

115TH CONGRESS  
2D SESSION

# S. 3337

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.

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## IN THE SENATE OF THE UNITED STATES

AUGUST 1, 2018

Ms. SMITH (for herself, Mr. MURPHY, and Mr. WHITEHOUSE) 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 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 2018”.

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 mental health program  
8 funded under this section shall assist children in dealing  
9 with traumatic experiences, grief, bereavement, risk of sui-  
10 cide, 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, agency, an institution of

1 higher education, or another entity, as de-  
2 termined 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  
24 mental health to ensure the sustainability of the  
25 program.

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

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

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

20          “(J) The mental health services provided  
21          through the comprehensive school-based mental  
22          health program carried out under this section  
23          will be provided by qualified mental and behav-  
24          ioral health professionals who are certified or li-  
25          censed in compliance with applicable Federal

1 and State law and regulations by the State in-  
2 volved and practicing within their area of exper-  
3 tise.

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

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

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

21 “(5) COMPLIANCE WITH FERPA.—Section 444  
22 of the General Education Provisions Act (commonly  
23 known as the ‘Family Educational Rights and Pri-  
24 vacy Act of 1974’) shall apply to any entity that is  
25 a member of the partnership in the same manner

1 that such section applies to an educational agency or  
2 institution (as that term is defined in such section).

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

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

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

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

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

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

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

4           “(2) MEASURES OF OUTCOMES.—

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

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

21                   “(i) increasing social and emotional  
22 competency;

23                   “(ii) improving academic outcomes,  
24 including as measured by proficiency on  
25 the annual assessments under section



1 1111(b)(2) of the Elementary and Sec-  
2 ondary Education Act of 1965;

3 “(iii) reducing disruptive and aggres-  
4 sive behaviors;

5 “(iv) improving child functioning;

6 “(v) reducing substance use disorders;

7 “(vi) reducing rates of suicide;

8 “(vii) reducing suspensions, truancy,  
9 expulsions, and violence;

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

17 “(ix) improving attendance rates and  
18 rates of chronic absenteeism;

19 “(x) improving access to care for men-  
20 tal health disorders, including access to  
21 mental health services that are trauma-in-  
22 formed, and developmentally, linguistically,  
23 and culturally appropriate;

24 “(xi) improving health outcomes; and

1           “(xii) decreasing disparities among  
2           vulnerable and protected populations in  
3           outcomes described in clauses (i) through  
4           (viii).

5           “(C) LOCAL EDUCATIONAL OUTCOMES.—  
6           The outcome measures developed under para-  
7           graph (1)(B) relating to local educational sys-  
8           tems shall, with respect to activities carried out  
9           under a program under this section, at a min-  
10          imum include provisions to evaluate—

11           “(i) the effectiveness of comprehensive  
12           school mental health programs established  
13           under this section;

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

18           “(iii) the progress made in sustaining  
19           the program once funding under the grant  
20           has expired;

21           “(iv) the effectiveness of training and  
22           professional development programs for all  
23           school personnel that incorporate indica-  
24           tors that measure cultural and linguistic  
25           competencies under the program in a man-

1 ner that incorporates appropriate cultural  
2 and linguistic training;

3 “(v) the improvement in perception of  
4 a safe and supportive learning environment  
5 among school staff, students, and parents;

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

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

16 “(viii) the increased successful matric-  
17 ulation to postsecondary school;

18 “(ix) reduced suicide rates;

19 “(x) reduced referrals to juvenile jus-  
20 tice; and

21 “(xi) increased educational equity.

22 “(3) SUBMISSION OF ANNUAL DATA.—An eligi-  
23 ble entity described in subsection (c) that receives a  
24 grant, contract, or cooperative agreement under this  
25 section shall annually submit to the Assistant Sec-

1       retary a report that includes data to evaluate the  
2       success of the program carried out by the entity  
3       based on whether such program is achieving the pur-  
4       poses of the program. Such reports shall utilize the  
5       measures of outcomes under paragraph (2) in a rea-  
6       sonable manner to demonstrate the progress of the  
7       program in achieving such purposes.

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

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

18              “(g) INFORMATION AND EDUCATION.—The Sec-  
19      retary shall establish comprehensive information and edu-  
20      cation programs to disseminate the findings of the knowl-  
21      edge development and application under this section to the  
22      general public and to health care professionals.

23              “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF  
24      APPROPRIATIONS.—

1           “(1) AMOUNT OF GRANTS.—A grant under this  
2 section shall be in an amount that is not more than  
3 \$2,000,000 for each of fiscal years 2018 through  
4 2022. The Secretary shall determine the amount of  
5 each such grant based on the population of children  
6 up to age 21 of the area to be served under the  
7 grant.

8           “(2) AUTHORIZATION OF APPROPRIATIONS.—  
9 There is authorized to be appropriated to carry out  
10 this section, \$200,000,000 for each of fiscal years  
11 2018 through 2022.”.

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

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

○