

116TH CONGRESS  
1ST SESSION

# H. R. 1109

To amend the Public Health Service Act to revise and extend projects relating to children and to provide access to school-based comprehensive mental health programs.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2019

Mrs. NAPOLITANO (for herself, Mr. KATKO, Mr. LOWENTHAL, Ms. DELBENE, Mr. TONKO, Mr. CICILLINE, Mr. PAYNE, Mr. LUJÁN, Mr. DOGGETT, Ms. MCCOLLUM, Mr. MOULTON, Mr. SCHIFF, Mr. WELCH, Mr. HECK, Mr. GRIJALVA, Ms. HILL of California, Ms. JUDY CHU of California, Mr. KILMER, Ms. WILSON of Florida, Ms. KELLY of Illinois, Miss RICE of New York, Mr. RYAN, Mr. KHANNA, Mr. REED, Mr. LARSEN of Washington, Ms. JACKSON LEE, Ms. MOORE, Mr. DESAULNIER, Ms. PINGREE, Mrs. LAWRENCE, Ms. SPEIER, Mr. PANETTA, Mr. SOTO, Ms. ROYBAL-ALLARD, Mrs. WATSON COLEMAN, Mr. RUPPERSBERGER, Mr. CÁRDENAS, Mr. AGUILAR, Mr. GOMEZ, Mr. DEFAZIO, Mr. MCGOVERN, Mr. BLUMENAUER, Ms. OMAR, Mrs. MURPHY, Mr. SABLAN, Mr. GALLEGO, Mr. SUOZZI, Mr. COHEN, Mr. CISNEROS, Ms. MATSUI, Ms. SÁNCHEZ, Ms. KUSTER of New Hampshire, Mrs. CAROLYN B. MALONEY of New York, Ms. JOHNSON of Texas, Mr. RASKIN, Mr. CARBAJAL, Ms. CASTOR of Florida, and Mr. MCNERNEY) 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 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 Services  
3 for Students Act of 2019”.

4 **SEC. 2. PURPOSES.**

5 The purposes of this Act are to—

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

12 (2) provide for comprehensive staff development  
13 for school and community service personnel working  
14 in the school;

15 (3) provide for comprehensive training to im-  
16 prove health and academic outcomes for children  
17 with, or at risk for, mental health disorders, for par-  
18 ents or guardians, siblings, and other family mem-  
19 bers of such children, and for concerned members of  
20 the community;

21 (4) provide for comprehensive, universal, evi-  
22 dence-based screening to identify children and ado-  
23 lescents with potential mental health disorders or  
24 unmet emotional health needs;

1           (5) recognize best practices for the delivery of  
2           mental health care in school-based settings, includ-  
3           ing school-based health centers;

4           (6) provide for comprehensive training for par-  
5           ents or guardians, siblings, other family members,  
6           and concerned members of the community on behalf  
7           of children and adolescents experiencing mental  
8           health trauma, disorder, or disability; and

9           (7) establish formal working relationships be-  
10          tween health, human service, and educational enti-  
11          ties that support the mental and emotional health of  
12          children and adolescents in the school setting.

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

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

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

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

22          (b) **SCHOOL-BASED MENTAL HEALTH AND CHIL-**  
23 **DREN.**—Section 581 of the Public Health Service Act (42  
24 U.S.C. 290hh) (relating to children and violence) is  
25 amended to read as follows:

1 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH; CHILDREN**  
2 **AND ADOLESCENTS.**

3 “(a) IN GENERAL.—The Secretary, in collaboration  
4 with the Secretary of Education, shall, directly or through  
5 grants, contracts, or cooperative agreements awarded to  
6 eligible entities described in subsection (c), assist local  
7 communities and schools (including schools funded by the  
8 Bureau of Indian Education) in applying a public health  
9 approach to mental health services both in schools and in  
10 the community. Such approach shall provide comprehen-  
11 sive developmentally appropriate services and supports  
12 that are linguistically and culturally appropriate and trau-  
13 ma-informed, and incorporate developmentally appropriate  
14 strategies of positive behavioral interventions and sup-  
15 ports. A comprehensive school-based mental health pro-  
16 gram funded under this section shall assist children in  
17 dealing with traumatic experiences, grief, bereavement,  
18 risk of suicide, and violence.

