

108<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**S. 2634**

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**AMENDMENTS**



# ***In the House of Representatives, U. S.,***

*September 9, 2004.*

*Resolved*, That the bill from the Senate (S. 2634) entitled “An Act 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”, do pass with the following

## **AMENDMENTS:**

Strike out all after the enacting clause and insert:

1 ***SECTION 1. SHORT TITLE.***

2 *This Act may be cited as the “Garrett Lee Smith Me-*  
3 *morial Act”.*

4 ***SEC. 2. FINDINGS.***

5 *Congress makes the following findings:*

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

10 *(2) Over 4,000 children and young adults trag-*  
11 *ically take their lives every year, making suicide the*

1 *third overall cause of death between the ages of 10*  
2 *and 24. According to the Centers for Disease Control*  
3 *and Prevention, suicide is the third overall cause of*  
4 *death among college-age students.*

5 *(3) According to the National Center for Injury*  
6 *Prevention and Control of the Centers for Disease*  
7 *Control and Prevention, children and young adults*  
8 *accounted for 15 percent of all suicides completed in*  
9 *2000.*

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

12 *(5) From 1980 to 1997, the rate of suicide*  
13 *among young adults ages 15 to 19 increased 11 per-*  
14 *cent.*

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

17 *(7) According to the National Center of Health*  
18 *Statistics, suicide rates among Native Americans*  
19 *range from 1.5 to 3 times the national average for*  
20 *other groups, with young people ages 15 to 34 making*  
21 *up 64 percent of all suicides.*

22 *(8) Congress has recognized that youth suicide is*  
23 *a public health tragedy linked to underlying mental*  
24 *health problems and that youth suicide early inter-*

1        *vention and prevention activities are national prior-*  
2        *ities.*

3            (9) *Youth suicide early intervention and preven-*  
4        *tion have been listed as urgent public health priorities*  
5        *by the President's New Freedom Commission in Men-*  
6        *tal Health (2002), the Institute of Medicine's Reduc-*  
7        *ing Suicide: A National Imperative (2002), the Na-*  
8        *tional Strategy for Suicide Prevention: Goals and Ob-*  
9        *jectives for Action (2001), and the Surgeon General's*  
10       *Call to Action To Prevent Suicide (1999).*

11           (10) *Many States have already developed com-*  
12        *prehensive statewide youth suicide early intervention*  
13        *and prevention strategies that seek to provide effective*  
14        *early intervention and prevention services.*

15           (11) *In a recent report, a startling 85 percent of*  
16        *college counseling centers revealed an increase in the*  
17        *number of students they see with psychological prob-*  
18        *lems. Furthermore, the American College Health Asso-*  
19        *ciation found that 61 percent of college students re-*  
20        *ported feeling hopeless, 45 percent said they felt so de-*  
21        *pressed they could barely function, and 9 percent felt*  
22        *suicidal.*

23           (12) *There is clear evidence of an increased inci-*  
24        *dence of depression among college students. According*  
25        *to a survey described in the Chronicle of Higher Edu-*

1        *cation (February 1, 2002), depression among fresh-*  
2        *men has nearly doubled (from 8.2 percent to 16.3 per-*  
3        *cent). Without treatment, researchers recently noted*  
4        *that “depressed adolescents are at risk for school fail-*  
5        *ure, social isolation, promiscuity, self-medication*  
6        *with drugs and alcohol, and suicide—now the third*  
7        *leading cause of death among 10–24 year olds.”.*

8            (13) *Researchers who conducted the study*  
9        *“Changes in Counseling Center Client Problems*  
10       *Across 13 Years” (1989–2001) at Kansas State Uni-*  
11       *versity stated that “students are experiencing more*  
12       *stress, more anxiety, more depression than they were*  
13       *a decade ago.” (The Chronicle of Higher Education,*  
14       *February 14, 2003).*

15           (14) *According to the 2001 National Household*  
16       *Survey on Drug Abuse, 20 percent of full-time under-*  
17       *graduate college students use illicit drugs.*

18           (15) *The 2001 National Household Survey on*  
19       *Drug Abuse also reported that 18.4 percent of adults*  
20       *aged 18 to 24 are dependent on or abusing illicit*  
21       *drugs or alcohol. In addition, the study found that*  
22       *“serious mental illness is highly correlated with sub-*  
23       *stance dependence or abuse. Among adults with seri-*  
24       *ous mental illness in 2001, 20.3 percent were depend-*  
25       *ent on or abused alcohol or illicit drugs, while the*

1       rate among adults without serious mental illness was  
2       only 6.3 percent.”.

