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108TH CONGRESS
2D SESSION

H. R. 4799

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.

IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2004

Mr. GORDON (for himself, Mr. DAVIS of Illinois, Mr. OSBORNE, Mr. WALDEN of Oregon, Mr. DUNCAN, and Mr. STUPAK) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

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.

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 ''Garrett Lee Smith Memorial Act''.

SEC. 2. FINDINGS.

Congress makes the following findings:

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

(2) Over 4,000 children and young adults tragically take their lives every year, making suicide the third overall cause of death between the ages of 10 and 24. According to the Centers for Disease Control and Prevention suicide is the third overall cause of death among college-age students.

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

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

(5) From 1980 to 1997, the rate of suicide among young adults ages 15 to 19 increased 11 percent.

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

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

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

(8) Congress has recognized that youth suicide is a public health tragedy linked to underlying mental health problems and that youth suicide early intervention and prevention activities are national priorities.

(9) Youth suicide early intervention and prevention have been listed as urgent public health priorities by the President's New Freedom Commission in Mental Health (2002), the Institute of Medicine's Reducing Suicide: A National Imperative (2002), the National Strategy for Suicide Prevention: Goals and Objectives for Action (2001), and the Surgeon General's Call to Action To Prevent Suicide (1999).

(10) Many States have already developed comprehensive Statewide youth suicide early intervention and prevention strategies that seek to provide effective early intervention and prevention services.

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

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

(12) There is clear evidence of an increased incidence of depression among college students. According to a survey described in the Chronicle of Higher Education (February 1, 2002), depression among freshmen has nearly doubled (from 8.2 percent to 16.3 percent). Without treatment, researchers recently noted that ''depressed adolescents are at risk for school failure, social isolation, promiscuity, self medication with drugs and alcohol, and suicide—now the third leading cause of death among 10–24 year olds.''.

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

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

(15) The 2001 National Household Survey on Drug Abuse also reported that 18.4 percent of adults aged 18 to 24 are dependent on or abusing illicit drugs or alcohol. In addition, the study found that ''serious mental illness is highly correlated with substance dependence or abuse. Among adults with serious mental illness in 2001, 20.3 percent were dependent on or abused alcohol or illicit drugs, while the rate among adults without serious mental illness was only 6.3 percent.''.

(16) A 2003 Gallagher's Survey of Counseling Center Directors found that 81 percent were concerned about the increasing number of students with more serious psychological problems, 67 percent reported a need for more psychiatric services, and 63 percent reported problems with growing demand for services without an appropriate increase in resources.

(17) The International Association of Counseling Services accreditation standards recommend 1 counselor per 1,000 to 1,500 students. According to the 2003 Gallagher's Survey of Counseling Center Directors, the ratio of counselors to students is as high as 1 counselor per 2,400 students at institu-

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

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

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

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

(A) in the section heading by striking ''**CHILDREN AND ADOLESCENTS**'' and inserting ''**YOUTH**'' ;

(B) by striking subsection (a) and inserting the following:

''(a) IN GENERAL.—The Secretary shall award grants or cooperative agreements to public organizations, private nonprofit organizations, political subdivisions, and Federally recognized Indian tribes or tribal organizations to implement the State-sponsored statewide or tribal youth suicide early intervention and prevention strategy as developed under section 596A.'';

(C) in subsection (b), by striking all after ''coordinated'' and inserting ''with the Strategy for Suicide Prevention Federal Steering Group and the suicide prevention resource center provided for under section 596B.'';

(D) in subsection (c)—

(i) in the matter preceding paragraph (1), by striking ''A State'' and all that follows through ''desiring'' and inserting ''A public organization, private nonprofit organization, political subdivision, and Federally recognized Indian tribes or tribal organization desiring'';

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

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

''(1) comply with the State-sponsored statewide early intervention and prevention strategy as developed under section 596A;'';

(iv) in paragraph (2) (as so redesignated), by striking ''children and adolescents'' and inserting ''youth'';

(v) in paragraph (3) (as so redesignated), by striking ''best evidence-based,'';

(vi) in paragraph (4) (as so redesignated), by striking ''primary'' and all that follows and inserting ''general, mental, and behavioral health services, and substance abuse services;'';

(vii) in paragraph (5) (as so redesignated), by striking ''children and'' and all that follows and inserting ''youth including the school systems, educational institutions, juvenile justice system, substance abuse programs, mental health programs, foster care systems, and community child and youth support organizations;'';

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

''(8) offer access to services and care to youth with diverse linguistic and cultural backgrounds;''; and

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

''(9) conduct annual self-evaluations of outcomes and activities, including consulting with interested families and advocacy organizations;'';

(E) by striking subsection (d) and inserting the following:

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

scribed in this section. Applicants shall provide financial information to demonstrate compliance with this section.'';

