

111TH CONGRESS
1ST SESSION

H. R. 2531

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

MAY 20, 2009

Mrs. NAPOLITANO (for herself, Ms. DEGETTE, Mr. TIM MURPHY of Pennsylvania, Mr. FRANK of Massachusetts, Ms. BORDALLO, Ms. ROYBAL-ALLARD, Mr. COSTELLO, Mrs. BONO MACK, Mr. BISHOP of Georgia, Mr. KENNEDY, Mr. SERRANO, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. BALDWIN, Mr. OLVER, Mr. BACA, Mr. MCGOVERN, Mrs. CHRISTENSEN, Mr. RODRIGUEZ, Mr. GENE GREEN of Texas, Mr. SESTAK, and Mrs. CAPPS) 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 2009”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Approximately 1 in 5 children have a
4 diagnosable mental disorder.

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

12 (3) Only half of schools across the United
13 States report having formal partnerships with com-
14 munity mental health providers to deliver mental
15 health services.

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

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

23 (6) Many schools have school-employed mental
24 health providers supporting student's social, emo-
25 tional, and behavioral health needs in schools. The
26 most common types of staff providing mental health

1 services in schools were school counselors, followed
2 by school nurses, school psychologists and school so-
3 cial workers. Three-quarters of schools had at least
4 one school counselor on staff, over two-thirds had a
5 school psychologist or school nurse, and 44 percent
6 had a school social worker.

7 (7) Although it is well recognized that mental
8 health directly affects children’s learning and devel-
9 opment, in a recent study one-third of school dis-
10 tricts reported decreased funding for school mental
11 health services, and at the same time two-thirds of
12 school districts reported increased need for such
13 services.

14 **SEC. 3. PURPOSES.**

15 It is the purpose of this Act to—

16 (1) revise, increase funding for, and expand the
17 scope of the Safe Schools-Healthy Students program
18 in order to provide access to more comprehensive
19 school-based mental health services and supports;

20 (2) provide for comprehensive staff development
21 for school and community service personnel working
22 in the school; and

23 (3) provide for comprehensive training for chil-
24 dren with mental health disorders, for parents, sib-

1 lings, and other family members of such children,
 2 and for concerned members of the community.

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

4 **ACT.**

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

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

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

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

16 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHIL-**
 17 **DREN AND VIOLENCE.**

18 “(a) **IN GENERAL.**—The Secretary, in collaboration
 19 with the Secretary of Education and in consultation with
 20 the Attorney General, shall, directly or through grants,
 21 contracts, or cooperative agreements awarded to public en-
 22 tities and local education agencies, assist local commu-
 23 nities and schools in applying a public health approach
 24 to mental health services both in schools and in the com-
 25 munity. Such approach should provide comprehensive age

1 appropriate services and supports, be linguistically and
2 culturally appropriate, and incorporate age appropriate
3 strategies of positive behavioral interventions and sup-
4 ports. A comprehensive school mental health program
5 funded under this section shall assist children in dealing
6 with violence.

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

9 “(1) provide financial support to enable local
10 communities to implement a comprehensive cul-
11 turally and linguistically appropriate, and age-appro-
12 priate, school mental health program that incor-
13 porates positive behavioral interventions and sup-
14 ports to foster the health and development of chil-
15 dren;

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

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

23 “(4) facilitate community partnerships among
24 families, students, law enforcement agencies, edu-
25 cation systems, mental health and substance use dis-

1 order service systems, family-based mental health
2 service systems, welfare agencies, health care service
3 systems, and other community-based systems; and

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

7 “(c) REQUIREMENTS.—

8 “(1) IN GENERAL.—To be eligible for a grant,
9 contract, or cooperative agreement under subsection
10 (a), an entity shall—

11 “(A) be a partnership between a local edu-
12 cation agency and at least one community pro-
13 gram or agency that is involved in mental
14 health; and

15 “(B) submit an application, that is en-
16 dorsed by all members of the partnership, that
17 contains the assurances described in paragraph
18 (2).

