

116TH CONGRESS
1ST SESSION

H. R. 1109

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 HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2019

Mrs. NAPOLITANO (for herself, Mr. KATKO, Mr. LOWENTHAL, Ms. DELBENE, Mr. TONKO, Mr. CICILLINE, Mr. PAYNE, Mr. LUJÁN, Mr. DOGGETT, Ms. MCCOLLUM, Mr. MOULTON, Mr. SCHIFF, Mr. WELCH, Mr. HECK, Mr. GRJALVA, Ms. HILL of California, Ms. JUDY CHU of California, Mr. KILMER, Ms. WILSON of Florida, Ms. KELLY of Illinois, Miss RICE of New York, Mr. RYAN, Mr. KHANNA, Mr. REED, Mr. LARSEN of Washington, Ms. JACKSON LEE, Ms. MOORE, Mr. DESAULNIER, Ms. PINGREE, Mrs. LAWRENCE, Ms. SPEIER, Mr. PANETTA, Mr. SOTO, Ms. ROYBAL-ALLARD, Mrs. WATSON COLEMAN, Mr. RUPPERSBERGER, Mr. CÁRDENAS, Mr. AGUILAR, Mr. GOMEZ, Mr. DEFAZIO, Mr. MCGOVERN, Mr. BLUMENAUER, Ms. OMAR, Mrs. MURPHY, Mr. SABLAN, Mr. GALLEGO, Mr. SUOZZI, Mr. COHEN, Mr. CISNEROS, Ms. MATSUI, Ms. SÁNCHEZ, Ms. KUSTER of New Hampshire, Mrs. CAROLYN B. MALONEY of New York, Ms. JOHNSON of Texas, Mr. RASKIN, Mr. CARBAJAL, Ms. CASTOR of Florida, and Mr. MCNERNEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Mental Health Services
3 for Students Act of 2019”.

4 **SEC. 2. PURPOSES.**

5 The purposes of this Act are to—

6 (1) revise, increase funding for, and expand the
7 scope of the Project AWARE State Educational
8 Agency Grant Program carried out by the Secretary
9 of Health and Human Services, in order to provide
10 access to more comprehensive school-based mental
11 health services and supports;

12 (2) provide for comprehensive staff development
13 for school and community service personnel working
14 in the school;

15 (3) provide for comprehensive training to im-
16 prove health and academic outcomes for children
17 with, or at risk for, mental health disorders, for par-
18 ents or guardians, siblings, and other family mem-
19 bers of such children, and for concerned members of
20 the community;

21 (4) provide for comprehensive, universal, evi-
22 dence-based screening to identify children and ado-
23 lescents with potential mental health disorders or
24 unmet emotional health needs;

1 (5) recognize best practices for the delivery of
2 mental health care in school-based settings, includ-
3 ing school-based health centers;

4 (6) provide for comprehensive training for par-
5 ents or guardians, siblings, other family members,
6 and concerned members of the community on behalf
7 of children and adolescents experiencing mental
8 health trauma, disorder, or disability; and

9 (7) establish formal working relationships be-
10 tween health, human service, and educational enti-
11 ties that support the mental and emotional health of
12 children and adolescents in the school setting.

13 **SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
14 **ACT.**

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

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

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

22 (b) **SCHOOL-BASED MENTAL HEALTH AND CHIL-**
23 **DREN.**—Section 581 of the Public Health Service Act (42
24 U.S.C. 290hh) (relating to children and violence) is
25 amended to read as follows:

1 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH; CHILDREN**
2 **AND ADOLESCENTS.**

3 “(a) IN GENERAL.—The Secretary, in collaboration
4 with the Secretary of Education, shall, directly or through
5 grants, contracts, or cooperative agreements awarded to
6 eligible entities described in subsection (c), assist local
7 communities and schools (including schools funded by the
8 Bureau of Indian Education) in applying a public health
9 approach to mental health services both in schools and in
10 the community. Such approach shall provide comprehen-
11 sive developmentally appropriate services and supports
12 that are linguistically and culturally appropriate and trau-
13 ma-informed, and incorporate developmentally appropriate
14 strategies of positive behavioral interventions and sup-
15 ports. A comprehensive school-based mental health pro-
16 gram funded under this section shall assist children in
17 dealing with traumatic experiences, grief, bereavement,
18 risk of suicide, and violence.

