

112TH CONGRESS  
1ST SESSION

# S. 740

To revise and extend provisions under the Garrett Lee Smith Memorial Act.

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## IN THE SENATE OF THE UNITED STATES

APRIL 6 (legislative day, APRIL 5), 2011

Mr. REED (for himself, Ms. MURKOWSKI, Mr. DURBIN, and Mr. UDALL of New Mexico) 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 revise and extend provisions under the Garrett Lee Smith Memorial Act.

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 “Garrett Lee Smith Me-  
5       morial Act Reauthorization of 2011”.

6       **SEC. 2. SUICIDE PREVENTION TECHNICAL ASSISTANCE**  
7                       **CENTER.**

8       (a) **REPEAL.**—Section 520C of the Public Health  
9       Service Act (42 U.S.C. 290bb–34) is repealed.

1 (b) SUICIDE PREVENTION TECHNICAL ASSISTANCE  
 2 CENTER.—Title V of the Public Health Service Act (42  
 3 U.S.C. 290aa et seq.) (as amended by subsection (a)) is  
 4 amended by inserting after section 520B the following:

5 **“SEC. 520C. SUICIDE PREVENTION TECHNICAL ASSISTANCE**  
 6 **CENTER.**

7 “(a) PROGRAM AUTHORIZED.—The Secretary, acting  
 8 through the Administrator of the Substance Abuse and  
 9 Mental Health Services Administration, shall establish a  
 10 research, training, and technical assistance resource cen-  
 11 ter to provide appropriate information, training, and tech-  
 12 nical assistance to States, political subdivisions of States,  
 13 federally recognized Indian tribes, tribal organizations, in-  
 14 stitutions of higher education, public organizations, or pri-  
 15 vate nonprofit organizations concerning the prevention of  
 16 suicide among all ages, particularly among groups that are  
 17 at high risk for suicide.

18 “(b) RESPONSIBILITIES OF THE CENTER.—The cen-  
 19 ter established under subsection (a) shall—

20 “(1) assist in the development or continuation  
 21 of statewide and tribal suicide early intervention and  
 22 prevention strategies for all ages, particularly among  
 23 groups that are at high risk for suicide;

24 “(2) ensure the surveillance of suicide early  
 25 intervention and prevention strategies for all ages,

1 particularly among groups that are at high risk for  
2 suicide;

3 “(3) study the costs and effectiveness of state-  
4 wide and tribal suicide early intervention and pre-  
5 vention strategies in order to provide information  
6 concerning relevant issues of importance to State,  
7 tribal, and national policymakers;

8 “(4) further identify and understand causes  
9 and associated risk factors for suicide for all ages,  
10 particularly among groups that are at high risk for  
11 suicide;

12 “(5) analyze the efficacy of new and existing  
13 suicide early intervention and prevention techniques  
14 and technology for all ages, particularly among  
15 groups that are at high risk for suicide;

16 “(6) ensure the surveillance of suicidal behav-  
17 iors and nonfatal suicidal attempts;

18 “(7) study the effectiveness of State-sponsored  
19 statewide and tribal suicide early intervention and  
20 prevention strategies for all ages particularly among  
21 groups that are at high risk for suicide on the over-  
22 all wellness and health promotion strategies related  
23 to suicide attempts;

24 “(8) promote the sharing of data regarding sui-  
25 cide with Federal agencies involved with suicide

1 early intervention and prevention, and State-spon-  
 2 sored statewide and tribal suicide early intervention  
 3 and prevention strategies for the purpose of identi-  
 4 fying previously unknown mental health causes and  
 5 associated risk factors for suicide among all ages  
 6 particularly among groups that are at high risk for  
 7 suicide;

8 “(9) evaluate and disseminate outcomes and  
 9 best practices of mental health and substance use  
 10 disorder services at institutions of higher education;  
 11 and

12 “(10) conduct other activities determined ap-  
 13 propriate by the Secretary.

