

110TH CONGRESS
1ST SESSION

H. R. 3430

To amend the Public Health Service Act to revise and extend projects relating to children and violence to provide access to school-based comprehensive mental health programs.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 3, 2007

Mrs. NAPOLITANO (for herself, Mr. BACA, Mr. BECERRA, Ms. BERKLEY, Mr. BERMAN, Ms. BORDALLO, Ms. CORRINE BROWN of Florida, Mrs. CAPPS, Mr. CARDOZA, Ms. CARSON, Mr. COHEN, Mr. CONYERS, Mr. CROWLEY, Mr. CUELLAR, Mr. DAVIS of Illinois, Mr. LINCOLN DAVIS of Tennessee, Mrs. DAVIS of California, Mr. ELLISON, Mr. ENGEL, Mr. FARR, Mr. FILLNER, Mr. GENE GREEN of Texas, Mr. GRIJALVA, Mr. GUTIERREZ, Mr. HASTINGS of Florida, Mr. HINOJOSA, Mr. HONDA, Ms. HOOLEY, Mr. ISRAEL, Ms. JACKSON-LEE of Texas, Mr. JACKSON of Illinois, Mr. JEFFERSON, Mrs. JONES of Ohio, Mr. KAGEN, Ms. KAPTUR, Mr. KENNEDY, Mr. LEWIS of Georgia, Mrs. LOWEY, Mrs. MALONEY of New York, Ms. MATSUI, Mr. McNULTY, Mr. MICHAUD, Mr. MITCHELL, Mr. TIM MURPHY of Pennsylvania, Mr. MURTHA, Mr. NADLER, Mr. ORTIZ, Mr. PERLMUTTER, Mr. REYES, Mr. RODRIGUEZ, Ms. ROYBAL-ALLARD, Ms. LINDA T. SÁNCHEZ of California, Ms. SCHAKOWSKY, Mr. SERRANO, Mr. SIRES, Ms. SOLIS, Mr. STARK, Ms. WATSON, Ms. WATERS, Mr. WAXMAN, Mr. WEINER, Ms. KILPATRICK, Mr. GILCHREST, Ms. MOORE of Wisconsin, and Ms. EDDIE BERNICE JOHNSON of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to revise and extend projects relating to children and violence to provide access to school-based comprehensive mental health programs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Mental Health in
5 Schools Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Approximately 1 in 5 children have a
9 diagnosable mental disorder.

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

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

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

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

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

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

21 **SEC. 3. PURPOSES.**

22 It is the purpose of this Act to—

23 (1) revise, increase funding for, and expand the
24 scope of the Safe Schools-Healthy Students program

1 in order to provide access to more comprehensive
2 school-based mental health services and supports;

3 (2) provide for comprehensive staff development
4 for school and community service personnel working
5 in the school; and

6 (3) provide for comprehensive training for chil-
7 dren with mental health disorders, for parents, sib-
8 lings, and other family members of such children,
9 and for concerned members of the community.

10 **SEC. 4. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**

11 **ACT.**

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

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

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

19 (b) **SCHOOL-BASED MENTAL HEALTH AND CHIL-**
20 **DREN AND VIOLENCE.**—Section 581 of the Public Health
21 Service Act (42 U.S.C. 290hh) is amended to read as fol-
22 lows:

1 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHIL-**
2 **DREN AND VIOLENCE.**

3 “(a) IN GENERAL.—The Secretary, in collaboration
4 with the Secretary of Education and in consultation with
5 the Attorney General, shall, directly or through grants,
6 contracts, or cooperative agreements awarded to eligible
7 entities, apply a public health approach to mental health
8 services both in schools and in the community. Such ap-
9 proach should provide comprehensive services and sup-
10 ports, be linguistically and culturally appropriate, and in-
11 corporate strategies of positive behavioral interventions
12 and supports. A comprehensive school mental health pro-
13 gram funded under this section shall assist children in
14 dealing with violence.

15 “(b) ACTIVITIES.—Under the program under sub-
16 section (a), the Secretary may—

17 “(1) provide financial support to enable local
18 communities to implement a comprehensive cul-
19 turally and linguistically appropriate school mental
20 health program that incorporates positive behavioral
21 interventions and supports to foster the health and
22 development of children;

23 “(2) provide technical assistance to local com-
24 munities with respect to the development of pro-
25 grams described in paragraph (1);

1 “(3) provide assistance to local communities in
2 the development of policies to address child and ado-
3 lescent mental health issues and violence when and
4 if it occurs;

5 “(4) facilitate community partnerships among
6 families, students, law enforcement agencies, edu-
7 cation systems, mental health and substance abuse
8 service systems, family-based mental health service
9 systems, welfare agencies, health care service sys-
10 tems, and other community-based systems; and

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

14 “(c) REQUIREMENTS.—

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

18 “(A) includes at least one local educational
19 agency;

20 “(B) may include a community program,
21 an agency that is involved in mental health, or
22 a school; and

23 “(C) may consist of a consortium in which
24 the members select an agent (such as a local

1 educational agency or community health care
2 entity) to act on behalf of the consortium.

