

- SUBJECT:** Requiring report by HHSC and Statewide Behavioral Health Council
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 8 ayes — S. Thompson, Wray, Allison, Frank, Ortega, Price, Sheffield, Zedler
- 0 nays
- 3 absent — Coleman, Guerra, Lucio
- WITNESSES:** For — Josette Saxton, Texans Care for Children; (*Registered, but did not testify*): Cynthia Humphrey, Association of Substance Abuse Programs; Chris Masey, Coalition of Texans with Disabilities; Lindsay Lanagan, Legacy Community Health; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Rachel Leader, National Alliance on Mental Illness Austin; Alissa Sughrue, National Alliance on Mental Illness Texas; Will Francis, National Association of Social Workers - Texas; Lee Johnson, Texas Council of Community Centers; Douglas Smith, Texas Criminal Justice Coalition; Gyl Switzer, Texas Gun Sense; Chris Frandsen, Texas League of Women Voters; Michelle Romero, Texas Medical Association; Merily Keller, Texas Suicide Prevention Council; Nataly Saucedo, United Ways of Texas; Maverick Crawford)
- Against — None
- On — (*Registered, but did not testify*: Courtney Harvey, Health and Human Services Commission)
- BACKGROUND:** Observers note that suicide is increasing in Texas and is the second leading cause of death for people between ages 15 and 34. Some have called for recommendations on state and regional suicide prevention efforts.
- DIGEST:** CSHB 3980 would require the Health and Human Services Commission (HHSC) and the Statewide Behavioral Health Coordinating Council to

submit reports on suicide rates and prevention efforts in Texas.

Definitions. The bill would define "postvention" as activities that promote healing necessary to reduce the risk of suicide by a person affected by someone else's suicide.

Summary report. The bill would require HHSC, in conjunction with the Department of State Health Services (DSHS), to prepare a summary report on the state's prevalence of suicide and adopted suicide prevention policies and programs. The report would have to:

- include available statewide and regional data on prevalence rates of suicide-related events, including suicidal thoughts, suicide attempts, and deaths caused by suicide;
- identify the highest risk categories with correlational data;
- list state statutes, agency rules, and policies regarding suicide and suicide prevention, intervention, and postvention; and
- describe state agency initiatives since 2000 to address suicide and include for each initiative the funding sources and years of operation, among other things.

The bill would require HHSC and DSHS to consult with and would allow them to seek assistance from a nonprofit group with certain community-based suicide prevention experience when preparing the summary report.

By May 1, 2020, HHSC would provide a copy of the summary report to the council, governor, lieutenant governor, House speaker, and each standing legislative committee with primary jurisdiction over health and mental health.

Workgroup. The bill would require the council to establish a stakeholder workgroup to assist member agencies prepare the legislative report. The workgroup would include:

- a nonprofit group representative that coordinated a multisector network of state and community-based suicide prevention groups

and assisted with implementing a statewide community-based prevention plan;

- representatives of groups with experience in suicide prevention and postvention activities in certain settings and with certain people;
- persons involved in suicide prevention and postvention activities who were suicide attempt survivors or had lost a family member to suicide; and
- a representative of any other group identified by the council.

Legislative report. Using the summary report on suicide and with input from the workgroup, the council would have to prepare a legislative report on suicide in this state that identified opportunities and made recommendations, including legislative actions, for state agencies to:

- improve statewide and regional data collection on suicide-related events;
- use data to guide and inform decisions and policy development regarding suicide prevention; and
- decrease suicide while targeting the highest risk categories.

The chief administrator of each state agency represented on the council would be entitled to a copy of the legislative report. By November 1, 2020, the council would submit a copy of the report to the governor, lieutenant governor, House speaker, and each standing legislative committee with primary jurisdiction over health and mental health.

The bill's provisions would expire December 1, 2020.

CSHB 3980 would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019.