

110TH CONGRESS  
1ST SESSION

# S. 1332

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

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## IN THE SENATE OF THE UNITED STATES

MAY 8, 2007

Mr. REID (for Mr. KENNEDY) (for himself, Mr. DOMENICI, Mr. DODD, and Mr. ENZI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

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

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

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 **SEC. 3. PURPOSES.**

22          It is the purpose of this Act to—

23               (1) revise, increase funding for, and expand the  
24               scope of the Safe Schools-Healthy Students program  
25               in order to provide access to more comprehensive

1 school-based mental health services and supports;  
2 and

3 (2) provide for in-service training to all school  
4 personnel in—

5 (A) the techniques and supports needed to  
6 identify early children with, or at risk of, men-  
7 tal illness;

8 (B) the use of referral mechanisms that ef-  
9 fectively link such children to treatment inter-  
10 vention services; and

11 (C) strategies that promote a school-wide  
12 positive environment.

13 **SEC. 4. 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) **PURPOSE AND AUTHORITY.**—Subsection (a) of  
23 section 581 of the Public Health Service Act (42 U.S.C.  
24 290hh(a)) is amended to read as follows:

1           “(a) IN GENERAL.—The Secretary, in collaboration  
2 with the Secretary of Education and in consultation with  
3 the Attorney General, shall, directly or through grants,  
4 contracts or cooperative agreements awarded to public en-  
5 tities and local education agencies, assist local commu-  
6 nities and schools in applying a public health approach  
7 to mental health services both in schools and in the com-  
8 munity. Such approach should provide comprehensive  
9 services and supports, be linguistically and culturally ap-  
10 propriate, and incorporate strategies of positive behavioral  
11 interventions and supports. A comprehensive school men-  
12 tal health program funded under this section shall assist  
13 children in dealing with violence.”.

14           (c) ACTIVITIES.—Section 581(b) of the Public Health  
15 Service Act (42 U.S.C. 290hh(b)) is amended—

16           (1) in paragraph (1), by striking “implement  
17 programs” and inserting “implement a comprehen-  
18 sive culturally and linguistically appropriate school  
19 mental health program that incorporates positive be-  
20 havioral interventions and supports”;

21           (2) in paragraph (3), by inserting “child and  
22 adolescent mental health issues and” after “ad-  
23 dress”; and

24           (3) by striking paragraph (4) and inserting the  
25 following:

1           “(4) facilitate community partnerships among  
2 families, students, law enforcement agencies, edu-  
3 cation systems, mental health and substance abuse  
4 service systems, family-based mental health service  
5 systems, welfare agencies, healthcare service sys-  
6 tems, and other community-based systems;”.

7           (d) REQUIREMENTS.—Subsection (c) of section 581  
8 of the Public Health Service Act (42 U.S.C. 290hh(c)) is  
9 amended to read as follows:

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 between a local edu-  
15 cation agency and at least one community pro-  
16 gram or agency that is involved in mental  
17 health; and

18           “(B) submit an application, that is en-  
19 dorsed by all members of the partnership, that  
20 makes the assurances described in paragraph  
21 (2).

22           “(2) REQUIRED ASSURANCES.—An application  
23 under paragraph (1) shall assure the following:

24           “(A) That the applicant will ensure that,  
25 in carrying out activities under this section, the

1 local educational agency involved will enter into  
2 a memorandum of understanding—

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

10 “(ii) that clearly states—

11 “(I) the responsibilities of each  
12 partner with respect to the activities  
13 to be carried out;

14 “(II) how each such partner will  
15 be accountable for carrying out such  
16 responsibilities; and

17 “(III) the amount of non-Federal  
18 funding or in-kind contributions that  
19 each such partner will contribute in  
20 order to sustain the program.

