

106TH CONGRESS
2D SESSION

H. R. 4867

To revise and extend the programs of the Substance Abuse and Mental Health Services Administration, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 17, 2000

Mrs. CAPPS (for herself, Mr. RANGEL, Mr. DINGELL, Mr. BROWN of Ohio, Mr. WAXMAN, Ms. DEGETTE, Mr. STRICKLAND, Mr. BARRETT of Wisconsin, Mr. STUPAK, and Mr. DEUTSCH) introduced the following bill; which was referred to the Committee on Commerce

A BILL

To revise and extend the programs of the Substance Abuse and Mental Health Services Administration, 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; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Youth Drug and Mental Health Services Act”.

4 (b) TABLE OF CONTENTS.—The table of contents for
5 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—SUBSTANCE ABUSE PREVENTION

- Sec. 101. Priority substance abuse prevention needs of regional and national significance.
- Sec. 102. Substance abuse prevention among children and youth.
- Sec. 103. Strengthening families.
- Sec. 104. Services for children of substance abusers.
- Sec. 105. Programs to reduce underage drinking.
- Sec. 106. Prevention of methamphetamine and inhalant abuse and addiction.

TITLE II—SUBSTANCE ABUSE TREATMENT

- Sec. 201. Priority substance abuse treatment needs of regional and national significance.
- Sec. 202. Residential treatment programs for pregnant and postpartum women.
- Sec. 203. Substance abuse treatment for youth.
- Sec. 204. Early intervention services for youth.
- Sec. 205. Alcohol and drug treatment and prevention services for Indian tribes and tribal organizations.
- Sec. 206. Services for individuals with fetal alcohol syndrome.
- Sec. 207. Substance abuse prevention and treatment block grant.
- Sec. 208. Establishment of Commission on Indian and Native Alaskan Health Care.

TITLE III—MENTAL HEALTH SERVICES

- Sec. 301. Community mental health services performance partnership block grant.
- Sec. 302. Priority mental health needs of regional and national significance.
- Sec. 303. Children and violence.
- Sec. 304. Centers for excellence.
- Sec. 305. Grants to address the problems of persons who experience violence related stress.
- Sec. 306. Comprehensive mental health services for children with serious emotional disturbance.
- Sec. 307. Projects for assistance in transition from homelessness.
- Sec. 308. Protection and Advocacy for Mentally Ill Individuals Act of 1986.
- Sec. 309. Wrap around services for youth.

TITLE IV—PERFORMANCE PARTNERSHIPS

- Sec. 401. Performance partnerships.
- Sec. 402. Data infrastructure.

TITLE V—CROSS-CUTTING ISSUES REGARDING MENTAL HEALTH
AND SUBSTANCE ABUSE

Subtitle A—Co-Occurring Substance Abuse and Mental Health Disorders

- Sec. 501. Treatment for individuals with a co-occurring substance abuse and mental health disorder.
- Sec. 502. Services for individuals with co-occurring substance abuse and mental health disorders.
- Sec. 503. Report on individuals with co-occurring substance abuse and mental health disorders.

Subtitle B—Prevention of Sexual Abuse

- Sec. 511. Prevention of sexual abuse.

TITLE VI—GENERAL PROVISIONS

- Sec. 601. Confidentiality and emergency response.
- Sec. 602. Peer review.
- Sec. 603. Availability to States of grant payments.
- Sec. 604. Repeal of obsolete addict referral provisions.
- Sec. 605. Seclusion and restraint.
- Sec. 606. Advisory councils.
- Sec. 607. Alcohol prevention and treatment policy.
- Sec. 608. Expansion of authorities.

1 **TITLE I—SUBSTANCE ABUSE**
2 **PREVENTION**

3 **SEC. 101. PRIORITY SUBSTANCE ABUSE PREVENTION**
4 **NEEDS OF REGIONAL AND NATIONAL SIG-**
5 **NIFICANCE.**

6 Section 516 of the Public Health Service Act (42
7 U.S.C. 290bb–1) is amended to read as follows:

8 **“SEC. 516. PRIORITY SUBSTANCE ABUSE PREVENTION**
9 **NEEDS OF REGIONAL AND NATIONAL SIG-**
10 **NIFICANCE.**

11 “(a) **PROJECTS.**—In order to address priority sub-
12 stance abuse prevention needs of regional and national sig-
13 nificance, the Secretary shall, directly or through awards

1 of grants, cooperative agreements, or contracts, provide
2 for—

3 “(1) knowledge development and application
4 projects for prevention and the conduct or support
5 of evaluations of such projects;

6 “(2) training; and

7 “(3) targeted capacity expansion.

8 The Secretary may make such awards to States, political
9 subdivisions of States, Indian tribes and tribal organiza-
10 tions, and other public or nonprofit private entities.

11 “(b) PRIORITY SUBSTANCE ABUSE PREVENTION
12 NEEDS.—For purposes of subsection (a), priority sub-
13 stance abuse prevention needs of regional and national sig-
14 nificance shall be determined by the Secretary after con-
15 sultation with the States and other interested parties. The
16 Secretary shall consult with States and other interested
17 parties on at least a yearly basis to determine the agenda
18 for this program.

19 “(c) REQUIREMENTS.—

20 “(1) IN GENERAL.—Recipients of awards under
21 subsection (a) shall comply with information and ap-
22 plication requirements determined appropriate by
23 the Secretary.

24 “(2) DURATION OF AWARD.—With respect to
25 an award under subsection (a), the period during

1 which payments under such award are made to the
2 recipient may not exceed 5 years. The preceding sen-
3 tence may not be construed as establishing a limita-
4 tion on the number of awards under such subsection
5 that may be made to the recipient.

6 “(3) MATCHING FUNDS.—

7 “(A) AUTHORITY OF SECRETARY.—The
8 Secretary may, as a condition of making awards
9 under subsection (a), require that recipients of
10 such awards make available (directly or through
11 donations from public or private entities) non-
12 Federal contributions toward the costs of the
13 projects to be carried out by the recipients pur-
14 suant to such subsection. The amount of any
15 such required contributions shall be the amount
16 determined by the Secretary to be appropriate
17 to ensure the institutional commitment of the
18 recipients to such projects.

19 “(B) DETERMINATION OF AMOUNT CON-
20 TRIBUTED.—Non-Federal contributions under
21 subparagraph (A) may be in cash or in kind,
22 fairly evaluated, including plant, equipment, or
23 services. Amounts provided by the Federal Gov-
24 ernment, or services assisted or subsidized to
25 any significant extent by the Federal Govern-

1 ment, may not be included in determining the
2 amount of such contributions.

3 “(4) MAINTENANCE OF EFFORT.—With respect
4 to activities for which an award under subsection (a)
5 is authorized to be expended, the Secretary, as a
6 condition of making such an award for a fiscal year,
7 may require, for specific projects, that the recipient
8 agree to maintain expenditures of non-Federal
9 amounts for such activities at a level that is not less
10 than the level of such expenditures maintained by
11 the recipient for the fiscal year preceding the fiscal
12 year for which the recipient receives the award.

13 “(d) EVALUATION.—The Secretary shall evaluate
14 each project carried out under section (a)(1) and shall dis-
15 seminate the findings with respect to each such evaluation
16 to appropriate public and private entities.

