

113TH CONGRESS
1ST SESSION

H. R. 2734

To revise and extend provisions under the Garrett Lee Smith Memorial Act.

IN THE HOUSE OF REPRESENTATIVES

JULY 18, 2013

Mr. CASSIDY (for himself and Mr. DANNY K. DAVIS of Illinois) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To revise and extend provisions under the Garrett Lee Smith Memorial Act.

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 “Garrett Lee Smith Me-
5 morial Act Reauthorization of 2013”.

6 **SEC. 2. SUICIDE PREVENTION TECHNICAL ASSISTANCE**
7 **CENTER.**

8 Section 520C of the Public Health Service Act (42
9 U.S.C. 290bb–34) is amended to read as follows:

1 **“SEC. 520C. SUICIDE PREVENTION TECHNICAL ASSISTANCE**
2 **CENTER.**

3 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
4 through the Administrator of the Substance Abuse and
5 Mental Health Services Administration, shall award a
6 grant for the operation and maintenance of a research,
7 training, and technical assistance resource center to pro-
8 vide appropriate information, training, and technical as-
9 sistance to States, political subdivisions of States, feder-
10 ally recognized Indian tribes, tribal organizations, institu-
11 tions of higher education, public organizations, or private
12 nonprofit organizations concerning the prevention of sui-
13 cide among all ages, particularly among groups that are
14 at high risk for suicide.

15 “(b) RESPONSIBILITIES OF THE CENTER.—The cen-
16 ter operated and maintained under subsection (a) shall—

17 “(1) assist in the development or continuation
18 of statewide and tribal suicide early intervention and
19 prevention strategies for all ages, particularly among
20 groups that are at high risk for suicide;

21 “(2) ensure the surveillance of suicide early
22 intervention and prevention strategies for all ages,
23 particularly among groups that are at high risk for
24 suicide;

25 “(3) study the costs and effectiveness of state-
26 wide and tribal suicide early intervention and pre-

1 vention strategies in order to provide information
2 concerning relevant issues of importance to State,
3 tribal, and national policymakers;

4 “(4) further identify and understand causes
5 and associated risk factors for suicide for all ages,
6 particularly among groups that are at high risk for
7 suicide;

8 “(5) analyze the efficacy of new and existing
9 suicide early intervention and prevention techniques
10 and technology for all ages, particularly among
11 groups that are at high risk for suicide;

12 “(6) ensure the surveillance of suicidal behav-
13 iors and nonfatal suicidal attempts;

14 “(7) study the effectiveness of State-sponsored
15 statewide and tribal suicide early intervention and
16 prevention strategies for all ages particularly among
17 groups that are at high risk for suicide on the over-
18 all wellness and health promotion strategies related
19 to suicide attempts;

20 “(8) promote the sharing of data regarding sui-
21 cide with Federal agencies involved with suicide
22 early intervention and prevention, and State-spon-
23 sored statewide and tribal suicide early intervention
24 and prevention strategies for the purpose of identi-
25 fying previously unknown mental health causes and

1 associated risk factors for suicide among all ages
2 particularly among groups that are at high risk for
3 suicide;

4 “(9) evaluate and disseminate outcomes and
5 best practices of mental health and substance use
6 disorder services at institutions of higher education;
7 and

8 “(10) conduct other activities determined ap-
9 propriate by the Secretary.

10 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the
11 purpose of carrying out this section, there are authorized
12 to be appropriated \$4,957,000 for each of the fiscal years
13 2014 through 2018.”.

14 **SEC. 3. YOUTH SUICIDE INTERVENTION AND PREVENTION**
15 **STRATEGIES.**

16 Section 520E of the Public Health Service Act (42
17 U.S.C. 290bb–36) is amended to read as follows:

18 **“SEC. 520E. YOUTH SUICIDE EARLY INTERVENTION AND**
19 **PREVENTION STRATEGIES.**

20 “(a) IN GENERAL.—The Secretary, acting through
21 the Administrator of the Substance Abuse and Mental
22 Health Services Administration, shall award grants or co-
23 operative agreements to eligible entities to—

24 “(1) develop and implement State-sponsored
25 statewide or tribal youth suicide early intervention

1 and prevention strategies in schools, educational in-
2 stitutions, juvenile justice systems, substance use
3 disorder programs, mental health programs, foster
4 care systems, and other child and youth support or-
5 ganizations;

