

110TH CONGRESS
1ST SESSION

H. R. 2647

To amend the Public Health Service Act to improve mental health and substance abuse services for juveniles.

IN THE HOUSE OF REPRESENTATIVES

JUNE 11, 2007

Mr. JEFFERSON introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to improve mental health and substance abuse services for juveniles.

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 and
5 Substance Abuse Juvenile Services Improvement Act of
6 2007”.

1 **SEC. 2. MENTAL HEALTH SERVICES FOR CHILDREN, ADO-**
2 **LESCENTS, AND THEIR FAMILIES.**

3 Title V of the Public Health Service Act (42 U.S.C.
4 290aa et seq.) is amended by inserting after section 520A
5 the following:

6 **“SEC. 520B. MENTAL HEALTH SERVICES FOR CHILDREN,**
7 **ADOLESCENTS, AND THEIR FAMILIES.**

8 “(a) IN GENERAL.—In cooperation with the Sec-
9 retary of Education, the Secretary of Health and Human
10 Services shall support either directly or through grants,
11 contracts, or cooperative agreements with public entities
12 programs to promote mental health among all children,
13 from birth through adolescence, and their families and to
14 provide early intervention services to ameliorate identified
15 mental health problems in such children.

16 “(b) EQUITABLE DISTRIBUTION.—The Secretary
17 shall provide for an equitable distribution of grants, con-
18 tracts, and cooperative agreements by region, to include
19 urban, suburban, and rural regions, including Native
20 American communities.

21 “(c) PRIORITY.—In awarding grants, contracts, and
22 cooperative agreements under this section, the Secretary
23 shall give priority to those applicants who—

24 “(1) provide a comprehensive, community-
25 based, culturally competent and developmentally ap-
26 propriate prevention and early intervention program

1 that provides for the identification of early mental
2 health problems and promotes the mental health and
3 enhances the resiliency of children from birth
4 through adolescence and of their families;

5 “(2) incorporate families, schools, and commu-
6 nities in an integral role in the program;

7 “(3) coordinate behavioral health care services,
8 interventions, and supports in traditional and non-
9 traditional settings and provide a continuum of care
10 for children from birth through adolescence and for
11 their families;

12 “(4) provide public health education to improve
13 the public’s understanding of healthy emotional de-
14 velopment;

15 “(5) provide training, technical assistance, con-
16 sultation, and support for community service pro-
17 viders, school personnel, families, and children to
18 promote healthy emotional development and enhance
19 resiliency in children from birth through adolescence;

20 “(6) increase the resources available to such
21 programs and provide for their sustainability by re-
22 quiring a commitment on the part of local commu-
23 nities in which the programs provide services;

24 “(7) provide for the evaluation of programs op-
25 erating under this section to ensure that they are

1 providing intended services in an efficient and effec-
2 tive manner; and

3 “(8) provide school-based mental health assess-
4 ment and treatment services conducted by a mental
5 health professional (who may be a school counselor,
6 school nurse, school psychologist, clinical psycholo-
7 gist, or school social worker) in public elementary or
8 secondary schools.

9 “(d) MATCHING REQUIREMENT.—A condition for an
10 award under subsection (a) is that the entity involved
11 agrees that the entity will, with respect to the costs to
12 be incurred by the entity in carrying out the purpose de-
13 scribed in such subsection, make available (directly or
14 through donations from public or private entities) non-
15 Federal contributions toward such costs in an amount that
16 is not less than \$1 for each \$3 of Federal funds provided
17 in the award.

18 “(e) DURATIONS OF GRANTS.—With respect to an
19 award under subsection (a), the period during which pay-
20 ments under such award are made to the recipient may
21 not exceed 5 years.

22 “(f) EVALUATION.—The Secretary shall ensure that
23 entities receiving awards under subsection (a) carry out
24 an evaluation of the project, including an evaluation of the
25 effectiveness of program strategies, and short, inter-

1 mediate, and long-term outcomes including the program’s
2 overall impact on strengthening families with young chil-
3 dren and creating environments in home, school, and com-
4 munity settings that promote healthy emotional develop-
5 ment and reduce incipient mental health and substance
6 abuse problems. Local educational agencies receiving such
7 awards shall ensure that the schools receiving these funds
8 maintain an average ratio of one certified or licensed—

9 “(1) school counselor for every 150 students;

10 “(2) school nurse for every 350 students;

11 “(3) school psychologist for every 500 students;

12 and

13 “(4) school social worker for every 400 stu-
14 dents.

15 “(g) DEFINITIONS.—For purposes of this section:

16 “(1) The term ‘mental health’ means a state of
17 successful performance of mental function, resulting
18 in productive activities, fulfilling relationships with
19 other people, and the ability to adapt to change and
20 cope with adversity.

21 “(2) The term ‘mental illness’ refers to all
22 diagnosable mental disorders (health conditions
23 characterized by alterations in thinking, mood, or
24 behavior or some combination thereof) associated
25 with distress or impaired functioning or both.

