

116TH CONGRESS  
2D SESSION

# H. R. 5569

To direct the Secretary of Health and Human Services to identify, review, and implement effective interventions in Head Start programs, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 9, 2020

Mr. DESAULNIER (for himself, Mr. KENNEDY, and Ms. MATSUI) introduced the following bill; which was referred to the Committee on Education and Labor

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## A BILL

To direct the Secretary of Health and Human Services to identify, review, and implement effective interventions in Head Start programs, 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 “Early Childhood Men-  
5 tal Health Support Act of 2020”.

6 **SEC. 2. IDENTIFICATION OF EFFECTIVE INTERVENTIONS IN**  
7 **HEAD START PROGRAMS.**

8 (a) INTERVENTIONS THAT IMPROVE SOCIAL-EMO-  
9 TIONAL AND BEHAVIORAL HEALTH OF CHILDREN.—

1           (1) IN GENERAL.—The Secretary of Health and  
2           Human Services acting through the Director for the  
3           Agency for Healthcare Research and Quality (in this  
4           section referred to as the “Secretary”) shall identify  
5           and review interventions, best practices, curricula,  
6           and staff trainings—

7                   (A) that improve the behavioral health of  
8                   children; and

9                   (B) that are evidence-based.

10          (2) FOCUS.—In carrying out paragraph (1), the  
11          Secretary shall focus on interventions, best practices,  
12          curricula, and staff trainings that—

13                   (A) can be delivered by a provider or other  
14                   staff member in or associated with a Head  
15                   Start program or Early Head Start center;

16                   (B) are demonstrated to improve or sup-  
17                   port healthy social, emotional, or cognitive de-  
18                   velopment for children in Head Start or Early  
19                   Head Start programs, with an empirical or the-  
20                   oretical relationship to later mental health or  
21                   substance abuse outcomes;

22                   (C) involve changes to center-wide policies  
23                   or practices, or other services and supports of-  
24                   fered in conjunction with Head Start programs  
25                   or Early Head Start centers, including services

1 provided to adults or families (with or without  
2 a child present) for the benefit of the children;

3 (D) demonstrate effectiveness across ra-  
4 cial, ethnic, and geographic populations or dem-  
5 onstrate the capacity to be adapted to be effec-  
6 tive across populations;

7 (E) offer a tiered approach to addressing  
8 need, including—

9 (i) universal interventions for all chil-  
10 dren;

11 (ii) selected prevention for children  
12 demonstrating increased need; and

13 (iii) indicated prevention for children  
14 demonstrating substantial need;

15 (F) incorporate trauma-informed care ap-  
16 proaches; or

17 (G) have a proven record of improving  
18 early childhood and social emotional develop-  
19 ment.

20 (b) INTERVENTIONS THAT SUPPORT STAFF  
21 WELLNESS.—In carrying out subsection (a), the Secretary  
22 shall identify and review interventions, best practices, cur-  
23 ricula, and staff trainings that support staff wellness and  
24 self-care.

1 (c) CREDENTIALS.—In carrying out subsections (a)  
2 and (b), the Secretary, in consultation with relevant ex-  
3 perts, shall determine the appropriate credentials for indi-  
4 viduals who deliver the interventions, best practices, cur-  
5 ricula, and staff trainings identified by the Secretary.

6 (d) CONSULTATION; PUBLIC INPUT.—In carrying out  
7 this section, the Secretary shall—

8 (1) consult with relevant agencies, experts, aca-  
9 demics, think tanks, and nonprofit organizations  
10 with expertise in early childhood, mental health, and  
11 trauma-informed care, including the National Insti-  
12 tute of Mental Health, the Administration for Chil-  
13 dren and Families, the Substance Abuse and Mental  
14 Health Services Administration, the Institute of  
15 Education Sciences, and the Centers for Disease  
16 Control and Prevention; and

17 (2) solicit public input on—

18 (A) the design of the reviews under sub-  
19 sections (a) and (b); and

20 (B) the findings and conclusions resulting  
21 from such reviews.

22 (e) TIMING.—The Secretary shall—

23 (1) complete the initial reviews required by sub-  
24 sections (a) and (b) not later than 1 year after the  
25 date of enactment of this Act; and

1           (2) update such reviews and the findings and  
2           conclusions therefrom at least every 5 years.

3           (f) REPORTING.—Not later than 1 year after the date  
4 of enactment of this Act, and every 5 years thereafter,  
5 the Secretary shall submit a report to the Congress on  
6 the results of implementing this section.