14 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the  
 15 purpose of carrying out this section, there are authorized  
 16 to be appropriated \$5,000,000 for each of the fiscal years  
 17 2012 through 2016.”.

18 **SEC. 3. YOUTH SUICIDE INTERVENTION AND PREVENTION**  
 19 **STRATEGIES.**

20 Section 520E of the Public Health Service Act (42  
 21 U.S.C. 290bb–36) is amended to read as follows:

22 **“SEC. 520E. YOUTH SUICIDE EARLY INTERVENTION AND**  
 23 **PREVENTION STRATEGIES.**

24 “(a) IN GENERAL.—The Secretary, acting through  
 25 the Administrator of the Substance Abuse and Mental

1 Health Services Administration, shall award grants or co-  
2 operative agreements to eligible entities to—

3           “(1) develop and implement State-sponsored  
4 statewide or tribal youth suicide early intervention  
5 and prevention strategies in schools, educational in-  
6 stitutions, juvenile justice systems, substance use  
7 disorder programs, mental health programs, foster  
8 care systems, and other child and youth support or-  
9 ganizations;

10           “(2) support public organizations and private  
11 nonprofit organizations actively involved in State-  
12 sponsored statewide or tribal youth suicide early  
13 intervention and prevention strategies and in the de-  
14 velopment and continuation of State-sponsored  
15 statewide youth suicide early intervention and pre-  
16 vention strategies;

17           “(3) provide grants to institutions of higher  
18 education to coordinate the implementation of State-  
19 sponsored statewide or tribal youth suicide early  
20 intervention and prevention strategies;

21           “(4) collect and analyze data on State-spon-  
22 sored statewide or tribal youth suicide early inter-  
23 vention and prevention services that can be used to  
24 monitor the effectiveness of such services and for re-

1 search, technical assistance, and policy development;  
2 and

3 “(5) assist eligible entities, through State-spon-  
4 sored statewide or tribal youth suicide early inter-  
5 vention and prevention strategies, in achieving tar-  
6 gets for youth suicide reductions under title V of the  
7 Social Security Act.

8 “(b) ELIGIBLE ENTITY.—

9 “(1) DEFINITION.—In this section, the term  
10 ‘eligible entity’ means—

11 “(A) a State;

12 “(B) a public organization or private non-  
13 profit organization designated by a State to de-  
14 velop or direct the State-sponsored statewide  
15 youth suicide early intervention and prevention  
16 strategy; or

17 “(C) a federally recognized Indian tribe or  
18 tribal organization (as defined in the Indian  
19 Self-Determination and Education Assistance  
20 Act) or an urban Indian organization (as de-  
21 fined in the Indian Health Care Improvement  
22 Act) that is actively involved in the development  
23 and continuation of a tribal youth suicide early  
24 intervention and prevention strategy.

1           “(2) LIMITATION.—In carrying out this section,  
2           the Secretary shall ensure that a State does not re-  
3           ceive more than one grant or cooperative agreement  
4           under this section at any one time. For purposes of  
5           the preceding sentence, a State shall be considered  
6           to have received a grant or cooperative agreement if  
7           the eligible entity involved is the State or an entity  
8           designated by the State under paragraph (1)(B).  
9           Nothing in this paragraph shall be constructed to  
10          apply to entities described in paragraph (1)(C).

11          “(c) PREFERENCE.—In providing assistance under a  
12          grant or cooperative agreement under this section, an eli-  
13          gible entity shall give preference to public organizations,  
14          private nonprofit organizations, political subdivisions, in-  
15          stitutions of higher education, and tribal organizations ac-  
16          tively involved with the State-sponsored statewide or tribal  
17          youth suicide early intervention and prevention strategy  
18          that—

19                 “(1) provide early intervention and assessment  
20                 services, including screening programs, to youth who  
21                 are at risk for mental or emotional disorders that  
22                 may lead to a suicide attempt, and that are inte-  
23                 grated with school systems, educational institutions,  
24                 juvenile justice systems, substance use disorder pro-

