

108TH CONGRESS
2D SESSION

S. 2634

IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2004

Referred to the Committee on Energy and Commerce

AN ACT

To amend the Public Health Service Act to support the planning, implementation, and evaluation of organized activities involving statewide youth suicide early intervention and prevention strategies, to provide funds for campus mental and behavioral health service centers, and for other purposes.

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 “Garrett Lee Smith Me-
5 morial Act”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) More children and young adults die from
4 suicide each year than from cancer, heart disease,
5 AIDS, birth defects, stroke, and chronic lung disease
6 combined.

7 (2) Over 4,000 children and young adults trag-
8 ically take their lives every year, making suicide the
9 third overall cause of death between the ages of 10
10 and 24. According to the Centers for Disease Con-
11 trol and Prevention suicide is the third overall cause
12 of death among college-age students.

13 (3) According to the National Center for Injury
14 Prevention and Control of the Centers for Disease
15 Control and Prevention, children and young adults
16 accounted for 15 percent of all suicides completed in
17 2000.

18 (4) From 1952 to 1995, the rate of suicide in
19 children and young adults has tripled.

20 (5) From 1980 to 1997, the rate of suicide
21 among young adults ages 15 to 19 increased 11 per-
22 cent.

23 (6) From 1980 to 1997, the rate of suicide
24 among children ages 10 to 14 increased 109 percent.

25 (7) According to the National Center of Health
26 Statistics, suicide rates among Native Americans

1 range from 1.5 to 3 times the national average for
2 other groups, with young people ages 15 to 34 mak-
3 ing up 64 percent of all suicides.

4 (8) Congress has recognized that youth suicide
5 is a public health tragedy linked to underlying men-
6 tal health problems and that youth suicide early
7 intervention and prevention activities are national
8 priorities.

9 (9) Youth suicide early intervention and preven-
10 tion have been listed as urgent public health prior-
11 ities by the President's New Freedom Commission in
12 Mental Health (2002), the Institute of Medicine's
13 Reducing Suicide: A National Imperative (2002), the
14 National Strategy for Suicide Prevention: Goals and
15 Objectives for Action (2001), and the Surgeon Gen-
16 eral's Call to Action To Prevent Suicide (1999).

17 (10) Many States have already developed com-
18 prehensive Statewide youth suicide early intervention
19 and prevention strategies that seek to provide effec-
20 tive early intervention and prevention services.

21 (11) In a recent report, a startling 85 percent
22 of college counseling centers revealed an increase in
23 the number of students they see with psychological
24 problems. Furthermore, the American College
25 Health Association found that 61 percent of college

1 students reported feeling hopeless, 45 percent said
2 they felt so depressed they could barely function,
3 and 9 percent felt suicidal.

4 (12) There is clear evidence of an increased in-
5 cidence of depression among college students. Ac-
6 cording to a survey described in the Chronicle of
7 Higher Education (February 1, 2002), depression
8 among freshmen has nearly doubled (from 8.2 per-
9 cent to 16.3 percent). Without treatment, research-
10 ers recently noted that “depressed adolescents are at
11 risk for school failure, social isolation, promiscuity,
12 self medication with drugs and alcohol, and sui-
13 cide—now the third leading cause of death among
14 10–24 year olds.”.

15 (13) Researchers who conducted the study
16 “Changes in Counseling Center Client Problems
17 Across 13 Years” (1989–2001) at Kansas State
18 University stated that “students are experiencing
19 more stress, more anxiety, more depression than
20 they were a decade ago.” (The Chronicle of Higher
21 Education, February 14, 2003).

22 (14) According to the 2001 National Household
23 Survey on Drug Abuse, 20 percent of full-time un-
24 dergraduate college students use illicit drugs.

1 (15) The 2001 National Household Survey on
2 Drug Abuse also reported that 18.4 percent of
3 adults aged 18 to 24 are dependent on or abusing
4 illicit drugs or alcohol. In addition, the study found
5 that “serious mental illness is highly correlated with
6 substance dependence or abuse. Among adults with
7 serious mental illness in 2001, 20.3 percent were de-
8 pendent on or abused alcohol or illicit drugs, while
9 the rate among adults without serious mental illness
10 was only 6.3 percent.”.

