

1-1 By: Coleman, et al. (Senate Sponsor - Ellis) H.B. No. 1386  
1-2 (In the Senate - Received from the House May 16, 2011;  
1-3 May 16, 2011, read first time and referred to Committee on  
1-4 Education; May 20, 2011, reported adversely, with favorable  
1-5 Committee Substitute by the following vote: Yeas 6, Nays 2;  
1-6 May 20, 2011, sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR H.B. No. 1386 By: Van de Putte

1-8 A BILL TO BE ENTITLED  
1-9 AN ACT

1-10 relating to the public health threat presented by youth suicide.

1-11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-12 SECTION 1. This Act is dedicated to every child who has  
1-13 fallen victim to severe emotional trauma.

1-14 SECTION 2. The legislature finds that:

1-15 (1) the United States Surgeon General's Report on  
1-16 Children's Mental Health estimates that one in five children and  
1-17 adolescents will experience a significant mental health problem  
1-18 during their school years;

1-19 (2) during elementary school years, children are in an  
1-20 ongoing developmental process where it is crucial that healthy  
1-21 mental and behavioral development be promoted and that a solid  
1-22 foundation in social-emotional skills and capacities be built;

1-23 (3) adolescence is a period of significant change,  
1-24 during which youth are faced with a myriad of pressures;

1-25 (4) the pressures facing youth during adolescence  
1-26 include pressures relating to adapting to bodily changes,  
1-27 succeeding academically, making college and career decisions,  
1-28 being accepted by peers, including pressure to engage in drugs,  
1-29 alcohol, and sex, measuring up to expectations of others, and  
1-30 coping with family and peer conflicts;

1-31 (5) increased levels of victimization also lead to  
1-32 increased levels of depression and anxiety and decreased levels of  
1-33 self-esteem;

1-34 (6) emotional trauma and mental health issues, if left  
1-35 unaddressed, can lead and have led to life-threatening violence and  
1-36 suicide;

1-37 (7) suicide committed by youth continues to present a  
1-38 public health threat that endangers the well-being of the youth of  
1-39 the state;

1-40 (8) suicide is the third leading cause of death for  
1-41 persons who are at least 15 years of age but younger than 25 years of  
1-42 age and the sixth leading cause of death for persons who are at  
1-43 least 5 years of age but younger than 15 years of age; and

1-44 (9) it is of the utmost importance to keep children and  
1-45 adolescents mentally healthy and on a course to become mentally  
1-46 healthy adults.

1-47 SECTION 3. Chapter 161, Health and Safety Code, is amended  
1-48 by adding Subchapter O-1 to read as follows:

1-49 SUBCHAPTER O-1. EARLY MENTAL HEALTH INTERVENTION AND PREVENTION OF  
1-50 YOUTH SUICIDE

1-51 Sec. 161.325. EARLY MENTAL HEALTH INTERVENTION AND SUICIDE  
1-52 PREVENTION. (a) The department, in coordination with the Texas  
1-53 Education Agency, shall provide and annually update a list of  
1-54 recommended best practice-based early mental health intervention  
1-55 and suicide prevention programs for implementation in public  
1-56 elementary, junior high, middle, and high schools within the  
1-57 general education setting. Each school district may select from  
1-58 the list a program or programs appropriate for implementation in  
1-59 the district.

1-60 (b) The programs on the list must include components that  
1-61 provide for training counselors, teachers, nurses, administrators,  
1-62 and other staff, as well as law enforcement officers and social  
1-63 workers who regularly interact with students, to:

2-1           (1) recognize students at risk of committing suicide,  
2-2 including students who are or may be the victims of or who engage in  
2-3 bullying;  
2-4           (2) recognize students displaying early warning signs  
2-5 and a possible need for early mental health intervention, which  
2-6 warning signs may include declining academic performance,  
2-7 depression, anxiety, isolation, unexplained changes in sleep or  
2-8 eating habits, and destructive behavior toward self and others; and  
2-9           (3) intervene effectively with students described by  
2-10 Subdivision (1) or (2) by providing notice and referral to a parent  
2-11 or guardian so appropriate action, such as seeking mental health  
2-12 services, may be taken by a parent or guardian.  
2-13           (c) In developing the list of programs, the department and  
2-14 the Texas Education Agency shall consider:  
2-15           (1) any existing suicide prevention method developed  
2-16 by a school district; and  
2-17           (2) any Internet or online course or program developed  
2-18 in this state or another state that is based on best practices  
2-19 recognized by the Substance Abuse and Mental Health Services  
2-20 Administration or the Suicide Prevention Resource Center.  
2-21           (d) The board of trustees of each school district may adopt  
2-22 a policy concerning early mental health intervention and suicide  
2-23 prevention that:  
2-24           (1) establishes a procedure for providing notice of a  
2-25 recommendation for early mental health intervention regarding a  
2-26 student to a parent or guardian of the student within a reasonable  
2-27 amount of time after the identification of early warning signs as  
2-28 described by Subsection (b)(2);  
2-29           (2) establishes a procedure for providing notice of a  
2-30 student identified as at risk of committing suicide to a parent or  
2-31 guardian of the student within a reasonable amount of time after the  
2-32 identification of early warning signs as described by Subsection  
2-33 (b)(2);  
2-34           (3) establishes that the district may develop a  
2-35 reporting mechanism and may designate at least one person to act as  
2-36 a liaison officer in the district for the purposes of identifying  
2-37 students in need of early mental health intervention or suicide  
2-38 prevention; and  
2-39           (4) sets out available counseling alternatives for a  
2-40 parent or guardian to consider when their child is identified as  
2-41 possibly being in need of early mental health intervention or  
2-42 suicide prevention.  
2-43           (e) The policy must prohibit the use without the prior  
2-44 consent of a student's parent or guardian of a medical screening of  
2-45 the student as part of the process of identifying whether the  
2-46 student is possibly in need of early mental health intervention or  
2-47 suicide prevention.  
2-48           (f) The policy and any necessary procedures adopted under  
2-49 Subsection (d) must be included in:  
2-50           (1) the annual student handbook; and  
2-51           (2) the district improvement plan under Section  
2-52 11.252, Education Code.  
2-53           (g) The department may accept donations for purposes of this  
2-54 section from sources without a conflict of interest. The  
2-55 department may not accept donations for purposes of this section  
2-56 from an anonymous source.  
2-57           (h) Not later than January 1, 2013, the department shall  
2-58 submit a report to the legislature relating to the development of  
2-59 the list of programs and the implementation in school districts of  
2-60 selected programs by school districts that choose to implement  
2-61 programs. This subsection expires September 1, 2013.  
2-62           (i) Nothing in this section is intended to interfere with  
2-63 the rights of parents or guardians and the decision-making  
2-64 regarding the best interest of the child. Policy and procedures  
2-65 adopted in accordance with this section are intended to notify a  
2-66 parent or guardian of a need for mental health intervention so that  
2-67 a parent or guardian may take appropriate action. Nothing in this  
2-68 section shall be construed as giving school districts the authority  
2-69 to prescribe medications. Any and all medical decisions are to be