3               (16) *A 2003 Gallagher’s Survey of Counseling*  
4       *Center Directors found that 81 percent were concerned*  
5       *about the increasing number of students with more se-*  
6       *rious psychological problems, 67 percent reported a*  
7       *need for more psychiatric services, and 63 percent re-*  
8       *ported problems with growing demand for services*  
9       *without an appropriate increase in resources.*

10              (17) *The International Association of Counseling*  
11       *Services accreditation standards recommend 1 coun-*  
12       *selor per 1,000 to 1,500 students. According to the*  
13       *2003 Gallagher’s Survey of Counseling Center Direc-*  
14       *tors, the ratio of counselors to students is as high as*  
15       *1 counselor per 2,400 students at institutions of high-*  
16       *er education with more than 15,000 students.*

17       **SEC. 3. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.**

18              (a) *YOUTH INTERAGENCY RESEARCH, TRAINING, AND*  
19       *TECHNICAL ASSISTANCE CENTERS.*—Section 520C of the  
20       *Public Health Service Act (42 U.S.C. 290bb–34) is*  
21       *amended—*

22                   (1) *in subsection (a)—*

23                           (A) *by striking “Health, shall award*  
24                           *grants” and inserting “Health—*

25                           *“(1) shall award grants”;*

1           (B) by striking the period at the end and  
2           inserting “; and”; and

3           (C) by adding at the end the following:

4           “(2) shall award a competitive grant to 1 addi-  
5           tional research, training, and technical assistance  
6           center to carry out the activities described in sub-  
7           section (d).”;

8           (2) in subsection (c), in the matter preceding  
9           paragraph (1), by striking “grant or contract under  
10          subsection (a)” and inserting “grant or contract  
11          under subsection (a)(1)”;

12          (3) in subsection (d)—

13               (A) by striking “APPROPRIATIONS.—For the  
14               purpose of carrying out this section” and insert-  
15               ing “APPROPRIATIONS.—

16               “(1) For the purpose of awarding grants or con-  
17               tracts under subsection (a)(1)”;

18               (B) by adding at the end the following:

19               “(2) For the purpose of awarding a grant under  
20               subsection (a)(2), there are authorized to be appro-  
21               priated \$3,000,000 for fiscal year 2005, \$4,000,000  
22               for fiscal year 2006, and \$5,000,000 for fiscal year  
23               2007.”;

24               (4) by redesignating subsection (d) as subsection  
25               (e); and

1           (5) by inserting after subsection (c) the fol-  
2       lowing:

3           “(d) *ADDITIONAL CENTER.*—*The additional research,*  
4 *training, and technical assistance center established under*  
5 *subsection (a)(2) shall provide appropriate information,*  
6 *training, and technical assistance to States, political sub-*  
7 *divisions of a State, Federally recognized Indian tribes,*  
8 *tribal organizations, institutions of higher education, public*  
9 *organizations, or private nonprofit organizations for—*

10           “(1) *the development or continuation of state-*  
11 *wide or tribal youth suicide early intervention and*  
12 *prevention strategies;*

13           “(2) *ensuring the surveillance of youth suicide*  
14 *early intervention and prevention strategies;*

15           “(3) *studying the costs and effectiveness of state-*  
16 *wide youth suicide early intervention and prevention*  
17 *strategies in order to provide information concerning*  
18 *relevant issues of importance to State, tribal, and na-*  
19 *tional policymakers;*

20           “(4) *further identifying and understanding*  
21 *causes and associated risk factors for youth suicide;*

22           “(5) *analyzing the efficacy of new and existing*  
23 *youth suicide early intervention techniques and tech-*  
24 *nology;*

1           “(6) ensuring the surveillance of suicidal behav-  
2           *iors and nonfatal suicidal attempts;*

3           “(7) studying the effectiveness of State-sponsored  
4           *statewide and tribal youth suicide early intervention*  
5           *and prevention strategies on the overall wellness and*  
6           *health promotion strategies related to suicide at-*  
7           *tempts;*

8           “(8) promoting the sharing of data regarding  
9           *youth suicide with Federal agencies involved with*  
10           *youth suicide early intervention and prevention, and*  
11           *State-sponsored statewide or tribal youth suicide*  
12           *early intervention and prevention strategies for the*  
13           *purpose of identifying previously unknown mental*  
14           *health causes and associated risk factors for suicide in*  
15           *youth;*