11 (16) A 2003 Gallagher’s Survey of Counseling
12 Center Directors found that 81 percent were con-
13 cerned about the increasing number of students with
14 more serious psychological problems, 67 percent re-
15 ported a need for more psychiatric services, and 63
16 percent reported problems with growing demand for
17 services without an appropriate increase in re-
18 sources.

19 (17) The International Association of Coun-
20 seling Services accreditation standards recommend 1
21 counselor per 1,000 to 1,500 students. According to
22 the 2003 Gallagher’s Survey of Counseling Center
23 Directors, the ratio of counselors to students is as
24 high as 1 counselor per 2,400 students at institu-

1 tions of higher education with more than 15,000
2 students.

3 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICES**
4 **ACT.**

5 Title V of the Public Health Service Act (42 U.S.C.
6 290aa et seq) is amended—

7 (1) in section 520E (42 U.S.C. 290bb–36)—

8 (A) in the section heading by striking
9 “CHILDREN AND ADOLESCENTS” and in-
10 sserting “YOUTH”;

11 (B) by striking subsection (a) and insert-
12 ing the following:

13 “(a) IN GENERAL.—The Secretary shall award
14 grants or cooperative agreements to public organizations,
15 private nonprofit organizations, political subdivisions, and
16 Federally recognized Indian tribes or tribal organizations
17 to implement the State-sponsored statewide or tribal youth
18 suicide early intervention and prevention strategy as devel-
19 oped under section 596A.”;

20 (C) in subsection (b), by striking all after
21 “coordinated” and inserting “with the Strategy
22 for Suicide Prevention Federal Steering Group
23 and the suicide prevention resource center pro-
24 vided for under section 596B.”;

25 (D) in subsection (c)—

1 (i) in the matter preceding paragraph
 2 (1), by striking “A State” and all that fol-
 3 lows through “desiring” and inserting “A
 4 public organization, private nonprofit orga-
 5 nization, political subdivision, and Feder-
 6 ally recognized Indian tribes or tribal orga-
 7 nization desiring”;

8 (ii) by redesignating paragraphs (1)
 9 through (9) as paragraphs (2) through
 10 (10), respectively;

11 (iii) by inserting before paragraph (2)
 12 (as so redesignated), the following:

13 “(1) comply with the State-sponsored statewide
 14 early intervention and prevention strategy as devel-
 15 oped under section 596A;”;

16 (iv) in paragraph (2) (as so redesign-
 17 ated), by striking “children and adoles-
 18 cents” and inserting “youth”;

19 (v) in paragraph (3) (as so redesign-
 20 ated), by striking “best evidence-based,”;

21 (vi) in paragraph (4) (as so redesign-
 22 ated), by striking “primary” and all that
 23 follows and inserting “general, mental, and
 24 behavioral health services, and substance
 25 abuse services;”;

1 (vii) in paragraph (5) (as so redesignated), by striking “children and” and all
 2 that follows and inserting “youth including
 3 the school systems, educational institu-
 4 tions, juvenile justice system, substance
 5 abuse programs, mental health programs,
 6 foster care systems, and community child
 7 and youth support organizations;”;

8 (viii) by striking paragraph (8) (as so
 9 redesignated), and inserting the following:

10 “(8) offer access to services and care to youth
 11 with diverse linguistic and cultural backgrounds;”;
 12 and

13 (ix) by striking paragraph (9) (as so
 14 redesignated), and inserting the following:

15 “(9) conduct annual self-evaluations of out-
 16 comes and activities, including consulting with inter-
 17 ested families and advocacy organizations;”;

18 (E) by striking subsection (d) and insert-
 19 ing the following:

20 “(d) USE OF FUNDS.—Amounts provided under a
 21 grant or cooperative agreement under this section shall be
 22 used to supplement, and not supplant, Federal and non-
 23 Federal funds available for carrying out the activities de-
 24

1 scribed in this section. Applicants shall provide financial
 2 information to demonstrate compliance with this section.”;

3 (F) in subsection (e)—

4 (i) by striking “contract,”; and

5 (ii) by inserting after “Secretary that
 6 the” the following: “application complies
 7 with the State-sponsored statewide early
 8 intervention and prevention strategy as de-
 9 veloped under section 596A and”;

10 (G) in subsection (f), by striking “con-
 11 tracts,”;

12 (H) in subsection (g)—

13 (i) by striking “A State” and all that
 14 follows through “organization receiving”
 15 and inserting “A public organization, pri-
 16 vate nonprofit organization, political sub-
 17 division, and Federally recognized Indian
 18 tribes or tribal organization receiving”;
 19 and