17 “(e) INFORMATION AND EDUCATION.—The Secretary
18 shall establish comprehensive information and education
19 programs to disseminate the findings of the knowledge de-
20 velopment and application and training programs under
21 this section to the general public and to health profes-
22 sionals.

23 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
24 purpose of carrying out this section, there are authorized
25 to be appropriated \$300,000,000 for fiscal year 2001, and

1 such sums as may be necessary for each of the fiscal years
2 2002 and 2003.”.

3 **SEC. 102. SUBSTANCE ABUSE PREVENTION AMONG CHIL-**
4 **DREN AND YOUTH.**

5 Section 517 of the Public Health Service Act (42
6 U.S.C. 290bb–23) is amended to read as follows:

7 **“SEC. 517. PREVENTION OF SUBSTANCE ABUSE AMONG**
8 **CHILDREN AND YOUTH.**

9 “(a) IN GENERAL.—The Secretary shall, directly or
10 through awards of grants, cooperative agreements, or con-
11 tracts, provide for projects for the replication and imple-
12 mentation of best practices in providing comprehensive
13 substance abuse prevention services to children and youth.
14 The Secretary may make such awards to public and non-
15 profit private entities, including Indian tribes and tribal
16 organizations.

17 “(b) PRIORITY.—The Secretary shall give priority to
18 projects under subsection (a) that—

19 (1) provide a comprehensive approach to pre-
20 vention;

21 (2) use youth program designs that include the
22 most current science based prevention strategies;
23 and

24 (3) include strategies for reducing the use of al-
25 coholic beverages and tobacco products by individ-

1 uals to whom it is unlawful to sell or distribute such
2 beverages or products.

3 “(c) GEOGRAPHICAL DISTRIBUTION.—To the extent
4 feasible the Secretary shall make awards under subsection
5 (a) in all regions of the United States and shall ensure
6 the distribution of grants among urban and rural areas.

7 “(d) EVALUATION.—The Secretary shall evaluate
8 each project under subsection (a) and shall disseminate
9 the findings with respect to each such evaluation to appro-
10 priate public and private entities.

11 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
12 purpose of carrying out this section, there are authorized
13 to be appropriated \$40,000,000 for fiscal year 2001, and
14 such sums as may be necessary for each of the fiscal years
15 2002 and 2003.”.

16 **SEC. 103. STRENGTHENING FAMILIES.**

17 Section 518 of the Public Health Service Act (42
18 U.S.C. 290bb–24) is amended to read as follows:

19 **“SEC. 518. STRENGTHENING FAMILIES.**

20 “(a) IN GENERAL.—The Secretary shall, directly or
21 through awards of grants, cooperative agreements, or con-
22 tracts, provide for projects to strengthen families by facili-
23 tating the development of supportive parent-child relation-
24 ships, by encouraging the use of positive discipline meth-
25 ods, by monitoring and supervision practices, by carrying

1 out family advocacy on behalf of children, and by pro-
2 viding information for the benefit of the children. The Sec-
3 retary may make such awards to public and nonprofit pri-
4 vate entities, including Indian tribes and tribal organiza-
5 tions.

6 “(b) PRIORITY.—The Secretary shall give priority to
7 projects under subsection (a) that use 1 or a combination
8 of the following family focused approaches:

9 “(1) Behavioral parent training.

10 “(2) Family skills training (which combines
11 parent training, children’s skills training, and family
12 relationship enhancement and communication prac-
13 tice sessions.

14 “(3) Structural or behavioral family therapy.

15 “(4) In-home family support.

16 “(5) Any other priority that the Secretary may
17 determine.

18 “(c) EVALUATION.—The Secretary shall evaluate
19 each project under subsection (a) and shall disseminate
20 the findings with respect to each such evaluation to appro-
21 priate public and private entities.

22 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the
23 purpose of carrying out this section, there are authorized
24 to be appropriated \$20,000,000 for fiscal year 2001, and

1 such sums as may be necessary for each of the fiscal years
2 2002 and 2003.”.

3 **SEC. 104. SERVICES FOR CHILDREN OF SUBSTANCE ABUS-**
4 **ERS.**

5 (a) ADMINISTRATION AND ACTIVITIES.—

6 (1) ADMINISTRATION.—Section 399D(a) of the
7 Public Health Service Act (42 U.S.C. 280d(a)(1)) is
8 amended—

9 (A) in paragraph (1), by striking “Admin-
10 istrator” and all that follows through “Adminis-
11 tration” and insert “Administrator of the Sub-
12 stance Abuse and Mental Health Services Ad-
13 ministration”; and

14 (B) in paragraph (2), by striking “Admin-
15 istrator of the Substance Abuse and Mental
16 Health Services Administration” and inserting
17 “Administrator of the Health Resources and
18 Services Administration”.

19 (2) ACTIVITIES.—Section 399D(a)(1) of the
20 Public Health Service Act (42 U.S.C. 280d(a)(1)) is
21 amended—

22 (A) in subparagraph (B), by striking
23 “and” at the end;

24 (B) in subparagraph (C), by striking the
25 period and inserting the following: “through

1 youth service agencies, family social services,
2 child care providers, Head Start, schools and
3 after-school programs, early childhood develop-
4 ment programs, community-based family re-
5 source and support centers, the criminal justice
6 system, health, substance abuse and mental
7 health providers through screenings conducted
8 during regular childhood examinations and
9 other examinations, self and family member re-
10 ferrals, substance abuse treatment services, and
11 other providers of services to children and fami-
12 lies; and”;

13 (C) by adding at the end the following:

14 “(D) to provide prevention, education and
15 training to health, substance abuse and mental
16 health professionals, and other providers of
17 services to children and families through youth
18 service agencies, family social services, child
19 care, Head Start, schools and after school pro-
20 grams, early childhood development programs,
21 community based family resource and support
22 centers, the criminal justice system, and other
23 providers of services to children and families.”.

1 (3) IDENTIFICATION OF CERTAIN CHILDREN.—
2 Section 399D(a)(3)(A) of the Public Health Service
3 Act (42 U.S.C. 280d(a)(3)(A)) is amended—

4 (A) in clause (i), by striking “(i) the enti-
5 ty” and inserting “(i)(I) the entity”;

6 (B) in clause (ii)—

7 (i) by striking “(ii) the entity” and in-
8 serting “(II) the entity”; and

9 (ii) by striking the period and insert-
10 ing “; and”; and

11 (C) by adding at the end the following:

12 “(ii) the entity will identify children
13 who may be eligible for medical assistance
14 under a State program under title XIX or
15 XXI of the Social Security Act.”.

16 (b) SERVICES FOR CHILDREN.—Section 399D(b) of
17 the Public Health Service Act (42 U.S.C. 280d(b)) is
18 amended—

19 (1) in paragraph (1), by inserting “alcohol and
20 drug,” after “psychological,”;

21 (2) by striking paragraph (5) and inserting the
22 following:

23 “(5) Developmentally and age-appropriate drug
24 and alcohol prevention, early intervention, treatment
25 and prevention services.”; and

1 (3) by inserting after paragraph (8) the fol-
2 lowing:

3 “Services shall be provided under paragraphs (2)
4 through (8) by a public health nurse, social worker, or
5 similar professional, or by a trained worker from the com-
6 munity who is supervised by a professional, or by an enti-
7 ty, where the professional or entity provides assurances
8 that the professional or entity is licensed or certified by
9 the State if required and is complying with applicable li-
10 censure or certification requirements.”.

