

***H.B. 1386 Relating to the Public Health Threat Presented by Youth Suicide.....
by Representative Coleman and his co-authors
Representative Farrar and Representative Marquez and
Senate Sponsor, Senator Ellis
(05/31/2011 E Sent to the Governor)***

H.B. No. 1386

AN ACT

relating to the public health threat presented by youth suicide and the qualification of certain persons serving as marriage and family therapists in school districts.

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

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

SECTION 2. 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. Chapter 161, Health and Safety Code, is amended by adding Subchapter O-1 to read 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) The department, in coordination with the Texas Education Agency, shall 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. Each school district may select from the list a program or programs appropriate for implementation in the district.

(b) The programs on the list must 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) In developing the list of programs, the department and the Texas Education Agency shall 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) The board of trustees of each school district may 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 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 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 intervention or suicide prevention.

(e) The policy must 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) The policy and any necessary procedures adopted under Subsection (d) must be included in:

(1) the annual student handbook; and

(2) the district improvement plan under Section 11.252, Education Code.

(g) The department may accept donations for purposes of this section from sources without a conflict of interest. The department may not accept donations for purposes of this section from an anonymous source.

(h) Not later than January 1, 2013, the department shall 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. This subsection expires September 1, 2013.

(i) 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. 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. Nothing in this section shall be construed as giving school districts the authority to prescribe medications. Any and all medical decisions are to be made by a parent or guardian of a student.

SECTION 4. Section 11.252(a), Education Code, is amended to read as follows:

(a) Each school district shall have a district improvement plan that is developed, evaluated, and revised annually, in accordance with district policy, by the superintendent with the assistance of the district-level committee established under Section 11.251. The purpose of the district improvement plan is to guide district and campus staff in the improvement of student performance for all student groups in order to attain state standards in respect to the student achievement indicators adopted under Section 39.053. The district improvement plan must include provisions for:

(1) a comprehensive needs assessment addressing district student performance on the student achievement indicators, and other appropriate measures of performance, that are disaggregated by all student groups served by the district, including categories of ethnicity, socioeconomic status, sex, and populations served by special programs, including students in special education programs under Subchapter A, Chapter 29;

(2) measurable district performance objectives for all appropriate student achievement indicators for all student populations, including students in special education programs under Subchapter A, Chapter 29, and other measures of student performance that may be identified through the comprehensive needs assessment;

(3) strategies for improvement of student performance that include:

(A) instructional methods for addressing the needs of student groups not achieving their full potential;

(B) methods for addressing the needs of students for special programs, including:

(i) ~~[such as]~~ suicide prevention programs, in accordance with Subchapter O-1, Chapter 161, Health and Safety Code, which includes a parental or guardian notification procedure;

(ii) ~~[;]~~ conflict resolution programs;

(iii) ~~[;]~~ violence prevention programs; and

(iv) ~~[; or]~~ dyslexia treatment programs;

(C) dropout reduction;

(D) integration of technology in instructional and administrative programs;

(E) discipline management;

(F) staff development for professional staff of the district;

(G) career education to assist students in developing the knowledge, skills, and competencies necessary for a broad range of career opportunities; and

(H) accelerated education;

(4) strategies for providing to middle school, junior high school, and high school students, those students' teachers and counselors, and those students' parents information about:

(A) higher education admissions and financial aid opportunities;

(B) the TEXAS grant program and the Teach for Texas grant program established under Chapter 56;

(C) the need for students to make informed curriculum choices to be prepared for success beyond high school; and

(D) sources of information on higher education admissions and financial aid;

(5) resources needed to implement identified strategies;

(6) staff responsible for ensuring the accomplishment of each strategy;

(7) timelines for ongoing monitoring of the implementation of each improvement strategy; and

(8) formative evaluation criteria for determining periodically whether strategies are resulting in intended improvement of student performance.

SECTION 5. Section 21.003(b), Education Code, is amended to read as follows:

(b) Except as otherwise provided by this subsection, a ~~[A]~~ person may not be employed by a school district as an audiologist, occupational therapist, physical therapist, physician, nurse, school psychologist, associate school psychologist, ~~marriage and family therapist~~, social worker, or speech language pathologist unless the person is licensed by the state agency that licenses that profession and ~~[a person]~~ may perform specific services within those professions for a school district only if the person holds the appropriate credential from the appropriate state agency. As long as a person employed by a district before September 1, 2011, to perform marriage and family therapy, as defined by Section 502.002, Occupations Code, is employed by the same district, the person is not required to hold a license as a marriage and family therapist to perform marriage and family therapy with that district.

SECTION 6. Section 502.004, Occupations Code, is amended to read as follows:
Sec. 502.004. APPLICATION OF CHAPTER. This chapter does not apply to:

(1) the activities, within the scope of a person's employment, of a person employed to perform marriage and family therapy by a federal, state, county, or municipal agency or, except as provided by Section 21.003(b), Education Code, by a public or private educational institution[~~, if the activities are within the scope of the person's employment~~];

(2) the activities of a student, intern, or trainee in marriage and family therapy in a recognized course of study in marriage and family therapy at an accredited institution of higher education or other training institution, if:

(A) the activities constitute a part of the course of study; and

(B) the person is called a "marriage and family therapist intern" or similar title;

(3) the activities and services of a person licensed to practice another profession, including a physician, attorney, registered nurse, occupational therapist, psychologist, social worker, or licensed professional counselor; or

(4) the activities and services of a recognized religious practitioner, including a pastoral counselor or Christian Science practitioner recognized by the Church of Christ Scientist as registered and published in the Christian Science Journal, if the practitioner practices marriage and family therapy in a manner consistent with the laws of this state.

SECTION 7. As soon as practicable after the effective date of this Act, the State Board for Educator Certification shall propose rules for the administration of Section 21.003(b), Education Code, as amended by this Act.

SECTION 8. This Act applies beginning with the 2012-2013 school year.

SECTION 9. 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, 2011.

President of the Senate

Speaker of the House

I certify that H.B. No. 1386 was passed by the House on May 13, 2011, by the following vote: Yeas 107, Nays 29, 3 present, not voting; and that the House concurred in Senate amendments to H.B. No. 1386 on May 26, 2011, by the following vote: Yeas 111, Nays 32, 1 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 1386 was passed by the Senate, with amendments, on May 23, 2011, by the following vote: Yeas 28, Nays 3.

Secretary of the Senate

APPROVED: _____

Date

Governor