set the stage for further expansion of the model in Texas.

Collaborators. Leadership for the RYSE initiative is housed within the Texas Health and Human Services Commission (HHSC), which is responsible for coordinating the state suicide prevention activities. The Gulf Coast Center, serving Galveston and Brazoria County, leads the community activities as the Suicide Safe Care Center. The Gulf Coast Center is charged with enhancing the suicide safe care provided through its own services, as well as supporting other child-serving organizations within the region to strengthen their suicide prevention strategies. The Gulf Coast Center will assist in the development of a community suicide prevention collaborative, allowing organizations and individuals committed to reducing suicide within the county to work together toward this shared goal. Santa Fe Independent School District (ISD) serves as the lead district within the region to work towards becoming a Suicide Safer School, implementing components of the zero suicide approach that are appropriate for schools. Region 4 Education Service Center (ESC) serves as the lead training and technical assistance organization for districts in Galveston County, providing professional development and coaching support for schools as they further develop their suicide prevention, intervention, and postvention activities. The Texas State Suicide Prevention Collaborative serves as a lead for training in Suicide Safer Schools, as well as training in other suicide prevention best practices. The Collaborative also leads technical assistance to support the development and sustainment of suicide prevention community coalitions in Texas. The Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas at Austin serves as the evaluation team for the RYSE initiative, responsible for supporting quality improvement and

documenting the impact of the grant initiative. TIEMH is also responsible for supporting the regional suicide prevention coalition in mapping the child-serving organizations and other partners who play a role in suicide prevention in Galveston County and identifying opportunities to strengthen the suicide safe care network.

Evaluation Plan. The evaluation contract was established in December 2020 and the evaluation plan has been further refined over the course of the reporting period. The evaluation team will lead the collection of required data metrics reported to SAMHSA and conduct a local evaluation to support quality improvement over the course of the grant.

The national evaluation consists of tracking the following key measures over time, and examining the capacity of the program to meet quarterly and annual benchmarks:

- Workforce Development (WD2) - number of people in mental health and related workforce trained in mental health related practices/activities
- Training (TR1) - number of individuals who have received training in prevention or mental health promotion
- Screening (S1) - number of individuals screened for mental health or related interventions
- Referral (R1) - number of individuals referred to mental health or related services
- Access to Service (AC1) - number and percent of individuals receiving mental health or related services after referral

The local evaluation attempts to answer key evaluation questions of interest to the local and state partners and document the accomplishments, challenges, and impact of the grant activities. Because the RYSE grant activities are intended to impact youth suicide prevention at the state, county, agency, and child level, the evaluation has aimed to examine impact at each of these levels. The following represent key evaluation questions targeted in the local evaluation. Not all evaluation questions will be answered in each annual evaluation report, but rather the evaluation team will strive to answer them by the final report.

Local evaluation questions:

1. What individuals and organizations are engaged through the Suicide Prevention Coalition? What are the key goals of the Coalition? What is accomplished during the grant period toward these goals and what barriers are encountered?
2. How do community agencies partner or collaborate to strengthen suicide prevention for youth and young adults in the county? What agreements are enacted? What roles do different agencies agree to play within the system?
3. Who is trained to identify warning signs of suicide within the community (gatekeepers) and what types of individuals who interact with young people may not have access to training?

4. What suicide-focused best practices are implemented within the community? Are appropriate staff trained in these practices and are they utilized within the child-serving setting? To what level of fidelity are the practices implemented? What is the potential reach of the best practices, given the population of youth and young adults served by that organization? What gaps still remain in the community?
5. Are suicide prevention resources (e.g., training and services) targeted to reducing the impact of disparities in the community? What progress is made in reducing disparities in access, use, or outcomes from mental health services?
6. How many youth and young adults are screened for mental health and suicide risk? What proportion of youth are found to need additional mental health referrals? Are school- and community-based services adequate to meet the needs of identified youth?
7. How many youth are referred for mental health services and do they access care? What are the primary barriers to accessing care following a referral?
8. What are the primary barriers to accessing appropriate mental health care and reducing the risk to suicide? Have the services provided through the RYSE grant reduced those barriers? Have the trends over time for suicide attempts and suicide deaths for youth in the county reduced, in comparison to trends over the same time period in Texas and the U.S.
9. Which key activities undertaken through RYSE should be sustained beyond the grant period? What key activities should be expanded to other communities or regions in the state? What lessons or tools would support further expansion of impactful elements of the RYSE grant?

While the current report summarizes evaluation findings from the second year of the RYSE grant, it reflects approximately six months of contracted grant activities. Therefore, the results more accurately reflect the initial six-month period. The results will be organized into the following sections:

- Progress toward RYSE goals – documenting goals and objectives for the grant and progress toward those goals within the reporting period;
- Benchmarks for county data – documenting initial findings related to community child-serving organizations, and available suicide-related data for benchmarking progress;
- National outcomes data – documenting the infrastructure development, prevention, and mental health promotion outcomes required by SAMHSA;
- Workforce development – documenting the nature and reach of the training and workforce development activities;
- Organizational change in Gulf Coast Center – documenting progress towards zero suicide framework in the primary participating agency;
- Suicide safer community – documenting progress towards zero suicide or suicide safer schools frameworks within participating agencies; and
- Conclusions and recommendations – providing a summary of key findings and recommendations for further advancement.

Progress toward RYSE Goals

The RYSE initiative has outlined five key goals to accomplish over the course of the grant, along with associated objectives and action steps. Due to delays in grant contracting during the first year, the dates were updated from the grant proposal to reflect more realistic timeframes. However, since contracting delays continued into the current grant period, some benchmark dates were not achievable given the remaining timeframe. Progress made in the second grant year is summarized in this section.

Goal 1: *Improve Suicide Safer Early Intervention and Prevention Systems (SSIP) with the development of a Suicide Prevention Community Collaborative (SPCC) to support community planning, collaboration, workforce development and oversight.*

- Obj. 1.1: By January 2021, establish SPCC inclusive of community health agencies, behavioral (BH) agencies, schools, non- profits, juvenile justice, foster care, faith-based organizations, and individuals with lived experience.
- Obj. 1.2: By October 2020, develop and update a community youth suicide prevention plan to identify training and implementation goals, timelines, responsible parties, and metrics.
- Obj. 1.3: By March 2021, and annually thereafter, provide training in the Zero Suicide (ZS) framework to two community health and behavioral health providers to promote suicide prevention as a core component of health and BH care.
- Obj. 1.4: By May 2021, conduct community mapping for a timely response system with identified roles, responsibilities, and coordination processes for target agencies to recognize and serve youth at risk of suicide.
- Obj. 1.5: By 2020, establish one or more MOUs with child-serving organizations to document roles and responsibilities for youth suicide prevention activities.
- Obj. 1.6: By 2021, the region will establish a Child Fatality Review Team to inform local planning.

