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107TH CONGRESS
2D SESSION

H. R. 5613

To establish a demonstration project to implement evidence-based preventive-screening methods to detect mental illness and suicidal tendencies in school-age youth at selected facilities.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 10, 2002

Ms. DELAURO introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To establish a demonstration project to implement evidence-based preventive-screening methods to detect mental illness and suicidal tendencies in school-age youth at selected facilities.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Children's Mental Health Screening and Prevention Act of 2002''.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Over the past 20 years, advances in scientific research have changed the way of thinking about children's mental health and proven that the same mental disorders that afflict adults can also occur in children and adolescents.

(2) In January 2001, the Report of the Surgeon General's Conference on Children's Mental Health noted that 74 percent of individuals age 21 with mental disorders had prior problems, indicating that children's mental disorders often persist into adulthood.

(3) Scientific research has demonstrated that early identification and treatment of mental disorders in youth greatly improves a child or adolescent's prognosis throughout his or her lifetime.

(4) In January 2001, the Surgeon General noted that, while 1 in 10 children and adolescents in the United States suffers from mental illness severe enough to cause some level of impairment, only 1 in 5 of such children and adolescents receives needed mental health treatment.

(5) In September 2002, the National Council on Disability noted that between 60 and 70 percent of youth in the juvenile justice system have an emo-

tional disturbance and almost 50 percent have co-occurring disabilities.

(6) The World Health Organization has reported that youth neuropsychiatric disorders will rise by over 50 percent by 2020, making such disorders 1 of the top 5 causes of disability, morbidity, and mortality among children and adolescents.

(7) Psychological autopsy studies have found that 90 percent of youths who end their own lives have depression or another diagnosable mental or substance abuse disorder at the time of their deaths, verifying a link between mental illness and suicide.

(8) In 1999, the Surgeon General recognized that mental illness and substance abuse disorders are, in fact, the greatest risk factors for suicidal behavior, and that properly identifying and treating mental illness and substance abuse disorders are an important part of suicide prevention activities.

(9) The National Council on Disability has also stated that ''the failure to identify and treat mental disabilities between children and youth has serious consequences, including school failure, involvement with the justice system and other tragic outcomes,'' including ''the growing problem of teen suicides and/or suicide attempts''.

(10) The Centers for Disease Control and Prevention reported that in 2000 suicide was the 3rd leading cause of death among youth 15 to 24 years of age.

(11) The Substance Abuse and Mental Health Services Administration reported that in 1999 almost 3,000,000 youth were at risk for suicide, but only 36 percent received mental health treatment.

(12) According to the Youth Risk Behavior Surveillance System of the Centers for Disease Control and Prevention, among high school students surveyed in 2001, 19 percent had seriously considered attempting suicide, almost 15 percent had made a specific plan to attempt suicide, almost 9 percent had attempted suicide, and almost 3 percent had made an attempt at suicide that required medical attention.

(13) The Centers for Disease Control and Prevention reported that each year in the United States, almost as many adolescents and young adults commit suicide as die from all natural causes combined, including leukemia, birth defects, pneumonia, influenza, and AIDS.

(14) In January 2001, the Surgeon General issued a goal to ''improve the assessment of and rec-

ognition of mental health needs in children'' in part by encouraging ''early identification of mental health needs in existing preschool, child care, education, health, welfare, juvenile justice, and substance abuse treatment systems''.

(15) Toward that end, the efforts, initiatives, and activities of the Federal Government should be used to support evidence-based preventive-screening methods to detect mental illness and suicidal tendencies in school-age youth.

SEC. 3. MENTAL HEALTH SCREENING DEMONSTRATION PROJECT.

(a) IN GENERAL.—The Secretary of Health and Human Services, the Secretary of Education, and the Attorney General, acting jointly and in consultation with the Directors (as that term is defined in subsection (j)), shall make a grant to 1 demonstration facility in each of the 10 demonstration areas (designated under subsection (b)) to implement evidence-based preventive-screening methods to detect mental illness and suicidal tendencies in school-age youth.

(b) DESIGNATION OF DEMONSTRATION AREAS.—

(1) DESIGNATION.—Not later than 6 months after the date of enactment of this Act, the Secretaries, in consultation with the Directors, shall des-

ignate 10 demonstration areas for purposes of making grants under this section.