6 “(2) support public organizations and private
7 nonprofit organizations actively involved in State-
8 sponsored statewide or tribal youth suicide early
9 intervention and prevention strategies and in the de-
10 velopment and continuation of State-sponsored
11 statewide youth suicide early intervention and pre-
12 vention strategies;

13 “(3) provide grants to institutions of higher
14 education to coordinate the implementation of State-
15 sponsored statewide or tribal youth suicide early
16 intervention and prevention strategies;

17 “(4) collect and analyze data on State-spon-
18 sored statewide or tribal youth suicide early inter-
19 vention and prevention services that can be used to
20 monitor the effectiveness of such services and for re-
21 search, technical assistance, and policy development;
22 and

23 “(5) assist eligible entities, through State-spon-
24 sored statewide or tribal youth suicide early inter-
25 vention and prevention strategies, in achieving tar-

1 gets for youth suicide reductions under title V of the
2 Social Security Act.

3 “(b) ELIGIBLE ENTITY.—

4 “(1) DEFINITION.—In this section, the term
5 ‘eligible entity’ means—

6 “(A) a State;

7 “(B) a public organization or private non-
8 profit organization designated by a State to de-
9 velop or direct the State-sponsored statewide
10 youth suicide early intervention and prevention
11 strategy; or

12 “(C) a federally recognized Indian tribe or
13 tribal organization (as defined in the Indian
14 Self-Determination and Education Assistance
15 Act) or an urban Indian organization (as de-
16 fined in the Indian Health Care Improvement
17 Act) that is actively involved in the development
18 and continuation of a tribal youth suicide early
19 intervention and prevention strategy.

20 “(2) LIMITATION.—In carrying out this section,
21 the Secretary shall ensure that a State does not re-
22 ceive more than one grant or cooperative agreement
23 under this section at any one time. For purposes of
24 the preceding sentence, a State shall be considered
25 to have received a grant or cooperative agreement if

1 the eligible entity involved is the State or an entity
2 designated by the State under paragraph (1)(B).
3 Nothing in this paragraph shall be constructed to
4 apply to entities described in paragraph (1)(C).

5 “(c) PREFERENCE.—In providing assistance under a
6 grant or cooperative agreement under this section, an eli-
7 gible entity shall give preference to public organizations,
8 private nonprofit organizations, political subdivisions, in-
9 stitutions of higher education, and tribal organizations ac-
10 tively involved with the State-sponsored statewide or tribal
11 youth suicide early intervention and prevention strategy
12 that—

13 “(1) provide early intervention and assessment
14 services, including screening programs, to youth who
15 are at risk for mental or emotional disorders that
16 may lead to a suicide attempt, and that are inte-
17 grated with school systems, educational institutions,
18 juvenile justice systems, substance use disorder pro-
19 grams, mental health programs, foster care systems,
20 and other child and youth support organizations;

21 “(2) demonstrate collaboration among early
22 intervention and prevention services or certify that
23 entities will engage in future collaboration;

24 “(3) employ or include in their applications a
25 commitment to evaluate youth suicide early interven-

1 tion and prevention practices and strategies adapted
2 to the local community;

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

7 “(5) provide immediate support and informa-
8 tion resources to families of youth who are at risk
9 for suicide;

10 “(6) offer access to services and care to youth
11 with diverse linguistic and cultural backgrounds;

12 “(7) offer appropriate postsuicide intervention
13 services, care, and information to families, friends,
14 schools, educational institutions, juvenile justice sys-
15 tems, substance use disorder programs, mental
16 health programs, foster care systems, and other
17 child and youth support organizations of youth who
18 recently completed suicide;

19 “(8) offer continuous and up-to-date informa-
20 tion and awareness campaigns that target parents,
21 family members, child care professionals, community
22 care providers, and the general public and highlight
23 the risk factors associated with youth suicide and
24 the life-saving help and care available from early
25 intervention and prevention services;

1 “(9) ensure that information and awareness
2 campaigns on youth suicide risk factors, and early
3 intervention and prevention services, use effective
4 communication mechanisms that are targeted to and
5 reach youth, families, schools, educational institu-
6 tions, and youth organizations;

7 “(10) provide a timely response system to en-
8 sure that child-serving professionals and providers
9 are properly trained in youth suicide early interven-
10 tion and prevention strategies and that child-serving
11 professionals and providers involved in early inter-
12 vention and prevention services are properly trained
13 in effectively identifying youth who are at risk for
14 suicide;

