

Madam Speaker, I rise today in support of H.R. 586, the STANDUP Act of 2021, which was introduced by Representative SCOTT PETERS and includes the support of many Members of the House, including Energy and Commerce Committee colleagues BILIRAKIS, BLUNT ROCHESTER, UPTON, and TONKO.

This legislation helps promote suicide awareness and facilitates prevention training for students and young Americans. For the last decade, suicide has been the second leading cause of death for Americans ages 10 to 24, and the 10th leading cause of overall deaths in the United States. Tragically, this epidemic has only worsened during the COVID-19 pandemic.

Suicide is preventable, and initiatives that empower students with knowledge of the warning signs and resources for prevention are critical in addressing these trends.

Through this bill, Project AWARE grantees will be empowered to establish school-based suicide awareness and prevention training programs, which will improve student awareness of mental health issues while connecting at-risk individuals to needed health services.

The pandemic has greatly impacted the mental health of all Americans, which is why it is critical that we continue addressing our Nation's challenges in preventing youth suicide and promoting the wellness of all.

I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I have no additional speakers at this time.

I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS), my good friend.

Mr. BILIRAKIS. Madam Speaker, we have all worked together on this very powerful bill. There is no higher priority than keeping our children safe. I think most people know that.

Since 2010, suicide has been the second leading cause of death for young Americans ages 10 through 24. From 2007 to 2015, the number of children and teens visiting the emergency room for suicide-related injuries doubled. In 2017, 517 Americans, aged 10 through 14, and 6,252, aged 15 through 24, committed suicide. Sadly, some communities in my district are among those with the highest suicide rates in Florida. I represent the Tampa Bay area, Madam Speaker.

Research has shown that most of these young Americans tell someone that they are contemplating suicide or school violence, and 68 percent of averted violence was stopped because a student reported concerns about a threat, a plot, or other concerning behavior involving a peer.

H.R. 586, the Suicide Training and Awareness Nationally Delivered for Universal Prevention Act, or the STANDUP Act, encourages States, Tribes, and schools to create policies for student suicide prevention training

utilizing SAMHSA-provided best practices, training, and technical assistance.

By providing high quality screening and prevention training to school staff and peers, threats can be identified before they materialize, and those who are at risk have an opportunity to get the mental health treatment they sorely need.

I have seen firsthand, Madam Speaker, the power of work like this through nonprofits like Sandy Hook Promise, and SAVE Promise Clubs at my children's school actually at Palm Harbor University High School, which is located in Palm Harbor, Florida, in my district. When properly equipped, students can be empowered to prevent violence in their schools.

I appreciate the bipartisan work of my colleagues, and, of course, we actually sponsored this bill with Congressman PETERS. I also want to thank the chairman for placing the bill on the agenda and working with us.

I urge my colleagues to join us in passing this critical legislation to help reverse the troubling trend of youth suicide and violence.

Mr. GUTHRIE. Madam Speaker, as we were speaking before, this is an important issue. Suicide affects so many people. There are systems, there is the ability to become aware. It can be preventable if people know the right signs to look for. I think the American people absolutely want to work together to make this happen so we can prevent this.

I urge all my colleagues to support this piece of legislation. I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge support on a bipartisan basis for this bill. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 586.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

MENTAL HEALTH SERVICES FOR STUDENTS ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 721) 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, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 721

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Mental Health Services for Students Act of 2021".

SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

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

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

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

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

"SEC. 581. SCHOOL-BASED MENTAL HEALTH; CHILDREN AND ADOLESCENTS.

"(a) IN GENERAL.—The Secretary, in consultation with the Secretary of Education, shall, through grants, contracts, or cooperative agreements awarded to eligible entities described in subsection (c), provide comprehensive school-based mental health services and supports to assist children in local communities and schools (including schools funded by the Bureau of Indian Education) dealing with traumatic experiences, grief, bereavement, risk of suicide, and violence. Such services and supports shall be—

"(1) developmentally, linguistically, and culturally appropriate;

"(2) trauma-informed; and

"(3) incorporate positive behavioral interventions and supports.

