

116TH CONGRESS
1ST SESSION

S. 1122

To amend the Public Health Service Act to revise and extend projects relating to children and to provide access to school-based comprehensive mental health programs.

IN THE SENATE OF THE UNITED STATES

APRIL 10, 2019

Ms. SMITH (for herself, Ms. HASSAN, Mr. MURPHY, Mr. WHITEHOUSE, and Mr. WYDEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to revise and extend projects relating to children and to provide access to school-based comprehensive mental health programs.

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 Services
5 for Students Act of 2019”.

6 **SEC. 2. PURPOSES.**

7 The purposes of this Act are to—

8 (1) revise, increase funding for, and expand the
9 scope of the Project AWARE State Educational

1 Agency Grant Program carried out by the Secretary
2 of Health and Human Services, in order to provide
3 access to more comprehensive school-based mental
4 health services and supports;

5 (2) provide for comprehensive staff development
6 for school and community service personnel working
7 in the school;

8 (3) provide for comprehensive training to im-
9 prove health and academic outcomes for children
10 with, or at risk for, mental health disorders, for par-
11 ents or guardians, siblings, and other family mem-
12 bers of such children, and for concerned members of
13 the community;

14 (4) provide for comprehensive, universal, evi-
15 dence-based screening to identify children and ado-
16 lescents with potential mental health disorders or
17 unmet emotional health needs;

18 (5) recognize best practices for the delivery of
19 mental health care in school-based settings, includ-
20 ing school-based health centers;

21 (6) provide for comprehensive training for par-
22 ents or guardians, siblings, other family members,
23 and concerned members of the community on behalf
24 of children and adolescents experiencing mental
25 health trauma, disorder, or disability; and

1 approach to mental health services both in schools and in
2 the community. Such approach shall provide comprehen-
3 sive developmentally appropriate services and supports
4 that are linguistically and culturally appropriate and trau-
5 ma-informed, and incorporate developmentally appropriate
6 strategies of positive behavioral interventions and sup-
7 ports. A comprehensive school-based mental health pro-
8 gram funded under this section shall assist children in
9 dealing with traumatic experiences, grief, bereavement,
10 risk of suicide, and violence.

11 “(b) ACTIVITIES.—Under the program under sub-
12 section (a), the Secretary may—

13 “(1) provide financial support to enable local
14 communities to implement a comprehensive cul-
15 turally and linguistically appropriate, trauma-in-
16 formed, and developmentally appropriate, school-
17 based mental health program that—

18 “(A) builds awareness of individual trauma
19 and the intergenerational, continuum of impacts
20 of trauma on populations;

21 “(B) trains appropriate staff to identify,
22 and screen for, signs of trauma exposure, men-
23 tal health disorders, or risk of suicide; and

24 “(C) incorporates positive behavioral inter-
25 ventions, family engagement, student treatment,

1 and multigenerational supports to foster the
2 health and development of children, prevent
3 mental health disorders, and ameliorate the im-
4 pact of trauma;

5 “(2) provide technical assistance to local com-
6 munities with respect to the development of pro-
7 grams described in paragraph (1);

8 “(3) provide assistance to local communities in
9 the development of policies to address child and ado-
10 lescent trauma and mental health issues and violence
11 when and if it occurs;

12 “(4) facilitate community partnerships among
13 families, students, law enforcement agencies, edu-
14 cation agencies, mental health and substance use
15 disorder service systems, family-based mental health
16 service systems, child welfare agencies, health care
17 providers (including primary care physicians, mental
18 health professionals, and other professionals who
19 specialize in children’s mental health such as child
20 and adolescent psychiatrists), institutions of higher
21 education, faith-based programs, trauma networks,
22 and other community-based systems; and

23 “(5) establish mechanisms for children and ado-
24 lescents to report incidents of violence or plans by

1 other children, adolescents, or adults to commit vio-
2 lence.

3 “(c) REQUIREMENTS.—

4 “(1) IN GENERAL.—To be eligible for a grant,
5 contract, or cooperative agreement under subsection
6 (a), an entity shall—

7 “(A) be a partnership that includes—

8 “(i) a State educational agency, as de-
9 fined in section 8101 of the Elementary
10 and Secondary Education Act of 1965, in
11 coordination with one or more local edu-
12 cational agencies, as defined in section
13 8101 of the Elementary and Secondary
14 Education Act of 1965, or a consortium of
15 any entities described in subparagraph
16 (B), (C), (D), or (E) of section 8101(30)
17 of such Act; and

18 “(ii) in accordance with paragraph
19 (2)(A)(i), appropriate public or private en-
20 tities that employ interventions that are
21 evidence-based, as defined in section 8101
22 of the Elementary and Secondary Edu-
23 cation Act of 1965; and

1 “(B) submit an application, that is en-
2 dorsed by all members of the partnership,
3 that—

4 “(i) specifies which member will serve
5 as the lead partner; and

6 “(ii) contains the assurances described
7 in paragraph (2).

