

MENTAL HEALTH SERVICES FOR STUDENTS ACT OF 2020

SEPTEMBER 29, 2020.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 1109]

The Committee on Energy and Commerce, to whom was referred the bill (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, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Mental Health Services for Students Act of 2020”.

SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

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

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

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

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

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

“(a) **IN GENERAL.**—The Secretary, in consultation with the Secretary of Education, shall, through grants, contracts, or cooperative agreements awarded to eligible entities described in subsection (c), provide comprehensive school-based mental health services and supports to assist children in local communities and schools (including schools funded by the Bureau of Indian Education) dealing with traumatic experiences, grief, bereavement, risk of suicide, and violence. Such services and supports shall be—

“(1) developmentally, linguistically, and culturally appropriate;

“(2) trauma-informed; and

“(3) incorporate positive behavioral interventions and supports.

“(b) **ACTIVITIES.**—Grants, contracts, or cooperative agreements awarded under subsection (a), shall, as appropriate, be used for—

“(1) implementation of school and community-based mental health programs that—

“(A) build awareness of individual trauma and the intergenerational, continuum of impacts of trauma on populations;

“(B) train appropriate staff to identify, and screen for, signs of trauma exposure, mental health disorders, or risk of suicide; and

“(C) incorporate positive behavioral interventions, family engagement, student treatment, and multigenerational supports to foster the health and development of children, prevent mental health disorders, and ameliorate the impact of trauma;

“(2) technical assistance to local communities with respect to the development of programs described in paragraph (1);

“(3) facilitating community partnerships among families, students, law enforcement agencies, education agencies, mental health and substance use disorder service systems, family-based mental health service systems, child welfare agencies, health care providers (including primary care physicians, mental health professionals, and other professionals who specialize in children’s mental health such as child and adolescent psychiatrists), institutions of higher education, faith-based programs, trauma networks, and other community-based systems to address child and adolescent trauma, mental health issues, and violence; and

“(4) establishing mechanisms for children and adolescents to report incidents of violence or plans by other children, adolescents, or adults to commit violence.

“(c) **REQUIREMENTS.**—

“(1) **IN GENERAL.**—To be eligible for a grant, contract, or cooperative agreement under subsection (a), an entity shall be a partnership that includes—

“(A) a State educational agency, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, in coordination with one or more local educational agencies, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, or a consortium of any entities described in subparagraph (B), (C), (D), or (E) of section 8101(30) of such Act; and

“(B) at least 1 community-based mental health provider, including a public or private mental health entity, health care entity, family-based mental health entity, trauma network, or other community-based entity, as determined by the Secretary (and which may include additional entities such as a human services agency, law enforcement or juvenile justice entity, child welfare agency, agency, an institution of higher education, or another entity, as determined by the Secretary).

“(2) **COMPLIANCE WITH HIPAA.**—Any patient records developed by covered entities through activities under the grant shall meet the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

“(3) **COMPLIANCE WITH FERPA.**—Section 444 of the General Education Provisions Act (commonly known as the ‘Family Educational Rights and Privacy Act of 1974’) shall apply to any entity that is a member of the partnership in the

same manner that such section applies to an educational agency or institution (as that term is defined in such section).

“(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts, or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

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

“(f) EVALUATION AND MEASURES OF OUTCOMES.—

“(1) DEVELOPMENT OF PROCESS.—The Assistant Secretary shall develop a fiscally appropriate process for evaluating activities carried out under this section. Such process shall include—

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

“(B) the development of measures of outcomes (in accordance with paragraph (2)) to be applied by such recipients in evaluating programs carried out under this section; and

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

“(2) MEASURES OF OUTCOMES.—The Assistant Secretary shall develop measures of outcomes to be applied by recipients of assistance under this section to evaluate the effectiveness of programs carried out under this section, including outcomes related to the student, family, and local educational systems supported by this Act.

“(3) SUBMISSION OF ANNUAL DATA.—An eligible entity described in subsection (c) that receives a grant, contract, or cooperative agreement under this section shall annually submit to the Assistant Secretary a report that includes data to evaluate the success of the program carried out by the entity based on whether such program is achieving the purposes of the program. Such reports shall utilize the measures of outcomes under paragraph (2) in a reasonable manner to demonstrate the progress of the program in achieving such purposes.