"(b) ACTIVITIES.—Grants, contracts, or cooperative agreements awarded under subsection (a), shall, as appropriate, be used for—

"(1) implementation of school and community-based mental health programs that—

"(A) build awareness of individual trauma and the intergenerational, continuum of impacts of trauma on populations;

"(B) train appropriate staff to identify, and screen for, signs of trauma exposure, mental health disorders, or risk of suicide; and

"(C) incorporate positive behavioral interventions, family engagement, student treatment, and multigenerational supports to foster the health and development of children, prevent mental health disorders, and ameliorate the impact of trauma;

"(2) technical assistance to local communities with respect to the development of programs described in paragraph (1);

"(3) facilitating community partnerships among families, students, law enforcement agencies, education agencies, mental health and substance use disorder service systems, family-based mental health service systems, child welfare agencies, health care providers (including primary care physicians, mental health professionals, and other professionals who specialize in children's mental health such as child and adolescent psychiatrists), institutions of higher education, faith-based programs, trauma networks, and other community-based systems to address child and adolescent trauma, mental health issues, and violence; and

"(4) establishing mechanisms for children and adolescents to report incidents of violence or plans by other children, adolescents, or adults to commit violence.

"(c) REQUIREMENTS.—

"(1) IN GENERAL.—To be eligible for a grant, contract, or cooperative agreement under subsection (a), an entity shall be a partnership that includes—

“(A) a State educational agency, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, in coordination with one or more local educational agencies, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, or a consortium of any entities described in subparagraph (B), (C), (D), or (E) of section 8101(30) of such Act; and

“(B) at least 1 community-based mental health provider, including a public or private mental health entity, health care entity, family-based mental health entity, trauma network, or other community-based entity, as determined by the Secretary (and which may include additional entities such as a human services agency, law enforcement or juvenile justice entity, child welfare agency, agency, an institution of higher education, or another entity, as determined by the Secretary).

“(2) COMPLIANCE WITH HIPAA.—Any patient records developed by covered entities through activities under the grant shall meet the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

“(3) COMPLIANCE WITH FERPA.—Section 444 of the General Education Provisions Act (commonly known as the ‘Family Educational Rights and Privacy Act of 1974’) shall apply to any entity that is a member of the partnership in the same manner that such section applies to an educational agency or institution (as that term is defined in such section).

“(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts, or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

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

“(f) EVALUATION AND MEASURES OF OUTCOMES.—

“(1) DEVELOPMENT OF PROCESS.—The Assistant Secretary shall develop a fiscally appropriate process for evaluating activities carried out under this section. Such process shall include—

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

“(B) the development of measures of outcomes (in accordance with paragraph (2)) to be applied by such recipients in evaluating programs carried out under this section; and

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

“(2) MEASURES OF OUTCOMES.—The Assistant Secretary shall develop measures of outcomes to be applied by recipients of assistance under this section to evaluate the effectiveness of programs carried out under this section, including outcomes related to the student, family, and local educational systems supported by this Act.

“(3) SUBMISSION OF ANNUAL DATA.—An eligible entity described in subsection (c) that receives a grant, contract, or cooperative agreement under this section shall annually submit to the Assistant Secretary a report that includes data to evaluate the success of the program carried out by the entity based on whether such program is achieving the purposes of the program. Such reports shall utilize the measures of outcomes under paragraph (2) in a reasonable manner to demonstrate the progress of the program in achieving such purposes.

“(4) EVALUATION BY ASSISTANT SECRETARY.—Based on the data submitted under

paragraph (3), the Assistant Secretary shall annually submit to Congress a report concerning the results and effectiveness of the programs carried out with assistance received under this section.

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

“(g) INFORMATION AND EDUCATION.—The Secretary shall disseminate best practices based on the findings of the knowledge development and application under this section.

