

# SENATE AMENDMENTS

2<sup>nd</sup> Printing

By: Hunter

H.B. No. 3980

A BILL TO BE ENTITLED

1 AN ACT

2 relating to a requirement that the Statewide Behavioral Health  
3 Coordinating Council prepare a report regarding suicide rates in  
4 this state and state efforts to prevent suicides.

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

6 SECTION 1. LEGISLATIVE FINDINGS; PURPOSE. The  
7 legislature finds that:

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

10 (2) policymakers need a better understanding of the  
11 issue to determine the appropriate state and regional efforts  
12 necessary to decrease suicide rates in this state across different  
13 ages, places, and groups and to address the patchwork of state laws,  
14 policies, programs, and efforts that are currently being used to  
15 address suicide.

16 SECTION 2. DEFINITIONS. In this Act:

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

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

22 SECTION 3. SUMMARY REPORT. (a) The Health and Human  
23 Services Commission, in conjunction with the Department of State  
24 Health Services, shall prepare a summary report on the prevalence

1 of suicide in this state and state policies and programs adopted  
2 across state systems and agencies to prevent suicides. The summary  
3 report must:

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

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

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

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

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

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

20 (A) the administering state agency;

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

23 (i) a federal block grant;

24 (ii) a federal discretionary grant; or

25 (iii) state appropriations;

26 (C) the years of operation; and

27 (D) whether the initiative is an example of a

1 community-based effort to address suicide.

2 (b) Each state agency or institution of higher education  
3 that is a member of the council shall provide to the Health and  
4 Human Services Commission the information described by Subsection  
5 (a) of this section, to the extent that information pertains to the  
6 respective work of each agency or institution.

7 (c) In preparing the summary report required by this Act,  
8 the Health and Human Services Commission and the Department of  
9 State Health Services shall consult, and may seek assistance from,  
10 a nonprofit group that:

11 (1) coordinates a multisector network of state and  
12 community-based suicide prevention groups; and

13 (2) has experience in the development,  
14 implementation, and monitoring of a statewide community-based  
15 suicide prevention plan.

16 (d) Not later than May 1, 2020, the Health and Human  
17 Services Commission shall provide a copy of the summary report to  
18 the council, the governor, the lieutenant governor, the speaker of  
19 the house of representatives, and each standing legislative  
20 committee with primary jurisdiction over health and mental health.

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

1           (1) improve statewide and regional data collection on  
2 suicide-related events;

3           (2) use data to guide and inform decisions and policy  
4 development relating to suicide prevention; and

5           (3) decrease suicide in this state while targeting the  
6 highest categories of risk.

7           (b) The council shall establish a stakeholder workgroup to  
8 assist member agencies in preparing the report that includes:

9           (1) a representative of a nonprofit group that:

10               (A) coordinates a multisector network of state  
11 and community-based suicide prevention groups; and

12               (B) assists with the development,  
13 implementation, and monitoring of a statewide community-based  
14 suicide prevention plan;

15           (2) representatives of groups with experience in  
16 suicide prevention and postvention activities:

17               (A) in a rural community, a suburban community,  
18 and an urban community;

19               (B) with military and veteran service members and  
20 their families; and

21               (C) in adult and juvenile justice settings;

22           (3) persons involved in suicide prevention and  
23 postvention activities who have lived through the experience of  
24 surviving a suicide attempt or have lost a family member to suicide;  
25 and

26           (4) a representative of any other group identified by  
27 the council.

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

4           (d) Not later than November 1, 2020, the council shall  
5 submit a copy of the legislative report to the governor, the  
6 lieutenant governor, the speaker of the house of representatives,  
7 and each standing legislative committee with primary jurisdiction  
8 over health and mental health.

9           SECTION 5. EXPIRATION. This Act expires December 1, 2020.

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

ADOPTED

MAY 22 2019

*Larry Spaul*  
Secretary of the Senate

By: Hunter/Menéndez

\_\_\_\_.B. No. \_\_\_\_

Substitute the following for \_\_\_\_B. No. \_\_\_\_:

By: *Charles Perry*

C.S. H.B. No. 3980

A BILL TO BE ENTITLED

1 AN ACT

2 relating to a requirement that the Statewide Behavioral Health  
3 Coordinating Council prepare a report regarding suicide rates in  
4 this state and state efforts to prevent suicides.

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

6 SECTION 1. LEGISLATIVE FINDINGS; PURPOSE. The  
7 legislature finds that:

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

10 (2) policymakers need a better understanding of the  
11 issue to determine the appropriate state and regional efforts  
12 necessary to decrease suicide rates in this state across different  
13 ages, places, and groups and to address the patchwork of state laws,  
14 policies, programs, and efforts that are currently being used to  
15 address suicide.

16 SECTION 2. DEFINITIONS. In this Act:

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

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

22 SECTION 3. SUMMARY REPORT. (a) The Health and Human  
23 Services Commission, in conjunction with the Department of State  
24 Health Services, shall prepare a summary report on the prevalence

1 of suicide in this state and state policies and programs adopted  
2 across state systems and agencies to prevent suicides. The summary  
3 report must:

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

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

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

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

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

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

20 (A) the administering state agency;

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

23 (i) a federal block grant;

24 (ii) a federal discretionary grant; or

25 (iii) state appropriations;

26 (C) the years of operation; and

27 (D) whether the initiative is an example of a

1 community-based effort to address suicide.