16           “(9) evaluating and disseminating outcomes and  
17           *best practices of mental and behavioral health services*  
18           *at institutions of higher education; and*

19           “(10) other activities determined appropriate by  
20           *the Secretary.”.*

21           **(b) SUICIDE PREVENTION FOR YOUTH.**—*Title V of the*  
22           *Public Health Service Act (42 U.S.C. 290aa et seq.) is*  
23           *amended—*

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

1           (A) *in the section heading by striking*  
2           “CHILDREN AND ADOLESCENTS” *and in-*  
3           serting “YOUTH”;

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

6           “(a) *IN GENERAL.—The Secretary shall award grants*  
7           *or cooperative agreements to public organizations, private*  
8           *nonprofit organizations, political subdivisions, consortia of*  
9           *political subdivisions, consortia of States, or Federally rec-*  
10          *ognized Indian tribes or tribal organizations to design early*  
11          *intervention and prevention strategies that will complement*  
12          *the State-sponsored statewide or tribal youth suicide early*  
13          *intervention and prevention strategies developed pursuant*  
14          *to section 520E.”;*

15          (C) *in subsection (b), by striking all after*  
16          “coordinated” *and inserting “with the relevant*  
17          *Department of Health and Human Services*  
18          *agencies and suicide working groups.”;*

19          (D) *in subsection (c)—*

20                 (i) *in the matter preceding paragraph*  
21                 (1), *by striking “A State” and all that fol-*  
22                 *lows through “desiring” and inserting “A*  
23                 *public organization, private nonprofit orga-*  
24                 *nization, political subdivision, consortium*  
25                 *of political subdivisions, consortium of*

1 *States, or federally recognized Indian tribe*  
2 *or tribal organization desiring”;*

3 *(ii) by redesignating paragraphs (1)*  
4 *through (9) as paragraphs (2) through (10),*  
5 *respectively;*

6 *(iii) by inserting before paragraph (2)*  
7 *(as so redesignated) the following:*

8 *“(1)(A) comply with the State-sponsored state-*  
9 *wide early intervention and prevention strategy as*  
10 *developed under section 520E; and*

11 *“(B) in the case of a consortium of States, re-*  
12 *ceive the support of all States involved;”;*

13 *(iv) in paragraph (2) (as so redesign-*  
14 *ated), by striking “children and adoles-*  
15 *cents” and inserting “youth”;*

16 *(v) in paragraph (3) (as so redesign-*  
17 *ated), by striking “best evidence-based;”;*

18 *(vi) in paragraph (4) (as so redesign-*  
19 *ated), by striking “primary” and all that*  
20 *follows and inserting “general, mental, and*  
21 *behavioral health services, and substance*  
22 *abuse services;”;*

23 *(vii) in paragraph (5) (as so redesign-*  
24 *ated), by striking “children and” and all*  
25 *that follows and inserting “youth including*

1           *the school systems, educational institutions,*  
 2           *juvenile justice system, substance abuse pro-*  
 3           *grams, mental health programs, foster care*  
 4           *systems, and community child and youth*  
 5           *support organizations;”;*

6                       *(viii) by striking paragraph (8) (as so*  
 7           *redesignated) and inserting the following:*

8           “*(8) offer access to services and care to youth*  
 9           *with diverse linguistic and cultural backgrounds;”;*  
 10          *and*

11                      *(ix) by striking paragraph (9) (as so*  
 12           *redesignated) and inserting the following:*

13           “*(9) conduct annual self-evaluations of outcomes*  
 14           *and activities, including consulting with interested*  
 15           *families and advocacy organizations;”;*

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

18           “*(d) USE OF FUNDS.—Amounts provided under a*  
 19           *grant or cooperative agreement under this section shall be*  
 20           *used to supplement, and not supplant, Federal and non-*  
 21           *Federal funds available for carrying out the activities de-*  
 22           *scribed in this section. Applicants shall provide financial*  
 23           *information to demonstrate compliance with this section.”;*

24                      *(F) in subsection (e)—*

25                      *(i) by striking “, contract,”; and*

1           (ii) by inserting after “Secretary that  
2           the” the following: “application complies  
3           with the State-sponsored statewide early  
4           intervention and prevention strategy as de-  
5           veloped under section 520E and the”;

6           (G) in subsection (f), by striking “, con-  
7           tracts,”;