20 (ii) by striking “contract,” each place
 21 that such appears;

22 (I) in subsection (h), by striking “con-
 23 tracts,”;

24 (J) in subsection (i)—

1 (i) by striking “A State” and all that
 2 follows through “organization receiving”
 3 and inserting “A public organization, pri-
 4 vate nonprofit organization, political sub-
 5 division, and Federally recognized Indian
 6 tribes or tribal organization receiving”;
 7 and

8 (ii) by striking “contract,”;

9 (K) in subsection (k), by striking “5
 10 years” and inserting “3 years”;

11 (L) in subsection (l)(2), by striking “21”
 12 and inserting “24”; and

13 (M) in subsection (m)—

14 (i) by striking “APPROPRIATION.—”
 15 and all that follows through “For” in
 16 paragraph (1) and inserting “APPROPRIA-
 17 TION.—For”; and

18 (ii) by striking paragraph (2);

19 (2) by inserting after part I (42 U.S.C. 290jj
 20 et seq), the following:

21 **“PART J—SUICIDE EARLY INTERVENTION AND**
 22 **PREVENTION”;**

23 (3) by redesignating section 520E (42 U.S.C.
 24 290bb–36), as amended by paragraph (1), as section

1 596 and transferring such section to part J (as
2 added by paragraph (2)); and

3 (4) by adding at the end of part J (as added
4 by paragraph (2) and amended by paragraph (3)),
5 the following:

6 **“SEC. 596A. YOUTH SUICIDE EARLY INTERVENTION AND**
7 **PREVENTION STRATEGIES, TRAINING, AND**
8 **TECHNICAL ASSISTANCE.**

9 “(a) YOUTH SUICIDE EARLY INTERVENTION AND
10 PREVENTION STRATEGIES.—

11 “(1) IN GENERAL.—The Secretary acting
12 through the Administrator of the Substance Abuse
13 and Mental Health Services Administration, shall
14 award grants or cooperative agreements to eligible
15 entities to—

16 “(A) develop and implement State-spon-
17 sored statewide or tribal youth suicide early
18 intervention and prevention strategies in
19 schools, educational institutions, juvenile justice
20 systems, substance abuse programs, mental
21 health programs, foster care systems, and other
22 child and youth support organizations;

23 “(B) support public organizations and pri-
24 vate nonprofit organizations actively involved in
25 State-sponsored statewide or tribal youth sui-

1 cide early intervention and prevention strategies
 2 and in the development and continuation of
 3 State-sponsored statewide youth suicide early
 4 intervention and prevention strategies;

5 “(C) collect and analyze data on State-
 6 sponsored statewide or tribal youth suicide early
 7 intervention and prevention services that can be
 8 used to monitor the effectiveness of such serv-
 9 ices and for research, technical assistance, and
 10 policy development; and

11 “(D) assist eligible entities, through State-
 12 sponsored statewide or tribal youth suicide early
 13 intervention and prevention strategies, in
 14 achieving targets for youth suicide reductions
 15 under title V of the Social Security Act (42
 16 U.S.C. 701 et seq.).

17 “(2) ELIGIBLE ENTITY.—

18 “(A) DEFINITION.—In this subsection, the
 19 term ‘eligible entity’ means—

20 “(i) a State;

21 “(ii) a public organization or private
 22 nonprofit organization designated by a
 23 State to develop or direct the State-spon-
 24 sored statewide youth suicide early inter-
 25 vention and prevention strategy; and

1 “(iii) a Federally-recognized Indian
2 tribe or tribal organization (as defined in
3 the Indian Self-Determination and Edu-
4 cation Assistance Act) or an urban Indian
5 organization (as defined in the Indian
6 Health Care Improvement Act) that is ac-
7 tively involved in the development and con-
8 tinuation of a tribal youth suicide early
9 intervention and prevention strategy.

10 “(B) PREFERENCE.—In awarding grants
11 and cooperative agreements under this section,
12 the Secretary shall give preference to States
13 that have rates of youth suicide that signifi-
14 cantly exceed the national average as deter-
15 mined by the Centers for Disease Control and
16 Prevention.