11 (c) SERVICES FOR AFFECTED FAMILIES.—Section
12 399D(c) of the Public Health Service Act (42 U.S.C.
13 280d(c)) is amended—

14 (1) in paragraph (1)—

15 (A) in the matter preceding subparagraph
16 (A), by inserting before the colon the following:
17 “, or by an entity, where the professional or en-
18 tity provides assurances that the professional or
19 entity is licensed or certified by the State if re-
20 quired and is complying with applicable licenser
21 certification requirements”; and

22 (B) by adding at the end the following:

23 “(D) Aggressive outreach to family mem-
24 bers with substance abuse problems.

1 “(E) Inclusion of consumer in the develop-
2 ment, implementation, and monitoring of family
3 services plan.”;

4 (2) in paragraph (2)—

5 (A) by striking subparagraph (A) and in-
6 serting the following:

7 “(A) Alcohol and drug treatment services,
8 including screening and assessment, diagnosis,
9 detoxification, individual, group and family
10 counseling, relapse prevention, pharmaco-
11 therapy treatment, after-care services, and case
12 management.”;

13 (B) in subparagraph (C), by striking “, in-
14 cluding educational and career planning” and
15 inserting “and counseling on the human im-
16 munodeficiency virus and acquired immune de-
17 ficiency syndrome”;

18 (C) in subparagraph (D), by striking “con-
19 flict and”; and

20 (D) in subparagraph (E), by striking “Re-
21 medial” and inserting “Career planning and”;
22 and

23 (3) in paragraph (3)(D), by inserting “which
24 include child abuse and neglect prevention tech-
25 niques” before the period.

1 (d) ELIGIBLE ENTITIES.—Section 399D(d) of the
2 Public Health Service Act (42 U.S.C. 280d(d)) is
3 amended—

4 (1) by striking the matter preceding paragraph
5 (1) and inserting:

6 “(d) ELIGIBLE ENTITIES.—The Secretary shall dis-
7 tribute the grants through the following types of entities:”;

8 (2) in paragraph (1), by striking “drug treat-
9 ment” and inserting “drug early intervention, pre-
10 vention or treatment”; and

11 (3) in paragraph (2)—

12 (A) in subparagraph (A), by striking “;
13 and” and inserting “; or”; and

14 (B) in subparagraph (B), by inserting “or
15 pediatric health or mental health providers and
16 family mental health providers” before the pe-
17 riod.

18 (e) SUBMISSION OF INFORMATION.—Section
19 399D(h) of the Public Health Service Act (42 U.S.C.
20 280d(h)) is amended—

21 (1) in paragraph (2)—

22 (A) by inserting “including maternal and
23 child health” before “mental”;

24 (B) by striking “treatment programs”; and

1 (C) by striking “and the State agency re-
2 sponsible for administering public maternal and
3 child health services” and inserting “, the State
4 agency responsible for administering alcohol
5 and drug programs, the State lead agency, and
6 the State Interagency Coordinating Council
7 under part H of the Individuals with Disabil-
8 ities Education Act; and”;

9 (2) by striking paragraph (3) and redesignating
10 paragraph (4) as paragraph (3).

11 (f) REPORTS TO THE SECRETARY.—Section
12 399D(i)(6) of the Public Health Service Act (42 U.S.C.
13 280d(i)(6)) is amended—

14 (1) in subparagraph (B), by adding “and” at
15 the end; and

16 (2) by striking subparagraphs (C), (D), and (E)
17 and inserting the following:

18 “(C) the number of case workers or other
19 professionals trained to identify and address
20 substance abuse issues.”.

21 (g) EVALUATIONS.—Section 399D(1) of the Public
22 Health Service Act (42 U.S.C. 280d(1)) is amended—

23 (1) in paragraph (3), by adding “and” at the
24 end;

1 (2) in paragraph (4), by striking the semicolon
2 and inserting the following: “, including increased
3 participation in work or employment related activi-
4 ties and decreased participation in welfare pro-
5 grams.”; and

6 (3) by striking paragraphs (5) and (6).

7 (h) REPORT TO CONGRESS.—Section 399D(m) of the
8 Public Health Service Act (42 U.S.C. 280d(m)) is
9 amended—

10 (1) in paragraph (2), by adding “and” at the
11 end;

12 (2) in paragraph (3)—

13 (A) in subparagraph (A), by adding “and”
14 at the end;

15 (B) in subparagraph (B), by striking the
16 semicolon and inserting a period; and

17 (C) by striking subparagraphs (C), (D),
18 and (E); and

19 (3) by striking paragraphs (4) and (5).

20 (i) DATA COLLECTION.—Section 399D(n) of the
21 Public Health Service Act (42 U.S.C. 280d(n)) is amend-
22 ed by adding at the end the following: “The periodic report
23 shall include a quantitative estimate of the prevalence of
24 alcohol and drug problems in families involved in the child
25 welfare system, the barriers to treatment and prevention

1 services facing these families, and policy recommendations
2 for removing the identified barriers, including training for
3 child welfare workers.”.

4 (j) DEFINITION.—Section 399D(o)(2)(B) of the Pub-
5 lic Health Service Act (42 U.S.C. 280d(o)(2)(B)) is
6 amended by striking “dangerous”.

7 (k) AUTHORIZATION OF APPROPRIATIONS.—Section
8 399D(p) of the Public Health Service Act (42 U.S.C.
9 280d(p)) is amended to read as follows:

10 “(p) AUTHORIZATION OF APPROPRIATIONS.—For the
11 purpose of carrying out this section, there are authorized
12 to be appropriated \$50,000,000 for fiscal year 2001, and
13 such sums as may be necessary for each of the fiscal years
14 2002 and 2003.”.

15 (l) GRANTS FOR TRAINING AND CONFORMING
16 AMENDMENTS.—Section 399D of the Public Health Serv-
17 ice Act (42 U.S.C. 280d) is amended—

18 (1) by striking subsection (f);

19 (2) by redesignating subsections (d) and (e) as
20 subsections (e) and (f), respectively;

21 (3) by inserting after subsection (c) the fol-
22 lowing subsection:

23 “(d) TRAINING FOR PROVIDERS OF SERVICES TO
24 CHILDREN AND FAMILIES.—The Secretary may make a
25 grant under subsection (a) for the training of health, sub-

1 stance abuse and mental health professionals and other
2 providers of services to children and families through
3 youth service agencies, family social services, child care
4 providers, Head Start, schools and after-school programs,
5 early childhood development programs, community-based
6 family resource centers, the criminal justice system, and
7 other providers of services to children and families. Such
8 training shall be to assist professionals in recognizing the
9 drug and alcohol problems of their clients and to enhance
10 their skills in identifying and understanding the nature of
11 substance abuse, and obtaining substance abuse early
12 intervention, prevention and treatment resources.”;

13 (4) by striking subsection (k);

14 (5) by redesignating subsections (l) through (p)
15 as subsections (k) through (o), respectively;

16 (6) in subsection (k)(2) (as so redesignated), by
17 striking “(h)” and inserting “(i)”;

18 (7) in paragraphs (3)(E) and (5) of subsection
19 (m) (as so redesignated), by striking “(d)” and in-
20 sserting “(e)”.

