

113TH CONGRESS
1ST SESSION

S. 689

To reauthorize and improve programs related to mental health and substance use disorders.

IN THE SENATE OF THE UNITED STATES

APRIL 9, 2013

Mr. HARKIN (for himself, Mr. ALEXANDER, Mr. FRANKEN, Mr. ENZI, Mr. BENNET, Ms. MURKOWSKI, Ms. BALDWIN, Mr. ROBERTS, Mrs. HAGAN, and Mr. ISAKSON) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To reauthorize and improve programs related to mental health and substance use disorders.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Mental Health Aware-
5 ness and Improvement Act of 2013”.

TITLE I—EDUCATION PROGRAMS

SEC. 101. SHORT TITLE.

This title may be cited as the “Achievement Through Prevention Act”.

SEC. 102. PURPOSE.

The purpose of this title is to expand the use of positive behavioral interventions and supports and early intervening services in schools in order to improve student academic achievement, reduce overidentification of individuals with disabilities, and reduce disciplinary problems in schools.

SEC. 103. AMENDMENTS TO THE ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965.

(a) TITLE I STATE PLANS.—Section 1111(b) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311(b)) is amended by adding at the end the following:

“(11) POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS.—In the case of a State that proposes to use funds under this part to support positive behavioral interventions and supports, the State plan shall describe how the State educational agency will—

1 “(A) assist local educational agencies in
2 implementing positive behavioral interventions
3 and supports in schools served by the local edu-
4 cational agency on a whole-school basis;

5 “(B) provide technical assistance and
6 training to local educational agencies to im-
7 prove and support the development, implemen-
8 tation, and coordination of comprehensive posi-
9 tive behavioral interventions and supports car-
10 ried out under this Act with activities carried
11 out under the Individuals with Disabilities Edu-
12 cation Act; and

13 “(C) evaluate the effects of providing posi-
14 tive behavioral interventions and supports for
15 all students, including improvement of the
16 learning environment, academic achievement,
17 disciplinary problems such as incidents of sus-
18 pensions, expulsions, referrals to law enforce-
19 ment, and other actions that remove students
20 from instruction, and any other effects the
21 State chooses to evaluate.

22 “(12) EARLY INTERVENING SERVICES.—In the
23 case of a State that proposes to use funds under this
24 part to support early intervening services, the State

1 plan shall describe how the State educational agency
2 will—

3 “(A) assist local educational agencies in
4 implementing early intervening services in
5 schools served by the local educational agency
6 to reduce the need to label children as children
7 with disabilities in order to address the learning
8 and behavioral needs of such children;

9 “(B) provide technical assistance and
10 training to local educational agencies to im-
11 prove coordination of early intervening services
12 provided under this Act with early intervening
13 services carried out under the Individuals with
14 Disabilities Education Act; and

15 “(C) evaluate the effects of providing early
16 intervening services.

17 “(13) CRISIS MANAGEMENT PLANS.—In the
18 case of a State that proposes to use funds under this
19 part to assist local educational agencies in the State
20 in periodically updating the crisis management
21 plans, as described in section 4114(d)(7)(D), of such
22 local educational agencies, the State plan shall de-
23 scribe how the State educational agency will assist
24 local educational agencies in updating such crisis
25 management plans.”.

1 (b) TITLE I STATE REPORTS.—Section
 2 1111(h)(1)(C) of the Elementary and Secondary Edu-
 3 cation Act of 1965 (20 U.S.C. 6311(h)(1)(C)) is amend-
 4 ed—

5 (1) in clause (vii), by striking “and” after the
 6 semicolon;

7 (2) in clause (viii), by striking the period and
 8 inserting a semicolon; and

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

10 “(ix) the number of local educational
 11 agencies in the State that implement posi-
 12 tive behavioral interventions and supports;

13 “(x) the number of students—

14 “(I) who are served through the
 15 use of early intervening services; and

16 “(II) who, in the preceding 2-
 17 year period, received early intervening
 18 services and who, after receiving such
 19 services, have been identified as eligi-
 20 ble for, and receive, special education
 21 and related services under part B of
 22 the Individuals with Disabilities Edu-
 23 cation Act; and

1 “(xi) the number of local educational
2 agencies in the State that implement
3 school-based mental health programs.”.

4 (c) TITLE I LOCAL EDUCATIONAL AGENCY PLANS.—
5 Section 1112(b)(1) of the Elementary and Secondary
6 Education Act of 1965 (20 U.S.C. 6312(b)(1)) is amend-
7 ed—

8 (1) in subparagraph (P), by striking “and”
9 after the semicolon;

10 (2) in subparagraph (Q), by striking the period
11 and inserting a semicolon; and

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

13 “(R) if the local educational agency pro-
14 poses to use subgrant funds under this part for
15 positive behavioral interventions and supports, a
16 description of the actions the local educational
17 agency will take to provide positive behavioral
18 interventions and supports and coordinate those
19 activities with activities carried out under the
20 Individuals with Disabilities Education Act;

21 “(S) if the local educational agency pro-
22 poses to use subgrant funds under this part for
23 early intervening services, a description of the
24 actions the local educational agency will take to
25 provide early intervening services and coordi-

nate those services with early intervening services carried out under the Individuals with Disabilities Education Act;

“(T) if the local educational agency proposes to use subgrant funds under this part for school-based mental health programs, a description of the actions the local educational agency will take to provide school-based mental health programs and coordinate those activities with activities carried out under the Individuals with Disabilities Education Act; and

“(U) if the local educational agency proposes to use subgrant funds under this part for periodically updating the crisis management plan of the local educational agency, as described in section 4114(d)(7)(D), a description of the actions the local educational agency will take to develop and implement an updated crisis management plan.”.