17 “(C) LIMITATION.—In carrying out this
18 section, the Secretary shall ensure that each
19 State is awarded only one grant or cooperative
20 agreement under this section. For purposes of
21 the preceding sentence, a State shall be consid-
22 ered to have been awarded a grant or coopera-
23 tive agreement if the eligible entity involved is
24 the State or an entity designated by the State
25 under subparagraph (A)(ii). Nothing in this

1 subparagraph shall be construed to apply to en-
2 tities described in subparagraph (A)(iii).

3 “(3) PREFERENCE.—In providing assistance
4 under a grant or cooperative agreement under this
5 subsection, an eligible entity shall give preference to
6 public organizations, private nonprofit organizations,
7 political subdivisions, and tribal organizations ac-
8 tively involved with the State-sponsored statewide or
9 tribal youth suicide early intervention and prevention
10 strategy that—

11 “(A) provide early intervention and assess-
12 ment services, including screening programs, to
13 youth who are at risk for mental or emotional
14 disorders that may lead to a suicide attempt,
15 and that are integrated with, school systems,
16 educational institutions, juvenile justice sys-
17 tems, substance abuse programs, mental health
18 programs, foster care systems, and other child
19 and youth support organizations;

20 “(B) demonstrate collaboration among
21 early intervention and prevention services or
22 certify that entities will engage in future col-
23 laboration;

24 “(C) employ or include in their applica-
25 tions a commitment to evaluate youth suicide

1 early intervention and prevention practices and
2 strategies adapted to the local community;

3 “(D) provide timely referrals for appro-
4 priate community-based mental health care and
5 treatment of youth who are at risk for suicide
6 in child-serving settings and agencies;

7 “(E) provide immediate support and infor-
8 mation resources to families of youth who are
9 at risk for suicide;

10 “(F) offer access to services and care to
11 youth with diverse linguistic and cultural back-
12 grounds;

13 “(G) offer appropriate post-suicide inter-
14 vention services, care, and information to fami-
15 lies, friends, schools, educational institutions,
16 juvenile justice systems, substance abuse pro-
17 grams, mental health programs, foster care sys-
18 tems, and other child and youth support organi-
19 zations of youth who recently completed suicide;

20 “(H) offer continuous and up-to-date in-
21 formation and awareness campaigns that target
22 parents, family members, child care profes-
23 sionals, community care providers, and the gen-
24 eral public and highlight the risk factors associ-
25 ated with youth suicide and the life-saving help

1 and care available from early intervention and
2 prevention services;

3 “(I) ensure that information and aware-
4 ness campaigns on youth suicide risk factors,
5 and early intervention and prevention services,
6 use effective communication mechanisms that
7 are targeted to and reach youth, families,
8 schools, educational institutions, and youth or-
9 ganizations;

10 “(J) provide a timely response system to
11 ensure that child-serving professionals and pro-
12 viders are properly trained in youth suicide
13 early intervention and prevention strategies and
14 that child-serving professionals and providers
15 involved in early intervention and prevention
16 services are properly trained in effectively iden-
17 tifying youth who are at risk for suicide;

18 “(K) provide continuous training activities
19 for child care professionals and community care
20 providers on the latest youth suicide early inter-
21 vention and prevention services practices and
22 strategies;

23 “(L) conduct annual self-evaluations of
24 outcomes and activities, including consulting

1 with interested families and advocacy organiza-
2 tions; and

3 “(M) provide services in areas or regions
4 with rates of youth suicide that exceed the na-
5 tional average as determined by the Centers for
6 Disease Control and Prevention.

7 “(4) REQUIREMENT FOR DIRECT SERVICES.—
8 Not less than 85 percent of grant funds received
9 under this subsection shall be used to provide direct
10 services.

11 “(b) SUICIDE PREVENTION RESOURCE CENTER;
12 TRAINING AND TECHNICAL ASSISTANCE.—

13 “(1) OPERATION OF CENTER.—The Secretary,
14 acting through the Administrator of the Substance
15 Abuse and Mental Health Services Administration
16 and in consultation with the National Strategy for
17 Suicide Prevention Federal Steering Group, shall
18 award a competitive grant or contract to a public or
19 private nonprofit entity for the establishment of a
20 Suicide Prevention Resource Center to carry out the
21 activities described in paragraph (3).

22 “(2) APPLICATION.—To be eligible for a grant
23 or contract under paragraph (1), an entity shall pre-
24 pare and submit to the Secretary an application at

1 such time, in such manner, and containing such in-
2 formation as the Secretary may require.

