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(Original Signature of Member)

110TH CONGRESS
1ST SESSION

H. R. _____

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.

IN THE HOUSE OF REPRESENTATIVES

Mrs. NAPOLITANO introduced the following bill; which was referred to the Committee on _____

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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Mental Health in
5 Schools Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

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

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

10 (3) Only half of schools across the United
11 States report having formal partnerships with com-
12 munity mental health providers to deliver mental
13 health services.

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

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

21 (6) Many schools have school-employed mental
22 health providers supporting student's social, emo-
23 tional, and behavioral health needs in schools. The
24 most common types of staff providing mental health
25 services in schools were school counselors, followed

1 by school nurses, school psychologists and school so-
2 cial workers. Three-quarters of schools had at least
3 one school counselor on staff, over two-thirds had a
4 school psychologist or school nurse, and 44 percent
5 had a school social worker.

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

13 **SEC. 3. PURPOSES.**

14 It is the purpose of this Act to—

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

19 (2) provide for comprehensive staff development
20 for school and community service personnel working
21 in the school; and

22 (3) provide for comprehensive training for chil-
23 dren with mental health disorders, for parents, sib-
24 lings, and other family members of such children,
25 and for concerned members of the community.

1 **SEC. 4. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
2 **ACT.**

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

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

8 (2) by redesignating sections 581 through 584
9 as sections 596 through 596C, respectively.

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

14 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHIL-**
15 **DREN AND VIOLENCE.**

16 “(a) **IN GENERAL.**—The Secretary, in collaboration
17 with the Secretary of Education and in consultation with
18 the Attorney General, shall, directly or through grants,
19 contracts, or cooperative agreements awarded to eligible
20 entities, apply a public health approach to mental health
21 services both in schools and in the community. Such ap-
22 proach should provide comprehensive services and sup-
23 ports, be linguistically and culturally appropriate, and in-
24 corporate strategies of positive behavioral interventions
25 and supports. A comprehensive school mental health pro-

1 gram funded under this section shall assist children in
2 dealing with violence.

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

5 “(1) provide financial support to enable local
6 communities to implement a comprehensive cul-
7 turally and linguistically appropriate school mental
8 health program that incorporates positive behavioral
9 interventions and supports to foster the health and
10 development of children;

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

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

18 “(4) facilitate community partnerships among
19 families, students, law enforcement agencies, edu-
20 cation systems, mental health and substance abuse
21 service systems, family-based mental health service
22 systems, welfare agencies, health care service sys-
23 tems, and other community-based systems; and

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

4 “(c) REQUIREMENTS.—

5 “(1) IN GENERAL.—To be eligible for a grant,
6 contract, or cooperative agreement under subsection
7 (a), an entity shall be a consortium that—

8 “(A) includes at least one local educational
9 agency;

10 “(B) may include a community program,
11 an agency that is involved in mental health, or
12 a school; and

13 “(C) may consist of a consortium in which
14 the members select an agent (such as a local
15 educational agency or community health care
16 entity) to act on behalf of the consortium.

17 “(2) APPLICATION.—To seek a grant, contract,
18 or cooperative agreement under subsection (a), an
19 entity shall submit an application that—

20 “(A) is endorsed by all members of the
21 consortium described in paragraph (1); and

22 “(B) makes the assurances described in
23 paragraph (3).

24 “(3) REQUIRED ASSURANCES.—An application
25 under paragraph (2) shall assure the following:

1 “(A) That the applicant will ensure that,
2 in carrying out activities under this section, the
3 local educational agency involved will enter into
4 a memorandum of understanding—

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

12 “(ii) with, at the option of the appli-
13 cant, media entities that may communicate
14 mental health information; and

15 “(iii) that clearly states—

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

19 “(II) how each such member 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 member 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, or behavioral health problems;

12 “(iii) the treatment or referral for
13 treatment of students with existing social,
14 emotional, or behavioral health problems;

15 “(iv) the early identification of social,
16 emotional, or behavioral problems and the
17 provision of early intervention services; and

18 “(v) the development and implementa-
19 tion of programs to assist children in deal-
20 ing with violence.

21 “(C) That the comprehensive school-based
22 mental health program carried out under this
23 section will include comprehensive staff develop-
24 ment for school and community service per-
25 sonnel working in the school in—

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

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

8 “(iii) strategies that promote a school-
9 wide positive environment;

10 “(iv) school system organization, oper-
11 ations, and functioning; and

12 “(v) models for school-based collabo-
13 ration, coordination, and consultation.

14 “(D) That the comprehensive school-based
15 mental health program carried out under this
16 section will include comprehensive training for
17 children with mental health disorders, for par-
18 ents, siblings, and other family members of
19 such children, and for concerned members of
20 the community in—

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

24 “(ii) the use of referral mechanisms
25 that effectively link such children to treat-

1 ment and intervention services in the
2 school and in the community; and

3 “(iii) strategies that promote a school-
4 wide positive environment.

5 “(E) That the comprehensive school-based
6 mental health program carried out under this
7 section will demonstrate the measures to be
8 taken to sustain the program after funding
9 under this section terminates.

10 “(F) That the consortium involved is sup-
11 ported by the State educational and mental
12 health system to ensure that the sustainability
13 of the programs is established after funding
14 under this section terminates.

15 “(G) That the comprehensive school-based
16 mental health program carried out under this
17 section will be based on evidence-based prac-
18 tices.

19 “(H) That the comprehensive school-based
20 mental health program carried out under this
21 section will be coordinated with early inter-
22 vening activities carried out under the Individ-
23 uals with Disabilities Education Act.