(d) TITLE I SCHOOLWIDE PROGRAMS.—

(1) SCHOOLWIDE PROGRAMS.—Section 1114(b)(1)(B)(iii)(I) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6314(b)(1)(B)(iii)(I)) is amended—

(A) in item (aa), by inserting “and school-based mental health programs” after “services”;

(B) by redesignating items (bb) and (cc) as items (dd) and (ee), respectively; and

(C) by inserting after item (aa) the following:

“(bb) implementation of schoolwide positive behavioral interventions and supports, including through coordination with activities carried out under the Individuals with Disabilities Education Act, in order to improve academic outcomes for students and reduce the need for suspensions, expulsions, and other actions that remove students from instruction;

“(cc) implementation of early intervening services, including through coordination with early intervening services carried out under the Individuals with Disabilities Education Act;”.

(2) TECHNICAL ASSISTANCE.—Section 1116(b)(4)(B) of the Elementary and Secondary

1 Education Act of 1965 (20 U.S.C. 6316(b)(4)(B)) is
2 amended—

3 (A) by redesignating clauses (iii) and (iv)
4 as clauses (iv) and (v), respectively; and

5 (B) by inserting after clause (ii) the fol-
6 lowing:

7 “(iii) shall include assistance in the
8 implementation of schoolwide positive be-
9 havior supports, school-based mental
10 health programs, and other approaches
11 with evidence of effectiveness for improving
12 the learning environment in the school and
13 reducing the need for suspensions, expul-
14 sions, and other actions that remove stu-
15 dents from instruction, including effective
16 strategies for improving coordination of
17 community resources;”.

18 (e) TITLE I ASSESSMENTS AND SCHOOL IMPROVE-
19 MENT.—

20 (1) SCHOOL IMPROVEMENT PLAN.—Section
21 1116(b)(3)(A) of the Elementary and Secondary
22 Education Act of 1965 (20 U.S.C. 6316(b)(3)(A)) is
23 amended—

24 (A) in clause (ix), by striking “and” after
25 the semicolon;

1 (B) in clause (x), by striking the period
2 and inserting a semicolon; and

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

4 “(xi) specify whether the local edu-
5 cational agency or the school will adopt
6 and implement policies or practices to im-
7 plement or improve positive behavioral
8 interventions and supports and enhance co-
9 ordination with activities carried out under
10 the Individuals with Disabilities Education
11 Act;

12 “(xii) specify whether the local edu-
13 cational agency or the school will adopt
14 and implement policies or practices to im-
15 plement or improve early intervening serv-
16 ices and coordinate with early intervening
17 services carried out under such Act; and

18 “(xiii) specify whether the local edu-
19 cational agency or school will adopt and
20 implement school-based mental health pro-
21 grams and coordinate with programs car-
22 ried out under such Act.”.

23 (2) LOCAL EDUCATIONAL AGENCY IMPROVE-
24 MENT PLANS.—Section 1116(c)(10) of the Elemen-

1 tary and Secondary Education Act of 1965 (20
2 U.S.C. 6316(c)(10)) is amended—

3 (A) in subparagraph (B), by striking “sub-
4 paragraph (E)” and inserting “subparagraph
5 (F)”;

6 (B) by redesignating subparagraphs (D)
7 through (F) as subparagraphs (E) through (G),
8 respectively; and

9 (C) by inserting after subparagraph (C)
10 the following:

11 “(D) ADDITIONAL ACTIVITIES.—In addi-
12 tion to carrying out 1 or more of the corrective
13 actions required under subparagraph (C) for a
14 local educational agency, the State educational
15 agency may also carry out 1 or more of the fol-
16 lowing activities:

17 “(i) Improving or expanding positive
18 behavioral interventions and supports and
19 enhancing coordination with activities
20 under the Individuals with Disabilities
21 Education Act.

22 “(ii) Improving or expanding early in-
23 tervening services and coordinating such
24 services with early intervening services car-

1 ried out under the Individuals with Dis-
2 abilities Education Act.”.

3 (f) TITLE I SCHOOL SUPPORT AND RECOGNITION.—

4 (1) REGIONAL CENTERS.—Section 1117(a)(3)
5 of the Elementary and Secondary Education Act of
6 1965 (20 U.S.C. 6317(a)(3)) is amended—

7 (A) by striking “of 2002 and comprehen-
8 sive” and inserting “of 2002, comprehensive”;

9 (B) by striking “and the comprehensive”
10 and inserting “, the comprehensive”; and

11 (C) by inserting “and any technical assist-
12 ance center on schoolwide positive behavioral
13 interventions and supports funded under section
14 665(b) of the Individuals with Disabilities Edu-
15 cation Act,” after “2002),”.

16 (2) STATEWIDE SYSTEMS FOR SUPPORT.—Sec-
17 tion 1117(a)(5)(B) of the Elementary and Sec-
18 ondary Education Act of 1965 (20 U.S.C.
19 6317(a)(5)(B)) is amended—

20 (A) in clause (i), by striking the semicolon
21 at the end and inserting the following: “, in-
22 cluding by improving or expanding the use of
23 positive behavioral interventions and supports
24 aligned with activities carried out under the In-
25 dividuals with Disabilities Education Act;”;

1 (B) in clause (iii), by striking “and” after
2 the semicolon;

3 (C) in clause (iv), by striking the period
4 and inserting a semicolon; and

5 (D) by adding at the end the following:

6 “(v) review and analyze the school’s
7 efforts to identify and assist students with
8 poor academic achievement and students
9 who are children with disabilities, and as-
10 sist the school in developing or improving
11 early intervening services that are coordi-
12 nated with activities carried out under the
13 Individuals with Disabilities Education
14 Act;

15 “(vi) review and analyze the school’s
16 efforts to address behavioral or disciplinary
17 problems, and assist the school in devel-
18 oping or improving schoolwide positive be-
19 havioral interventions and supports that
20 are coordinated with activities carried out
21 under the Individuals with Disabilities
22 Education Act;

23 “(vii) review the number of discipline
24 incidents in the school and use that infor-
25 mation to assist the school to implement

1 schoolwide positive behavioral interventions
 2 and supports or other early intervening
 3 services, or both; and

4 “(viii) review and analyze the school’s
 5 efforts to address mental health needs
 6 among students and assist the school in
 7 developing or improving school-based men-
 8 tal health programs that are coordinated
 9 with activities carried out under the Indi-
 10 viduals with Disabilities Education Act.”.