Progress on Goal 1. During the current grant year, project staff engaged in multiple outreach contacts to begin to engage community stakeholders in a regional suicide coalition. The team met with youth and young adult-serving organizations to provide information on the RYSE initiative, Gulf Coast Center programs, and learn about other youth-serving agencies' activities. During these meetings, the team began identifying opportunities for initial collaborations. The Texas Suicide Prevention Collaborative provided technical assistance on establishing and sustaining a community coalition to leaders in Galveston County. The initial meeting of the Suicide Prevention Coalition was held on May 20, 2021 with 16 attendees. The Coalition members decided to rotate hosting the meeting and inviting different speakers to share information about their suicide prevention activities. A second meeting was held in June, which included a presentation by the regional chapter of the American Foundation of Suicide Prevention (AFSP).

The community began to make initial progress in establishing a suicide safer community in Galveston during the year. A team of staff from the Gulf Coast Center participated in a regional Zero Suicide Academy and began planning to strengthen their local system of care. The Gulf Coast Center and Santa Fe ISD established an MOU in October 2020 outlining the responsibilities of each party. The Gulf Coast Center outlined responsibilities to provide crisis response and intervention; training and education; screening, assessment and referral; care transition services; safety planning; and postvention services. The Santa Fe ISD outlined responsibilities to provide a confidential and comfortable location on campus to support the provision of mental health services, and to engage in ongoing communication and collaboration with the Gulf Coast Center. The community also began to make progress towards establishing a Child Fatality Review Team. The Advocacy Center for Children of Galveston County officially houses the Child Fatality Review Team, however initial outreaches have identified that the team is currently inactive.

To support school districts in implementing the Suicide Safer Schools framework within the county, five districts were recruited to participate in a training. In June 2021, 30 individuals participated in the Suicide Safer Schools virtual workshop. During the workshop, districts spent time working collaboratively within teams to develop a plan for enhancing their suicide prevention, intervention, and postvention efforts. The Texas Suicide Prevention Collaborative will continue to support districts in their implementation through monthly technical assistance meetings in the next grant period.

Due to the regional suicide prevention coalition being established late in the grant year, several other grant goals could not be completed during the current year. Coalition members began steps for community mapping by having members present on their role in suicide prevention and the resources that they provide to the community. However, additional time is needed to engage more partners in the coalition and further map the regional assets and gaps. Similarly, the community began steps towards the development of a community suicide prevention plan by outlining the coalition's mission and vision and identifying four initial goals. The initial goals are to:

- establish and maintain a coalition of stakeholders who share a common goal of suicide prevention;
- meet regularly to identify needs and share resources related to suicide prevention;
- promote evidence-based practices and trainings to coalition members and the community; and
- engage community partners who have an interest in suicide prevention.

As the coalition continues to strengthen its membership and explore local data, assets and gaps, the strategic plan can be further developed and refined.

Goal 2: *Increase the early identification and referral of youth ages 10 to 24 at risk of suicide.*

- Obj. 2.1: By June 2020, implement an evidence-based screening tool, such as the Columbia-Suicide Severity Rating Scale (C-SSRS) within one or more youth-serving agencies in the region.
- Obj. 2.2: Toward comprehensive SSS, utilize C-SSRS for 100 youth within the school system by June 2021.
- Obj. 2.3: By June 2021, provide suicide screening for 400 youth, who access services through community mental health providers, then annually increase by 10%.
- Obj. 2.4: Provide training to 50% of school staff and community health and behavioral health providers in the identification of individuals at risk of suicide and accessing appropriate referrals by August 2021. (Mental Health First Aid (MHFA), ASK to Save a Life (ASK), Applied Suicide Intervention Skills Training (ASIST).
- Obj. 2.5: By June 2021, provide referrals to best practice assessment and interventions for all youth identified through screening processes (at a minimum, 80% of all screened).

Progress on Goal 2. The community made significant progress during the year in increasing the identification and referral of youth age 10 to 24 who are at risk of suicide. The Gulf Coast Center has initiated a screening process by which all individuals who attend services at the clinic are screened with the C-SSRS. Youth and young adults also complete the PHQ-9 at medical visits. The Zero Suicide Implementation Team at GCC has been working to identify any potential gaps in this process, such as planning processes by which case managers can be called to respond to individuals with an elevated screen. The team has also been working to provide additional training to front desk staff and ensure that individuals who arrive late for an appointment do not leave prior to participating in a suicide screening. Over the course of the year, the Gulf Coast Center screened 802 youth with the PHQ-9 and 527 youth with the C-SSRS, for a total of 968 unique screening events. Of these youth, 113 had elevated screenings suggesting risk and were referred for further suicide-specific assessment or intervention. Counselors at schools also use the C-SSRS to screen students when there is concern about suicide risk. The evaluation team and GCC are currently working with Santa Fe ISD to refine their data tracking system to capture the number of screenings conducted in the district and the results of those screenings.

Partners in RYSE have also conducted trainings within the community to increase community members' capacity to identify and refer youth and young adults. During the year, the GCC conducted 16 Youth Mental Health First Aid classes, training a total of 261 participants (74.5% educators). The GCC also offered five Adult Mental Health First Aid classes, training 85 individuals, mostly from local colleges and universities (57.6%). The Texas Suicide Prevention Coalition provided three ASK+ gatekeeper trainings during the year with 65 participants, all targeting school staff. The Texas Suicide Prevention Coalition also offers training in ASK+ through an online video, and 116 individuals from Galveston County participated in this training. Two RYSE staff participated in a

trainer workshop for Applied Suicide Intervention Skills Training (ASIST) and are prepared to offer ASIST training to organizations within the community.