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

7 (1) the age of the individual;

8 (2) the gender of the individual; and

9 (3) whether at the time of the event the individual:

10 (A) was active duty in a branch of the armed  
11 forces of the United States; or

12 (B) was a military veteran.

13 (c) Each state agency or institution of higher education  
14 that is a member of the council shall provide to the Health and  
15 Human Services Commission the information described by Subsection  
16 (a) of this section, to the extent that information pertains to the  
17 respective work of each agency or institution.

18 (d) In preparing the summary report required by this Act,  
19 the Health and Human Services Commission and the Department of  
20 State Health Services shall consult, and may seek assistance from,  
21 a nonprofit group that:

22 (1) coordinates a multisector network of state and  
23 community-based suicide prevention groups; and

24 (2) has experience in the development,  
25 implementation, and monitoring of a statewide community-based  
26 suicide prevention plan.

27 (e) Not later than May 1, 2020, the Health and Human



1 Services Commission shall provide a copy of the summary report to  
2 the council, the governor, the lieutenant governor, the speaker of  
3 the house of representatives, and each standing legislative  
4 committee with primary jurisdiction over health and mental health.

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

12 (1) improve statewide and regional data collection on  
13 suicide-related events;

14 (2) use data to guide and inform decisions and policy  
15 development relating to suicide prevention; and

16 (3) decrease suicide in this state while targeting the  
17 highest categories of risk.

18 (b) The council shall establish a stakeholder workgroup to  
19 assist member agencies in preparing the report that includes:

20 (1) a representative of a nonprofit group that:

21 (A) coordinates a multisector network of state  
22 and community-based suicide prevention groups; and

23 (B) assists with the development,  
24 implementation, and monitoring of a statewide community-based  
25 suicide prevention plan;

26 (2) a representative of a local mental health  
27 authority with experience in suicide prevention and postvention

1 activities;

2 (3) representatives of groups with experience in  
3 suicide prevention and postvention activities:

4 (A) in a rural community, a suburban community,  
5 and an urban community;

6 (B) with military and veteran service members and  
7 their families; and

8 (C) in adult and juvenile justice settings;

9 (4) persons involved in suicide prevention and  
10 postvention activities who have lived through the experience of  
11 surviving a suicide attempt or have lost a family member to suicide;  
12 and

13 (5) a representative of any other group identified by  
14 the council.

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

18 (d) Not later than November 1, 2020, the council shall  
19 submit a copy of the legislative report to the governor, the  
20 lieutenant governor, the speaker of the house of representatives,  
21 and each standing legislative committee with primary jurisdiction  
22 over health and mental health.

23 SECTION 5. EXPIRATION. This Act expires December 1, 2020.

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

1 immediate effect, this Act takes effect September 1, 2019.

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION**

**May 23, 2019**

**TO:** Honorable Dennis Bonnen, Speaker of the House, House of Representatives

**FROM:** John McGeady, Assistant Director     Sarah Keyton, Assistant Director  
Legislative Budget Board

**IN RE: HB3980** by Hunter (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.), **As Passed 2nd House**

<b>No significant fiscal implication to the State is anticipated.</b>
---

The bill would require 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 the state and state policies and programs across state systems and agencies to prevent suicide. To the extent practicable, the statewide and regional data on the prevalence of suicide-related events in the report would include information on individuals' age, gender, and status as either active-duty military or military veteran. The report would be due not later than May 1, 2020 to the Statewide Behavioral Health Coordinating Council (council), Governor, Lieutenant Governor, Speaker of the House of Representatives, and each standing legislative committee with primary jurisdiction over health and mental health.

The council would use the summary report and stakeholder input to prepare a legislative report on suicide that identifies opportunities and makes recommendations for state agencies to improve suicide-related data collection, use data to guide and inform suicide prevention policy, and decrease suicide in the state while targeting the highest categories of risk. The council's legislative report would be due not later than September 1, 2020.

DSHS, HHSC, and institutions of higher education that are members of the council indicate that implementing the provisions of the bill would not result in a significant cost.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:**     529 Health and Human Services Commission, 537 State Health Services, Department of, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration, 768 Texas Tech University System Administration, 769 University of North Texas System Administration, 781 Higher Education Coordinating Board

**LBB Staff:** WP, SD, AKi, JQ, BH, SB

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION**

**May 19, 2019**

**TO:** Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

**FROM:** John McGeady, Assistant Director    Sarah Keyton, Assistant Director  
Legislative Budget Board

**IN RE: HB3980** by Hunter (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.), **Committee Report 2nd House, Substituted**

<b>No significant fiscal implication to the State is anticipated.</b>
---

The bill would require 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 the state and state policies and programs across state systems and agencies to prevent suicide. To the extent practicable, the statewide and regional data on the prevalence of suicide-related events in the report would include information on individuals' age, gender, and status as either active-duty military or military veteran. The report would be due not later than May 1, 2020 to the Statewide Behavioral Health Coordinating Council (council), Governor, Lieutenant Governor, Speaker of the House of Representatives, and each standing legislative committee with primary jurisdiction over health and mental health.