21 “(B) That the comprehensive school-based  
22 mental health program carried out under this  
23 section support the flexible use of funds to ad-  
24 dress—

1                   “(i) the promotion of the social, emo-  
2                   tional, and behavioral health of all students  
3                   in an environment that is conducive to  
4                   learning;

5                   “(ii) the reduction in the likelihood of  
6                   at risk students developing social, emo-  
7                   tional, or behavioral health problems;

8                   “(iii) the treatment or referral for  
9                   treatment of students with existing social,  
10                  emotional, or behavioral health problems;

11                  “(iv) the early identification of social,  
12                  emotional, or behavioral problems and the  
13                  provision of early intervention services; and

14                  “(v) the development and implementa-  
15                  tion of programs to assist children in deal-  
16                  ing with violence.

17                  “(C) That the comprehensive mental  
18                  health program carried out under this section  
19                  will provide for culturally and linguistically ap-  
20                  propriate in-service training of all school per-  
21                  sonnel, including ancillary staff and volunteers,  
22                  in—

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

1           “(ii) the use of referral mechanisms  
2           that effectively link such children to treat-  
3           ment intervention services; and

4           “(iii) strategies that promote a  
5           schoolwide positive environment, and in-  
6           cludes an on-going training component.

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

12          “(E) That the local education agency part-  
13          nership involved is supported by the State edu-  
14          cational and mental health system to ensure  
15          that the sustainability of the programs is estab-  
16          lished after funding under this section termi-  
17          nates.

18          “(F) That the comprehensive school-based  
19          mental health program carried out under this  
20          section is based on evidence-based practices.

21          “(G) That the comprehensive school-based  
22          mental health program carried out under this  
23          section is coordinated with early intervening ac-  
24          tivities carried out under the Individuals with

1           Disabilities Education Act (20 U.S.C. 1400 et  
2           seq.).

3           “(H) That the comprehensive school-based  
4           mental health program carried out under this  
5           section is culturally and linguistically appro-  
6           priate.”.

7           (e) DURATION.—Section 581(e) of the Public Health  
8           Service Act (42 U.S.C. 290hh(e)) is amended—

9           (1) by striking “may not exceed” and inserting  
10          “shall be”; and

11          (2) by adding at the end the following: “An en-  
12          tity may only receive one award under this section,  
13          except that an entity that is providing services and  
14          supports on a regional basis may receive additional  
15          funding after the expiration of the preceding grant  
16          period.”.

17          (f) EVALUATION.—Subsection (f) of section 581 of  
18          the Public Health Service Act (42 U.S.C. 290kk(f)) is  
19          amended to read as follows:

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

21                  “(1) DEVELOPMENT OF PROCESS.—The Ad-  
22                  ministrators shall develop a process for evaluating ac-  
23                  tivities carried out under this section. Such process  
24                  shall include—

1           “(A) the development of guidelines for the  
2 submission of program data by such recipients;

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

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

10       “(2) MEASURES OF OUTCOMES.—

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

20           “(B) STUDENT AND FAMILY MEASURES OF  
21 OUTCOMES.—The measures of outcomes devel-  
22 oped under paragraph (1)(B) relating to stu-  
23 dents and families shall, with respect to activi-  
24 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 part-  
8                   nership 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; and

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.

21                  “(3) SUBMISSION OF ANNUAL DATA.—An entity  
22                  that receives a grant, contract, or cooperative agree-  
23                  ment under this section shall annually submit to the  
24                  Administrator a report that include data to evaluate  
25                  the success of the program carried out by the entity

1 based on whether such program is achieving the pur-  
2 poses of the program. Such reports shall utilize the  
3 measures of outcomes under paragraph (2) in a rea-  
4 sonable manner to demonstrate the progress of the  
5 program in achieving such purposes.

6 “(4) EVALUATION BY ADMINISTRATOR.—Based  
7 on the data submitted under paragraph (3), the Ad-  
8 ministrator shall annually submit to Congress a re-  
9 port concerning the results and effectiveness of the  
10 programs carried out with assistance received under  
11 this section.”.

12 (g) AUTHORIZATION OF APPROPRIATIONS AND  
13 AMOUNT OF GRANTS.—Subsection (h) of section 581 of  
14 the Public Health Service Act (42 U.S.C. 290hh(h)) is  
15 amended to read as follows:

16 “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF  
17 APPROPRIATIONS.—

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

