

113TH CONGRESS  
1ST SESSION

# S. 689

To reauthorize and improve programs related to mental health and substance use disorders.

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IN THE SENATE OF THE UNITED STATES

APRIL 9, 2013

Mr. HARKIN (for himself, Mr. ALEXANDER, Mr. FRANKEN, Mr. ENZI, Mr. BENNET, Ms. MURKOWSKI, Ms. BALDWIN, Mr. ROBERTS, Mrs. HAGAN, and Mr. ISAKSON) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To reauthorize and improve programs related to mental health and substance use disorders.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Mental Health Aware-  
5 ness and Improvement Act of 2013”.

1                   **TITLE I—EDUCATION**  
2                   **PROGRAMS**

3 **SEC. 101. SHORT TITLE.**

4           This title may be cited as the “Achievement Through  
5 Prevention Act”.

6 **SEC. 102. PURPOSE.**

7           The purpose of this title is to expand the use of posi-  
8 tive behavioral interventions and supports and early inter-  
9 vening services in schools in order to improve student aca-  
10 demic achievement, reduce overidentification of individuals  
11 with disabilities, and reduce disciplinary problems in  
12 schools.

13 **SEC. 103. AMENDMENTS TO THE ELEMENTARY AND SEC-**  
14                   **ONDARY EDUCATION ACT OF 1965.**

15           (a) TITLE I STATE PLANS.—Section 1111(b) of the  
16 Elementary and Secondary Education Act of 1965 (20  
17 U.S.C. 6311(b)) is amended by adding at the end the fol-  
18 lowing:

19                   “(11) POSITIVE BEHAVIORAL INTERVENTIONS  
20           AND SUPPORTS.—In the case of a State that pro-  
21           poses to use funds under this part to support posi-  
22           tive behavioral interventions and supports, the State  
23           plan shall describe how the State educational agency  
24           will—

1           “(A) assist local educational agencies in  
2           implementing positive behavioral interventions  
3           and supports in schools served by the local edu-  
4           cational agency on a whole-school basis;

5           “(B) provide technical assistance and  
6           training to local educational agencies to im-  
7           prove and support the development, implemen-  
8           tation, and coordination of comprehensive posi-  
9           tive behavioral interventions and supports car-  
10          ried out under this Act with activities carried  
11          out under the Individuals with Disabilities Edu-  
12          cation Act; and

13          “(C) evaluate the effects of providing posi-  
14          tive behavioral interventions and supports for  
15          all students, including improvement of the  
16          learning environment, academic achievement,  
17          disciplinary problems such as incidents of sus-  
18          pensions, expulsions, referrals to law enforce-  
19          ment, and other actions that remove students  
20          from instruction, and any other effects the  
21          State chooses to evaluate.

22          “(12) EARLY INTERVENING SERVICES.—In the  
23          case of a State that proposes to use funds under this  
24          part to support early intervening services, the State

1 plan shall describe how the State educational agency  
2 will—

3 “(A) assist local educational agencies in  
4 implementing early intervening services in  
5 schools served by the local educational agency  
6 to reduce the need to label children as children  
7 with disabilities in order to address the learning  
8 and behavioral needs of such children;

9 “(B) provide technical assistance and  
10 training to local educational agencies to im-  
11 prove coordination of early intervening services  
12 provided under this Act with early intervening  
13 services carried out under the Individuals with  
14 Disabilities Education Act; and

15 “(C) evaluate the effects of providing early  
16 intervening services.

17 “(13) CRISIS MANAGEMENT PLANS.—In the  
18 case of a State that proposes to use funds under this  
19 part to assist local educational agencies in the State  
20 in periodically updating the crisis management  
21 plans, as described in section 4114(d)(7)(D), of such  
22 local educational agencies, the State plan shall de-  
23 scribe how the State educational agency will assist  
24 local educational agencies in updating such crisis  
25 management plans.”.

1 (b) TITLE I STATE REPORTS.—Section  
 2 1111(h)(1)(C) of the Elementary and Secondary Edu-  
 3 cation Act of 1965 (20 U.S.C. 6311(h)(1)(C)) is amend-  
 4 ed—

5 (1) in clause (vii), by striking “and” after the  
 6 semicolon;

7 (2) in clause (viii), by striking the period and  
 8 inserting a semicolon; and

9 (3) by adding at the end the following:

10 “(ix) the number of local educational  
 11 agencies in the State that implement posi-  
 12 tive behavioral interventions and supports;

13 “(x) the number of students—

14 “(I) who are served through the  
 15 use of early intervening services; and

16 “(II) who, in the preceding 2-  
 17 year period, received early intervening  
 18 services and who, after receiving such  
 19 services, have been identified as eligi-  
 20 ble for, and receive, special education  
 21 and related services under part B of  
 22 the Individuals with Disabilities Edu-  
 23 cation Act; and

1                   “(xi) the number of local educational  
2                   agencies in the State that implement  
3                   school-based mental health programs.”.

4           (c) TITLE I LOCAL EDUCATIONAL AGENCY PLANS.—

5 Section 1112(b)(1) of the Elementary and Secondary  
6 Education Act of 1965 (20 U.S.C. 6312(b)(1)) is amend-  
7 ed—

8           (1) in subparagraph (P), by striking “and”  
9           after the semicolon;

10           (2) in subparagraph (Q), by striking the period  
11           and inserting a semicolon; and

12           (3) by adding at the end the following:

13                   “(R) if the local educational agency pro-  
14                   poses to use subgrant funds under this part for  
15                   positive behavioral interventions and supports, a  
16                   description of the actions the local educational  
17                   agency will take to provide positive behavioral  
18                   interventions and supports and coordinate those  
19                   activities with activities carried out under the  
20                   Individuals with Disabilities Education Act;

21                   “(S) if the local educational agency pro-  
22                   poses to use subgrant funds under this part for  
23                   early intervening services, a description of the  
24                   actions the local educational agency will take to  
25                   provide early intervening services and coordi-

1           nate those services with early intervening serv-  
 2           ices carried out under the Individuals with Dis-  
 3           abilities Education Act;

4           “(T) if the local educational agency pro-  
 5           poses to use subgrant funds under this part for  
 6           school-based mental health programs, a descrip-  
 7           tion of the actions the local educational agency  
 8           will take to provide school-based mental health  
 9           programs and coordinate those activities with  
 10          activities carried out under the Individuals with  
 11          Disabilities Education Act; and

12          “(U) if the local educational agency pro-  
 13          poses to use subgrant funds under this part for  
 14          periodically updating the crisis management  
 15          plan of the local educational agency, as de-  
 16          scribed in section 4114(d)(7)(D), a description  
 17          of the actions the local educational agency will  
 18          take to develop and implement an updated cri-  
 19          sis management plan.”.

