SUMMARY – H.R. 3430: "The Mental Health in Schools Act of 2007"

Background & Purpose:

- The Mental Health in Schools Act, **H.R. 3430**, was introduced on August 3, 2007 by Rep. Grace F. Napolitano (D-CA), Co-Chair of the Congressional Mental Health Caucus, with 64 original cosponsors, including Rep. Tim Murphy (R-PA), also Co-Chair of the Congressional Mental Health Caucus.
- The House bill builds on the foundation of S.1332, introduced by Senators Kennedy, Enzi, Domenici, and Dodd, and includes new input from educators, school psychologists, school administrators and mental health advocates.
- Both the House and Senate bills authorize competitive grants to local education agencies in order to assist them in providing comprehensive school-based mental health programs for students (K-12) in communities across America. The bill increases opportunities for our nation's 95,000 public schools grades K-12 and provides better access to mental health services for the approximately 53 million school children in our country.

How are we going to do this?

- By broadening the scope of the Safe Schools-Healthy Students program, which currently focuses on helping children deal with violence to include services and supports for (1) students in need of immediate mental health supports, (2) students at-risk of behavioral mental health disorders, and (3) all students to promote positive mental health..

What this legislation will do?

- Provide schools with the flexible use of funds to expand their current mental health programs.

- Increase collaboration between schools, families, media entities, and their communities' resources through partnerships to provide and sustain more comprehensive mental health programs in schools.

- Require schools to apply a public health approach that incorporates positive behavioral interventions and supports to mental health programs in schools, which emphasizes promotion and prevention in addition to treatment.

- Require schools to provide culturally and linguistically appropriate comprehensive staff development to all school personnel (including ancillary staff and volunteers) in the techniques and supports in:
    1. Early identification of children with, or at risk of, mental illness,
    2. The use of effective referral mechanisms to ensure treatment intervention services for such children, and
    3. Strategies that promote a school-wide positive environment.
    4. School system organization and operation
    5. Models for school collaboration, coordination, and consulting

- Provide support and training for parents, other family members of students, concerned members of community, and children with mental health disorders

- Provide a broad needs assessment of youth who drop out of school

- Require schools to thoroughly document measures of outcome and demonstrate the actions they are taking to sustain the program independently of grant funds.

How much will this legislation cost?

- $200,000,000 for each of the fiscal years 2008 through 2012 to support 200 grants to local educational agencies nationwide.

Congress of the United States
House of Representatives
Washington, DC 20515

Dear Colleague,

We respectfully request your support **by becoming a cosponsor of the Mental Health in Schools Act of 2007**, aimed at providing mental health assistance to our nation's public schools**.**

The Mental Health in Schools Act of 2007 builds on the foundation of S.1332 (also named the Mental Health in Schools Act of 2007), introduced by Senators Kennedy, Enzi, Domenici, and Dodd. Our House version, **H.R. 3430**, includes input from educators, psychologists, school psychologists, school administrators and mental health advocates. Both the House and Senate bills expand access to school-based mental health services by broadening the scope of the Safe Schools-Healthy Students program.

This legislation proposes to:

- Provide competitive grants to local school districts in order to assist them in implementing comprehensive school-based mental health programs for students (K-12) administered by qualified mental health professionals who are state licensed or certified. These mental health programs have demonstrated their effectiveness through pilot projects in several communities.
- Increase collaboration between schools, health providers and their communities through coalitions as applicants for grant funding.
- Identify and support students in need of immediate mental health care and those at-risk for behavioral mental health disorders, allowing teachers to concentrate on teaching.
- Promote positive mental health education and training to all students, parents, siblings of students, and concerned members of the community.
- Require schools to apply a public health approach that incorporates positive behavioral interventions and supports, targeting all students.
- Require schools to provide culturally and linguistically appropriate comprehensive staff development for school and community service personnel.
- Require schools to thoroughly document measures of outcome and demonstrate the actions they are taking to sustain the program independently of grant funds.
- Account for the needs of youth who drop out of schools due to “zero tolerance policies,” and those who have been incarcerated or are emancipated as foster youth.

Childhood mental illnesses affect nearly 1 in 5 adolescents and left untreated can lead to academic failure, family conflict, substance abuse, violence, incarceration and alarming rates of suicide. We must work hard and begin to remove the stigma of mental health treatment and provide our children with the support and services they need to thrive as productive citizens.

The need for comprehensive school-based mental health services has never been greater. Society and our communities will greatly benefit from the reduction of untreated mental deficiencies afflicting our children.

