

115TH CONGRESS
1ST SESSION

S. 1370

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 SENATE OF THE UNITED STATES

JUNE 15, 2017

Mr. FRANKEN (for himself, Mr. COONS, Mr. MURPHY, Mr. DURBIN, and Mr. HEINRICH) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 2017”.

6 **SEC. 2. PURPOSES.**

7 It is the purpose of this Act to—

1 (1) revise, increase funding for, and expand the
 2 scope of the Project AWARE State Educational
 3 Agency Grant Program carried out by the Secretary
 4 of Health and Human Services, in order to provide
 5 access to more comprehensive school-based mental
 6 health services and supports;

7 (2) provide for comprehensive staff development
 8 for school and community service personnel working
 9 in the school; and

10 (3) provide for comprehensive training for chil-
 11 dren with mental health disorders, for parents, sib-
 12 lings, and other family members of such children,
 13 and for concerned members of the community.

14 **SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
 15 **ACT.**

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

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

21 (2) by redesignating sections 581 through 584
 22 as sections 596 through 596C, respectively.

23 (b) SCHOOL-BASED MENTAL HEALTH AND CHIL-
 24 DREN AND VIOLENCE.—Section 581 of the Public Health

1 Service Act (42 U.S.C. 290hh) is amended to read as fol-
2 lows:

3 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHIL-**
4 **DREN AND VIOLENCE.**

5 “(a) IN GENERAL.—The Secretary, in collaboration
6 with the Secretary of Education and in consultation with
7 the Attorney General, shall, directly or through grants,
8 contracts, or cooperative agreements awarded to eligible
9 entities described in subsection (c), assist local commu-
10 nities and schools (including schools funded by the Bureau
11 of Indian Education) in applying a public health approach
12 to mental health services both in schools and in the com-
13 munity. Such approach should provide comprehensive age
14 appropriate services and supports, be linguistically and
15 culturally appropriate, be trauma-informed, and incor-
16 porate age appropriate strategies of positive behavioral
17 interventions and supports. A comprehensive school men-
18 tal health program funded under this section shall assist
19 children in dealing with trauma and violence.

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

22 “(1) provide financial support to enable local
23 communities to implement a comprehensive cul-
24 turally and linguistically appropriate, trauma-in-

1 formed, and age-appropriate, school-based mental
2 health program that—

3 “(A) builds awareness of trauma;

4 “(B) trains appropriate staff to identify
5 signs of trauma or mental health disorders; and

6 “(C) incorporates positive behavioral inter-
7 ventions, family engagement, student treatment,
8 and multigenerational supports to foster the
9 health and development of children;

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

13 “(3) provide assistance to local communities in
14 the development of policies to address child and ado-
15 lescent trauma and mental health issues and violence
16 when and if it occurs;

17 “(4) facilitate community partnerships among
18 families, students, law enforcement agencies, edu-
19 cation systems, mental health and substance use dis-
20 order service systems, family-based mental health
21 service systems, child welfare agencies, health care
22 service systems (including primary care physicians),
23 faith-based programs, trauma networks, and other
24 community-based systems; and

1 “(5) establish mechanisms for children and ado-
2 lescents to report incidents of violence or plans by
3 other children, adolescents, or adults to commit vio-
4 lence.

5 “(c) REQUIREMENTS.—

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

9 “(A) be a partnership that—

10 “(i) shall include a State educational
11 agency and one or more local educational
12 agencies, with a local educational agency
13 serving as the lead partner; and

14 “(ii) may include, in accordance with
15 paragraph (2)(A)(i), appropriate public or
16 private entities that use evidence-based
17 interventions, as defined in section 8101 of
18 the Elementary and Secondary Education
19 Act of 1965 (20 U.S.C. 7801); and

20 “(B) submit an application, that is en-
21 dorsed by all members of the partnership, that
22 contains the assurances described in paragraph
23 (2).

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

4 “(A) That the eligible entity will ensure
5 that, in carrying out activities under this sec-
6 tion, the eligible entity will enter into a memo-
7 randum of understanding—

8 “(i) with at least 1 public or private
9 mental health entity, health care entity,
10 law enforcement or juvenile justice entity,
11 child welfare agency, family-based mental
12 health entity, trauma network, or other
13 community-based entity; and

14 “(ii) that clearly states—

15 “(I) the responsibilities of each
16 partner with respect to the activities
17 to be carried out, including how fam-
18 ily engagement will be incorporated in
19 the activities;

20 “(II) how school-employed and
21 school-based mental health profes-
22 sionals will be utilized for carrying out
23 such responsibilities;

1 “(III) how each such partner will
2 be accountable for carrying out such
3 responsibilities; and

4 “(IV) the amount of non-Federal
5 funding or in-kind contributions that
6 each such partner will contribute in
7 order to sustain the program.

