

117TH CONGRESS
1ST SESSION

S. 1841

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.

IN THE SENATE OF THE UNITED STATES

MAY 26, 2021

Ms. SMITH (for herself, Mr. WHITEHOUSE, Mr. BLUMENTHAL, Mr. WYDEN, Mr. MURPHY, Mr. SANDERS, and Mr. VAN HOLLEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Mental Health Services
5 for Students Act of 2021”.

6 **SEC. 2. PURPOSES.**

7 The purposes of this Act are to—

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

7 (2) provide for comprehensive staff development
8 for school and community service personnel working
9 in public schools;

10 (3) provide for comprehensive training to im-
11 prove health and academic outcomes for children
12 with, or at risk for, mental health disorders, for par-
13 ents or guardians, siblings, and other family mem-
14 bers of such children, and for concerned members of
15 the community;

16 (4) provide for comprehensive, universal, evi-
17 dence-based screening to identify children and ado-
18 lescents with potential mental health disorders or
19 unmet emotional health needs;

20 (5) recognize best practices for the delivery of
21 mental health care in school-based settings, includ-
22 ing school-based health centers;

23 (6) provide for comprehensive training for par-
24 ents or guardians, siblings, other family members,
25 and concerned members of the community on behalf

1 of children and adolescents experiencing mental
 2 health trauma, disorder, or disability; and

3 (7) establish formal working relationships be-
 4 tween health, human service, and educational enti-
 5 ties that support the mental and emotional health of
 6 children and adolescents in the school setting.

7 **SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
 8 **ACT.**

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

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

14 (2) by redesignating sections 581 through 584
 15 as sections 596 through 596C, respectively.

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

20 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH; CHILDREN**
 21 **AND ADOLESCENTS.**

22 “(a) IN GENERAL.—The Secretary, in collaboration
 23 with the Secretary of Education, shall, directly or through
 24 grants, contracts, or cooperative agreements awarded to
 25 eligible entities described in subsection (c), assist local

1 communities and public schools (including schools funded
 2 by the Bureau of Indian Education) in applying a public
 3 health approach to mental health services both in public
 4 schools and in the community. Such approach shall pro-
 5 vide comprehensive developmentally appropriate services
 6 and supports that are linguistically and culturally appro-
 7 priate and trauma-informed, and incorporate develop-
 8 mentally appropriate strategies of positive behavioral
 9 interventions and supports. A comprehensive school-based
 10 mental health program funded under this section shall as-
 11 sist children in dealing with traumatic experiences, grief,
 12 bereavement, risk of suicide, and violence.

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

15 “(1) provide financial support to enable local
 16 communities to implement a comprehensive cul-
 17 turally and linguistically appropriate, trauma-in-
 18 formed, and developmentally appropriate, school-
 19 based mental health program that—

20 “(A) builds awareness of individual trauma
 21 and the intergenerational, continuum of impacts
 22 of trauma on populations;

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

1 “(C) incorporates positive behavioral inter-
2 ventions and supports, family engagement, stu-
3 dent treatment, and multigenerational supports
4 to foster the health and development of chil-
5 dren, prevent mental health disorders, and ame-
6 liorate the impact of trauma;

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

10 “(3) provide assistance to local communities in
11 the development of policies to address child and ado-
12 lescent trauma and mental health issues and violence
13 when and if it occurs;

14 “(4) facilitate community partnerships among
15 families, students, law enforcement agencies, edu-
16 cation agencies, mental health and substance use
17 disorder service systems, family-based mental health
18 service systems, child welfare agencies, health care
19 providers (including primary care physicians, mental
20 health professionals, and other professionals who
21 specialize in children’s mental health such as child
22 and adolescent psychiatrists), institutions of higher
23 education, faith-based programs, trauma networks,
24 and other community-based systems; and

1 “(5) establish best practice mechanisms for
 2 children and adolescents to report to school staff,
 3 such as educators, school leaders, or school-based
 4 health professionals, incidents of violence or plans by
 5 other children, adolescents, or adults to inflict harm
 6 on themselves or others.