(F) in subsection (e)—

(i) by striking ''contract,''; and

(ii) by inserting after ''Secretary that the'' the following: ''application complies with the State-sponsored statewide early intervention and prevention strategy as developed under section 596A and'';

(G) in subsection (f), by striking ''contracts,'';

(H) in subsection (g)—

(i) by striking ''A State'' and all that follows through ''organization receiving'' and inserting ''A public organization, private nonprofit organization, political subdivision, and Federally recognized Indian tribes or tribal organization receiving''; and

(ii) by striking ''contract,'' each place that such appears;

(I) in subsection (h), by striking ''contracts,'';

(J) in subsection (i)—

(i) by striking ''A State'' and all that follows through ''organization receiving'' and inserting ''A public organization, private nonprofit organization, political subdivision, and Federally recognized Indian tribes or tribal organization receiving''; and

(ii) by striking ''contract,'';

(K) in subsection (k), by striking ''5 years'' and inserting ''3 years'';

(L) in subsection (l)(2), by striking ''21'' and inserting ''24''; and

(M) in subsection (m)—

(i) by striking ''Appropriation.—'' and all that follows through ''For'' in paragraph (1) and inserting ''Appropriation.—For''; and

(ii) by striking paragraph (2);

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

''PART J—SUICIDE EARLY INTERVENTION AND PREVENTION'';

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

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

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

"SEC. 596A. YOUTH SUICIDE EARLY INTERVENTION AND PREVENTION STRATEGIES, TRAINING, AND TECHNICAL ASSISTANCE.

''(a) YOUTH SUICIDE EARLY INTERVENTION AND PREVENTION STRATEGIES.—

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

''(A) develop and implement State-sponsored statewide or tribal youth suicide early intervention and prevention strategies in schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations;

''(B) support public organizations and private nonprofit organizations actively involved in State-sponsored statewide or tribal youth sui-

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

''(C) collect and analyze data on State-sponsored statewide or tribal youth suicide early intervention and prevention services that can be used to monitor the effectiveness of such services and for research, technical assistance, and policy development; and

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

''(2) ELIGIBLE ENTITY.—

''(A) DEFINITION.—In this subsection, the term 'eligible entity' means—

''(i) a State;

''(ii) a public organization or private nonprofit organization designated by a State to develop or direct the State-sponsored statewide youth suicide early intervention and prevention strategy; and

"(iii) a Federally-recognized Indian tribe or tribal organization (as defined in the Indian Self-Determination and Education Assistance Act) or an urban Indian organization (as defined in the Indian Health Care Improvement Act) that is actively involved in the development and continuation of a tribal youth suicide early intervention and prevention strategy.

"(B) PREFERENCE.—In awarding grants and cooperative agreements under this section, the Secretary shall give preference to States that have rates of youth suicide that significantly exceed the national average as determined by the Centers for Disease Control and Prevention.

"(C) LIMITATION.—In carrying out this section, the Secretary shall ensure that each State is awarded only one grant or cooperative agreement under this section. For purposes of the preceding sentence, a State shall be considered to have been awarded a grant or cooperative agreement if the eligible entity involved is the State or an entity designated by the State under subparagraph (A)(ii). Nothing in this

subparagraph shall be construed to apply to entities described in subparagraph (A)(iii).

''(3) PREFERENCE.—In providing assistance under a grant or cooperative agreement under this subsection, an eligible entity shall give preference to public organizations, private nonprofit organizations, political subdivisions, and tribal organizations actively involved with the State-sponsored statewide or tribal youth suicide early intervention and prevention strategy that—

''(A) provide early intervention and assessment services, including screening programs, to youth who are at risk for mental or emotional disorders that may lead to a suicide attempt, and that are integrated with, school systems, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations;

''(B) demonstrate collaboration among early intervention and prevention services or certify that entities will engage in future collaboration;

''(C) employ or include in their applications a commitment to evaluate youth suicide

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

"(D) provide timely referrals for appropriate community-based mental health care and treatment of youth who are at risk for suicide in child-serving settings and agencies;

"(E) provide immediate support and information resources to families of youth who are at risk for suicide;

"(F) offer access to services and care to youth with diverse linguistic and cultural backgrounds;

"(G) offer appropriate post-suicide intervention services, care, and information to families, friends, schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations of youth who recently completed suicide;

"(H) offer continuous and up-to-date information and awareness campaigns that target parents, family members, child care professionals, community care providers, and the general public and highlight the risk factors associated with youth suicide and the life-saving help

and care available from early intervention and prevention services;

''(I) ensure that information and awareness campaigns on youth suicide risk factors, and early intervention and prevention services, use effective communication mechanisms that are targeted to and reach youth, families, schools, educational institutions, and youth organizations;

''(J) provide a timely response system to ensure that child-serving professionals and providers are properly trained in youth suicide early intervention and prevention strategies and that child-serving professionals and providers involved in early intervention and prevention services are properly trained in effectively identifying youth who are at risk for suicide;

''(K) provide continuous training activities for child care professionals and community care providers on the latest youth suicide early intervention and prevention services practices and strategies;

''(L) conduct annual self-evaluations of outcomes and activities, including consulting

with interested families and advocacy organizations; and

''(M) provide services in areas or regions with rates of youth suicide that exceed the national average as determined by the Centers for Disease Control and Prevention.