3-1 made by a parent or guardian of a student.  
 3-2 SECTION 4. Section 11.252(a), Education Code, is amended to  
 3-3 read as follows:  
 3-4 (a) Each school district shall have a district improvement  
 3-5 plan that is developed, evaluated, and revised annually, in  
 3-6 accordance with district policy, by the superintendent with the  
 3-7 assistance of the district-level committee established under  
 3-8 Section 11.251. The purpose of the district improvement plan is to  
 3-9 guide district and campus staff in the improvement of student  
 3-10 performance for all student groups in order to attain state  
 3-11 standards in respect to the student achievement indicators adopted  
 3-12 under Section 39.053. The district improvement plan must include  
 3-13 provisions for:  
 3-14 (1) a comprehensive needs assessment addressing  
 3-15 district student performance on the student achievement  
 3-16 indicators, and other appropriate measures of performance, that are  
 3-17 disaggregated by all student groups served by the district,  
 3-18 including categories of ethnicity, socioeconomic status, sex, and  
 3-19 populations served by special programs, including students in  
 3-20 special education programs under Subchapter A, Chapter 29;  
 3-21 (2) measurable district performance objectives for  
 3-22 all appropriate student achievement indicators for all student  
 3-23 populations, including students in special education programs  
 3-24 under Subchapter A, Chapter 29, and other measures of student  
 3-25 performance that may be identified through the comprehensive needs  
 3-26 assessment;  
 3-27 (3) strategies for improvement of student performance  
 3-28 that include:  
 3-29 (A) instructional methods for addressing the  
 3-30 needs of student groups not achieving their full potential;  
 3-31 (B) methods for addressing the needs of students  
 3-32 for special programs, including:  
 3-33 (i) [such as] suicide prevention programs, in accordance  
 3-34 with Subchapter O-1, Chapter 161, Health and Safety Code, which  
 3-35 includes a parental or guardian notification procedure;  
 3-36 (ii) [ ] conflict resolution programs;  
 3-37 (iii) [ ] violence prevention programs; and  
 3-38 (iv) [ ] dyslexia treatment programs;  
 3-39 (C) dropout reduction;  
 3-40 (D) integration of technology in instructional  
 3-41 and administrative programs;  
 3-42 (E) discipline management;  
 3-43 (F) staff development for professional staff of  
 3-44 the district;  
 3-45 (G) career education to assist students in  
 3-46 developing the knowledge, skills, and competencies necessary for a  
 3-47 broad range of career opportunities; and  
 3-48 (H) accelerated education;  
 3-49 (4) strategies for providing to middle school, junior  
 3-50 high school, and high school students, those students' teachers and  
 3-51 counselors, and those students' parents information about:  
 3-52 (A) higher education admissions and financial  
 3-53 aid opportunities;  
 3-54 (B) the TEXAS grant program and the Teach for  
 3-55 Texas grant program established under Chapter 56;  
 3-56 (C) the need for students to make informed  
 3-57 curriculum choices to be prepared for success beyond high school;  
 3-58 and  
 3-59 (D) sources of information on higher education  
 3-60 admissions and financial aid;  
 3-61 (5) resources needed to implement identified  
 3-62 strategies;  
 3-63 (6) staff responsible for ensuring the accomplishment  
 3-64 of each strategy;  
 3-65 (7) timelines for ongoing monitoring of the  
 3-66 implementation of each improvement strategy; and  
 3-67 (8) formative evaluation criteria for determining  
 3-68 periodically whether strategies are resulting in intended  
 3-69 improvement of student performance.

4-1 SECTION 5. This Act applies beginning with the 2012-2013  
4-2 school year.

4-3 SECTION 6. This Act takes effect immediately if it receives  
4-4 a vote of two-thirds of all the members elected to each house, as  
4-5 provided by Section 39, Article III, Texas Constitution. If this  
4-6 Act does not receive the vote necessary for immediate effect, this  
4-7 Act takes effect September 1, 2011.

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