8 “(2) REQUIRED ASSURANCES.—An application
9 under paragraph (1) shall contain assurances as fol-
10 lows:

11 “(A) The eligible entity will ensure that, in
12 carrying out activities under this section, the el-
13 igible entity will enter into a memorandum of
14 understanding—

15 “(i) with at least 1 community-based
16 mental health provider, including a public
17 or private mental health entity, health care
18 entity, family-based mental health entity,
19 trauma network, or other community-based
20 entity, as determined by the Secretary
21 (and which may include additional entities
22 such as a human services agency, law en-
23 forcement or juvenile justice entity, child
24 welfare agency, an institution of higher

1 education, or another entity, as determined
2 by the Secretary); and

3 “(ii) that clearly states—

4 “(I) the responsibilities of each
5 partner with respect to the activities
6 to be carried out, including how fam-
7 ily engagement will be incorporated in
8 the activities;

9 “(II) how school-employed and
10 school-based or community-based
11 mental health professionals will be uti-
12 lized for carrying out such responsibil-
13 ities;

14 “(III) how each such partner will
15 be accountable for carrying out such
16 responsibilities; and

17 “(IV) the amount of non-Federal
18 funding or in-kind contributions that
19 each such partner will contribute in
20 order to sustain the program.

21 “(B) The comprehensive school-based men-
22 tal health program carried out under this sec-
23 tion supports the flexible use of funds to ad-
24 dress—

1 “(i) universal prevention, through the
2 promotion of the social, emotional, mental,
3 and behavioral health of all students in an
4 environment that is conducive to learning;

5 “(ii) selective prevention, through the
6 reduction in the likelihood of at-risk stu-
7 dents developing social, emotional, mental,
8 behavioral health problems, suicide, or sub-
9 stance use disorders;

10 “(iii) the screening for, and early
11 identification of, social, emotional, mental,
12 behavioral problems, suicide risk, or sub-
13 stance use disorders and the provision of
14 early intervention services;

15 “(iv) the treatment or referral for
16 treatment of students with existing social,
17 emotional, mental, behavioral health prob-
18 lems, or substance use disorders;

19 “(v) the development and implementa-
20 tion of evidence-based programs to assist
21 children who are experiencing or have been
22 exposed to trauma and violence, including
23 program curricula, school supports, and
24 after-school programs; and

1 “(vi) the development and implemen-
2 tation of evidence-based programs to assist
3 children who are grieving, which may in-
4 clude training for school personnel on the
5 impact of trauma and bereavement on chil-
6 dren, and services to provide support to
7 grieving children.

8 “(C) The comprehensive school-based men-
9 tal health program carried out under this sec-
10 tion will provide for in-service training of all
11 school personnel, including ancillary staff and
12 volunteers, in—

13 “(i) the techniques and supports need-
14 ed to promote early identification of chil-
15 dren with trauma histories, children who
16 are grieving, and children with a mental
17 health disorder or at risk of developing a
18 mental health disorder, or who are at risk
19 of suicide;

20 “(ii) the use of referral mechanisms
21 that effectively link such children to appro-
22 priate prevention, treatment, and interven-
23 tion services in the school and in the com-
24 munity and to follow-up when services are
25 not available;

1 “(iii) strategies that promote a school-
2 wide positive environment, including strat-
3 egies to prevent bullying, which includes
4 cyber-bullying;

5 “(iv) strategies for promoting the so-
6 cial, emotional, mental, and behavioral
7 health of all students; and

8 “(v) strategies to increase the knowl-
9 edge and skills of school and community
10 leaders about the impact of trauma and vi-
11 olence and on the application of a public
12 health approach to comprehensive school-
13 based mental health programs.

14 “(D) The comprehensive school-based men-
15 tal health program carried out under this sec-
16 tion will include comprehensive training for par-
17 ents or guardians, siblings, and other family
18 members of children with mental health dis-
19 orders, and for concerned members of the com-
20 munity in—

21 “(i) the techniques and supports need-
22 ed to promote early identification of chil-
23 dren with trauma histories, children who
24 are grieving, children with a mental health
25 disorder or at risk of developing a mental

1 health disorder, and children who are at
2 risk of suicide;

3 “(ii) the use of referral mechanisms
4 that effectively link such children to appro-
5 priate prevention, treatment, and interven-
6 tion services in the school and in the com-
7 munity and follow-up when such services
8 are not available; and

9 “(iii) strategies that promote a school-
10 wide positive environment, including strat-
11 egies to prevent bullying, including cyber-
12 bullying.