19 “(2) REQUIRED ASSURANCES.—An application
20 under paragraph (1) shall contain assurances as fol-
21 lows:

22 “(A) That the applicant will ensure that,
23 in carrying out activities under this section, the
24 local educational agency involved will enter into
25 a memorandum of understanding—

1 “(i) with, at a minimum, public or
2 private mental health entities, health care
3 entities, law enforcement or juvenile justice
4 entities, child welfare agencies, family-
5 based mental health entities, families and
6 family organizations, and other commu-
7 nity-based entities; and

8 “(ii) that clearly states—

9 “(I) the responsibilities of each
10 partner with respect to the activities
11 to be carried out;

12 “(II) how each such partner will
13 be accountable for carrying out such
14 responsibilities; and

15 “(III) the amount of non-Federal
16 funding or in-kind contributions that
17 each such partner will contribute in
18 order to sustain the program.

19 “(B) That the comprehensive school-based
20 mental health program carried out under this
21 section supports the flexible use of funds to ad-
22 dress—

23 “(i) the promotion of the social, emo-
24 tional, and behavioral health of all students

1 in an environment that is conducive to
2 learning;

3 “(ii) the reduction in the likelihood of
4 at risk students developing social, emo-
5 tional, behavioral health problems, or sub-
6 stance use disorders;

7 “(iii) the early identification of social,
8 emotional, behavioral problems, or sub-
9 stance use disorders and the provision of
10 early intervention services;

11 “(iv) the treatment or referral for
12 treatment of students with existing social,
13 emotional, behavioral health problems, or
14 substance use disorders; and

15 “(v) the development and implementa-
16 tion of programs to assist children in deal-
17 ing with violence.

18 “(C) That the comprehensive school-based
19 mental health program carried out under this
20 section will provide for in-service training of all
21 school personnel, including ancillary staff and
22 volunteers, in—

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

1 “(ii) the use of referral mechanisms
2 that effectively link such children to treat-
3 ment and intervention services in the
4 school and in the community;

5 “(iii) strategies that promote a school-
6 wide positive environment;

7 “(iv) strategies for promoting the so-
8 cial, emotional, mental, and behavioral
9 health of all students; and

10 “(v) strategies to increase the knowl-
11 edge and skills of school and community
12 leaders on the application of a public
13 health approach to comprehensive school-
14 based mental health programs.

15 “(D) That the comprehensive school-based
16 mental health program carried out under this
17 section will include comprehensive training for
18 parents, siblings, and other family members of
19 children with mental health disorders, and for
20 concerned members of the community in—

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

24 “(ii) the use of referral mechanisms
25 that effectively link such children to treat-

1 ment and intervention services in the
2 school and in the community; and

3 “(iii) strategies that promote a school-
4 wide positive environment.

5 “(E) That the comprehensive school-based
6 mental health program carried out under this
7 section will demonstrate the measures to be
8 taken to sustain the program after funding
9 under this section terminates.

10 “(F) That the local education agency part-
11 nership involved is supported by the State edu-
12 cational and mental health system to ensure
13 that the sustainability of the programs is estab-
14 lished after funding under this section termi-
15 nates.

16 “(G) That the comprehensive school-based
17 mental health program carried out under this
18 section will be based on evidence-based prac-
19 tices.

20 “(H) That the comprehensive school-based
21 mental health program carried out under this
22 section will be coordinated with early inter-
23 vening activities carried out under the Individ-
24 uals with Disabilities Education Act.

1 “(I) That the comprehensive school-based
2 mental health program carried out under this
3 section will be culturally and linguistically ap-
4 propriate.

5 “(J) That the comprehensive school-based
6 mental health program carried out under this
7 section will include a broad needs assessment of
8 youth who drop out of school due to policies of
9 ‘zero tolerance’ with respect to drugs, alcohol,
10 or weapons.

11 “(K) That the mental health services pro-
12 vided through the comprehensive school-based
13 mental health program carried out under this
14 section will be provided by qualified mental and
15 behavioral health professionals who are certified
16 or licensed by the State involved and practicing
17 within their area of expertise.