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

21 “(1) provide financial support to enable local  
22 communities to implement a comprehensive cul-  
23 turally and linguistically appropriate, trauma-in-  
24 formed, and developmentally appropriate, school-  
25 based mental health program that—

1           “(A) builds awareness of individual trauma  
2           and the intergenerational, continuum of impacts  
3           of trauma on populations;

4           “(B) trains appropriate staff to identify,  
5           and screen for, signs of trauma exposure, men-  
6           tal health disorders, or risk of suicide; and

7           “(C) incorporates positive behavioral inter-  
8           ventions, family engagement, student treatment,  
9           and multigenerational supports to foster the  
10          health and development of children, prevent  
11          mental health disorders, and ameliorate the im-  
12          pact of trauma;

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

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

20          “(4) facilitate community partnerships among  
21          families, students, law enforcement agencies, edu-  
22          cation agencies, mental health and substance use  
23          disorder service systems, family-based mental health  
24          service systems, child welfare agencies, health care  
25          providers (including primary care physicians, mental

1 health professionals, and other professionals who  
2 specialize in children’s mental health such as child  
3 and adolescent psychiatrists), institutions of higher  
4 education, faith-based programs, trauma networks,  
5 and other community-based systems; and

6 “(5) establish mechanisms for children and ado-  
7 lescents to report incidents of violence or plans by  
8 other children, adolescents, or adults to commit vio-  
9 lence.

10 “(c) REQUIREMENTS.—

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

14 “(A) be a partnership that includes—

15 “(i) a State educational agency, as de-  
16 fined in section 8101 of the Elementary  
17 and Secondary Education Act of 1965, in  
18 coordination with one or more local edu-  
19 cational agencies, as defined in section  
20 8101 of the Elementary and Secondary  
21 Education Act of 1965, or a consortium of  
22 any entities described in subparagraph  
23 (B), (C), (D), or (E) of section 8101(30)  
24 of such Act; and

1           “(ii) in accordance with paragraph  
2           (2)(A)(i), appropriate public or private en-  
3           tities that employ interventions that are  
4           evidence-based, as defined in section 8101  
5           of the Elementary and Secondary Edu-  
6           cation Act of 1965; and

7           “(B) submit an application, that is en-  
8           dorsed by all members of the partnership,  
9           that—

10           “(i) specifies which member will serve  
11           as the lead partner; and

12           “(ii) contains the assurances described  
13           in paragraph (2).

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

17           “(A) The eligible entity will ensure that, in  
18           carrying out activities under this section, the el-  
19           igible entity will enter into a memorandum of  
20           understanding—

21           “(i) with at least 1 community-based  
22           mental health provider, including a public  
23           or private mental health entity, health care  
24           entity, family-based mental health entity,  
25           trauma network, or other community-based

1 entity, as determined by the Secretary  
2 (and which may include additional entities  
3 such as a human services agency, law en-  
4 forcement or juvenile justice entity, child  
5 welfare agency, agency, an institution of  
6 higher education, or another entity, as de-  
7 termined by the Secretary); and

8 “(ii) that clearly states—

9 “(I) the responsibilities of each  
10 partner with respect to the activities  
11 to be carried out, including how fam-  
12 ily engagement will be incorporated in  
13 the activities;

14 “(II) how school-employed and  
15 school-based or community-based  
16 mental health professionals will be uti-  
17 lized for carrying out such responsibil-  
18 ities;

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

22 “(IV) 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) The comprehensive school-based men-  
2 tal health program carried out under this sec-  
3 tion supports the flexible use of funds to ad-  
4 dress—