21 (m) TRANSFER AND REDESIGNATION.—The Public
22 Health Service Act (42 U.S.C. 201 et seq.) is amended—

23 (1) by transferring section 399D to title V;

24 (2) by redesignating such section as section
25 519;

1 (3) by inserting such section after section 518;
2 and
3 (4) in title III, by striking the heading and part
4 designation for part L.

5 **SEC. 105. PROGRAMS TO REDUCE UNDERAGE DRINKING.**

6 Title V of the Public Health Service Act (42 U.S.C.
7 290aa et seq.), as amended by section 104(m) of this Act,
8 is amended by inserting after section 519 the following
9 section:

10 **“SEC. 519A. PROGRAMS TO REDUCE UNDERAGE DRINKING.**

11 “(a) IN GENERAL.—The Secretary shall make
12 awards of grants, cooperative agreements, or contracts to
13 public and nonprofit private entities, including Indian
14 tribes and tribal organizations, to enable such entities to
15 develop plans for and to carry out school-based (including
16 institutions of higher education) and community-based
17 programs for the prevention of alcoholic-beverage con-
18 sumption by individuals who have not having attained the
19 legal drinking age.

20 “(b) ELIGIBILITY REQUIREMENTS.—To be eligible to
21 receive an award under subsection (a), an entity shall pro-
22 vide any assurances to the Secretary which the Secretary
23 may require, including that the entity will—

1 “(1) annually report to the Secretary on the ef-
2 fectiveness of the prevention approaches imple-
3 mented by the entity;

4 “(2) use science based and age appropriate ap-
5 proaches; and

6 “(3) involve local public health officials and
7 community prevention program staff in the planning
8 and implementation of the program.

9 “(c) EVALUATION.—The Secretary shall evaluate
10 each project under subsection (a) and shall disseminate
11 the findings with respect to each such evaluation to appro-
12 priate public and private entities.

13 “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
14 shall ensure that awards will be distributed equitably
15 among the regions of the country and among urban and
16 rural areas.

17 “(e) DURATION OF AWARD.—With respect to an
18 award under subsection (a), the period during which pay-
19 ments under such award are made to the recipient may
20 not exceed 5 years. The preceding sentence may not be
21 construed as establishing a limitation on the number of
22 awards under such subsection that may be made to the
23 recipient.

24 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
25 purpose of carrying out this section, there are authorized

1 to be appropriated \$25,000,000 for fiscal year 2001, and
2 such sums as may be necessary for each of the fiscal years
3 2002 and 2003.”.

4 **SEC. 106. PREVENTION OF METHAMPHETAMINE AND IN-**
5 **HALANT ABUSE AND ADDICTION.**

6 Title V of the Public Health Service Act (42 U.S.C.
7 290aa et seq.), as amended by section 105 of this Act,
8 is amended by inserting after section 519A the following
9 section:

10 **“SEC. 519B. PREVENTION OF METHAMPHETAMINE AND IN-**
11 **HALANT ABUSE AND ADDICTION.**

12 “(a) AWARDS.—The Secretary may make awards of
13 grants, cooperative agreements, or contracts to public and
14 nonprofit private entities to enable such entities—

15 “(1) to carry out school-based programs con-
16 cerning the dangers of methamphetamine or inhal-
17 ant abuse and addiction, using methods that are ef-
18 fective and evidence-based, including initiatives that
19 give students the responsibility to create their own
20 anti-drug abuse education programs for their
21 schools; and

22 “(2) to carry out community-based meth-
23 amphetamine or inhalant abuse and addiction pre-
24 vention programs that are effective and evidence-
25 based.

1 “(b) USE OF FUNDS.—An award under subsection
2 (a) shall be used for planning, establishing, or admin-
3 istering methamphetamine or inhalant prevention pro-
4 grams in accordance with subsection (c).

5 “(c) PREVENTION PROGRAMS AND ACTIVITIES.—

6 “(1) IN GENERAL.—An award under subsection
7 (a) may be used—

8 “(A) to carry out school-based programs
9 that are focused on those districts with high or
10 increasing rates of methamphetamine or inhal-
11 ant abuse and addiction and targeted at popu-
12 lations which are most at risk to start meth-
13 amphetamine or inhalant abuse;

14 “(B) to carry out community-based preven-
15 tion programs that are focused on those popu-
16 lations within the community that are most at-
17 risk for methamphetamine or inhalant abuse
18 and addiction;

19 “(C) to assist local government entities to
20 conduct appropriate methamphetamine or inhal-
21 ant prevention activities;

22 “(D) to train and educate State and local
23 law enforcement officials, prevention and edu-
24 cation officials, members of community anti-
25 drug coalitions and parents on the signs of

1 methamphetamine or inhalant abuse and addic-
2 tion and the options for treatment and preven-
3 tion;

4 “(E) for planning, administration, and
5 educational activities related to the prevention
6 of methamphetamine or inhalant abuse and ad-
7 diction;

8 “(F) for the monitoring and evaluation of
9 methamphetamine or inhalant prevention activi-
10 ties, and reporting and disseminating resulting
11 information to the public; and

12 “(G) for targeted pilot programs with eval-
13 uation components to encourage innovation and
14 experimentation with new methodologies.

15 “(2) PRIORITY.—In making awards under sub-
16 section (a), the Secretary shall give priority to
17 awards to serve rural and urban areas that are expe-
18 riencing a high rate of or rapid increases in meth-
19 amphetamine or inhalant abuse and addiction.

20 “(d) ANALYSES AND EVALUATION.—

21 “(1) IN GENERAL.—Up to \$500,000 of the
22 amount available in each fiscal year to carry out this
23 section shall be made available to the Director, act-
24 ing in consultation with other Federal agencies, to
25 support and conduct periodic analyses and evalua-

1 tions of effective prevention programs for meth-
2 amphetamine or inhalant abuse and addiction and
3 the development of appropriate strategies for dis-
4 seminating information about and implementing
5 these programs.

6 “(2) ANNUAL REPORTS.—The Director shall
7 submit to the Committee on Commerce and the
8 Committee on Appropriations in the House of Rep-
9 resentatives, and to the Committee on Health, Edu-
10 cation, Labor, and Pensions and the Committee on
11 Appropriations in the Senate, an annual report with
12 the results of the analyses and evaluation under
13 paragraph (1).

14 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
15 purpose of carrying out subsection (a), there are author-
16 ized to be appropriated \$10,000,000 for fiscal year 2001,
17 and such sums as may be necessary for each of the fiscal
18 years 2002 and 2003.”.

19 **TITLE II—SUBSTANCE ABUSE** 20 **TREATMENT**

21 **SEC. 201. PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS** 22 **OF REGIONAL AND NATIONAL SIGNIFICANCE.**

23 (a) SUBSTANCE ABUSE TREATMENT GRANTS.—Sec-
24 tion 509 of the Public Health Service Act (42 U.S.C.
25 290bb–2) is amended to read as follows:

1 **“SEC. 509. PRIORITY SUBSTANCE ABUSE TREATMENT**
2 **NEEDS OF REGIONAL AND NATIONAL SIG-**
3 **NIFICANCE.**

4 “(a) PROJECTS.—In order to address priority sub-
5 stance abuse treatment needs of regional and national sig-
6 nificance, the Secretary shall, directly or through awards
7 of grants, cooperative agreements, or contracts, provide
8 for—

9 “(1) knowledge development and application
10 projects for treatment and rehabilitation services
11 and the conduct or support of evaluations of such
12 projects;

13 “(2) training; and

14 “(3) targeted capacity expansion.