1       grams, mental health programs, foster care systems,  
2       and other child and youth support organizations;

3               “(2) demonstrate collaboration among early  
4       intervention and prevention services or certify that  
5       entities will engage in future collaboration;

6               “(3) employ or include in their applications a  
7       commitment to evaluate youth suicide early interven-  
8       tion and prevention practices and strategies adapted  
9       to the local community;

10              “(4) provide timely referrals for appropriate  
11       community-based mental health care and treatment  
12       of youth who are at risk for suicide in child-serving  
13       settings and agencies;

14              “(5) provide immediate support and informa-  
15       tion resources to families of youth who are at risk  
16       for suicide;

17              “(6) offer access to services and care to youth  
18       with diverse linguistic and cultural backgrounds;

19              “(7) offer appropriate postsuicide intervention  
20       services, care, and information to families, friends,  
21       schools, educational institutions, juvenile justice sys-  
22       tems, substance use disorder programs, mental  
23       health programs, foster care systems, and other  
24       child and youth support organizations of youth who  
25       recently completed suicide;



1           “(8) offer continuous and up-to-date informa-  
2           tion and awareness campaigns that target parents,  
3           family members, child care professionals, community  
4           care providers, and the general public and highlight  
5           the risk factors associated with youth suicide and  
6           the life-saving help and care available from early  
7           intervention and prevention services;

8           “(9) ensure that information and awareness  
9           campaigns on youth suicide risk factors, and early  
10          intervention and prevention services, use effective  
11          communication mechanisms that are targeted to and  
12          reach youth, families, schools, educational institu-  
13          tions, and youth organizations;

14          “(10) provide a timely response system to en-  
15          sure that child-serving professionals and providers  
16          are properly trained in youth suicide early interven-  
17          tion and prevention strategies and that child-serving  
18          professionals and providers involved in early inter-  
19          vention and prevention services are properly trained  
20          in effectively identifying youth who are at risk for  
21          suicide;

22          “(11) provide continuous training activities for  
23          child care professionals and community care pro-  
24          viders on the latest youth suicide early intervention  
25          and prevention services practices and strategies;

1           “(12) conduct annual self-evaluations of out-  
2 comes and activities, including consulting with inter-  
3 ested families and advocacy organizations;

4           “(13) provide services in areas or regions with  
5 rates of youth suicide that exceed the national aver-  
6 age as determined by the Centers for Disease Con-  
7 trol and Prevention; and

8           “(14) obtain informed written consent from a  
9 parent or legal guardian of an at-risk child before  
10 involving the child in a youth suicide early interven-  
11 tion and prevention program.

12       “(d) REQUIREMENT FOR DIRECT SERVICES.—Not  
13 less than 85 percent of grant funds received under this  
14 section shall be used to provide direct services, of which  
15 not less than 5 percent shall be used for activities author-  
16 ized under subsection (a)(3).

17       “(e) CONSULTATION AND POLICY DEVELOPMENT.—

18           “(1) IN GENERAL.—In carrying out this sec-  
19 tion, the Secretary shall collaborate with relevant  
20 Federal agencies and suicide working groups respon-  
21 sible for early intervention and prevention services  
22 relating to youth suicide.

23           “(2) CONSULTATION.—In carrying out this sec-  
24 tion, the Secretary shall consult with—

1           “(A) State and local agencies, including  
2 agencies responsible for early intervention and  
3 prevention services under title XIX of the So-  
4 cial Security Act, the State Children’s Health  
5 Insurance Program under title XXI of the So-  
6 cial Security Act, and programs funded by  
7 grants under title V of the Social Security Act;

8           “(B) local and national organizations that  
9 serve youth at risk for suicide and their fami-  
10 lies;

11           “(C) relevant national medical and other  
12 health and education specialty organizations;

13           “(D) youth who are at risk for suicide,  
14 who have survived suicide attempts, or who are  
15 currently receiving care from early intervention  
16 services;

17           “(E) families and friends of youth who are  
18 at risk for suicide, who have survived suicide at-  
19 tempts, who are currently receiving care from  
20 early intervention and prevention services, or  
21 who have completed suicide;

22           “(F) qualified professionals who possess  
23 the specialized knowledge, skills, experience,  
24 and relevant attributes needed to serve youth at  
25 risk for suicide and their families; and

1           “(G) third-party payers, managed care or-  
2           ganizations, and related commercial industries.