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

“(1) AMOUNT OF GRANTS.—A grant under this section shall be in an amount that is not more than \$2,000,000 for each of the first 5 fiscal years following the date of enactment of the Mental Health Services for Students Act of 2021. The Secretary shall determine the amount of each such grant based on the population of children up to age 21 of the area to be served under the grant.

“(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$130,000,000 for each of fiscal years 2022 through 2025.”

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

“PART G—SCHOOL-BASED MENTAL HEALTH”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 721.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 721, the Mental Health Services for Students Act of 2021.

Mental illness, Madam Speaker, affects millions of Americans. With youth in particular, research shows that half of all lifetime mental illness begins by the age of 14. According to the Centers for Disease Control and Prevention, about three in four children between the ages of 3 and 17 suffer from depression and anxiety, and nearly half have behavioral problems. In fact, data from Mental Health America shows that youth between the ages of 11 and 17 are now at higher risk of moderate to severe anxiety and depression.

For many students, schools are a critical place to get mental health or behavioral health support, and now with added public health concerns, economic pressures, online learning, and the social isolation that comes with

these things, experts worry about the added repercussions we will see on the well-being of students across the country.

This data, and the effect of the pandemic, make clear that we must do more to invest in preventative mental and behavioral health services and training in schools to give our kids and teens a brighter future. The American Academy of Pediatrics Committee on School Health recognized the increasing mental health needs of children and adolescents when it said, “School-based mental health services offer the potential for prevention efforts as well as intervention strategies.”

Madam Speaker, H.R. 721 does just that. This bill would support comprehensive mental health programs at schools across the Nation by encouraging partnerships between State and local educational agencies and mental health providers. Funding would be made available through the Substance Abuse and Mental Health Services Administration. This funding would support prevention screening, treatment, and development of evidence-based programs for social, emotional, mental, and behavioral issues among students. H.R. 721 would also help us better understand the student, family, and educational outcomes of services provided to the students.

I want to thank the lead sponsors of this bill, Representatives NAPOLITANO and KATKO, for their leadership and tireless work.

Madam Speaker, it is critical that we support preventative mental and behavioral health services and training in schools for our kids and teens, particularly at a time when mental health risks are exacerbated by the COVID-19 pandemic.

I urge my colleagues to support this bill. I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 721, the Mental Health Services for Students Act of 2021, spearheaded by Representative NAPOLITANO.

This bill authorizes the Substance Abuse and Mental Health Services Administration Project AWARE grants. These grants support State educational agencies, in partnership with State mental health agencies, in increasing awareness of mental health issues among school-aged youth, providing training for school personnel to detect and respond to mental health issues and connecting students with behavioral health issues and their families to needed services.

By supporting partnerships between State and local systems to promote the healthy development of students, these grants increase access to mental health services for school-aged youth, ultimately reducing youth violence, substance use disorder, and suicide.

I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I have no additional speakers at this time. I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, as with all the other bills before us today, it is so important to reach out to our youth and to prevent suicide and violence as a result of mental health disorders. We all know, as young as we can reach them, the better.

I support this bill and ask my colleagues to do so. I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, as my colleague from Kentucky points out, with these bills today, we are trying to reach out and deal with these mental and behavioral health problems in various settings. In this case, it is the school-based setting, which I think is one of the most effective.

So for that reason, I would ask my colleagues to support this legislation. I yield back the balance of my time.

The SPEAKER pro tempore (Ms. JACKSON LEE). The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 721, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

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BEHAVIORAL INTERVENTION GUIDELINES ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2877) 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.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2877

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Behavioral Intervention Guidelines Act of 2021”.

SEC. 2. BEST PRACTICES FOR BEHAVIORAL INTERVENTION TEAMS.

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

“SEC. 520H. BEST PRACTICES FOR BEHAVIORAL INTERVENTION TEAMS.