Goal 3: *Provide evidence-based interventions to enhance protective factors, promote mental health, and reduce suicide risk.*

- Obj. 3.1: In year three, begin the Hope Squad youth peer model in a high school as a universal prevention strategy.
- Obj. 3.2: By 2020, implement Safety Planning Intervention (SPI) and Counseling on Access to Lethal Means (CALM) within community organizations as targeted prevention strategies.
- Obj. 3.3: By year three, implement Collaborative Assessment and Management of Suicidality (CAMS) within a BH agency to treat suicide-specific risk factors as an indicated prevention strategy.
- Obj. 3.4: By October 2020, enhance the existing Mobile Crisis Outreach Team (MCOT) with one staff member with appropriate youth expertise to respond to crises in schools and other youth-serving organizations.
- Obj. 3.5: To begin by December 2020 and throughout the 2020-2021 school year, provide transition services, such as intensive follow-up care, through a care navigator (CN) for caseload of 15 youth transitioning from emergency room, psychiatric hospitalization, or other crisis care.
- Obj. 3.6: To begin by April 2021 and then ongoing, provide evidence-based practices (EBPs), SSIP strategies by the Suicide Prevention Specialist (SPS) team in the schools, community, and in the larger educational region and systems as a whole.

Progress on Goal 3. The Gulf Coast Center has made significant progress in establishing a care pathway for youth and young adults identified as at risk of suicide. The agency has established a pathway that provides for a suicide risk assessment and safety plan for individuals identified as emergent. The GCC had 47 providers participate in training in Safety Planning Intervention (two as trainers) and nine providers participated in CALM. The agency has identified six staff to take part in training in the Collaborative Assessment and Management of Suicidality (CAMS) as a suicide-specific evidence-based intervention, with four staff completing the training during the year.

The GCC hired a Youth Mobile Crisis Outreach Team member responsible for responding to crisis situations at child-serving organizations in the county. In this first year, the Youth MCOT staff worked most closely with Santa Fe ISD, but is expanding her reach over time as further partnerships are formed. The Youth MCOT team responded to 16 crisis calls between January 2021 and June 2021. The GCC also hired a care navigator who provided care coordination and support for referrals, as well as support for youth transitioning from hospital or crisis care back to their home campus.

Goal 4: *Enhance postvention strategies to reduce risk following exposure to suicide attempts or deaths in the community.*

- Obj. 4.1: By year three, provide training and follow up technical assistance for three or more youth-serving agencies to develop and implement best practice postvention policies.
- Obj. 4.2: By June 2021, and then annually provide postvention education and support through the Gulf Coast Local Outreach to Suicide Survivors (LOSS) team for two community partners per year.
- Obj. 4.3: By year two, the CN worker will establish a suicide attempt survivor group at GCC.

Progress on Goal 4. The RYSE team made more limited progress on Goal 4 in the current year, with most strategies planned for subsequent years of the grant. The GCC team coordinated and participated in a Suicide Clinician Bereavement training, which provided didactic information, group discussion, and case examples. The team began a self-study of the American Foundation for Suicide Prevention's *Facilitating Suicide Bereavement Groups* manual. To support planning for the establishment of a Gulf Coast LOSS team, staff at GCC attended a LOSS team training and have begun discussion about how to implement and sustain a new team.

Goal 5: *Continuously measure and document RYSE activities and impacts to improve quality and document lessons for expansion.*

Progress on Goal 5. The RYSE team made significant progress on this goal over the grant year. The team identified strategies for measuring the training activities undertaken by RYSE partners, as well as those provided by each of the RYSE partners in support of the grant. The team also identified mechanisms to track screenings, referrals, and access to services provided by GCC staff. There were some barriers to tracking youth screenings occurring within GCC, but progress was made after the grant year, allowing for information on screenings, referrals, and access to suicide interventions to be reported for the grant period. Similarly, Santa Fe ISD did not have an existing tracking system that allowed for reporting mental health or suicide screening, but the team hopes to strengthen this reporting over the next quarter to allow for better tracking of school screening activities.

During the grant year, the GCC participated in a Zero Suicide workforce survey and received a report documenting these findings. The implementation team reviewed the results and utilized key findings within their agency plan. School districts participating in the Suicide Safer Schools training participated in a survey prior to the training to document the extent to which the district already had established key practices or needed to continue growth in this area. The survey will be repeated at the end of the technical assistance period to examine progress in key areas. Districts were also invited to submit key data metrics to monitor their progress with the SSS model, but no districts have submitted this data. The RYSE team has also begun establishing data benchmarks for the community to monitor progress over time. This data is summarized in the following section.

Benchmarks for County Data

As the current report reflects the first year of grant activities, the evaluation team aimed to document relevant county information to aid planning and establish benchmarks for measuring change in subsequent grant years.

Education. Table 1 summarizes the characteristics of K-12 education in Galveston County. The county includes ten school districts or charter schools, representing 108 school campuses and a student population of 83,384. The mean district attendance rate is 94.9%, with five districts exceeding the mean and five districts below it. The mean ratio of school counselors to students is one for every 419 students, with the American School Counselor Association recommending a maximum of one school counselor for every 250 students. Student attendance rates ranged from 92.0% to 96.2%, and the proportion of students experiencing a disciplinary action ranged from 3.0% to 24.8%.

Table 1. *Characteristics of School Population*

School District	Number of Campuses (2020-2021)	Number of Students (2019-2020)	Ratio of Counselors to Students (2020-2021)	Attendance (2018-2019)	Students Disciplined (2019-2020)
Ambassadors Prep	1	276	0:276	86.2%	masked
Clear Creek ISD	47	42,234	1:383	95.6%	3,195 (7.6%)
Dickinson ISD	16	11,630	1:489	95.2%	1,780 (15.3%)
Friendswood ISD	6	6,200	1:443	96.2%	188 (3.0%)
Galveston ISD	11	7,034	1:444	93.5%	1,054 (15.0%)
High Island ISD	1	171	1:1,710	95.0%	11 (6.4%)
Hitchcock ISD	5	1,771	1:363	94.0%	222 (12.5%)
Odyssey Academy	2	1,200	1:1,200	96.1%	124 (10.3%)
Santa Fe ISD	5	4,488	1:408	94.7%	452 (10.1%)
Texas City ISD	14	8,380	1:463	92.0%	2,077 (24.8%)
County Totals	108	83,384	1:419	94.9%	9,103 (10.9%)

Source: Texas Education Agency Texas Academic Performance Report, Snapshot: School District Profiles, and Annual Discipline Reports. Retrieved from https://tea.texas.gov/reports-and-data

Table 2 presents the characteristics of higher education institutions. Galveston County is home to five community colleges or universities, representing 20,514 students. The higher education institutions represent two community colleges, two universities, and one health-related institution.