11 (g) TITLE I PARENTAL INVOLVEMENT.—Section
 12 1118(e) of the Elementary and Secondary Education Act
 13 of 1965 (20 U.S.C. 6318(e)) is amended—

14 (1) by redesignating paragraphs (6) through
 15 (14) as paragraphs (7) through (15), respectively;
 16 and

17 (2) by inserting after paragraph (5) the fol-
 18 lowing:

19 “(6) shall provide information to school per-
 20 sonnel, students, and parents about the school’s use
 21 of positive behavioral interventions and supports,
 22 school-based mental health programs, and the expec-
 23 tations of school personnel, students, and parents in
 24 supporting a safe learning environment for all stu-
 25 dents;”.

1 (h) PREVENTION AND INTERVENTION PROGRAMS.—
2 Section 1414(c)(8) of the Elementary and Secondary Edu-
3 cation Act of 1965 (20 U.S.C. 6434(c)(8)) is amended by
4 inserting “, including coordinating the use of positive be-
5 havioral interventions and supports, early intervening
6 services, and school-based mental health programs to im-
7 prove academic achievement and reduce disciplinary ac-
8 tions” before the semicolon at the end.

9 (i) TECHNICAL ASSISTANCE.—Section 1419 of the
10 Elementary and Secondary Education Act of 1965 (20
11 U.S.C. 6439) is amended—

12 (1) in paragraph (1), by striking “and” after
13 the semicolon;

14 (2) in paragraph (2), by striking the period and
15 inserting “; and”; and

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

17 “(3) to provide technical assistance in imple-
18 menting positive behavior interventions and sup-
19 ports, early intervening services, and school-based
20 mental health programs in order to improve aca-
21 demic achievement and reduce disciplinary actions.”.

22 (j) TITLE II MENTAL HEALTH PROFESSIONAL DE-
23 VELOPMENT.—Section 2123 of the Elementary and Sec-
24 ondary Education Act of 1965 (20 U.S.C. 6223) is amend-
25 ed—

1 (1) in subsection (a), by inserting after para-
2 graph (8) the following:

3 “(9) Carrying out in-service training for school
4 personnel in—

5 “(A) the techniques and supports needed
6 to identify children with trauma histories, and
7 children with, or at risk of, mental illness,
8 early;

9 “(B) the use of referral mechanisms that
10 effectively link such children to appropriate
11 treatment and intervention services in the
12 school and in the community where appropriate;
13 and

14 “(C) forming partnerships between school-
15 based mental health programs and public or
16 private mental health organizations.”;

17 (2) by redesignating subsection (b) as sub-
18 section (c); and

19 (3) by inserting after subsection (a) the fol-
20 lowing:

21 “(b) LIABILITY PROTECTION FOR SCHOOL PER-
22 SONNEL.—Section 2366 shall apply to school personnel
23 who received in-service training under subsection (a)(9),
24 and who are carrying out activities related to such train-

1 ing, in the same manner as such section applies to teach-
 2 ers.”.

3 (k) SCHOOL-BASED MENTAL HEALTH SERVICES
 4 PARTNERSHIP PROGRAMS.—Section 4121 of the Elemen-
 5 tary and Secondary Education Act of 1965 (20 U.S.C.
 6 7131) is amended—

7 (1) in subsection (a)—

8 (A) in the matter preceding paragraph (1),
 9 by inserting “, health (including mental
 10 health),” after “promote safety”;

11 (B) by redesignating paragraphs (3)
 12 through (8) and (9) as paragraphs (4) through
 13 (9) and (11), respectively;

14 (C) by inserting after paragraph (2) the
 15 following:

16 “(3) the development and implementation of
 17 school-based mental health services partnership pro-
 18 grams under subsection (c);”;

19 (D) by striking paragraph (7), as redesign-
 20 ated by subparagraph (B), and inserting the
 21 following:

22 “(7)(A) assistance to school systems that have
 23 particularly severe drug and violence problems or as-
 24 sistance to support appropriate response efforts to
 25 crisis situations, including—

1 “(i) hiring drug prevention and school
2 safety coordinators; and

3 “(ii) making available to students mental
4 health services, conflict resolution programs,
5 and other school-based violence prevention
6 strategies;”;

7 (E) in paragraph (9), as redesignated by
8 subparagraph (B), by striking “and” after the
9 semicolon; and

10 (F) by inserting after such paragraph (9)
11 the following:

12 “(10) assistance to States to help local edu-
13 cational agencies develop and implement comprehen-
14 sive emergency management plans; and”; and

15 (2) by adding at the end the following:

16 “(c) SCHOOL-BASED MENTAL HEALTH SERVICES
17 PARTNERSHIP PROGRAMS.—

18 “(1) IN GENERAL.—Each grant, contract, or
19 cooperative agreement awarded or entered into
20 under subsection (a)(3) shall meet the requirements
21 of this subsection.