Please join us as a co-sponsor or contact us for additional information on the Mental Health in Schools Act. **Contact Jeremy Cogan (Rep. Napolitano) at 5-5256 or Michael Baxter (Rep. Murphy) at 5-2301.**

Warm regards,

/s/
Grace F. Napolitano
Member of Congress
Co-Chair
Congressional Mental Health Caucus

/s/
Timothy M. Murphy
Member of Congress
Co-Chair
Congressional Mental Health Caucus

110TH CONGRESS
1ST SESSION

H. R. 3430

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

IN THE HOUSE OF REPRESENTATIVES

AUGUST 3, 2007

Mrs. NAPOLITANO (for herself, Mr. BACA, Mr. BECERRA, Ms. BERKLEY, Mr. BERMAN, Ms. BORDALLO, Ms. CORRINE BROWN of Florida, Mrs. CAPPS, Mr. CARDOZA, Ms. CARSON, Mr. COHEN, Mr. CONYERS, Mr. CROWLEY, Mr. CUELLAR, Mr. DAVIS of Illinois, Mr. LINCOLN DAVIS of Tennessee, Mrs. DAVIS of California, Mr. ELLISON, Mr. ENGEL, Mr. FARR, Mr. FILNER, Mr. GENE GREEN of Texas, Mr. GRIJALVA, Mr. GUTIERREZ, Mr. HASTINGS of Florida, Mr. HINOJOSA, Mr. HONDA, Ms. HOOLEY, Mr. ISRAEL, Ms. JACKSON-LEE of Texas, Mr. JACKSON of Illinois, Mr. JEFFERSON, Mrs. JONES of Ohio, Mr. KAGEN, Ms. KAPTUR, Mr. KENNEDY, Mr. LEWIS of Georgia, Mrs. LOWEY, Mrs. MALONEY of New York, Ms. MATSUI, Mr. MCNULTY, Mr. MICHAUD, Mr. MITCHELL, Mr. TIM MURPHY of Pennsylvania, Mr. MURTHA, Mr. NADLER, Mr. ORTIZ, Mr. PERLMUTTER, Mr. REYES, Mr. RODRIGUEZ, Ms. ROYBAL-ALLARD, Ms. LINDA T. SÁNCHEZ of California, Ms. SCHAKOWSKY, Mr. SERRANO, Mr. SIRES, Ms. SOLIS, Mr. STARK, Ms. WATSON, Ms. WATERS, Mr. WAXMAN, Mr. WEINER, Ms. KILPATRICK, Mr. GILCHREST, Ms. MOORE of Wisconsin, and Ms. EDDIE BERNICE JOHNSON of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce

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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.

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 in Schools Act of 2007".

SEC. 2. FINDINGS.

Congress makes the following findings:

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

(2) Approximately 1 in 10 children have a serious emotional or behavioral disorder that is severe enough to cause substantial impairment in functioning at home, at school, or in the community. It is estimated that about 75 percent of children with emotional and behavioral disorders do not receive specialty mental health services.

(3) Only half of schools across the United States report having formal partnerships with community mental health providers to deliver mental health services.

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

(5) Effective school mental health programs reflect the collaboration and commitment of families, students, educators, and other community partners.

(6) Many schools have school-employed mental health providers supporting student's social, emotional, and behavioral health needs in schools. The most common types of staff providing mental health services in schools were school counselors, followed by school nurses, school psychologists and school social workers. Three-quarters of schools had at least one school counselor on staff, over two-thirds had a school psychologist or school nurse, and 44 percent had a school social worker.

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

SEC. 3. PURPOSES.

It is the purpose of this Act to—

(1) revise, increase funding for, and expand the scope of the Safe Schools-Healthy Students program

in order to provide access to more comprehensive school-based mental health services and supports;

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

(3) provide for comprehensive training for children with mental health disorders, for parents, siblings, and other family members of such children, and for concerned members of the community.

SEC. 4. 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 AND VIOLENCE.—Section 581 of the Public Health Service Act (42 U.S.C. 290hh) is amended to read as follows:

"SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHILDREN AND VIOLENCE.

"(a) IN GENERAL.—The Secretary, in collaboration with the Secretary of Education and in consultation with the Attorney General, shall, directly or through grants, contracts, or cooperative agreements awarded to eligible entities, apply a public health approach to mental health services both in schools and in the community. Such approach should provide comprehensive services and supports, be linguistically and culturally appropriate, and incorporate strategies of positive behavioral interventions and supports. A comprehensive school mental health program funded under this section shall assist children in dealing with violence.

"(b) ACTIVITIES.—Under the program under subsection (a), the Secretary may—

"(1) provide financial support to enable local communities to implement a comprehensive culturally and linguistically appropriate school mental health program that incorporates positive behavioral interventions and supports to foster the health and development of children;

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

"(3) provide assistance to local communities in the development of policies to address child and adolescent mental health issues and violence when and if it occurs;

"(4) facilitate community partnerships among families, students, law enforcement agencies, education systems, mental health and substance abuse service systems, family-based mental health service systems, welfare agencies, health care service systems, and other community-based systems; and

"(5) establish mechanisms for children and adolescents to report incidents of violence or plans by other children or adolescents 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 consortium that—

"(A) includes at least one local educational agency;

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

"(C) may consist of a consortium in which the members select an agent (such as a local

educational agency or community health care entity) to act on behalf of the consortium.