Table 2. *Characteristics of College or Universities*

Institution	Type of Campus	Location	Student Enrollment
College of the Mainland	Community College	Texas City	4,335
Galveston College	Community College	Galveston	2,080
Texas A&M University at Galveston	University (bachelor's & graduate)	Galveston	1,653
University of Houston Clear Lake	University (bachelor's & graduate)	Clear Lake	9,053
University of Texas Medical Branch	Health-related Institution	Galveston	3,393
County Total			20,514

Source: Texas Higher Education Coordinating Board. Retrieved from http://www.txhighereddata.org/

Health and Behavioral Health. The county has a variety of hospitals and emergency rooms, providing both physical and behavioral health care. Table 3 describes the known hospitals within the county, as well as one outpatient medical center with an emergency room.

Table 3. *Characteristics of Hospitals and Clinics*

Hospital or Clinic	Type of Provider	Location	ER	Inpatient Beds
UTMB Children's Hospital	Pediatric inpatient care	Galveston	Yes, at John Sealy	50
HCA Houston Healthcare Clear Lake	Comprehensive inpatient care	Clear Lake	Yes	547
Houston Methodist Clear Lake Hospital	Comprehensive inpatient care	Clear Lake	Yes	178
UTMB Jennie Sealy Hospital	Comprehensive inpatient care	Galveston	No	310
UTMB John Sealy Hospital	Teaching hospital	Galveston	Yes	414
HCA Houston Healthcare Mainland	Comprehensive inpatient care	Texas City	Yes	222
Memorial Hermann Health System Convenient Care Center	Outpatient primary and specialty care	League City	Yes	N/A
Shriners Burn Hospital for Children	Specialty care hospital (burn care)	Galveston	No	30
UTMB Criminal Justice Hospital	Specialty care hospital (prison)	Galveston	No	172

UTMB Health League City	Inpatient and outpatient care	League City	Yes	20
UTMB Health Clear Lake	Comprehensive inpatient care	Webster	Yes	149

Other Child-Serving Agencies. Table 4 summarizes information about Galveston County child-serving agencies who may play a part in local suicide prevention efforts. These include mental health or counseling agencies, federally qualified health center, and social service agencies. Additional information will be gathered on these and other agencies as a component of the community mapping efforts.

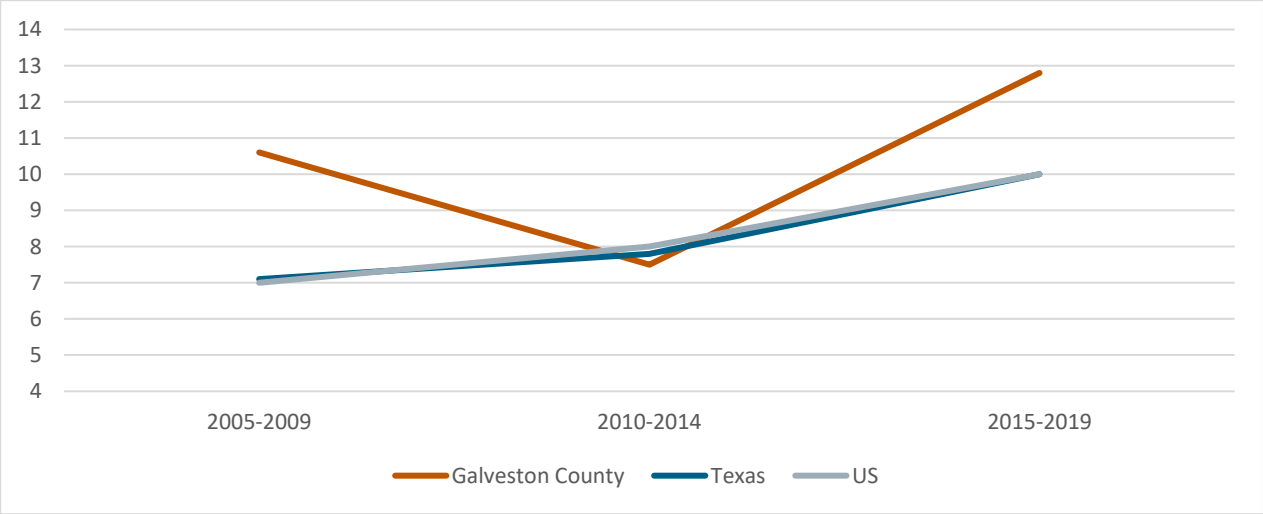
Table 4. *Child-Serving Agencies in Galveston County*

Agency	Type of Provider	Location
Anchor Point	Mental health outpatient counseling	League City, Seabrook
Bacliff Community Health Center	Mental health outpatient counseling	Bacliff
Bay Area Turning Point	Domestic violence agency	Webster
Carole and Ronald Krist Samaritan Counseling Center	Mental health outpatient counseling	Galveston, Dickinson
Coastal Health and Wellness	Federally Qualified Health Center (FQHC)	Texas City
Devereaux Texas Treatment Network	Residential treatment facility; specialized school	League City
Family Service Center	Child and family counseling and parent training	Galveston, Dickinson
Galveston Integrated Health Clinic	Federally Qualified Health Center (FQHC)	Galveston
The Children's Center	Prevention and intervention for trauma and abuse, serving families and youth, supported housing and employment services	Galveston
Advocacy Center for Children of Galveston County	Medical examinations, child abuse interviews, crisis counseling, victim services	Galveston
Resource and Crisis Center of Galveston County	24-hour crisis hotline, social services	Galveston, League City
Dickinson Community Health Center	Federally Qualified Health Center (FQHC)	Dickinson

Santa Fe Resiliency Center	Outpatient counseling services; disaster services	Santa Fe
Sunshine Center	Family outreach and support	Galveston
Teen Health Center	School-based health and mental health clinic (multiple locations)	Galveston

Suicide and Suicide Risk Data. Information on suicide risk for youth age 10 to 24 within Galveston County establishes a baseline for measuring progress over the course of the grant year and beyond. Figure 1 presents the suicide death rate for youth and young adults in five-year periods for Galveston County, in comparison to state and national rates. Five-year rates were presented to ensure small samples do not misrepresent trends over time, but annual deaths by suicide are also tracked.

