

116TH CONGRESS
1ST SESSION

H. R. 3778

To amend the Public Health Service Act to authorize certain grants (for youth suicide early intervention and prevention strategies) to be used for school personnel in elementary and secondary schools and students in secondary schools to receive student suicide awareness and prevention training, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 16, 2019

Mr. CLEAVER (for himself, Mr. LONG, Mrs. WATSON COLEMAN, Mr. CUMMINGS, Ms. WILSON of Florida, Mr. HASTINGS, Mr. THOMPSON of Mississippi, Ms. JOHNSON of Texas, Ms. LEE of California, Mrs. MCBATH, Mr. FITZPATRICK, Ms. KELLY of Illinois, Ms. WILD, Mr. HORSFORD, Mr. BUTTERFIELD, Ms. CLARKE of New York, Mr. ROSE of New York, and Mr. MEEKS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act to authorize certain grants (for youth suicide early intervention and prevention strategies) to be used for school personnel in elementary and secondary schools and students in secondary schools to receive student suicide awareness and prevention training, and for other purposes.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Cady Housh and
3 Gemesha Thomas Student Suicide Prevention Act of
4 2019”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) In the last 12 years, suicide has been on the
8 increase, moving up to the second leading cause of
9 death for young people between the ages of 10 and
10 24 with about 157,000 youth treated at emergency
11 departments for self-inflicted injuries.

12 (2) According to the 2017 Youth Risk Behav-
13 iors Survey of the Centers for Disease Control and
14 Prevention, 16 percent of high school students re-
15 ported seriously considering suicide, and 8 percent
16 reporting attempting to take their lives during that
17 period.

18 (3) Eighty percent of students show warning
19 signs before attempting suicide.

20 (4) Prevention and awareness training will
21 equip individuals to become aware of the warning
22 signs of suicide, identify students in crisis, and pro-
23 vide resources for help.

24 (5) Research shows that inquiring about suicide
25 ideation, or discussing suicide in terms of recog-
26 nizing risk factors and prevention methods—

1 (A) does not increase the chance of suicide;
2 and

3 (B) in fact, can lower the risk of suicide.

4 (6) Sexual minority youth (LGBTQ) are almost
5 five times more likely to have attempted suicide com-
6 pared to their heterosexual peers.

7 **SEC. 3. SENSE OF CONGRESS.**

8 It is the sense of the Congress that—

9 (1) student suicide awareness, prevention train-
10 ing, and response materials should be available to all
11 school personnel, including administrative personnel,
12 teachers, counselors, and other school leaders;

13 (2) States should give autonomy to each local
14 educational agency to—

15 (A) adopt a policy with respect to student
16 suicide awareness and prevention; and

17 (B) work collaboratively with local organi-
18 zations, youth mental health experts, health
19 care providers, and the Secretary of Health and
20 Human Services to implement training for
21 school personnel and students, including by
22 sharing and disseminating—

23 (i) training materials and resources;
24 and

1 (ii) information that is evidence-based
2 or promising on student suicide prevention;

3 (3) the Secretary of Health and Human Serv-
4 ices should identify the highest unmet needs, specifi-
5 cally with students of color;

6 (4) schools should offer to students in grades 9
7 through 12, with the support of organizations with
8 demonstrated expertise in cultural competency, sui-
9 cide awareness, response, and prevention training
10 with an “opt out” component to be signed by par-
11 ents, guardians, or students over the age of 18;

12 (5) students who receive such training should
13 not be taught to be counselors, but rather should be
14 educated on how to—

15 (A) recognize signs of suicide and depres-
16 sion;

17 (B) report these signs to appropriate staff;
18 and

19 (C) identify sources of care and support;
20 and

21 (6) schools should utilize school-based mental
22 health professionals and other community partner-
23 ships.

1 **SEC. 4. STUDENT SUICIDE AWARENESS AND PREVENTION**
2 **TRAINING.**

3 (a) ADDITIONAL AUTHORIZED USE OF GRANT
4 FUNDS.—Section 520E(a) of the Public Health Service
5 Act (42 U.S.C. 290bb–36(a)) is amended—

6 (1) in paragraph (4), by striking “and” at the
7 end;

8 (2) in paragraph (5), by striking the period at
9 the end and inserting “; and”; and

10 (3) by adding at the end the following:

11 “(6) establish and implement a statewide policy
12 requiring school personnel in elementary and sec-
13 ondary schools and students in secondary schools to
14 complete student emotional well-being, mental
15 health, and suicide awareness and prevention train-
16 ing in accordance with subsection (d).”.