15 “(11) provide continuous training activities for
16 child care professionals and community care pro-
17 viders on the latest youth suicide early intervention
18 and prevention services practices and strategies;

19 “(12) conduct annual self-evaluations of out-
20 comes and activities, including consulting with inter-
21 ested families and advocacy organizations;

22 “(13) provide services in areas or regions with
23 rates of youth suicide that exceed the national aver-
24 age as determined by the Centers for Disease Con-
25 trol and Prevention; and

1 “(14) obtain informed written consent from a
2 parent or legal guardian of an at-risk child before
3 involving the child in a youth suicide early interven-
4 tion and prevention program.

5 “(d) REQUIREMENT FOR DIRECT SERVICES.—Not
6 less than 85 percent of grant funds received under this
7 section shall be used to provide direct services, of which
8 not less than 5 percent shall be used for activities author-
9 ized under subsection (a)(3).

10 “(e) CONSULTATION AND POLICY DEVELOPMENT.—

11 “(1) IN GENERAL.—In carrying out this sec-
12 tion, the Secretary shall collaborate with relevant
13 Federal agencies and suicide working groups respon-
14 sible for early intervention and prevention services
15 relating to youth suicide.

16 “(2) CONSULTATION.—In carrying out this sec-
17 tion, the Secretary shall consult with—

18 “(A) State and local agencies, including
19 agencies responsible for early intervention and
20 prevention services under title XIX of the So-
21 cial Security Act, the State Children’s Health
22 Insurance Program under title XXI of the So-
23 cial Security Act, and programs funded by
24 grants under title V of the Social Security Act;

1 “(B) local and national organizations that
2 serve youth at risk for suicide and their fami-
3 lies;

4 “(C) relevant national medical and other
5 health and education specialty organizations;

6 “(D) youth who are at risk for suicide,
7 who have survived suicide attempts, or who are
8 currently receiving care from early intervention
9 services;

10 “(E) families and friends of youth who are
11 at risk for suicide, who have survived suicide at-
12 tempts, who are currently receiving care from
13 early intervention and prevention services, or
14 who have completed suicide;

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

19 “(G) third-party payers, managed care or-
20 ganizations, and related commercial industries.

21 “(3) POLICY DEVELOPMENT.—In carrying out
22 this section, the Secretary shall—

23 “(A) coordinate and collaborate on policy
24 development at the Federal level with the rel-

1 evant Department of Health and Human Serv-
2 ices agencies and suicide working groups; and

3 “(B) consult on policy development at the
4 Federal level with the private sector, including
5 consumer, medical, suicide prevention advocacy
6 groups, and other health and education profes-
7 sional-based organizations, with respect to
8 State-sponsored statewide or tribal youth sui-
9 cide early intervention and prevention strate-
10 gies.

11 “(f) RULE OF CONSTRUCTION; RELIGIOUS AND
12 MORAL ACCOMMODATION.—Nothing in this section shall
13 be construed to require suicide assessment, early interven-
14 tion, or treatment services for youth whose parents or
15 legal guardians object based on the parents’ or legal
16 guardians’ religious beliefs or moral objections.

17 “(g) EVALUATIONS AND REPORT.—

18 “(1) EVALUATIONS BY ELIGIBLE ENTITIES.—
19 Not later than 18 months after receiving a grant or
20 cooperative agreement under this section, an eligible
21 entity shall submit to the Secretary the results of an
22 evaluation to be conducted by the entity concerning
23 the effectiveness of the activities carried out under
24 the grant or agreement.

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

5 “(A) the evaluations conducted under
6 paragraph (1); and

7 “(B) an evaluation conducted by the Sec-
8 retary to analyze the effectiveness and efficacy
9 of the activities conducted with grants, collabo-
10 rations, and consultations under this section.

11 “(h) RULE OF CONSTRUCTION; STUDENT MEDICA-
12 TION.—Nothing in this section shall be construed to allow
13 school personnel to require that a student obtain any
14 medication as a condition of attending school or receiving
15 services.

16 “(i) PROHIBITION.—Funds appropriated to carry out
17 this section, section 527, or section 529 shall not be used
18 to pay for or refer for abortion.

