### House Bill 3980

# Senate Amendments

# Section-by-Section Analysis

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### SENATE VERSION (CS)

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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 SECTION 1. Same as House version.

SECTION 2. Same as House version.

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

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(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) 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 communitybased effort to address suicide. (b) To the extent practicable, in preparing the summary report, the Health and Human Services Commission shall include in the statewide and regional data provided under Subsection (a)(1) of this section information that indicates the prevalence of suicide-related events, including the following characteristics: (1) the age of the individual; (2) the gender of the individual; and (3) whether at the time of the event the individual: (A) was active duty in a branch of the armed forces of the United States; or (B) was a military veteran.

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(b) Each state agency or institution of higher education that is a member of the council shall provide to the Health and Human Services Commission 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) In preparing the summary report required by this Act, the Health and Human Services Commission and the Department of State Health Services shall consult, and may 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) Not later than May 1, 2020, 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;

(c) Each state agency or institution of higher education that is a member of the council shall provide to the Health and Human Services Commission the information described by Subsection (a) of this section, to the extent that information pertains to the respective work of each agency or institution.
(d) In preparing the summary report required by this Act, the Health and Human Services Commission and the Department of State Health Services shall consult, and may 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.

(e) Not later than May 1, 2020, 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:

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(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:

(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) 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 November 1, 2020, the council shall submit a copy of the legislative report to the governor, the

(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:

(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) a representative of a local mental health authority with experience in suicide prevention and postvention activities;

(3) 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;

(4) 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

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

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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.

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SECTION 5. Same as House version.

SECTION 6. Same as House version.

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