3           “(3) POLICY DEVELOPMENT.—In carrying out  
4           this section, the Secretary shall—

5           “(A) coordinate and collaborate on policy  
6           development at the Federal level with the rel-  
7           evant Department of Health and Human Serv-  
8           ices agencies and suicide working groups; and

9           “(B) consult on policy development at the  
10          Federal level with the private sector, including  
11          consumer, medical, suicide prevention advocacy  
12          groups, and other health and education profes-  
13          sional-based organizations, with respect to  
14          State-sponsored statewide or tribal youth sui-  
15          cide early intervention and prevention strate-  
16          gies.

17          “(f) RULE OF CONSTRUCTION; RELIGIOUS AND  
18          MORAL ACCOMMODATION.—Nothing in this section shall  
19          be construed to require suicide assessment, early interven-  
20          tion, or treatment services for youth whose parents or  
21          legal guardians object based on the parents’ or legal  
22          guardians’ religious beliefs or moral objections.

23          “(g) EVALUATIONS AND REPORT.—

24                 “(1) EVALUATIONS BY ELIGIBLE ENTITIES.—

25                 Not later than 18 months after receiving a grant or

1 cooperative agreement under this section, an eligible  
2 entity shall submit to the Secretary the results of an  
3 evaluation to be conducted by the entity concerning  
4 the effectiveness of the activities carried out under  
5 the grant or agreement.

6 “(2) REPORT.—Not later than 2 years after the  
7 date of enactment of this section, the Secretary shall  
8 submit to the appropriate committees of Congress a  
9 report concerning the results of—

10 “(A) the evaluations conducted under  
11 paragraph (1); and

12 “(B) an evaluation conducted by the Sec-  
13 retary to analyze the effectiveness and efficacy  
14 of the activities conducted with grants, collabo-  
15 rations, and consultations under this section.

16 “(h) RULE OF CONSTRUCTION; STUDENT MEDICA-  
17 TION.—Nothing in this section shall be construed to allow  
18 school personnel to require that a student obtain any  
19 medication as a condition of attending school or receiving  
20 services.

21 “(i) PROHIBITION.—Funds appropriated to carry out  
22 this section, section 527, or section 529 shall not be used  
23 to pay for or refer for abortion.

24 “(j) PARENTAL CONSENT.—States and entities re-  
25 ceiving funding under this section shall obtain prior writ-

1 ten, informed consent from the child’s parent or legal  
2 guardian for assessment services, school-sponsored pro-  
3 grams, and treatment involving medication related to  
4 youth suicide conducted in elementary and secondary  
5 schools. The requirement of the preceding sentence does  
6 not apply in the following cases:

7           “(1) In an emergency, where it is necessary to  
8           protect the immediate health and safety of the stu-  
9           dent or other students.

10           “(2) Other instances, as defined by the State,  
11           where parental consent cannot reasonably be ob-  
12           tained.

13           “(k) RELATION TO EDUCATION PROVISIONS.—Noth-  
14           ing in this section shall be construed to supersede section  
15           444 of the General Education Provisions Act, including  
16           the requirement of prior parental consent for the disclo-  
17           sure of any education records. Nothing in this section shall  
18           be construed to modify or affect parental notification re-  
19           quirements for programs authorized under the Elementary  
20           and Secondary Education Act of 1965 (as amended by the  
21           No Child Left Behind Act of 2001; Public Law 107–110).

22           “(l) DEFINITIONS.—In this section:

23           “(1) EARLY INTERVENTION.—The term ‘early  
24           intervention’ means a strategy or approach that is

1 intended to prevent an outcome or to alter the  
2 course of an existing condition.