22 “(2) ELIGIBILITY.—

23 “(A) IN GENERAL.—To be eligible to re-
24 ceive a grant, contract, or cooperative agree-
25 ment under this subsection, a local educational

1 agency shall enter into a school-based mental
2 health partnership that—

3 “(i) shall include a public or private
4 mental health entity or health care entity;
5 and

6 “(ii) may include a child welfare agen-
7 cy, family-based mental health entity, fam-
8 ily organization, trauma network, or other
9 community-based entity.

10 “(B) FLEXIBILITY FOR CERTAIN LOCAL
11 EDUCATIONAL AGENCIES.—Notwithstanding
12 subparagraph (A), a local educational agency
13 that is eligible for services under subpart 1 or
14 2 of part B of title VI, as determined by the
15 Secretary, and that is unable to partner with a
16 public or private mental health entity or health
17 care entity shall be eligible for a grant under
18 this subsection if the local educational agency
19 can demonstrate to the Secretary, in its appli-
20 cation for a grant under this subsection, that
21 the local educational agency can otherwise build
22 the capacity to carry out the requirements of
23 this subsection.

24 “(3) APPLICATION.—A local educational agency
25 that desires a grant, contract, or cooperative agree-

1 ment under this subsection shall include, in the ap-
2 plication required by the Secretary, a description of
3 how the local educational agency will—

4 “(A) assist schools served by the local edu-
5 cational agency to provide, through the school-
6 based mental health services partnership pro-
7 gram, comprehensive school-based mental
8 health services and supports and comprehensive
9 staff development for school and community
10 service personnel working in the school;

11 “(B) provide technical assistance and
12 training to improve and support the develop-
13 ment, implementation, and coordination of
14 school-based mental health programs and en-
15 sure such programs are coordinated with activi-
16 ties carried out under the Individuals with Dis-
17 abilities Education Act; and

18 “(C) evaluate the effects of providing
19 school-based mental health programs.

20 “(4) USE OF FUNDS.—A local educational
21 agency receiving a grant, contract, or cooperative
22 agreement under this subsection shall use funds pro-
23 vided under such grant, contract, or cooperative
24 agreement to provide school-based mental health
25 services and supports that—

1 “(A) may include—

2 “(i) the early identification of social,
3 emotional, or behavioral problems, or sub-
4 stance use disorders, and the provision of
5 early intervening services;

6 “(ii) notwithstanding section 4154,
7 the treatment or referral for treatment of
8 students with social, emotional, or behav-
9 ioral health problems, or substance use dis-
10 orders;

11 “(iii) the development and implemen-
12 tation of programs to assist children in
13 dealing with trauma and violence; and

14 “(iv) the development of mechanisms,
15 based on best practices, for children to re-
16 port incidents of violence or plans by other
17 children or adults to commit violence;

18 “(B) are based on trauma-informed and
19 evidence-based practices;

20 “(C) are coordinated, where appropriate,
21 with early intervening services carried out
22 under the Individuals with Disabilities Edu-
23 cation Act; and

24 “(D) are provided by qualified mental and
25 behavioral health professionals who are certified

1 or licensed by the State involved and practicing
2 within their area of expertise.

3 “(5) GENERAL REQUIREMENTS.—

4 “(A) PARENTAL CONSENT.—

5 “(i) IN GENERAL.—Each local edu-
6 cational agency receiving a grant, contract,
7 or cooperative agreement under this sub-
8 section shall obtain prior written, informed
9 consent from the parent of each child who
10 is under 18 years of age to participate in
11 any assessment service, program, activity,
12 or treatment that is—

13 “(I) funded under this sub-
14 section; and

15 “(II) conducted in connection
16 with an elementary school or sec-
17 ondary school under the grant, con-
18 tract, or cooperative agreement.

19 “(ii) EXCEPTION.—Notwithstanding
20 clause (i), the written, informed consent
21 described in such clause shall not be re-
22 quired in—

23 “(I) an emergency, where it is
24 necessary to protect the immediate

1 health and safety of the student, other
2 students, or school personnel; or

3 “(II) other instances where pa-
4 rental consent cannot reasonably be
5 obtained, as defined by the Secretary.

6 “(B) PROHIBITION ON MANDATORY MEDI-
7 CATION.—No child shall be required to obtain a
8 prescription for a substance covered by the
9 Controlled Substances Act (21 U.S.C. 801 et
10 seq.) as a condition of receiving an evaluation
11 under this subsection, receiving services under
12 this subsection, or attending a school receiving
13 assistance under this subsection.

14 “(C) PRIVACY.—Each eligible entity receiv-
15 ing a grant under this subsection shall ensure
16 that student mental health records are accorded
17 the privacy protections provided under the regu-
18 lations promulgated under section 264(c) of the
19 Health Insurance Portability and Accountability
20 Act of 1996 (Public Law 104–191; 110 Stat.
21 2033) and section 444 of the General Edu-
22 cation Provisions Act (20 U.S.C. 1232g) (com-
23 monly referred to as the ‘Federal Educational
24 Rights and Privacy Act of 1974’).

1 “(6) LIABILITY PROTECTION FOR SCHOOL PER-
 2 SONNEL.—Section 2366 shall apply to school per-
 3 sonnel providing services under a grant, contract, or
 4 cooperative agreement under this subsection in the
 5 same manner as such section applies to teachers.

6 “(7) PROHIBITION AGAINST FEDERAL MAN-
 7 DATES, DIRECTION, OR CONTROL OR FEDERAL REG-
 8 ULATION.—In addition to the prohibition of Federal
 9 Government control of a State, local educational
 10 agency, or school’s curriculum or program of in-
 11 struction that is provided under section 9527(a),
 12 nothing in this subsection shall be construed to au-
 13 thorize an officer or employee of the Federal Gov-
 14 ernment to mandate, direct, or control a State, local
 15 educational agency, or school’s specific instructional
 16 content or academic achievement standards and as-
 17 sessments.”.