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

21 “(1) provide financial support to enable local
22 communities to implement a comprehensive cul-
23 turally and linguistically appropriate, trauma-in-
24 formed, and developmentally appropriate, school-
25 based mental health program that—

1 “(A) builds awareness of individual trauma
2 and the intergenerational, continuum of impacts
3 of trauma on populations;

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

7 “(C) incorporates positive behavioral inter-
8 ventions, family engagement, student treatment,
9 and multigenerational supports to foster the
10 health and development of children, prevent
11 mental health disorders, and ameliorate the im-
12 pact of trauma;

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

16 “(3) provide assistance to local communities in
17 the development of policies to address child and ado-
18 lescent trauma and mental health issues and violence
19 when and if it occurs;

20 “(4) facilitate community partnerships among
21 families, students, law enforcement agencies, edu-
22 cation agencies, mental health and substance use
23 disorder service systems, family-based mental health
24 service systems, child welfare agencies, health care
25 providers (including primary care physicians, mental

1 health professionals, and other professionals who
2 specialize in children’s mental health such as child
3 and adolescent psychiatrists), institutions of higher
4 education, faith-based programs, trauma networks,
5 and other community-based systems; and

6 “(5) establish mechanisms for children and ado-
7 lescents to report incidents of violence or plans by
8 other children, adolescents, or adults to commit vio-
9 lence.

10 “(c) REQUIREMENTS.—

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

14 “(A) be a partnership that includes—

15 “(i) a State educational agency, as de-
16 fined in section 8101 of the Elementary
17 and Secondary Education Act of 1965, in
18 coordination with one or more local edu-
19 cational agencies, as defined in section
20 8101 of the Elementary and Secondary
21 Education Act of 1965, or a consortium of
22 any entities described in subparagraph
23 (B), (C), (D), or (E) of section 8101(30)
24 of such Act; and

1 “(ii) in accordance with paragraph
2 (2)(A)(i), appropriate public or private en-
3 tities that employ interventions that are
4 evidence-based, as defined in section 8101
5 of the Elementary and Secondary Edu-
6 cation Act of 1965; and

7 “(B) submit an application, that is en-
8 dorsed by all members of the partnership,
9 that—

10 “(i) specifies which member will serve
11 as the lead partner; and

12 “(ii) contains the assurances described
13 in paragraph (2).

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

17 “(A) The eligible entity will ensure that, in
18 carrying out activities under this section, the el-
19 igible entity will enter into a memorandum of
20 understanding—

21 “(i) with at least 1 community-based
22 mental health provider, including a public
23 or private mental health entity, health care
24 entity, family-based mental health entity,
25 trauma network, or other community-based

1 entity, as determined by the Secretary
2 (and which may include additional entities
3 such as a human services agency, law en-
4 forcement or juvenile justice entity, child
5 welfare agency, agency, an institution of
6 higher education, or another entity, as de-
7 termined by the Secretary); and

8 “(ii) that clearly states—

9 “(I) the responsibilities of each
10 partner with respect to the activities
11 to be carried out, including how fam-
12 ily engagement will be incorporated in
13 the activities;

14 “(II) how school-employed and
15 school-based or community-based
16 mental health professionals will be uti-
17 lized for carrying out such responsibil-
18 ities;

19 “(III) how each such partner will
20 be accountable for carrying out such
21 responsibilities; and

22 “(IV) the amount of non-Federal
23 funding or in-kind contributions that
24 each such partner will contribute in
25 order to sustain the program.

1 “(B) The comprehensive school-based men-
2 tal health program carried out under this sec-
3 tion supports the flexible use of funds to ad-
4 dress—

5 “(i) universal prevention, through the
6 promotion of the social, emotional, mental,
7 and behavioral health of all students in an
8 environment that is conducive to learning;

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

14 “(iii) the screening for, and early
15 identification of, social, emotional, mental,
16 behavioral problems, suicide risk, 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, mental, behavioral health prob-
22 lems, or substance use disorders;

23 “(v) the development and implementa-
24 tion of evidence-based programs to assist
25 children who are experiencing or have been

1 exposed to trauma and violence, including
2 program curricula, school supports, and
3 after-school programs; and

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

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

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

23 “(ii) the use of referral mechanisms
24 that effectively link such children to appro-
25 priate prevention, treatment, and interven-

1 tion services in the school and in the com-
2 munity and to follow-up when services are
3 not available;

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

8 “(iv) strategies for promoting the so-
9 cial, emotional, mental, and behavioral
10 health of all students; and

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

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

24 “(i) the techniques and supports need-
25 ed to promote early identification of chil-

1 dren with trauma histories, children who
2 are grieving, children with a mental health
3 disorder or at risk of developing a mental
4 health disorder, and children who are at
5 risk of suicide;

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

12 “(iii) strategies that promote a school-
13 wide positive environment, including strat-
14 egies to prevent bullying, including cyber-
15 bullying.