8 “(B) That the comprehensive school-based
9 mental health program carried out under this
10 section supports the flexible use of funds to ad-
11 dress—

12 “(i) the promotion of the social, emo-
13 tional, and behavioral health of all students
14 in an environment that is conducive to
15 learning;

16 “(ii) the reduction in the likelihood of
17 at risk students developing social, emo-
18 tional, behavioral health problems, or sub-
19 stance use disorders;

20 “(iii) the early identification of social,
21 emotional, behavioral problems, or sub-
22 stance use disorders and the provision of
23 early intervention services;

24 “(iv) the treatment or referral for
25 treatment of students with existing social,

emotional, behavioral health problems, or
substance use disorders; and

“(v) the development and implementation of programs to assist children in dealing with trauma and violence, including program curricula, school supports, and after-school programs.

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

“(i) the techniques and supports needed to identify early children with trauma histories and children with, or at risk of, mental illness;

“(ii) the use of referral mechanisms that effectively link such children to appropriate treatment and intervention services in the school and in the community and to follow-up when services are not available;

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

1 “(iv) strategies for promoting the so-
 2 cial, emotional, mental, and behavioral
 3 health of all students; and

4 “(v) strategies to increase the knowl-
 5 edge and skills of school and community
 6 leaders about the impact of trauma and vi-
 7 olence and on the application of a public
 8 health approach to comprehensive school-
 9 based mental health programs.

10 “(D) That the comprehensive school-based
 11 mental health program carried out under this
 12 section will include comprehensive training for
 13 parents, siblings, and other family members of
 14 children with mental health disorders, and for
 15 concerned members of the community in—

16 “(i) the techniques and supports need-
 17 ed to identify early children with trauma
 18 histories, and children with, or at risk of,
 19 mental illness;

20 “(ii) the use of referral mechanisms
 21 that effectively link such children to appro-
 22 priate treatment and intervention services
 23 in the school and in the community and
 24 follow-up when such services are not avail-
 25 able; and

1 “(iii) strategies that promote a school-
2 wide positive environment.

3 “(E) That the comprehensive school-based
4 mental health program carried out under this
5 section will demonstrate the measures to be
6 taken to sustain the program after funding
7 under this section terminates (which may in-
8 clude seeking funding for the program under a
9 State Medicaid plan under title XIX of the So-
10 cial Security Act (42 U.S.C. 1396 et seq.) or a
11 waiver of such a plan).

12 “(F) That the eligible entity is supported
13 by the State agency with primary responsibility
14 for behavioral health to ensure that the sustain-
15 ability of the programs is established after
16 funding under this section terminates.

17 “(G) That the comprehensive school-based
18 mental health program carried out under this
19 section will be based on trauma-informed and
20 evidence-based practices.

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

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

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 and an inability to obtain appro-
11 priate services.

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

19 “(3) COORDINATOR.—Any entity that is a
20 member of a partnership described in paragraph
21 (1)(A) may serve as the coordinator of funding and
22 activities under the grant if all members of the part-
23 nership agree.

24 “(4) COMPLIANCE WITH HIPAA.—A grantee
25 under this section shall be deemed to be a covered

1 entity for purposes of compliance with the regula-
2 tions promulgated under section 264(c) of the
3 Health Insurance Portability and Accountability Act
4 of 1996 with respect to any patient records devel-
5 oped through activities under the grant.

6 “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
7 shall ensure that grants, contracts, or cooperative agree-
8 ments under subsection (a) will be distributed equitably
9 among the regions of the country and among urban and
10 rural areas.

11 “(e) DURATION OF AWARDS.—With respect to a
12 grant, contract, or cooperative agreement under sub-
13 section (a), the period during which payments under such
14 an award will be made to the recipient shall be 5 years.
15 An eligible entity described in subsection (c) may receive
16 only one award under this section, except that an eligible
17 entity that is providing services and supports on a regional
18 basis may receive additional funding after the expiration
19 of the preceding grant period.

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

21 “(1) DEVELOPMENT OF PROCESS.—The Ad-
22 ministrator shall develop a fiscally appropriate proc-
23 ess for evaluating activities carried out under this
24 section. Such process shall include—

1 “(A) the development of guidelines for the
2 submission of program data by grant, contract,
3 or cooperative agreement recipients;

4 “(B) the development of measures of out-
5 comes (in accordance with paragraph (2)) to be
6 applied by such recipients in evaluating pro-
7 grams carried out under this section; and

8 “(C) the submission of annual reports by
9 such recipients concerning the effectiveness of
10 programs carried out under this section.

