

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

# S. 4043

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

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IN THE SENATE OF THE UNITED STATES

DECEMBER 17, 2010

Mr. DODD (for himself, Mr. REED, Mr. DURBIN, and Mr. UDALL of New Mexico) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## 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 2010”.

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 establish a  
6 research, training, and technical assistance resource cen-  
7 ter to provide appropriate information, training, and tech-  
8 nical assistance to States, political subdivisions of States,  
9 federally recognized Indian tribes, tribal organizations, in-  
10 stitutions of higher education, public organizations, or pri-  
11 vate nonprofit organizations concerning the prevention of  
12 suicide among all ages, particularly among groups that are  
13 at high risk for suicide.

14 “(b) RESPONSIBILITIES OF THE CENTER.—The cen-  
15 ter established under subsection (a) shall—

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

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

24 “(3) study the costs and effectiveness of state-  
25 wide and tribal suicide early intervention and pre-  
26 vention strategies in order to provide information

1 concerning relevant issues of importance to State,  
2 tribal, and national policymakers;

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

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

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

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

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

1 particularly among groups that are at high risk for  
2 suicide;

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

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

9 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the  
10 purpose of carrying out this section, there are authorized  
11 to be appropriated \$5,000,000 for fiscal year 2011, and  
12 such sums as may be necessary for each of fiscal years  
13 2012 through 2015.”.

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 dislo-  
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 \$34,000,000 for fiscal year 2011,  
20 \$38,000,000 for fiscal year 2012, and \$42,000,000 for fis-  
21 cal year 2013, \$46,000,000 for fiscal year 2014, and  
22 \$50,000,000 for fiscal year 2015.”.

1 **SEC. 4. MENTAL HEALTH AND SUBSTANCE USE DISORDERS**  
2 **SERVICES AND OUTREACH ON CAMPUS.**

3 (a) MENTAL HEALTH AND SUBSTANCE USE DIS-  
4 ORDERS SERVICES ON CAMPUS.—Section 520E–2 of the  
5 Public Health Service Act (42 U.S.C. 290bb–36b) is  
6 amended to read as follows:

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

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

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

19 “(1) The provision of mental health and sub-  
20 stance use disorder services to students, including  
21 prevention, promotion of mental health, voluntary  
22 screening, early intervention, voluntary assessment,  
23 treatment, and management of mental health and  
24 substance abuse disorder issues.

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

4           “(3) Educating students, families, faculty, staff,  
5 and communities to increase awareness of mental  
6 health and substance use disorders.

7           “(4) The employment of appropriately trained  
8 staff, including administrative staff.

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

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

16           “(7) Developing, supporting, evaluating, and  
17 disseminating evidence-based and emerging best  
18 practices.

19           “(c) IMPLEMENTATION OF ACTIVITIES USING GRANT  
20 FUNDS.—An institution of higher education that receives  
21 a grant under this section may carry out activities under  
22 the grant through—

23           “(1) college counseling centers;

24           “(2) college and university psychological service  
25 centers;

1           “(3) mental health centers;

2           “(4) psychology training clinics;

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

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

9           “(d) APPLICATION.—To be eligible to receive a grant  
10          under this section, an institution of higher education shall  
11          prepare and submit to the Secretary an application at  
12          such time and in such manner as the Secretary may re-  
13          quire. At a minimum, such application shall include the  
14          following:

15               “(1) A description of identified mental health  
16               and substance use disorder needs of students at the  
17               institution of higher education.

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

22               “(3) A description of the outreach strategies of  
23               the institution of higher education for promoting ac-  
24               cess to services, including a proposed plan for reach-

1       ing those students most in need of mental health  
2       services.

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

7               “(5) A plan to seek input from community  
8       mental health providers, when available, community  
9       groups and other public and private entities in car-  
10      rying out the program under the grant.

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

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

19              “(e) SPECIAL CONSIDERATIONS.—In awarding  
20      grants under this section, the Secretary shall give special  
21      consideration to applications that describe programs to be  
22      carried out under the grant that—

23                   “(1) demonstrate the greatest need for new or  
24                  additional mental and substance use disorder serv-  
25                  ices, in part by providing information on current ra-

1       tios of students to mental health and substance use  
2       disorder health professionals and

3               “(2) demonstrate the greatest potential for rep-  
4       lication.