Figure 1. *Suicide Death Rate per 100,000, Age 10-24*



The University of Texas Medical Branch (UTMB) conducted a 2020-2021 Galveston County Youth Risk Behavior Survey (YRBS) with high school students from Galveston ISD and Dickinson ISD. Survey questions were expanded from the standard YRBS, based on community stakeholder input, and included questions from several additional validated measures. The survey was completed by 2,428 students.

Figure 2 presents results for youth reporting symptoms of depression and suicidal thoughts. Overall, 40.7% of youth reported feeling sad or hopeless nearly every day for two weeks such that they felt unable to carry on with normal daily activities, higher than the state rate of 38.3%). Responses to this question were higher for females than males and lower for Black students than students of other race/ethnicities. Eighteen percent (18.1%) of Galveston area students reported that they had considered suicide, lower than the Texas rate of 18.8%. Female students were more likely to report having considered suicide than male students.

Figure 2. *Galveston County Youth Risk Behaviors, Depression and Suicidal Thoughts*

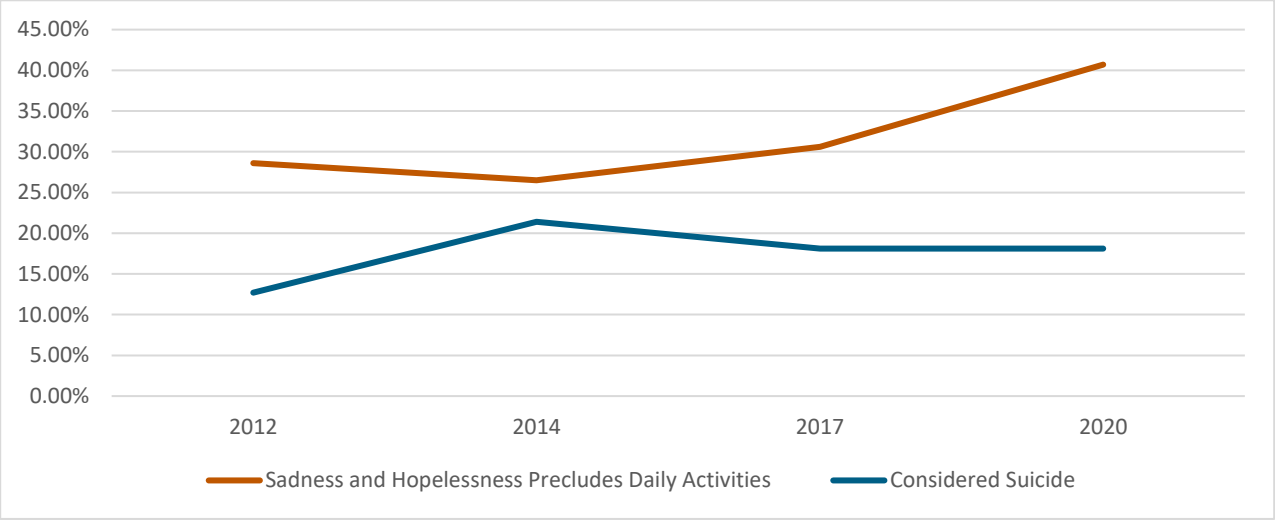
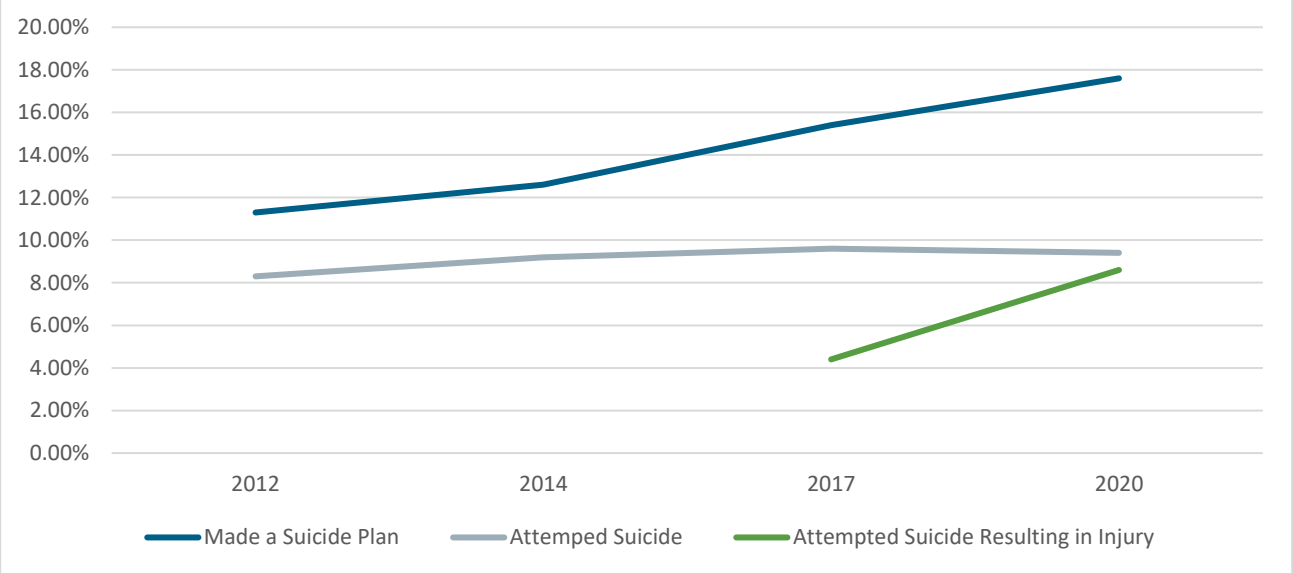


Figure 3 presents results on questions related to suicide planning and behaviors. In 2020, 17.6% of Galveston area students reported having planned a suicide attempt within the past 12 months, higher than the state average of 15.0%. This also represents a significant increase from results on the same question in previous years. The increase in planning for suicide did not seem to result in an increase in suicide attempts, with 9.4% reporting making a suicide attempt, lower than the 10.4% found in the state sample. However, Black females and freshman females had rates of 18.8% and 19.9%, respectively. While data on suicide attempts requiring medical attention were only available for two time-periods, they illustrated a concerning trend.

Figure 3. *Galveston County Youth Risk Behaviors, Suicidal Planning and Behaviors*



Note: Suicide attempts resulting in injury were not gathered prior to 2017.