20          (d) TITLE I SCHOOLWIDE PROGRAMS.—

21                 (1) SCHOOLWIDE PROGRAMS.—Section  
 22                 1114(b)(1)(B)(iii)(I) of the Elementary and Sec-  
 23                 ondary Education Act of 1965 (20 U.S.C.  
 24                 6314(b)(1)(B)(iii)(I)) is amended—

1 (A) in item (aa), by inserting “and school-  
2 based mental health programs” after “serv-  
3 ices”;

4 (B) by redesignating items (bb) and (cc)  
5 as items (dd) and (ee), respectively; and

6 (C) by inserting after item (aa) the fol-  
7 lowing:

8 “(bb) implementation of  
9 schoolwide positive behavioral inter-  
10 ventions and supports, including  
11 through coordination with activities  
12 carried out under the Individuals with  
13 Disabilities Education Act, in order to  
14 improve academic outcomes for stu-  
15 dents and reduce the need for suspen-  
16 sions, expulsions, and other actions  
17 that remove students from instruc-  
18 tion;

19 “(cc) implementation of early in-  
20 tervening services, including through  
21 coordination with early intervening  
22 services carried out under the Individ-  
23 uals with Disabilities Education Act;”.

24 (2) TECHNICAL ASSISTANCE.—Section  
25 1116(b)(4)(B) of the Elementary and Secondary



1 Education Act of 1965 (20 U.S.C. 6316(b)(4)(B)) is  
2 amended—

3 (A) by redesignating clauses (iii) and (iv)  
4 as clauses (iv) and (v), respectively; and

5 (B) by inserting after clause (ii) the fol-  
6 lowing:

7 “(iii) shall include assistance in the  
8 implementation of schoolwide positive be-  
9 havior supports, school-based mental  
10 health programs, and other approaches  
11 with evidence of effectiveness for improving  
12 the learning environment in the school and  
13 reducing the need for suspensions, expul-  
14 sions, and other actions that remove stu-  
15 dents from instruction, including effective  
16 strategies for improving coordination of  
17 community resources;”.

18 (e) TITLE I ASSESSMENTS AND SCHOOL IMPROVE-  
19 MENT.—

20 (1) SCHOOL IMPROVEMENT PLAN.—Section  
21 1116(b)(3)(A) of the Elementary and Secondary  
22 Education Act of 1965 (20 U.S.C. 6316(b)(3)(A)) is  
23 amended—

24 (A) in clause (ix), by striking “and” after  
25 the semicolon;

1 (B) in clause (x), by striking the period  
2 and inserting a semicolon; and

3 (C) by adding at the end the following:

4 “(xi) specify whether the local edu-  
5 cational agency or the school will adopt  
6 and implement policies or practices to im-  
7 plement or improve positive behavioral  
8 interventions and supports and enhance co-  
9 ordination with activities carried out under  
10 the Individuals with Disabilities Education  
11 Act;

12 “(xii) specify whether the local edu-  
13 cational agency or the school will adopt  
14 and implement policies or practices to im-  
15 plement or improve early intervening serv-  
16 ices and coordinate with early intervening  
17 services carried out under such Act; and

18 “(xiii) specify whether the local edu-  
19 cational agency or school will adopt and  
20 implement school-based mental health pro-  
21 grams and coordinate with programs car-  
22 ried out under such Act.”.

23 (2) LOCAL EDUCATIONAL AGENCY IMPROVE-  
24 MENT PLANS.—Section 1116(c)(10) of the Elemen-

1 tary and Secondary Education Act of 1965 (20  
2 U.S.C. 6316(e)(10)) is amended—

3 (A) in subparagraph (B), by striking “sub-  
4 paragraph (E)” and inserting “subparagraph  
5 (F)”;

6 (B) by redesignating subparagraphs (D)  
7 through (F) as subparagraphs (E) through (G),  
8 respectively; and

9 (C) by inserting after subparagraph (C)  
10 the following:

11 “(D) ADDITIONAL ACTIVITIES.—In addi-  
12 tion to carrying out 1 or more of the corrective  
13 actions required under subparagraph (C) for a  
14 local educational agency, the State educational  
15 agency may also carry out 1 or more of the fol-  
16 lowing activities:

17 “(i) Improving or expanding positive  
18 behavioral interventions and supports and  
19 enhancing coordination with activities  
20 under the Individuals with Disabilities  
21 Education Act.

22 “(ii) Improving or expanding early in-  
23 tervening services and coordinating such  
24 services with early intervening services car-

1                   ried out under the Individuals with Dis-  
2                   abilities Education Act.”.

3           (f) TITLE I SCHOOL SUPPORT AND RECOGNITION.—

4               (1) REGIONAL CENTERS.—Section 1117(a)(3)  
5           of the Elementary and Secondary Education Act of  
6           1965 (20 U.S.C. 6317(a)(3)) is amended—

7               (A) by striking “of 2002 and comprehen-  
8               sive” and inserting “of 2002, comprehensive”;

9               (B) by striking “and the comprehensive”  
10              and inserting “, the comprehensive”; and

11              (C) by inserting “and any technical assist-  
12              ance center on schoolwide positive behavioral  
13              interventions and supports funded under section  
14              665(b) of the Individuals with Disabilities Edu-  
15              cation Act,” after “2002),”.

