

106TH CONGRESS
1ST SESSION

H. R. 3455

To amend the Public Health Service Act with respect to mental health services for children, adolescents and their families.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 18, 1999

Ms. JACKSON-LEE of Texas (for herself, Ms. MILLENDER-McDONALD, Ms. KILPATRICK, Ms. LEE, Ms. SCHAKOWSKY, Mr. GREEN of Texas, Mr. McDERMOTT, Mr. EDWARDS, Mr. PALLONE, Mr. KUCINICH, Mrs. MINK of Hawaii, Mr. RANGEL, Mr. BARRETT of Wisconsin, Mr. SAWYER, Mr. MENENDEZ, Mr. PASTOR, Mr. CRAMER, Mrs. MEEK of Florida, Ms. BROWN of Florida, Mr. DAVIS of Illinois, Mr. CLYBURN, Mr. TOWNS, Mrs. NAPOLITANO, Ms. PELOSI, Mr. FARR of California, Mr. CUMMINGS, Mr. UDALL of Colorado, Mr. FORD, Mr. MARTINEZ, Mr. FORBES, Mr. RODRIQUEZ, Mr. JEFFERSON, Mr. GONZALEZ, Mr. FATTAH, Mr. LARSON, Mr. OWENS, Mr. BALDACCI, Mr. PASCRELL, Mr. WEYGAND, Mr. BACA, Mr. MEEKS of New York, Mr. BAIRD, Mr. STRICKLAND, and Mr. LAMPSON) introduced the following bill; which was referred to the Committee on Commerce

A BILL

To amend the Public Health Service Act with respect to mental health services for children, adolescents and their families.

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 “Give a Kid a Chance
3 Omnibus Mental Health Services Act of 1999”.

4 **SEC. 2. FINDINGS.**

5 The Congress finds as follows:

6 (1) At least one in five children and adolescents
7 has a diagnosable mental, emotional, or behavioral
8 problem that can lead to school failure, alcohol or
9 other drug use, violence, or suicide. Mental disorders
10 that begin early in life have a strong effect on future
11 educational success. Adolescent emotional problems
12 may increase the likelihood of risk-taking behaviors,
13 including gun violence, drug abuse, reckless driving,
14 and early sexual activity.

15 (2) From a public health promotion/disease pre-
16 vention perspective, it is noteworthy that children
17 and adolescents with mental illnesses often don’t be-
18 come substance abusers until 5 to 10 years after the
19 mental illness becomes apparent. This creates a win-
20 dow of opportunity during which time it may be pos-
21 sible to prevent substance abuse from occurring in
22 these children.

23 (3) The interaction of multiple factors has in-
24 creased the overall number of children suffering
25 from psychological, emotional and behavioral dis-
26 orders. Children as a group suffer from poverty at

1 a higher rate than all other age groups. More than
2 one in three children are raised in single-parent
3 households. Children over the age of 10 years are
4 frequently caring for themselves after school and
5 sometimes into the evening before their parents or
6 other caregivers arrive. These factors create greater
7 problems with children's emotional development.

8 (4) The combination of witnessing and experi-
9 encing traumatic events, poverty, alienation, and
10 multiple environmental and family factors including
11 abuse and neglect, creates greater psychological ne-
12 glect and social isolation, further contributing to
13 various mental health problems. The combination of
14 these factors in an emotionally unhealthy climate
15 combined with the availability of firearms can
16 produce deadly results.

17 (5) In many urban, poor and predominantly mi-
18 nority communities, young children are chronically
19 exposed to serious violent crime during their forma-
20 tive years. It is the recent school violence in subur-
21 ban and rural communities that has increased
22 awareness about the prevalence of violence in the
23 lives of America's children. Increasingly, in the
24 home, community and at school, children are af-

1 fected by or involved in theft, vandalism, bullying,
2 intimidation, intolerance, and disruption.