11 “(2) MEASURES OF OUTCOMES.—

12 “(A) IN GENERAL.—The Administrator
13 shall develop measures of outcomes to be ap-
14 plied by recipients of assistance under this sec-
15 tion, and the Administrator, in evaluating the
16 effectiveness of programs carried out under this
17 section. Such measures shall include student
18 and family measures as provided for in sub-
19 paragraph (B) and local educational measures
20 as provided for under subparagraph (C).

21 “(B) STUDENT AND FAMILY MEASURES OF
22 OUTCOMES.—The measures of outcomes devel-
23 oped under paragraph (1)(B) relating to stu-
24 dents and families shall, with respect to activi-
25 ties carried out under a program under this

section, at a minimum include provisions to
 evaluate whether the program is effective in—

“(i) increasing social and emotional
 competency;

“(ii) increasing academic competency
 (as defined by the Secretary);

“(iii) reducing disruptive and aggres-
 sive behaviors;

“(iv) improving child functioning;

“(v) reducing substance use disorders;

“(vi) reducing suspensions, truancy,
 expulsions, and violence;

“(vii) increasing high school gradua-
 tion rates, calculated using the four-year
 adjusted cohort graduation rate or the ex-
 tended-year adjusted cohort graduation
 rate (as such terms are defined in section
 8101 of the Elementary and Secondary
 Education Act of 1965 (20 U.S.C. 7801));
 and

“(viii) improving access to care for
 mental health disorders.

“(C) LOCAL EDUCATIONAL OUTCOMES.—

The outcome measures developed under para-
 graph (1)(B) relating to local educational sys-

1 tems shall, with respect to activities carried out
 2 under a program under this section, at a min-
 3 imum include provisions to evaluate—

4 “(i) the effectiveness of comprehensive
 5 school mental health programs established
 6 under this section;

7 “(ii) the effectiveness of formal part-
 8 nership linkages among child and family
 9 serving institutions, community support
 10 systems, and the educational system;

11 “(iii) the progress made in sustaining
 12 the program once funding under the grant
 13 has expired;

14 “(iv) the effectiveness of training and
 15 professional development programs for all
 16 school personnel that incorporate indica-
 17 tors that measure cultural and linguistic
 18 competencies under the program in a man-
 19 ner that incorporates appropriate cultural
 20 and linguistic training;

21 “(v) the improvement in perception of
 22 a safe and supportive learning environment
 23 among school staff, students, and parents;

24 “(vi) the improvement in case-finding
 25 of students in need of more intensive serv-

1 ices and referral of identified students to
2 early intervention and clinical services;

3 “(vii) the improvement in the imme-
4 diate availability of clinical assessment and
5 treatment services within the context of
6 the local community to students posing a
7 danger to themselves or others;

8 “(viii) the increased successful matric-
9 ulation to postsecondary school; and

10 “(ix) reduced referrals to juvenile jus-
11 tice.

12 “(3) SUBMISSION OF ANNUAL DATA.—An eligi-
13 ble entity described in subsection (c) that receives a
14 grant, contract, or cooperative agreement under this
15 section shall annually submit to the Administrator a
16 report that includes data to evaluate the success of
17 the program carried out by the entity based on
18 whether such program is achieving the purposes of
19 the program. Such reports shall utilize the measures
20 of outcomes under paragraph (2) in a reasonable
21 manner to demonstrate the progress of the program
22 in achieving such purposes.

23 “(4) EVALUATION BY ADMINISTRATOR.—Based
24 on the data submitted under paragraph (3), the Ad-
25 ministrator shall annually submit to Congress a re-

1 port concerning the results and effectiveness of the
2 programs carried out with assistance received under
3 this section.

4 “(5) LIMITATION.—An eligible entity shall use
5 not more than 10 percent of amounts received under
6 a grant under this section to carry out evaluation
7 activities under this subsection.

8 “(g) INFORMATION AND EDUCATION.—The Sec-
9 retary shall establish comprehensive information and edu-
10 cation programs to disseminate the findings of the knowl-
11 edge development and application under this section to the
12 general public and to health care professionals.

13 “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF
14 APPROPRIATIONS.—

15 “(1) AMOUNT OF GRANTS.—A grant under this
16 section shall be in an amount that is not more than
17 \$2,000,000 for each of fiscal years 2018 through
18 2022. The Secretary shall determine the amount of
19 each such grant based on the population of children
20 up to age 21 of the area to be served under the
21 grant.

22 “(2) AUTHORIZATION OF APPROPRIATIONS.—
23 There is authorized to be appropriated to carry out
24 this section, \$200,000,000 for each of fiscal years
25 2018 through 2022.”.

1 (c) CONFORMING AMENDMENT.—Part G of title V of
2 the Public Health Service Act (42 U.S.C. 290hh et seq.),
3 as amended by this section, is further amended by striking
4 the part heading and inserting the following:
5 **“PART G—SCHOOL-BASED MENTAL HEALTH”.**