18 (l) DEFINITION.—Section 9101 of the Elementary
 19 and Secondary Education Act of 1965 (20 U.S.C. 7801)
 20 is amended—

21 (1) by redesignating paragraphs (17) through
 22 (43) as paragraphs (18) through (44), respectively;
 23 and

24 (2) by inserting after paragraph (16) the fol-
 25 lowing:

1 “(17) EARLY INTERVENING SERVICES.—The
 2 term ‘early intervening services’ means early inter-
 3 vening services described in section 613(f)(1) of the
 4 Individuals with Disabilities Education Act.”.

5 **SEC. 104. CONFORMING AMENDMENTS.**

6 (a) AMERICA COMPETES REAUTHORIZATION ACT
 7 OF 2010.—Section 553(d)(6) of the America COMPETES
 8 Reauthorization Act of 2010 (20 U.S.C. 9903) is amended
 9 by striking “section 9101(23)” and inserting “section
 10 9101(24)”.

11 (b) HIGHER EDUCATION ACT OF 1965.—Section
 12 255(k) of the Higher Education Act of 1965 is amended—

13 (1) in paragraph (1), by striking “section
 14 9101(23)(B)(ii)” and inserting “section
 15 9101(24)(B)(ii)”; and

16 (2) in paragraph (3), by striking “section
 17 9101(23)” and inserting “section 9101(24)”.

18 (c) INDIVIDUALS WITH DISABILITIES EDUCATION
 19 ACT.—Section 602(10) of the Individuals with Disabilities
 20 Education Act (20 U.S.C. 1401(10)) is amended—

21 (1) in subparagraph (C)(ii), by striking “section
 22 9101(23)” and inserting “section 9101(24)”; and

23 (2) in each of clauses (ii) and (iii) of subpara-
 24 graph (D), by striking “section 9101(23)(C)(ii)” and
 25 inserting “section 9101(24)(C)(ii)”.

1 **TITLE II—HEALTH PROGRAMS**

2 **SEC. 201. GARRETT LEE SMITH MEMORIAL ACT REAUTHOR-** 3 **IZATION.**

4 (a) SUICIDE PREVENTION TECHNICAL ASSISTANCE
5 CENTER.—Section 520C of the Public Health Service Act
6 (42 U.S.C. 290bb–34) is amended—

7 (1) in the section heading, by striking the sec-
8 tion heading and inserting “**SUICIDE PREVENTION**
9 **TECHNICAL ASSISTANCE CENTER.**”;

10 (2) in subsection (a), by striking “and in con-
11 sultation with” and all that follows through the pe-
12 riod at the end of paragraph (2) and inserting “shall
13 establish a research, training, and technical assist-
14 ance resource center to provide appropriate informa-
15 tion, training, and technical assistance to States, po-
16 litical subdivisions of States, federally recognized In-
17 dian tribes, tribal organizations, institutions of high-
18 er education, public organizations, or private non-
19 profit organizations regarding the prevention of sui-
20 cide among all ages, particularly among groups that
21 are at high risk for suicide.”;

22 (3) by striking subsections (b) and (c);

23 (4) by redesignating subsection (d) as sub-
24 section (b);

25 (5) in subsection (b), as so redesignated—

1 (A) by striking the subsection heading and
 2 inserting “RESPONSIBILITIES OF THE CEN-
 3 TER.”;

4 (B) in the matter preceding paragraph (1),
 5 by striking “The additional research” and all
 6 that follows through “nonprofit organizations
 7 for” and inserting “The center established
 8 under subsection (a) shall conduct activities for
 9 the purpose of”;

10 (C) by striking “youth suicide” each place
 11 such term appears and inserting “suicide”;

12 (D) in paragraph (1)—

13 (i) by striking “the development or
 14 continuation of” and inserting “developing
 15 and continuing”; and

16 (ii) by inserting “for all ages, particu-
 17 larly among groups that are at high risk
 18 for suicide” before the semicolon at the
 19 end;

20 (E) in paragraph (2), by inserting “for all
 21 ages, particularly among groups that are at
 22 high risk for suicide” before the semicolon at
 23 the end;

24 (F) in paragraph (3), by inserting “and
 25 tribal” after “statewide”;

1 (G) in paragraph (5), by inserting “and
2 prevention” after “intervention”;

3 (H) in paragraph (8), by striking “in
4 youth”;

5 (I) in paragraph (9), by striking “and be-
6 havioral health” and inserting “health and sub-
7 stance use disorder”; and

8 (J) in paragraph (10), by inserting “con-
9 ducting” before “other”; and

10 (6) by striking subsection (e) and inserting the
11 following:

12 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the
13 purpose of carrying out this section, there are authorized
14 to be appropriated \$4,948,000 for each of fiscal years
15 2014 through 2018.”.

16 (b) YOUTH SUICIDE EARLY INTERVENTION AND
17 PREVENTION STRATEGIES.—Section 520E of the Public
18 Health Service Act (42 U.S.C. 290bb–36) is amended—

19 (1) in paragraph (1) of subsection (a) and in
20 subsection (c), by striking “substance abuse” each
21 place such term appears and inserting “substance
22 use disorder”;

23 (2) in subsection (b)(2)—

24 (A) by striking “each State is awarded
25 only 1 grant or cooperative agreement under

1 this section” and inserting “a State does not
2 receive more than 1 grant or cooperative agree-
3 ment under this section at any 1 time”; and

4 (B) by striking “been awarded” and insert-
5 ing “received”; and

6 (3) by striking subsection (m) and inserting the
7 following:

8 “(m) AUTHORIZATION OF APPROPRIATIONS.—For
9 the purpose of carrying out this section, there are author-
10 ized to be appropriated \$29,682,000 for each of fiscal
11 years 2014 through 2018.”.