5           “(i) universal prevention, through the  
6 promotion of the social, emotional, mental,  
7 and behavioral health of all students in an  
8 environment that is conducive to learning;

9           “(ii) selective prevention, through the  
10 reduction in the likelihood of at risk stu-  
11 dents developing social, emotional, mental,  
12 behavioral health problems, suicide, or sub-  
13 stance use disorders;

14           “(iii) the screening for, and early  
15 identification of, social, emotional, mental,  
16 behavioral problems, suicide risk, or sub-  
17 stance use disorders and the provision of  
18 early intervention services;

19           “(iv) the treatment or referral for  
20 treatment of students with existing social,  
21 emotional, mental, behavioral health prob-  
22 lems, or substance use disorders;

23           “(v) the development and implementa-  
24 tion of evidence-based programs to assist  
25 children who are experiencing or have been

1 exposed to trauma and violence, including  
2 program curricula, school supports, and  
3 after-school programs; and

4 “(vi) the development and implemen-  
5 tation of evidence-based programs to assist  
6 children who are grieving, which may in-  
7 clude training for school personnel on the  
8 impact of trauma and bereavement on chil-  
9 dren, and services to provide support to  
10 grieving children.

11 “(C) The comprehensive school-based men-  
12 tal health program carried out under this sec-  
13 tion will provide for in-service training of all  
14 school personnel, including ancillary staff and  
15 volunteers, in—

16 “(i) the techniques and supports need-  
17 ed to promote early identification of chil-  
18 dren with trauma histories, children who  
19 are grieving, and children with a mental  
20 health disorder or at risk of developing a  
21 mental health disorder, or who are at risk  
22 of suicide;

23 “(ii) the use of referral mechanisms  
24 that effectively link such children to appro-  
25 priate prevention, treatment, and interven-

1                   tion services in the school and in the com-  
2                   munity and to follow-up when services are  
3                   not available;

4                   “(iii) strategies that promote a school-  
5                   wide positive environment, including strat-  
6                   egies to prevent bullying, which includes  
7                   cyber-bullying;

8                   “(iv) strategies for promoting the so-  
9                   cial, emotional, mental, and behavioral  
10                  health of all students; and

11                  “(v) strategies to increase the knowl-  
12                  edge and skills of school and community  
13                  leaders about the impact of trauma and vi-  
14                  olence and on the application of a public  
15                  health approach to comprehensive school-  
16                  based mental health programs.

17                  “(D) The comprehensive school-based men-  
18                  tal health program carried out under this sec-  
19                  tion will include comprehensive training for par-  
20                  ents or guardians, siblings, and other family  
21                  members of children with mental health dis-  
22                  orders, and for concerned members of the com-  
23                  munity in—

24                  “(i) the techniques and supports need-  
25                  ed to promote early identification of chil-

1           dren with trauma histories, children who  
2           are grieving, children with a mental health  
3           disorder or at risk of developing a mental  
4           health disorder, and children who are at  
5           risk of suicide;

6           “(ii) the use of referral mechanisms  
7           that effectively link such children to appro-  
8           priate prevention, treatment, and interven-  
9           tion services in the school and in the com-  
10          munity and follow-up when such services  
11          are not available; and

12          “(iii) strategies that promote a school-  
13          wide positive environment, including strat-  
14          egies to prevent bullying, including cyber-  
15          bullying.

16          “(E) The comprehensive school-based men-  
17          tal health program carried out under this sec-  
18          tion will demonstrate the measures to be taken  
19          to sustain the program (which may include  
20          seeking funding for the program under a State  
21          Medicaid plan under title XIX of the Social Se-  
22          curity Act or a waiver of such a plan, or under  
23          a State plan under subpart 1 of part B or part  
24          E of title IV of the Social Security Act).

1           “(F) The eligible entity is supported by the  
2 State agency with primary responsibility for be-  
3 havioral health to ensure that the comprehen-  
4 sive school-based mental health program carried  
5 out under this section will be sustainable after  
6 funding under this section terminates.

