

112TH CONGRESS
1ST SESSION

H. R. 751

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

FEBRUARY 17, 2011

Mrs. NAPOLITANO (for herself, Mr. BACA, Ms. BALDWIN, Ms. BERKLEY, Mrs. CAPPS, Mr. CICILLINE, Mrs. CHRISTENSEN, Mr. ELLISON, Mr. CUELLAR, Ms. HIRONO, Mr. FRANK of Massachusetts, Mr. GONZALEZ, Mr. AL GREEN of Texas, Mr. GRIJALVA, Mr. GUTIERREZ, Mr. HINCHEY, Mr. HONDA, Mr. HOLT, Mr. POLIS, Ms. JACKSON LEE of Texas, Mr. JACKSON of Illinois, Mr. CONYERS, Mr. KILDEE, Mr. JOHNSON of Georgia, Ms. LEE of California, Ms. MATSUI, Ms. NORTON, Mr. PASTOR of Arizona, Mr. LUJÁN, Mr. SERRANO, Mr. RANGEL, Mr. REYES, Ms. ROYBAL-ALLARD, Mr. RAHALL, Mr. SIRES, Ms. WATERS, Ms. LINDA T. SÁNCHEZ of California, Mr. THOMPSON of California, Mr. STARK, Mr. TONKO, Mr. HINOJOSA, and Ms. SLAUGHTER) 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Mental Health in
3 Schools Act of 2011”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) Approximately 1 in 5 children have a
7 diagnosable mental disorder.

8 (2) Approximately 1 in 10 children have a seri-
9 ous emotional or behavioral disorder that is severe
10 enough to cause substantial impairment in func-
11 tioning at home, at school, or in the community. It
12 is estimated that about 75 percent of children with
13 emotional and behavioral disorders do not receive
14 specialty mental health services.

15 (3) Only half of schools across the United
16 States report having formal partnerships with com-
17 munity mental health providers to deliver mental
18 health services.

19 (4) If a school is going to respond to the mental
20 health needs of its students, it must have access to
21 resources that provide family-centered, culturally
22 and linguistically appropriate supports and services.

23 (5) Effective school mental health programs re-
24 flect the collaboration and commitment of families,
25 students, educators, and other community partners.

1 (6) Many schools have school-employed mental
2 health providers supporting student’s social, emo-
3 tional, and behavioral health needs in schools. The
4 most common types of staff providing mental health
5 services in schools were school counselors, followed
6 by school nurses, school psychologists and school so-
7 cial workers. Three-quarters of schools had at least
8 one school counselor on staff, over two-thirds had a
9 school psychologist or school nurse, and 44 percent
10 had a school social worker.

11 (7) Although it is well recognized that mental
12 health directly affects children’s learning and devel-
13 opment, in a recent study one-third of school dis-
14 tricts reported decreased funding for school mental
15 health services, and at the same time two-thirds of
16 school districts reported increased need for such
17 services.

18 **SEC. 3. PURPOSES.**

19 It is the purpose of this Act to—

20 (1) revise, increase funding for, and expand the
21 scope of the Safe Schools-Healthy Students program
22 in order to provide access to more comprehensive
23 school-based mental health services and supports;

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, and incorporate age appropriate
8 strategies of positive behavioral interventions and sup-
9 ports. A comprehensive school mental health program
10 funded under this section shall assist children in dealing
11 with 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, and age-appro-
17 priate, school mental health program that incor-
18 porates positive behavioral interventions and sup-
19 ports to foster the health and development of chil-
20 dren;

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 mental health issues and violence when and
2 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, and other community-based systems; and

9 “(5) establish mechanisms for children and ado-
10 lescents to report incidents of violence or plans by
11 other children or adolescents to commit violence.

12 “(c) REQUIREMENTS.—

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

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

20 “(B) submit an application, that is en-
21 dorsed by all members of the partnership, that
22 contains the assurances described in paragraph
23 (2).

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

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

8 “(i) with, at a minimum, public or
9 private mental health entities, health care
10 entities, law enforcement or juvenile justice
11 entities, child welfare agencies, family-
12 based mental health entities, families and
13 family organizations, and other commu-
14 nity-based entities; and

15 “(ii) that clearly states—

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

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

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

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

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

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

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

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

24 “(C) That the comprehensive school-based
25 mental health program carried out under this

1 section will provide for in-service training of all
2 school personnel, including ancillary staff and
3 volunteers, in—

4 “(i) the techniques and supports need-
5 ed to identify early children with, or at risk
6 of, mental illness;

7 “(ii) the use of referral mechanisms
8 that effectively link such children to treat-
9 ment and intervention services in the
10 school and in the community;

11 “(iii) strategies that promote a school-
12 wide positive environment;

13 “(iv) strategies for promoting the so-
14 cial, emotional, mental, and behavioral
15 health of all students; and

16 “(v) strategies to increase the knowl-
17 edge and skills of school and community
18 leaders on the application of a public
19 health approach to comprehensive school-
20 based mental health programs.

