

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 2646
OFFERED BY MR. BEN RAY LUJÁN OF NEW
MEXICO**

After section 722, insert the following new section
(and redesignate the subsequent section accordingly):

1 SEC. 723. MENTAL HEALTH IN SCHOOLS.

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

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

7 (2) by redesignating sections 581 through 584
8 as sections 596 through 596C, respectively.

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

13 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHIL-
14 DREN AND VIOLENCE.**

15 “(a) IN GENERAL.—The Secretary, in collaboration
16 with the Secretary of Education and in consultation with
17 the Attorney General, shall, directly or through grants,

1 contracts, or cooperative agreements awarded to public en-
2 tities and local education agencies, assist local commu-
3 nities and schools in applying a public health approach
4 to mental health services both in schools and in the com-
5 munity. Such approach should provide comprehensive age
6 appropriate services and supports, be linguistically and
7 culturally appropriate, be trauma-informed, and incor-
8 porate age appropriate strategies of positive behavioral
9 interventions and supports. A comprehensive school men-
10 tal health program funded under this section shall assist
11 children in dealing with trauma and violence.

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

14 “(1) provide financial support to enable local
15 communities to implement a comprehensive cul-
16 turally and linguistically appropriate, trauma-in-
17 formed, and age-appropriate, school mental health
18 program that incorporates positive behavioral inter-
19 ventions, client treatment, and supports to foster the
20 health and development of children;

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

24 “(3) provide assistance to local communities in
25 the development of policies to address child and ado-

1 lescent trauma and mental health issues and violence
2 when and if it occurs;

3 “(4) facilitate community partnerships among
4 families, students, law enforcement agencies, edu-
5 cation systems, mental health and substance use dis-
6 order service systems, family-based mental health
7 service systems, welfare agencies, health care service
8 systems (including physicians), faith-based pro-
9 grams, trauma networks, and other community-
10 based systems; and

11 “(5) establish mechanisms for children and ado-
12 lescents to report incidents of violence or plans by
13 other children, adolescents, or adults to commit vio-
14 lence.

15 “(c) REQUIREMENTS.—

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

19 “(A) be a partnership between a local edu-
20 cation agency and at least one community pro-
21 gram or agency that is involved in mental
22 health; and

23 “(B) submit an application, that is en-
24 dorsed by all members of the partnership, that

1 contains the assurances described in paragraph
2 (2).

3 “(2) REQUIRED ASSURANCES.—An application
4 under paragraph (1) shall contain assurances as fol-
5 lows:

6 “(A) That the applicant will ensure that,
7 in carrying out activities under this section, the
8 local educational agency involved will enter into
9 a memorandum of understanding—

10 “(i) with, at least one, public or pri-
11 vate mental health entity, health care enti-
12 ty, law enforcement or juvenile justice enti-
13 ty, child welfare agency, family-based men-
14 tal health entity, family or family organiza-
15 tion, trauma network, or other community-
16 based entity; and

17 “(ii) that clearly states—

18 “(I) the responsibilities of each
19 partner with respect to the activities
20 to be carried out;

21 “(II) how each such partner will
22 be accountable for carrying out such
23 responsibilities; and

24 “(III) the amount of non-Federal
25 funding or in-kind contributions that

1 each such partner will contribute in
2 order to sustain the program.

3 “(B) That the comprehensive school-based
4 mental health program carried out under this
5 section supports the flexible use of funds to ad-
6 dress—

7 “(i) the promotion of the social, emo-
8 tional, and behavioral health of all students
9 in an environment that is conducive to
10 learning;

11 “(ii) the reduction in the likelihood of
12 at risk students developing social, emo-
13 tional, behavioral health problems, or sub-
14 stance use disorders;

15 “(iii) the early identification of social,
16 emotional, behavioral problems, or sub-
17 stance use disorders and the provision of
18 early intervention services;

19 “(iv) the treatment or referral for
20 treatment of students with existing social,
21 emotional, behavioral health problems, or
22 substance use disorders; and

23 “(v) the development and implementa-
24 tion of programs to assist children in deal-
25 ing with trauma and violence.

1 “(C) That the comprehensive school-based
2 mental health program carried out under this
3 section will provide for in-service training of all
4 school personnel, including ancillary staff and
5 volunteers, in—

6 “(i) the techniques and supports need-
7 ed to identify early children with trauma
8 histories and children with, or at risk of,
9 mental illness;

10 “(ii) the use of referral mechanisms
11 that effectively link such children to appro-
12 priate treatment and intervention services
13 in the school and in the community and to
14 follow-up when services are not available;

15 “(iii) strategies that promote a school-
16 wide positive environment;

17 “(iv) strategies for promoting the so-
18 cial, emotional, mental, and behavioral
19 health of all students; and

20 “(v) strategies to increase the knowl-
21 edge and skills of school and community
22 leaders about the impact of trauma and vi-
23 olence and on the application of a public
24 health approach to comprehensive school-
25 based mental health programs.

1 “(D) That the comprehensive school-based
2 mental health program carried out under this
3 section will include comprehensive training for
4 parents, siblings, and other family members of
5 children with mental health disorders, and for
6 concerned members of the community in—

7 “(i) the techniques and supports need-
8 ed to identify early children with trauma
9 histories, and children with, or at risk of,
10 mental illness;

11 “(ii) the use of referral mechanisms
12 that effectively link such children to appro-
13 priate treatment and intervention services
14 in the school and in the community and
15 follow-up when such services are not avail-
16 able; and

17 “(iii) strategies that promote a school-
18 wide positive environment.