The council would use the summary report and stakeholder input to prepare a legislative report on suicide that identifies opportunities and makes recommendations for state agencies to improve suicide-related data collection, use data to guide and inform suicide prevention policy, and decrease suicide in the state while targeting the highest categories of risk. The council's legislative report would be due not later than September 1, 2020.

DSHS, HHSC, and institutions of higher education that are members of the council indicate that implementing the provisions of the bill would not result in a significant cost.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:**        529 Health and Human Services Commission, 537 State Health Services, Department of, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration, 768 Texas Tech University System Administration, 769 University of North Texas System Administration, 781 Higher Education Coordinating Board

**LBB Staff:** WP, AKi, JQ, BH, SB

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION**

**May 7, 2019**

**TO:** Honorable Lois W. Kolthorst, Chair, Senate Committee on Health & Human Services

**FROM:** John McGeady, Assistant Director    Sarah Keyton, Assistant Director  
Legislative Budget Board

**IN RE: HB3980** by Hunter (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.), **As Engrossed**

<b>No significant fiscal implication to the State is anticipated.</b>
---

The bill would require 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 the state and state policies and programs across state systems and agencies to prevent suicide. The report would be due not later than May 1, 2020 to the Statewide Behavioral Health Coordinating Council (council), Governor, Lieutenant Governor, Speaker of the House of Representatives, and each standing legislative committee with primary jurisdiction over health and mental health.

The council would use the summary report and stakeholder input to prepare a legislative report on suicide that identifies opportunities and makes recommendations for state agencies to improve suicide-related data collection, use data to guide and inform suicide prevention policy, and decrease suicide in the state while targeting the highest categories of risk. The council's legislative report would be due not later than September 1, 2020.

DSHS, HHSC, and institutions of higher education that are members of the council indicate that implementing the provisions of the bill would not result in a significant cost.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:**        529 Health and Human Services Commission, 537 State Health Services, Department of, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration, 768 Texas Tech University System Administration, 769 University of North Texas System Administration, 781 Higher Education Coordinating Board

**LBB Staff:** WP, AKi, JQ, BH, SB

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION**

**April 17, 2019**

**TO:** Honorable Senfronia Thompson, Chair, House Committee on Public Health

**FROM:** John McGeady, Assistant Director    Sarah Keyton, Assistant Director  
Legislative Budget Board

**IN RE: HB3980** by Hunter (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.), **Committee Report 1st House, Substituted**

<b>No significant fiscal implication to the State is anticipated.</b>
---

The bill would require 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 the state and state policies and programs across state systems and agencies to prevent suicide. The report would be due not later than May 1, 2020 to the Statewide Behavioral Health Coordinating Council (council), Governor, Lieutenant Governor, Speaker of the House of Representatives, and each standing legislative committee with primary jurisdiction over health and mental health.

The council would use the summary report and stakeholder input to prepare a legislative report on suicide that identifies opportunities and makes recommendations for state agencies to improve suicide-related data collection, use data to guide and inform suicide prevention policy, and decrease suicide in the state while targeting the highest categories of risk. The council's legislative report would be due not later than September 1, 2020.

DSHS, HHSC, and institutions of higher education that are members of the council indicate that implementing the provisions of the bill would not result in a significant cost.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:**        529 Health and Human Services Commission, 537 State Health Services, Department of, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration, 768 Texas Tech University System Administration, 769 University of North Texas System Administration, 781 Higher Education Coordinating Board

**LBB Staff:** WP, AKi, JQ, BH, SB

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION**

**March 30, 2019**

**TO:** Honorable Senfronia Thompson, Chair, House Committee on Public Health

**FROM:** John McGeady, Assistant Director    Sarah Keyton, Assistant Director  
Legislative Budget Board

**IN RE: HB3980** by Hunter (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.), **As Introduced**

<b>No significant fiscal implication to the State is anticipated.</b>
---

The bill would require 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 the state and state policies and programs across state systems and agencies to prevent suicide. The report would be due not later than December 1, 2019 to the Statewide Behavioral Health Coordinating Council (council), Governor, Lieutenant Governor, Speaker of the House of Representatives, and each standing legislative committee with primary jurisdiction over health and mental health.

The council would use the summary report and stakeholder input to prepare a legislative report on suicide that identifies opportunities and makes recommendations for state agencies to improve suicide-related data collection, use data to guide and inform suicide prevention policy, and decrease suicide in the state while targeting the highest categories of risk. The council's legislative report would be due not later than September 1, 2020.

HHSC and DSHS indicate that the provisions of the bill could be absorbed using existing resources.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:**        529 Health and Human Services Commission, 537 State Health Services,  
Department of

**LBB Staff:** WP, AKi, JQ, BH, SB