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

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

“(g) INFORMATION AND EDUCATION.—The Secretary shall disseminate best practices based on the findings of the knowledge development and application under this section.

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

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

“(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$130,000,000 for each of fiscal years 2021 through 2024.”

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

“PART G—SCHOOL-BASED MENTAL HEALTH”.

I. PURPOSE AND SUMMARY

H.R. 1109, the “Mental Health Services for Students Act of 2019”, introduced on February 8, 2019, by Representatives Grace F. Napolitano (D-CA), John Katko (R-NY), and 56 other House Members, authorizes a program that supports grants to fund school-based mental health services. The program would support screening for social, emotional, mental, and behavioral issues, including suicide or substance use disorders; treatment and referral for these issues; development of evidence-based programs for stu-

dents experiencing these issues; and other strategies for schools to support students and the communities that surround them. The goal of the program is to create partnerships between schools and community-based mental health professionals across the country. The bill requires the Substance Abuse and Mental Health Services Administration (SAMHSA) to measure the student, family, and educational outcomes of services supported by the program. Each grant is initially funded at \$2 million per year for five years and the program is authorized at \$130 million for fiscal years 2021 through 2025.

II. BACKGROUND AND NEED FOR LEGISLATION

Research shows that half of all lifetime mental illness begins by the age of 14.¹ According to the Centers for Disease Control and Prevention (CDC), about 3 in 4 children aged 3 to 17 years with depression also have anxiety and almost half have behavior problems.² Additionally, suicide is the second leading cause of death for young Americans between the age of 10 and 34.³ Recent data also show that among adolescents with mental health needs, more than 80 percent did not receive needed care.⁴ For those who did receive services, just 15 percent received mental health services in a school setting.⁵

The need to address mental health services and prevent suicide or other self-harm was raised in the testimony before the Committee of Arriana Gross, a high school student from Covington, Georgia, who said, “in our school, a year doesn’t go by without a student dying by suicide. I’ve even known of elementary kids who died by suicide. I am concerned that youth suicide has become so common that my school community and our Nation is stuck in a pattern of mourning and accepting these deaths as something that is normal, instead of seeing them as preventable and tragic.”⁶

The American Academy of Pediatrics Committee on School Health recognized the increasing mental health needs of children and adolescents and stated that “[s]chool-based mental health services offer the potential for prevention efforts as well as intervention strategies.”⁷ For example, when Dallas Public Schools incorporated a multidisciplinary team of health professionals, including mental health providers, into its school-based health centers, they found that the students who received services had fewer disciplinary problems, course failures, and school absences.⁸ While researchers found that there is a need to measure outcomes more frequently,

¹ Kessler, Ronald C et al. *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*. Archives of general psychiatry vol. 62,6 (2005).

² Centers for Disease Control and Prevention, Children’s Mental Health Data & Statistics (www.cdc.gov/childrensmentalhealth/data.html) (accessed September 18, 2020).

³ National Center for Health Statistics, Leading Causes of Death Reports, 1981–2018 (accessed September 19, 2020).

⁴ Substance Abuse and Mental Health Services Administration. *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (2020).

⁵ *Id.*

⁶ House Committee on Energy and Commerce, Testimony of Arriana Gross, National Youth Advisory Board Member, Sandy Hook Promise Students Against Violence Everywhere (SAVE) Promise Club, (June 30, 2020).

⁷ American Academy of Pediatrics Committee on School Health, *School-Based Mental Health Services*, Pediatrics (Jun 2004).

⁸ Jennings, J et al, *Implementing and maintaining school-based mental health services in a large, urban school district*. The Journal of school health (2000).

a review of available data suggested that mental health treatment is associated with improved overall educational outcomes for children.⁹

H.R. 1109 would help to expand or establish comprehensive mental health programs at schools in the United States with the goal of placing on-site licensed mental health professionals in schools across the country. Funding would be made available through SAMHSA to support prevention screening, treatment, and development of evidence-based programs for social, emotional, mental, and behavioral issues among students.