(2) INCLUSION OF CERTAIN AREAS.—The Secretaries shall include in the demonstration areas designated under paragraph (1) at least 1 of each of the following:

(A) An urban area that is eligible for designation under section 332 of the Public Health Service Act (42 U.S.C. 254e) as a health professional shortage area.

(B) An area that has a shortage of mental health professionals.

(C) An area in a county that is not included in any standard metropolitan statistical area.

(D) An area in a county that is included in a standard metropolitan statistical area.

(E) An area that is located in an Indian reservation.

(c) PERIOD OF GRANTS.—Each grant made under subsection (a) shall be for a period of 3 years.

(d) APPLICATION REQUIREMENTS.—

(1) IN GENERAL.—To seek a grant under this section, a demonstration facility shall submit an ap-

plication at such time and in such manner as the Secretaries reasonably require.

(2) CONTENTS.—An application submitted by a demonstration facility for a grant under subsection (a) shall—

(A) demonstrate that the facility has formed a multidisciplinary project implementation committee;

(B) specify an evidence-based preventive-screening method to be implemented with the grant;

(C) demonstrate that the facility has the means to obtain the necessary resources and tools, other than personnel, to implement the specified evidence-based preventive-screening method;

(D) demonstrate that the facility has existing staff, will hire new staff, or will partner with staff from a local, licensed mental health or medical organization to conduct the specified evidence-based screening method, and that such staff will include at least 1 licensed mental health professional with a minimum of a master's degree in a mental health discipline;

(E) identify the location (which need not be at the facility) where the specified evidence-based preventive-screening method will be implemented;

(F) demonstrate that the facility has obtained full approval to screen at such location;

(G) identify the sample of school-age youth to be screened with the specified evidence-based preventive-screening method;

(H) identify a method for obtaining written consent from the parent or legal guardian of any minor taking part in the specified evidence-based preventive-screening method;

(I) identify, for the purpose of determining the ability of the facility to case manage treatment for participating youth, the capacity of licensed individuals or entities offering mental health care (including any such mental health professionals, hospitals, residential treatment centers, and outpatient clinics) to accept referral of individuals for further mental health evaluation and treatment—

(i) within 10 miles of the location identified under subparagraph (E); and

(ii) within 40 miles of such location; and

(J) contain such other information as the Secretaries reasonably require.

(e) INFORMATION COLLECTION.—The Secretaries may not make a grant to an applicant under subsection (a) for a demonstration project unless the applicant agrees to collect the following:

(1) Information on the demographics of youth participating in the project, including—

(A) the number of youth solicited to participate in the project, including the number of such youth disaggregated by age, gender, and ethnicity; and

(B) the number of youth actually participating in the project, including the number of such youth disaggregated by age, gender, and ethnicity.

(2) Information on the outcomes of evidence-based preventive-screening methods, including—

(A) the number of screening refusals, due to lack of consent by a parent or legal guardian or refusal of the youth;

(B) the number of youth with positive outcomes for all mental illnesses, including such number disaggregated by disorder;

(C) the number of youth with positive outcomes for suicidal ideation; and

(D) the number of youth with positive outcomes for suicide attempts.

(3) Information on referrals based on outcomes, including—

(A) the number of youth referred for clinical interviews to determine need for further evaluation or treatment;

(B) the number of youth referred for further evaluation or treatment, including such number disaggregated by type and location of treatment;

(C) the number of youth and their parents or legal guardians who accept referrals for further evaluation or treatment; and

(D) the number of youth and their parents or legal guardians who refuse referrals for further evaluation or treatment.

(4) Information on treatment based on referrals, including—

(A) the number of referred youth who accepted a referral but did not show up for the first evaluation or treatment appointment;

(B) the number of referred youth who attended 1 appointment;

(C) the number of referred youth who attended 2 to 5 appointments;

(D) the number of referred youth who attended 6 to 10 appointments; and

(E) the number of referred youth who attended more than 10 appointments.

(5) To the extent practicable, information on suicide attempts, suicide rates, and access to evidence-based mental health screening and suicide prevention programs among school-age youth for the 3 years preceding the commencement of the project.

(6) Such additional information as the Secretaries reasonably require.