15 The Secretary may make such awards to States, political
16 subdivisions of States, Indian tribes and tribal organiza-
17 tions, and other public or nonprofit private entities.

18 “(b) PRIORITY SUBSTANCE ABUSE TREATMENT
19 NEEDS.—For purposes of subsection (a), priority sub-
20 stance abuse treatment needs of regional and national sig-
21 nificance shall be determined by the Secretary after con-
22 sultation with the States and other interested groups. The
23 Secretary shall meet with States and other interested
24 groups on at least a yearly basis to determine the agenda
25 for this program.

26 “(c) REQUIREMENTS.—

1 “(1) IN GENERAL.—Recipients of awards under
2 subsection (a) shall comply with information and ap-
3 plication requirements determined appropriate by
4 the Secretary.

5 “(2) DURATION OF AWARD.—With respect to
6 an award under subsection (a), the period during
7 which payments under such award are made to the
8 recipient may not exceed 5 years. The preceding sen-
9 tence may not be construed as establishing a limita-
10 tion on the number of awards under such subsection
11 that may be made to the recipient.

12 “(3) MATCHING FUNDS.—

13 “(A) AUTHORITY OF SECRETARY.—The
14 Secretary may, as a condition of making awards
15 under subsection (a), require that recipients of
16 such awards make available (directly or through
17 donations from public or private entities) non-
18 Federal contributions toward the costs of the
19 projects to be carried out by the recipients pur-
20 suant to such subsection. The amount of any
21 such required contributions shall be the amount
22 determined by the Secretary to be appropriate
23 to ensure the institutional commitment of the
24 recipients to such projects.

1 “(B) DETERMINATION OF AMOUNT CON-
2 TRIBUTED.—Non-Federal contributions under
3 subparagraph (A) may be in cash or in kind,
4 fairly evaluated, including plant, equipment, or
5 services. Amounts provided by the Federal Gov-
6 ernment, or services assisted or subsidized to
7 any significant extent by the Federal Govern-
8 ment, may not be included in determining the
9 amount of such contributions.

10 “(4) MAINTENANCE OF EFFORT.—With respect
11 to activities for which an award under subsection (a)
12 is authorized to be expended, the Secretary, as a
13 condition of making such an award for a fiscal year,
14 may require, for specific projects, that the recipient
15 agree to maintain expenditures of non-Federal
16 amounts for such activities at a level that is not less
17 than the level of such expenditures maintained by
18 the recipient for the fiscal year preceding the fiscal
19 year for which the recipient receives the award.

20 “(d) EVALUATION.—The Secretary shall evaluate
21 each project carried out under section (a)(1) and shall dis-
22 seminate the findings with respect to each such evaluation
23 to appropriate public and private entities.

24 “(e) INFORMATION AND EDUCATION.—The Secretary
25 shall establish comprehensive information and education

1 programs to disseminate and apply the findings of the
2 knowledge development and application and training pro-
3 grams under this section to the general public and to other
4 interested parties.

5 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
6 purpose of carrying out this section, there are authorized
7 to be appropriated \$300,000,000 for fiscal year 2001, and
8 such sums as may be necessary for each of the fiscal years
9 2002 and 2003.”.

10 (b) CONFORMING AMENDMENTS.—Section 571 of the
11 Public Health Service Act (42 U.S.C. 290gg) is repealed.

12 **SEC. 202. RESIDENTIAL TREATMENT PROGRAMS FOR**
13 **PREGNANT AND POSTPARTUM WOMEN.**

14 Section 508(r) of the Public Health Service Act (42
15 U.S.C. 290bb–1(r)) is amended to read as follows:

16 “(r) AUTHORIZATION OF APPROPRIATIONS.—For the
17 purpose of carrying out this section, there are authorized
18 to be appropriated such sums as may be necessary for
19 each of the fiscal years 2001 through 2003.”.

20 **SEC. 203. SUBSTANCE ABUSE TREATMENT FOR YOUTH.**

21 Section 510 of the Public Health Service Act (42
22 U.S.C. 290bb–3) is amended to read as follows:

23 **“SEC. 510. SUBSTANCE ABUSE TREATMENT FOR YOUTH.**

24 “(a) IN GENERAL.—The Secretary shall make
25 awards of grants, cooperative agreements, and contracts

1 to public and nonprofit private entities, including Indian
2 tribes and tribal organizations, for the purposes of pro-
3 viding substance abuse treatment to individuals under the
4 age of 22.

5 “(b) PRIORITY.—In making awards under subsection
6 (a), the Secretary shall give priority to applicants that—

7 “(1) will apply the most successful, evidenced
8 based and cost-effective methods for the treatment
9 of substance abuse among youth;

10 “(2) will coordinate services with other social
11 service systems in the community including edu-
12 cation, juveniles justice, child welfare and mental
13 health; and

14 “(3) will provide treatment that is gender spe-
15 cific and culturally appropriate.

16 “(c) CONDITION.—In making awards under sub-
17 section (a), the Secretary shall ensure that the awards are
18 allocated among the principal geographic regions of the
19 country, to urban and rural areas and to Indian tribes
20 and tribal organizations subject to the availability of qual-
21 ity applications for awards.

22 “(d) DURATION OF GRANTS.—With respect to an
23 award under subsection (a), the period during which pay-
24 ments under such award are made to the recipient may
25 not exceed 5 years. The preceding sentence may not be

1 construed as establishing a limitation on the number of
2 awards under such subsection that may be made to the
3 recipient.

4 “(e) EVALUATION.—The Secretary shall require as
5 part of an application under subsection (a) a plan for the
6 rigorous evaluation of the project under such subsection,
7 including both process and outcome evaluation, and peri-
8 odic updates with the submission of a complete evaluation
9 at the end of the project period.

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
11 purpose of carrying out this section, there are authorized
12 to be appropriated \$50,000,000 for fiscal year 2001, and
13 such sums as may be necessary for each of the fiscal years
14 2002 and 2003.”.

15 **SEC. 204. EARLY INTERVENTION SERVICES FOR YOUTH.**

16 Section 511 of the Public Health Services Act (42
17 U.S.C. 290bb-4) is amended to read as follows:

18 **“SEC. 511. EARLY INTERVENTION SERVICES FOR YOUTH.**

19 “(a) IN GENERAL.—The Secretary shall make
20 awards of grants, cooperative agreements, and contracts
21 to public and nonprofit private entities, including local
22 educational agencies, for the purposes of providing early
23 intervention substance abuse services for individuals under
24 the age of 22.

1 “(b) PRIORITY.—In making awards under subsection
2 (a), the Secretary shall give priority to applicants that
3 demonstrate an ability to—

4 “(1) screen and assess for substance use and
5 abuse;

6 “(2) make appropriate referral for those who
7 are in need of treatment;

8 “(3) provide early intervention services includ-
9 ing counseling and ancillary services that are de-
10 signed to meet the developmental needs of youth;
11 and

12 “(4) develop links with the educational, juvenile
13 justice, social services and other agencies and orga-
14 nizations within the State or local communities to
15 identify youth in need of services.

16 “(c) CONDITION.—In making awards under sub-
17 section (a), the Secretary shall ensure that the awards are
18 allocated among the principal geographic regions of the
19 country, to urban and rural areas and to Indian tribes
20 and tribal organizations, subject to the availability of
21 qualified applicants for the awards.