“(a) IN GENERAL.—The Secretary shall identify and facilitate the development of best practices to assist elementary schools, secondary schools, and institutions of higher education in establishing and using behavioral intervention teams.

“(b) ELEMENTS.—The best practices under subsection (a)(1) shall include guidance on the following:

“(1) How behavioral intervention teams can operate effectively from an evidence-based, objective perspective while protecting the constitutional and civil rights of individuals.

“(2) The use of behavioral intervention teams to identify concerning behaviors, implement interventions, and manage risk through the framework of the school’s or institution’s rules or code of conduct, as applicable.

“(3) How behavioral intervention teams can, when assessing an individual—

“(A) access training on evidence-based, threat-assessment rubrics;

“(B) ensure that such teams—

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

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

“(C) use violence risk assessment.

“(4) How behavioral intervention teams can help mitigate—

“(A) inappropriate use of a mental health assessment;

“(B) inappropriate limitations or restrictions on law enforcement’s jurisdiction over criminal matters;

“(C) attempts to substitute the behavioral intervention process in place of a criminal process, or impede a criminal process, when an individual’s behavior has potential criminal implications;

“(D) endangerment of an individual’s privacy by failing to ensure that all applicable Federal and State privacy laws are fully complied with; or

“(E) inappropriate referrals to, or involvement of, law enforcement when an individual’s behavior does not warrant a criminal response.

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

“(1) the Secretary of Education;

“(2) the Director of the National Threat Assessment Center of the United States Secretary Service;

“(3) the Attorney General and the Director of the Bureau of Justice Assistance;

“(4) teachers and other educators, principals, school administrators, school board members, school psychologists, mental health professionals, and parents of students;

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

“(6) privacy experts; and

“(7) other education and mental health professionals as the Secretary deems appropriate.

“(d) PUBLICATION.—Not later than 2 years after the date of enactment of this section, the Secretary shall publish the best practices under subsection (a)(1) on the internet website of the Department of Health and Human Services.

“(e) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to institutions of higher education, elementary schools, and secondary schools to assist such institutions and schools in implementing the best practices under subsection (a).

“(f) DEFINITIONS.—In this section:

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

“(A) are responsible for identifying and assessing individuals exhibiting concerning behaviors, experiencing distress, or who are at risk of harm to self or others;

“(B) develop and facilitate implementation of evidence-based interventions to mitigate the threat of harm to self or others posed by an individual and address the mental and behavioral health needs of individuals to reduce risk; and

“(C) provide information to students, parents, and school employees on recognizing behavior described in this subsection.

“(2) The terms ‘elementary school’, ‘parent’, and ‘secondary school’ have the meanings given to such terms in section 8101 of the Elementary and Secondary Education Act of 1965.

“(3) The term ‘institution of higher education’ has the meaning given to such term in section 102 of the Higher Education Act of 1965.

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

“(5) The term ‘violence risk assessment’ means a broad determination of the potential risk of violence based on evidence-based literature.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2877.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 2877, the Behavioral Intervention Guidelines Act.

Madam Speaker, behavioral intervention teams are multidisciplinary teams that support students’ mental health and emotional well-being by detecting patterns, trends, and disturbances in behavior, and by conducting outreach to students who are unable to manage distress in healthy and constructive ways. These teams are already active in some educational settings, such as Wichita State University, Southern Connecticut State University, and Rochester Institute of Technology.

This bill requires the Substance Abuse and Mental Health Administration to develop best practices for schools that have or want to have behavioral intervention teams. These best practices would cover the proper use of these teams and how to intervene and avoid inappropriate use of mental health assessments and law enforcement. These best practices would then be required to be posted publicly on the Department of Health and Human Services website. HHS would also help to provide technical assistance to entities implementing these best practices.

We know that three in four children between the ages of 3 and 17 with depression also have anxiety. Anxiety and depression are the top two mental health concerns among college students as well. Unfortunately, recent