86R10407 GCB-F

By:  Menéndez S.B. No. 1176

A BILL TO BE ENTITLED

AN ACT

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.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1.  LEGISLATIVE FINDINGS; PURPOSE. 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. In this Act:

(1)  "Council" means the Statewide Behavioral Health Coordinating Council.

(2)  "Postvention" includes activities that promote healing necessary to reduce the risk of suicide by a person affected by the suicide of another.

SECTION 3.  SUMMARY REPORT. (a) The Health and Human Services Commission, in conjunction with the Department of State Health Services, shall 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. The summary report must:

(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)  Not later than December 1, 2019, the Health and Human Services Commission shall 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) 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, the council shall 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)  The council shall establish a stakeholder workgroup to assist member agencies in preparing the report that includes:

(1)  a representative of a nonprofit group that supports community-based suicide prevention activities in this state; and

(2)  representatives of other groups involved in suicide prevention activities.

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

(d)  Not later than September 1, 2020, the council shall 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. This Act expires December 1, 2020.

SECTION 6.  EFFECTIVE DATE. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2019.