3 “(2) EDUCATIONAL INSTITUTION; INSTITUTION  
4 OF HIGHER EDUCATION; SCHOOL.—The term—

5 “(A) ‘educational institution’ means a  
6 school or institution of higher education;

7 “(B) ‘institution of higher education’ has  
8 the meaning given such term in section 101 of  
9 the Higher Education Act of 1965; and

10 “(C) ‘school’ means an elementary or sec-  
11 ondary school (as such terms are defined in sec-  
12 tion 9101 of the Elementary and Secondary  
13 Education Act of 1965).

14 “(3) PREVENTION.—The term ‘prevention’  
15 means a strategy or approach that reduces the likeli-  
16 hood or risk of onset, or delays the onset, of adverse  
17 health problems that have been known to lead to sui-  
18 cide.

19 “(4) YOUTH.—The term ‘youth’ means individ-  
20 uals who are between 10 and 24 years of age.

21 “(m) AUTHORIZATION OF APPROPRIATIONS.—For  
22 the purpose of carrying out this section, there are author-  
23 ized to be appropriated \$32,000,000 for each of the fiscal  
24 years 2012 through 2016.”.

1 **SEC. 4. MENTAL HEALTH AND SUBSTANCE USE DISORDERS**  
2 **SERVICES AND OUTREACH ON CAMPUS.**

3 Section 520E–2 of the Public Health Service Act (42  
4 U.S.C. 290bb–36b) is amended to read as follows:

5 **“SEC. 520E-2. MENTAL HEALTH AND SUBSTANCE USE DIS-**  
6 **ORDERS SERVICES ON CAMPUS.**

7 “(a) IN GENERAL.—The Secretary, acting through  
8 the Director of the Center for Mental Health Services and  
9 in consultation with the Secretary of Education, shall  
10 award grants on a competitive basis to institutions of  
11 higher education to enhance services for students with  
12 mental health or substance use disorders and to develop  
13 best practices for the delivery of such services.

14 “(b) USES OF FUNDS.—Amounts received under a  
15 grant under this section shall be used for 1 or more of  
16 the following activities:

17 “(1) The provision of mental health and sub-  
18 stance use disorder services to students, including  
19 prevention, promotion of mental health, voluntary  
20 screening, early intervention, voluntary assessment,  
21 treatment, and management of mental health and  
22 substance abuse disorder issues.

23 “(2) The provision of outreach services to notify  
24 students about the existence of mental health and  
25 substance use disorder services.



1           “(3) Educating students, families, faculty, staff,  
2           and communities to increase awareness of mental  
3           health and substance use disorders.

4           “(4) The employment of appropriately trained  
5           staff, including administrative staff.

6           “(5) The provision of training to students, fac-  
7           ulty, and staff to respond effectively to students with  
8           mental health and substance use disorders.

9           “(6) The creation of a networking infrastruc-  
10          ture to link colleges and universities with providers  
11          who can treat mental health and substance use dis-  
12          orders.

13          “(7) Developing, supporting, evaluating, and  
14          disseminating evidence-based and emerging best  
15          practices.

16          “(c) IMPLEMENTATION OF ACTIVITIES USING GRANT  
17          FUNDS.—An institution of higher education that receives  
18          a grant under this section may carry out activities under  
19          the grant through—

20                 “(1) college counseling centers;

21                 “(2) college and university psychological service  
22          centers;

23                 “(3) mental health centers;

24                 “(4) psychology training clinics;

1           “(5) institution of higher education supported,  
2           evidence-based, mental health and substance use dis-  
3           order programs; or

4           “(6) any other entity that provides mental  
5           health and substance use disorder services at an in-  
6           stitution of higher education.

