

116TH CONGRESS
2D SESSION

H. R. 3539

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 30 (legislative day, SEPTEMBER 29), 2020

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to develop best practices for the establishment and use of behavioral intervention teams at schools, and for other purposes.

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 “Behavioral Intervention
3 Guidelines Act of 2020”.

**4 SEC. 2. BEST PRACTICES FOR BEHAVIORAL INTERVENTION
5 TEAMS.**

6 The Public Health Service Act is amended by inserting
7 after section 520G of such Act (42 U.S.C. 290bb–38)
8 the following new section:

**9 “SEC. 520H. BEST PRACTICES FOR BEHAVIORAL INTERVEN-
10 TION TEAMS.**

11 “(a) IN GENERAL.—The Secretary, acting through
12 the Assistant Secretary, shall develop and periodically up-
13 date—

14 “(1) best practices to assist elementary schools,
15 secondary schools, and institutions of higher edu-
16 cation in establishing and using behavioral interven-
17 tion teams; and

18 “(2) a list of evidence-based threat assessment
19 training providers to assist personnel in elementary
20 schools, secondary schools, and institutions of higher
21 education in implementing such best practices, in-
22 cluding with respect to training behavioral interven-
23 tion teams.

24 “(b) ELEMENTS.—The best practices under sub-
25 section (a)(1) shall include guidance on the following:

1 “(1) How behavioral intervention teams can op-
2 erate effectively from an evidence-based, objective
3 perspective while protecting the constitutional and
4 civil rights of individuals, including any individual of
5 concern.

6 “(2) The use of behavioral intervention teams
7 to identify individuals of concern, implement inter-
8 ventions, and manage risk through the framework of
9 the school’s or institution’s rules or code of conduct,
10 as applicable.

11 “(3) How behavioral intervention teams can,
12 when assessing an individual of concern—

13 “(A) seek training on evidence-based,
14 threat-assessment rubrics;

15 “(B) ensure that such teams—

16 “(i) have adequately trained, diverse
17 stakeholders with varied expertise; and

18 “(ii) use cross validation by a wide-
19 range of individual perspectives on the
20 team; and

21 “(C) use violence risk assessment.

22 “(4) How behavioral intervention teams can
23 avoid—

24 “(A) attempting to predict future behavior
25 by the concept of pre-crime;

1 “(B) inappropriately using a mental health
2 assessment;

3 “(C) inappropriately limiting or restricting
4 law enforcement’s jurisdiction over criminal
5 matters;

6 “(D) attempting to substitute the behav-
7 ioral intervention process in place of a criminal
8 process, or impede a criminal process, when an
9 individual of concern’s behavior has potential
10 criminal implications;

11 “(E) endangering an individual’s privacy
12 by failing to ensure that all applicable Federal
13 and State privacy laws are fully complied with;
14 or

15 “(F) creating school-to-prison pipelines.

16 “(c) CONSULTATION.—In carrying out subsection
17 (a)(1), the Secretary shall consult with—

18 “(1) the Secretary of Education;

19 “(2) the Director of the National Threat As-
20 essment Center of the Department of Homeland
21 Security;

22 “(3) the Attorney General of the United States;
23 and

24 “(4) as appropriate, relevant stakeholders in-
25 cluding—

1 “(A) teachers and other educators, principals, school administrators, school board
2 members, school psychologists, mental health
3 professionals, and parents of elementary school
4 and secondary school students;

5
6 “(B) local law enforcement agencies and
7 campus law enforcement administrators;

8 “(C) mental health mobile crisis providers;

9 “(D) child and adolescent psychiatrists;

10 and

11 “(E) other education and mental health
12 professionals.

13 “(d) PUBLICATION.—Not later than 2 years after the
14 date of enactment of this section, the Secretary shall pub-
15 lish the best practices under subsection (a)(1) and the list
16 under subsection (a)(2) on a publicly accessible website
17 of the Department of Health and Human Services.

18 “(e) TECHNICAL ASSISTANCE.—The Secretary shall
19 provide technical assistance to institutions of higher edu-
20 cation, elementary schools, and secondary schools to assist
21 such institutions and schools in implementing the best
22 practices under subsection (a).

23 “(f) DEFINITIONS.—In this section:

24 “(1) The term ‘behavioral intervention team’
25 means a team of qualified individuals who—

1 “(A) are responsible for identifying and as-
2 sessing individuals of concern; and

3 “(B) develop and facilitate implementation
4 of evidence-based interventions to mitigate the
5 threat of harm to self or others posed by indi-
6 viduals of concern and address the mental and
7 behavioral health needs of individuals of con-
8 cern to reduce such threat.

9 “(2) The terms ‘elementary school’, ‘parent’,
10 and ‘secondary school’ have the meanings given to
11 such terms in section 8101 of the Elementary and
12 Secondary Education Act of 1965 (20 U.S.C. 7801).

13 “(3) The term ‘individual of concern’ means an
14 individual whose behavior indicates a potential
15 threat to self or others.

16 “(4) The term ‘institution of higher education’
17 has the meaning given to such term in section 102
18 of the Higher Education Act of 1965 (20 U.S.C.
19 1002).

20 “(5) The term ‘mental health assessment’
21 means an evaluation, primarily focused on diagnosis,
22 determining the need for involuntary commitment,
23 medication management, and on-going treatment
24 recommendations.

1 “(6) The term ‘pre-crime’ means law-enforce-
2 ment efforts and strategies to deter crime by pre-
3 dicting when and where criminal activity will occur.

4 “(7) The term ‘violence risk assessment’ refers
5 to a broad determination of the potential risk of vio-
6 lence based on evidence-based literature.”.

Passed the House of Representatives September 29,
2020.

Attest: **CHERYL L. JOHNSON,**
Clerk.