8           (H) in subsection (g)—

9           (i) by striking “A State” and all that  
10          follows through “organization receiving”  
11          and inserting “A public organization, pri-  
12          vate nonprofit organization, political sub-  
13          division, consortium of political subdivi-  
14          sions, consortium of States, or Federally  
15          recognized Indian tribe or tribal organiza-  
16          tion receiving”; and

17          (ii) by striking “, contract,” each place  
18          such term appears;

19          (I) in subsection (h), by striking “, con-  
20          tracts,”;

21          (J) in subsection (i)—

22          (i) by striking “A State” and all that  
23          follows through “organization receiving”  
24          and inserting “A public organization, pri-  
25          vate nonprofit organization, political sub-

1 *division, consortium of political subdivi-*  
 2 *sions, consortium of States, or Federally*  
 3 *recognized Indian tribe or tribal organiza-*  
 4 *tion receiving”; and*

5 *(ii) by striking “, contract,”;*

6 *(K) in subsection (k), by striking “5 years”*  
 7 *and inserting “3 years”;*

8 *(L) in subsection (l)—*

9 *(i) in paragraph (2), by striking “21”*  
 10 *and inserting “24”; and*

11 *(ii) in paragraph (3), by striking*  
 12 *“which might have been”;*

13 *(M) in subsection (m)—*

14 *(i) by striking “APPROPRIATION.—”*  
 15 *and all that follows through “For” in para-*  
 16 *graph (1) and inserting “APPROPRIA-*  
 17 *TION.—For”;* and

18 *(ii) by striking paragraph (2);*

19 *(N) by redesignating subsection (m) as sub-*  
 20 *section (n); and*

21 *(O) by inserting after subsection (l) the fol-*  
 22 *lowing:*

23 *“(m) DEFINITIONS.—In this section, the terms ‘early*  
 24 *intervention’, ‘educational institution’, ‘institution of high-*

1 *er education*, *‘prevention*, *‘school*, and *‘youth* have the  
 2 *meanings given to those terms in section 520E.*”; and

3           (2) *by redesignating section 520E as section*  
 4 *520E–1.*

5           (c) *YOUTH SUICIDE AND EARLY INTERVENTION AND*  
 6 *PREVENTION STRATEGIES.*—*Title V of the Public Health*  
 7 *Service Act (42 U.S.C. 290aa et seq.) is amended by insert-*  
 8 *ing before section 520E–1 (as redesignated by subsection*  
 9 *(b)) the following:*

10 **“SEC. 520E. YOUTH SUICIDE EARLY INTERVENTION AND**  
 11 **PREVENTION STRATEGIES.**

12           “(a) *IN GENERAL.*—*The Secretary, acting through the*  
 13 *Administrator of the Substance Abuse and Mental Health*  
 14 *Services Administration, shall award grants or cooperative*  
 15 *agreements to eligible entities to—*

16           “(1) *develop and implement State-sponsored*  
 17 *statewide or tribal youth suicide early intervention*  
 18 *and prevention strategies in schools, educational in-*  
 19 *stitutions, juvenile justice systems, substance abuse*  
 20 *programs, mental health programs, foster care sys-*  
 21 *tems, and other child and youth support organiza-*  
 22 *tions;*

23           “(2) *support public organizations and private*  
 24 *nonprofit organizations actively involved in State-*  
 25 *sponsored statewide or tribal youth suicide early*

1 *intervention and prevention strategies and in the de-*  
2 *velopment and continuation of State-sponsored state-*  
3 *wide youth suicide early intervention and prevention*  
4 *strategies;*

5 *“(3) provide grants to institutions of higher edu-*  
6 *cation to coordinate the implementation of State-*  
7 *sponsored statewide or tribal youth suicide early*  
8 *intervention and prevention strategies;*

9 *“(4) collect and analyze data on State-sponsored*  
10 *statewide or tribal youth suicide early intervention*  
11 *and prevention services that can be used to monitor*  
12 *the effectiveness of such services and for research, tech-*  
13 *nical assistance, and policy development; and*

14 *“(5) assist eligible entities, through State-spon-*  
15 *sored statewide or tribal youth suicide early interven-*  
16 *tion and prevention strategies, in achieving targets*  
17 *for youth suicide reductions under title V of the So-*  
18 *cial Security Act.*

19 *“(b) ELIGIBLE ENTITY.—*

20 *“(1) DEFINITION.—In this section, the term ‘eli-*  
21 *gible entity’ means—*