22 “(d) EVALUATION.—The Secretary shall require as
23 part of an application under subsection (a) a plan for the
24 rigorous evaluation of the project under such subsection,
25 including both process and outcome evaluation, and peri-

1 odic updates with the submission of a complete evaluation
2 at the end of the project period.

3 “(e) DURATION OF AWARD.—With respect to a grant
4 under subsection (a), the period during which payments
5 under such grant are made to the recipient may not exceed
6 5 years. The preceding sentence may not be construed as
7 establishing a limitation on the number of awards under
8 such subsection that may be made to the recipient.

9 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
10 purpose of carrying out this section, there are authorized
11 to be appropriated \$20,000,000 for fiscal year 2001, and
12 such sums as may be necessary for each of the fiscal years
13 2002 and 2003.”.

14 **SEC. 205. ALCOHOL AND DRUG TREATMENT AND PREVEN-**
15 **TION SERVICES FOR INDIAN TRIBES AND**
16 **TRIBAL ORGANIZATIONS.**

17 Section 512 of the Public Health Service Act (42
18 U.S.C. 290bb-5) is amended to read as follows:

19 **“SEC. 512. ALCOHOL AND DRUG TREATMENT AND PREVEN-**
20 **TION SERVICES FOR INDIAN TRIBES AND**
21 **TRIBAL ORGANIZATIONS.**

22 “(a) IN GENERAL.—The Secretary shall make grants
23 to nonprofit private entities and to Indian tribes and tribal
24 organizations to provide treatment services to members of
25 such tribes and organizations.

1 “(b) PRIORITY.—In making grants under subsection
2 (a), the Secretary shall give priority to applicants that—

3 “(1) will provide services on reservations and
4 who use culturally appropriate prevention and treat-
5 ment approaches; and

6 “(2) have provided substance abuse services to
7 this population for at least one year prior to apply-
8 ing for a grant.

9 “(c) DURATION OF AWARD.—With respect to a grant
10 under subsection (a), the period during which payments
11 under such grant are made to the recipient may not exceed
12 5 years. The preceding sentence may not be construed as
13 establishing a limitation on the number of awards under
14 such subsection that may be made to the recipient.

15 “(d) EVALUATION.—The Secretary shall require as
16 part of an application under subsection (a) a plan for the
17 rigorous evaluation of the project under such subsection,
18 including both process and outcome evaluation, and peri-
19 odic updates with the submission of a complete evaluation
20 at the end of the project period. The final report shall
21 include a determination on whether the program should
22 continue.

23 “(e) REPORT.—Not later than 3 years after the date
24 of enactment of this section and annually thereafter, the
25 Secretary shall submit to the Committee on Commerce in

1 the House of Representatives and the Committee on
2 Health, Education, Labor and Pensions in the Senate a
3 report describing the services provided pursuant to this
4 section.

5 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
6 purpose of carrying out this section, there are authorized
7 to be appropriated \$15,000,000 for fiscal year 2001, and
8 such sums as may be necessary for each of the fiscal years
9 2002 and 2003.”.

10 **SEC. 206. SERVICES FOR INDIVIDUALS WITH FETAL ALCO-**
11 **HOL SYNDROME.**

12 Subpart 1 of part B of title V of the Public Health
13 Service Act (42 U.S.C. 290bb et seq.) is amended by add-
14 ing at the end the following:

15 **“SEC. 514. SERVICES FOR INDIVIDUALS WITH FETAL ALCO-**
16 **HOL SYNDROME.**

17 “(a) IN GENERAL.—The Secretary shall make
18 awards of grants, cooperative agreements, or contracts to
19 public and nonprofit private entities, including Indian
20 tribes and tribal organizations, to provide services to indi-
21 viduals diagnosed with fetal alcohol syndrome or alcohol-
22 related birth defects.

23 “(b) USE OF FUNDS.—An award under subsection
24 (a) may, subject to subsection (d), be used to—

- 1 “(1) screen and test individuals to determine
- 2 the type and level of services needed;
- 3 “(2) develop a comprehensive plan for providing
- 4 services to the individual;
- 5 “(3) provide mental health counseling;
- 6 “(4) provide substance abuse prevention serv-
- 7 ices and treatment, if needed;
- 8 “(5) coordinate services with other social pro-
- 9 grams including social services, justice system, edu-
- 10 cational services, health services, mental health and
- 11 substance abuse services, financial assistance pro-
- 12 grams, vocational services and housing assistance
- 13 programs;
- 14 “(6) provide vocational services;
- 15 “(7) provide family planning counseling;
- 16 “(8) provide housing assistance;
- 17 “(9) parenting skills training;
- 18 “(10) overall case management;
- 19 “(11) supportive services for families of individ-
- 20 uals with Fetal Alcohol Syndrome; and
- 21 “(12) provide other services and programs, to
- 22 the extent authorized by the Secretary after consid-
- 23 eration of recommendations made by the National
- 24 Task Force on Fetal Alcohol Syndrome.

1 “(c) REQUIREMENTS.—To be eligible to receive an
2 award under subsection (a), an applicant shall—

3 “(1) demonstrate that the program will be part
4 of a coordinated, comprehensive system of care for
5 such individuals;

6 “(2) demonstrate an established communication
7 with other social programs in the community includ-
8 ing social services, justice system, financial assist-
9 ance programs, health services, educational services,
10 mental health and substance abuse services, voca-
11 tional services and housing assistance services;

12 “(3) show a history of working with individuals
13 with fetal alcohol syndrome or alcohol-related birth
14 defects;

15 “(4) provide assurance that the services will be
16 provided in a culturally and linguistically appro-
17 priate manner; and

18 “(5) provide assurance that at the end of the
19 5-year award period, other mechanisms will be iden-
20 tified to meet the needs of the individuals and fami-
21 lies served under such award.

22 “(d) RELATIONSHIP TO PAYMENTS UNDER OTHER
23 PROGRAMS.—An award may be made under subsection (a)
24 only if the applicant involved agrees that the award will
25 not be expended to pay the expenses of providing any serv-

1 ice under this section to an individual to the extent that
2 payment has been made, or can reasonably be expected
3 to be made, with respect to such expenses—

4 “(1) under any State compensation program,
5 under an insurance policy, or under any Federal or
6 State health benefits program; or

7 “(2) by an entity that provides health services
8 on a prepaid basis.

9 “(e) DURATION OF AWARDS.—With respect to an
10 award under subsection (a), the period during which pay-
11 ments under such award are made to the recipient may
12 not exceed 5 years.

13 “(f) EVALUATION.—The Secretary shall evaluate
14 each project carried out under subsection (a) and shall dis-
15 seminate the findings with respect to each such evaluation
16 to appropriate public and private entities.

17 “(g) FUNDING.—

18 “(1) AUTHORIZATION OF APPROPRIATIONS.—
19 For the purpose of carrying out this section, there
20 are authorized to be appropriated \$50,000,000 for
21 fiscal year 2001, and such sums as may be nec-
22 essary for each of the fiscal years 2002 and 2003.

