

112TH CONGRESS  
1ST SESSION

# H. R. 751

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.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 17, 2011

Mrs. NAPOLITANO (for herself, Mr. BACA, Ms. BALDWIN, Ms. BERKLEY, Mrs. CAPPS, Mr. CICILLINE, Mrs. CHRISTENSEN, Mr. ELLISON, Mr. CUELLAR, Ms. HIRONO, Mr. FRANK of Massachusetts, Mr. GONZALEZ, Mr. AL GREEN of Texas, Mr. GRIJALVA, Mr. GUTIERREZ, Mr. HINCHEY, Mr. HONDA, Mr. HOLT, Mr. POLIS, Ms. JACKSON LEE of Texas, Mr. JACKSON of Illinois, Mr. CONYERS, Mr. KILDEE, Mr. JOHNSON of Georgia, Ms. LEE of California, Ms. MATSUI, Ms. NORTON, Mr. PASTOR of Arizona, Mr. LUJÁN, Mr. SERRANO, Mr. RANGEL, Mr. REYES, Ms. ROYBAL-ALLARD, Mr. RAHALL, Mr. SIRES, Ms. WATERS, Ms. LINDA T. SÁNCHEZ of California, Mr. THOMPSON of California, Mr. STARK, Mr. TONKO, Mr. HINOJOSA, and Ms. SLAUGHTER) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Mental Health in  
3 Schools Act of 2011”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) Approximately 1 in 5 children have a  
7 diagnosable mental disorder.

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

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

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

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

1           (6) Many schools have school-employed mental  
2 health providers supporting student’s social, emo-  
3 tional, and behavioral health needs in schools. The  
4 most common types of staff providing mental health  
5 services in schools were school counselors, followed  
6 by school nurses, school psychologists and school so-  
7 cial workers. Three-quarters of schools had at least  
8 one school counselor on staff, over two-thirds had a  
9 school psychologist or school nurse, and 44 percent  
10 had a school social worker.

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

18 **SEC. 3. PURPOSES.**

19 It is the purpose of this Act to—

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

1 (2) provide for comprehensive staff development  
2 for school and community service personnel working  
3 in the school; and

4 (3) provide for comprehensive training for chil-  
5 dren with mental health disorders, for parents, sib-  
6 lings, and other family members of such children,  
7 and for concerned members of the community.

8 **SEC. 4. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**  
9 **ACT.**

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

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

15 (2) by redesignating sections 581 through 584  
16 as sections 596 through 596C, respectively.

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

21 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHIL-**  
22 **DREN AND VIOLENCE.**

23 “(a) **IN GENERAL.**—The Secretary, in collaboration  
24 with the Secretary of Education and in consultation with  
25 the Attorney General, shall, directly or through grants,

1 contracts, or cooperative agreements awarded to public en-  
2 tities and local education agencies, assist local commu-  
3 nities and schools in applying a public health approach  
4 to mental health services both in schools and in the com-  
5 munity. Such approach should provide comprehensive age  
6 appropriate services and supports, be linguistically and  
7 culturally appropriate, and incorporate age appropriate  
8 strategies of positive behavioral interventions and sup-  
9 ports. A comprehensive school mental health program  
10 funded under this section shall assist children in dealing  
11 with violence.

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

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

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

24 “(3) provide assistance to local communities in  
25 the development of policies to address child and ado-

1       lescent mental health issues and violence when and  
2       if it occurs;

3           “(4) facilitate community partnerships among  
4       families, students, law enforcement agencies, edu-  
5       cation systems, mental health and substance use dis-  
6       order service systems, family-based mental health  
7       service systems, welfare agencies, health care service  
8       systems, and other community-based systems; and

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

12       “(c) REQUIREMENTS.—

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

16           “(A) be a partnership between a local edu-  
17       cation agency and at least one community pro-  
18       gram or agency that is involved in mental  
19       health; 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 applicant will ensure that,  
5                   in carrying out activities under this section, the  
6                   local educational agency involved will enter into  
7                   a memorandum of understanding—

8                           “(i) with, at a minimum, public or  
9                           private mental health entities, health care  
10                          entities, law enforcement or juvenile justice  
11                          entities, child welfare agencies, family-  
12                          based mental health entities, families and  
13                          family organizations, and other commu-  
14                          nity-based entities; and

15                           “(ii) that clearly states—

16                                   “(I) the responsibilities of each  
17                                   partner with respect to the activities  
18                                   to be carried out;

19                                   “(II) how each such partner will  
20                                   be accountable for carrying out such  
21                                   responsibilities; and

22                                   “(III) the amount of non-Federal  
23                                   funding or in-kind contributions that  
24                                   each such partner will contribute in  
25                                   order to sustain the program.