3 “(3) AUTHORIZED ACTIVITIES.—The Suicide
4 Prevention Resource Center shall provide appro-
5 priate information, training, and technical assistance
6 to States, political subdivisions of a State, Federally
7 recognized Indian tribes, tribal organizations, public
8 organizations, or private nonprofit organizations
9 for—

10 “(A) the development or continuation of
11 statewide or tribal youth suicide early interven-
12 tion and prevention strategies;

13 “(B) ensuring the surveillance of youth
14 suicide early intervention and prevention strate-
15 gies;

16 “(C) studying the costs and effectiveness
17 of statewide youth suicide early intervention
18 and prevention strategies in order to provide in-
19 formation concerning relevant issues of impor-
20 tance to State, tribal, and national policy-
21 makers;

22 “(D) further identifying and understanding
23 causes and associated risk factors for youth sui-
24 cide;

1 “(E) analyzing the efficacy of new and ex-
 2 isting youth suicide early intervention tech-
 3 niques and technology;

4 “(F) ensuring the surveillance of suicidal
 5 behaviors and nonfatal suicidal attempts;

6 “(G) studying the effectiveness of State-
 7 sponsored statewide and tribal youth suicide
 8 early intervention and prevention strategies on
 9 the overall wellness and health promotion strat-
 10 egies related to suicide attempts;

11 “(H) promoting the sharing of data re-
 12 garding youth suicide with Federal agencies in-
 13 volved with youth suicide early intervention and
 14 prevention, and State-sponsored statewide or
 15 tribal youth suicide early intervention and pre-
 16 vention strategies for the purpose of identifying
 17 previously unknown mental health causes and
 18 associated risk-factors for suicide in youth; and

19 “(I) other activities determined appropriate
 20 by the Secretary.

21 “(5) AUTHORIZATION OF APPROPRIATIONS.—

22 There is authorized to be appropriated to carry out
 23 this subsection, \$3,000,000 for fiscal year 2005,
 24 \$4,000,000 for fiscal year 2006, and \$5,000,000 for
 25 fiscal year 2007.

1 “(c) COORDINATION AND COLLABORATION.—

2 “(1) IN GENERAL.—In carrying out this sec-
3 tion, the Secretary shall collaborate with the Na-
4 tional Strategy for Suicide Prevention Federal Steer-
5 ing Group and other Federal agencies responsible
6 for early intervention and prevention services relat-
7 ing to youth suicide.

8 “(2) CONSULTATION.—In carrying out this sec-
9 tion, the Secretary shall consult with—

10 “(A) State and local agencies, including
11 agencies responsible for early intervention and
12 prevention services under title XIX of the So-
13 cial Security Act (42 U.S.C. 1396 et seq.), the
14 State Children’s Health Insurance Program
15 under title XXI of the Social Security Act (42
16 U.S.C. 1397aa et seq.), programs funded by
17 grants under title V of the Social Security Act
18 (42 U.S.C. 701 et seq.), and programs under
19 part C of the Individuals with Disabilities Edu-
20 cation Act (20 U.S.C. 1431 et seq.);

21 “(B) local and national organizations that
22 serve youth at risk for suicide and their fami-
23 lies;

24 “(C) relevant national medical and other
25 health and education specialty organizations;

1 “(D) youth who are at risk for suicide,
2 who have survived suicide attempts, or who are
3 currently receiving care from early intervention
4 services;

5 “(E) families and friends of youth who are
6 at risk for suicide, who have survived suicide at-
7 tempts, who are currently receiving care from
8 early intervention and prevention services, or
9 who have completed suicide;

10 “(F) qualified professionals who possess
11 the specialized knowledge, skills, experience,
12 and relevant attributes needed to serve youth at
13 risk for suicide and their families; and

14 “(G) third-party payers, managed care or-
15 ganizations, and related commercial industries.

16 “(3) POLICY DEVELOPMENT.—The Secretary
17 shall—

18 “(A) coordinate and collaborate on policy
19 development at the Federal level with the Na-
20 tional Strategy for Suicide Prevention Federal
21 Steering Group; and

22 “(B) consult on policy development at the
23 Federal level with the private sector, including
24 consumer, medical, suicide prevention advocacy
25 groups, and other health and education profes-

1 sional-based organizations, with respect to
 2 State-sponsored statewide or tribal youth sui-
 3 cide early intervention and prevention strate-
 4 gies.