Infrastructure Development, Prevention and Mental Health Promotion (IPP) Outcomes

The RYSE grant tracks and documents five infrastructure and mental health prevention metrics and reports quarterly to SAMHSA. Progress towards the annual goals set by the team are summarized in Table 5. The team exceeded the workforce development goal by 70.6% and exceeded the training goal by 156%. The Gulf Coast Center also exceeded the screening goal by 142%. The number of referrals was smaller than expected, at 29% lower than expected. The goal for access to services following referral was exceeded by 47%.

Table 5. *Summary of SAMHSA IPP Metrics*

Metric	Definition	Year 2 Goal	Achieved in Year 2
Workforce Development (WD2)	# of people in mental health and related workforce trained in mental health related practices/activities	150	256
Training (TR1)	# of individuals who have received training in prevention or mental health promotion	150	384
Screening (S1)	# of individuals screened for mental health or related interventions	400	968
Referral (R1)	# of individuals referred to mental health or related services	160	113
Access to Service (AC1)	# and % of individuals receiving mental health or related services after referral	38%	55.75%

Workforce Development

Many of the trainings occurring in the reporting period were aimed at ensuring that RYSE staff were prepared for their role and trained in suicide prevention best practices. Staff were also trained to serve as trainers in several practices, including ASK+, Suicide Prevention Intervention (SPI), and ASIST. Table 6 presents the number of individuals trained in different suicide prevention and mental health promotion topics.

Table 6. *Workforce Development Topic Areas*

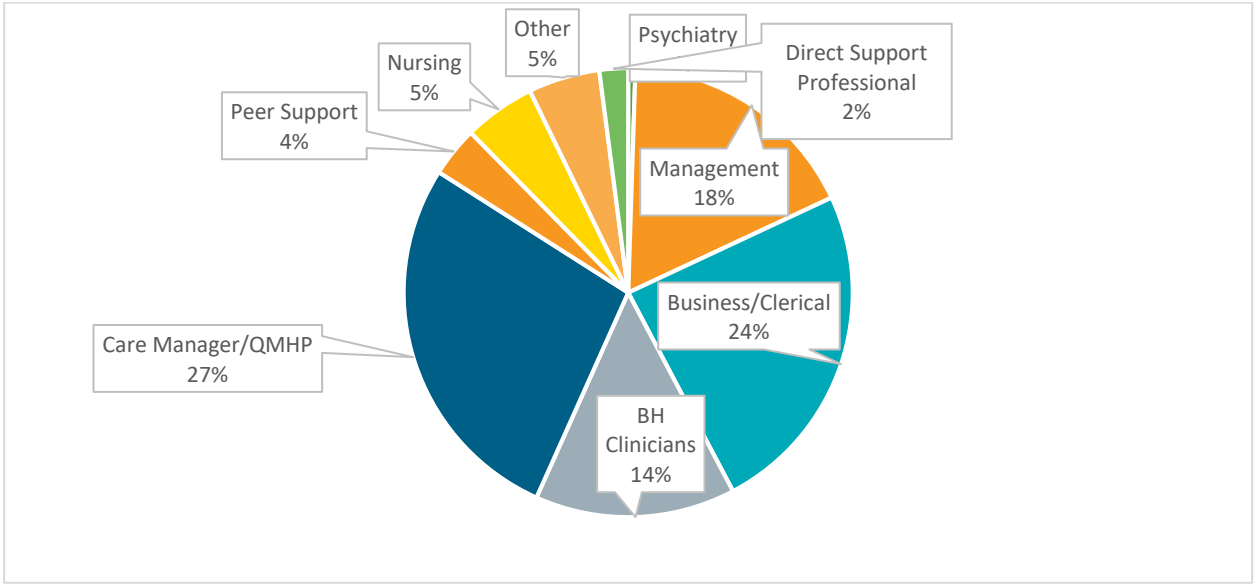
Training Topic	Number Trained	Training Topic	Number Trained
ASK+	126	Suicide Safer Schools	30
ASIST	2	Mental Health First Aid	85
SPI	47	Youth Mental Health First Aid	261

CALM	9	Talk Saves Lives	2
AMSR	1	Resiliency	3
CISM	4	Postvention	1
CAMS	4	LOSS Teams	1
DBT	1	Transitions	4
Children's MCOT	2	Bereavement Support	2
Suicide Prevention Policies	14	Conference attendance	6
Special Populations	7	Other	28

Organizational Change Using the Zero Suicide Framework

Gulf Coast Workforce Survey. The Zero Suicide Workforce Survey was conducted with employees of Gulf Coast Center from May to June 2021. The survey was distributed to staff with a statement from leadership requesting completion. Gulf Coast Center currently has 268 full-time employees. The survey was completed by 194 respondents, reflecting a 72.4% response rate. The primary professional roles of respondents are presented in Figure 1. The largest number of responses were from care managers (27.32%), business/clerical (24.23%), management (17.53%), and behavioral health clinicians (14.43%). The next most frequently represented roles were other (5.15%), nursing (5.15%), peer support (3.61%), direct support professional (2.06%), and psychiatry (1.16%).