22 *“(A) a State;*

23 *“(B) a public organization or private non-*  
24 *profit organization designated by a State to de-*  
25 *velop or direct the State-sponsored statewide*

1           *youth suicide early intervention and prevention*  
2           *strategy; or*

3                   “(C) a *Federally recognized Indian tribe or*  
4           *tribal organization (as defined in the Indian*  
5           *Self-Determination and Education Assistance*  
6           *Act) or an urban Indian organization (as de-*  
7           *defined in the Indian Health Care Improvement*  
8           *Act) that is actively involved in the development*  
9           *and continuation of a tribal youth suicide early*  
10           *intervention and prevention strategy.*

11                   “(2) *LIMITATION.*—*In carrying out this section,*  
12           *the Secretary shall ensure that each State is awarded*  
13           *only 1 grant or cooperative agreement under this sec-*  
14           *tion. For purposes of the preceding sentence, a State*  
15           *shall be considered to have been awarded a grant or*  
16           *cooperative agreement if the eligible entity involved is*  
17           *the State or an entity designated by the State under*  
18           *paragraph (1)(B). Nothing in this paragraph shall be*  
19           *construed to apply to entities described in paragraph*  
20           *(1)(C).*

21                   “(c) *PREFERENCE.*—*In providing assistance under a*  
22           *grant or cooperative agreement under this section, an eligi-*  
23           *ble entity shall give preference to public organizations, pri-*  
24           *vate nonprofit organizations, political subdivisions, institu-*  
25           *tions of higher education, and tribal organizations actively*

1 *involved with the State-sponsored statewide or tribal youth*  
2 *suicide early intervention and prevention strategy that—*

3           “(1) *provide early intervention and assessment*  
4 *services, including screening programs, to youth who*  
5 *are at risk for mental or emotional disorders that*  
6 *may lead to a suicide attempt, and that are inte-*  
7 *grated with school systems, educational institutions,*  
8 *juvenile justice systems, substance abuse programs,*  
9 *mental health programs, foster care systems, and*  
10 *other child and youth support organizations;*

11           “(2) *demonstrate collaboration among early*  
12 *intervention and prevention services or certify that*  
13 *entities will engage in future collaboration;*

14           “(3) *employ or include in their applications a*  
15 *commitment to evaluate youth suicide early interven-*  
16 *tion and prevention practices and strategies adapted*  
17 *to the local community;*

18           “(4) *provide timely referrals for appropriate*  
19 *community-based mental health care and treatment of*  
20 *youth who are at risk for suicide in child-serving set-*  
21 *tings and agencies;*

22           “(5) *provide immediate support and information*  
23 *resources to families of youth who are at risk for sui-*  
24 *cide;*

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

3           “(7) offer appropriate postsuicide intervention  
4           services, care, and information to families, friends,  
5           schools, educational institutions, juvenile justice sys-  
6           tems, substance abuse programs, mental health pro-  
7           grams, foster care systems, and other child and youth  
8           support organizations of youth who recently com-  
9           pleted suicide;

10          “(8) offer continuous and up-to-date information  
11          and awareness campaigns that target parents, family  
12          members, child care professionals, community care  
13          providers, and the general public and highlight the  
14          risk factors associated with youth suicide and the life-  
15          saving help and care available from early interven-  
16          tion and prevention services;

17          “(9) ensure that information and awareness  
18          campaigns on youth suicide risk factors, and early  
19          intervention and prevention services, use effective  
20          communication mechanisms that are targeted to and  
21          reach youth, families, schools, educational institu-  
22          tions, and youth organizations;

23          “(10) provide a timely response system to ensure  
24          that child-serving professionals and providers are  
25          properly trained in youth suicide early intervention

1        *and prevention strategies and that child-serving pro-*  
2        *essionals and providers involved in early interven-*  
3        *tion and prevention services are properly trained in*  
4        *effectively identifying youth who are at risk for sui-*  
5        *cide;*

6                *“(11) provide continuous training activities for*  
7        *child care professionals and community care pro-*  
8        *viders on the latest youth suicide early intervention*  
9        *and prevention services practices and strategies;*

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

13                *“(13) provide services in areas or regions with*  
14        *rates of youth suicide that exceed the national average*  
15        *as determined by the Centers for Disease Control and*  
16        *Prevention; and*

17                *“(14) obtain informed written consent from a*  
18        *parent or legal guardian of an at-risk child before in-*  
19        *volving the child in a youth suicide early intervention*  
20        *and prevention program.*

