

1-1 By: Hunter (Senate Sponsor - Menéndez) H.B. No. 3980
 1-2 (In the Senate - Received from the House May 2, 2019;
 1-3 May 3, 2019, read first time and referred to Committee on Health &
 1-4 Human Services; May 19, 2019, reported adversely, with favorable
 1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;
 1-6 May 19, 2019, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR H.B. No. 3980 By: Perry

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to a requirement that the Statewide Behavioral Health
 1-22 Coordinating Council prepare a report regarding suicide rates in
 1-23 this state and state efforts to prevent suicides.

1-24 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-25 SECTION 1. LEGISLATIVE FINDINGS; PURPOSE. The
 1-26 legislature finds that:

1-27 (1) suicide is a public health crisis that affects
 1-28 residents of all ages in every region of this state; and

1-29 (2) policymakers need a better understanding of the
 1-30 issue to determine the appropriate state and regional efforts
 1-31 necessary to decrease suicide rates in this state across different
 1-32 ages, places, and groups and to address the patchwork of state laws,
 1-33 policies, programs, and efforts that are currently being used to
 1-34 address suicide.

1-35 SECTION 2. DEFINITIONS. In this Act:

1-36 (1) "Council" means the Statewide Behavioral Health
 1-37 Coordinating Council.

1-38 (2) "Postvention" includes activities that promote
 1-39 healing necessary to reduce the risk of suicide by a person affected
 1-40 by the suicide of another.

1-41 SECTION 3. SUMMARY REPORT. (a) The Health and Human
 1-42 Services Commission, in conjunction with the Department of State
 1-43 Health Services, shall prepare a summary report on the prevalence
 1-44 of suicide in this state and state policies and programs adopted
 1-45 across state systems and agencies to prevent suicides. The summary
 1-46 report must:

1-47 (1) include available statewide and regional data on
 1-48 the prevalence rates of suicide-related events, including suicidal
 1-49 thoughts, suicide attempts, and deaths caused by suicide, that to
 1-50 the extent practicable, is presented in a form that:

1-51 (A) is disaggregated by county and recognized
 1-52 categories of risk; and

1-53 (B) is longitudinal to identify changes in
 1-54 suicide prevalence rates since 2000;

1-55 (2) identify the highest categories of risk with
 1-56 correlational data;

1-57 (3) list state statutes, agency rules, and policies
 1-58 related to suicide and suicide prevention, intervention, and
 1-59 postvention; and

1-60 (4) describe state agency initiatives since 2000 to

2-1 address suicide and include the following information relating to
2-2 each initiative:

- 2-3 (A) the administering state agency;
- 2-4 (B) the funding sources, including whether the
2-5 funding was provided by:
 - 2-6 (i) a federal block grant;
 - 2-7 (ii) a federal discretionary grant; or
 - 2-8 (iii) state appropriations;
- 2-9 (C) the years of operation; and
- 2-10 (D) whether the initiative is an example of a
2-11 community-based effort to address suicide.

2-12 (b) To the extent practicable, in preparing the summary
2-13 report, the Health and Human Services Commission shall include in
2-14 the statewide and regional data provided under Subsection (a)(1) of
2-15 this section information that indicates the prevalence of
2-16 suicide-related events, including the following characteristics:

- 2-17 (1) the age of the individual;
- 2-18 (2) the gender of the individual; and
- 2-19 (3) whether at the time of the event the individual:
 - 2-20 (A) was active duty in a branch of the armed
2-21 forces of the United States; or
 - 2-22 (B) was a military veteran.
- 2-23 (c) Each state agency or institution of higher education
2-24 that is a member of the council shall provide to the Health and
2-25 Human Services Commission the information described by Subsection
2-26 (a) of this section, to the extent that information pertains to the
2-27 respective work of each agency or institution.
- 2-28 (d) In preparing the summary report required by this Act,
2-29 the Health and Human Services Commission and the Department of
2-30 State Health Services shall consult, and may seek assistance from,
2-31 a nonprofit group that:
 - 2-32 (1) coordinates a multisector network of state and
2-33 community-based suicide prevention groups; and
 - 2-34 (2) has experience in the development,
2-35 implementation, and monitoring of a statewide community-based
2-36 suicide prevention plan.
- 2-37 (e) Not later than May 1, 2020, the Health and Human
2-38 Services Commission shall provide a copy of the summary report to
2-39 the council, the governor, the lieutenant governor, the speaker of
2-40 the house of representatives, and each standing legislative
2-41 committee with primary jurisdiction over health and mental health.

2-42 SECTION 4. LEGISLATIVE REPORT. (a) Using the summary
2-43 report on suicide prepared under Section 3 of this Act and with
2-44 input from the stakeholder workgroup established under Subsection
2-45 (b) of this section, the council shall prepare a legislative report
2-46 on suicide in this state that identifies opportunities and makes
2-47 recommendations, including those that require legislative action,
2-48 for state agencies to:

- 2-49 (1) improve statewide and regional data collection on
2-50 suicide-related events;
- 2-51 (2) use data to guide and inform decisions and policy
2-52 development relating to suicide prevention; and
- 2-53 (3) decrease suicide in this state while targeting the
2-54 highest categories of risk.

2-55 (b) The council shall establish a stakeholder workgroup to
2-56 assist member agencies in preparing the report that includes:

- 2-57 (1) a representative of a nonprofit group that:
 - 2-58 (A) coordinates a multisector network of state
2-59 and community-based suicide prevention groups; and
 - 2-60 (B) assists with the development,
2-61 implementation, and monitoring of a statewide community-based
2-62 suicide prevention plan;
- 2-63 (2) a representative of a local mental health
2-64 authority with experience in suicide prevention and postvention
2-65 activities;
- 2-66 (3) representatives of groups with experience in
2-67 suicide prevention and postvention activities:
 - 2-68 (A) in a rural community, a suburban community,
2-69 and an urban community;

3-1 (B) with military and veteran service members and
3-2 their families; and

3-3 (C) in adult and juvenile justice settings;

3-4 (4) persons involved in suicide prevention and
3-5 postvention activities who have lived through the experience of
3-6 surviving a suicide attempt or have lost a family member to suicide;
3-7 and

3-8 (5) a representative of any other group identified by
3-9 the council.

3-10 (c) The chief administrator of each state agency
3-11 represented on the council is entitled to a copy of the legislative
3-12 report prepared under this section.

3-13 (d) Not later than November 1, 2020, the council shall
3-14 submit a copy of the legislative report to the governor, the
3-15 lieutenant governor, the speaker of the house of representatives,
3-16 and each standing legislative committee with primary jurisdiction
3-17 over health and mental health.

3-18 SECTION 5. EXPIRATION. This Act expires December 1, 2020.

3-19 SECTION 6. EFFECTIVE DATE. This Act takes effect
3-20 immediately if it receives a vote of two-thirds of all the members
3-21 elected to each house, as provided by Section 39, Article III, Texas
3-22 Constitution. If this Act does not receive the vote necessary for
3-23 immediate effect, this Act takes effect September 1, 2019.

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