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 1109:

The Subcommittee on Health held a virtual legislative hearing on June 30, 2020, entitled, “High Anxiety and Stress: Legislation to Improve Mental Health During Crisis.” The hearing focused on H.R. 1109, the “Mental Health Services for Students Act of 2019”, and 21 other bills. The Subcommittee received testimony from the following witnesses:

- The Honorable Patrick J. Kennedy, Founder of the Kennedy Forum and former Member of Congress;
- Arthur C. Evans, Jr. Ph.D., Chief Executive Officer, American Psychological Association;
- Jeffrey L. Geller, M.D., M.P.H., President, American Psychiatric Association, Professor of Psychiatry and Director of Public Sector Psychiatry at the University of Massachusetts Medical School Worcester Recovery Center and Hospital;
- Ms. Arriana Gross, National Youth Advisory Board Member, Sandy Hook Promise Students Against Violence Everywhere (SAVE) Promise Club.

IV. COMMITTEE CONSIDERATION

H.R. 1109, the “Mental Health Services for Students Act of 2019”, was introduced on February 8, 2019, by Representatives Napolitano (D-CA), Katko (R-NY), and 56 other House Members, and was referred to the Committee on Energy and Commerce. The bill was then referred to the Subcommittee on Health on February 9, 2019. A legislative hearing was held on June 30, 2020.

On September 9, 2020, H.R. 1109 was discharged from further consideration by the Subcommittee on Health as the bill was called up for markup by the full Committee on Energy and Commerce. The full Committee met in virtual open markup session, pursuant to notice, on September 9, 2020, to consider H.R. 1109. An amendment in the nature of a substitute offered by Mr. Tonko of New York was agreed to by a voice vote. The Committee then agreed to a motion on final passage offered by Mr. Pallone, Chairman of the committee, to order H.R. 1109 reported favorably to the House, amended, by a voice vote, a quorum being present.

⁹Rachel Salinger, *Mental health perceptions and school-based treatments in the United States*, International Journal of School & Educational Psychology. (2019).

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 1109, including the motion on final passage.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY,
AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to provide access to school-based comprehensive mental health programs.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 1109 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111-139 or the most recent Catalog of Federal Domestic Assistance.

XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 1109 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “Mental Health Services for Students Act of 2020”.

Sec. 2. Amendments to the Public Health Service Act

Section 2 executes technical amendments to the Public Health Service Act and inserts a new section 581 on school based mental health, directing the Secretary of Health and Human Services (the Secretary), in consultation with the Secretary of Education, to support comprehensive school-based mental health services and supports. Such services and supports must be developmentally, linguistically and culturally appropriate, trauma-informed, and incorporate positive behavioral interventions. Such activities should include implementing school and community-based mental health programs; providing technical assistance to local communities; facilitating community partnerships; and establishing mechanisms for reporting for children and adolescents.

A partnership between a State agency in coordination with one or more local education agencies and at least one community-based mental health provider is a prerequisite for program eligibility. Any patient records developed under the program must meet Health Insurance Portability and Accountability Act regulations and be compliant with the Family Education Rights and Privacy Act. The Secretary is directed to ensure an equal distribution of support across the country and should provide awards for five years with the option of renewal. Support shall be not more than \$2 million for the first five years.

Section 2 requires an evaluation of program activities, as well as development of measures to evaluate student, family, and local educational outcomes supported by this Act. Such data and reporting are to be submitted to SAMHSA and evaluated by the Assistant Secretary. The Secretary must also disseminate best practice based on the findings of the knowledge development and application of this section. Section 2 also authorizes \$130 million for each of the fiscal years 2021 through 2025.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE V—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

* * * * *

[PART G—PROJECTS FOR CHILDREN AND VIOLENCE**[SEC. 581. CHILDREN AND VIOLENCE.**

[(a) IN GENERAL.—The Secretary, in consultation with the Secretary of Education and the Attorney General, shall carry out directly or through grants, contracts or cooperative agreements with public entities a program to assist local communities in developing ways to assist children in dealing with violence.

[(b) ACTIVITIES.—Under the program under subsection (a), the Secretary may—

[(1) provide financial support to enable local communities to implement programs to foster the health and development of children;

[(2) provide technical assistance to local communities with respect to the development of programs described in paragraph (1);

[(3) provide assistance to local communities in the development of policies to address violence when and if it occurs;

[(4) assist in the creation of community partnerships among law enforcement, education systems and mental health and substance abuse service systems; and

[(5) establish mechanisms for children and adolescents to report incidents of violence or plans by other children or adolescents to commit violence.