3 “(2) APPLICATION.—To seek a grant, contract,
4 or cooperative agreement under subsection (a), an
5 entity shall submit an application that—

6 “(A) is endorsed by all members of the
7 consortium described in paragraph (1); and

8 “(B) makes the assurances described in
9 paragraph (3).

10 “(3) REQUIRED ASSURANCES.—An application
11 under paragraph (2) shall assure the following:

12 “(A) That the applicant will ensure that,
13 in carrying out activities under this section, the
14 local educational agency involved will enter into
15 a memorandum of understanding—

16 “(i) with, at a minimum, public or
17 private mental health entities, health care
18 entities, law enforcement or juvenile justice
19 entities, child welfare agencies, family-
20 based mental health entities, families and
21 family organizations, and other commu-
22 nity-based entities;

23 “(ii) with, at the option of the appli-
24 cant, media entities that may communicate
25 mental health information; and

1 “(iii) that clearly states—

2 “(I) the responsibilities of each
3 consortium member with respect to
4 the activities to be carried out;

5 “(II) how each such member will
6 be accountable for carrying out such
7 responsibilities; and

8 “(III) the amount of non-Federal
9 funding or in-kind contributions that
10 each such member will contribute in
11 order to sustain the program.

12 “(B) That the comprehensive school-based
13 mental health program carried out under this
14 section supports the flexible use of funds to ad-
15 dress—

16 “(i) the promotion of the social, emo-
17 tional, and behavioral health of all students
18 in an environment that is conducive to
19 learning;

20 “(ii) the reduction in the likelihood of
21 at risk students developing social, emo-
22 tional, or behavioral health problems;

23 “(iii) the treatment or referral for
24 treatment of students with existing social,
25 emotional, or behavioral health problems;

1 “(iv) the early identification of social,
2 emotional, or behavioral problems and the
3 provision of early intervention services; and

4 “(v) the development and implementa-
5 tion of programs to assist children in deal-
6 ing with violence.

7 “(C) That the comprehensive school-based
8 mental health program carried out under this
9 section will include comprehensive staff develop-
10 ment for school and community service per-
11 sonnel working in the school in—

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

15 “(ii) the use of referral mechanisms
16 that effectively link such children to treat-
17 ment and intervention services in the
18 school and in the community;

19 “(iii) strategies that promote a school-
20 wide positive environment;

21 “(iv) school system organization, oper-
22 ations, and functioning; and

23 “(v) models for school-based collabo-
24 ration, coordination, and consultation.

1 “(D) That the comprehensive school-based
2 mental health program carried out under this
3 section will include comprehensive training for
4 children with mental health disorders, for par-
5 ents, siblings, and other family members of
6 such children, and for concerned members of
7 the community in—

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

11 “(ii) the use of referral mechanisms
12 that effectively link such children to treat-
13 ment and intervention services in the
14 school and in the community; and

15 “(iii) strategies that promote a school-
16 wide positive environment.

17 “(E) That the comprehensive school-based
18 mental health program carried out under this
19 section will demonstrate the measures to be
20 taken to sustain the program after funding
21 under this section terminates.

22 “(F) That the consortium involved is sup-
23 ported by the State educational and mental
24 health system to ensure that the sustainability

1 of the programs is established after funding
2 under this section terminates.

3 “(G) That the comprehensive school-based
4 mental health program carried out under this
5 section will be based on evidence-based prac-
6 tices.

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

12 “(I) That the comprehensive school-based
13 mental health program carried out under this
14 section will be culturally and linguistically ap-
15 propriate.

16 “(J) That the comprehensive school-based
17 mental health program carried out under this
18 section will include a range of program sites,
19 which may include elementary schools, sec-
20 ondary schools, and related facilities and trans-
21 portation sites.

22 “(K) That the comprehensive school-based
23 mental health program carried out under this
24 section will include a broad needs assessment of
25 youth who drop out of school due to policies of

1 ‘zero tolerance’ with respect to drugs, alcohol,
2 or weapons.

3 “(L) That the comprehensive school-based
4 mental health program carried out under this
5 section will include the provision of immediate
6 services to students and staff through school-
7 employed mental health professionals, the link-
8 age of services to the learning context and out-
9 comes, support for implementation of a positive
10 behavioral interventions and supports (PBIS)
11 model, and oversight and evaluation of the serv-
12 ices of community consortium members within
13 the school environment.

