

SUBJECT: Creating a suicide prevention program for public elementary schools

COMMITTEE: Public Education — committee substitute recommended

VOTE: 12 ayes — Dutton, Lozano, Allen, Allison, K. Bell, Bernal, Buckley,  
Huberty, K. King, Meza, Talarico, VanDeaver

0 nays

1 absent — M. González

WITNESSES: For — Annalee Gulley, Mental Health America of Greater Houston;  
Denise Campagnolo, Through a Parent's Tears; Amanda Afifi, Texas  
Association of School Psychologists; Michael Webb, Tomball ISD; Linda  
De Sosa; (*Registered, but did not testify*: Andrea Chevalier, Association of  
Texas Professional Educators; Jason Sabo, Children at Risk; Steven  
Aleman, Disability Rights Texas; Jason Guidangen and Ricardo Martinez,  
Equality Texas; Meaghan Read, Mental Health America of Greater  
Dallas; Rebecca Fowler and Jamie Freeny, Mental Health America of  
Greater Houston; Myra Leo, Methodist Healthcare Ministries; Greg  
Hansch and Ana O'Quin, National Alliance on Mental Illness Texas;  
Alison Mohr Boleware, National Association of Social Workers - Texas  
Chapter; Grover Campbell, TASB; Josette Saxton, Texans Care for  
Children; Dena Donaldson, Texas AFT; Barry Haenisch, Texas  
Association of Community Schools; Amy Beneski, Texas Association of  
School Administrators; Pamela McPeters, Texas Classroom Teachers  
Association; Kristin McGuire, Texas Council of Administrators of Special  
Education; Jan Friese, Texas Counseling Association; Mark Terry, Texas  
Elementary Principals and Supervisors Association; Dan Finch, Texas  
Medical Association; Suzi Kennon, Texas PTA; Michelle Wittenburg,  
Texas Public Charter Schools Association; Carrie Griffith, Texas State  
Teachers Association; William Larew, Through a Parent's Tears; Molly  
Weiner, United Ways of Texas; Vanessa MacDougal; Thomas Parkinson)

Against — Lee Spiller, Citizens Commission on Human Rights;  
(*Registered, but did not testify*: Monica Ayres, Citizens Commission on

Human Rights Texas; Jean LeFebvre)

**BACKGROUND:** Education Code sec. 38.351 requires the Texas Education Agency, in coordination with the Health and Human Services Commission and regional education centers, to provide and annually update a list of certain recommended best practice-based programs and research-based practices for implementation in public schools within the general education setting. This list must include programs and practices in areas specified in statute, including suicide prevention, intervention, and postvention.

**DIGEST:** CSHB 2954 would require the Texas Education Agency (TEA), in coordination with the Health and Human Services Commission (HHSC), to 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.

**Program participation.** A school district or open-enrollment charter school would be eligible to participate in the program established under the bill if the district or charter school or a campus of the district or charter school had experienced suicide loss among elementary school students enrolled in the district or school in the 2016-2017 school year or a subsequent school year.

A district or charter school also would be eligible if there was a reasonable concern regarding the risk of suicide among elementary school students enrolled in the district or school based on:

- students' exposure to traumatic events or experiences, including the loss of an educator or another student in the district; or
- increased rates of traumatic stress symptoms, including self-harm or incidents of bullying on a district or school campus.

The TEA could prioritize for funding purposes school districts or open-enrollment charter schools that had experienced suicide loss among elementary school students in or since the 2016-2017 school year. School districts or charter schools that implemented the program could prioritize

campuses for participation based on the direct impact of student suicides on the campuses.

**Program requirements.** For each elementary school campus at which the program was implemented, the school district or charter school would be required to:

- conduct a needs-based assessment to identify individual needs of each campus in the program;
- coordinate with HHSC and a district or school that had 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;
- provide recommendations for research-based best practices for suicide prevention, intervention, and postvention policies;
- ensure that informational materials distributed by the district or school were age-appropriate and evidence-based; and
- provide suicide prevention, intervention, and postvention support to each campus in the program as specified in the bill.

**Notification requirements, practices and procedures.** Each school district or open-enrollment charter school that implemented the program would be required to provide written notice to a parent or guardian of each student enrolled at a campus in the program. The written notice would have to include:

- current statewide information on suicide rates;
- evidence-based informational materials identifying strategies to recognize the signs and symptoms of possible suicidal ideation that were age-appropriate for children 4 years of age or older;
- information about suicide prevention strategies involving reducing access to lethal means of suicide; and
- a list of available school and community resources to support

students or community members who might be at risk of suicide.

In addition to practices and procedures developed by a school district or charter school under current statute, the bill would require a participating district or school to develop practices and procedures related to suicide prevention, intervention, and postvention that:

- included a procedure for providing notice to a student's parent or guardian 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;
- included a procedure for providing notice of a student identified as at risk of attempting suicide to the student's parent or guardian within a reasonable amount of time after the identification of early warning signs;
- designated at least one person to act as a liaison officer in the district or school for the purpose of identifying students in need of suicide prevention, intervention, and postvention;
- provide information concerning available counseling alternatives to parents and guardians of students to consider when a student was identified as possibly in need of suicide prevention, intervention, and postvention; and
- 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.

The practices and procedures developed under the bill would have to be included in the annual student handbook and the district improvement plan required under current law.

Nothing in the bill would be intended to interfere with the rights of parents or guardians and the decision-making regarding the best interest of a child. Practices and procedures developed under the bill would be intended to notify a parent or guardian of a need for suicide prevention, intervention, or postvention so that a parent or guardian could take appropriate action. Nothing in the bill would authorize a school district or

charter school employee to recommend prescription medication for a student or to interfere with medical decisions made by a student's parent or guardian.

**Other provisions.** A district or charter school that implemented the program would be authorized to contract with a regional education service center for services and to request the assistance of public and private community-based mental health resources.

TEA would be required to implement the bill's provisions only if the Legislature appropriated money specifically for that purpose. If the Legislature did not appropriate money specifically for that purpose, the TEA could implement a provision of the bill using other appropriations available for that purpose but would not be required to do so. TEA could accept donations for the purposes of the bill from sources without a conflict of interest, except that the agency could not accept donations for the bill's purposes from an anonymous source.

The commissioner of education would be required to adopt rules to administer the bill's provisions.

This bill 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, 2021. The bill's provisions would expire September 1, 2025.

**SUPPORTERS  
SAY:**

CSHB 2954 would help to keep elementary school students safe from self-harm and suicide by providing resources to assist Texas schools impacted by suicide. Suicide is the second leading cause of death in children 10 years of age and older, the age range of many fourth- and fifth-grade students, and an increase in suicides and suicide attempts in young children has led experts to believe that prevention programs should begin in elementary school. In addition, the COVID-19 pandemic has caused disruption to children's lives and schooling and has increased anxiety and isolation among elementary school children, suggesting the potential for elevated risk of youth suicide and mental health problems

and a greater need for prevention, intervention, and postvention programs.

Participation in the suicide prevention program by school districts and charter schools would be strictly voluntary, and parents would have to be notified of an implemented program.

**CRITICS  
SAY:**

CSHB 2954 would expose elementary school children to a new and untested program with as yet unknown consequences. Suicide is rare among elementary school age children, so the types of prevention programs established under the bill may be unnecessary or inadvertently harmful. Further study of suicide prevention programs, especially programs targeted at younger children, is needed to ensure there are no unintended or adverse effects on children. Also, participation in the suicide prevention program proposed in CSHB 2954 should be at the discretion of school districts and an elementary school student's parents or guardians.