(f) INFORMATION REPORTING.—The Secretaries may not make a grant to an applicant under subsection (a) for a demonstration project unless the applicant agrees to report information collected under subsection (e) to the Secretaries as follows:

(1) Information collected under paragraphs (1), (2), (3), (4), and (6) of subsection (e) shall be reported—

(A) not later than the date that is 2 months after completion of the 1st year of the project;

(B) not later than the date that is 2 months after completion of the 2nd year of the project; and

(C) not later than the date that is 2 months after completion of the 3rd year of the project.

(2) Any information collected under paragraph (5) of subsection (e) shall be reported not later than the date that is 6 months after commencement of the demonstration project.

(g) FEASIBILITY OF COLLECTING INFORMATION ON PRECEDING YEARS.—In making grants under subsection (a), the Secretaries may not discriminate against an applicant because it will not be practicable, owing to insufficient funds or otherwise, for the applicant to collect information under subsection (e)(5).

(h) ADVISORY PANEL.—

(1) ESTABLISHMENT.—Not later than 14 months after making the first grant under sub-

section (a), the Secretaries shall convene an advisory panel.

(2) DUTIES.—The advisory panel shall—

(A) assist in the review and evaluation of the information collected and reported pursuant to subsections (e) and (f), respectively; and

(B) submit recommendations to each of the Secretaries on the use or improvement of evidence-based preventive-screening methods to detect mental illness and suicidal tendencies in school-age youth.

(3) MEMBERSHIP.—The advisory panel shall consist of not more than 20 members, and the members shall represent the following:

(A) National or local organizations representing for-profit and nonprofit mental health care treatment facilities.

(B) National or local organizations representing mental health care professionals.

(C) National or local organizations representing mental health care consumers.

(D) National or local organizations representing school-based mental health care professionals.

(E) National or local organizations dedicated to school-based health care.

(F) National or local organizations representing school administrators.

(G) National or local organizations representing school boards and school board members.

(H) National or local organizations representing juvenile justice professionals.

(I) National or local organizations dedicated to juvenile justice.

(J) National or local organizations representing foster care professionals.

(K) National or local organizations dedicated to foster care.

(L) National or local organizations dedicated to child welfare.

(M) Accredited child and adolescent psychiatric programs at national medical colleges and universities.

(N) Any other entities or individuals that the Secretaries deem appropriate.

(i) REPORT.—Not later than 6 months after the end of the 3-year grant period for the last grant made under subsection (a), the Secretaries, in consultation with the

Directors and the advisory panel, shall submit to the Congress a report on the grants made under this section. Such report shall be based on the information collected and reported under subsections (e) and (f), respectively, and shall include the evaluation and recommendations of the advisory panel.

(j) DEFINITIONS.—In this section:

(1) ADVISORY PANEL.—The term ''advisory panel'' means the advisory panel convened under subsection (h).

(2) DEMONSTRATION FACILITY.—The term ''demonstration facility'' means a facility that serves at-risk youth or performs outreach to school-age youth, including any elementary school, secondary school, school-based health center, juvenile justice facility, foster care setting, homeless shelter, youth drop-in center, youth outreach organization, or youth residential treatment center.

(3) DIRECTORS.—The term ''Directors'' means the Administrator of the Health Resources and Services Administration, the Administrator of the Substance Abuse and Mental Health Services Administration, the Director of the Centers for Disease Control and Prevention, the Director of the Indian

Health Service, and the Director of the National Institute of Mental Health.

(4) ELEMENTARY SCHOOL; SECONDARY SCHOOL.—The terms ''elementary school'' and ''secondary school'' have the meanings given those terms in section 9101 of the Elementary and Secondary Education Act (20 U.S.C. 7801).

(5) EVIDENCE-BASED PREVENTIVE-SCREENING METHOD.—The term ''evidence-based preventive-screening method'' means a preventive-screening method that has been shown to be valid and effective through research that is conducted by independent scientific teams, is determined by well-regarded scientists to be of high quality, and meets the quality standards for publication in scientific peer-reviewed journals.

(6) SCHOOL-AGE YOUTH.—The term ''school-age youth'' means an individual who is 6 to 18 years of age, or who is enrolled in any elementary school or secondary school.

(7) SECRETARIES.—The term ''Secretaries'' means the Secretary of Health and Human Services, the Secretary of Education, and the Attorney General, acting jointly.

(k) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretaries to carry out this section $3,000,000 for each of fiscal years 2004 through 2006, and such sums as may be necessary thereafter, to remain available until expended.

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