14 “(M) That the mental health services pro-
15 vided through the comprehensive school-based
16 mental health program carried out under this
17 section will be provided by qualified mental
18 health professionals who are certified or li-
19 censed by the State involved and practicing
20 within their area of expertise.

21 “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
22 shall ensure that grants, contracts, or cooperative agree-
23 ments under subsection (a) will be distributed equitably
24 among the regions of the country and among urban and
25 rural areas.

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

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

10 “(1) DEVELOPMENT OF PROCESS.—The Ad-
11 ministrators shall develop a process for evaluating ac-
12 tivities carried out under this section. Such process
13 shall include—

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

17 “(B) the development of measures of out-
18 comes (in accordance with paragraph (2)) to be
19 applied by such recipients in evaluating pro-
20 grams carried out under this section; and

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

24 “(2) MEASURES OF OUTCOMES.—

1 “(A) IN GENERAL.—The Administrator
2 shall develop measures of outcomes to be ap-
3 plied by recipients of assistance under this sec-
4 tion, and the Administrator, in evaluating the
5 effectiveness of programs carried out under this
6 section. Such measures shall include student
7 and family measures as provided for in sub-
8 paragraph (B) and local educational measures
9 as provided for under subparagraph (C).

10 “(B) STUDENT AND FAMILY MEASURES OF
11 OUTCOMES.—The measures of outcomes devel-
12 oped under paragraph (1)(B) relating to stu-
13 dents and families shall, with respect to activi-
14 ties carried out under a program under this
15 section, at a minimum include provisions to
16 evaluate—

17 “(i) whether the program resulted in
18 an increase in social and emotional com-
19 petency;

20 “(ii) whether the program resulted in
21 an increase in academic competency;

22 “(iii) whether the program resulted in
23 a reduction in disruptive and aggressive
24 behaviors;

1 “(iv) whether the program resulted in
2 improved family functioning;

3 “(v) whether the program resulted in
4 a reduction in substance abuse;

5 “(vi) whether the program resulted in
6 a reduction in suspensions, truancy, expul-
7 sions and violence;

8 “(vii) whether the program resulted in
9 increased graduation rates; and

10 “(viii) whether the program resulted
11 in improved access to care for mental
12 health disorders.

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

19 “(i) the effectiveness of comprehensive
20 school mental health programs established
21 under this section;

22 “(ii) the effectiveness of formal con-
23 sortium linkages among child and family
24 serving institutions, community support
25 systems, and the educational system;

1 “(iii) the progress made in sustaining
2 the program once funding under the grant
3 has expired;

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

11 “(v) the improvement in perception of
12 a safe and supportive learning environment
13 among school staff, students, and parents;

14 “(vi) the improvement of social, emo-
15 tional, and behavioral competencies among
16 students and mental health competencies
17 among school staff and parents;

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

22 “(viii) the improvement in the imme-
23 diate availability of clinical assessment and
24 treatment services to students posing a
25 danger to themselves or others;

1 “(ix) the increased successful matricu-
2 lation to postsecondary school; and

3 “(x) reduced referrals to juvenile jus-
4 tice

5 “(3) SUBMISSION OF ANNUAL DATA.—An entity
6 that receives a grant, contract, or cooperative agree-
7 ment under this section shall annually submit to the
8 Administrator a report that includes data to evalu-
9 ate the success of the program carried out by the en-
10 tity based on whether such program is achieving the
11 purposes of the program. Such reports shall utilize
12 the measures of outcomes under paragraph (2) in a
13 reasonable manner to demonstrate the progress of
14 the program in achieving such purposes.

15 “(4) EVALUATION BY ADMINISTRATOR.—Based
16 on the data submitted under paragraph (3), the Ad-
17 ministrator shall annually submit to Congress a re-
18 port concerning the results and effectiveness of the
19 programs carried out with assistance received under
20 this section.

21 “(g) INFORMATION AND EDUCATION.—The Sec-
22 retary shall establish comprehensive information and edu-
23 cation programs to disseminate the findings of the knowl-
24 edge development and application under this section to the
25 general public and to health care professionals.

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

3 “(1) AMOUNT OF GRANTS.—A grant under this
4 section shall be in an amount that is not more than
5 \$1,000,000 for each of grant years 2008 through
6 2012. The Secretary shall determine the amount of
7 each such grant based on the population of children
8 between the ages of 0 to 21 of the area to be served
9 under the grant.

10 “(2) AUTHORIZATION OF APPROPRIATIONS.—
11 There is authorized to be appropriated to carry out
12 this section, \$200,000,000 for each of fiscal years
13 2008 through 2012.”.

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

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

○