

## **BILL ANALYSIS**

Senate Research Center  
86R23975 GCB-F

H.B. 3980  
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Health & Human Services  
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Engrossed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

H.B. 3980 requires the Health and Human Services Commission (HHSC), in conjunction with the Department of State Health Services (DSHS), to prepare a summary report on the prevalence of suicide in Texas and state policies and programs adopted across state systems and agencies to prevent suicides. The bill sets out the required contents of the summary report and requires HHSC, not later than May 1, 2020, to provide a copy of the report to the Statewide Behavioral Health Coordinating Council, the governor, the lieutenant governor, the speaker of the house of representatives, and senators. The bill requires HHSC and DSHS, in preparing the summary report, to consult, and authorizes HHSC and DSHS to seek assistance from, a nonprofit group that coordinates a multisector network of state and community-based suicide prevention groups and that has experience in the development, implementation, and monitoring of a statewide community-based suicide prevention plan. H.B. 3980 requires the council to establish a stakeholder workgroup to assist member agencies in preparing a legislative report and sets out the composition of the workgroup. The council, using the summary report on suicide and input from the stakeholder workgroup, must prepare a legislative report on suicide in Texas that identifies opportunities and makes recommendations, including those that require legislative action, for state agencies to do the following:

- improve statewide and regional data collection on suicide-related events;
- use data to guide and inform decisions and policy development relating to suicide prevention; and
- decrease suicide in Texas while targeting the highest categories of risk. The bill entitles the chief administrator of each state agency represented on the council to a copy of the legislative report and requires the council, not later than November 1, 2020, to submit a copy of the report to the governor, the lieutenant governor, the speaker of the house of representatives, and each standing legislative committee with primary jurisdiction over health and mental health. The bill's provisions expire December 1, 2020.

There will be a committee substitute that the statewide and regional data will take a look at the age and gender of the individual along with whether or not they were active duty or a military veteran. This will allow us to properly track this data and come up with real solutions to help our military and veteran members. Finally, the committee substitute will make sure that a representative of a local mental healthy authority will be a part of the stakeholder group to ensure expertise is at the table.

H.B. 3980 amends current law relating to a requirement that the Statewide Behavioral Health Coordinating Council prepare a report regarding suicide rates in this state and state efforts to prevent suicides.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

## **SECTION BY SECTION ANALYSIS**

SECTION 1. LEGISLATIVE FINDINGS; PURPOSE. Provides that the legislature finds that:

- (1) suicide is a public health crisis that affects residents of all ages in every region of this state; and
- (2) policymakers need a better understanding of the issue to determine the appropriate state and regional efforts necessary to decrease suicide rates in this state across different ages, places, and groups and to address the patchwork of state laws, policies, programs, and efforts that are currently being used to address suicide.

SECTION 2. DEFINITIONS. Defines "council" to mean the Statewide Behavioral Health Coordinating Council and defines "postvention."

SECTION 3. SUMMARY REPORT. (a) Requires the Health and Human Services Commission (HHSC), in conjunction with the Department of State Health Services (DSHS), to prepare a summary report on the prevalence of suicide in this state and state policies and programs adopted across state systems and agencies to prevent suicides. Requires the summary report to:

- (1) include available statewide and regional data on the prevalence rates of suicide-related events, including suicidal thoughts, suicide attempts, and deaths caused by suicide, that to the extent practicable, is presented in a form that:

(A) is disaggregated by county and recognized categories of risk; and

(B) is longitudinal to identify changes in suicide prevalence rates since 2000;

- (2) identify the highest categories of risk with correlational data;

- (3) list state statutes, agency rules, and policies related to suicide and suicide prevention, intervention, and postvention; and

- (4) describe state agency initiatives since 2000 to address suicide and include the following information relating to each initiative:

(A) the administering state agency;

(B) the funding sources, including whether the funding was provided by:

(i) a federal block grant;

(ii) a federal discretionary grant; or

(iii) state appropriations;

(C) the years of operation; and

(D) whether the initiative is an example of a community-based effort to address suicide.

(b) Requires each state agency or institution of higher education that is a member of the council to provide to HHSC the information described by Subsection (a) of this section, to the extent that information pertains to the respective work of each agency or institution.

(c) Requires HHSC and DSHS, in preparing the summary report required by this Act, to consult, and authorizes HHSC and DSHS to seek assistance from, a nonprofit group that:

- (1) coordinates a multisector network of state and community-based suicide prevention groups; and
- (2) has experience in the development, implementation, and monitoring of a statewide community-based suicide prevention plan.

(d) Requires HHSC, not later than May 1, 2020, to provide a copy of the summary report to the council, the governor, the lieutenant governor, the speaker of the house of representatives, and each standing legislative committee with primary jurisdiction over health and mental health.

SECTION 4. LEGISLATIVE REPORT. (a) Requires the council, using the summary report on suicide prepared under Section 3 of this Act and with input from the stakeholder workgroup established under Subsection (b) of this section, to prepare a legislative report on suicide in this state that identifies opportunities and makes recommendations, including those that require legislative action, for state agencies to:

- (1) improve statewide and regional data collection on suicide-related events;
- (2) use data to guide and inform decisions and policy development relating to suicide prevention; and
- (3) decrease suicide in this state while targeting the highest categories of risk.

(b) Requires the council to establish a stakeholder workgroup to assist member agencies in preparing the report that includes:

- (1) a representative of a nonprofit group that:
  - (A) coordinates a multisector network of state and community-based suicide prevention groups; and
  - (B) assists with the development, implementation, and monitoring of a statewide community-based suicide prevention plan;
- (2) representatives of groups with experience in suicide prevention and postvention activities:
  - (A) in a rural community, a suburban community, and an urban community;
  - (B) with military and veteran service members and their families; and
  - (C) in adult and juvenile justice settings;
- (3) persons involved in suicide prevention and postvention activities who have lived through the experience of surviving a suicide attempt or have lost a family member to suicide; and
- (4) a representative of any other group identified by the council.

(c) Entitles the chief administrator of each state agency represented on the council to a copy of the legislative report prepared under this section.

(d) Requires the council, not later than November 1, 2020, to submit a copy of the legislative report to the governor, the lieutenant governor, the speaker of the house of

representatives, and each standing legislative committee with primary jurisdiction over health and mental health.

SECTION 5. EXPIRATION. Provides that this Act expires December 1, 2020.

SECTION 6. EFFECTIVE DATE. Effective date: upon passage or September 1, 2019.