1           “(B) That the comprehensive school-based  
2           mental health program carried out under this  
3           section supports the flexible use of funds to ad-  
4           dress—

5                   “(i) the promotion of the social, emo-  
6                   tional, and behavioral health of all students  
7                   in an environment that is conducive to  
8                   learning;

9                   “(ii) the reduction in the likelihood of  
10                  at risk students developing social, emo-  
11                  tional, behavioral health problems, or sub-  
12                  stance use disorders;

13                  “(iii) the early identification of social,  
14                  emotional, behavioral problems, or sub-  
15                  stance use disorders and the provision of  
16                  early intervention services;

17                  “(iv) the treatment or referral for  
18                  treatment of students with existing social,  
19                  emotional, behavioral health problems, or  
20                  substance use disorders; and

21                  “(v) the development and implementa-  
22                  tion of programs to assist children in deal-  
23                  ing with violence.

24           “(C) That the comprehensive school-based  
25           mental health program carried out under this



1 section will provide for in-service training of all  
2 school personnel, including ancillary staff and  
3 volunteers, in—

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

7 “(ii) the use of referral mechanisms  
8 that effectively link such children to treat-  
9 ment and intervention services in the  
10 school and in the community;

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

13 “(iv) strategies for promoting the so-  
14 cial, emotional, mental, and behavioral  
15 health of all students; and

16 “(v) strategies to increase the knowl-  
17 edge and skills of school and community  
18 leaders on the application of a public  
19 health approach to comprehensive school-  
20 based mental health programs.

21 “(D) That the comprehensive school-based  
22 mental health program carried out under this  
23 section will include comprehensive training for  
24 parents, siblings, and other family members of

1 children with mental health disorders, and for  
2 concerned members of the community in—

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

6 “(ii) the use of referral mechanisms  
7 that effectively link such children to treat-  
8 ment and intervention services in the  
9 school and in the community; and

10 “(iii) strategies that promote a school-  
11 wide positive environment.

12 “(E) That the comprehensive school-based  
13 mental health program carried out under this  
14 section will demonstrate the measures to be  
15 taken to sustain the program after funding  
16 under this section terminates.

17 “(F) That the local education agency part-  
18 nership involved is supported by the State edu-  
19 cational and mental health system to ensure  
20 that the sustainability of the programs is estab-  
21 lished after funding under this section termi-  
22 nates.

23 “(G) That the comprehensive school-based  
24 mental health program carried out under this

1 section will be based on evidence-based prac-  
2 tices.

3 “(H) That the comprehensive school-based  
4 mental health program carried out under this  
5 section will be coordinated with early inter-  
6 vening activities carried out under the Individ-  
7 uals with Disabilities Education Act.

8 “(I) That the comprehensive school-based  
9 mental health program carried out under this  
10 section will be culturally and linguistically ap-  
11 propriate.

12 “(J) That the comprehensive school-based  
13 mental health program carried out under this  
14 section will include a broad needs assessment of  
15 youth who drop out of school due to policies of  
16 ‘zero tolerance’ with respect to drugs, alcohol,  
17 or weapons.

18 “(K) That the mental health services pro-  
19 vided through the comprehensive school-based  
20 mental health program carried out under this  
21 section will be provided by qualified mental and  
22 behavioral health professionals who are certified  
23 or licensed by the State involved and practicing  
24 within their area of expertise.

1       “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary  
2 shall ensure that grants, contracts, or cooperative agree-  
3 ments under subsection (a) will be distributed equitably  
4 among the regions of the country and among urban and  
5 rural areas.

6       “(e) DURATION OF AWARDS.—With respect to a  
7 grant, contract, or cooperative agreement under sub-  
8 section (a), the period during which payments under such  
9 an award will be made to the recipient shall be 5 years.  
10 An entity may receive only one award under this section,  
11 except that an entity that is providing services and sup-  
12 ports on a regional basis may receive additional funding  
13 after the expiration of the preceding grant period.

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

15               “(1) DEVELOPMENT OF PROCESS.—The Ad-  
16 ministrators shall develop a process for evaluating ac-  
17 tivities carried out under this section. Such process  
18 shall include—

19                       “(A) the development of guidelines for the  
20 submission of program data by grant, contract,  
21 or cooperative agreement recipients;

22                       “(B) the development of measures of out-  
23 comes (in accordance with paragraph (2)) to be  
24 applied by such recipients in evaluating pro-  
25 grams carried out under this section; and

1           “(C) the submission of annual reports by  
2 such recipients concerning the effectiveness of  
3 programs carried out under this section.