13 “(E) The comprehensive school-based men-
14 tal health program carried out under this sec-
15 tion will demonstrate the measures to be taken
16 to sustain the program (which may include
17 seeking funding for the program under a State
18 Medicaid plan under title XIX of the Social Se-
19 curity Act or a waiver of such a plan, or under
20 a State plan under subpart 1 of part B or part
21 E of title IV of the Social Security Act).

22 “(F) The eligible entity is supported by the
23 State agency with primary responsibility for be-
24 havioral health to ensure that the comprehen-
25 sive school-based mental health program carried

1 out under this section will be sustainable after
2 funding under this section terminates.

3 “(G) The comprehensive school-based men-
4 tal health program carried out under this sec-
5 tion will be coordinated with early intervening
6 activities carried out under the Individuals with
7 Disabilities Education Act or activities funded
8 under part A of title IV of the Elementary and
9 Secondary Education Act of 1965.

10 “(H) The comprehensive school-based
11 mental health program carried out under this
12 section will be trauma-informed, evidence-based,
13 and developmentally, culturally, and linguis-
14 tically appropriate.

15 “(I) The comprehensive school-based men-
16 tal health program carried out under this sec-
17 tion will include a broad needs assessment of
18 youth who drop out of school due to policies of
19 ‘zero tolerance’ with respect to drugs, alcohol,
20 or weapons and an inability to obtain appro-
21 priate services.

22 “(J) The mental health services provided
23 through the comprehensive school-based mental
24 health program carried out under this section
25 will be provided by qualified mental and behav-

1 ioral health professionals who are certified,
2 credentialed, or licensed in compliance with ap-
3 plicable Federal and State law and regulations
4 by the State involved and who are practicing
5 within their area of expertise.

6 “(K) Students will be permitted to self-
7 refer to the mental health program for mental
8 health care and self-consent for mental health
9 crisis care to the extent permitted by State or
10 other applicable law.

11 “(3) COORDINATOR.—Any entity that is a
12 member of a partnership described in paragraph
13 (1)(A) may serve as the coordinator of funding and
14 activities under the grant if all members of the part-
15 nership agree.

16 “(4) COMPLIANCE WITH HIPAA.—A grantee
17 under this section shall be deemed to be a covered
18 entity for purposes of compliance with the regula-
19 tions promulgated under section 264(c) of the
20 Health Insurance Portability and Accountability Act
21 of 1996 with respect to any patient records devel-
22 oped through activities under the grant.

23 “(5) COMPLIANCE WITH FERPA.—Section 444
24 of the General Education Provisions Act (commonly
25 known as the ‘Family Educational Rights and Pri-

1 vacy Act of 1974') shall apply to any entity that is
2 a member of the partnership in the same manner
3 that such section applies to an educational agency or
4 institution (as that term is defined in such section).

5 “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
6 shall ensure that grants, contracts, or cooperative agree-
7 ments under subsection (a) will be distributed equitably
8 among the regions of the country and among urban and
9 rural areas.

10 “(e) DURATION OF AWARDS.—With respect to a
11 grant, contract, or cooperative agreement under sub-
12 section (a), the period during which payments under such
13 an award will be made to the recipient shall be 5 years,
14 with options for renewal.

15 “(f) EVALUATION AND MEASURES OF OUTCOMES.—

16 “(1) DEVELOPMENT OF PROCESS.—The Assist-
17 ant Secretary shall develop a fiscally appropriate
18 process for evaluating activities carried out under
19 this section. Such process shall include—

20 “(A) the development of guidelines for the
21 submission of program data by grant, contract,
22 or cooperative agreement recipients;

23 “(B) the development of measures of out-
24 comes (in accordance with paragraph (2)) to be

1 applied by such recipients in evaluating pro-
2 grams carried out under this section; and

3 “(C) the submission of annual reports by
4 such recipients concerning the effectiveness of
5 programs carried out under this section.

6 “(2) MEASURES OF OUTCOMES.—

7 “(A) IN GENERAL.—The Assistant Sec-
8 retary shall develop measures of outcomes to be
9 applied by recipients of assistance under this
10 section, and the Assistant Secretary, in evalu-
11 ating the effectiveness of programs carried out
12 under this section. Such measures shall include
13 student and family measures as provided for in
14 subparagraph (B) and local educational meas-
15 ures as provided for under subparagraph (C).