16              (2) STATEWIDE SYSTEMS FOR SUPPORT.—Sec-  
17              tion 1117(a)(5)(B) of the Elementary and Sec-  
18              ondary Education Act of 1965 (20 U.S.C.  
19              6317(a)(5)(B)) is amended—

20              (A) in clause (i), by striking the semicolon  
21              at the end and inserting the following: “, in-  
22              cluding by improving or expanding the use of  
23              positive behavioral interventions and supports  
24              aligned with activities carried out under the In-  
25              dividuals with Disabilities Education Act;”;

1 (B) in clause (iii), by striking “and” after  
2 the semicolon;

3 (C) in clause (iv), by striking the period  
4 and inserting a semicolon; and

5 (D) by adding at the end the following:

6 “(v) review and analyze the school’s  
7 efforts to identify and assist students with  
8 poor academic achievement and students  
9 who are children with disabilities, and as-  
10 sist the school in developing or improving  
11 early intervening services that are coordi-  
12 nated with activities carried out under the  
13 Individuals with Disabilities Education  
14 Act;

15 “(vi) review and analyze the school’s  
16 efforts to address behavioral or disciplinary  
17 problems, and assist the school in devel-  
18 oping or improving schoolwide positive be-  
19 havioral interventions and supports that  
20 are coordinated with activities carried out  
21 under the Individuals with Disabilities  
22 Education Act;

23 “(vii) review the number of discipline  
24 incidents in the school and use that infor-  
25 mation to assist the school to implement

1 schoolwide positive behavioral interventions  
2 and supports or other early intervening  
3 services, or both; and

4 “(viii) review and analyze the school’s  
5 efforts to address mental health needs  
6 among students and assist the school in  
7 developing or improving school-based men-  
8 tal health programs that are coordinated  
9 with activities carried out under the Indi-  
10 viduals with Disabilities Education Act.”.

11 (g) TITLE I PARENTAL INVOLVEMENT.—Section  
12 1118(e) of the Elementary and Secondary Education Act  
13 of 1965 (20 U.S.C. 6318(e)) is amended—

14 (1) by redesignating paragraphs (6) through  
15 (14) as paragraphs (7) through (15), respectively;  
16 and

17 (2) by inserting after paragraph (5) the fol-  
18 lowing:

19 “(6) shall provide information to school per-  
20 sonnel, students, and parents about the school’s use  
21 of positive behavioral interventions and supports,  
22 school-based mental health programs, and the expect-  
23 tations of school personnel, students, and parents in  
24 supporting a safe learning environment for all stu-  
25 dents;”.

1 (h) PREVENTION AND INTERVENTION PROGRAMS.—  
2 Section 1414(c)(8) of the Elementary and Secondary Edu-  
3 cation Act of 1965 (20 U.S.C. 6434(c)(8)) is amended by  
4 inserting “, including coordinating the use of positive be-  
5 havioral interventions and supports, early intervening  
6 services, and school-based mental health programs to im-  
7 prove academic achievement and reduce disciplinary ac-  
8 tions” before the semicolon at the end.

9 (i) TECHNICAL ASSISTANCE.—Section 1419 of the  
10 Elementary and Secondary Education Act of 1965 (20  
11 U.S.C. 6439) is amended—

12 (1) in paragraph (1), by striking “and” after  
13 the semicolon;

14 (2) in paragraph (2), by striking the period and  
15 inserting “; and”; and

16 (3) by adding at the end the following:

17 “(3) to provide technical assistance in imple-  
18 menting positive behavior interventions and sup-  
19 ports, early intervening services, and school-based  
20 mental health programs in order to improve aca-  
21 demic achievement and reduce disciplinary actions.”.

22 (j) TITLE II MENTAL HEALTH PROFESSIONAL DE-  
23 VELOPMENT.—Section 2123 of the Elementary and Sec-  
24 ondary Education Act of 1965 (20 U.S.C. 6223) is amend-  
25 ed—

1           (1) in subsection (a), by inserting after para-  
2 graph (8) the following:

3           “(9) Carrying out in-service training for school  
4 personnel in—

5                   “(A) the techniques and supports needed  
6 to identify children with trauma histories, and  
7 children with, or at risk of, mental illness,  
8 early;

9                   “(B) the use of referral mechanisms that  
10 effectively link such children to appropriate  
11 treatment and intervention services in the  
12 school and in the community where appropriate;  
13 and

14                   “(C) forming partnerships between school-  
15 based mental health programs and public or  
16 private mental health organizations.”;

17           (2) by redesignating subsection (b) as sub-  
18 section (c); and

19           (3) by inserting after subsection (a) the fol-  
20 lowing:

21           “(b) LIABILITY PROTECTION FOR SCHOOL PER-  
22 SONNEL.—Section 2366 shall apply to school personnel  
23 who received in-service training under subsection (a)(9),  
24 and who are carrying out activities related to such train-



1 ing, in the same manner as such section applies to teach-  
2 ers.”.

3 (k) SCHOOL-BASED MENTAL HEALTH SERVICES  
4 PARTNERSHIP PROGRAMS.—Section 4121 of the Elemen-  
5 tary and Secondary Education Act of 1965 (20 U.S.C.  
6 7131) is amended—

7 (1) in subsection (a)—

8 (A) in the matter preceding paragraph (1),  
9 by inserting “, health (including mental  
10 health),” after “promote safety”;

11 (B) by redesignating paragraphs (3)  
12 through (8) and (9) as paragraphs (4) through  
13 (9) and (11), respectively;

14 (C) by inserting after paragraph (2) the  
15 following:

16 “(3) the development and implementation of  
17 school-based mental health services partnership pro-  
18 grams under subsection (c);”;

19 (D) by striking paragraph (7), as redesi-  
20 gnated by subparagraph (B), and inserting the  
21 following:

22 “(7)(A) assistance to school systems that have  
23 particularly severe drug and violence problems or as-  
24 sistance to support appropriate response efforts to  
25 crisis situations, including—

1           “(i) hiring drug prevention and school  
2 safety coordinators; and

3           “(ii) making available to students mental  
4 health services, conflict resolution programs,  
5 and other school-based violence prevention  
6 strategies;”;

7           (E) in paragraph (9), as redesignated by  
8 subparagraph (B), by striking “and” after the  
9 semicolon; and

10           (F) by inserting after such paragraph (9)  
11 the following:

12           “(10) assistance to States to help local edu-  
13 cational agencies develop and implement comprehen-  
14 sive emergency management plans; and”;

15           (2) by adding at the end the following:

16           “(c) SCHOOL-BASED MENTAL HEALTH SERVICES  
17 PARTNERSHIP PROGRAMS.—

18           “(1) IN GENERAL.—Each grant, contract, or  
19 cooperative agreement awarded or entered into  
20 under subsection (a)(3) shall meet the requirements  
21 of this subsection.