4           “(2) MEASURES OF OUTCOMES.—

5           “(A) IN GENERAL.—The Administrator  
6 shall develop measures of outcomes to be ap-  
7 plied by recipients of assistance under this sec-  
8 tion, and the Administrator, in evaluating the  
9 effectiveness of programs carried out under this  
10 section. Such measures shall include student  
11 and family measures as provided for in sub-  
12 paragraph (B) and local educational measures  
13 as provided for under subparagraph (C).

14           “(B) STUDENT AND FAMILY MEASURES OF  
15 OUTCOMES.—The measures of outcomes devel-  
16 oped under paragraph (1)(B) relating to stu-  
17 dents and families shall, with respect to activi-  
18 ties carried out under a program under this  
19 section, at a minimum include provisions to  
20 evaluate—

21                   “(i) whether the program resulted in  
22 an increase in social and emotional com-  
23 petency;

24                   “(ii) whether the program resulted in  
25 an increase in academic competency;

1           “(iii) whether the program resulted in  
2           a reduction in disruptive and aggressive  
3           behaviors;

4           “(iv) whether the program resulted in  
5           improved family functioning;

6           “(v) whether the program resulted in  
7           a reduction in substance use disorders;

8           “(vi) whether the program resulted in  
9           a reduction in suspensions, truancy, expul-  
10          sions and violence;

11          “(vii) whether the program resulted in  
12          increased graduation rates; and

13          “(viii) whether the program resulted  
14          in improved access to care for mental  
15          health disorders.

16          “(C) LOCAL EDUCATIONAL OUTCOMES.—  
17          The outcome measures developed under para-  
18          graph (1)(B) relating to local educational sys-  
19          tems shall, with respect to activities carried out  
20          under a program under this section, at a min-  
21          imum include provisions to evaluate—

22                 “(i) the effectiveness of comprehensive  
23                 school mental health programs established  
24                 under this section;

1           “(ii) the effectiveness of formal part-  
2           nership linkages among child and family  
3           serving institutions, community support  
4           systems, and the educational system;

5           “(iii) the progress made in sustaining  
6           the program once funding under the grant  
7           has expired;

8           “(iv) the effectiveness of training and  
9           professional development programs for all  
10          school personnel that incorporate indica-  
11          tors that measure cultural and linguistic  
12          competencies under the program in a man-  
13          ner that incorporates appropriate cultural  
14          and linguistic training;

15          “(v) the improvement in perception of  
16          a safe and supportive learning environment  
17          among school staff, students, and parents;

18          “(vi) the improvement in case-finding  
19          of students in need of more intensive serv-  
20          ices and referral of identified students to  
21          early intervention and clinical services;

22          “(vii) the improvement in the imme-  
23          diate availability of clinical assessment and  
24          treatment services to students posing a  
25          danger to themselves or others;

1                   “(viii) the increased successful matric-  
2                   ulation to postsecondary school; and

3                   “(ix) reduced referrals to juvenile jus-  
4                   tice.

5                   “(3) SUBMISSION OF ANNUAL DATA.—An entity  
6                   that receives a grant, contract, or cooperative agree-  
7                   ment under this section shall annually submit to the  
8                   Administrator a report that includes data to evalu-  
9                   ate the success of the program carried out by the en-  
10                  tity based on whether such program is achieving the  
11                  purposes of the program. Such reports shall utilize  
12                  the measures of outcomes under paragraph (2) in a  
13                  reasonable manner to demonstrate the progress of  
14                  the program in achieving such purposes.

15                  “(4) EVALUATION BY ADMINISTRATOR.—Based  
16                  on the data submitted under paragraph (3), the Ad-  
17                  ministrator shall annually submit to Congress a re-  
18                  port concerning the results and effectiveness of the  
19                  programs carried out with assistance received under  
20                  this section.

21                  “(g) INFORMATION AND EDUCATION.—The Sec-  
22                  retary shall establish comprehensive information and edu-  
23                  cation programs to disseminate the findings of the knowl-  
24                  edge development and application under this section to the  
25                  general public and to health care professionals.



1       “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF  
2 APPROPRIATIONS.—

3               “(1) AMOUNT OF GRANTS.—A grant under this  
4 section shall be in an amount that is not more than  
5 \$1,000,000 for each of grant years 2012 through  
6 2016. The Secretary shall determine the amount of  
7 each such grant based on the population of children  
8 up to age 21 of the area to be served under the  
9 grant.

10              “(2) AUTHORIZATION OF APPROPRIATIONS.—  
11 There is authorized to be appropriated to carry out  
12 this section, \$200,000,000 for each of fiscal years  
13 2012 through 2016.”.

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

18       **“PART G—SCHOOL-BASED MENTAL HEALTH”.**

○