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

''(b) SUICIDE PREVENTION RESOURCE CENTER; TRAINING AND TECHNICAL ASSISTANCE.—

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

''(2) APPLICATION.—To be eligible for a grant or contract under paragraph (1), an entity shall prepare and submit to the Secretary an application at

such time, in such manner, and containing such information as the Secretary may require.

''(3) AUTHORIZED ACTIVITIES.—The Suicide Prevention Resource Center shall provide appropriate information, training, and technical assistance to States, political subdivisions of a State, Federally recognized Indian tribes, tribal organizations, public organizations, or private nonprofit organizations for—

''(A) the development or continuation of statewide or tribal youth suicide early intervention and prevention strategies;

''(B) ensuring the surveillance of youth suicide early intervention and prevention strategies;

''(C) studying the costs and effectiveness of statewide youth suicide early intervention and prevention strategies in order to provide information concerning relevant issues of importance to State, tribal, and national policymakers;

''(D) further identifying and understanding causes and associated risk factors for youth suicide;

''(E) analyzing the efficacy of new and existing youth suicide early intervention techniques and technology;

''(F) ensuring the surveillance of suicidal behaviors and nonfatal suicidal attempts;

''(G) studying the effectiveness of State-sponsored statewide and tribal youth suicide early intervention and prevention strategies on the overall wellness and health promotion strategies related to suicide attempts;

''(H) promoting the sharing of data regarding youth suicide with Federal agencies involved with youth suicide early intervention and prevention, and State-sponsored statewide or tribal youth suicide early intervention and prevention strategies for the purpose of identifying previously unknown mental health causes and associated risk-factors for suicide in youth; and

''(I) other activities determined appropriate by the Secretary.

''(5) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection, $3,000,000 for fiscal year 2005, $4,000,000 for fiscal year 2006, and $5,000,000 for fiscal year 2007.

''(c) COORDINATION AND COLLABORATION.—

''(1) IN GENERAL.—In carrying out this section, the Secretary shall collaborate with the National Strategy for Suicide Prevention Federal Steering Group and other Federal agencies responsible for early intervention and prevention services relating to youth suicide.

''(2) CONSULTATION.—In carrying out this section, the Secretary shall consult with—

''(A) State and local agencies, including agencies responsible for early intervention and prevention services under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), the State Children's Health Insurance Program under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.), programs funded by grants under title V of the Social Security Act (42 U.S.C. 701 et seq.), and programs under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.);

''(B) local and national organizations that serve youth at risk for suicide and their families;

''(C) relevant national medical and other health and education specialty organizations;

"(D) youth who are at risk for suicide, who have survived suicide attempts, or who are currently receiving care from early intervention services;

"(E) families and friends of youth who are at risk for suicide, who have survived suicide attempts, who are currently receiving care from early intervention and prevention services, or who have completed suicide;

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

"(G) third-party payers, managed care organizations, and related commercial industries.

"(3) POLICY DEVELOPMENT.—The Secretary shall—

"(A) coordinate and collaborate on policy development at the Federal level with the National Strategy for Suicide Prevention Federal Steering Group; and

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

sional-based organizations, with respect to State-sponsored statewide or tribal youth suicide early intervention and prevention strategies.

''(d) RULE OF CONSTRUCTION; RELIGIOUS ACCOMMODATION.—Nothing in this section shall be construed to preempt any State law, including any State law that does not require the suicide early intervention for youth whose parents or legal guardians object to such early intervention based on the parents' or legal guardians' religious beliefs.

''(e) EVALUATIONS AND REPORT.—

''(1) EVALUATIONS BY ELIGIBLE ENTITIES.—Not later than 18 months after receiving a grant or cooperative agreement under subsection (a), an eligible entity shall submit to the Secretary the results of an evaluation to be conducted by the entity concerning the effectiveness of the activities carried out under the grant or agreement.

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

''(A) the evaluations conducted under paragraph (1); and

''(B) an evaluation conducted by the Secretary to analyze the effectiveness and efficacy of the activities conducted with grants, collaborations, and consultations under this section.