22           “(2) ELIGIBILITY.—

23           “(A) IN GENERAL.—To be eligible to re-  
24 ceive a grant, contract, or cooperative agree-  
25 ment under this subsection, a local educational

1 agency shall enter into a school-based mental  
2 health partnership that—

3 “(i) shall include a public or private  
4 mental health entity or health care entity;  
5 and

6 “(ii) may include a child welfare agen-  
7 cy, family-based mental health entity, fam-  
8 ily organization, trauma network, or other  
9 community-based entity.

10 “(B) FLEXIBILITY FOR CERTAIN LOCAL  
11 EDUCATIONAL AGENCIES.—Notwithstanding  
12 subparagraph (A), a local educational agency  
13 that is eligible for services under subpart 1 or  
14 2 of part B of title VI, as determined by the  
15 Secretary, and that is unable to partner with a  
16 public or private mental health entity or health  
17 care entity shall be eligible for a grant under  
18 this subsection if the local educational agency  
19 can demonstrate to the Secretary, in its appli-  
20 cation for a grant under this subsection, that  
21 the local educational agency can otherwise build  
22 the capacity to carry out the requirements of  
23 this subsection.

24 “(3) APPLICATION.—A local educational agency  
25 that desires a grant, contract, or cooperative agree-

1       ment under this subsection shall include, in the ap-  
2       plication required by the Secretary, a description of  
3       how the local educational agency will—

4               “(A) assist schools served by the local edu-  
5               cational agency to provide, through the school-  
6               based mental health services partnership pro-  
7               gram, comprehensive school-based mental  
8               health services and supports and comprehensive  
9               staff development for school and community  
10              service personnel working in the school;

11             “(B) provide technical assistance and  
12             training to improve and support the develop-  
13             ment, implementation, and coordination of  
14             school-based mental health programs and en-  
15             sure such programs are coordinated with activi-  
16             ties carried out under the Individuals with Dis-  
17             abilities Education Act; and

18             “(C) evaluate the effects of providing  
19             school-based mental health programs.

20             “(4) USE OF FUNDS.—A local educational  
21             agency receiving a grant, contract, or cooperative  
22             agreement under this subsection shall use funds pro-  
23             vided under such grant, contract, or cooperative  
24             agreement to provide school-based mental health  
25             services and supports that—

1 “(A) may include—

2 “(i) the early identification of social,  
3 emotional, or behavioral problems, or sub-  
4 stance use disorders, and the provision of  
5 early intervening services;

6 “(ii) notwithstanding section 4154,  
7 the treatment or referral for treatment of  
8 students with social, emotional, or behav-  
9 ioral health problems, or substance use dis-  
10 orders;

11 “(iii) the development and implemen-  
12 tation of programs to assist children in  
13 dealing with trauma and violence; and

14 “(iv) the development of mechanisms,  
15 based on best practices, for children to re-  
16 port incidents of violence or plans by other  
17 children or adults to commit violence;

18 “(B) are based on trauma-informed and  
19 evidence-based practices;

20 “(C) are coordinated, where appropriate,  
21 with early intervening services carried out  
22 under the Individuals with Disabilities Edu-  
23 cation Act; and

24 “(D) are provided by qualified mental and  
25 behavioral health professionals who are certified

1 or licensed by the State involved and practicing  
2 within their area of expertise.

3 “(5) GENERAL REQUIREMENTS.—

4 “(A) PARENTAL CONSENT.—

5 “(i) IN GENERAL.—Each local edu-  
6 cational agency receiving a grant, contract,  
7 or cooperative agreement under this sub-  
8 section shall obtain prior written, informed  
9 consent from the parent of each child who  
10 is under 18 years of age to participate in  
11 any assessment service, program, activity,  
12 or treatment that is—

13 “(I) funded under this sub-  
14 section; and

15 “(II) conducted in connection  
16 with an elementary school or sec-  
17 ondary school under the grant, con-  
18 tract, or cooperative agreement.

19 “(ii) EXCEPTION.—Notwithstanding  
20 clause (i), the written, informed consent  
21 described in such clause shall not be re-  
22 quired in—

23 “(I) an emergency, where it is  
24 necessary to protect the immediate

1 health and safety of the student, other  
2 students, or school personnel; or

3 “(II) other instances where pa-  
4 rental consent cannot reasonably be  
5 obtained, as defined by the Secretary.

6 “(B) PROHIBITION ON MANDATORY MEDI-  
7 CATION.—No child shall be required to obtain a  
8 prescription for a substance covered by the  
9 Controlled Substances Act (21 U.S.C. 801 et  
10 seq.) as a condition of receiving an evaluation  
11 under this subsection, receiving services under  
12 this subsection, or attending a school receiving  
13 assistance under this subsection.

14 “(C) PRIVACY.—Each eligible entity receiv-  
15 ing a grant under this subsection shall ensure  
16 that student mental health records are accorded  
17 the privacy protections provided under the regu-  
18 lations promulgated under section 264(c) of the  
19 Health Insurance Portability and Accountability  
20 Act of 1996 (Public Law 104–191; 110 Stat.  
21 2033) and section 444 of the General Edu-  
22 cation Provisions Act (20 U.S.C. 1232g) (com-  
23 monly referred to as the ‘Federal Educational  
24 Rights and Privacy Act of 1974’).