12 (c) MENTAL HEALTH AND SUBSTANCE USE DIS-
13 ORDER SERVICES.—Section 520E–2 of the Public Health
14 Service Act (42 U.S.C. 290bb–36b) is amended—

15 (1) in the section heading, by striking “**AND**
16 **BEHAVIORAL HEALTH**” and inserting “**HEALTH**
17 **AND SUBSTANCE USE DISORDER SERVICES**”;

18 (2) in subsection (a)—

19 (A) by striking “Services,” and inserting
20 “Services and”;

21 (B) by striking “and behavioral health
22 problems” and inserting “health or substance
23 use disorders”; and

24 (C) by striking “substance abuse” and in-
25 serting “substance use disorders”;

1 (3) in subsection (b)—

2 (A) in the matter preceding paragraph (1),
 3 by striking “for—” and inserting “for one or
 4 more of the following.”; and

5 (B) by striking paragraphs (1) through (6)
 6 and inserting the following:

7 “(1) Educating students, families, faculty, and
 8 staff to increase awareness of mental health and
 9 substance use disorders.

10 “(2) The operation of hotlines.

11 “(3) Preparing informational material.

12 “(4) Providing outreach services to notify stu-
 13 dents about available mental health and substance
 14 use disorder services.

15 “(5) Administering voluntary mental health and
 16 substance use disorder screenings and assessments.

17 “(6) Supporting the training of students, fac-
 18 ulty, and staff to respond effectively to students with
 19 mental health and substance use disorders.

20 “(7) Creating a network infrastructure to link
 21 colleges and universities with health care providers
 22 who treat mental health and substance use dis-
 23 orders.”;

24 (4) in subsection (c)(5), by striking “substance
 25 abuse” and inserting “substance use disorder”;

1 (5) in subsection (d)—

2 (A) in the matter preceding paragraph (1),
3 by striking “An institution of higher education
4 desiring a grant under this section” and insert-
5 ing “To be eligible to receive a grant under this
6 section, an institution of higher education”;

7 (B) in paragraph (1)—

8 (i) by striking “and behavioral
9 health” and inserting “health and sub-
10 stance use disorder”; and

11 (ii) by inserting “, including veterans
12 whenever possible and appropriate,” after
13 “students”; and

14 (C) in paragraph (2), by inserting “, which
15 may include, as appropriate and in accordance
16 with subsection (b)(7), a plan to seek input
17 from relevant stakeholders in the community,
18 including appropriate public and private enti-
19 ties, in order to carry out the program under
20 the grant” before the period at the end;

21 (6) in subsection (e)(1), by striking “and behav-
22 ioral health problems” and inserting “health and
23 substance use disorders”;

24 (7) in subsection (f)(2)—

1 (A) by striking “and behavioral health”
 2 and inserting “health and substance use dis-
 3 order”; and

4 (B) by striking “suicide and substance
 5 abuse” and inserting “suicide and substance
 6 use disorders”; and

7 (8) in subsection (h), by striking “\$5,000,000
 8 for fiscal year 2005” and all that follows through
 9 the period at the end and inserting “\$4,858,000 for
 10 each of fiscal years 2014 through 2018.”.

11 **SEC. 202. MENTAL HEALTH AWARENESS TRAINING GRANTS.**

12 Section 520J of the Public Health Service Act (42
 13 U.S.C. 290bb–41) is amended—

14 (1) in the section heading, by inserting “**MEN-**
 15 **TAL HEALTH AWARENESS**” before “**TRAINING**”;
 16 and

17 (2) in subsection (b)—

18 (A) in the subsection heading, by striking
 19 “ILLNESS” and inserting “HEALTH”;

20 (B) in paragraph (1), by inserting “and
 21 other categories of individuals, as determined
 22 by the Secretary,” after “emergency services
 23 personnel”;

24 (C) in paragraph (5)—

1 (i) in the matter preceding subpara-
 2 graph (5), by striking “to” and inserting
 3 “for evidence-based programs for the pur-
 4 pose of”; and

5 (ii) by striking subparagraphs (A)
 6 through (C) and inserting the following:

7 “(A) recognizing the signs and symptoms
 8 of mental illness; and

9 “(B)(i) providing education to personnel
 10 regarding resources available in the community
 11 for individuals with a mental illness and other
 12 relevant resources; or

13 “(ii) the safe de-escalation of crisis situa-
 14 tions involving individuals with a mental ill-
 15 ness.”; and

16 (D) in paragraph (7), by striking “,
 17 \$25,000,000” and all that follows through the
 18 period at the end and inserting “\$20,000,000
 19 for each of fiscal years 2014 through 2018”.