1 “(3) The term ‘mental health problem’ refers to
2 symptoms of insufficient intensity or duration to
3 meet the criteria for any mental disorder.

4 “(4)(A) The term ‘mental health professional’
5 refers to a qualified counselor, nurse, psychologist,
6 or social worker.

7 “(B) The terms ‘school counselor’, ‘school
8 nurse’, ‘school psychologist’, and ‘school social work-
9 er’ mean an individual who possesses licensure or
10 certification in the State involved, and who meets
11 professional standards for practice in schools and re-
12 lated settings, as a school counselor, school nurse,
13 school psychologist, or school social worker, respec-
14 tively.

15 “(5) The term ‘public entity’ means any State,
16 any political subdivision of a State, including any
17 local educational agency, and any Indian tribe or
18 tribal organization (as defined in section 4(b) and
19 section 4(c) of the Indian Self-Determination and
20 Education Assistance Act).

21 “(h) AUTHORIZATION OF APPROPRIATION.—There
22 are authorized to be appropriated to carry out this section
23 \$300,000,000 for fiscal year 2008 and such sums as are
24 necessary for each of fiscal years 2009 and 2010. These
25 funds are authorized to be used to carry out the provisions

1 of this section and cannot be utilized to supplement or
2 supplant funding provided for other mental health services
3 programs.”.

4 **SEC. 3. INITIATIVE FOR COMPREHENSIVE, INTERSYSTEM**
5 **MENTAL HEALTH AND SUBSTANCE ABUSE**
6 **TREATMENT PROGRAMS FOR JUVENILES.**

7 Subpart 3 of part B of title V of the Public Health
8 Service Act (42 U.S.C. 290bb–31 et seq.) is amended by
9 adding at the end the following:

10 **“SEC. 520K INITIATIVE FOR COMPREHENSIVE, INTER-**
11 **SYSTEM MENTAL HEALTH AND SUBSTANCE**
12 **ABUSE TREATMENT PROGRAMS FOR JUVE-**
13 **NILES.**

14 “(a) IN GENERAL.—The Attorney General of the
15 United States and the Secretary, acting through the Di-
16 rector of the Center for Mental Health Services, shall
17 award competitive grants to eligible entities for programs
18 that address the service needs of juveniles, including juve-
19 niles with serious mental illnesses, by requiring the State
20 or local juvenile justice system, the mental health system,
21 and the substance abuse treatment system to work col-
22 laboratively to ensure—

23 “(1) the appropriate diversion of such juveniles
24 from incarceration;

1 “(2) the provision of appropriate mental health
2 and substance abuse services as an alternative to in-
3 carceration, including for those juveniles on proba-
4 tion or parole; and

5 “(3) the provision of follow-up services for juve-
6 niles who are discharged from the juvenile justice
7 system.

8 “(b) ELIGIBILITY.—To be eligible to receive a grant
9 under this section, an entity shall—

10 “(1) be a State or local juvenile justice agency,
11 mental health agency, or substance abuse agency
12 (including community diversion programs);

13 “(2) prepare and submit to the Secretary an
14 application at such time, in such manner, and con-
15 taining such information as the Secretary may re-
16 quire, including—

17 “(A) an assurance that the applicant has
18 the consent of all entities described in para-
19 graph (1) in carrying out and coordinating ac-
20 tivities under the grant; and

21 “(B) with respect to services for juveniles,
22 an assurance that the applicant has collabo-
23 rated with the State or local educational agency
24 and the State or local welfare agency in car-

1 rying out and coordinating activities under the
2 grant;

3 “(3) be given priority if the entity submits its
4 application jointly with juvenile justice and sub-
5 stance abuse or mental health agencies; and

6 “(4) ensure that funds from non-Federal
7 sources are available to match amounts provided
8 under the grant in an amount that is not less
9 than—

10 “(A) with respect to the first 3 years
11 under the grant, 10 percent of the amount pro-
12 vided under the grant; and

13 “(B) with respect to the fourth and fifth
14 years under the grant, 30 percent of the
15 amount provided under the grant.

16 “(c) USE OF FUNDS.—

17 “(1) INITIAL YEAR.—An entity that receives a
18 grant under this section shall, in the first fiscal year
19 in which amounts are provided under the grant, use
20 such amounts to develop a collaborative plan—

21 “(A) describing how the entity will insti-
22 tute a system to provide intensive community
23 services—

1 “(i) to prevent high-risk juveniles
2 from coming in contact with the justice
3 system; and

4 “(ii) to meet the mental health and
5 substance abuse treatment needs of juve-
6 niles on probation or recently discharged
7 from the justice system; and

8 “(B) providing for the exchange by agen-
9 cies of information to enhance the provision of
10 mental health or substance abuse services to ju-
11 veniles.