7 **SEC. 3. IMPLEMENTING THE INTERVENTIONS IN HEAD**  
8           **START PROGRAMS.**

9           (a) IN GENERAL.—The Assistant Secretary for the  
10 Administration for Children and Families shall award  
11 grants to participating Head Start agencies to implement  
12 the interventions, best practices, curricula, and staff  
13 trainings that are identified pursuant to section 2.

14           (b) REQUIREMENTS.—The Assistant Secretary shall  
15 ensure that grants awarded under this section are award-  
16 ed to grantees representing a diversity of geographic areas  
17 across the United States, including urban, suburban, and  
18 rural areas.

19 **SEC. 4. EVALUATING IMPLEMENTATION OF INTERVEN-**  
20           **TIONS IN HEAD START PROGRAMS.**

21           (a) IN GENERAL.—The Secretary of Health and  
22 Human Services, acting through the Assistant Secretary  
23 for Planning and Evaluation and in coordination with the  
24 Assistant Secretary for the Administration for Children  
25 and Families, shall—

1           (1) determine whether the interventions, best  
2 practices, curricula, and staff trainings implemented  
3 pursuant to section 3—

4                   (A) are effectively implemented pursuant  
5 to section 3 and other relevant provisions of law  
6 such that the anticipated effect sizes of the  
7 interventions, best practices, curricula, and  
8 staff trainings are achieved; and

9                   (B) yield long-term savings;

10           (2) develop a method for making the determina-  
11 tion required by paragraph (1);

12           (3) ensure that such method includes com-  
13 petency and testing approaches, performance or out-  
14 come measures, or any other methods deemed appro-  
15 priate by the Assistant Secretary, taking into consid-  
16 eration existing monitoring components of the Head  
17 Start and Early Head Start programs; and

18           (4) the Assistant Secretaries shall solicit public  
19 input on the design, findings, and conclusions of this  
20 process and shall consider whether updates are nec-  
21 essary at least every 5 years.

22           (b) PROCESS.—In carrying out subsection (a), the  
23 Secretary of Health and Human Services shall—

24           (1) conduct any research and evaluation studies  
25 needed; and

1 (2) solicit public input on—

2 (A) the design of the method developed  
3 pursuant to subsection (a)(2); and

4 (B) the resulting findings and conclusions.

5 (c) TIMING.—The Secretary of Health and Human  
6 Services shall—

7 (1) develop the method required by subsection  
8 (a)(2) and make the initial determination required  
9 by subsection (a)(1) not later than 2 years after the  
10 date of enactment of this Act; and

11 (2) update such method and determination at  
12 least every 5 years.

13 **SEC. 5. IMPLEMENTING THE EVALUATION FRAMEWORK**  
14 **FOR HEAD START PROGRAMS.**

15 (a) EVALUATION METHOD.—The Assistant Secretary  
16 for the Administration for Children and Families shall im-  
17 plement the evaluation method developed pursuant to sec-  
18 tion 4(a) in the Head Start program as a voluntary mech-  
19 anism for interested Head Start programs or Early Head  
20 Start centers to evaluate the extent to which such pro-  
21 grams or centers have effectively implemented the inter-  
22 ventions, best practices, curricula, and staff trainings  
23 identified pursuant to section 2, with minimal burden or  
24 disruption to programs and centers interested in partici-  
25 pating.

1           (b) TECHNICAL ASSISTANCE.—The Assistant Sec-  
2 retary for the Administration for Children and Families  
3 shall provide guidance, tools, resources, and technical as-  
4 sistance to grantees for implementing and evaluating  
5 interventions, best practices, curricula, and staff trainings  
6 identified pursuant to section 2 and optimizing the per-  
7 formance of such grantees on the annual evaluations.

8 **SEC. 6. BEST PRACTICE CENTERS.**

9           The Assistant Secretary for the Administration for  
10 Children and Families may fund up to 5 Best Practice  
11 Centers in Early Childhood Training in universities and  
12 colleges to prepare future Head Start agencies and staff  
13 able to deliver the interventions, best practices, curricula,  
14 and staff trainings identified pursuant to section 2.

15 **SEC. 7. FUNDING.**

16           (a) AUTHORIZATION OF APPROPRIATIONS.—There is  
17 authorized to be appropriated \$100,000,000 for the period  
18 of fiscal years 2021 through 2030 for carrying out sec-  
19 tions 3(b), 4, 6, and 7.

20           (b) AVAILABILITY OF APPROPRIATIONS.—Amounts  
21 authorized to be appropriated by subsection (a) are au-  
22 thorized to remain available until expended.

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