Figure 4. *Category that Best Describes Your Primary Professional Role (n=194)*

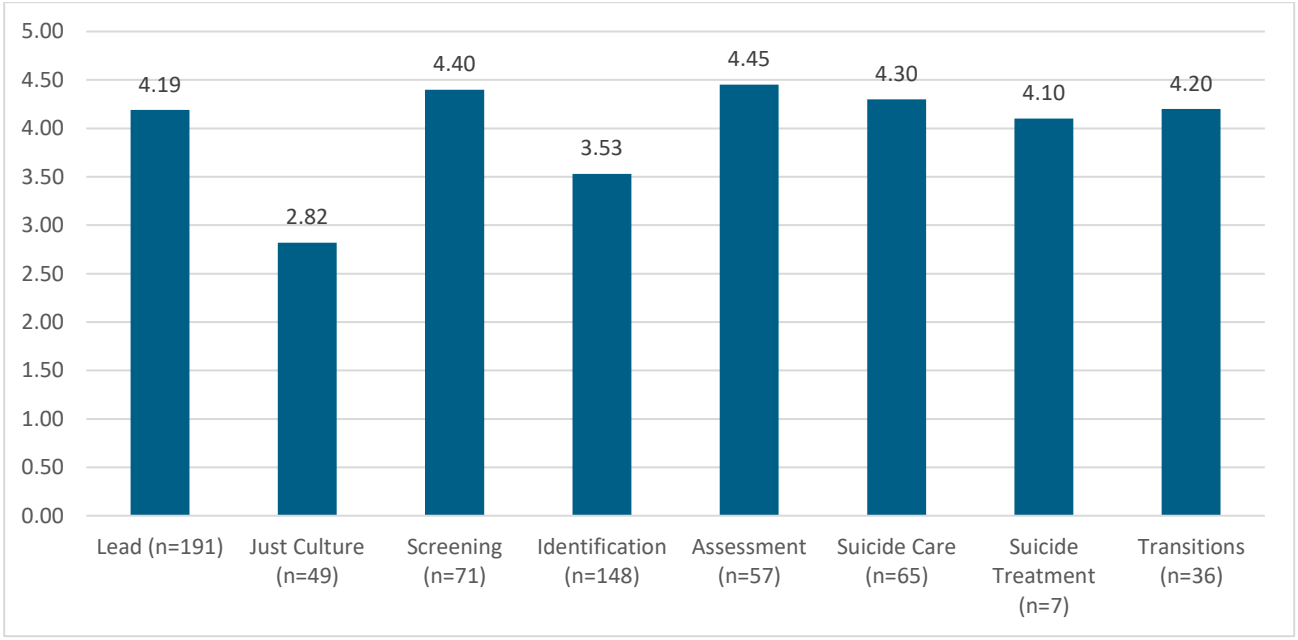


The Workforce Survey is organized around the key elements of the Zero Suicide framework. The survey gathers information to inform the Lead element, including the presence of a just culture, which serves to avoid staff's experience of blame following the death of an individual by suicide.

The survey also gathers staff perceptions about adequacy of training, skills to identify individuals at risk through screening and assessment of suicide risk, and use of safety planning. Survey questions also cover evidence-based treatment for suicide risk and support for high-risk transitions, such as the time following hospitalization for suicide risk.

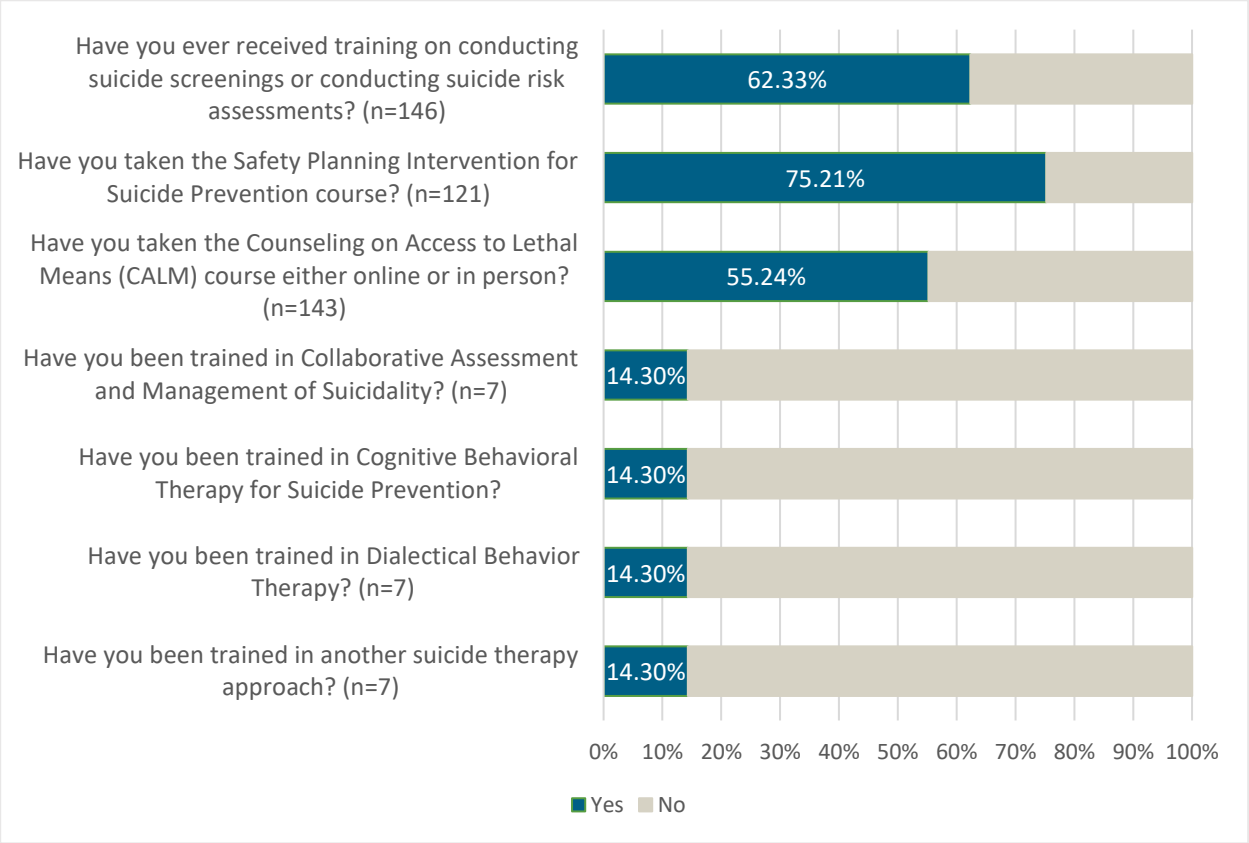
Items on the Workforce Survey are phrased as a statement reflecting suicide safe care best practices or perceived competency with a particular skill, which staff rate using a Likert scale of 1=”Strongly Disagree”, 2=”Disagree”, 3=”Neutral”, 4=”Agree”, 5=”Strongly Agree.” Figure 2 illustrates the mean level of agreement with items within each key area of Zero Suicide. Staff reported the greatest levels of competency or alignment with best practices on the Assessment subscale (m=4.45), followed by Screening (m=4.40), and Suicide Care (m=4.30) with average scores ranging between agree and strongly agree. Staff reported the lowest levels of alignment, reflecting “neutral” responses, for Just Culture (m=2.82) and Identification (m=3.53).