16 “(B) STUDENT AND FAMILY MEASURES OF
17 OUTCOMES.—The measures for outcomes devel-
18 oped under paragraph (1)(B) relating to stu-
19 dents and families shall, with respect to activi-
20 ties carried out under a program under this
21 section, at a minimum include provisions to
22 evaluate whether the program is effective in—

23 “(i) increasing social and emotional
24 competency;

1 “(ii) improving academic outcomes,
2 including as measured by proficiency on
3 the annual assessments under section
4 1111(b)(2) of the Elementary and Sec-
5 ondary Education Act of 1965;

6 “(iii) reducing disruptive and aggres-
7 sive behaviors;

8 “(iv) improving child functioning;

9 “(v) reducing substance use disorders;

10 “(vi) reducing rates of suicide;

11 “(vii) reducing suspensions, truancy,
12 expulsions, and violence;

13 “(viii) increasing high school gradua-
14 tion rates, calculated using the four-year
15 adjusted cohort graduation rate or the ex-
16 tended-year adjusted cohort graduation
17 rate (as such terms are defined in section
18 8101 of the Elementary and Secondary
19 Education Act of 1965);

20 “(ix) improving attendance rates and
21 rates of chronic absenteeism;

22 “(x) improving access to care for men-
23 tal health disorders, including access to
24 mental health services that are trauma-in-

1 formed, and developmentally, linguistically,
2 and culturally appropriate;

3 “(xi) improving health outcomes; and

4 “(xii) decreasing disparities among
5 vulnerable and protected populations in
6 outcomes described in clauses (i) through
7 (viii).

8 “(C) LOCAL EDUCATIONAL OUTCOMES.—

9 The outcome measures developed under para-
10 graph (1)(B) relating to local educational sys-
11 tems shall, with respect to activities carried out
12 under a program under this section, at a min-
13 imum include provisions to evaluate—

14 “(i) the effectiveness of comprehensive
15 school mental health programs established
16 under this section;

17 “(ii) the effectiveness of formal part-
18 nership linkages among child and family
19 serving institutions, community support
20 systems, and the educational system;

21 “(iii) the progress made in sustaining
22 the program once funding under the grant
23 has expired;

24 “(iv) the effectiveness of training and
25 professional development programs for all

1 school personnel that incorporate indica-
2 tors that measure cultural and linguistic
3 competencies under the program in a man-
4 ner that incorporates appropriate cultural
5 and linguistic training;

6 “(v) the improvement in perception of
7 a safe and supportive learning environment
8 among school staff, students, and parents;

9 “(vi) the improvement in case-finding
10 of students in need of more intensive serv-
11 ices and referral of identified students to
12 prevention, early intervention, and clinical
13 services;

14 “(vii) the improvement in the imme-
15 diate availability of clinical assessment and
16 treatment services within the context of
17 the local community to students posing a
18 danger to themselves or others;

19 “(viii) the increased successful matric-
20 ulation to postsecondary school;

21 “(ix) reduced suicide rates;

22 “(x) reduced referrals to juvenile jus-
23 tice; and

24 “(xi) increased educational equity.

1 “(3) SUBMISSION OF ANNUAL DATA.—An eligi-
2 ble entity described in subsection (c) that receives a
3 grant, contract, or cooperative agreement under this
4 section shall annually submit to the Assistant Sec-
5 retary a report that includes data to evaluate the
6 success of the program carried out by the entity
7 based on whether such program is achieving the pur-
8 poses of the program. Such reports shall utilize the
9 measures of outcomes under paragraph (2) in a rea-
10 sonable manner to demonstrate the progress of the
11 program in achieving such purposes.

12 “(4) EVALUATION BY ASSISTANT SECRETARY.—
13 Based on the data submitted under paragraph (3),
14 the Assistant Secretary shall annually submit to
15 Congress a report concerning the results and effec-
16 tiveness of the programs carried out with assistance
17 received under this section.

18 “(5) LIMITATION.—An eligible entity shall use
19 not more than 20 percent of amounts received under
20 a grant under this section to carry out evaluation
21 activities under this subsection.

22 “(g) INFORMATION AND EDUCATION.—The Sec-
23 retary shall establish comprehensive information and edu-
24 cation programs to disseminate the findings of the knowl-

1 edge development and application under this section to the
 2 general public and to health care professionals.

3 “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF
 4 APPROPRIATIONS.—

5 “(1) AMOUNT OF GRANTS.—A grant under this
 6 section shall be in an amount that is not more than
 7 \$2,000,000 for each of the first 5 fiscal years fol-
 8 lowing the date of enactment of the Mental Health
 9 Services for Students Act of 2019. The Secretary
 10 shall determine the amount of each such grant based
 11 on the population of children up to age 21 of the
 12 area to be served under the grant.

13 “(2) AUTHORIZATION OF APPROPRIATIONS.—
 14 There is authorized to be appropriated to carry out
 15 this section, \$200,000,000 for each of the first 5 fis-
 16 cal years following the date of enactment of the
 17 Mental Health Services for Students Act of 2019.”.

18 (c) CONFORMING AMENDMENT.—Part G of title V of
 19 the Public Health Service Act (42 U.S.C. 290hh et seq.),
 20 as amended by subsection (b), is further amended by strik-
 21 ing the part designation and heading and inserting the
 22 following:

23 **“PART G—SCHOOL-BASED MENTAL HEALTH”.**

○