5       “(f) REQUIREMENT OF MATCHING FUNDS.—

6               “(1) IN GENERAL.—The Secretary may make a  
7       grant under this section to an institution of higher  
8       education only if the institution agrees to make  
9       available (directly or through donations from public  
10      or private entities) non-Federal contributions in an  
11      amount that is not less than \$1 for each \$1 of Fed-  
12      eral funds provided under the grant, toward the  
13      costs of activities carried out with the grant (as de-  
14      scribed in subsection (b)) and other activities by the  
15      institution to reduce student mental health and sub-  
16      stance use disorders.

17              “(2) DETERMINATION OF AMOUNT CONTRIB-  
18      UTED.—Non-Federal contributions required under  
19      paragraph (1) may be in cash or in kind. Amounts  
20      provided by the Federal Government, or services as-  
21      sisted or subsidized to any significant extent by the  
22      Federal Government, may not be included in deter-  
23      mining the amount of such non-Federal contribu-  
24      tions.

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

6           “(g) REPORTS.—For each fiscal year that grants are  
7           awarded under this section, the Secretary shall conduct  
8           a study on the results of the grants and submit to the  
9           Congress a report on such results that includes the fol-  
10          lowing:

11           “(1) An evaluation of the grant program out-  
12           comes, including a summary of activities carried out  
13           with the grant and the results achieved through  
14           those activities.

15           “(2) Recommendations on how to improve ac-  
16           cess to mental health and substance use disorder  
17           services at institutions of higher education, including  
18           efforts to reduce the incidence of suicide and sub-  
19           stance use disorders.

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

23           “(i) AUTHORIZATION OF APPROPRIATIONS.—For the  
24           purpose of carrying out this section, there are authorized  
25           to be appropriated \$10,000,000 for fiscal year 2011, and

1 such sums as may be necessary for each of fiscal years  
2 2012 through 2015.”.

3 (b) MENTAL HEALTH AND SUBSTANCE USE DIS-  
4 ORDER OUTREACH AND EDUCATION ON COLLEGE CAM-  
5 PUSES.—Subpart 3 of part B of title V of the Public  
6 Health Service Act (42 U.S.C. 290bb–31 et seq.) is  
7 amended by inserting after section 520E–2 (as amended  
8 by subsection (a)) the following:

9 **“SEC. 520E-3. MENTAL HEALTH AND SUBSTANCE USE DIS-**  
10 **ORDER OUTREACH AND EDUCATION ON COL-**  
11 **LEGE CAMPUSES.**

12 “(a) PURPOSE.—It is the purpose of this section to  
13 increase access to, and reduce the stigma associated with,  
14 mental health services so as to ensure that college students  
15 have the support necessary to successfully complete their  
16 studies.

17 “(b) NATIONAL PUBLIC EDUCATION CAMPAIGN.—  
18 The Secretary, acting through the Administrator and in  
19 collaboration with the Director of the Centers for Disease  
20 Control and Prevention, shall convene an interagency,  
21 public-private sector working group to plan, establish, and  
22 begin coordinating and evaluating a targeted public edu-  
23 cation campaign that is designed to focus on mental health  
24 and substance use disorders on college campuses. Such  
25 campaign shall be designed to—

1           “(1) improve the general understanding of men-  
2           tal health and mental health disorders, and sub-  
3           stance use disorders;

4           “(2) encourage help-seeking behaviors relating  
5           to the promotion of mental health, prevention of  
6           mental health and substance use disorders, and  
7           treatment of such disorders;

8           “(3) make the connection between mental  
9           health and substance use disorders and academic  
10          success; and

11          “(4) assist the general public in identifying the  
12          early warning signs and reducing the stigma of men-  
13          tal illness.

14          “(c) COMPOSITION.—The working group under sub-  
15          section (b) shall include—

16                 “(1) consumers of mental health services and  
17                 their family members;

18                 “(2) representatives of colleges and universities;

19                 “(3) representatives of national mental and be-  
20                 havioral health and college associations;

21                 “(4) representatives of mental health providers,  
22                 including community mental health centers; and

23                 “(5) representatives of private- and public-sec-  
24                 tor groups with experience in the development of ef-  
25                 fective public health education campaigns.

1 “(d) PLAN.—The working group under subsection (b)  
2 shall develop a plan that shall—

3 “(1) target promotional and educational efforts  
4 to the college age population and individuals who are  
5 employed in college and university settings, including  
6 the use of roundtables;

7 “(2) develop and propose the implementation of  
8 research-based public health messages and activities;

9 “(3) provide support for local efforts to reduce  
10 stigma by using the National Mental Health Infor-  
11 mation Center as a primary point of contact for in-  
12 formation, publications, and service program refer-  
13 rals; and

14 “(4) develop and propose the implementation of  
15 a social marketing campaign that is targeted at the  
16 college population and individuals who are employed  
17 in college and university settings.