20 **SEC. 203. CHILDREN’S RECOVERY FROM TRAUMA.**

21 Section 582 of the Public Health Service Act (42
 22 U.S.C. 290hh–1) is amended—

23 (1) in subsection (a), by striking “developing
 24 programs” and all that follows and inserting “devel-
 25 oping and maintaining programs that provide for—

1 “(1) the continued operation of the National
2 Child Traumatic Stress Initiative (referred to in this
3 section as the ‘NCTSI’), which includes a coordi-
4 nating center, that focuses on the mental, behav-
5 ioral, and biological aspects of psychological trauma
6 response; and

7 “(2) the development of knowledge with regard
8 to evidence-based practices for identifying and treat-
9 ing mental, behavioral, and biological disorders of
10 children and youth resulting from witnessing or ex-
11 periencing a traumatic event.”;

12 (2) in subsection (b)—

13 (A) by striking “subsection (a) related”
14 and inserting “subsection (a)(2) (related”;

15 (B) by striking “treating disorders associ-
16 ated with psychological trauma” and inserting
17 “treating mental, behavioral, and biological dis-
18 orders associated with psychological trauma)”;
19 and

20 (C) by striking “mental health agencies
21 and programs that have established clinical and
22 basic research” and inserting “universities, hos-
23 pitals, mental health agencies, and other pro-
24 grams that have established clinical expertise
25 and research”;

1 (3) by redesignating subsections (c) through (g)
2 as subsections (g) through (k), respectively;

3 (4) by inserting after subsection (b), the fol-
4 lowing:

5 “(c) CHILD OUTCOME DATA.—The NCTSI coordi-
6 nating center shall collect, analyze, and report NCTSI-
7 wide child treatment process and outcome data regarding
8 the early identification and delivery of evidence-based
9 treatment and services for children and families served by
10 the NCTSI grantees.

11 “(d) TRAINING.—The NCTSI coordinating center
12 shall facilitate the coordination of training initiatives in
13 evidence-based and trauma-informed treatments, interven-
14 tions, and practices offered to NCTSI grantees, providers,
15 and partners.

16 “(e) DISSEMINATION.—The NCTSI coordinating
17 center shall, as appropriate, collaborate with the Secretary
18 in the dissemination of evidence-based and trauma-in-
19 formed interventions, treatments, products and other re-
20 sources to appropriate stakeholders.

21 “(f) REVIEW.—The Secretary shall, consistent with
22 the peer review process, ensure that NCTSI applications
23 are reviewed by appropriate experts in the field as part
24 of a consensus review process. The Secretary shall include

1 review criteria related to expertise and experience in child
2 trauma and evidence-based practices.”;

3 (5) in subsection (g) (as so redesignated), by
4 striking “with respect to centers of excellence are
5 distributed equitably among the regions of the coun-
6 try” and inserting “are distributed equitably among
7 the regions of the United States”;

8 (6) in subsection (i) (as so redesignated), by
9 striking “recipient may not exceed 5 years” and in-
10 serting “recipient shall not be less than 4 years, but
11 shall not exceed 5 years”; and

12 (7) in subsection (j) (as so redesignated), by
13 striking “\$50,000,000” and all that follows through
14 “2006” and inserting “\$45,713,000 for each of fis-
15 cal years 2014 through 2018”.

16 **SEC. 204. ASSESSING BARRIERS TO BEHAVIORAL HEALTH**
17 **INTEGRATION.**

18 (a) IN GENERAL.—Not later than 2 years after the
19 date of enactment of this Act, the Comptroller General
20 of the United States shall submit a report to the Com-
21 mittee on Health, Education, Labor, and Pensions of the
22 Senate and the Committee on Energy and Commerce of
23 the House of Representatives concerning Federal require-
24 ments that impact access to treatment of mental health
25 and substance use disorders related to integration with

1 primary care, administrative and regulatory issues, quality
 2 measurement and accountability, and data sharing.

3 (b) CONTENTS.—The report submitted under sub-
 4 section (a) shall include the following:

5 (1) An evaluation of the administrative or regu-
 6 latory burden on behavioral healthcare providers.

7 (2) The identification of outcome and quality
 8 measures relevant to integrated health care, evalua-
 9 tion of the data collection burden on behavioral
 10 healthcare providers, and any alternative methods
 11 for evaluation.

12 (3) An analysis of the degree to which elec-
 13 tronic data standards, including interoperability and
 14 meaningful use includes behavioral health measures,
 15 and an analysis of strategies to address barriers to
 16 health information exchange posed by part 2 of title
 17 42, Code of Federal Regulations.

18 (4) An analysis of the degree to which Federal
 19 rules and regulations for behavioral and physical
 20 health care are aligned, including recommendations
 21 to address any identified barriers.

22 **SEC. 205. INCREASING EDUCATION AND AWARENESS OF**
 23 **TREATMENTS FOR OPIOID USE DISORDERS.**

24 (a) IN GENERAL.—In order to improve the quality
 25 of care delivery and treatment outcomes among patients

1 with opioid use disorders, the Secretary of Health and
2 Human Services (referred to in this section as the “Sec-
3 retary”), acting through the Administrator for the Sub-
4 stance Abuse and Mental Health Services Administration,
5 may advance, through existing programs as appropriate,
6 the education and awareness of providers, patients, and
7 other appropriate stakeholders regarding all products ap-
8 proved by the Food and Drug Administration to treat
9 opioid use disorders.

10 (b) ACTIVITIES.—The activities described in sub-
11 section (a) may include—

12 (1) disseminating evidence-based practices for
13 the treatment of opioid use disorders;

14 (2) facilitating continuing education programs
15 for health professionals involved in treating opioid
16 use disorders;

17 (3) increasing awareness among relevant stake-
18 holders of the treatment of opioid use disorders;

19 (4) assessing current barriers to the treatment
20 of opioid use disorders for patients and providers
21 and development and implementation of strategies to
22 mitigate such barriers; and

23 (5) continuing innovative approaches to the
24 treatment of opioid use disorders in various treat-

1 ment settings, such as prisons, community mental
2 health centers, primary care, and hospitals.