7           “(d) APPLICATION.—To be eligible to receive a grant  
8           under this section, an institution of higher education shall  
9           prepare and submit to the Secretary an application at  
10          such time and in such manner as the Secretary may re-  
11          quire. At a minimum, such application shall include the  
12          following:

13           “(1) A description of identified mental health  
14           and substance use disorder needs of students at the  
15           institution of higher education.

16           “(2) A description of Federal, State, local, pri-  
17           vate, and institutional resources currently available  
18           to address the needs described in paragraph (1) at  
19           the institution of higher education.

20           “(3) A description of the outreach strategies of  
21           the institution of higher education for promoting ac-  
22           cess to services, including a proposed plan for reach-  
23           ing those students most in need of mental health  
24           services.

1           “(4) A plan, when applicable, to meet the spe-  
2           cific mental health and substance use disorder needs  
3           of veterans attending institutions of higher edu-  
4           cation.

5           “(5) A plan to seek input from community  
6           mental health providers, when available, community  
7           groups and other public and private entities in car-  
8           rying out the program under the grant.

9           “(6) A plan to evaluate program outcomes, in-  
10          cluding a description of the proposed use of funds,  
11          the program objectives, and how the objectives will  
12          be met.

13          “(7) An assurance that the institution will sub-  
14          mit a report to the Secretary each fiscal year con-  
15          cerning the activities carried out with the grant and  
16          the results achieved through those activities.

17          “(e) SPECIAL CONSIDERATIONS.—In awarding  
18          grants under this section, the Secretary shall give special  
19          consideration to applications that describe programs to be  
20          carried out under the grant that—

21                 “(1) demonstrate the greatest need for new or  
22                 additional mental and substance use disorder serv-  
23                 ices, in part by providing information on current ra-  
24                 tios of students to mental health and substance use  
25                 disorder health professionals; and

1           “(2) demonstrate the greatest potential for rep-  
2           lication.

3           “(f) REQUIREMENT OF MATCHING FUNDS.—

4           “(1) IN GENERAL.—The Secretary may make a  
5           grant under this section to an institution of higher  
6           education only if the institution agrees to make  
7           available (directly or through donations from public  
8           or private entities) non-Federal contributions in an  
9           amount that is not less than \$1 for each \$1 of Fed-  
10          eral funds provided under the grant, toward the  
11          costs of activities carried out with the grant (as de-  
12          scribed in subsection (b)) and other activities by the  
13          institution to reduce student mental health and sub-  
14          stance use disorders.

15          “(2) DETERMINATION OF AMOUNT CONTRIB-  
16          UTED.—Non-Federal contributions required under  
17          paragraph (1) may be in cash or in kind. Amounts  
18          provided by the Federal Government, or services as-  
19          sisted or subsidized to any significant extent by the  
20          Federal Government, may not be included in deter-  
21          mining the amount of such non-Federal contribu-  
22          tions.

23          “(3) WAIVER.—The Secretary may waive the  
24          application of paragraph (1) with respect to an insti-  
25          tution of higher education if the Secretary deter-

1        mines that extraordinary need at the institution jus-  
2        tifies the waiver.

3        “(g) REPORTS.—For each fiscal year that grants are  
4        awarded under this section, the Secretary shall conduct  
5        a study on the results of the grants and submit to the  
6        Congress a report on such results that includes the fol-  
7        lowing:

8                “(1) An evaluation of the grant program out-  
9                comes, including a summary of activities carried out  
10              with the grant and the results achieved through  
11              those activities.

12              “(2) Recommendations on how to improve ac-  
13              cess to mental health and substance use disorder  
14              services at institutions of higher education, including  
15              efforts to reduce the incidence of suicide and sub-  
16              stance use disorders.

17        “(h) DEFINITIONS.—In this section, the term ‘insti-  
18        tution of higher education’ has the meaning given such  
19        term in section 101 of the Higher Education Act of 1965.

20        “(i) AUTHORIZATION OF APPROPRIATIONS.—For the  
21        purpose of carrying out this section, there are authorized  
22        to be appropriated \$7,000,000 for each of the fiscal years  
23        2012 through 2016.”.

○