[(c) REQUIREMENTS.—An application for a grant, contract or cooperative agreement under subsection (a) shall demonstrate that—

[(1) the applicant will use amounts received to create a partnership described in subsection (b)(4) to address issues of violence in schools;

[(2) the activities carried out by the applicant will provide a comprehensive method for addressing violence, that will include—

[(A) security;

[(B) educational reform;

[(C) the review and updating of school policies;

[(D) alcohol and drug abuse prevention and early intervention services;

[(E) mental health prevention and treatment services;

and

[(F) early childhood development and psychosocial services; and

[(3) the applicant will use amounts received only for the services described in subparagraphs (D), (E), and (F) of paragraph (2).

[(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

[(e) DURATION OF AWARDS.—With respect to a grant, contract or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient may not exceed 5 years.

[(f) EVALUATION.—The Secretary shall conduct an evaluation of each project carried out under this section and shall disseminate the results of such evaluations to appropriate public and private entities.

[(g) INFORMATION AND EDUCATION.—The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application under this section to the general public and to health care professionals.

[(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$100,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.]

PART G —SCHOOL-BASED MENTAL HEALTH

SEC. 581. SCHOOL-BASED MENTAL HEALTH; CHILDREN AND ADOLESCENTS.

(a) *IN GENERAL.*—The Secretary, in consultation with the Secretary of Education, shall, through grants, contracts, or cooperative agreements awarded to eligible entities described in subsection (c), provide comprehensive school-based mental health services and supports to assist children in local communities and schools (including schools funded by the Bureau of Indian Education) dealing with traumatic experiences, grief, bereavement, risk of suicide, and violence. Such services and supports shall be—

(1) *developmentally, linguistically, and culturally appropriate;*

(2) *trauma-informed; and*

(3) *incorporate positive behavioral interventions and supports.*

(b) *ACTIVITIES.*—Grants, contracts, or cooperative agreements awarded under subsection (a), shall, as appropriate, be used for—

(1) *implementation of school and community-based mental health programs that—*

(A) *build awareness of individual trauma and the intergenerational, continuum of impacts of trauma on populations;*

(B) *train appropriate staff to identify, and screen for, signs of trauma exposure, mental health disorders, or risk of suicide; and*

(C) incorporate positive behavioral interventions, family engagement, student treatment, and multigenerational supports to foster the health and development of children, prevent mental health disorders, and ameliorate the impact of trauma;

(2) technical assistance to local communities with respect to the development of programs described in paragraph (1);

(3) facilitating community partnerships among families, students, law enforcement agencies, education agencies, mental health and substance use disorder service systems, family-based mental health service systems, child welfare agencies, health care providers (including primary care physicians, mental health professionals, and other professionals who specialize in children's mental health such as child and adolescent psychiatrists), institutions of higher education, faith-based programs, trauma networks, and other community-based systems to address child and adolescent trauma, mental health issues, and violence; and

(4) establishing mechanisms for children and adolescents to report incidents of violence or plans by other children, adolescents, or adults to commit violence.

(c) REQUIREMENTS.—

(1) IN GENERAL.—To be eligible for a grant, contract, or cooperative agreement under subsection (a), an entity shall be a partnership that includes—

(A) a State educational agency, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, in coordination with one or more local educational agencies, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, or a consortium of any entities described in subparagraph (B), (C), (D), or (E) of section 8101(30) of such Act; and

(B) at least 1 community-based mental health provider, including a public or private mental health entity, health care entity, family-based mental health entity, trauma network, or other community-based entity, as determined by the Secretary (and which may include additional entities such as a human services agency, law enforcement or juvenile justice entity, child welfare agency, agency, an institution of higher education, or another entity, as determined by the Secretary).

(2) COMPLIANCE WITH HIPAA.—Any patient records developed by covered entities through activities under the grant shall meet the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

(3) COMPLIANCE WITH FERPA.—Section 444 of the General Education Provisions Act (commonly known as the “Family Educational Rights and Privacy Act of 1974”) shall apply to any entity that is a member of the partnership in the same manner that such section applies to an educational agency or institution (as that term is defined in such section).

(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts, or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

(e) *DURATION OF AWARDS.*—With respect to a grant, contract, or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient shall be 5 years, with options for renewal.