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

1 section will be culturally and linguistically ap-
2 propriate.

3 “(J) That the comprehensive school-based
4 mental health program carried out under this
5 section will include a range of program sites,
6 which may include elementary schools, sec-
7 ondary schools, and related facilities and trans-
8 portation sites.

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

15 “(L) That the comprehensive school-based
16 mental health program carried out under this
17 section will include the provision of immediate
18 services to students and staff through school-
19 employed mental health professionals, the link-
20 age of services to the learning context and out-
21 comes, support for implementation of a positive
22 behavioral interventions and supports (PBIS)
23 model, and oversight and evaluation of the serv-
24 ices of community consortium members within
25 the school environment.

1 “(M) That the mental health services pro-
2 vided through the comprehensive school-based
3 mental health program carried out under this
4 section will be provided by qualified mental
5 health professionals who are certified or li-
6 censed by the State involved and practicing
7 within their area of expertise.

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

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

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

22 “(1) DEVELOPMENT OF PROCESS.—The Ad-
23 ministrator shall develop a process for evaluating ac-
24 tivities carried out under this section. Such process
25 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 Administrator
13 shall develop measures of outcomes to be ap-
14 plied by recipients of assistance under this sec-
15 tion, and the Administrator, in evaluating the
16 effectiveness of programs carried out under this
17 section. Such measures shall include student
18 and family measures as provided for in sub-
19 paragraph (B) and local educational measures
20 as provided for under subparagraph (C).

21 “(B) STUDENT AND FAMILY MEASURES OF
22 OUTCOMES.—The measures of 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—

3 “(i) whether the program resulted in
4 an increase in social and emotional com-
5 petency;

6 “(ii) whether the program resulted in
7 an increase in academic competency;

8 “(iii) whether the program resulted in
9 a reduction in disruptive and aggressive
10 behaviors;

11 “(iv) whether the program resulted in
12 improved family functioning;

13 “(v) whether the program resulted in
14 a reduction in substance abuse;

15 “(vi) whether the program resulted in
16 a reduction in suspensions, truancy, expul-
17 sions and violence;

18 “(vii) whether the program resulted in
19 increased graduation rates; and

20 “(viii) whether the program resulted
21 in improved access to care for mental
22 health disorders.

23 “(C) LOCAL EDUCATIONAL OUTCOMES.—

24 The outcome measures developed under para-
25 graph (1)(B) relating to local educational sys-

1 tems shall, with respect to activities carried out
2 under a program under this section, at a min-
3 imum include provisions to evaluate—

4 “(i) the effectiveness of comprehensive
5 school mental health programs established
6 under this section;

7 “(ii) the effectiveness of formal con-
8 sortium linkages among child and family
9 serving institutions, community support
10 systems, and the educational system;

11 “(iii) the progress made in sustaining
12 the program once funding under the grant
13 has expired;

14 “(iv) the effectiveness of training and
15 professional development programs for all
16 school personnel that incorporate indica-
17 tors that measure cultural and linguistic
18 competencies under the program in a man-
19 ner that incorporates appropriate cultural
20 and linguistic training; and

21 “(v) the improvement in perception of
22 a safe and supportive learning environment
23 among school staff, students, and parents;

24 “(vi) the improvement of social, emo-
25 tional, and behavioral competencies among

1 students and mental health competencies
2 among school staff and parents;

3 “(vii) the improvement in case-finding
4 of students in need of more intensive serv-
5 ices and referral of identified students to
6 early intervention and clinical services;

7 “(viii) the improvement in the imme-
8 diate availability of clinical assessment and
9 treatment services to students posing a
10 danger to themselves or others;

11 “(ix) the increased successful matricu-
12 lation to postsecondary school; and

13 “(x) reduced referrals to juvenile jus-
14 tice

15 “(3) SUBMISSION OF ANNUAL DATA.—An entity
16 that receives a grant, contract, or cooperative agree-
17 ment under this section shall annually submit to the
18 Administrator a report that include data to evaluate
19 the success of the program carried out by the entity
20 based on whether such program is achieving the pur-
21 poses of the program. Such reports shall utilize the
22 measures of outcomes under paragraph (2) in a rea-
23 sonable manner to demonstrate the progress of the
24 program in achieving such purposes.

1 “(4) EVALUATION BY ADMINISTRATOR.—Based
2 on the data submitted under paragraph (3), the Ad-
3 ministrators shall annually submit to Congress a re-
4 port concerning the results and effectiveness of the
5 programs carried out with assistance received under
6 this section.

7 “(g) INFORMATION AND EDUCATION.—The Sec-
8 retary shall establish comprehensive information and edu-
9 cation programs to disseminate the findings of the knowl-
10 edge development and application under this section to the
11 general public and to health care professionals.

12 “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF
13 APPROPRIATIONS.—

14 “(1) AMOUNT OF GRANTS.—A grant under this
15 section shall be in an amount that is not more than
16 \$1,000,000 for each of grant years 2008 through
17 2012. The Secretary shall determine the amount of
18 each such grant based on the population of children
19 between the ages of 0 to 21 of the area to be served
20 under the grant.

21 “(2) AUTHORIZATION OF APPROPRIATIONS.—
22 There is authorized to be appropriated to carry out
23 this section, \$200,000,000 for each of fiscal years
24 2008 through 2012.”.

1 (c) CONFORMING AMENDMENT.—Part G of title V of
2 the Public Health Service Act (42 U.S.C. 290hh et seq.),
3 as amended by this section, is further amended by striking
4 the part heading and inserting the following:
5 **“PART VII—SCHOOL-BASED MENTAL HEALTH”.**