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

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

"(B) makes the assurances described in paragraph (3).

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

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

"(i) with, at a minimum, public or private mental health entities, health care entities, law enforcement or juvenile justice entities, child welfare agencies, family-based mental health entities, families and family organizations, and other community-based entities;

"(ii) with, at the option of the applicant, media entities that may communicate mental health information; and

"(iii) that clearly states—

"(I) the responsibilities of each consortium member with respect to the activities to be carried out;

"(II) how each such member will be accountable for carrying out such responsibilities; and

"(III) the amount of non-Federal funding or in-kind contributions that each such member will contribute in order to sustain the program.

"(B) That the comprehensive school-based mental health program carried out under this section supports the flexible use of funds to address—

"(i) the promotion of the social, emotional, and behavioral health of all students in an environment that is conducive to learning;

"(ii) the reduction in the likelihood of at risk students developing social, emotional, or behavioral health problems;

"(iii) the treatment or referral for treatment of students with existing social, emotional, or behavioral health problems;

"(iv) the early identification of social, emotional, or behavioral problems and the provision of early intervention services; and

"(v) the development and implementation of programs to assist children in dealing with violence.

"(C) That the comprehensive school-based mental health program carried out under this section will include comprehensive staff development for school and community service personnel working in the school in—

"(i) the techniques and supports needed to identify early children with, or at risk of, mental illness;

"(ii) the use of referral mechanisms that effectively link such children to treatment and intervention services in the school and in the community;

"(iii) strategies that promote a school-wide positive environment;

"(iv) school system organization, operations, and functioning; and

"(v) models for school-based collaboration, coordination, and consultation.

"(D) That the comprehensive school-based mental health program carried out under this section will include comprehensive training for children with mental health disorders, for parents, siblings, and other family members of such children, and for concerned members of the community in—

"(i) the techniques and supports needed to identify early children with, or at risk of, mental illness;

"(ii) the use of referral mechanisms that effectively link such children to treatment and intervention services in the school and in the community; and

"(iii) strategies that promote a school-wide positive environment.

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

"(F) That the consortium involved is supported by the State educational and mental health system to ensure that the sustainability

of the programs is established after funding under this section terminates.

"(G) That the comprehensive school-based mental health program carried out under this section will be based on evidence-based practices.

"(H) That the comprehensive school-based mental health program carried out under this section will be coordinated with early intervening activities carried out under the Individuals with Disabilities Education Act.

"(I) That the comprehensive school-based mental health program carried out under this section will be culturally and linguistically appropriate.

"(J) That the comprehensive school-based mental health program carried out under this section will include a range of program sites, which may include elementary schools, secondary schools, and related facilities and transportation sites.

"(K) That the comprehensive school-based mental health program carried out under this section will include a broad needs assessment of youth who drop out of school due to policies of

'zero tolerance' with respect to drugs, alcohol, or weapons.

"(L) That the comprehensive school-based mental health program carried out under this section will include the provision of immediate services to students and staff through school-employed mental health professionals, the linkage of services to the learning context and outcomes, support for implementation of a positive behavioral interventions and supports (PBIS) model, and oversight and evaluation of the services of community consortium members within the school environment.

"(M) That the mental health services provided through the comprehensive school-based mental health program carried out under this section will be provided by qualified mental health professionals who are certified or licensed by the State involved and practicing within their area of expertise.

"(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. An entity may receive only one award under this section, except that an entity that is providing services and supports on a regional basis may receive additional funding after the expiration of the preceding grant period.

"(f) EVALUATION AND MEASURES OF OUTCOMES.—

"(1) DEVELOPMENT OF PROCESS.—The Administrator shall develop a 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.—

"(A) IN GENERAL.—The Administrator shall develop measures of outcomes to be applied by recipients of assistance under this section, and the Administrator, in evaluating the effectiveness of programs carried out under this section. Such measures shall include student and family measures as provided for in subparagraph (B) and local educational measures as provided for under subparagraph (C).

"(B) STUDENT AND FAMILY MEASURES OF OUTCOMES.—The measures of outcomes developed under paragraph (1)(B) relating to students and families shall, with respect to activities carried out under a program under this section, at a minimum include provisions to evaluate—

"(i) whether the program resulted in an increase in social and emotional competency;

"(ii) whether the program resulted in an increase in academic competency;

"(iii) whether the program resulted in a reduction in disruptive and aggressive behaviors;

"(iv) whether the program resulted in improved family functioning;

"(v) whether the program resulted in a reduction in substance abuse;

"(vi) whether the program resulted in a reduction in suspensions, truancy, expulsions and violence;

"(vii) whether the program resulted in increased graduation rates; and

"(viii) whether the program resulted in improved access to care for mental health disorders.