18 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
19 is authorized to be appropriated, such sums as may be  
20 necessary to carry out this section.”.

21 **SEC. 5. INTERAGENCY WORKING GROUP ON COLLEGE MEN-**  
22 **TAL HEALTH.**

23 (a) PURPOSE.—It is the purpose of this section, pur-  
24 suant to Executive Order 13263 (and the recommenda-  
25 tions issued under section 6(b) of such Order), to provide

1 for the establishment of a College Campus Task Force  
2 under the Federal Executive Steering Committee on Men-  
3 tal Health, to discuss mental health and substance use dis-  
4 order concerns on college and university campuses.

5 (b) ESTABLISHMENT.—The Secretary of Health and  
6 Human Services (referred to in this section as the “Sec-  
7 retary”) shall establish a College Campus Task Force (re-  
8 ferred to in this section as the “Task Force”), under the  
9 Federal Executive Steering Committee on Mental Health,  
10 to discuss mental health and substance use disorder con-  
11 cerns on college and university campuses.

12 (c) MEMBERSHIP.—The Task Force shall be com-  
13 posed of a representative from each Federal agency (as  
14 appointed by the head of the agency) that has jurisdiction  
15 over, or is affected by, mental health and education poli-  
16 cies and projects, including—

17 (1) the Department of Education;

18 (2) the Department of Health and Human  
19 Services;

20 (3) the Department of Veterans Affairs; and

21 (4) such other Federal agencies as the Adminis-  
22 trator of the Substance Abuse and Mental Health  
23 Services Administration and the Secretary jointly de-  
24 termine to be appropriate.

25 (d) DUTIES.—The Task Force shall—

1           (1) serve as a centralized mechanism to coordi-  
2 nate a national effort—

3           (A) to discuss and evaluate evidence and  
4 knowledge on mental and behavioral health  
5 services available to, and the prevalence of men-  
6 tal health illness and substance use disorders  
7 among, the college age population of the United  
8 States;

9           (B) to determine the range of effective,  
10 feasible, and comprehensive actions to improve  
11 mental health and address substance use dis-  
12 orders on college and university campuses;

13           (C) to examine and better address the  
14 needs of the college age population dealing with  
15 mental illness and substance use disorders;

16           (D) to survey Federal agencies to deter-  
17 mine which policies are effective in encouraging,  
18 and how best to facilitate outreach without du-  
19 plicating, efforts relating to mental and behav-  
20 ioral health promotion;

21           (E) to establish specific goals within and  
22 across Federal agencies for mental health pro-  
23 motion, including determinations of account-  
24 ability for reaching those goals;

1 (F) to develop a strategy for allocating re-  
2 sponsibilities and ensuring participation in men-  
3 tal health and substance use disorder pro-  
4 motions, particularly in the case of competing  
5 agency priorities;

6 (G) to coordinate plans to communicate re-  
7 search results relating to mental and behavioral  
8 health amongst the college age population to  
9 produce more useful and timely information;

10 (H) to provide a description of evidence  
11 based best practices, model programs, effective  
12 guidelines, and other strategies for promoting  
13 mental health and substance use disorder on  
14 college and university campuses;

15 (I) to make recommendations to improve  
16 Federal efforts relating to mental and behav-  
17 ioral health promotion on college campuses and  
18 to ensure Federal efforts are consistent with  
19 available standards and evidence and other pro-  
20 grams in existence as of the date of enactment  
21 of this Act; and

22 (J) to monitor Federal progress in meeting  
23 specific mental and behavioral health promotion  
24 goals as they relate to college and university  
25 settings;

1           (2) consult with national organizations with ex-  
2           pertise in mental health and substance use disorder,  
3           especially those organizations working with the col-  
4           lege age population; and

5           (3) consult with and seek input from mental  
6           heath professionals working on college and university  
7           campuses as appropriate.

8           (e) MEETINGS.—

9           (1) IN GENERAL.—The Task Force shall meet  
10          at least 3 times each year.

11          (2) ANNUAL CONFERENCE.—The Secretary  
12          shall sponsor an annual conference on mental and  
13          behavioral health in college and university settings  
14          to enhance coordination, build partnerships, and  
15          share best practices in mental health and substance  
16          use disorder promotion, data collection, analysis, and  
17          services.

18          (f) AUTHORIZATION OF APPROPRIATIONS.—There  
19          are authorized to be appropriated, such sums as may be  
20          necessary to carry out this section.

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