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

1 “(F) The eligible entity is supported by the
2 State agency with primary responsibility for be-
3 havioral health to ensure that the comprehen-
4 sive school-based mental health program carried
5 out under this section will be sustainable after
6 funding under this section terminates.

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

14 “(H) The comprehensive school-based
15 mental health program carried out under this
16 section will be trauma-informed, evidence-based,
17 and developmentally, culturally, and linguis-
18 tically appropriate.

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

1 “(J) The mental health services provided
2 through the comprehensive school-based mental
3 health program carried out under this section
4 will be provided by qualified mental and behav-
5 ioral health professionals who are certified,
6 credentialed, or licensed in compliance with ap-
7 plicable Federal and State law and regulations
8 by the State involved and who are practicing
9 within their area of expertise.

10 “(K) Students will be permitted to self-
11 refer to the mental health program for mental
12 health care and self-consent for mental health
13 crisis care to the extent permitted by State or
14 other applicable law.

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

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

1 of 1996 with respect to any patient records devel-
2 oped through activities under the grant.

3 “(5) COMPLIANCE WITH FERPA.—Section 444
4 of the General Education Provisions Act (commonly
5 known as the ‘Family Educational Rights and Pri-
6 vacy Act of 1974’) shall apply to any entity that is
7 a member of the partnership in the same manner
8 that such section applies to an educational agency or
9 institution (as that term is defined in such section).

10 “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
11 shall ensure that grants, contracts, or cooperative agree-
12 ments under subsection (a) will be distributed equitably
13 among the regions of the country and among urban and
14 rural areas.

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

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

21 “(1) DEVELOPMENT OF PROCESS.—The Assist-
22 ant Secretary shall develop a fiscally appropriate
23 process for evaluating activities carried out under
24 this section. Such process shall include—

1 “(A) the development of guidelines for the
2 submission of program data by grant, contract,
3 or cooperative agreement recipients;

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

8 “(C) the submission of annual reports by
9 such recipients concerning the effectiveness of
10 programs carried out under this section.

11 “(2) MEASURES OF OUTCOMES.—

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

21 “(B) STUDENT AND FAMILY MEASURES OF
22 OUTCOMES.—The measures for outcomes devel-
23 oped under paragraph (1)(B) relating to stu-
24 dents and families shall, with respect to activi-
25 ties carried out under a program under this

1 section, at a minimum include provisions to
2 evaluate whether the program is effective in—

3 “(i) increasing social and emotional
4 competency;

5 “(ii) improving academic outcomes,
6 including as measured by proficiency on
7 the annual assessments under section
8 1111(b)(2) of the Elementary and Sec-
9 ondary Education Act of 1965;

10 “(iii) reducing disruptive and aggres-
11 sive behaviors;

12 “(iv) improving child functioning;

13 “(v) reducing substance use disorders;

14 “(vi) reducing rates of suicide;

15 “(vii) reducing suspensions, truancy,
16 expulsions, and violence;

17 “(viii) increasing high school gradua-
18 tion rates, calculated using the four-year
19 adjusted cohort graduation rate or the ex-
20 tended-year adjusted cohort graduation
21 rate (as such terms are defined in section
22 8101 of the Elementary and Secondary
23 Education Act of 1965);

24 “(ix) improving attendance rates and
25 rates of chronic absenteeism;

1 “(x) improving access to care for men-
2 tal health disorders, including access to
3 mental health services that are trauma-in-
4 formed, and developmentally, linguistically,
5 and culturally appropriate;

6 “(xi) improving health outcomes; and

7 “(xii) decreasing disparities among
8 vulnerable and protected populations in
9 outcomes described in clauses (i) through
10 (viii).

11 “(C) LOCAL EDUCATIONAL OUTCOMES.—

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

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

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

1 “(iii) the progress made in sustaining
2 the program once funding under the grant
3 has expired;

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

11 “(v) the improvement in perception of
12 a safe and supportive learning environment
13 among school staff, students, and parents;

14 “(vi) the improvement in case-finding
15 of students in need of more intensive serv-
16 ices and referral of identified students to
17 prevention, early intervention, and clinical
18 services;

19 “(vii) the improvement in the imme-
20 diate availability of clinical assessment and
21 treatment services within the context of
22 the local community to students posing a
23 danger to themselves or others;

24 “(viii) the increased successful matric-
25 ulation to postsecondary school;

1 “(ix) reduced suicide rates;

2 “(x) reduced referrals to juvenile jus-
3 tice; and

4 “(xi) increased educational equity.

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

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

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

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

6 “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF
7 APPROPRIATIONS.—

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

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

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 subsection (b), is further amended by strik-
24 ing the part designation and heading and inserting the
25 following:

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

