

118TH CONGRESS
2D SESSION

S. _____

To establish a pilot program to address behavioral health needs among children, adolescents, and young adults, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Ms. BUTLER (for herself and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To establish a pilot program to address behavioral health needs among children, adolescents, and young adults, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Strengthening Sup-
5 ports for Youth Act”.

6 **SEC. 2. BEST PRACTICES FOR PARENTS, CAREGIVERS, AND**
7 **FAMILIES.**

8 (a) IN GENERAL.—The Assistant Secretary for Men-
9 tal Health and Substance Use (referred to in this section

1 as the “Assistant Secretary”) shall, within a relevant ex-
2 isting program of the Substance Abuse and Mental Health
3 Services Administration, carry out a pilot program under
4 which the Assistant Secretary awards competitive grants
5 to eligible entities to support parents, families, and care-
6 givers in addressing behavioral health needs among chil-
7 dren, adolescents, and young adults.

8 (b) ELIGIBLE ENTITIES.—In this section, the term
9 “eligible entity” means—

10 (1) a nonprofit organization with appropriate
11 expertise in providing evidence-based or evidence-in-
12 formed services or programs for children, adoles-
13 cents, young adults, or families;

14 (2) a nonprofit organization with an evidence-
15 based or evidence-informed focus on mental health
16 or substance use prevention, including such an orga-
17 nization with a focus on children, adolescents, young
18 adults, or families who have lived experience of a
19 mental health or substance use disorder;

20 (3) a child welfare agency;

21 (4) a family and youth homeless service pro-
22 vider;

23 (5) a local educational agency (as defined in
24 section 8101 of the Elementary and Secondary Edu-
25 cation Act of 1965 (20 U.S.C. 7801));

1 (6) a State educational agency (as defined in
2 such section 8101);

3 (7) a State, a political subdivision of a State,
4 or an Indian Tribe or Tribal organization (as de-
5 fined in section 4 of the Indian Self-Determination
6 and Education Assistance Act (25 U.S.C. 5304)); or

7 (8) a high school or dormitory serving high
8 school students that receives funding from the Bu-
9 reau of Indian Education.

10 (c) USE OF FUNDS.—Grants awarded under sub-
11 section (a) shall be used by eligible entities to address be-
12 havioral health needs and bolster behavioral health sup-
13 port services for children, adolescents, and young adults
14 by developing and disseminating evidence-based or evi-
15 dence-informed best practices for parents, caregivers, and
16 families related to—

17 (1) identifying the early warning signs and re-
18 ducing stigma of mental health and substance use
19 disorder, suicidality, and suicide in children, adoles-
20 cents, and young adults;

21 (2) improving the general understanding of
22 mental health and substance use disorder,
23 suicidality, suicide, and behavioral health needs with
24 respect to children, adolescents, and young adults,
25 including how to provide positive childhood experi-

1 ences that impact behavioral health outcomes and
2 well-being;

3 (3) connecting children, adolescents, and young
4 adults with community-based behavioral health pro-
5 viders and trauma-informed crisis response services;

6 (4) teaching help-seeking skills and behaviors;

7 (5) fostering home environments that encourage
8 behavioral health discussions;

9 (6) administering a drug or device approved,
10 cleared, or authorized under the Federal Food,
11 Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) for
12 emergency treatment of known or suspected opioid
13 overdose; and

14 (7) promoting resiliency in children, adoles-
15 cents, and young adults.

16 (d) EVALUATION AND REPORT.—

17 (1) EVALUATION.—The Assistant Secretary
18 shall carry out an evaluation to measure the efficacy
19 of the best practices under this section at the con-
20 clusion of the first grant cycle funded by the pilot
21 program. The evaluation shall include, at a min-
22 imum, outcomes information from the pilot program,
23 including any impact on—

24 (A) knowledge and attitudes related to be-
25 havioral health with respect to children, adoles-

1 cents, and young adults among participating
2 parents, caregivers, and families;

3 (B) behavioral health outcomes and well-
4 being measures among participating children,
5 adolescents, and young adults; and

6 (C) help-seeking behaviors, including up-
7 take of behavioral health treatment and trau-
8 ma-informed crisis response services among
9 participating children, adolescents, and young
10 adults.

11 (2) REPORT.—Not later than 1 year after the
12 end of the first grant cycle, the Assistant Secretary
13 shall submit to the Committee on Health, Edu-
14 cation, Labor, and Pensions of the Senate and the
15 Committee on Energy and Commerce of the House
16 of Representatives a report on the results of the
17 evaluation conducted under paragraph (1).

18 (e) AUTHORIZATION OF APPROPRIATIONS.—For the
19 purpose of carrying out this section, there are authorized
20 to be appropriated \$5,000,000 for each of fiscal years
21 2025 through 2028.

1 **SEC. 3. NATIONAL ACADEMIES OF SCIENCES, ENGINEER-**
2 **ING, AND MEDICINE STUDY ON PEER SUP-**
3 **PORT SERVICES FOR CHILDREN, ADOLES-**
4 **CENTS, AND YOUNG ADULTS.**

5 (a) IN GENERAL.—Not later than 60 days after the
6 date of enactment of this Act, the Assistant Secretary for
7 Mental Health and Substance Use shall contract with the
8 National Academies of Sciences, Engineering, and Medi-
9 cine (referred to in this section as the “National Acad-
10 emies”) to conduct a study and report on evidence-based
11 peer support services for children, adolescents, and young
12 adults.

13 (b) STUDY.—The study and report pursuant to the
14 contract under subsection (a) shall address—

15 (1) the effectiveness of evidence-based peer sup-
16 port services for children, adolescents, and young
17 adults in the prevention, early intervention, treat-
18 ment, and recovery from mental health and sub-
19 stance use disorder, in comparison to other behav-
20 ioral health interventions for that population;

21 (2) whether current evidence-based peer sup-
22 port services available for children, adolescents, and
23 young adults meet the need for such services, and
24 whether such services could help meet the overall de-
25 mand for behavioral health care;

1 (3) the scope of behavioral health provider su-
2 pervision of evidence-based peer support services for
3 children, adolescents, and young adults, and profes-
4 sional development opportunities for peer support
5 specialists;

6 (4) the populations, including underserved pop-
7 ulations, with access to evidence-based peer support
8 services for children, adolescents, and young adults;

9 (5) challenges associated with implementing or
10 operating evidence-based peer support services for
11 children, adolescents, and young adults, including
12 children, adolescents, and young adults from under-
13 served populations; and

14 (6) Federal and State efforts to support the im-
15 plementation and operation of evidence-based peer
16 support services for children, adolescents, and young
17 adults.

18 (c) REPORT.—Not later than 18 months after the
19 date of enactment of this Act, the National Academies
20 shall submit to the Committee on Health, Education,
21 Labor, and Pensions of the Senate and the Committee on
22 Energy and Commerce of the House of Representatives
23 a report on the study pursuant to subsection (a).