1           “(6) LIABILITY PROTECTION FOR SCHOOL PER-  
2           SONNEL.—Section 2366 shall apply to school per-  
3           sonnel providing services under a grant, contract, or  
4           cooperative agreement under this subsection in the  
5           same manner as such section applies to teachers.

6           “(7) PROHIBITION AGAINST FEDERAL MAN-  
7           DATES, DIRECTION, OR CONTROL OR FEDERAL REG-  
8           ULATION.—In addition to the prohibition of Federal  
9           Government control of a State, local educational  
10          agency, or school’s curriculum or program of in-  
11          struction that is provided under section 9527(a),  
12          nothing in this subsection shall be construed to au-  
13          thorize an officer or employee of the Federal Gov-  
14          ernment to mandate, direct, or control a State, local  
15          educational agency, or school’s specific instructional  
16          content or academic achievement standards and as-  
17          sessments.”.

18          (1) DEFINITION.—Section 9101 of the Elementary  
19          and Secondary Education Act of 1965 (20 U.S.C. 7801)  
20          is amended—

21                  (1) by redesignating paragraphs (17) through  
22                  (43) as paragraphs (18) through (44), respectively;  
23                  and

24                  (2) by inserting after paragraph (16) the fol-  
25          lowing:



1           “(17) EARLY INTERVENING SERVICES.—The  
2           term ‘early intervening services’ means early inter-  
3           vening services described in section 613(f)(1) of the  
4           Individuals with Disabilities Education Act.”.

5 **SEC. 104. CONFORMING AMENDMENTS.**

6           (a) AMERICA COMPETES REAUTHORIZATION ACT  
7           OF 2010.—Section 553(d)(6) of the America COMPETES  
8           Reauthorization Act of 2010 (20 U.S.C. 9903) is amended  
9           by striking “section 9101(23)” and inserting “section  
10           9101(24)”.

11           (b) HIGHER EDUCATION ACT OF 1965.—Section  
12           255(k) of the Higher Education Act of 1965 is amended—

13                   (1) in paragraph (1), by striking “section  
14                   9101(23)(B)(ii)” and inserting “section  
15                   9101(24)(B)(ii)”; and

16                   (2) in paragraph (3), by striking “section  
17                   9101(23)” and inserting “section 9101(24)”.

18           (c) INDIVIDUALS WITH DISABILITIES EDUCATION  
19           ACT.—Section 602(10) of the Individuals with Disabilities  
20           Education Act (20 U.S.C. 1401(10)) is amended—

21                   (1) in subparagraph (C)(ii), by striking “section  
22                   9101(23)” and inserting “section 9101(24)”; and

23                   (2) in each of clauses (ii) and (iii) of subpara-  
24                   graph (D), by striking “section 9101(23)(C)(ii)” and  
25                   inserting “section 9101(24)(C)(ii)”.

1     **TITLE II—HEALTH PROGRAMS**

2     **SEC. 201. GARRETT LEE SMITH MEMORIAL ACT REAUTHOR-**  
3                     **IZATION.**

4             (a) SUICIDE PREVENTION TECHNICAL ASSISTANCE  
5     CENTER.—Section 520C of the Public Health Service Act  
6     (42 U.S.C. 290bb–34) is amended—

7             (1) in the section heading, by striking the sec-  
8             tion heading and inserting “**SUICIDE PREVENTION**  
9             **TECHNICAL ASSISTANCE CENTER.**”;

10            (2) in subsection (a), by striking “and in con-  
11            sultation with” and all that follows through the pe-  
12            riod at the end of paragraph (2) and inserting “shall  
13            establish a research, training, and technical assist-  
14            ance resource center to provide appropriate informa-  
15            tion, training, and technical assistance to States, po-  
16            litical subdivisions of States, federally recognized In-  
17            dian tribes, tribal organizations, institutions of high-  
18            er education, public organizations, or private non-  
19            profit organizations regarding the prevention of sui-  
20            cide among all ages, particularly among groups that  
21            are at high risk for suicide.”;

22            (3) by striking subsections (b) and (c);

23            (4) by redesignating subsection (d) as sub-  
24            section (b);

25            (5) in subsection (b), as so redesignated—

1 (A) by striking the subsection heading and  
2 inserting “RESPONSIBILITIES OF THE CEN-  
3 TER.”;

4 (B) in the matter preceding paragraph (1),  
5 by striking “The additional research” and all  
6 that follows through “nonprofit organizations  
7 for” and inserting “The center established  
8 under subsection (a) shall conduct activities for  
9 the purpose of”;

10 (C) by striking “youth suicide” each place  
11 such term appears and inserting “suicide”;

12 (D) in paragraph (1)—

13 (i) by striking “the development or  
14 continuation of” and inserting “developing  
15 and continuing”; and

16 (ii) by inserting “for all ages, particu-  
17 larly among groups that are at high risk  
18 for suicide” before the semicolon at the  
19 end;

20 (E) in paragraph (2), by inserting “for all  
21 ages, particularly among groups that are at  
22 high risk for suicide” before the semicolon at  
23 the end;

24 (F) in paragraph (3), by inserting “and  
25 tribal” after “statewide”;

1 (G) in paragraph (5), by inserting “and  
2 prevention” after “intervention”;

3 (H) in paragraph (8), by striking “in  
4 youth”;

5 (I) in paragraph (9), by striking “and be-  
6 havioral health” and inserting “health and sub-  
7 stance use disorder”; and

8 (J) in paragraph (10), by inserting “con-  
9 ducting” before “other”; and

10 (6) by striking subsection (e) and inserting the  
11 following:

12 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the  
13 purpose of carrying out this section, there are authorized  
14 to be appropriated \$4,948,000 for each of fiscal years  
15 2014 through 2018.”.