21                *“(d) REQUIREMENT FOR DIRECT SERVICES.—Not less*  
22        *than 85 percent of grant funds received under this section*  
23        *shall be used to provide direct services, of which not less*  
24        *than 5 percent shall be used for activities authorized under*  
25        *subsection (a)(3).*

1       “(e) *COORDINATION AND COLLABORATION.*—

2               “(1) *IN GENERAL.*—*In carrying out this section,*  
3       *the Secretary shall collaborate with relevant Federal*  
4       *agencies and suicide working groups responsible for*  
5       *early intervention and prevention services relating to*  
6       *youth suicide.*

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

9               “(A) *State and local agencies, including*  
10       *agencies responsible for early intervention and*  
11       *prevention services under title XIX of the Social*  
12       *Security Act, the State Children’s Health Insur-*  
13       *ance Program under title XXI of the Social Se-*  
14       *curity Act, and programs funded by grants*  
15       *under title V of the Social Security Act;*

16               “(B) *local and national organizations that*  
17       *serve youth at risk for suicide and their families;*

18               “(C) *relevant national medical and other*  
19       *health and education specialty organizations;*

20               “(D) *youth who are at risk for suicide, who*  
21       *have survived suicide attempts, or who are cur-*  
22       *rently receiving care from early intervention*  
23       *services;*

24               “(E) *families and friends of youth who are*  
25       *at risk for suicide, who have survived suicide at-*

1           *tempts, who are currently receiving care from*  
 2           *early intervention and prevention services, or*  
 3           *who have completed suicide;*

4           “(F) *qualified professionals who possess the*  
 5           *specialized knowledge, skills, experience, and rel-*  
 6           *evant attributes needed to serve youth at risk for*  
 7           *suicide and their families; and*

8           “(G) *third-party payers, managed care or-*  
 9           *ganizations, and related commercial industries.*

10          “(3) *POLICY DEVELOPMENT.—In carrying out*  
 11          *this section, the Secretary shall—*

12           “(A) *coordinate and collaborate on policy*  
 13           *development at the Federal level with the rel-*  
 14           *evant Department of Health and Human Serv-*  
 15           *ices agencies and suicide working groups; and*

16           “(B) *consult on policy development at the*  
 17           *Federal level with the private sector, including*  
 18           *consumer, medical, suicide prevention advocacy*  
 19           *groups, and other health and education profes-*  
 20           *sional-based organizations, with respect to State-*  
 21           *sponsored statewide or tribal youth suicide early*  
 22           *intervention and prevention strategies.*

23          “(f) *RULE OF CONSTRUCTION; RELIGIOUS AND MORAL*  
 24          *ACCOMMODATION.—Nothing in this section shall be con-*  
 25          *strued to require suicide assessment, early intervention, or*

1 *treatment services for youth whose parents or legal guard-*  
 2 *ians object based on the parents' or legal guardians' reli-*  
 3 *gious beliefs or moral objections.*

4 “(g) *EVALUATIONS AND REPORT.*—

5 “(1) *EVALUATIONS BY ELIGIBLE ENTITIES.*—*Not*  
 6 *later than 18 months after receiving a grant or coop-*  
 7 *erative agreement under this section, an eligible enti-*  
 8 *ty shall submit to the Secretary the results of an eval-*  
 9 *uation to be conducted by the entity concerning the*  
 10 *effectiveness of the activities carried out under the*  
 11 *grant or agreement.*

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

16 “(A) *the evaluations conducted under para-*  
 17 *graph (1); and*

18 “(B) *an evaluation conducted by the Sec-*  
 19 *retary to analyze the effectiveness and efficacy of*  
 20 *the activities conducted with grants, collabora-*  
 21 *tions, and consultations under this section.*

22 “(h) *RULE OF CONSTRUCTION; STUDENT MEDICA-*  
 23 *TION.*—*Nothing in this section or section 520E–1 shall be*  
 24 *construed to allow school personnel to require that a student*

1 *obtain any medication as a condition of attending school*  
2 *or receiving services.*

3       “(i) *PROHIBITION.—Funds appropriated to carry out*  
4 *this section, section 520C, section 520E–1, or section 520E–*  
5 *2 shall not be used to pay for or refer for abortion.*

6       “(j) *PARENTAL CONSENT.—States and entities receiv-*  
7 *ing funding under this section and section 520E–1 shall*  
8 *obtain prior written, informed consent from the child’s par-*  
9 *ent or legal guardian for assessment services, school-spon-*  
10 *sored programs, and treatment involving medication re-*  
11 *lated to youth suicide conducted in elementary and sec-*  
12 *ondary schools. The requirement of the preceding sentence*  
13 *does not apply in the following cases:*