5 “(d) RULE OF CONSTRUCTION; RELIGIOUS ACCOM-
 6 MODATION.—Nothing in this section shall be construed to
 7 preempt any State law, including any State law that does
 8 not require the suicide early intervention for youth whose
 9 parents or legal guardians object to such early interven-
 10 tion based on the parents’ or legal guardians’ religious be-
 11 liefs.

12 “(e) EVALUATIONS AND REPORT.—

13 “(1) EVALUATIONS BY ELIGIBLE ENTITIES.—
 14 Not later than 18 months after receiving a grant or
 15 cooperative agreement under subsection (a), an eligi-
 16 ble entity shall submit to the Secretary the results
 17 of an evaluation to be conducted by the entity con-
 18 cerning the effectiveness of the activities carried out
 19 under the grant or agreement.

20 “(2) REPORT.—Not later than 2 years after the
 21 date of enactment of this section, the Secretary shall
 22 submit to the appropriate committees of Congress a
 23 report concerning the results of—

24 “(A) the evaluations conducted under
 25 paragraph (1); and

1 “(B) an evaluation conducted by the Sec-
2 retary to analyze the effectiveness and efficacy
3 of the activities conducted with grants, collabo-
4 rations, and consultations under this section.

5 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
6 purpose of carrying out subsection (a), there are author-
7 ized to be appropriated \$7,000,000 for fiscal year 2005,
8 \$16,000,000 for fiscal year 2006, \$25,000,000 for fiscal
9 year 2007, and such sums as may be necessary for each
10 of fiscal years 2008 and 2009.

11 **“SEC. 596B. MENTAL AND BEHAVIORAL HEALTH SERVICES**
12 **ON CAMPUS.**

13 “(a) PURPOSE.—It is the purpose of this section to
14 increase access to, and enhance the range of, services for
15 students with mental and behavioral health problems that
16 can lead to school failure, such as depression, substance
17 abuse, and suicide attempts, so as to ensure that college
18 students have the support necessary to successfully com-
19 plete their studies.

20 “(b) PROGRAM AUTHORIZED.—From funds appro-
21 priated under subsection (j), the Secretary shall award
22 competitive grants to institutions of higher education to
23 create or expand mental and behavioral health services to
24 students at such institutions, to provide such services, and
25 to develop best practices for the delivery of such services.

1 Such grants shall, subject to the availability of such appro-
2 priations, be for a period of 3 years.

3 “(c) ELIGIBLE GRANT RECIPIENTS.—Any institution
4 of higher education that seeks to provide, or provides,
5 mental and behavioral health services to students is eligi-
6 ble to apply for a grant under this section. Services may
7 be provided at—

8 “(1) college counseling centers;

9 “(2) college and university psychological service
10 centers;

11 “(3) mental health centers;

12 “(4) psychology training clinics; and

13 “(5) institution of higher education supported,
14 evidence-based, mental health and substance abuse
15 screening programs.

16 “(d) APPLICATIONS.—Each institution of higher edu-
17 cation seeking to obtain a grant under this section shall
18 submit an application to the Secretary. Each such applica-
19 tion shall include—

20 “(1) a description of identified mental and be-
21 havioral health needs of students at the institution
22 of higher education;

23 “(2) a description of currently available Fed-
24 eral, State, local, private, and institutional resources

1 to address the needs described in paragraph (1) at
2 the institution of higher education;

3 “(3) an outline of program objectives and an-
4 ticipated program outcomes, including an expla-
5 nation of how the treatment provider at the institu-
6 tion of higher education will coordinate activities
7 under this section with existing programs and serv-
8 ices;

9 “(4) the anticipated impact of funds provided
10 under this section in improving the mental and be-
11 havioral health of students attending the institution
12 of higher education;

13 “(5) outreach strategies, including ways in
14 which the treatment provider at the institution of
15 higher education proposes to reach students, pro-
16 mote access to services, and address the range of
17 needs of students;

18 “(6) a proposed plan for reaching those stu-
19 dents most in need of services;

20 “(7) a plan to evaluate program outcomes and
21 assess the services provided with funds under this
22 section;

23 “(8) financial information concerning the appli-
24 cant to demonstrate compliance with subsection (h);
25 and

1 “(9) such additional information as is required
2 by the Secretary.