19 “(j) PARENTAL CONSENT.—States and entities re-
20 ceiving funding under this section shall obtain prior writ-
21 ten, informed consent from the child’s parent or legal
22 guardian for assessment services, school-sponsored pro-
23 grams, and treatment involving medication related to
24 youth suicide conducted in elementary and secondary

1 schools. The requirement of the preceding sentence does
2 not apply in the following cases:

3 “(1) In an emergency, where it is necessary to
4 protect the immediate health and safety of the stu-
5 dent or other students.

6 “(2) Other instances, as defined by the State,
7 where parental consent cannot reasonably be ob-
8 tained.

9 “(k) RELATION TO EDUCATION PROVISIONS.—Noth-
10 ing in this section shall be construed to supersede section
11 444 of the General Education Provisions Act, including
12 the requirement of prior parental consent for the disclo-
13 sure of any education records. Nothing in this section shall
14 be construed to modify or affect parental notification re-
15 quirements for programs authorized under the Elementary
16 and Secondary Education Act of 1965 (as amended by the
17 No Child Left Behind Act of 2001; Public Law 107–110).

18 “(l) DEFINITIONS.—In this section:

19 “(1) EARLY INTERVENTION.—The term ‘early
20 intervention’ means a strategy or approach that is
21 intended to prevent an outcome or to alter the
22 course of an existing condition.

23 “(2) EDUCATIONAL INSTITUTION; INSTITUTION
24 OF HIGHER EDUCATION; SCHOOL.—The term—

1 “(A) ‘educational institution’ means a
2 school or institution of higher education;

3 “(B) ‘institution of higher education’ has
4 the meaning given such term in section 101 of
5 the Higher Education Act of 1965; and

6 “(C) ‘school’ means an elementary or sec-
7 ondary school (as such terms are defined in sec-
8 tion 9101 of the Elementary and Secondary
9 Education Act of 1965).

10 “(3) PREVENTION.—The term ‘prevention’
11 means a strategy or approach that reduces the likeli-
12 hood or risk of onset, or delays the onset, of adverse
13 health problems that have been known to lead to sui-
14 cide.

15 “(4) YOUTH.—The term ‘youth’ means individ-
16 uals who are between 10 and 24 years of age.

17 “(m) AUTHORIZATION OF APPROPRIATIONS.—For
18 the purpose of carrying out this section, there are author-
19 ized to be appropriated \$29,738,000 for each of the fiscal
20 years 2014 through 2018.”.

21 **SEC. 4. MENTAL HEALTH AND SUBSTANCE USE DISORDERS**

22 **SERVICES AND OUTREACH ON CAMPUS.**

23 Section 520E–2 of the Public Health Service Act (42
24 U.S.C. 290bb–36b) is amended to read as follows:

1 **“SEC. 520E-2. MENTAL HEALTH AND SUBSTANCE USE DIS-**
2 **ORDERS SERVICES ON CAMPUS.**

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Director of the Center for Mental Health Services and
5 in consultation with the Secretary of Education, shall
6 award grants on a competitive basis to institutions of
7 higher education to enhance services for students with
8 mental health or substance use disorders and to develop
9 best practices for the delivery of such services.

10 “(b) USES OF FUNDS.—Amounts received under a
11 grant under this section shall be used for 1 or more of
12 the following activities:

13 “(1) The provision of mental health and sub-
14 stance use disorder services to students, including
15 prevention, promotion of mental health, voluntary
16 screening, early intervention, voluntary assessment,
17 treatment, and management of mental health and
18 substance abuse disorder issues.

19 “(2) The provision of outreach services to notify
20 students about the existence of mental health and
21 substance use disorder services.

22 “(3) Educating students, families, faculty, staff,
23 and communities to increase awareness of mental
24 health and substance use disorders.

25 “(4) The employment of appropriately trained
26 staff, including administrative staff.

1 “(5) The provision of training to students, fac-
2 ulty, and staff to respond effectively to students with
3 mental health and substance use disorders.

4 “(6) The creation of a networking infrastruc-
5 ture to link colleges and universities with providers
6 who can treat mental health and substance use dis-
7 orders.

8 “(7) Developing, supporting, evaluating, and
9 disseminating evidence-based and emerging best
10 practices.

