

114TH CONGRESS
1ST SESSION

H. R. 1211

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 HOUSE OF REPRESENTATIVES

MARCH 3, 2015

Mrs. NAPOLITANO (for herself, Mr. GIBSON, and Mr. TONKO) 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 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 **“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 education agencies, assist local commu-
8 nities and schools in applying a public health approach
9 to mental health services both in schools and in the com-
10 munity. Such approach should provide comprehensive age
11 appropriate services and supports, be linguistically and
12 culturally appropriate, be trauma-informed, and incor-
13 porate age appropriate strategies of positive behavioral
14 interventions and supports. A comprehensive school men-
15 tal health program funded under this section shall assist
16 children in dealing with trauma and violence.

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

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

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

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

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

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

20 “(c) REQUIREMENTS.—

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

24 “(A) be a partnership between a local edu-
25 cation agency and at least one community pro-

1 gram or agency that is involved in mental
2 health; and

3 “(B) submit an application, that is en-
4 dorsed by all members of the partnership, that
5 contains the assurances described in paragraph
6 (2).

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

10 “(A) That the applicant will ensure that,
11 in carrying out activities under this section, the
12 local educational agency involved will enter into
13 a memorandum of understanding—

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

21 “(ii) that clearly states—

22 “(I) the responsibilities of each
23 partner with respect to the activities
24 to be carried out;

1 “(II) how each such partner will
2 be accountable for carrying out such
3 responsibilities; and

4 “(III) the amount of non-Federal
5 funding or in-kind contributions that
6 each such partner will contribute in
7 order to sustain the program.

8 “(B) That the comprehensive school-based
9 mental health program carried out under this
10 section supports the flexible use of funds to ad-
11 dress—

12 “(i) the promotion of the social, emo-
13 tional, and behavioral health of all students
14 in an environment that is conducive to
15 learning;

16 “(ii) the reduction in the likelihood of
17 at risk students developing social, emo-
18 tional, behavioral health problems, or sub-
19 stance use disorders;

20 “(iii) the early identification of social,
21 emotional, behavioral problems, or sub-
22 stance use disorders and the provision of
23 early intervention services;

24 “(iv) the treatment or referral for
25 treatment of students with existing social,

1 emotional, behavioral health problems, or
2 substance use disorders; and

3 “(v) the development and implementa-
4 tion of programs to assist children in deal-
5 ing with trauma and violence.

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

11 “(i) the techniques and supports need-
12 ed to identify early children with trauma
13 histories and children with, or at risk of,
14 mental illness;

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

20 “(iii) strategies that promote a school-
21 wide positive environment;

22 “(iv) strategies for promoting the so-
23 cial, emotional, mental, and behavioral
24 health of all students; and

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

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

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

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

23 “(iii) strategies that promote a school-
24 wide positive environment.

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

6 “(F) That the local education agency part-
7 nership involved is supported by the State edu-
8 cational and mental health system to ensure
9 that the sustainability of the programs is estab-
10 lished after funding under this section termi-
11 nates.

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

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

21 “(I) That the comprehensive school-based
22 mental health program carried out under this
23 section will be trauma-informed and culturally
24 and linguistically appropriate.

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

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

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 “(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 An entity may receive only one award under this section,
13 except that an entity that is providing services and sup-
14 ports on a regional basis may receive additional funding
15 after the expiration of the preceding grant period.

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

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

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

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

16 “(B) STUDENT AND FAMILY MEASURES OF
17 OUTCOMES.—The measures of 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) increasing academic competency
2 (as defined by Secretary);

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

5 “(iv) improving child functioning;

6 “(v) reducing substance use disorders;

7 “(vi) reducing suspensions, truancy,
8 expulsions and violence;

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

13 “(viii) improving access to care for
14 mental health disorders.

15 “(C) LOCAL EDUCATIONAL OUTCOMES.—

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

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

24 “(ii) the effectiveness of formal part-
25 nership linkages among child and family

1 serving institutions, community support
2 systems, and the educational system;

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

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

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

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

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

1 “(viii) the increased successful matric-
2 ulation to postsecondary school; and

3 “(ix) reduced referrals to juvenile jus-
4 tice.

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

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

21 “(5) LIMITATION.—A grantee shall use not to
22 exceed 10 percent of amounts received under a grant
23 under this section to carry out evaluation activities
24 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 \$1,000,000 for each of fiscal years 2016 through
11 2020. The Secretary shall determine the amount of
12 each such grant based on the population of children
13 up to age 21 of the area to be served under the
14 grant.

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

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

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

○