I

114TH CONGRESS
1ST SESSION

H. R. 938

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

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 12, 2015

Mr. JOLLY (for himself and Mr. DANNY K. DAVIS of Illinois) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

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

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the ''Garrett Lee Smith Me-
5 morial Act Reauthorization of 2015''.

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

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9 Service Act (42 U.S.C. 290bb–34) is repealed.

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

"SEC. 520C. SUICIDE PREVENTION TECHNICAL ASSISTANCE CENTER.

"(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall establish a research, training, and technical assistance resource center to provide appropriate information, training, and technical assistance to States, political subdivisions of States, federally recognized Indian tribes, tribal organizations, institutions of higher education, public organizations, or private nonprofit organizations concerning the prevention of suicide among all ages, particularly among groups that are at high risk for suicide.

"(b) RESPONSIBILITIES OF THE CENTER.—The center established under subsection (a) shall—

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

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

1 particularly among groups that are at high risk for
2 suicide;
3 ‘‘(3) study the costs and effectiveness of state-
4 wide and tribal suicide early intervention and pre-
5 vention strategies in order to provide information
6 concerning relevant issues of importance to State,
7 tribal, and national policymakers;
8 ‘‘(4) further identify and understand causes
9 and associated risk factors for suicide for all ages,
10 particularly among groups that are at high risk for
11 suicide;
12 ‘‘(5) analyze the efficacy of new and existing
13 suicide early intervention and prevention techniques
14 and technology for all ages, particularly among
15 groups that are at high risk for suicide;
16 ‘‘(6) ensure the surveillance of suicidal behav-
17 iors and nonfatal suicidal attempts;
18 ‘‘(7) study the effectiveness of State-sponsored
19 statewide and tribal suicide early intervention and
20 prevention strategies for all ages particularly among
21 groups that are at high risk for suicide on the over-
22 all wellness and health promotion strategies related
23 to suicide attempts;
24 ‘‘(8) promote the sharing of data regarding sui-
25 cide with Federal agencies involved with suicide

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

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

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

14 ''(c) AUTHORIZATION OF APPROPRIATIONS.—For the
15 purpose of carrying out this section, there are authorized
16 to be appropriated $6,000,000 for each of the fiscal years
17 2016 through 2020.''.

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

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

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

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

1 Health Services Administration, shall award grants or co-
2 operative agreements to eligible entities to—
3 ‘‘(1) develop and implement State-sponsored
4 statewide or tribal youth suicide early intervention
5 and prevention strategies in schools, educational in-
6 stitutions, juvenile justice systems, substance use
7 disorder programs, mental health programs, foster
8 care systems, and other child and youth support or-
9 ganizations;
10 ‘‘(2) support public organizations and private
11 nonprofit organizations actively involved in State-
12 sponsored statewide or tribal youth suicide early
13 intervention and prevention strategies and in the de-
14 velopment and continuation of State-sponsored
15 statewide youth suicide early intervention and pre-
16 vention strategies;
17 ‘‘(3) provide grants to institutions of higher
18 education to coordinate the implementation of State-
19 sponsored statewide or tribal youth suicide early
20 intervention and prevention strategies;
21 ‘‘(4) collect and analyze data on State-spon-
22 sored statewide or tribal youth suicide early inter-
23 vention and prevention services that can be used to
24 monitor the effectiveness of such services and for re-

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

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

8 "(b) ELIGIBLE ENTITY.—

9 "(1) DEFINITION.—In this section, the term
10 'eligible entity' means—

11 "(A) a State;

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

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

1 “(2) LIMITATION.—In carrying out this section,
2 the Secretary shall ensure that a State does not re-
3 ceive more than one grant or cooperative agreement
4 under this section at any one time. For purposes of
5 the preceding sentence, a State shall be considered
6 to have received a grant or cooperative agreement if
7 the eligible entity involved is the State or an entity
8 designated by the State under paragraph (1)(B).
9 Nothing in this paragraph shall be constructed to
10 apply to entities described in paragraph (1)(C).
11 “(c) PREFERENCE.—In providing assistance under a
12 grant or cooperative agreement under this section, an eli-
13 gible entity shall give preference to public organizations,
14 private nonprofit organizations, political subdivisions, in-
15 stitutions of higher education, and tribal organizations ac-
16 tively involved with the State-sponsored statewide or tribal
17 youth suicide early intervention and prevention strategy
18 that—
19 “(1) provide early intervention and assessment
20 services, including screening programs, to youth who
21 are at risk for mental or emotional disorders that
22 may lead to a suicide attempt, and that are inte-
23 grated with school systems, educational institutions,
24 juvenile justice systems, substance use disorder pro-

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

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

"(3) employ or include in their applications a commitment to evaluate youth suicide early intervention and prevention practices and strategies adapted to the local community;

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

"(5) provide immediate support and information resources to families of youth who are at risk for suicide;

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

"(7) offer appropriate postsuicide intervention services, care, and information to families, friends, schools, educational institutions, juvenile justice systems, substance use disorder programs, mental health programs, foster care systems, and other child and youth support organizations of youth who recently completed suicide;

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

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

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

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

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

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

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

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

17 "(e) CONSULTATION AND POLICY DEVELOPMENT.—

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

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

1 “(A) State and local agencies, including
2 agencies responsible for early intervention and
3 prevention services under title XIX of the So-
4 cial Security Act, the State Children’s Health
5 Insurance Program under title XXI of the So-
6 cial Security Act, and programs funded by
7 grants under title V of the Social Security Act;
8 “(B) local and national organizations that
9 serve youth at risk for suicide and their fami-
10 lies;
11 “(C) relevant national medical and other
12 health and education specialty organizations;
13 “(D) youth who are at risk for suicide,
14 who have survived suicide attempts, or who are
15 currently receiving care from early intervention
16 services;
17 “(E) families and friends of youth who are
18 at risk for suicide, who have survived suicide at-
19 tempts, who are currently receiving care from
20 early intervention and prevention services, or
21 who have completed suicide;
22 “(F) qualified professionals who possess
23 the specialized knowledge, skills, experience,
24 and relevant attributes needed to serve youth at
25 risk for suicide and their families; and