3 “(e) PEER REVIEW OF APPLICATIONS.—The Sec-
4 retary, in consultation with the Secretary of Education,
5 shall provide the applications submitted under this section
6 to a peer review panel for evaluation. With respect to each
7 application, the peer review panel shall recommend the ap-
8 plication for funding or for disapproval.

9 “(f) USE OF FUNDS.—Funds provided by a grant
10 under this section may be used for 1 or more of the fol-
11 lowing activities:

12 “(1) Prevention, screening, early intervention,
13 assessment, treatment, management, and education
14 of mental and behavioral health problems that can
15 lead to school failure, such as depression, substance
16 abuse, and suicide attempts by students enrolled at
17 the institution of higher education.

18 “(2) Education of families to increase aware-
19 ness of potential mental and behavioral health issues
20 of students enrolled at the institution of higher edu-
21 cation.

22 “(3) Hiring staff trained to identify and treat
23 mental and behavioral health problems, including
24 residents and interns such as those in psychological
25 doctoral and post doctoral programs.

1 “(4) Evaluating and disseminating outcomes
2 and best practices of mental and behavioral health
3 services.

4 “(g) ADDITIONAL REQUIRED ELEMENTS.—Each in-
5 stitution of higher education that receives a grant under
6 this section shall—

7 “(1) provide annual reports to the Secretary de-
8 scribing the use of funds, the program’s objectives,
9 and how the objectives were met, including a de-
10 scription of program outcomes;

11 “(2) perform such additional evaluations as the
12 Secretary may require, which may include—

13 “(A) increases in range of services pro-
14 vided;

15 “(B) increases in the quality of services
16 provided;

17 “(C) increases in access to services;

18 “(D) college continuation rates;

19 “(E) decreases in college dropout rates;

20 “(F) increases in college graduation rates;

21 and

22 “(G) accepted and valid measurements and
23 assessments of improved mental health
24 functionality; and

1 “(3) coordinate such institution’s program
 2 under this section with other related efforts on cam-
 3 pus by entities concerned with the general mental
 4 and behavioral health needs of students.

5 “(h) SUPPLEMENT NOT SUPPLANT.—Grant funds
 6 provided under this section shall be used to supplement,
 7 and not supplant, Federal and non-Federal funds available
 8 for carrying out the activities described in this section.
 9 Grantees shall provide financial information to dem-
 10 onstrate compliance with this subsection.

11 “(i) REQUIREMENT FOR DIRECT SERVICES AND LIM-
 12 ITATIONS.—

13 “(1) DIRECT SERVICES.—Not less than 75 per-
 14 cent of grant funds received under this section shall
 15 be used to provide direct services.

16 “(2) ADMINISTRATIVE COSTS.—Not more than
 17 5 percent of grant funds received under this section
 18 shall be used for administrative costs.

19 “(3) PROHIBITION ON USE FOR CONSTRUCTION
 20 OR RENOVATION.—Grant funds received under this
 21 section shall not be used for construction or renova-
 22 tion of facilities or buildings.

23 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
 24 are authorized to be appropriated for grants under this
 25 section, \$5,000,000 for fiscal year 2005, \$7,000,000 for

1 fiscal year 2006, \$10,000,000 for fiscal year 2007, and
2 such sums as may be necessary for each fiscal years 2008
3 and 2009.

4 **“SEC. 596C. DEFINITIONS.**

5 “In this part:

6 “(1) **EARLY INTERVENTION.**—The term ‘early
7 intervention’ means a strategy or approach that is
8 intended to prevent an outcome or to alter the
9 course of an existing condition.

10 “(2) **EDUCATIONAL INSTITUTION; INSTITUTION**
11 **OF HIGHER EDUCATION; SCHOOL.**—The term—

12 “(A) ‘educational institution’ means a
13 school or institution of higher education;

14 “(B) ‘institution of higher education’ has
15 the meaning given such term in section 101 of
16 the Higher Education Act of 1965; and

17 “(C) ‘school’ means an elementary or sec-
18 ondary school (as such terms are defined in sec-
19 tion 901 of the Elementary and Secondary
20 Education Act of 1965).

21 “(3) **PREVENTION.**—The term ‘prevention’
22 means a strategy or approach that reduces the likeli-
23 hood or risk of onset, or delays the onset, of adverse
24 health problems.

1 “(4) YOUTH.—The term ‘youth’ means individ-
2 uals who are between 6 and 24 years of age.”.

Passed the Senate July 8, 2004.

Attest: EMILY J. REYNOLDS,
Secretary.