7           “(G) The comprehensive school-based men-  
8 tal health program carried out under this sec-  
9 tion will be coordinated with early intervening  
10 activities carried out under the Individuals with  
11 Disabilities Education Act or activities funded  
12 under part A of title IV of the Elementary and  
13 Secondary Education Act of 1965.

14           “(H) The comprehensive school-based  
15 mental health program carried out under this  
16 section will be trauma-informed, evidence-based,  
17 and developmentally, culturally, and linguis-  
18 tically appropriate.

19           “(I) The comprehensive school-based men-  
20 tal health program carried out under this sec-  
21 tion will include a broad needs assessment of  
22 youth who drop out of school due to policies of  
23 ‘zero tolerance’ with respect to drugs, alcohol,  
24 or weapons and an inability to obtain appro-  
25 priate services.

1           “(J) The mental health services provided  
2           through the comprehensive school-based mental  
3           health program carried out under this section  
4           will be provided by qualified mental and behav-  
5           ioral health professionals who are certified,  
6           credentialed, or licensed in compliance with ap-  
7           plicable Federal and State law and regulations  
8           by the State involved and who are practicing  
9           within their area of expertise.

10           “(K) Students will be permitted to self-  
11           refer to the mental health program for mental  
12           health care and self-consent for mental health  
13           crisis care to the extent permitted by State or  
14           other applicable law.

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

20           “(4) COMPLIANCE WITH HIPAA.—A grantee  
21           under this section shall be deemed to be a covered  
22           entity for purposes of compliance with the regula-  
23           tions promulgated under section 264(c) of the  
24           Health Insurance Portability and Accountability Act

1 of 1996 with respect to any patient records devel-  
2 oped through activities under the grant.

3 “(5) COMPLIANCE WITH FERPA.—Section 444  
4 of the General Education Provisions Act (commonly  
5 known as the ‘Family Educational Rights and Pri-  
6 vacy Act of 1974’) shall apply to any entity that is  
7 a member of the partnership in the same manner  
8 that such section applies to an educational agency or  
9 institution (as that term is defined in such section).

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

15 “(e) DURATION OF AWARDS.—With respect to a  
16 grant, contract, or cooperative agreement under sub-  
17 section (a), the period during which payments under such  
18 an award will be made to the recipient shall be 5 years,  
19 with options for renewal.

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

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

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

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

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

11           “(2) MEASURES OF OUTCOMES.—

12           “(A) IN GENERAL.—The Assistant Sec-  
13 retary shall develop measures of outcomes to be  
14 applied by recipients of assistance under this  
15 section, and the Assistant Secretary, in evalu-  
16 ating the effectiveness of programs carried out  
17 under this section. Such measures shall include  
18 student and family measures as provided for in  
19 subparagraph (B) and local educational meas-  
20 ures as provided for under subparagraph (C).

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

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

3 “(i) increasing social and emotional  
4 competency;

5 “(ii) improving academic outcomes,  
6 including as measured by proficiency on  
7 the annual assessments under section  
8 1111(b)(2) of the Elementary and Sec-  
9 ondary Education Act of 1965;

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

12 “(iv) improving child functioning;

13 “(v) reducing substance use disorders;

14 “(vi) reducing rates of suicide;

15 “(vii) reducing suspensions, truancy,  
16 expulsions, and violence;

17 “(viii) increasing high school gradua-  
18 tion rates, calculated using the four-year  
19 adjusted cohort graduation rate or the ex-  
20 tended-year adjusted cohort graduation  
21 rate (as such terms are defined in section  
22 8101 of the Elementary and Secondary  
23 Education Act of 1965);

24 “(ix) improving attendance rates and  
25 rates of chronic absenteeism;

1           “(x) improving access to care for men-  
2           tal health disorders, including access to  
3           mental health services that are trauma-in-  
4           formed, and developmentally, linguistically,  
5           and culturally appropriate;

6           “(xi) improving health outcomes; and

7           “(xii) decreasing disparities among  
8           vulnerable and protected populations in  
9           outcomes described in clauses (i) through  
10          (viii).