Figure 5. *Mean Scores on Zero Suicide Elements*



Staff within the GCC who served in direct care roles reported on training for suicide prevention best practices. About two-thirds of direct care staff reported begin trained to conduct suicide screenings or suicide risk assessments. Three-quarters reported training in Safety Planning Intervention, and over half reported training in CALM. While a small number of staff reported providing treatment to individuals at risk of suicide, most had not received training in a suicide-focused treatment practice.

Figure 6. *Staff Reported Training in Suicide Best Practices*



Staff were asked to identify the suicide prevention training topics that they most needed. The top ten topics were:

- Staff roles and responsibilities within your work environment (31.4%)
- Family, caregiver, and community supports (28.3%)
- Identifying warning signs for suicide (28.3%)
- Suicide screening practices (26.7%)
- Communicating with individuals about suicide (26.2%)
- Aftercare and follow-up (26.2%)
- Suicide prevention and awareness (24.6%)
- Policies and procedures within your work environment (24.6%)
- Determining appropriate levels of care for individuals at risk for suicide (24.1%)
- Crisis response procedures and de-escalation techniques (23.6%)

Suicide Safe Community

During this grant year, the primary foci on developing a suicide safe community was the establishment of the suicide prevention coalition and training to local districts in the suicide safe schools framework. These activities happened in the latter part of the year and their impact could not be evaluated. However, benchmark data was conducted prior to the training to establish initial readiness for the suicide safe schools activities.

Table 7 reflects the results of participant responses to the readiness survey. Each district received a district-level report to aid in workshop planning activities. The items with the greatest agreement reflected that districts have agreements with external mental health providers to offer effective services to students, as well as partnerships to assist in the event of a death by suicide. Some school best practices with the least implementation include implementing a suicide screening program, having developed buy-in from key stakeholders for the screening program, educating parents about suicide and related mental health issues, and integrating suicide prevention into health courses and other initiatives.

Table 7. *School District Readiness for Suicide Safer Schools*

Readiness Item	**YES**	**NO**	**NOT SURE**
We have a written protocol for helping students who may be at risk of suicide that is consistent with SAMHSA, CDC guidelines, and state requirements.	63%	6%	31%
We have a written protocol for responding to students who attempt suicide at school that is consistent with SAMHSA (Chapter 2), CDC guidelines, and/or state requirements.	56%	6%	38%
We have established agreements with outside providers to provide effective and timely mental health services to our students.	94%	0%	6%
We have a written protocol for responding to the suicide of a student or other member of the school community that is consistent with SAMHSA, CDC guidelines, and/or state requirements.	56%	0%	44%
Staff who will implement the suicide response protocols are familiar with this protocol and the tools that will help them fulfill their responsibilities.	50%	0%	50%
We have identified community partners to help us in the event of a suicide.	81%	0%	19%
All professional and support staff have received information about the importance of school-based suicide prevention efforts.	44%	25%	31%
All professional and support staff have been trained to recognize and respond appropriately to students who may be at risk of suicide.	56%	19%	25%

Our school has staff who have been trained to assess, refer, and follow up with students identified as at risk of suicide.	69%	0%	31%
We educate the parents of our students about suicide and related mental health issues.	31%	38%	31%
We have sufficient level of participation in our programs to educate parents about suicide.	6%	44%	50%
We have implemented at least one type of program to engage students in suicide prevention.	44%	38%	19%
Suicide prevention is integrated into other student health/mental health courses and initiatives.	31%	31%	38%
We have implemented a suicide screening program.	25%	31%	44%
We have the support of parents, school staff, and community mental health providers for our suicide screening program.	19%	25%	56%

Note: Responses representing half or more of the survey respondents are indicated in teal.

Summary and Recommendations

The RYSE project partners established a plan for accomplishing the grant goals and objectives and initiated many key activities. The RYSE partners made progress on all grant objectives, although some objectives could not be fully met by the specified dates. These barriers were primarily the result of delays in contracting, as well as the ongoing barrier represented by COVID-19 and further restrictions caused by the delta variant. Key accomplishments within the current grant period are:

- Establishment of contracts with all partner organizations;
- Hiring, onboarding, and training of project staff;
- Expansion of the Mobile Crisis Outreach Team (MCOT) to include a youth specialist;
- Establishment of crisis and care transition services at Santa Fe ISD;
- Initiation of the Galveston County Suicide Prevention Coalition;
- Achievement of training and workforce development goals;
- Achievement of referral and access to mental health care goals; and
- Engagement of five school districts in the Safe and Supportive Schools learning collaborative.

The evaluation team offers the following recommendations for the third grant year of RYSE:

1. **School workforce survey.** The evaluation team should develop a school workforce survey that captures the perceptions, attitudes, and behaviors of school staff, as it aligns with a

suicide safer school. This tool will support school districts in assessing their preparation for suicide safe schools, as well as provide an avenue for measuring progress in care.

2. **Zero Suicide site visit.** The Gulf Coast Center should participate in a Zero Suicide site visit in partnership with TIEMH and HHSC. The site visit allows for a thorough examination of Zero Suicide practices and recommendations for next steps towards full implementation. The review provides information on progress towards certification by HHSC as a Suicide Safe Care Center.
3. **Stakeholder interviews of community partners.** As a step in the community mapping process, TIEMH should develop a stakeholder interview protocol and conduct interviews with agencies operating within the community system of care. The Suicide Prevention Coalition should be engaged in developing the key questions, as well as setting the priority for interviews.
4. **Coalition strategic planning meeting**. Following the gathering of additional data on community assets and needs, the Suicide Prevention Coalition should engage in one or more facilitated strategic planning meetings. The Coalition should consider inviting all interested community members, including those not serving as members. These meetings may result in shared community data metrics, shared SMART goals, and clear action steps and assignments for members.
5. **Develop a parent and student education campaign**. RYSE partners should consider developing or adopting a communication and education campaign intended to raise awareness and reduce stigma associated with youth suicide, as well as engage individuals in education and training.
6. **Universal mental health screening**. Santa Fe ISD should consider piloting universal mental health screening within the district. This could occur across one grade or within one school campus. The district can partner with Gulf Coast Center and the Santa Fe Resiliency Center to ensure students identified in the screening process can be linked with appropriate school- or community-based supports, based on the family and student's preferences.
7. **Identify data sources**. The RYSE partners should explore additional methods of capturing relevant community data, such as the number of suicide attempts resulting in medical intervention and suicide deaths. Having this data available in closer time to its occurrence would allow the Suicide Prevention Coalition to track progress on its strategic plan goals and activities.