(f) *EVALUATION AND MEASURES OF OUTCOMES.*—

(1) *DEVELOPMENT OF PROCESS.*—The Assistant Secretary shall develop a fiscally appropriate process for evaluating activities carried out under this section. Such process shall include—

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

(B) the development of measures of outcomes (in accordance with paragraph (2)) to be applied by such recipients in evaluating programs carried out under this section; and

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

(2) *MEASURES OF OUTCOMES.*—The Assistant Secretary shall develop measures of outcomes to be applied by recipients of assistance under this section to evaluate the effectiveness of programs carried out under this section, including outcomes related to the student, family, and local educational systems supported by this Act.

(3) *SUBMISSION OF ANNUAL DATA.*—An eligible entity described in subsection (c) that receives a grant, contract, or cooperative agreement under this section shall annually submit to the Assistant Secretary a report that includes data to evaluate the success of the program carried out by the entity based on whether such program is achieving the purposes of the program. Such reports shall utilize the measures of outcomes under paragraph (2) in a reasonable manner to demonstrate the progress of the program in achieving such purposes.

(4) *EVALUATION BY ASSISTANT SECRETARY.*—Based on the data submitted under paragraph (3), the Assistant Secretary shall annually submit to Congress a report concerning the results and effectiveness of the programs carried out with assistance received under this section.

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

(g) *INFORMATION AND EDUCATION.*—The Secretary shall disseminate best practices based on the findings of the knowledge development and application under this section.

(h) *AMOUNT OF GRANTS AND AUTHORIZATION OF APPROPRIATIONS.*—

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

(2) *AUTHORIZATION OF APPROPRIATIONS.*—*There is authorized to be appropriated to carry out this section, \$130,000,000 for each of fiscal years 2021 through 2024.*

* * * * *

PART [G] J—SERVICES PROVIDED THROUGH RELIGIOUS ORGANIZATIONS

SEC. [581.] 596. APPLICABILITY TO DESIGNATED PROGRAMS.

(a) **DESIGNATED PROGRAMS.**—Subject to subsection (b), this part applies to discretionary and formula grant programs administered by the Substance Abuse and Mental Health Services Administration that make awards of financial assistance to public or private entities for the purpose of carrying out activities to prevent or treat substance abuse (in this part referred to as a “designated program”). Designated programs include the program under subpart II of part B of title XIX (relating to formula grants to the States).

(b) **LIMITATION.**—This part does not apply to any award of financial assistance under a designated program for a purpose other than the purpose specified in subsection (a).

(c) **DEFINITIONS.**—For purposes of this part (and subject to subsection (b)):

(1) The term “designated program” has the meaning given such term in subsection (a).

(2) The term “financial assistance” means a grant, cooperative agreement, or contract.

(3) The term “program beneficiary” means an individual who receives program services.

(4) The term “program participant” means a public or private entity that has received financial assistance under a designated program.

(5) The term “program services” means treatment for substance abuse, or preventive services regarding such abuse, provided pursuant to an award of financial assistance under a designated program.

(6) The term “religious organization” means a nonprofit religious organization.

SEC. [582.] 596A. RELIGIOUS ORGANIZATIONS AS PROGRAM PARTICIPANTS.

(a) **IN GENERAL.**—Notwithstanding any other provision of law, a religious organization, on the same basis as any other nonprofit private provider—

(1) may receive financial assistance under a designated program; and

(2) may be a provider of services under a designated program.

(b) **RELIGIOUS ORGANIZATIONS.**—The purpose of this section is to allow religious organizations to be program participants on the same basis as any other nonprofit private provider without impairing the religious character of such organizations, and without diminishing the religious freedom of program beneficiaries.

(c) **NONDISCRIMINATION AGAINST RELIGIOUS ORGANIZATIONS.**—

(1) **ELIGIBILITY AS PROGRAM PARTICIPANTS.**—Religious organizations are eligible to be program participants on the same basis as any other nonprofit private organization as long as the

programs are implemented consistent with the Establishment Clause and Free Exercise Clause of the First Amendment to the United States Constitution. Nothing in this Act shall be construed to restrict the ability of the Federal Government, or a State or local government receiving funds under such programs, to apply to religious organizations the same eligibility conditions in designated programs as are applied to any other nonprofit private organization.