11          “(C) LOCAL EDUCATIONAL OUTCOMES.—

12          The outcome measures developed under para-  
13          graph (1)(B) relating to local educational sys-  
14          tems shall, with respect to activities carried out  
15          under a program under this section, at a min-  
16          imum include provisions to evaluate—

17                 “(i) the effectiveness of comprehensive  
18                 school mental health programs established  
19                 under this section;

20                 “(ii) the effectiveness of formal part-  
21                 nership linkages among child and family  
22                 serving institutions, community support  
23                 systems, and the educational system;

1           “(iii) the progress made in sustaining  
2           the program once funding under the grant  
3           has expired;

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

11          “(v) the improvement in perception of  
12          a safe and supportive learning environment  
13          among school staff, students, and parents;

14          “(vi) the improvement in case-finding  
15          of students in need of more intensive serv-  
16          ices and referral of identified students to  
17          prevention, early intervention, and clinical  
18          services;

19          “(vii) the improvement in the imme-  
20          diate availability of clinical assessment and  
21          treatment services within the context of  
22          the local community to students posing a  
23          danger to themselves or others;

24          “(viii) the increased successful matric-  
25          ulation to postsecondary school;

1 “(ix) reduced suicide rates;

2 “(x) reduced referrals to juvenile jus-  
3 tice; and

4 “(xi) increased educational equity.

5 “(3) SUBMISSION OF ANNUAL DATA.—An eligi-  
6 ble entity described in subsection (c) that receives a  
7 grant, contract, or cooperative agreement under this  
8 section shall annually submit to the Assistant Sec-  
9 retary a report that includes data to evaluate the  
10 success of the program carried out by the entity  
11 based on whether such program is achieving the pur-  
12 poses of the program. Such reports shall utilize the  
13 measures of outcomes under paragraph (2) in a rea-  
14 sonable manner to demonstrate the progress of the  
15 program in achieving such purposes.

16 “(4) EVALUATION BY ASSISTANT SECRETARY.—  
17 Based on the data submitted under paragraph (3),  
18 the Assistant Secretary shall annually submit to  
19 Congress a report concerning the results and effec-  
20 tiveness of the programs carried out with assistance  
21 received under this section.

22 “(5) LIMITATION.—An eligible entity shall use  
23 not more than 20 percent of amounts received under  
24 a grant under this section to carry out evaluation  
25 activities under this subsection.

1       “(g) INFORMATION AND EDUCATION.—The Sec-  
2 retary shall establish comprehensive information and edu-  
3 cation programs to disseminate the findings of the knowl-  
4 edge development and application under this section to the  
5 general public and to health care professionals.

6       “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF  
7 APPROPRIATIONS.—

8               “(1) AMOUNT OF GRANTS.—A grant under this  
9 section shall be in an amount that is not more than  
10 \$2,000,000 for each of the first 5 fiscal years fol-  
11 lowing the date of enactment of the Mental Health  
12 Services for Students Act of 2019. The Secretary  
13 shall determine the amount of each such grant based  
14 on the population of children up to age 21 of the  
15 area to be served under the grant.

16               “(2) AUTHORIZATION OF APPROPRIATIONS.—  
17 There is authorized to be appropriated to carry out  
18 this section, \$200,000,000 for each of the first 5 fis-  
19 cal years following the date of enactment of the  
20 Mental Health Services for Students Act of 2019.”.

21       “(c) CONFORMING AMENDMENT.—Part G of title V of  
22 the Public Health Service Act (42 U.S.C. 290hh et seq.),  
23 as amended by subsection (b), is further amended by strik-  
24 ing the part designation and heading and inserting the  
25 following:

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

