

114TH CONGRESS
1ST SESSION

S. 1588

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

IN THE SENATE OF THE UNITED STATES

JUNE 16, 2015

Mr. FRANKEN (for himself, Mr. COONS, Mr. HEINRICH, Mr. MURPHY, Mr. SCHATZ, Mr. DURBIN, Mr. CARDIN, and Ms. WARREN) 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 violence 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 in
5 Schools Act of 2015”.

6 **SEC. 2. PURPOSES.**

7 It is the purpose of this Act to—

1 (1) revise, increase funding for, and expand the
2 scope of the Safe Schools-Healthy Students program
3 in order to provide access to more comprehensive
4 school-based mental health services and supports;

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

8 (3) provide for comprehensive training for chil-
9 dren with mental health disorders, for parents, sib-
10 lings, and other family members of such children,
11 and for concerned members of the community.

12 **SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**

13 **ACT.**

14 (a) **TECHNICAL AMENDMENTS.**—The second part G
15 (relating to services provided through religious organiza-
16 tions) of title V of the Public Health Service Act (42
17 U.S.C. 290kk et seq.) is amended—

18 (1) by redesignating such part as part J; and

19 (2) by redesignating sections 581 through 584
20 as sections 596 through 596C, respectively.

21 (b) **SCHOOL-BASED MENTAL HEALTH AND CHIL-**
22 **DREN AND VIOLENCE.**—Section 581 of the Public Health
23 Service Act (42 U.S.C. 290hh) is amended to read as fol-
24 lows:

1 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHIL-**
2 **DREN AND VIOLENCE.**

3 “(a) IN GENERAL.—The Secretary, in collaboration
4 with the Secretary of Education and in consultation with
5 the Attorney General, shall, directly or through grants,
6 contracts, or cooperative agreements awarded to public en-
7 tities and local educational agencies (as defined in section
8 9101 of the Elementary and Secondary Education Act of
9 1965) (including schools funded by the Bureau of Indian
10 Education), assist local communities and schools in apply-
11 ing a public health approach to mental health services both
12 in schools and in the community. Such approach should
13 provide comprehensive age appropriate services and sup-
14 ports, be linguistically and culturally appropriate, be trau-
15 ma-informed, and incorporate age appropriate strategies
16 of positive behavioral interventions and supports. A com-
17 prehensive school mental health program funded under
18 this section shall assist children in dealing with trauma
19 and violence.

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

22 “(1) provide financial support to enable local
23 communities to implement a comprehensive cul-
24 turally and linguistically appropriate, trauma-in-
25 formed, and age-appropriate, school mental health
26 program that incorporates positive behavioral inter-

1 ventions, client treatment, and supports to foster the
2 health and development of children;

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

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

10 “(4) facilitate community partnerships among
11 families, students, law enforcement agencies, edu-
12 cation systems, mental health and substance use dis-
13 order service systems, family-based mental health
14 service systems, welfare agencies, health care service
15 systems (including physicians), faith-based pro-
16 grams, trauma networks, and other community-
17 based systems; and

18 “(5) establish mechanisms for children and ado-
19 lescents to report incidents of violence or plans by
20 other children, adolescents, or adults to commit vio-
21 lence.

22 “(c) REQUIREMENTS.—

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

1 “(A) be a partnership between a local edu-
2 cational agency (as defined in section 9101 of
3 the Elementary and Secondary Education Act
4 of 1965) (including a school funded by the Bu-
5 reau of Indian Education) and at least one
6 community program or agency that is involved
7 in mental health; and

8 “(B) submit an application, that is en-
9 dorsed by all members of the partnership, that
10 contains the assurances described in paragraph
11 (2).

12 “(2) REQUIRED ASSURANCES.—An application
13 under paragraph (1) shall contain assurances as fol-
14 lows:

15 “(A) That the applicant will ensure that,
16 in carrying out activities under this section, the
17 local educational agency involved will enter into
18 a memorandum of understanding—

19 “(i) with at least one public or private
20 mental health entity, health care entity,
21 law enforcement or juvenile justice entity,
22 child welfare agency, family-based mental
23 health entity, family or family organiza-
24 tion, trauma network, or other community-
25 based entity; and

1 “(ii) that clearly states—

2 “(I) the responsibilities of each
3 partner with respect to the activities
4 to be carried out;

5 “(II) how each such partner will
6 be accountable for carrying out such
7 responsibilities; and

8 “(III) the amount of non-Federal
9 funding or in-kind contributions that
10 each such partner will contribute in
11 order to sustain the program.