''(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated $7,000,000 for fiscal year 2005, $16,000,000 for fiscal year 2006, $25,000,000 for fiscal year 2007, and such sums as may be necessary for each of fiscal years 2008 and 2009.

''SEC. 596B. MENTAL AND BEHAVIORAL HEALTH SERVICES ON CAMPUS.

''(a) PURPOSE.—It is the purpose of this section to increase access to, and enhance the range of, services for students with mental and behavioral health problems that can lead to school failure, such as depression, substance abuse, and suicide attempts, so as to ensure that college students have the support necessary to successfully complete their studies.

''(b) PROGRAM AUTHORIZED.—From funds appropriated under subsection (j), the Secretary shall award competitive grants to institutions of higher education to create or expand mental and behavioral health services to students at such institutions, to provide such services, and to develop best practices for the delivery of such services.

Such grants shall, subject to the availability of such appropriations, be for a period of 3 years.

''(c) ELIGIBLE GRANT RECIPIENTS.—Any institution of higher education that seeks to provide, or provides, mental and behavioral health services to students is eligible to apply for a grant under this section. Services may be provided at—

''(1) college counseling centers;

''(2) college and university psychological service centers;

''(3) mental health centers;

''(4) psychology training clinics; and

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

''(d) APPLICATIONS.—Each institution of higher education seeking to obtain a grant under this section shall submit an application to the Secretary. Each such application shall include—

''(1) a description of identified mental and behavioral health needs of students at the institution of higher education;

''(2) a description of currently available Federal, State, local, private, and institutional resources

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

''(3) an outline of program objectives and anticipated program outcomes, including an explanation of how the treatment provider at the institution of higher education will coordinate activities under this section with existing programs and services;

''(4) the anticipated impact of funds provided under this section in improving the mental and behavioral health of students attending the institution of higher education;

''(5) outreach strategies, including ways in which the treatment provider at the institution of higher education proposes to reach students, promote access to services, and address the range of needs of students;

''(6) a proposed plan for reaching those students most in need of services;

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

''(8) financial information concerning the applicant to demonstrate compliance with subsection (h); and

''(9) such additional information as is required by the Secretary.

''(e) PEER REVIEW OF APPLICATIONS.—The Secretary, in consultation with the Secretary of Education, shall provide the applications submitted under this section to a peer review panel for evaluation. With respect to each application, the peer review panel shall recommend the application for funding or for disapproval.

''(f) USE OF FUNDS.—Funds provided by a grant under this section may be used for 1 or more of the following activities:

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

''(2) Education of families to increase awareness of potential mental and behavioral health issues of students enrolled at the institution of higher education.

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

''(4) Evaluating and disseminating outcomes and best practices of mental and behavioral health services.

''(g) ADDITIONAL REQUIRED ELEMENTS.—Each institution of higher education that receives a grant under this section shall—

''(1) provide annual reports to the Secretary describing the use of funds, the program's objectives, and how the objectives were met, including a description of program outcomes;

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

''(A) increases in range of services provided;

''(B) increases in the quality of services provided;

''(C) increases in access to services;

''(D) college continuation rates;

''(E) decreases in college dropout rates;

''(F) increases in college graduation rates; and

''(G) accepted and valid measurements and assessments of improved mental health functionality; and

''(3) coordinate such institution's program under this section with other related efforts on campus by entities concerned with the general mental and behavioral health needs of students.

''(h) SUPPLEMENT NOT SUPPLANT.—Grant funds provided under this section shall be used to supplement, and not supplant, Federal and non-Federal funds available for carrying out the activities described in this section. Grantees shall provide financial information to demonstrate compliance with this subsection.

''(i) REQUIREMENT FOR DIRECT SERVICES AND LIMITATIONS.—

''(1) DIRECT SERVICES.—Not less than 75 percent of grant funds received under this section shall be used to provide direct services.

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

''(3) PROHIBITION ON USE FOR CONSTRUCTION OR RENOVATION.—Grant funds received under this section shall not be used for construction or renovation of facilities or buildings.

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

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

"SEC. 596C. DEFINITIONS.

"In this part:

"(1) EARLY INTERVENTION.—The term 'early intervention' means a strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition.

"(2) EDUCATIONAL INSTITUTION; INSTITUTION OF HIGHER EDUCATION; SCHOOL.—The term—

"(A) 'educational institution' means a school or institution of higher education;

"(B) 'institution of higher education' has the meaning given such term in section 101 of the Higher Education Act of 1965; and

"(C) 'school' means an elementary or secondary school (as such terms are defined in section 901 of the Elementary and Secondary Education Act of 1965).

"(3) PREVENTION.—The term 'prevention' means a strategy or approach that reduces the likelihood or risk of onset, or delays the onset, of adverse health problems.

''(4) YOUTH.—The term 'youth' means individuals who are between 6 and 24 years of age.''.

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