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

23 “(e) DURATION OF AWARDS.—With respect to a
24 grant, contract, or cooperative agreement under sub-
25 section (a), the period during which payments under such

1 an award will be made to the recipient shall be 5 years.
2 An entity may receive only one award under this section,
3 except that an entity that is providing services and sup-
4 ports on a regional basis may receive additional funding
5 after the expiration of the preceding grant period.

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

7 “(1) DEVELOPMENT OF PROCESS.—The Ad-
8 ministrator shall develop a process for evaluating ac-
9 tivities carried out under this section. Such process
10 shall include—

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

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

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

21 “(2) MEASURES OF OUTCOMES.—

22 “(A) IN GENERAL.—The Administrator
23 shall develop measures of outcomes to be ap-
24 plied by recipients of assistance under this sec-
25 tion, and the Administrator, in evaluating the

1 effectiveness of programs carried out under this
2 section. Such measures shall include student
3 and family measures as provided for in sub-
4 paragraph (B) and local educational measures
5 as provided for under subparagraph (C).

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

13 “(i) whether the program resulted in
14 an increase in social and emotional com-
15 petency;

16 “(ii) whether the program resulted in
17 an increase in academic competency;

18 “(iii) whether the program resulted in
19 a reduction in disruptive and aggressive
20 behaviors;

21 “(iv) whether the program resulted in
22 improved family functioning;

23 “(v) whether the program resulted in
24 a reduction in substance use disorders;

1 “(vi) whether the program resulted in
2 a reduction in suspensions, truancy, expul-
3 sions and violence;

4 “(vii) whether the program resulted in
5 increased graduation rates; and

6 “(viii) whether the program resulted
7 in improved access to care for mental
8 health disorders.

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

15 “(i) the effectiveness of comprehensive
16 school mental health programs established
17 under this section;

18 “(ii) the effectiveness of formal part-
19 nership linkages among child and family
20 serving institutions, community support
21 systems, and the educational system;

22 “(iii) the progress made in sustaining
23 the program once funding under the grant
24 has expired;

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

8 “(v) the improvement in perception of
9 a safe and supportive learning environment
10 among school staff, students, and parents;

11 “(vi) the improvement in case-finding
12 of students in need of more intensive serv-
13 ices and referral of identified students to
14 early intervention and clinical services;

15 “(vii) the improvement in the imme-
16 diate availability of clinical assessment and
17 treatment services to students posing a
18 danger to themselves or others;

19 “(viii) the increased successful matric-
20 ulation to postsecondary school; and

21 “(ix) reduced referrals to juvenile jus-
22 tice

23 “(3) SUBMISSION OF ANNUAL DATA.—An entity
24 that receives a grant, contract, or cooperative agree-
25 ment under this section shall annually submit to the

1 Administrator a report that includes data to evalu-
2 ate the success of the program carried out by the en-
3 tity based on whether such program is achieving the
4 purposes of the program. Such reports shall utilize
5 the measures of outcomes under paragraph (2) in a
6 reasonable manner to demonstrate the progress of
7 the program in achieving such purposes.

8 “(4) EVALUATION BY ADMINISTRATOR.—Based
9 on the data submitted under paragraph (3), the Ad-
10 ministrator shall annually submit to Congress a re-
11 port concerning the results and effectiveness of the
12 programs carried out with assistance received under
13 this section.

14 “(g) INFORMATION AND EDUCATION.—The Sec-
15 retary shall establish comprehensive information and edu-
16 cation programs to disseminate the findings of the knowl-
17 edge development and application under this section to the
18 general public and to health care professionals.

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

21 “(1) AMOUNT OF GRANTS.—A grant under this
22 section shall be in an amount that is not more than
23 \$1,000,000 for each of grant years 2010 through
24 2014. The Secretary shall determine the amount of
25 each such grant based on the population of children

1 up to age 21 of the area to be served under the
2 grant.

3 “(2) AUTHORIZATION OF APPROPRIATIONS.—
4 There is authorized to be appropriated to carry out
5 this section, \$200,000,000 for each of fiscal years
6 2010 through 2014.”.

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

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

○