1 "(G) third-party payers, managed care or-
2 ganizations, and related commercial industries.
3 "(3) POLICY DEVELOPMENT.—In carrying out
4 this section, the Secretary shall—
5 "(A) coordinate and collaborate on policy
6 development at the Federal level with the rel-
7 evant Department of Health and Human Serv-
8 ices agencies and suicide working groups; and
9 "(B) consult on policy development at the
10 Federal level with the private sector, including
11 consumer, medical, suicide prevention advocacy
12 groups, and other health and education profes-
13 sional-based organizations, with respect to
14 State-sponsored statewide or tribal youth sui-
15 cide early intervention and prevention strate-
16 gies.
17 "(f) RULE OF CONSTRUCTION; RELIGIOUS AND
18 MORAL ACCOMMODATION.—Nothing in this section shall
19 be construed to require suicide assessment, early interven-
20 tion, or treatment services for youth whose parents or
21 legal guardians object based on the parents' or legal
22 guardians' religious beliefs or moral objections.
23 "(g) EVALUATIONS AND REPORT.—
24 "(1) EVALUATIONS BY ELIGIBLE ENTITIES.—
25 Not later than 18 months after receiving a grant or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 ‘‘(m) AUTHORIZATION OF APPROPRIATIONS.—For
22 the purpose of carrying out this section, there are author-
23 ized to be appropriated $35,500,000 for each of the fiscal
24 years 2016 through 2020.’’.

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

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

"SEC. 520E–2. MENTAL HEALTH AND SUBSTANCE USE DISORDERS SERVICES ON CAMPUS.

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

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

"(1) The provision of mental health and substance use disorder services to students, including prevention, promotion of mental health, voluntary screening, early intervention, voluntary assessment, treatment, and management of mental health and substance abuse disorder issues.

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

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

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

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

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

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

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

20 “(1) college counseling centers;

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

23 “(3) mental health centers;

24 “(4) psychology training clinics;

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

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

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

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

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

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

1 "(4) A plan, when applicable, to meet the spe-
2 cific mental health and substance use disorder needs
3 of veterans attending institutions of higher edu-
4 cation.
5 "(5) A plan to seek input from community
6 mental health providers, when available, community
7 groups and other public and private entities in car-
8 rying out the program under the grant.
9 "(6) A plan to evaluate program outcomes, in-
10 cluding a description of the proposed use of funds,
11 the program objectives, and how the objectives will
12 be met.
13 "(7) An assurance that the institution will sub-
14 mit a report to the Secretary each fiscal year con-
15 cerning the activities carried out with the grant and
16 the results achieved through those activities.
17 "(e) SPECIAL CONSIDERATIONS.—In awarding
18 grants under this section, the Secretary shall give special
19 consideration to applications that describe programs to be
20 carried out under the grant that—
21 "(1) demonstrate the greatest need for new or
22 additional mental and substance use disorder serv-
23 ices, in part by providing information on current ra-
24 tios of students to mental health and substance use
25 disorder health professionals; and

1 ‘‘(2) demonstrate the greatest potential for rep-
2 lication.
3 ‘‘(f) REQUIREMENT OF MATCHING FUNDS.—
4 ‘‘(1) IN GENERAL.—The Secretary may make a
5 grant under this section to an institution of higher
6 education only if the institution agrees to make
7 available (directly or through donations from public
8 or private entities) non-Federal contributions in an
9 amount that is not less than $1 for each $1 of Fed-
10 eral funds provided under the grant, toward the
11 costs of activities carried out with the grant (as de-
12 scribed in subsection (b)) and other activities by the
13 institution to reduce student mental health and sub-
14 stance use disorders.
15 ‘‘(2) DETERMINATION OF AMOUNT CONTRIB-
16 UTED.—Non-Federal contributions required under
17 paragraph (1) may be in cash or in kind. Amounts
18 provided by the Federal Government, or services as-
19 sisted or subsidized to any significant extent by the
20 Federal Government, may not be included in deter-
21 mining the amount of such non-Federal contribu-
22 tions.
23 ‘‘(3) WAIVER.—The Secretary may waive the
24 application of paragraph (1) with respect to an insti-
25 tution of higher education if the Secretary deter-

1 mines that extraordinary need at the institution jus-
2 tifies the waiver.
3 "(g) REPORTS.—For each fiscal year that grants are
4 awarded under this section, the Secretary shall conduct
5 a study on the results of the grants and submit to the
6 Congress a report on such results that includes the fol-
7 lowing:
8 "(1) An evaluation of the grant program out-
9 comes, including a summary of activities carried out
10 with the grant and the results achieved through
11 those activities.
12 "(2) Recommendations on how to improve ac-
13 cess to mental health and substance use disorder
14 services at institutions of higher education, including
15 efforts to reduce the incidence of suicide and sub-
16 stance use disorders.
17 "(h) DEFINITIONS.—In this section, the term 'insti-
18 tution of higher education' has the meaning given such
19 term in section 101 of the Higher Education Act of 1965.
20 "(i) AUTHORIZATION OF APPROPRIATIONS.—For the
21 purpose of carrying out this section, there are authorized
22 to be appropriated $7,000,000 for each of the fiscal years
23 2016 through 2020.".

○