7 “(c) REQUIREMENTS.—

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

11 “(A) be a partnership that includes—

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

22 “(ii) in accordance with paragraph
 23 (2)(A)(i), appropriate public or private en-
 24 tities that employ interventions that are
 25 evidence-based, as defined in section 8101

1 of the Elementary and Secondary Edu-
2 cation Act of 1965; and

3 “(B) submit an application, that is en-
4 dorsed by all members of the partnership,
5 that—

6 “(i) specifies which member will serve
7 as the lead partner; and

8 “(ii) contains the assurances described
9 in paragraph (2).

10 “(2) REQUIRED ASSURANCES.—An application
11 under paragraph (1) shall contain assurances as fol-
12 lows:

13 “(A) The eligible entity will ensure that, in
14 carrying out activities under this section, the el-
15 igible entity will enter into a memorandum of
16 understanding—

17 “(i) with at least 1 community-based
18 mental health provider, including a public
19 or private mental health entity, health care
20 entity, family-based mental health entity,
21 trauma network, or other community-based
22 entity, as determined by the Secretary
23 (and which may include additional entities
24 such as a human services agency, law en-
25 forcement or juvenile justice entity, child

1 welfare agency, an institution of higher
2 education, or another entity, as determined
3 by the Secretary); and

4 “(ii) that clearly states—

5 “(I) the responsibilities of each
6 partner with respect to the activities
7 to be carried out, including how fam-
8 ily engagement will be incorporated in
9 the activities;

10 “(II) how school-employed and
11 school-based or community-based
12 mental health professionals will be uti-
13 lized for carrying out such responsibil-
14 ities;

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

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

22 “(B) The comprehensive school-based men-
23 tal health program carried out under this sec-
24 tion supports the flexible use of funds to ad-
25 dress—

1 “(i) universal prevention, through the
2 promotion of the social, emotional, mental,
3 and behavioral health of all students in an
4 environment that is conducive to learning;

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

10 “(iii) the screening for, and early
11 identification of, social, emotional, mental,
12 behavioral problems, suicide risk, or sub-
13 stance use disorders and the provision of
14 early intervention services;

15 “(iv) the treatment or referral for
16 treatment of students with existing social,
17 emotional, mental, behavioral health prob-
18 lems, or substance use disorders;

19 “(v) the development and implementa-
20 tion of evidence-based programs to assist
21 children who are experiencing or have been
22 exposed to trauma and violence, including
23 program curricula, school supports, and
24 after-school programs; and

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

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

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

20 “(ii) the use of referral mechanisms
 21 that effectively link such children to appro-
 22 priate prevention, treatment, and interven-
 23 tion services in the school and in the com-
 24 munity and to follow-up when services are
 25 not available;

1 “(iii) strategies that promote a school-
 2 wide positive environment, including strat-
 3 egies to prevent discrimination, bullying,
 4 and harassment, which includes both
 5 cyberstalking and cyber-bullying;

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

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

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

22 “(i) the techniques and supports need-
 23 ed to promote early identification of chil-
 24 dren with trauma histories, children who
 25 are grieving, children with a mental health

1 disorder or at risk of developing a mental
2 health disorder, and children who are at
3 risk of suicide;

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

10 “(iii) strategies that promote a school-
11 wide positive environment, including strat-
12 egies to prevent discrimination, bullying,
13 and harassment, which includes both
14 cyberstalking and cyber-bullying.

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

24 “(F) The eligible entity is supported by the
25 State agency with primary responsibility for be-

1 havioral health to ensure that the comprehen-
2 sive school-based mental health program carried
3 out under this section will be sustainable after
4 funding under this section terminates.

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

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

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

24 “(J) The mental health services provided
25 through the comprehensive school-based mental

1 health program carried out under this section
2 will be provided by qualified mental and behav-
3 ioral health professionals who are certified,
4 credentialed, or licensed in compliance with ap-
5 plicable Federal and State law and regulations
6 by the State involved and who are practicing
7 within their area of competence.

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

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

18 “(4) COMPLIANCE WITH HIPAA.—A grantee
19 under this section shall be deemed to be a covered
20 entity for purposes of compliance with the regula-
21 tions promulgated under section 264(c) of the
22 Health Insurance Portability and Accountability Act
23 of 1996.