"(C) LOCAL EDUCATIONAL OUTCOMES.—The outcome measures developed under paragraph (1)(B) relating to local educational systems shall, with respect to activities carried out under a program under this section, at a minimum include provisions to evaluate—

"(i) the effectiveness of comprehensive school mental health programs established under this section;

"(ii) the effectiveness of formal consortium linkages among child and family serving institutions, community support systems, and the educational system;

"(iii) the progress made in sustaining the program once funding under the grant has expired;

"(iv) the effectiveness of training and professional development programs for all school personnel that incorporate indicators that measure cultural and linguistic competencies under the program in a manner that incorporates appropriate cultural and linguistic training; and

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

"(vi) the improvement of social, emotional, and behavioral competencies among students and mental health competencies among school staff and parents;

"(vii) the improvement in case-finding of students in need of more intensive services and referral of identified students to early intervention and clinical services;

"(viii) the improvement in the immediate availability of clinical assessment and treatment services to students posing a danger to themselves or others;

"(ix) the increased successful matriculation to postsecondary school; and

"(x) reduced referrals to juvenile justice

"(3) SUBMISSION OF ANNUAL DATA.—An entity that receives a grant, contract, or cooperative agreement under this section shall annually submit to the Administrator 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 ADMINISTRATOR.—Based on the data submitted under paragraph (3), the Administrator shall annually submit to Congress a report concerning the results and effectiveness of the programs carried out with assistance received under this section.

"(g) INFORMATION AND EDUCATION.—The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application under this section to the general public and to health care professionals.

"(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 $1,000,000 for each of grant years 2008 through 2012. The Secretary shall determine the amount of each such grant based on the population of children between the ages of 0 to 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, $200,000,000 for each of fiscal years 2008 through 2012.".

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

"PART VII—SCHOOL-BASED MENTAL HEALTH".

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August 3, 2007

The Honorable Grace Napolitano
U.S. House of Representatives
1610 Longworth House Office Building
Washington, DC 20515

Dear Representative Napolitano:

The undersigned organizations applaud your introduction of the Mental Health in Schools Act of 2007 and pledge our support for passage of this initiative. We share your vision in expanding the availability of comprehensive school-based mental health services for students in communities across America. Undoubtedly, healthier students learn and perform better and a key component of academic success is addressing students' mental health.

Sparked by the final report of the President's New Freedom Commission on Mental Health and a November 2005 national survey released by the Substance Abuse and Mental Health Services Administration (SAMHSA), efforts to enhance interventions for children's mental health must involve schools. Given the Virginia Tech tragedy and students returning soon for the new school year, the timing could not be better for taking a new look at the role of schools as part of our efforts to transform the mental health system and the delivery of mental health services.

The Mental Health in Schools Act of 2007 – similar to the Senate companion bill, S. 1332 – is important legislation not only because it emphasizes early interventions and referrals for treatment, but it also includes programs and services that promote positive mental health and prevent mental health problems. This comprehensive approach is needed in order to stem the cycle of failure that is a result of ignored mental health problems.

We commend you for introducing the Mental Health in Schools Act of 2007. Your bill recognizes that mental disorders are prevalent among our nation's youth and the introduction of your bill is an important step in addressing our nation's mental health crisis among youth. We strongly urge the House to pass this legislation as soon as possible.

Sincerely,

Alliance for Children and Families
American Academy of Child and Adolescent Psychiatry
American Association for Marriage and Family Therapy
American Group Psychotherapy Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychological Association
Anxiety Disorders Association of America
Association for Ambulatory Behavioral Healthcare (AABH)
Association for the Advancement of Psychology
Bazelon Center for Mental Health Law
Center for Clinical Social Work
Child Welfare League of America
Children & Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
Clinical Social Work Association
Depression and Bipolar Support Alliance (DBSA)
Eating Disorders Coalition for Research, Policy & Action
Federation of Families for Children's Mental Health
Mental Health America
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association of Anorexia Nervosa and Associated Disorders – ANAD
National Association of County Behavioral Health and Developmental Disability Directors
National Association of School Psychologists
National Association of Social Workers
National Association of State Mental Health Program Directors
National Association for Rural Mental Health (NARMH)
National Council for Community Behavioral Healthcare
National Disability Rights Network
Suicide Prevention Action Network USA (SPAN USA)
Therapeutic Communities of America
Tourette Syndrome Association
US Psychiatric Rehabilitation Association