16 (b) YOUTH SUICIDE EARLY INTERVENTION AND  
17 PREVENTION STRATEGIES.—Section 520E of the Public  
18 Health Service Act (42 U.S.C. 290bb–36) is amended—

19 (1) in paragraph (1) of subsection (a) and in  
20 subsection (c), by striking “substance abuse” each  
21 place such term appears and inserting “substance  
22 use disorder”;

23 (2) in subsection (b)(2)—

24 (A) by striking “each State is awarded  
25 only 1 grant or cooperative agreement under

1 this section” and inserting “a State does not  
 2 receive more than 1 grant or cooperative agree-  
 3 ment under this section at any 1 time”; and

4 (B) by striking “been awarded” and insert-  
 5 ing “received”; and

6 (3) by striking subsection (m) and inserting the  
 7 following:

8 “(m) AUTHORIZATION OF APPROPRIATIONS.—For  
 9 the purpose of carrying out this section, there are author-  
 10 ized to be appropriated \$29,682,000 for each of fiscal  
 11 years 2014 through 2018.”.

12 (c) MENTAL HEALTH AND SUBSTANCE USE DIS-  
 13 ORDER SERVICES.—Section 520E–2 of the Public Health  
 14 Service Act (42 U.S.C. 290bb–36b) is amended—

15 (1) in the section heading, by striking “**AND**  
 16 **BEHAVIORAL HEALTH**” and inserting “**HEALTH**  
 17 **AND SUBSTANCE USE DISORDER SERVICES**”;

18 (2) in subsection (a)—

19 (A) by striking “Services,” and inserting  
 20 “Services and”;

21 (B) by striking “and behavioral health  
 22 problems” and inserting “health or substance  
 23 use disorders”; and

24 (C) by striking “substance abuse” and in-  
 25 serting “substance use disorders”;

1 (3) in subsection (b)—

2 (A) in the matter preceding paragraph (1),  
3 by striking “for—” and inserting “for one or  
4 more of the following.”; and

5 (B) by striking paragraphs (1) through (6)  
6 and inserting the following:

7 “(1) Educating students, families, faculty, and  
8 staff to increase awareness of mental health and  
9 substance use disorders.

10 “(2) The operation of hotlines.

11 “(3) Preparing informational material.

12 “(4) Providing outreach services to notify stu-  
13 dents about available mental health and substance  
14 use disorder services.

15 “(5) Administering voluntary mental health and  
16 substance use disorder screenings and assessments.

17 “(6) Supporting the training of students, fac-  
18 ulty, and staff to respond effectively to students with  
19 mental health and substance use disorders.

20 “(7) Creating a network infrastructure to link  
21 colleges and universities with health care providers  
22 who treat mental health and substance use dis-  
23 orders.”;

24 (4) in subsection (c)(5), by striking “substance  
25 abuse” and inserting “substance use disorder”;

1 (5) in subsection (d)—

2 (A) in the matter preceding paragraph (1),  
3 by striking “An institution of higher education  
4 desiring a grant under this section” and insert-  
5 ing “To be eligible to receive a grant under this  
6 section, an institution of higher education”;

7 (B) in paragraph (1)—

8 (i) by striking “and behavioral  
9 health” and inserting “health and sub-  
10 stance use disorder”; and

11 (ii) by inserting “, including veterans  
12 whenever possible and appropriate,” after  
13 “students”; and

14 (C) in paragraph (2), by inserting “, which  
15 may include, as appropriate and in accordance  
16 with subsection (b)(7), a plan to seek input  
17 from relevant stakeholders in the community,  
18 including appropriate public and private enti-  
19 ties, in order to carry out the program under  
20 the grant” before the period at the end;

21 (6) in subsection (e)(1), by striking “and behav-  
22 ioral health problems” and inserting “health and  
23 substance use disorders”;

24 (7) in subsection (f)(2)—

1 (A) by striking “and behavioral health”  
2 and inserting “health and substance use dis-  
3 order”; and

4 (B) by striking “suicide and substance  
5 abuse” and inserting “suicide and substance  
6 use disorders”; and

7 (8) in subsection (h), by striking “\$5,000,000  
8 for fiscal year 2005” and all that follows through  
9 the period at the end and inserting “\$4,858,000 for  
10 each of fiscal years 2014 through 2018.”.

11 **SEC. 202. MENTAL HEALTH AWARENESS TRAINING GRANTS.**

12 Section 520J of the Public Health Service Act (42  
13 U.S.C. 290bb–41) is amended—

14 (1) in the section heading, by inserting “**MEN-**  
15 **TAL HEALTH AWARENESS**” before “**TRAINING**”;  
16 and

17 (2) in subsection (b)—

18 (A) in the subsection heading, by striking  
19 “ILLNESS” and inserting “HEALTH”;

20 (B) in paragraph (1), by inserting “and  
21 other categories of individuals, as determined  
22 by the Secretary,” after “emergency services  
23 personnel”;

24 (C) in paragraph (5)—



1 (i) in the matter preceding subpara-  
2 graph (5), by striking “to” and inserting  
3 “for evidence-based programs for the pur-  
4 pose of”; and

5 (ii) by striking subparagraphs (A)  
6 through (C) and inserting the following:

7 “(A) recognizing the signs and symptoms  
8 of mental illness; and

9 “(B)(i) providing education to personnel  
10 regarding resources available in the community  
11 for individuals with a mental illness and other  
12 relevant resources; or

13 “(ii) the safe de-escalation of crisis situa-  
14 tions involving individuals with a mental ill-  
15 ness.”; and

16 (D) in paragraph (7), by striking “,  
17 \$25,000,000” and all that follows through the  
18 period at the end and inserting “\$20,000,000  
19 for each of fiscal years 2014 through 2018”.