12 “(2) SECOND THROUGH FIFTH YEARS.—With
13 respect to the second through fifth fiscal years in
14 which amounts are provided under the grant, the
15 grantee shall use amounts provided under the
16 grant—

17 “(A) to furnish services, such as assertive
18 community treatment, wrap-around services for
19 juveniles, multisystemic therapy, outreach, inte-
20 grated mental health and substance abuse
21 treatment, case management, health care, edu-
22 cation and job training, assistance in securing
23 stable housing, finding a job or obtaining in-
24 come support, other benefits, access to appro-
25 priate school-based services, transitional and

1 independent living services, mentoring pro-
2 grams, home-based services, and provision of
3 appropriate after-school and summer program-
4 ming;

5 “(B) to establish a network of boundary
6 spanners to conduct regular meetings with
7 judges, provide liaison with mental health and
8 substance abuse workers, share and distribute
9 information, and coordinate with mental health
10 and substance abuse treatment providers and
11 probation or parole officers concerning provision
12 of appropriate mental health and drug and alco-
13 hol addiction services for individuals on proba-
14 tion or parole;

15 “(C) to provide cross-system training
16 among police, corrections, and mental health
17 and substance abuse providers with the purpose
18 of enhancing collaboration and the effectiveness
19 of all systems;

20 “(D) to provide coordinated and effective
21 after-care programs for juveniles with emotional
22 or mental disorders who are discharged from
23 jail, prison, or juvenile facilities;

24 “(E) to purchase technical assistance to
25 achieve the grant project’s goals; and

1 “(F) to furnish services, to train personnel
2 in collaborative approaches, and to enhance
3 intersystem collaboration.

4 “(3) DEFINITION.—In paragraph (2)(B), the
5 term ‘boundary spanners’ means professionals who
6 act as case managers for juveniles with mental dis-
7 orders and substance abuse addictions, within both
8 justice agency facilities and community mental
9 health programs and who have full authority from
10 both systems to act as problem solvers and advo-
11 cates on behalf of individuals targeted for service
12 under this program.

13 “(d) AREA SERVED BY THE PROJECT.—An entity re-
14 ceiving a grant under this section shall conduct activities
15 under the grant to serve at least a single political jurisdic-
16 tion.

17 “(e) AUTHORIZATION OF APPROPRIATIONS.—For
18 each of fiscal years 2008 through 2013, there is author-
19 ized to be appropriated an amount equal to 10 percent
20 of the amount appropriated under section 1935(a) for the
21 respective fiscal year.”.

1 **SEC. 4. FUNDING FOR EMERGENCY MENTAL HEALTH AND**
2 **SUBSTANCE ABUSE SERVICES FOR CHILDREN**
3 **DIRECTLY AFFECTED BY PUBLIC HEALTH**
4 **EMERGENCIES.**

5 (a) IN GENERAL.—Section 501(m) of the Public
6 Health Service Act (42 U.S.C. 290aa(m)) is amended—

7 (1) in paragraph (1)—

8 (A) by striking “2.5 percent” and inserting
9 “5 percent”; and

10 (B) by striking “paragraph (2)” and in-
11 serting “paragraphs (2) and (3)”;

12 (2) by redesignating paragraphs (2) and (3) as
13 paragraphs (3) and (4), respectively; and

14 (3) by inserting after paragraph (1), the fol-
15 lowing:

16 “(2) CONDITION.—A condition of paragraph
17 (1) is that 2.5 percent of the funds subject to para-
18 graph (1) may only be available for the provision of
19 emergency mental health and substance abuse treat-
20 ment and prevention services to children who are di-
21 rectly affected by public health emergencies, includ-
22 ing diseases or disorders that present such emer-
23 gencies, natural disasters, major transportation acci-
24 dents, technological disasters, and disasters resulting
25 from terrorism.”.

1 (b) EFFECTIVE DATE.—The amendments made by
2 subsection (a) shall apply to grants provided on or after
3 January 1, 2008.

4 **SEC. 5. CRISIS RESPONSE GRANTS TO ADDRESS CHIL-**
5 **DREN’S NEEDS.**

6 Title III of the Public Health Service Act is amended
7 by inserting after section 319M (42 U.S.C. 247d–7d) the
8 following:

9 **“SEC. 319N. CRISIS RESPONSE GRANTS TO ADDRESS CHIL-**
10 **DREN’S NEEDS.**

11 “(a) IN GENERAL.—The Secretary may award grants
12 to eligible entities described in subsection (b) to enable
13 such entities to increase the coordination and development
14 of disaster preparedness efforts relating to the needs of
15 children.

16 “(b) ELIGIBILITY.—To be an eligible entity under
17 this subsection, an entity shall—

18 “(1) be a State, political subdivision of a State,
19 a consortium of 2 or more States or political subdivi-
20 sions of States, a public or private non-profit agency
21 or organization, or other organization that serves
22 children as determined appropriate by the Secretary;
23 and

24 “(2) prepare and submit to the Secretary an
25 application at such time, in such manner, and con-

1 taining such information as the Secretary may re-
2 quire.

3 “(c) USE OF FUNDS.—An entity shall use amounts
4 received under a grant under this section to carry out ac-
5 tivities for the coordination and development of disaster
6 preparedness efforts relating to the physical- and health-
7 related needs of children.

8 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated such sums as may be
10 necessary to carry out this section for fiscal year 2008.”.

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