3 (6) While the above behaviors are symptomatic
4 of mental health problems requiring service interven-
5 tions, most children with mental health problems are
6 not violent to others. They are more likely than their
7 peers to be the recipients of intimidation and vio-
8 lence, and are the largest, most neglected group of
9 children suffering from serious illness or disability.

10 (7) Only one in five children with a serious
11 emotional disturbance receive mental health specialty
12 services, although twice as many such children re-
13 ceive some form of mental health intervention. Thus,
14 about 75 to 80 percent fail to receive specialty serv-
15 ices, and the majority of these children fail to re-
16 ceive any services at all.

17 (8) Mental health is indispensable to personal
18 well-being, family and interpersonal relationships,
19 and contribution to community or society. From
20 early childhood until death, mental health is the
21 basis for thinking and communication skills, learn-
22 ing, emotional growth, resilience, and self-esteem.

23 (9) Mental, emotional, and behavioral disorders
24 lead to irregular school attendance, difficulty with

1 concentration, focus, and motivation to learn basic
2 academic fundamentals.

3 (10) Prevention programs, early intervention,
4 help from the faith-based community, and mental
5 health services in the family, school, and community
6 setting have proven successful and cost-effective
7 using both school and community resources for re-
8 ducing the neglected tragedy of mental, emotional
9 and behavioral problems among youth.

10 (11) Mental health services personnel can pro-
11 vide consultation with teachers to improve classroom
12 environment and provide guidance around specific
13 children. Consulting with parents, they enable teach-
14 ers and families to work together, increasing the
15 family's involvement in their child's academic per-
16 formance and psychosocial development.

17 (12) The lack of mental health services in
18 schools and communities where the greatest need ex-
19 ists has resulted in a disproportionate increase in
20 children dropping out of school, becoming involved in
21 delinquent activity, and becoming part of the juve-
22 nile and adult criminal justice systems. In fact, be-
23 cause of the lack of intervention and mental health
24 services, more children are being certified to be tried
25 as adults and are being subjected to incarceration in

1 the juvenile or adult criminal justice systems. These
2 issues impact especially minority populations and
3 those living in poverty.

4 (13) Little effort has previously been directed
5 toward promoting the development of mental health,
6 recognizing signs of early problems and providing
7 early intervention to ameliorate these problems.

8 **SEC. 3. MENTAL HEALTH SERVICES FOR CHILDREN, ADO-**
9 **LESCENTS AND THEIR FAMILIES.**

10 Title V of the Public Health Service Act (42 U.S.C.
11 290aa et seq.) is amended by inserting after section 520B
12 the following section:

13 **“SEC. 520C. MENTAL HEALTH SERVICES FOR CHILDREN,**
14 **ADOLESCENTS AND THEIR FAMILIES.**

15 “(a) IN GENERAL.—In cooperation with the Sec-
16 retary of Education, the Secretary of Health and Human
17 Services shall support either directly or through grants,
18 contracts or cooperative agreements with public entities
19 programs to promote mental health among all children,
20 from birth through adolescence, and their families and to
21 provide early intervention services to ameliorate identified
22 mental health problems in children and adolescents.

23 “(b) EQUITABLE DISTRIBUTION OF GRANTS.—The
24 Secretary shall provide for an equitable distribution of

1 grants by region, to include urban, suburban and rural
2 regions, including Native American communities.

3 “(c) PRIORITY.—The Secretary shall give priority to
4 those applicants who—

5 “(1) provide a comprehensive, community-
6 based, culturally competent and developmentally ap-
7 propriate prevention and early intervention program
8 that provides for the identification of early mental
9 health problems and promotes the mental health and
10 enhances the resiliency of children from birth
11 through adolescence and their families;

12 “(2) incorporate families, schools and commu-
13 nities in an integral role in the program;

14 “(3) coordinate behavioral health care services,
15 interventions, and supports in traditional and non-
16 traditional settings and provides a continuum of care
17 for children from birth through adolescence and
18 their families;

19 “(4) provide public health education to improve
20 the public’s understanding of healthy emotional de-
21 velopment;