14               “(1) *In an emergency, where it is necessary to*  
15 *protect the immediate health and safety of the student*  
16 *or other students.*

17               “(2) *Other instances, as defined by the State,*  
18 *where parental consent cannot reasonably be obtained.*

19       “(k) *RELATION TO EDUCATION PROVISIONS.—Nothing*  
20 *in this section or section 520E–1 shall be construed to su-*  
21 *persede section 444 of the General Education Provisions*  
22 *Act, including the requirement of prior parental consent for*  
23 *the disclosure of any education records. Nothing in this sec-*  
24 *tion or section 520E-1 shall be construed to modify or affect*  
25 *parental notification requirements for programs authorized*

1 *under the Elementary and Secondary Education Act of*  
 2 *1965 (as amended by the No Child Left Behind Act of 2001;*  
 3 *Public Law 107–110).*

4 “(l) *DEFINITIONS.—In this section:*

5 “(1) *EARLY INTERVENTION.—The term ‘early*  
 6 *intervention’ means a strategy or approach that is in-*  
 7 *tended to prevent an outcome or to alter the course of*  
 8 *an existing condition.*

9 “(2) *EDUCATIONAL INSTITUTION; INSTITUTION*  
 10 *OF HIGHER EDUCATION; SCHOOL.—The term—*

11 “(A) *‘educational institution’ means a*  
 12 *school or institution of higher education;*

13 “(B) *‘institution of higher education’ has*  
 14 *the meaning given such term in section 101 of*  
 15 *the Higher Education Act of 1965; and*

16 “(C) *‘school’ means an elementary or sec-*  
 17 *ondary school (as such terms are defined in sec-*  
 18 *tion 9101 of the Elementary and Secondary*  
 19 *Education Act of 1965).*

20 “(3) *PREVENTION.—The term ‘prevention’ means*  
 21 *a strategy or approach that reduces the likelihood or*  
 22 *risk of onset, or delays the onset, of adverse health*  
 23 *problems that have been known to lead to suicide.*

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

1       “(m) *AUTHORIZATION OF APPROPRIATIONS.*—

2               “(1) *IN GENERAL.*—*For the purpose of carrying*  
 3       *out this section, there are authorized to be appro-*  
 4       *propriated \$7,000,000 for fiscal year 2005, \$18,000,000*  
 5       *for fiscal year 2006, and \$30,000,000 for fiscal year*  
 6       *2007.*

7               “(2) *PREFERENCE.*—*If less than \$3,500,000 is*  
 8       *appropriated for any fiscal year to carry out this sec-*  
 9       *tion, in awarding grants and cooperative agreements*  
 10       *under this section during the fiscal year, the Sec-*  
 11       *retary shall give preference to States that have rates*  
 12       *of suicide that significantly exceed the national aver-*  
 13       *age as determined by the Centers for Disease Control*  
 14       *and Prevention.”.*

15       (d) *MENTAL AND BEHAVIORAL HEALTH SERVICES ON*  
 16       *CAMPUS.*—*Title V of the Public Health Service Act (42*  
 17       *U.S.C. 290aa et seq.) is amended by inserting after section*  
 18       *520E–1 (as redesignated by subsection (b)) the following:*

19       “**SEC. 520E–2. MENTAL AND BEHAVIORAL HEALTH SERVICES**  
 20                               **ON CAMPUS.**

21               “(a) *IN GENERAL.*—*The Secretary, acting through the*  
 22       *Director of the Center for Mental Health Services, in con-*  
 23       *sultation with the Secretary of Education, may award*  
 24       *grants on a competitive basis to institutions of higher edu-*  
 25       *cation to enhance services for students with mental and be-*

1 *havioral health problems that can lead to school failure,*  
2 *such as depression, substance abuse, and suicide attempts,*  
3 *so that students will successfully complete their studies.*

4       “(b) *USE OF FUNDS.—The Secretary may not make*  
5 *a grant to an institution of higher education under this*  
6 *section unless the institution agrees to use the grant only*  
7 *for—*

8               “(1) *educational seminars;*

9               “(2) *the operation of hot lines;*

10              “(3) *preparation of informational material;*

11              “(4) *preparation of educational materials for*  
12 *families of students to increase awareness of potential*  
13 *mental and behavioral health issues of students en-*  
14 *rolled at the institution of higher education;*