19 “(E) That the comprehensive school-based
20 mental health program carried out under this
21 section will demonstrate the measures to be
22 taken to sustain the program after funding
23 under this section terminates.

24 “(F) That the local education agency part-
25 nership involved is supported by the State edu-

1 cational and mental health system to ensure
2 that the sustainability of the programs is estab-
3 lished after funding under this section termi-
4 nates.

5 “(G) That the comprehensive school-based
6 mental health program carried out under this
7 section will be based on trauma-informed and
8 evidence-based practices.

9 “(H) That the comprehensive school-based
10 mental health program carried out under this
11 section will be coordinated with early inter-
12 vening activities carried out under the Individ-
13 uals with Disabilities Education Act.

14 “(I) That the comprehensive school-based
15 mental health program carried out under this
16 section will be trauma-informed and culturally
17 and linguistically appropriate.

18 “(J) That the comprehensive school-based
19 mental health program carried out under this
20 section will include a broad needs assessment of
21 youth who drop out of school due to policies of
22 ‘zero tolerance’ with respect to drugs, alcohol,
23 or weapons and an inability to obtain appro-
24 priate services.

1 “(K) That the mental health services pro-
2 vided through the comprehensive school-based
3 mental health program carried out under this
4 section will be provided by qualified mental and
5 behavioral health professionals who are certified
6 or licensed by the State involved and practicing
7 within their area of expertise.

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

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

20 “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
21 shall ensure that grants, contracts, or cooperative agree-
22 ments under subsection (a) will be distributed equitably
23 among the regions of the country and among urban and
24 rural areas.

1 “(e) DURATION OF AWARDS.—With respect to a
2 grant, contract, or cooperative agreement under sub-
3 section (a), the period during which payments under such
4 an award will be made to the recipient shall be 5 years.
5 An entity may receive only one award under this section,
6 except that an entity that is providing services and sup-
7 ports on a regional basis may receive additional funding
8 after the expiration of the preceding grant period.

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

10 “(1) DEVELOPMENT OF PROCESS.—The Ad-
11 ministrators shall develop a fiscally appropriate pro-
12 cess for evaluating activities carried out under this
13 section. Such process shall include—

14 “(A) the development of guidelines for the
15 submission of program data by grant, contract,
16 or cooperative agreement recipients;

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

21 “(C) the submission of annual reports by
22 such recipients concerning the effectiveness of
23 programs carried out under this section.

24 “(2) MEASURES OF OUTCOMES.—

1 “(A) IN GENERAL.—The Administrator
2 shall develop measures of outcomes to be ap-
3 plied by recipients of assistance under this sec-
4 tion, and the Administrator, in evaluating the
5 effectiveness of programs carried out under this
6 section. Such measures shall include student
7 and family measures as provided for in sub-
8 paragraph (B) and local educational measures
9 as provided for under subparagraph (C).

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

17 “(i) increasing social and emotional
18 competency;

19 “(ii) increasing academic competency
20 (as defined by the Secretary);

21 “(iii) reducing disruptive and aggres-
22 sive behaviors;

23 “(iv) improving child functioning;

24 “(v) reducing substance use disorders;

1 “(vi) reducing suspensions, truancy,
2 expulsions and violence;

3 “(vii) increasing graduation rates (as
4 defined in section 1111(b)(2)(C)(vi) of the
5 Elementary and Secondary Education Act
6 of 1965); and

7 “(viii) improving access to care for
8 mental health disorders.

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

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

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

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

1 “(iv) the effectiveness of training and
2 professional development programs for all
3 school personnel that incorporate indica-
4 tors that measure cultural and linguistic
5 competencies under the program in a man-
6 ner that incorporates appropriate cultural
7 and linguistic training;

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

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

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

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

22 “(ix) reduced referrals to juvenile jus-
23 tice.

24 “(3) SUBMISSION OF ANNUAL DATA.—An entity
25 that receives a grant, contract, or cooperative agree-

1 ment under this section shall annually submit to the
2 Administrator a report that includes data to evalu-
3 ate the success of the program carried out by the en-
4 tity based on whether such program is achieving the
5 purposes of the program. Such reports shall utilize
6 the measures of outcomes under paragraph (2) in a
7 reasonable manner to demonstrate the progress of
8 the program in achieving such purposes.

9 “(4) EVALUATION BY ADMINISTRATOR.—Based
10 on the data submitted under paragraph (3), the Ad-
11 ministrator shall annually submit to Congress a re-
12 port concerning the results and effectiveness of the
13 programs carried out with assistance received under
14 this section.

15 “(5) LIMITATION.—A grantee shall use not to
16 exceed 10 percent of amounts received under a grant
17 under this section to carry out evaluation activities
18 under this subsection.

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

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

1 “(1) AMOUNT OF GRANTS.—A grant under this
2 section shall be in an amount that is not more than
3 \$1,000,000 for each of fiscal years 2017 through
4 2021. 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, \$20,000,000 for each of fiscal years
11 2017 through 2021.”.

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 this section, is further amended by striking
15 the part heading and inserting the following:

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