20 **SEC. 203. CHILDREN’S RECOVERY FROM TRAUMA.**

21 Section 582 of the Public Health Service Act (42  
22 U.S.C. 290hh–1) is amended—

23 (1) in subsection (a), by striking “developing  
24 programs” and all that follows and inserting “devel-  
25 oping and maintaining programs that provide for—

1           “(1) the continued operation of the National  
2 Child Traumatic Stress Initiative (referred to in this  
3 section as the ‘NCTSI’), which includes a coordi-  
4 nating center, that focuses on the mental, behav-  
5 ioral, and biological aspects of psychological trauma  
6 response; and

7           “(2) the development of knowledge with regard  
8 to evidence-based practices for identifying and treat-  
9 ing mental, behavioral, and biological disorders of  
10 children and youth resulting from witnessing or ex-  
11 perienceing a traumatic event.”;

12           (2) in subsection (b)—

13           (A) by striking “subsection (a) related”  
14 and inserting “subsection (a)(2) (related”;

15           (B) by striking “treating disorders associ-  
16 ated with psychological trauma” and inserting  
17 “treating mental, behavioral, and biological dis-  
18 orders associated with psychological trauma”);  
19 and

20           (C) by striking “mental health agencies  
21 and programs that have established clinical and  
22 basic research” and inserting “universities, hos-  
23 pitals, mental health agencies, and other pro-  
24 grams that have established clinical expertise  
25 and research”;

1           (3) by redesignating subsections (c) through (g)  
2           as subsections (g) through (k), respectively;

3           (4) by inserting after subsection (b), the fol-  
4           lowing:

5           “(c) CHILD OUTCOME DATA.—The NCTSI coordi-  
6           nating center shall collect, analyze, and report NCTSI-  
7           wide child treatment process and outcome data regarding  
8           the early identification and delivery of evidence-based  
9           treatment and services for children and families served by  
10          the NCTSI grantees.

11          “(d) TRAINING.—The NCTSI coordinating center  
12          shall facilitate the coordination of training initiatives in  
13          evidence-based and trauma-informed treatments, interven-  
14          tions, and practices offered to NCTSI grantees, providers,  
15          and partners.

16          “(e) DISSEMINATION.—The NCTSI coordinating  
17          center shall, as appropriate, collaborate with the Secretary  
18          in the dissemination of evidence-based and trauma-in-  
19          formed interventions, treatments, products and other re-  
20          sources to appropriate stakeholders.

21          “(f) REVIEW.—The Secretary shall, consistent with  
22          the peer review process, ensure that NCTSI applications  
23          are reviewed by appropriate experts in the field as part  
24          of a consensus review process. The Secretary shall include

1 review criteria related to expertise and experience in child  
2 trauma and evidence-based practices.”;

3 (5) in subsection (g) (as so redesignated), by  
4 striking “with respect to centers of excellence are  
5 distributed equitably among the regions of the coun-  
6 try” and inserting “are distributed equitably among  
7 the regions of the United States”;

8 (6) in subsection (i) (as so redesignated), by  
9 striking “recipient may not exceed 5 years” and in-  
10 sserting “recipient shall not be less than 4 years, but  
11 shall not exceed 5 years”; and

12 (7) in subsection (j) (as so redesignated), by  
13 striking “\$50,000,000” and all that follows through  
14 “2006” and inserting “\$45,713,000 for each of fis-  
15 cal years 2014 through 2018”.

16 **SEC. 204. ASSESSING BARRIERS TO BEHAVIORAL HEALTH**  
17 **INTEGRATION.**

18 (a) IN GENERAL.—Not later than 2 years after the  
19 date of enactment of this Act, the Comptroller General  
20 of the United States shall submit a report to the Com-  
21 mittee on Health, Education, Labor, and Pensions of the  
22 Senate and the Committee on Energy and Commerce of  
23 the House of Representatives concerning Federal require-  
24 ments that impact access to treatment of mental health  
25 and substance use disorders related to integration with

1 primary care, administrative and regulatory issues, quality  
2 measurement and accountability, and data sharing.

3 (b) CONTENTS.—The report submitted under sub-  
4 section (a) shall include the following:

5 (1) An evaluation of the administrative or regu-  
6 latory burden on behavioral healthcare providers.

7 (2) The identification of outcome and quality  
8 measures relevant to integrated health care, evalua-  
9 tion of the data collection burden on behavioral  
10 healthcare providers, and any alternative methods  
11 for evaluation.

12 (3) An analysis of the degree to which elec-  
13 tronic data standards, including interoperability and  
14 meaningful use includes behavioral health measures,  
15 and an analysis of strategies to address barriers to  
16 health information exchange posed by part 2 of title  
17 42, Code of Federal Regulations.

18 (4) An analysis of the degree to which Federal  
19 rules and regulations for behavioral and physical  
20 health care are aligned, including recommendations  
21 to address any identified barriers.

22 **SEC. 205. INCREASING EDUCATION AND AWARENESS OF**  
23 **TREATMENTS FOR OPIOID USE DISORDERS.**

24 (a) IN GENERAL.—In order to improve the quality  
25 of care delivery and treatment outcomes among patients

1 with opioid use disorders, the Secretary of Health and  
2 Human Services (referred to in this section as the “Sec-  
3 retary”), acting through the Administrator for the Sub-  
4 stance Abuse and Mental Health Services Administration,  
5 may advance, through existing programs as appropriate,  
6 the education and awareness of providers, patients, and  
7 other appropriate stakeholders regarding all products ap-  
8 proved by the Food and Drug Administration to treat  
9 opioid use disorders.

10 (b) ACTIVITIES.—The activities described in sub-  
11 section (a) may include—

12 (1) disseminating evidence-based practices for  
13 the treatment of opioid use disorders;

14 (2) facilitating continuing education programs  
15 for health professionals involved in treating opioid  
16 use disorders;

17 (3) increasing awareness among relevant stake-  
18 holders of the treatment of opioid use disorders;

19 (4) assessing current barriers to the treatment  
20 of opioid use disorders for patients and providers  
21 and development and implementation of strategies to  
22 mitigate such barriers; and

23 (5) continuing innovative approaches to the  
24 treatment of opioid use disorders in various treat-

1       ment settings, such as prisons, community mental  
2       health centers, primary care, and hospitals.