15              “(5) *training programs for students and campus*  
16 *personnel to respond effectively to students with men-*  
17 *tal and behavioral health problems that can lead to*  
18 *school failure, such as depression, substance abuse,*  
19 *and suicide attempts; or*

20              “(6) *the creation of a networking infrastructure*  
21 *to link colleges and universities that do not have men-*  
22 *tal health services with health care providers who can*  
23 *treat mental and behavioral health problems.*

1       “(c) *ELIGIBLE GRANT RECIPIENTS.*—*Any institution*  
2 *of higher education receiving a grant under this section*  
3 *may carry out activities under the grant through—*

4               “(1) *college counseling centers;*

5               “(2) *college and university psychological service*  
6 *centers;*

7               “(3) *mental health centers;*

8               “(4) *psychology training clinics; or*

9               “(5) *institution of higher education supported,*  
10 *evidence-based, mental health and substance abuse*  
11 *programs.*

12       “(d) *APPLICATION.*—*An institution of higher edu-*  
13 *cation desiring a grant under this section shall prepare and*  
14 *submit an application to the Secretary at such time and*  
15 *in such manner as the Secretary may require. At a min-*  
16 *imum, the application shall include the following:*

17               “(1) *A description of identified mental and be-*  
18 *havioral health needs of students at the institution of*  
19 *higher education.*

20               “(2) *A description of Federal, State, local, pri-*  
21 *vate, and institutional resources currently available*  
22 *to address the needs described in paragraph (1) at the*  
23 *institution of higher education.*

24               “(3) *A description of the outreach strategies of*  
25 *the institution of higher education for promoting ac-*

1        *cess to services, including a proposed plan for reach-*  
2        *ing those students most in need of mental health serv-*  
3        *ices.*

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

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

11        *“(e) REQUIREMENT OF MATCHING FUNDS.—*

12            *“(1) IN GENERAL.—The Secretary may make a*  
13        *grant under this section to an institution of higher*  
14        *education only if the institution agrees to make avail-*  
15        *able (directly or through donations from public or*  
16        *private entities) non-Federal contributions in an*  
17        *amount that is not less than \$1 for each \$1 of Federal*  
18        *funds provided in the grant, toward the costs of ac-*  
19        *tivities carried out with the grant (as described in*  
20        *subsection (b)) and other activities by the institution*  
21        *to reduce student mental and behavioral health prob-*  
22        *lems.*

23            *“(2) DETERMINATION OF AMOUNT CONTRIB-*  
24        *UTED.—Non-Federal contributions required under*  
25        *paragraph (1) may be in cash or in kind. Amounts*

1       *provided by the Federal Government, or services as-*  
2       *isted or subsidized to any significant extent by the*  
3       *Federal Government, may not be included in deter-*  
4       *mining the amount of such non-Federal contributions.*

5               “(3) *WAIVER.*—*The Secretary may waive the re-*  
6       *quirement established in paragraph (1) with respect*  
7       *to an institution of higher education if the Secretary*  
8       *determines that extraordinary need at the institution*  
9       *justifies the waiver.*

10              “(f) *REPORTS.*—*For each fiscal year that grants are*  
11       *awarded under this section, the Secretary shall conduct a*  
12       *study on the results of the grants and submit to the Congress*  
13       *a report on such results that includes the following:*

14                      “(1) *An evaluation of the grant program out-*  
15       *comes, including a summary of activities carried out*  
16       *with the grant and the results achieved through those*  
17       *activities.*

18                      “(2) *Recommendations on how to improve access*  
19       *to mental and behavioral health services at institu-*  
20       *tions of higher education, including efforts to reduce*  
21       *the incidence of suicide and substance abuse.*

22                      “(g) *DEFINITION.*—*In this section, the term ‘institu-*  
23       *tion of higher education’ has the meaning given such term*  
24       *in section 101 of the Higher Education Act of 1965.*

1       “(h) *AUTHORIZATION OF APPROPRIATIONS.*—*For the*  
2 *purpose of carrying out this section, there are authorized*  
3 *to be appropriated \$5,000,000 for fiscal year 2005,*  
4 *\$5,000,000 for fiscal year 2006, and \$5,000,000 for fiscal*  
5 *year 2007.*”.

Amend the title so as to read: “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 authorize grants to institutions of higher education to reduce student mental and behavioral health problems, and for other purposes.”.

Attest:

*Clerk.*