12 “(B) That the comprehensive school-based
13 mental health program carried out under this
14 section supports the flexible use of funds to ad-
15 dress—

16 “(i) the promotion of the social, emo-
17 tional, and behavioral health of all students
18 in an environment that is conducive to
19 learning;

20 “(ii) the reduction in the likelihood of
21 at risk students developing social, emo-
22 tional, behavioral health problems, or sub-
23 stance use disorders;

24 “(iii) the early identification of social,
25 emotional, behavioral problems, or sub-

1 stance use disorders and the provision of
2 early intervention services;

3 “(iv) the treatment or referral for
4 treatment of students with existing social,
5 emotional, behavioral health problems, or
6 substance use disorders; and

7 “(v) the development and implementa-
8 tion of programs to assist children in deal-
9 ing with trauma and violence.

10 “(C) That the comprehensive school-based
11 mental health program carried out under this
12 section will provide for in-service training of all
13 school personnel, including ancillary staff and
14 volunteers, in—

15 “(i) the techniques and supports need-
16 ed to identify early children with trauma
17 histories and children with, or at risk of,
18 mental illness;

19 “(ii) the use of referral mechanisms
20 that effectively link such children to appro-
21 priate treatment and intervention services
22 in the school and in the community and to
23 follow-up when services are not available;

24 “(iii) strategies that promote a school-
25 wide positive environment;

1 “(iv) strategies for promoting the so-
2 cial, emotional, mental, and behavioral
3 health of all students; and

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

10 “(D) That the comprehensive school-based
11 mental health program carried out under this
12 section will include comprehensive training for
13 parents, siblings, and other family members of
14 children with mental health disorders, and for
15 concerned members of the community in—

16 “(i) the techniques and supports need-
17 ed to identify early children with trauma
18 histories, and children with, or at risk of,
19 mental illness;

20 “(ii) the use of referral mechanisms
21 that effectively link such children to appro-
22 priate treatment and intervention services
23 in the school and in the community and
24 follow-up when such services are not avail-
25 able; and

1 “(iii) strategies that promote a school-
2 wide positive environment.

3 “(E) That the comprehensive school-based
4 mental health program carried out under this
5 section will demonstrate the measures to be
6 taken to sustain the program after funding
7 under this section terminates.

8 “(F) That the local educational agency
9 partnership involved is supported by the State
10 educational and mental health system to ensure
11 that the sustainability of the programs is estab-
12 lished after funding under this section termi-
13 nates.

14 “(G) That the comprehensive school-based
15 mental health program carried out under this
16 section will be based on trauma-informed and
17 evidence-based practices.

18 “(H) That the comprehensive school-based
19 mental health program carried out under this
20 section will be coordinated with early inter-
21 vening activities carried out under the Individ-
22 uals with Disabilities Education Act.

23 “(I) That the comprehensive school-based
24 mental health program carried out under this

1 section will be trauma-informed and culturally
2 and linguistically appropriate.

3 “(J) That the comprehensive school-based
4 mental health program carried out under this
5 section will include a broad needs assessment of
6 youth who drop out of school due to policies of
7 ‘zero tolerance’ with respect to drugs, alcohol,
8 or weapons and an inability to obtain appro-
9 priate services.

10 “(K) That the mental health services pro-
11 vided through the comprehensive school-based
12 mental health program carried out under this
13 section will be provided by qualified mental and
14 behavioral health professionals who are certified
15 or licensed by the State involved and practicing
16 within their area of expertise.

17 “(3) COORDINATOR.—Any entity that is a
18 member of a partnership described in paragraph
19 (1)(A) may serve as the coordinator of funding and
20 activities under the grant if all members of the part-
21 nership agree.

22 “(4) COMPLIANCE WITH HIPAA.—A grantee
23 under this section shall be deemed to be a covered
24 entity for purposes of compliance with the regula-
25 tions promulgated under section 264(c) of the

1 Health Insurance Portability and Accountability Act
2 of 1996 with respect to any patient records devel-
3 oped through activities under the grant.

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

9 “(e) DURATION OF AWARDS.—With respect to a
10 grant, contract, or cooperative agreement under sub-
11 section (a), the period during which payments under such
12 an award will be made to the recipient shall be 6 years.
13 An entity may receive only one award under this section,
14 except that an entity that is providing services and sup-
15 ports on a regional basis may receive additional funding
16 after the expiration of the preceding grant period.

