

117TH CONGRESS
1ST SESSION

H. R. 2877

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to develop best practices for the establishment and use of behavioral intervention teams at schools, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 28, 2021

Mr. FERGUSON (for himself, Mr. BURGESS, Mr. PETERS, and Mr. PANETTA) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to develop best practices for the establishment and use of behavioral intervention teams at schools, 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 “Behavioral Interven-
5 tion Guidelines Act of 2021”.

1 **SEC. 2. BEST PRACTICES FOR BEHAVIORAL INTERVENTION**
2 **TEAMS.**

3 The Public Health Service Act is amended by insert-
4 ing after section 520G of such Act (42 U.S.C. 290bb–38)
5 the following new section:

6 **“SEC. 520H. BEST PRACTICES FOR BEHAVIORAL INTERVEN-**
7 **TION TEAMS.**

8 “(a) IN GENERAL.—The Secretary shall identify and
9 facilitate the development of best practices to assist ele-
10 mentary schools, secondary schools, and institutions of
11 higher education in establishing and using behavioral
12 intervention teams.

13 “(b) ELEMENTS.—The best practices under sub-
14 section (a)(1) shall include guidance on the following:

15 “(1) How behavioral intervention teams can op-
16 erate effectively from an evidence-based, objective
17 perspective while protecting the constitutional and
18 civil rights of individuals.

19 “(2) The use of behavioral intervention teams
20 to identify concerning behaviors, implement interven-
21 tions, and manage risk through the framework of
22 the school’s or institution’s rules or code of conduct,
23 as applicable.

24 “(3) How behavioral intervention teams can,
25 when assessing an individual—

1 “(A) access training on evidence-based,
2 threat-assessment rubrics;

3 “(B) ensure that such teams—

4 “(i) have trained, diverse stakeholders
5 with varied expertise; and

6 “(ii) use cross validation by a wide-
7 range of individual perspectives on the
8 team; and

9 “(C) use violence risk assessment.

10 “(4) How behavioral intervention teams can
11 help mitigate—

12 “(A) inappropriate use of a mental health
13 assessment;

14 “(B) inappropriate limitations or restric-
15 tions on law enforcement’s jurisdiction over
16 criminal matters;

17 “(C) attempts to substitute the behavioral
18 intervention process in place of a criminal proc-
19 ess, or impede a criminal process, when an indi-
20 vidual’s behavior has potential criminal implica-
21 tions;

22 “(D) endangerment of an individual’s pri-
23 vacy by failing to ensure that all applicable
24 Federal and State privacy laws are fully com-
25 plied with; or

1 “(E) inappropriate referrals to, or involve-
2 ment of, law enforcement when an individual’s
3 behavior does not warrant a criminal response.

4 “(c) CONSULTATION.—In carrying out subsection
5 (a)(1), the Secretary shall consult with—

6 “(1) the Secretary of Education;

7 “(2) the Director of the National Threat As-
8 sessment Center of the United States Secretary
9 Service;

10 “(3) the Attorney General and the Director of
11 the Bureau of Justice Assistance;

12 “(4) teachers and other educators, principals,
13 school administrators, school board members, school
14 psychologists, mental health professionals, and par-
15 ents of students;

16 “(5) local law enforcement agencies and campus
17 law enforcement administrators;

18 “(6) privacy experts; and

19 “(7) other education and mental health profes-
20 sionals as the Secretary deems appropriate.

21 “(d) PUBLICATION.—Not later than 2 years after the
22 date of enactment of this section, the Secretary shall pub-
23 lish the best practices under subsection (a)(1) on the inter-
24 net website of the Department of Health and Human
25 Services.

1 “(e) TECHNICAL ASSISTANCE.—The Secretary shall
2 provide technical assistance to institutions of higher edu-
3 cation, elementary schools, and secondary schools to assist
4 such institutions and schools in implementing the best
5 practices under subsection (a).

6 “(f) DEFINITIONS.—In this section:

7 “(1) The term ‘behavioral intervention team’
8 means a team of qualified individuals who—

9 “(A) are responsible for identifying and as-
10 sessing individuals exhibiting concerning behav-
11 iors, experiencing distress, or who are at risk of
12 harm to self or others;

13 “(B) develop and facilitate implementation
14 of evidence-based interventions to mitigate the
15 threat of harm to self or others posed by an in-
16 dividual and address the mental and behavioral
17 health needs of individuals to reduce risk; and

18 “(C) provide information to students, par-
19 ents, and school employees on recognizing be-
20 havior described in this subsection.

21 “(2) The terms ‘elementary school’, ‘parent’,
22 and ‘secondary school’ have the meanings given to
23 such terms in section 8101 of the Elementary and
24 Secondary Education Act of 1965.

1 “(3) The term ‘institution of higher education’
2 has the meaning given to such term in section 102
3 of the Higher Education Act of 1965.

4 “(4) The term ‘mental health assessment’
5 means an evaluation, primarily focused on diagnosis,
6 determining the need for involuntary commitment,
7 medication management, and on-going treatment
8 recommendations.

9 “(5) The term ‘violence risk assessment’ means
10 a broad determination of the potential risk of vio-
11 lence based on evidence-based literature.”.

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