87R16043 BDP-D

By:  Thompson of Harris, Hunter, Dutton, H.B. No. 2954

     Coleman, Allen, et al.

Substitute the following for H.B. No. 2954:

By:  Dutton C.S.H.B. No. 2954

A BILL TO BE ENTITLED

AN ACT

relating to a suicide prevention, intervention, and postvention program for certain public elementary schools.

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

SECTION 1.  Subchapter G, Chapter 38, Education Code, is amended by adding Section 38.3515 to read as follows:

Sec. 38.3515.  SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION PROGRAM. (a) In this section:

(1)  "Licensed mental health professional" includes:

(A)  a psychologist licensed to practice in this state and designated as a health-service provider;

(B)  a registered nurse with a master's or doctoral degree in psychiatric nursing;

(C)  an advanced practice registered nurse, as defined by Section 301.152, Occupations Code, who holds a nationally recognized board certification in psychiatric or mental health nursing;

(D)  a licensed clinical social worker, as defined by Section 505.002, Occupations Code;

(E)  a licensed professional counselor, as defined by Section 503.002, Occupations Code;

(F)  a licensed marriage and family therapist, as defined by Section 502.002, Occupations Code;

(G)  a licensed specialist in school psychology, as defined by Section 501.002, Occupations Code; and

(H)  a school counselor certified under Subchapter B, Chapter 21.

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

(b)  To the extent funds are appropriated to the agency for that purpose, the agency, in coordination with the Health and Human Services Commission, shall establish a suicide prevention, intervention, and postvention program for optional implementation at an elementary school campus of a school district or open-enrollment charter school described by Subsection (c).

(c)  A school district or open-enrollment charter school is eligible to participate in the program established under this section if the district or school or a campus of the district or school has:

(1)  experienced suicide loss among elementary school students enrolled in the district or school in the 2016-2017 school year or a subsequent school year; or

(2)  a reasonable concern regarding the risk of suicide among elementary school students enrolled in the district or school based on:

(A)  students' exposure to traumatic events or experiences, including the loss of an educator or another student in the district; or

(B)  increased rates of traumatic stress symptoms, including self-harm or incidents of bullying on a district or school campus.

(d)  The agency may prioritize for funding purposes school districts or open-enrollment charter schools described by Subsection (c)(1). A school district or open-enrollment charter school that implements the program may prioritize campuses within the district or school to participate in the program based on the direct impact of student suicides on the campuses.

(e)  For each elementary school campus at which the program is implemented, the school district or open-enrollment charter school shall:

(1)  conduct a needs-based assessment to identify individual needs of each campus in the program;

(2)  coordinate with the Health and Human Services Commission and a district or school that has implemented a comprehensive Suicide Safer Early Intervention and Prevention system, a program through Project AWARE (Advancing Wellness and Resiliency in Education), or another similar primary prevention, intervention, and postvention program to provide school-based suicide prevention best practices for each campus in the program;

(3)  provide recommendations for research-based best practices for suicide prevention, intervention, and postvention policies;

(4)  ensure that informational materials distributed by the district or school are age-appropriate and evidence-based; and

(5)  provide suicide prevention, intervention, and postvention support to each campus in the program, including by:

(A)  identifying the individual needs of the campus through the assessment conducted under Subdivision (1); and

(B)  implementing research-based best practices for suicide prevention, intervention, and postvention by working with licensed mental health professionals, teachers, nurses, administrators, and other staff, as well as law enforcement officers and social workers who regularly interact with students, to prevent suicide among students enrolled at the campus.

(f)  Each school district or open-enrollment charter school that implements the program under this section shall provide written notice to a parent or guardian of each student enrolled at a campus in the program. The required written notice must include:

(1)  current statewide information on suicide rates;

(2)  evidence-based informational materials identifying strategies to recognize the signs and symptoms of possible suicidal ideation that are age-appropriate for children who are four years of age or older;

(3)  information about suicide prevention strategies involving reducing access to lethal means of suicide for a student at risk of suicide; and

(4)  a list of available school and community resources to support students or community members who may be at risk for suicide.

(g)  In addition to the practices and procedures developed by a school district or open-enrollment charter school under Section 38.351(i), a district or school that implements the program shall develop practices and procedures concerning suicide prevention, intervention, and postvention that:

(1)  include a procedure for providing notice to a parent or guardian of a student regarding a recommendation for early mental health intervention for the student within a reasonable amount of time after the identification of early warning signs of risk for suicide, including:

(A)  declining academic performance;

(B)  depression;

(C)  anxiety;

(D)  isolation;

(E)  unexplained changes in sleep or eating habits; and

(F)  destructive behavior toward self and others;

(2)  include a procedure for providing notice of a student identified as at risk of attempting suicide, including a student who is or may be the victim of or who engages in bullying, to a parent or guardian of the student within a reasonable amount of time after the identification of early warning signs, including the signs listed in Subdivision (1);

(3)  designate at least one person to act as a liaison officer in the district or school for the purposes of identifying students in need of suicide prevention, intervention, and postvention;

(4)  provide information concerning available counseling alternatives to parents and guardians of district or school students to consider when a student is identified as possibly in need of suicide prevention, intervention, and postvention; and

(5)  include procedures to support the return of a student to regular school attendance following hospitalization or residential treatment for a mental health condition or substance abuse.

(h)  The practices and procedures developed under Subsection (g) must be included in:

(1)  the annual student handbook; and

(2)  the district improvement plan under Section 11.252.

(i)  Any school district or open-enrollment charter school that implements the program may:

(1)  contract with a regional education service center for services; and

(2)  request the assistance of public and private community-based mental health resources.

(j)  The agency:

(1)  may accept donations for purposes of this section from sources without a conflict of interest; and

(2)  may not accept donations for purposes of this section from an anonymous source.

(k)  Nothing in this section is intended to interfere with the rights of parents or guardians and the decision-making regarding the best interest of the child. Practices and procedures developed in accordance with this section are intended to notify a parent or guardian of a need for suicide prevention, intervention, or postvention so that a parent or guardian may take appropriate action.

(l)  Nothing in this section authorizes a school district or open-enrollment charter school employee to recommend prescription medication for a student or to interfere with medical decisions to be made by the student's parent or guardian.

(m)  The commissioner shall adopt rules to administer this section.

(n)  This section expires September 1, 2025.

SECTION 2.  This Act applies beginning with the 2021-2022 school year.

SECTION 3.  The Texas Education Agency is required to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the Texas Education Agency may, but is not required to, implement a provision of this Act using other appropriations available for that purpose.

SECTION 4.  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, 2021.