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

18 “(1) DEVELOPMENT OF PROCESS.—The Ad-
19 ministrator shall develop a fiscally appropriate proc-
20 ess for evaluating activities carried out under this
21 section. Such process shall include—

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

1 “(B) the development of measures of out-
2 comes (in accordance with paragraph (2)) to be
3 applied by such recipients in evaluating pro-
4 grams carried out under this section; and

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

8 “(2) MEASURES OF OUTCOMES.—

9 “(A) IN GENERAL.—The Administrator
10 shall develop measures of outcomes to be ap-
11 plied by recipients of assistance under this sec-
12 tion, and the Administrator, in evaluating the
13 effectiveness of programs carried out under this
14 section. Such measures shall include student
15 and family measures as provided for in sub-
16 paragraph (B) and local educational measures
17 as provided for under subparagraph (C).

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

1 “(i) increasing social and emotional
2 competency;

3 “(ii) increasing academic competency
4 (as defined by Secretary);

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

7 “(iv) improving child functioning;

8 “(v) reducing substance use disorders;

9 “(vi) reducing suspensions, truancy,
10 expulsions and violence;

11 “(vii) increasing graduation rates (as
12 defined in section 1111(b)(2)(C)(vi) of the
13 Elementary and Secondary Education Act
14 of 1965); and

15 “(viii) improving access to care for
16 mental health disorders.

17 “(C) LOCAL EDUCATIONAL OUTCOMES.—

18 The outcome measures developed under para-
19 graph (1)(B) relating to local educational sys-
20 tems shall, with respect to activities carried out
21 under a program under this section, at a min-
22 imum include provisions to evaluate—

23 “(i) the effectiveness of comprehensive
24 school mental health programs established
25 under this section;

1 “(ii) the effectiveness of formal part-
2 nership linkages among child and family
3 serving institutions, community support
4 systems, and the educational system;

5 “(iii) the progress made in sustaining
6 the program once funding under the grant
7 has expired;

8 “(iv) the effectiveness of training and
9 professional development programs for all
10 school personnel that incorporate indica-
11 tors that measure cultural and linguistic
12 competencies under the program in a man-
13 ner that incorporates appropriate cultural
14 and linguistic training;

15 “(v) the improvement in perception of
16 a safe and supportive learning environment
17 among school staff, students, and parents;

18 “(vi) the improvement in case-finding
19 of students in need of more intensive serv-
20 ices and referral of identified students to
21 early intervention and clinical services;

22 “(vii) the improvement in the imme-
23 diate availability of clinical assessment and
24 treatment services within the context of

1 the local community to students posing a
2 danger to themselves or others;

3 “(viii) the increased successful matric-
4 ulation to postsecondary school; and

5 “(ix) reduced referrals to juvenile jus-
6 tice.

7 “(3) SUBMISSION OF ANNUAL DATA.—An entity
8 that receives a grant, contract, or cooperative agree-
9 ment under this section shall annually submit to the
10 Administrator a report that includes data to evalu-
11 ate the success of the program carried out by the en-
12 tity based on whether such program is achieving the
13 purposes of the program. Such reports shall utilize
14 the measures of outcomes under paragraph (2) in a
15 reasonable manner to demonstrate the progress of
16 the program in achieving such purposes.

17 “(4) EVALUATION BY ADMINISTRATOR.—Based
18 on the data submitted under paragraph (3), the Ad-
19 ministrator shall annually submit to Congress a re-
20 port concerning the results and effectiveness of the
21 programs carried out with assistance received under
22 this section.

23 “(5) LIMITATION.—A grantee shall use not to
24 exceed 10 percent of amounts received under a grant

1 under this section to carry out evaluation activities
2 under this subsection.

3 “(g) INFORMATION AND EDUCATION.—The Sec-
4 retary shall establish comprehensive information and edu-
5 cation programs to disseminate the findings of the knowl-
6 edge development and application under this section to the
7 general public and to health care professionals.

8 “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF
9 APPROPRIATIONS.—

10 “(1) AMOUNT OF GRANTS.—A grant under this
11 section shall be in an amount that is not more than
12 \$1,000,000 for each of fiscal years 2016 through
13 2020. The Secretary shall determine the amount of
14 each such grant based on the population of children
15 up to age 21 of the area to be served under the
16 grant.

17 “(2) AUTHORIZATION OF APPROPRIATIONS.—
18 There is authorized to be appropriated to carry out
19 this section, \$200,000,000 for each of fiscal years
20 2016 through 2020.”.

21 (c) CONFORMING AMENDMENT.—Part G of title V of
22 the Public Health Service Act (42 U.S.C. 290hh et seq.),
23 as amended by this section, is further amended by striking
24 the part heading and inserting the following:

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