23 “(2) ALLOCATION.—Of the amounts appro-
24 priated under paragraph (1) for a fiscal year, not
25 less than \$300,000 shall, for purposes relating to

1 fetal alcohol syndrome and alcohol-related birth de-
2 fects, be made available for collaborative, coordi-
3 nated interagency efforts with the National Institute
4 on Alcohol Abuse and Alcoholism, the National In-
5 stitute on Child Health and Human Development,
6 the Health Resources and Services Administration,
7 the Agency for Healthcare Research and Quality,
8 the Centers for Disease Control and Prevention, the
9 Department of Education, and the Department of
10 Justice.

11 **“SEC. 514A. CENTERS OF EXCELLENCE ON SERVICES FOR**
12 **INDIVIDUALS WITH FETAL ALCOHOL SYN-**
13 **DROME AND ALCOHOL-RELATED BIRTH DE-**
14 **FACTS AND TREATMENT FOR INDIVIDUALS**
15 **WITH SUCH CONDITIONS AND THEIR FAMI-**
16 **LIES.**

17 “(a) IN GENERAL.—The Secretary shall make
18 awards of grants, cooperative agreements, or contracts to
19 public or nonprofit private entities for the purposes of es-
20 tablishing not more than 4 centers of excellence to study
21 techniques for the prevention of fetal alcohol syndrome
22 and alcohol-related birth defects and adaptations of inno-
23 vative clinical interventions and service delivery improve-
24 ments for the provision of comprehensive services to indi-
25 viduals with fetal alcohol syndrome or alcohol-related birth

1 defects and their families and for providing training on
2 such conditions.

3 “(b) USE OF FUNDS.—An award under subsection
4 (a) may be used to—

5 “(1) study adaptations of innovative clinical
6 interventions and service delivery improvements
7 strategies for children and adults with fetal alcohol
8 syndrome or alcohol-related birth defects and their
9 families;

10 “(2) identify communities which have an exem-
11 plary comprehensive system of care for such individ-
12 uals so that they can provide technical assistance to
13 other communities attempting to set up such a sys-
14 tem of care;

15 “(3) provide technical assistance to commu-
16 nities who do not have a comprehensive system of
17 care for such individuals and their families;

18 “(4) train community leaders, mental health
19 and substance abuse professionals, families, law en-
20 forcement personnel, judges, health professionals,
21 persons working in financial assistance programs,
22 social service personnel, child welfare professionals,
23 and other service providers on the implications of
24 fetal alcohol syndrome and alcohol-related birth de-

1 fects, the early identification of and referral for such
2 conditions;

3 “(5) develop innovative techniques for pre-
4 venting alcohol use by women in child bearing years;

5 “(6) perform other functions, to the extent au-
6 thorized by the Secretary after consideration of rec-
7 ommendations made by the National Task Force on
8 Fetal Alcohol Syndrome.

9 “(c) REPORT.—

10 “(1) IN GENERAL.—A recipient of an award
11 under subsection (a) shall at the end of the period
12 of funding report to the Secretary on any innovative
13 techniques that have been discovered for preventing
14 alcohol use among women of child bearing years.

15 “(2) DISSEMINATION OF FINDINGS.—The Sec-
16 retary shall upon receiving a report under paragraph
17 (1) disseminate the findings to appropriate public
18 and private entities.

19 “(d) DURATION OF AWARDS.—With respect to an
20 award under subsection (a), the period during which pay-
21 ments under such award are made to the recipient may
22 not exceed 5 years.

23 “(e) EVALUATION.—The Secretary shall evaluate
24 each project carried out under subsection (a) and shall dis-

1 seminate the findings with respect to each such evaluation
2 to appropriate public and private entities.

3 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
4 purpose of carrying out this section, there are authorized
5 to be appropriated \$5,000,000 for fiscal year 2001, and
6 such sums as may be necessary for each of the fiscal years
7 2002 and 2003.”.

8 **SEC. 207. SUBSTANCE ABUSE PREVENTION AND TREAT-**
9 **MENT BLOCK GRANT.**

10 (a) ALLOCATION REGARDING ALCOHOL AND OTHER
11 DRUGS.—Section 1922 of the Public Health Service Act
12 (42 U.S.C. 300x-22) is amended by—

13 (1) striking subsection (a); and

14 (2) redesignating subsections (b) and (c) as (a)
15 and (b).

16 (b) GROUP HOMES FOR RECOVERING SUBSTANCE
17 ABUSERS.—Section 1925(a) of the Public Health Service
18 Act (42 U.S.C. 300x-25(a)) is amended in the matter pre-
19 ceding paragraph (1) by striking “For fiscal year 1993”
20 and all that follows through the colon and inserting the
21 following: “A State, using funds available under section
22 1921, may establish and maintain the ongoing operation
23 of a revolving fund in accordance with this section to sup-
24 port group homes for recovering substance abusers as fol-
25 lows:”.

1 (c) **PLANNING COUNCILS.**—Subpart II of Part B of
2 title XIX of the Public Health Service Act is amended by
3 inserting after section 1927 (42 U.S.C. 300x–27) the fol-
4 lowing new section:

5 **“SEC. 1927A. STATE SUBSTANCE ABUSE PREVENTION AND**
6 **TREATMENT PLANNING COUNCILS.**

7 “(a) **IN GENERAL.**—A funding agreement for a grant
8 under section 1921 is that the State involved will establish
9 and maintain a State substance abuse prevention and
10 treatment planning council in accordance with the condi-
11 tions described in this section.

12 “(b) **DUTIES.**—A condition under subsection (a) for
13 a council is that the duties of the council are—

14 “(1) to review applications including reports re-
15 quired under section 1932 of this subpart prior to
16 their submission to the Secretary and to submit to
17 the State any recommendations of the council for
18 modifications;

19 “(2) to advise the State on how best to provide
20 substance abuse prevention and treatment services
21 in the State;

22 “(3) to serve as an advocate for individuals
23 with substance abuse disorders; and

24 “(4) to monitor, review, and evaluate, not less
25 than once each year, the allocation and adequacy of

1 substance abuse prevention and treatment services
2 within the State.

3 “(c) MEMBERSHIP.—

4 (1) IN GENERAL.—A condition under subsection
5 (a) for a council is that the council be composed of
6 residents of the State; including representatives of—

7 “(A) the principal State agencies with re-
8 spect to substance abuse prevention and treat-
9 ment, education, vocational rehabilitation,
10 criminal justice, housing, and social services;

11 “(B) public and private entities concerned
12 with the need, planning, operation, funding, and
13 use of substance abuse prevention and treat-
14 ment services and related support services;

15 “(C) individuals who are receiving (or have
16 received) substance abuse prevention and treat-
17 ment services;

18 “(D) the families of such individuals; and

19 “(E) providers of substance abuse preven-
20 tion and treatment services.

21 “(2) LIMITATION ON STATE EMPLOYEES AND
22 PROVIDERS.—A condition under subsection (a) for a
23 council is that not less than 50 percent of the mem-
24 bers of the council are individuals who are not State

1 employees or providers of substance abuse preven-
2 tion and treatment services.

3 “(d) REVIEW OF STATE APPLICATIONS.—The Sec-
4 retary may make a grant under this subpart only if—

5 “(1) the application including the report under
6 this subpart with respect to the grant has been re-
7 viewed by the council; and

8 “(2) the State submits to the Secretary any
9 recommendations or comments received by the State
10 from the council for modifications to the application
11 without regard to whether the State has made the
12 recommended modifications.”.