3       (c) REPORT.—Not later than 1 year after the date  
4 of enactment of this Act, if the Secretary carries out the  
5 activities under this section, the Secretary shall submit to  
6 the Committee on Health, Education, Labor, and Pen-  
7 sions of the Senate and the Committee on Energy and  
8 Commerce of the House of Representatives a report that  
9 examines—

10           (1) the activities the Substance Abuse and Men-  
11 tal Health Services Administration conducts under  
12 this section, including any potential impacts on  
13 health care costs associated with such activities;

14           (2) the role of adherence in the treatment of  
15 opioid use disorders and methods to reduce opioid  
16 use disorders; and

17           (3) recommendations on priorities and strate-  
18 gies to address co-occurring substance use disorders  
19 and mental illnesses.

20 **SEC. 206. EXAMINING MENTAL HEALTH CARE FOR CHIL-**  
21 **DREN.**

22       (a) IN GENERAL.—Not later than 1 year after the  
23 date of enactment of this Act, the Comptroller General  
24 of the United States shall conduct an independent evalua-  
25 tion, and submit to the Committee on Health, Education,

1 Labor, and Pensions of the Senate and the Committee on  
 2 Energy and Commerce of the House of Representatives,  
 3 a report concerning the utilization of mental health serv-  
 4 ices for children, including the usage of psychotropic medi-  
 5 cations.

6 (b) CONTENT.—The report submitted under sub-  
 7 section (a) shall review and assess—

8 (1) the ways in which children access mental  
 9 health care, including information on whether chil-  
 10 dren are treated by primary care or specialty pro-  
 11 viders, what types of referrals for additional care are  
 12 recommended, and any barriers to accessing this  
 13 care;

14 (2) the extent to which children are prescribed  
 15 psychotropic medications in the United States in-  
 16 cluding the frequency of concurrent medication  
 17 usage; and

18 (3) the tools, assessments, and medications that  
 19 are available and used to diagnose and treat children  
 20 with mental health disorders.

21 **SEC. 207. EVIDENCE BASED PRACTICES FOR OLDER**  
 22 **ADULTS.**

23 (a) GERIATRIC SUBSTANCE USE DISORDERS TREAT-  
 24 MENT.—Section 509(e) of the Public Health Service Act  
 25 (42 U.S.C. 290bb–2(e)) is amended—



1 (1) by striking “The Secretary shall establish”  
2 and inserting:

3 “(1) IN GENERAL.—The Secretary shall estab-  
4 lish”; and

5 (2) by adding at the end the following:

6 “(2) GERIATRIC SUBSTANCE USE DISORDERS  
7 TREATMENT.—The Secretary shall, as appropriate,  
8 provide technical assistance to grantees regarding  
9 evidence-based practices for the treatment of geri-  
10 atric substance use disorders, as well as disseminate  
11 information about such evidence-based practices to  
12 States and nongrantees throughout the United  
13 States.”.

14 (b) GERIATRIC SUBSTANCE USE DISORDERS PRE-  
15 VENTION.—Section 516(e) of the Public Health Service  
16 Act (42 U.S.C. 290bb–22(e)) is amended—

17 (1) by striking “The Secretary shall establish”  
18 and inserting:

19 “(1) IN GENERAL.—The Secretary shall estab-  
20 lish”; and

21 (2) by adding at the end the following:

22 “(2) GERIATRIC SUBSTANCE USE DISORDERS  
23 PREVENTION.—The Secretary shall, as appropriate,  
24 provide technical assistance to grantees regarding  
25 evidence-based practices for the prevention of geri-

1       atric substance use disorders, as well as disseminate  
2       information about such evidence-based practices to  
3       States and nongrantees throughout the United  
4       States.”.

5       (c) GERIATRIC MENTAL HEALTH DISORDERS.—Sec-  
6       tion 520A(e) of the Public Health Service Act (42 U.S.C.  
7       290bb–32(e)) is amended by adding at the end the fol-  
8       lowing:

9               “(3) GERIATRIC MENTAL HEALTH DIS-  
10       ORDERS.—The Secretary shall, as appropriate, pro-  
11       vide technical assistance to grantees regarding evi-  
12       dence-based practices for the prevention and treat-  
13       ment of geriatric mental health disorders, as well as  
14       disseminate information about such evidence-based  
15       practices to States and nongrantees throughout the  
16       United States.”.

17       **SEC. 208. NATIONAL VIOLENT DEATH REPORTING SYSTEM.**

18       The Secretary of Health and Human Services, acting  
19       through the Director of the Centers for Disease Control  
20       and Prevention, is encouraged to improve, particularly  
21       through the inclusion of additional States, the National  
22       Violent Death Reporting System as authorized by title III  
23       of the Public Health Service Act. Participation in the sys-  
24       tem by the States shall be voluntary.

1 **SEC. 209. GAO STUDY ON VIRGINIA TECH RECOMMENDA-**  
2 **TIONS.**

3 (a) IN GENERAL.—Not later than 1 year after the  
4 date of enactment of this Act, the Comptroller General  
5 of the United States shall conduct an independent evalua-  
6 tion, and submit to the appropriate committees of Con-  
7 gress a report concerning the status of implementation of  
8 recommendations made in the report to the President, On  
9 Issues Raised by the Virginia Tech Tragedy, by the Secre-  
10 taries of Health and Human Services and Education and  
11 the Attorney General of the United States, submitted to  
12 the President on June 13, 2007.

13 (b) CONTENT.—The report submitted to the commit-  
14 tees of Congress under subsection (a) shall review and as-  
15 sess—

16 (1) the extent to which the recommendations in  
17 the report that include participation by the Depart-  
18 ment of Health and Human Services were imple-  
19 mented;

20 (2) whether there are any barriers to implemen-  
21 tation of such recommendations; and

22 (3) identification of any additional actions the  
23 Federal government can take to support States and  
24 local communities and ensure that the Federal gov-  
25 ernment and Federal law are not obstacles to ad-  
26 dressing at the community level—

- 1 (A) school violence; and
- 2 (B) mental illness.

○