3 (c) REPORT.—Not later than 1 year after the date
4 of enactment of this Act, if the Secretary carries out the
5 activities under this section, the Secretary shall submit to
6 the Committee on Health, Education, Labor, and Pen-
7 sions of the Senate and the Committee on Energy and
8 Commerce of the House of Representatives a report that
9 examines—

10 (1) the activities the Substance Abuse and Men-
11 tal Health Services Administration conducts under
12 this section, including any potential impacts on
13 health care costs associated with such activities;

14 (2) the role of adherence in the treatment of
15 opioid use disorders and methods to reduce opioid
16 use disorders; and

17 (3) recommendations on priorities and strate-
18 gies to address co-occurring substance use disorders
19 and mental illnesses.

20 **SEC. 206. EXAMINING MENTAL HEALTH CARE FOR CHIL-**
21 **DREN.**

22 (a) IN GENERAL.—Not later than 1 year after the
23 date of enactment of this Act, the Comptroller General
24 of the United States shall conduct an independent evalua-
25 tion, and submit to the Committee on Health, Education,

1 Labor, and Pensions of the Senate and the Committee on
 2 Energy and Commerce of the House of Representatives,
 3 a report concerning the utilization of mental health serv-
 4 ices for children, including the usage of psychotropic medi-
 5 cations.

6 (b) CONTENT.—The report submitted under sub-
 7 section (a) shall review and assess—

8 (1) the ways in which children access mental
 9 health care, including information on whether chil-
 10 dren are treated by primary care or specialty pro-
 11 viders, what types of referrals for additional care are
 12 recommended, and any barriers to accessing this
 13 care;

14 (2) the extent to which children are prescribed
 15 psychotropic medications in the United States in-
 16 cluding the frequency of concurrent medication
 17 usage; and

18 (3) the tools, assessments, and medications that
 19 are available and used to diagnose and treat children
 20 with mental health disorders.

21 **SEC. 207. EVIDENCE BASED PRACTICES FOR OLDER**
 22 **ADULTS.**

23 (a) GERIATRIC SUBSTANCE USE DISORDERS TREAT-
 24 MENT.—Section 509(e) of the Public Health Service Act
 25 (42 U.S.C. 290bb–2(e)) is amended—

1 (1) by striking “The Secretary shall establish”
2 and inserting:

3 “(1) IN GENERAL.—The Secretary shall estab-
4 lish”; and

5 (2) by adding at the end the following:

6 “(2) GERIATRIC SUBSTANCE USE DISORDERS
7 TREATMENT.—The Secretary shall, as appropriate,
8 provide technical assistance to grantees regarding
9 evidence-based practices for the treatment of geri-
10 atric substance use disorders, as well as disseminate
11 information about such evidence-based practices to
12 States and nongrantees throughout the United
13 States.”.

14 (b) GERIATRIC SUBSTANCE USE DISORDERS PRE-
15 VENTION.—Section 516(e) of the Public Health Service
16 Act (42 U.S.C. 290bb–22(e)) is amended—

17 (1) by striking “The Secretary shall establish”
18 and inserting:

19 “(1) IN GENERAL.—The Secretary shall estab-
20 lish”; and

21 (2) by adding at the end the following:

22 “(2) GERIATRIC SUBSTANCE USE DISORDERS
23 PREVENTION.—The Secretary shall, as appropriate,
24 provide technical assistance to grantees regarding
25 evidence-based practices for the prevention of geri-

1 atric substance use disorders, as well as disseminate
 2 information about such evidence-based practices to
 3 States and nongrantees throughout the United
 4 States.”.

5 (c) GERIATRIC MENTAL HEALTH DISORDERS.—Sec-
 6 tion 520A(e) of the Public Health Service Act (42 U.S.C.
 7 290bb–32(e)) is amended by adding at the end the fol-
 8 lowing:

9 “(3) GERIATRIC MENTAL HEALTH DIS-
 10 ORDERS.—The Secretary shall, as appropriate, pro-
 11 vide technical assistance to grantees regarding evi-
 12 dence-based practices for the prevention and treat-
 13 ment of geriatric mental health disorders, as well as
 14 disseminate information about such evidence-based
 15 practices to States and nongrantees throughout the
 16 United States.”.

17 **SEC. 208. NATIONAL VIOLENT DEATH REPORTING SYSTEM.**

18 The Secretary of Health and Human Services, acting
 19 through the Director of the Centers for Disease Control
 20 and Prevention, is encouraged to improve, particularly
 21 through the inclusion of additional States, the National
 22 Violent Death Reporting System as authorized by title III
 23 of the Public Health Service Act. Participation in the sys-
 24 tem by the States shall be voluntary.

1 **SEC. 209. GAO STUDY ON VIRGINIA TECH RECOMMENDA-**
2 **TIONS.**

3 (a) IN GENERAL.—Not later than 1 year after the
4 date of enactment of this Act, the Comptroller General
5 of the United States shall conduct an independent evalua-
6 tion, and submit to the appropriate committees of Con-
7 gress a report concerning the status of implementation of
8 recommendations made in the report to the President, On
9 Issues Raised by the Virginia Tech Tragedy, by the Secre-
10 taries of Health and Human Services and Education and
11 the Attorney General of the United States, submitted to
12 the President on June 13, 2007.

13 (b) CONTENT.—The report submitted to the commit-
14 tees of Congress under subsection (a) shall review and as-
15 sess—

16 (1) the extent to which the recommendations in
17 the report that include participation by the Depart-
18 ment of Health and Human Services were imple-
19 mented;

20 (2) whether there are any barriers to implemen-
21 tation of such recommendations; and

22 (3) identification of any additional actions the
23 Federal government can take to support States and
24 local communities and ensure that the Federal gov-
25 ernment and Federal law are not obstacles to ad-
26 dressing at the community level—

- 1 (A) school violence; and
- 2 (B) mental illness.

○