24 “(5) COMPLIANCE WITH FERPA.—Section 444
25 of the General Education Provisions Act (commonly

1 known as the ‘Family Educational Rights and Pri-
 2 vacy Act of 1974’) shall apply to any entity that is
 3 a member of the partnership in the same manner
 4 that such section applies to an educational agency or
 5 institution (as that term is defined in such section).

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

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

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

17 “(1) DEVELOPMENT OF PROCESS.—The Assist-
 18 ant Secretary shall develop a fiscally appropriate
 19 process for evaluating activities carried out under
 20 this section. Such process shall include—

21 “(A) the development of guidelines for the
 22 submission of program data by grant, contract,
 23 or cooperative agreement recipients;

24 “(B) the development of measures of out-
 25 comes (in accordance with paragraph (2)) to be

1 applied by such recipients in evaluating pro-
 2 grams carried out under this section; and

3 “(C) the submission of annual reports by
 4 such recipients concerning the effectiveness of
 5 programs carried out under this section.

6 “(2) MEASURES OF OUTCOMES.—

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

16 “(B) STUDENT AND FAMILY MEASURES OF
 17 OUTCOMES.—The measures for outcomes devel-
 18 oped under paragraph (1)(B) relating to stu-
 19 dents and families shall, with respect to activi-
 20 ties carried out under a program under this
 21 section, at a minimum include provisions to
 22 evaluate whether the program is effective in—

23 “(i) increasing social and emotional
 24 competency;

1 “(ii) improving academic outcomes,
2 including as measured by proficiency on
3 the annual assessments under section
4 1111(b)(2) of the Elementary and Sec-
5 ondary Education Act of 1965;

6 “(iii) reducing disruptive and aggres-
7 sive behaviors;

8 “(iv) improving child functioning;

9 “(v) reducing substance use disorders;

10 “(vi) reducing rates of suicide and
11 other forms of violence;

12 “(vii) reducing exclusionary discipli-
13 nary practices, including suspensions, ex-
14 pulsions, and the involvement of law en-
15 forcement;

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

23 “(ix) improving attendance rates and
24 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;

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

11 “(xiii) reducing rates of discrimina-
 12 tion, bullying, and harassment, which in-
 13 cludes both cyberstalking and cyber-bul-
 14 lying.

15 “(C) LOCAL EDUCATIONAL OUTCOMES.—
 16 The outcome measures developed under para-
 17 graph (1)(B) relating to local educational sys-
 18 tems shall, with respect to activities carried out
 19 under a program under this section, at a min-
 20 imum include provisions to evaluate—

21 “(i) the effectiveness of comprehensive
 22 school mental health programs established
 23 under this section;

24 “(ii) the effectiveness of formal part-
 25 nership linkages among child and family

1 serving institutions, community support
2 systems, and the educational system;

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

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

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

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

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

1 “(viii) the increased rates of success-
 2 ful matriculation to postsecondary edu-
 3 cation;

4 “(ix) reduced suicide rates;

5 “(x) reducing exclusionary disciplinary
 6 practices, including suspensions, expul-
 7 sions, and the involvement of law enforce-
 8 ment; and

9 “(xi) increased educational equity.

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

21 “(4) EVALUATION BY ASSISTANT SECRETARY.—
 22 Based on the data submitted under paragraph (3),
 23 the Assistant Secretary shall annually submit to
 24 Congress a report concerning the results and effec-

1 tiveness of the programs carried out with assistance
2 received under this section.

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

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 \$2,000,000 for each of the first 5 fiscal years fol-
17 lowing the date of enactment of the Mental Health
18 Services for Students Act of 2021. The Secretary
19 shall determine the amount of each such grant based
20 on the population of children up to age 21 of the
21 area to be served under the grant.

22 “(2) AUTHORIZATION OF APPROPRIATIONS.—
23 There is authorized to be appropriated to carry out
24 this section, \$200,000,000 for each of the first 5 fis-

1 cal years following the date of enactment of the
2 Mental Health Services for Students Act of 2021.”.

3 (c) CONFORMING AMENDMENT.—Part G of title V of
4 the Public Health Service Act (42 U.S.C. 290hh et seq.),
5 as amended by subsection (b), is further amended by strik-
6 ing the part designation and heading and inserting the
7 following:

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