17 (b) TRAINING REQUIREMENTS.—Section 520E of the
18 Public Health Service Act (42 U.S.C. 290bb–36(a)), as
19 amended by subsection (a), is further amended—

20 (1) by redesignating subsections (d) through
21 (m) as subsections (e) through (n), respectively; and

22 (2) by inserting after subsection (c) the fol-
23 lowing:

24 “(d) REQUIREMENTS FOR STUDENT SUICIDE
25 AWARENESS AND TRAINING PROGRAMS.—

1 “(1) IN GENERAL.—As a condition on receipt of
2 funds under subsection (a)(6), an applicant shall
3 agree to use the funds to establish or implement a
4 statewide policy—

5 “(A) requiring school personnel in elemen-
6 tary and secondary schools and students in sec-
7 ondary schools to complete student emotional
8 well-being, mental health, and suicide awareness
9 and prevention training that—

10 “(i) includes at least one classroom
11 session each school year;

12 “(ii) is evidence-based or evidence-in-
13 formed; and

14 “(iii) includes training on—

15 “(I) the warning signs of, and
16 elevated risk factors for, poor emo-
17 tional well-being, mental health issues,
18 and suicide of oneself and of others;

19 “(II) suggested responses to such
20 warning signs;

21 “(III) further suicide awareness
22 and prevention resources; and

23 “(IV) the method and manner of
24 making an appropriate referral to a

1 school-based mental health services
2 provider; and

3 “(B) requiring, with respect to such school
4 personnel, that such training include training
5 on—

6 “(i) cultural competency and intersec-
7 tionality sensitivity; and

8 “(ii) an overview of applicable Fed-
9 eral, State, and local law concerning re-
10 porting requirements.

11 “(2) DEFINITIONS.—As used in subsection
12 (a)(6) and this subsection:

13 “(A) The term ‘evidence-based’ means—

14 “(i) demonstrating a rationale based
15 on high-quality research findings or posi-
16 tive evaluation that the program or train-
17 ing—

18 “(I) is likely to improve relevant
19 outcomes; and

20 “(II) includes ongoing efforts to
21 examine the effects of the program or
22 training; or

23 “(ii) supported by documentation
24 showing that the program or training—

1 “(I) has been effectively imple-
2 mented in the past, multiple times, in
3 accordance with scientific standards of
4 evidence; and

5 “(II) demonstrates a consistent
6 pattern of credible and positive ef-
7 fects.

8 “(B) The term ‘school-based mental health
9 services provider’ includes a State-licensed or
10 State-certified school counselor, school psycholo-
11 gist, school social worker, or other State-li-
12 censed or certified mental health professional
13 qualified under State law to provide mental
14 health services to children and adolescents.

15 “(C) The term ‘school personnel’ means—

16 “(i) principals or other heads of a
17 school; other professional instructional
18 staff (such as staff involved in curriculum
19 development, staff development, or oper-
20 ating library, media, and computer cen-
21 ters); specialized instructional support per-
22 sonnel such as school counselors, school so-
23 cial workers, and school psychologists; and
24 other qualified professional personnel, such
25 as school nurses, speech language patholo-

gists, and school librarians, involved in providing assessment, diagnosis, counseling, and educational, therapeutic, and other necessary services; and

“(ii) other school employees and contractors who interact with students, including bus drivers, cafeteria workers, coaches, janitorial staff, and after-school program employees.”.

(c) FUNDING.—Subsection (n) of section 520E of the Public Health Service Act (42 U.S.C. 290bb–36), as redesignated by subsection (b)(2), is amended—

(1) by striking “For the purpose” and inserting the following:

“(1) IN GENERAL.—For the purpose”;

(2) by striking “2022” and inserting “2025”;

and

(3) by adding at the end the following:

“(2) ALLOCATION.—Of the amounts made available to carry out this section for a fiscal year, not less than 15 percent of such amounts shall be used for grants or cooperative agreements to carry out subsection (a)(6) (to establish and implement a statewide policy requiring school personnel in elementary and secondary schools and students in sec-

1 ondary schools to complete student emotional well-
2 being, mental health, and suicide awareness and pre-
3 vention training).”.

○