

## **BILL ANALYSIS**

Senate Research Center  
83R4485 MEW-F

S.B. 831  
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Education  
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As Filed

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

Approximately 20 percent of children experience a mental health or substance abuse issue at any given time. These conditions can lead to a number of negative outcomes, including school failure, involvement with the juvenile justice system, and in extreme cases, suicide. Prevention and early intervention are key to addressing these problems and improving long-term outcomes for children. Because a significant portion of a child's time is spent at school, schools provide a "captive" audience for the initiation of needed mental health and substance abuse programs.

Currently, Section 161.325 (Early Mental Health Intervention and Suicide Prevention), Health and Safety Code, requires the Department of State Health Services (DSHS), in coordination with the Texas Education Agency (TEA), to provide and annually update a list of best practice-based early mental health intervention and suicide prevention programs that public elementary, junior high, and high schools may implement. It also allows school boards of trustees to implement a policy concerning early mental health intervention and suicide prevention.

However, the best practice-based list does not include mental health promotion, positive youth development, or substance abuse prevention and intervention programs. Nor is the list required to be accessible on the websites of the agencies with whom school districts most frequently interact—TEA and regional education service centers (ESCs).

S.B. 831 requires ESCs to help coordinate the development and updating of the list, as well as add best practice-based mental health promotion, positive youth development, and substance abuse prevention and intervention programs to the list. The bill also makes the list easily accessible on the websites of DSHS, TEA, and the ESCs so that school districts can have ready access to them. Finally, the bill expands the policy that school boards of trustees may adopt to include mental health promotion and substance abuse prevention and intervention.

This bill will enable school districts to easily identify school-based mental health and substance abuse programs rather than having to sift through hundreds of different programs spread across a number of different websites. The focus on prevention and mental health promotion also gives school districts the opportunity to address problems earlier rather than having to implement more costly interventions after the onset of serious problems.

As proposed, S.B. 831 amends current law relating to a list of mental health, substance abuse, and suicide prevention programs that may be selected for implementation by public schools.

[**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. Amends the heading to Subchapter O-1, Chapter 161, Health and Safety Code, to read as follows:

### **SUBCHAPTER O-1. MENTAL HEALTH, SUBSTANCE ABUSE, AND YOUTH SUICIDE**

SECTION 2. Amends the heading to Section 161.325, Health and Safety Code, to read as follows:

#### **Sec. 161.325. MENTAL HEALTH PROMOTION AND INTERVENTION, SUBSTANCE ABUSE PREVENTION AND INTERVENTION, AND SUICIDE PREVENTION.**

SECTION 3. Amends Section 161.325, Health and Safety Code, by amending Subsections (a), (b), (d), (e), and (i) and adding Subsections (a-1) and (a-2), as follows:

(a) Requires the Texas Department of Health (TDH), in coordination with the Texas Education Agency (TEA) and regional education service centers, to provide and annually update a list of recommended best practice-based programs in the areas specified under Subsection (a-1) for implementation in public elementary, junior high, middle, and high schools within the general education setting, rather than requires the Texas Department of Health, in coordination with 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.

(a-1) Requires that the list include programs in certain areas, including early mental health intervention, culturally competent mental health promotion and positive youth development, substance abuse prevention, substance abuse intervention, and suicide prevention.

(a-2) Requires TDH, TEA, and each regional education service center to make the list easily accessible on their websites.

(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 or substance abuse 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 or substance abuse services, may be taken by a parent or guardian.

(d) Authorizes the board of trustees of each school district to adopt a policy concerning mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention, rather than 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 or substance abuse 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 may develop a reporting mechanism and may 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 or substance abuse intervention or suicide prevention; and

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

(i) 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 or substance abuse intervention so that a parent or guardian may take appropriate action. Requires that nothing in this section 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. Effective date: September 1, 2013.