

## **BILL ANALYSIS**

Senate Research Center

C.S.H.B. 1386  
By: Coleman et al. (Ellis)  
Education  
5/19/2011  
Committee Report (Substituted)

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

C.S.H.B. 1386 amends current law relating to the public health threat presented by youth suicide.

[**Note:** While the statutory reference in this bill is to the Texas Department of Health (TDH), the following amendments affect the Department of State Health Services, as the successor agency to TDH.]

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Provides that this Act is dedicated to every child who has fallen victim to severe emotional trauma.

SECTION 2. Provides that the legislature finds that:

- (1) the United States Surgeon General's Report on Children's Mental Health estimates that one in five children and adolescents will experience a significant mental health problem during their school years;
- (2) during elementary school years, children are in an ongoing developmental process where it is crucial that healthy mental and behavioral development be promoted and that a solid foundation in social-emotional skills and capacities be built;
- (3) adolescence is a period of significant change, during which youth are faced with a myriad of pressures;
- (4) the pressures facing youth during adolescence include pressures relating to adapting to bodily changes, succeeding academically, making college and career decisions, being accepted by peers, including pressure to engage in drugs, alcohol, and sex, measuring up to expectations of others, and coping with family and peer conflicts;
- (5) increased levels of victimization also lead to increased levels of depression and anxiety and decreased levels of self-esteem;
- (6) emotional trauma and mental health issues, if left unaddressed, can lead and have led to life-threatening violence and suicide;
- (7) suicide committed by youth continues to present a public health threat that endangers the well-being of the youth of the state;
- (8) suicide is the third leading cause of death for persons who are at least 15 years of age but younger than 25 years of age and the sixth leading cause of death for persons who are at least 5 years of age but younger than 15 years of age; and

(9) it is of the utmost importance to keep children and adolescents mentally healthy and on a course to become mentally healthy adults.

SECTION 3. Amends Chapter 161, Health and Safety Code, by adding Subchapter O-1, as follows:

SUBCHAPTER O-1. EARLY MENTAL HEALTH INTERVENTION AND PREVENTION OF YOUTH SUICIDE

Sec. 161.325. EARLY MENTAL HEALTH INTERVENTION AND SUICIDE PREVENTION. (a) Requires the Texas Department of Health (TDH), in coordination with the Texas Education Agency (TEA), to provide and annually update a list of recommended best practice-based early mental health intervention and suicide prevention programs for implementation in public elementary, junior high, middle, and high schools within the general education setting. Authorizes each school district to select from the list a program or programs appropriate for implementation in the district.

(b) Requires that the programs on the list include components that provide for training counselors, teachers, nurses, administrators, and other staff, as well as law enforcement officers and social workers who regularly interact with students, to:

(1) recognize students at risk of committing suicide, including students who are or may be the victims of or who engage in bullying;

(2) recognize students displaying early warning signs and a possible need for early mental health intervention, which warning signs may include declining academic performance, depression, anxiety, isolation, unexplained changes in sleep or eating habits, and destructive behavior toward self and others; and

(3) intervene effectively with students described by Subdivision (1) or (2) by providing notice and referral to a parent or guardian so appropriate action, such as seeking mental health services, may be taken by a parent or guardian.

(c) Requires TDH and TEA, in developing the list of programs, to consider:

(1) any existing suicide prevention method developed by a school district; and

(2) any Internet or online course or program developed in this state or another state that is based on best practices recognized by the Substance Abuse and Mental Health Services Administration or the Suicide Prevention Resource Center.

(d) Authorizes the board of trustees of each school district to adopt a policy concerning early mental health intervention and suicide prevention that:

(1) establishes a procedure for providing notice of a recommendation for early mental health intervention regarding a student to a parent or guardian of the student within a reasonable amount of time after the identification of early warning signs as described by Subsection (b)(2);

(2) establishes a procedure for providing notice of a student identified as at risk of committing suicide to a parent or guardian of the student within a reasonable amount of time after the identification of early warning signs as described by Subsection (b)(2);

(3) establishes that the district is authorized to develop a reporting mechanism and is authorized to designate at least one person to act as a liaison officer in the district for the purposes of identifying students in need of early mental health intervention or suicide prevention; and

(4) sets out the available counseling alternatives for a parent or guardian to consider when their child is identified as possibly being in need of early mental health intervention or suicide prevention.

(e) Requires that the policy prohibit the use without the prior consent of a student's parent or guardian of a medical screening of the student as part of the process of identifying whether the student is possibly in need of early mental health intervention or suicide prevention.

(f) Requires that the policy and any necessary procedures adopted under Subsection (d) be included in:

(1) the annual student handbook; and

(2) the district improvement plan under Section 11.252 (District-Level Planning and Decision-Making), Education Code.

(g) Authorizes TDH to accept donations for purposes of this section from sources without a conflict of interest. Prohibits TDH from accepting donations for purposes of this section from an anonymous source.

(h) Requires TDH, not later than January 1, 2013, to submit a report to the legislature relating to the development of the list of programs and the implementation in school districts of selected programs by school districts that choose to implement programs. Provides that this subsection expires September 1, 2013.

(h) Provides that 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. Provides that policy and procedures adopted in accordance with this section are intended to notify a parent or guardian of a need for mental health intervention so that a parent or guardian may take appropriate action. Requires that nothing in this Act be construed as giving school districts the authority to prescribe medications. Provides that any and all medical decisions are to be made by a parent or guardian of a student.

SECTION 4. Amends Section 11.252(a), Education Code, to require that the district improvement plan include certain provisions, including provisions for strategies for improvement of student performance that include methods for addressing the needs of students for special programs, including suicide prevention programs, in accordance with Subchapter O-1, Chapter 161, Health and Safety Code, which includes a parental or guardian notification procedure, conflict resolution programs, violence prevention programs, and dyslexia treatment programs.

SECTION 5. Provides that this Act applies beginning with the 2012-2013 school year.

SECTION 6. Effective date: upon passage or September 1, 2011.