22 “(5) provide training, technical assistance, con-
23 sultation, and support for community service pro-
24 viders, school personnel, families and children to

1 promote healthy emotional development and enhance
2 resiliency in children from birth through adolescence;

3 “(6) increase the resources available to such
4 programs and provide for their sustainability by re-
5 quiring a commitment on the part of local commu-
6 nities in which the programs provide services;

7 “(7) provide for the evaluation of programs op-
8 erating under this section to ensure that they are
9 providing intended services in an efficient and effec-
10 tive manner; and

11 “(8) provide school-based mental health assess-
12 ment and treatment services conducted by a mental
13 health professional (who may be a school counselor,
14 school nurse, school psychologist, clinical psycholo-
15 gist, or school social worker) in public elementary or
16 secondary schools.

17 “(d) MATCHING REQUIREMENT.—A condition for an
18 award under subsection (a) is that the entity involved
19 agree that the entity will, with respect to the costs to be
20 incurred by the entity in carrying out the purpose de-
21 scribed in such subsection, make available (directly or
22 through donations from public or private entities) non-
23 Federal contributions toward such costs in an amount that
24 is not less than \$2 for each \$3 of Federal funds provided
25 in the award.

1 “(e) DURATIONS OF GRANTS.—With respect to an
2 award under subsection (a), the period during which pay-
3 ments under such award are made to the recipient may
4 not exceed 5 years.

5 “(f) EVALUATION.—The Secretary shall ensure that
6 entities receiving awards under subsection (a) carry out
7 an evaluation of the project which will include the effec-
8 tiveness of program strategies, and short, intermediate,
9 and long-term outcomes including the program’s overall
10 impact on strengthening families with young children and
11 creating environments in home, school, and community
12 settings that promote healthy emotional development and
13 reduce incipient mental health and substance abuse prob-
14 lems. Local educational agencies receiving such grants
15 shall ensure that the schools receiving these funds main-
16 tain an average ratio of one certified or licensed—

17 “(1) school counselor for every 250 students;

18 “(2) school nurse for every 700 students;

19 “(3) school psychologist for every 1000 stu-
20 dents; and

21 “(4) school social worker for every 800 stu-
22 dents.

23 “(g) DEFINITIONS.—For purposes of this section:

24 “(1) The term ‘mental health’ means a state of
25 successful performance of mental function, resulting

1 in productive activities, fulfilling relationships with
2 other people, and the ability to adapt to change and
3 cope with adversity.

4 “(2) The term ‘mental illness’ refers to all
5 diagnosable mental disorders (health conditions
6 characterized by alterations in thinking, mood, or
7 behavior or some combination thereof) associated
8 with distress or impaired functioning or both.

9 “(3) The term ‘mental health problems’ refers
10 to symptoms of insufficient intensity or duration to
11 meet the criteria for any mental disorder.

12 “(4)(A) The term ‘mental health professionals’
13 refers to qualified counselors, nurses, psychologists,
14 and social workers.

15 “(B) The terms ‘school counselor’, ‘school
16 nurse’, ‘school psychologist’, and ‘school social work-
17 er’ mean an individual who possesses licensure or
18 certification in the State involved, and who meets
19 professional standards for practice in schools and re-
20 lated settings, as a school counselor, school nurse,
21 school psychologist, or school social worker, respec-
22 tively.

23 “(5) The term ‘public entity’ means any State,
24 any political subdivision of a State, including any
25 local educational agency, and any Indian tribe or

1 tribal organization (as defined in section 4(b) and
2 section 4(c) of the Indian Self-Determination and
3 Education Assistance Act).

4 “(h) AUTHORIZATION OF APPROPRIATION.—There
5 are authorized to be appropriated to carry out this section
6 \$100,000,000 for fiscal year 2000 and such sums as are
7 necessary for fiscal years 2001 and 2002. These funds are
8 authorized to be used to carry out the provision of this
9 section and cannot be utilized to supplement or supplant
10 funding provided for other mental health services pro-
11 grams.”.

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