21 “(D) That the comprehensive school-based
22 mental health program carried out under this
23 section will include comprehensive training for
24 parents, siblings, and other family members of

1 children with mental health disorders, and for
2 concerned members of the community in—

3 “(i) the techniques and supports need-
4 ed to identify early children with, or at risk
5 of, mental illness;

6 “(ii) the use of referral mechanisms
7 that effectively link such children to treat-
8 ment and intervention services in the
9 school and in the community; and

10 “(iii) strategies that promote a school-
11 wide positive environment.

12 “(E) That the comprehensive school-based
13 mental health program carried out under this
14 section will demonstrate the measures to be
15 taken to sustain the program after funding
16 under this section terminates.

17 “(F) That the local education agency part-
18 nership involved is supported by the State edu-
19 cational and mental health system to ensure
20 that the sustainability of the programs is estab-
21 lished after funding under this section termi-
22 nates.

23 “(G) That the comprehensive school-based
24 mental health program carried out under this

1 section will be based on evidence-based prac-
2 tices.

3 “(H) That the comprehensive school-based
4 mental health program carried out under this
5 section will be coordinated with early inter-
6 vening activities carried out under the Individ-
7 uals with Disabilities Education Act.

8 “(I) That the comprehensive school-based
9 mental health program carried out under this
10 section will be culturally and linguistically ap-
11 propriate.

12 “(J) That the comprehensive school-based
13 mental health program carried out under this
14 section will include a broad needs assessment of
15 youth who drop out of school due to policies of
16 ‘zero tolerance’ with respect to drugs, alcohol,
17 or weapons.

18 “(K) That the mental health services pro-
19 vided through the comprehensive school-based
20 mental health program carried out under this
21 section will be provided by qualified mental and
22 behavioral health professionals who are certified
23 or licensed by the State involved and practicing
24 within their area of expertise.

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

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

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

15 “(1) DEVELOPMENT OF PROCESS.—The Ad-
16 ministrators shall develop a process for evaluating ac-
17 tivities carried out under this section. Such process
18 shall include—

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

22 “(B) the development of measures of out-
23 comes (in accordance with paragraph (2)) to be
24 applied by such recipients in evaluating pro-
25 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 Administrator
6 shall develop measures of outcomes to be ap-
7 plied by recipients of assistance under this sec-
8 tion, and the Administrator, in evaluating the
9 effectiveness of programs carried out under this
10 section. Such measures shall include student
11 and family measures as provided for in sub-
12 paragraph (B) and local educational measures
13 as provided for under subparagraph (C).

14 “(B) STUDENT AND FAMILY MEASURES OF
15 OUTCOMES.—The measures of 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—

21 “(i) whether the program resulted in
22 an increase in social and emotional com-
23 petency;

24 “(ii) whether the program resulted in
25 an increase in academic competency;

1 “(iii) whether the program resulted in
2 a reduction in disruptive and aggressive
3 behaviors;

4 “(iv) whether the program resulted in
5 improved family functioning;

6 “(v) whether the program resulted in
7 a reduction in substance use disorders;

8 “(vi) whether the program resulted in
9 a reduction in suspensions, truancy, expul-
10 sions and violence;

11 “(vii) whether the program resulted in
12 increased graduation rates; and

13 “(viii) whether the program resulted
14 in improved access to care for mental
15 health disorders.

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

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

1 “(ii) the effectiveness of formal part-
2 nership linkages among child and family
3 serving institutions, community support
4 systems, and the educational system;

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

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

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

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

22 “(vii) the improvement in the imme-
23 diate availability of clinical assessment and
24 treatment services to students posing a
25 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 “(g) INFORMATION AND EDUCATION.—The Sec-
22 retary shall establish comprehensive information and edu-
23 cation programs to disseminate the findings of the knowl-
24 edge development and application under this section to the
25 general public and to health care professionals.

1 “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF
2 APPROPRIATIONS.—

3 “(1) AMOUNT OF GRANTS.—A grant under this
4 section shall be in an amount that is not more than
5 \$1,000,000 for each of grant years 2012 through
6 2016. The Secretary shall determine the amount of
7 each such grant based on the population of children
8 up to age 21 of the area to be served under the
9 grant.

10 “(2) AUTHORIZATION OF APPROPRIATIONS.—
11 There is authorized to be appropriated to carry out
12 this section, \$200,000,000 for each of fiscal years
13 2012 through 2016.”.

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

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

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