(2) NONDISCRIMINATION.—Neither the Federal Government nor a State or local government receiving funds under designated programs shall discriminate against an organization that is or applies to be a program participant on the basis that the organization has a religious character.

(d) RELIGIOUS CHARACTER AND FREEDOM.—

(1) RELIGIOUS ORGANIZATIONS.—Except as provided in this section, any religious organization that is a program participant shall retain its independence from Federal, State, and local government, including such organization's control over the definition, development, practice, and expression of its religious beliefs.

(2) ADDITIONAL SAFEGUARDS.—Neither the Federal Government nor a State shall require a religious organization to—

(A) alter its form of internal governance; or

(B) remove religious art, icons, scripture, or other symbols,

in order to be a program participant.

(e) EMPLOYMENT PRACTICES.—Nothing in this section shall be construed to modify or affect the provisions of any other Federal or State law or regulation that relates to discrimination in employment. A religious organization's exemption provided under section 702 of the Civil Rights Act of 1964 regarding employment practices shall not be affected by its participation in, or receipt of funds from, a designated program.

(f) RIGHTS OF PROGRAM BENEFICIARIES.—

(1) IN GENERAL.—If an individual who is a program beneficiary or a prospective program beneficiary objects to the religious character of a program participant, within a reasonable period of time after the date of such objection such program participant shall refer such individual to, and the appropriate Federal, State, or local government that administers a designated program or is a program participant shall provide to such individual (if otherwise eligible for such services), program services that—

(A) are from an alternative provider that is accessible to, and has the capacity to provide such services to, such individual; and

(B) have a value that is not less than the value of the services that the individual would have received from the program participant to which the individual had such objection.

Upon referring a program beneficiary to an alternative provider, the program participant shall notify the appropriate Federal, State, or local government agency that administers the program of such referral.

(2) NOTICES.—Program participants, public agencies that refer individuals to designated programs, and the appropriate Federal, State, or local governments that administer designated programs or are program participants shall ensure that notice is provided to program beneficiaries or prospective program beneficiaries of their rights under this section.

(3) ADDITIONAL REQUIREMENTS.—A program participant making a referral pursuant to paragraph (1) shall—

(A) prior to making such referral, consider any list that the State or local government makes available of entities in the geographic area that provide program services; and

(B) ensure that the individual makes contact with the alternative provider to which the individual is referred.

(4) NONDISCRIMINATION.—A religious organization that is a program participant shall not in providing program services or engaging in outreach activities under designated programs discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

(g) FISCAL ACCOUNTABILITY.—

(1) IN GENERAL.—Except as provided in paragraph (2), any religious organization that is a program participant shall be subject to the same regulations as other recipients of awards of Federal financial assistance to account, in accordance with generally accepted auditing principles, for the use of the funds provided under such awards.

(2) LIMITED AUDIT.—With respect to the award involved, a religious organization that is a program participant shall segregate Federal amounts provided under award into a separate account from non-Federal funds. Only the award funds shall be subject to audit by the government.

(h) COMPLIANCE.—With respect to compliance with this section by an agency, a religious organization may obtain judicial review of agency action in accordance with chapter 7 of title 5, United States Code.

SEC. [583.] 596B. LIMITATIONS ON USE OF FUNDS FOR CERTAIN PURPOSES.

No funds provided under a designated program shall be expended for sectarian worship, instruction, or proselytization.

SEC. [584.] 596C. EDUCATIONAL REQUIREMENTS FOR PERSONNEL IN DRUG TREATMENT PROGRAMS.

(a) FINDINGS.—The Congress finds that—

(1) establishing unduly rigid or uniform educational qualification for counselors and other personnel in drug treatment programs may undermine the effectiveness of such programs; and

(2) such educational requirements for counselors and other personnel may hinder or prevent the provision of needed drug treatment services.

(b) NONDISCRIMINATION.—In determining whether personnel of a program participant that has a record of successful drug treatment for the preceding three years have satisfied State or local requirements for education and training, a State or local government shall not discriminate against education and training provided to such personnel by a religious organization, so long as such education and training includes basic content substantially equivalent to the

content provided by nonreligious organizations that the State or local government would credit for purposes of determining whether the relevant requirements have been satisfied.

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