11 “(c) IMPLEMENTATION OF ACTIVITIES USING GRANT
12 FUNDS.—An institution of higher education that receives
13 a grant under this section may carry out activities under
14 the grant through—

15 “(1) college counseling centers;

16 “(2) college and university psychological service
17 centers;

18 “(3) mental health centers;

19 “(4) psychology training clinics;

20 “(5) institution of higher education supported,
21 evidence-based, mental health and substance use dis-
22 order programs; or

23 “(6) any other entity that provides mental
24 health and substance use disorder services at an in-
25 stitution of higher education.

1 “(d) APPLICATION.—To be eligible to receive a grant
2 under this section, an institution of higher education shall
3 prepare and submit to the Secretary an application at
4 such time and in such manner as the Secretary may re-
5 quire. At a minimum, such application shall include the
6 following:

7 “(1) A description of identified mental health
8 and substance use disorder needs of students at the
9 institution of higher education.

10 “(2) A description of Federal, State, local, pri-
11 vate, and institutional resources currently available
12 to address the needs described in paragraph (1) at
13 the institution of higher education.

14 “(3) A description of the outreach strategies of
15 the institution of higher education for promoting ac-
16 cess to services, including a proposed plan for reach-
17 ing those students most in need of mental health
18 services.

19 “(4) A plan, when applicable, to meet the spe-
20 cific mental health and substance use disorder needs
21 of veterans attending institutions of higher edu-
22 cation.

23 “(5) A plan to seek input from community
24 mental health providers, when available, community

1 groups and other public and private entities in car-
2 rying out the program under the grant.

3 “(6) A plan to evaluate program outcomes, in-
4 cluding a description of the proposed use of funds,
5 the program objectives, and how the objectives will
6 be met.

7 “(7) An assurance that the institution will sub-
8 mit a report to the Secretary each fiscal year con-
9 cerning the activities carried out with the grant and
10 the results achieved through those activities.

11 “(e) SPECIAL CONSIDERATIONS.—In awarding
12 grants under this section, the Secretary shall give special
13 consideration to applications that describe programs to be
14 carried out under the grant that—

15 “(1) demonstrate the greatest need for new or
16 additional mental and substance use disorder serv-
17 ices, in part by providing information on current ra-
18 tios of students to mental health and substance use
19 disorder health professionals; and

20 “(2) demonstrate the greatest potential for rep-
21 lication.

22 “(f) REQUIREMENT OF MATCHING FUNDS.—

23 “(1) IN GENERAL.—The Secretary may make a
24 grant under this section to an institution of higher
25 education only if the institution agrees to make

1 available (directly or through donations from public
2 or private entities) non-Federal contributions in an
3 amount that is not less than \$1 for each \$1 of Fed-
4 eral funds provided under the grant, toward the
5 costs of activities carried out with the grant (as de-
6 scribed in subsection (b)) and other activities by the
7 institution to reduce student mental health and sub-
8 stance use disorders.

9 “(2) DETERMINATION OF AMOUNT CONTRIB-
10 UTED.—Non-Federal contributions required under
11 paragraph (1) may be in cash or in kind. Amounts
12 provided by the Federal Government, or services as-
13 sisted or subsidized to any significant extent by the
14 Federal Government, may not be included in deter-
15 mining the amount of such non-Federal contribu-
16 tions.

17 “(3) WAIVER.—The Secretary may waive the
18 application of paragraph (1) with respect to an insti-
19 tution of higher education if the Secretary deter-
20 mines that extraordinary need at the institution jus-
21 tifies the waiver.

22 “(g) REPORTS.—For each fiscal year that grants are
23 awarded under this section, the Secretary shall conduct
24 a study on the results of the grants and submit to the

1 Congress a report on such results that includes the fol-
2 lowing:

3 “(1) An evaluation of the grant program out-
4 comes, including a summary of activities carried out
5 with the grant and the results achieved through
6 those activities.

7 “(2) Recommendations on how to improve ac-
8 cess to mental health and substance use disorder
9 services at institutions of higher education, including
10 efforts to reduce the incidence of suicide and sub-
11 stance use disorders.

12 “(h) DEFINITIONS.—In this section, the term ‘insti-
13 tution of higher education’ has the meaning given such
14 term in section 101 of the Higher Education Act of 1965.

15 “(i) AUTHORIZATION OF APPROPRIATIONS.—For the
16 purpose of carrying out this section, there are authorized
17 to be appropriated \$4,975,000 for each of the fiscal years
18 2014 through 2018.”.

○