13 (d) MAINTENANCE OF EFFORT.—Section 1930 of the
14 Public Health Service Act (42 U.S.C. 300x–30) is
15 amended—

16 (1) by redesignating subsections (b) and (c) as
17 subsections (c) and (d) respectively; and

18 (2) by inserting after subsection (a), the fol-
19 lowing:

20 “(b) EXCLUSION OF CERTAIN FUNDS.—The Sec-
21 retary may exclude from the aggregate State expenditures
22 under subsection (a), funds appropriated to the principle
23 agency for authorized activities which are of a non-recur-
24 ring nature and for a specific purpose.”.

1 (e) APPLICATIONS FOR GRANTS.—Section 1932
2 (a)(1) of the Public Health Service Act (42 U.S.C.
3 300x(a)(1)) is amended to read as follows:

4 “(1) the application is received by the Secretary
5 no later than October 1 of the fiscal year for which
6 a State is seeking funds.”.

7 (f) WAIVER FOR TERRITORIES.—Section 1932(e) of
8 the Public Health Service Act (42 U.S.C. 300x–32(e)) is
9 amended by striking “whose allotment under section 1921
10 for the fiscal year is the amount specified in section
11 1933(c)(2)(B)” and inserting “except Puerto Rico”.

12 (g) WAIVER AUTHORITY FOR CERTAIN REQUIRE-
13 MENTS.—(1) Section 1932 of the Public Health Service
14 Act (42 U.S.C. 300x–32) is amended by adding the fol-
15 lowing subsection:

16 “(e) WAIVER AUTHORITY FOR CERTAIN REQUIRE-
17 MENTS.—(1) Upon the request of a State, the Secretary
18 may waive the requirements of all or any of the sections
19 listed in paragraph (2) using criteria established by the
20 Secretary in accordance with paragraph (3).

21 “(2) The requirements which may be waived under
22 paragraph (1) are sections 1922(c), 1923, 1924, 1928 and
23 1929.

24 “(3) The criteria referred to in paragraph (1) shall
25 be performance measures including capacity, process and

1 outcomes related to the specific requirements for which
2 a State is seeking a waiver and be developed by a nego-
3 tiated regulatory process involving the States and other
4 interested groups.”.

5 (2) CONFORMING AMENDMENTS.—Upon publication
6 of the regulation developed in accordance with subsection
7 (e) as added by paragraph (1)—

8 (A) section 1922(c) of the Public Health Serv-
9 ice Act (42 U.S.C. 330x–22(c)) is amended by—

10 (i) repealing paragraph (2); and

11 (ii) redesignating paragraph (3) as (2).

12 (B) section 1928(d) of the Public Health Serv-
13 ice Act (42 U.S.C. 300x–28(d)) is repealed.

14 (h) DETERMINATION OF ALLOTMENT.—Section
15 1933(b) of the Public Health Service Act (42 U.S.C.
16 300x–33(b)) is amended to read as follows:

17 “(b) MINIMUM ALLOTMENTS FOR STATES.—

18 (1) IN GENERAL.—With respect to fiscal year
19 2001 and all subsequent fiscal years, the amount of
20 the allotment of a State under section 1921 shall
21 not be less than the amount the State received
22 under section 1921 for the previous fiscal year in-
23 creased by 30.65 percent of the percentage by which
24 the amount allotted to the States for the fiscal year

1 exceeds the amount allotted to the States for the
2 previous fiscal year.

3 “(2) LIMITATIONS.—

4 (A) IN GENERAL.—Except as provided in
5 subparagraph (B), a State shall not receive an
6 allotment under section 1921 for a fiscal year
7 in an amount that is less than an amount equal
8 to 0.375 percent of the amount appropriated
9 under section 1935(a) for such fiscal year.

10 “(B) EXCEPTION.—In applying subpara-
11 graph (A), the Secretary shall ensure that no
12 State receives an increase in its allotment under
13 section 1921 for a fiscal year (as compared to
14 the amount allotted to the State in the prior
15 fiscal year) that is in excess of an amount equal
16 to 300 percent of the percentage by which the
17 amount appropriated under section 1935(a) for
18 such fiscal year exceeds the amount appro-
19 priated for the prior fiscal year.

20 “(3) DECREASE IN OR EQUAL APPROPRIA-
21 TIONS.—If the amount appropriated under section
22 1935(a) is equal to or less than the amount appro-
23 priated under such section for the prior fiscal year,
24 the amount of the State allotment under section
25 1921 shall be equal to the amount the State received

1 under section 1921 in the prior fiscal year decreased
2 by the percentage by which the amount appropriated
3 for such fiscal year is less than the amount appro-
4 priated for such section for the prior fiscal year.”.

5 (i) AUTHORIZATION OF APPROPRIATIONS.—Section
6 1935(a) of the Public Health Service Act is amended as
7 follows:

8 (1) in subsection (a) by striking
9 “\$1,500,000,000” and all that follows and inserting
10 “\$2,000,000,000 for fiscal year 2001, and such
11 sums as may be necessary for each of the fiscal
12 years 2002 and 2003.”;

13 (2) in subsection (b)(2) by striking “1949(a)”
14 and inserting “1948(a)”; and

15 (3) in subsection (b) as follows—

16 (A) in paragraph (1)(B) by striking “sec-
17 tion 505” and inserting in its place “sections
18 505 and 1971”; and

19 (B) by adding the following paragraph—

20 “(3) CORE DATA SET.—Any State that receives
21 a new grant, contract or cooperative agreement from
22 those funds available to the Secretary under para-
23 graph (1) for the purposes of improving their data
24 collection, analysis and reporting capabilities shall be
25 required to collect, analyze and report on to the Sec-

1 retary for each and every fiscal year subsequent to
2 receiving those funds a core/minimum data set to be
3 determined by the Secretary in conjunction with the
4 States.”.

5 **SEC. 208. ESTABLISHMENT OF COMMISSION ON INDIAN**
6 **AND NATIVE ALASKAN HEALTH CARE.**

7 Part D of title V of the Public Health Service Act
8 (42 U.S.C. 290dd et seq.) is amended by adding at the
9 end the following section:

10 **“SEC. 544. COMMISSION ON INDIAN AND NATIVE ALASKAN**
11 **HEALTH CARE.**

12 “(a) IN GENERAL.—There is established a commis-
13 sion to be known as the Commission on Indian and Native
14 Alaskan Health Care that shall examine the health con-
15 cerns of Indians and Native Alaskans who reside on res-
16 ervations and tribal lands (hereafter in this section re-
17 ferred to as the ‘Commission’).

18 “(b) MEMBERSHIP.—

19 “(1) IN GENERAL.—The Commission estab-
20 lished under subsection (a) shall consist of—

21 “(A) the Secretary;

22 “(B) 15 members who are experts in the
23 health care field and issues that the Commis-
24 sion is established to examine; and

1 “(C) the Director of the Indian Health
2 Service and the Commissioner of Indian Affairs,
3 who shall be nonvoting members.

4 “(2) APPOINTING AUTHORITY.—Of the 15
5 members of the Commission described in paragraph
6 (1)(B)—

7 “(A) 2 shall be appointed by the Speaker
8 of the House of Representatives;

9 “(B) 2 shall be appointed by the Minority
10 Leader of the House of Representatives;

11 “(C) 2 shall be appointed by the Majority
12 Leader of the Senate;

13 “(D) 2 shall be appointed by the Minority
14 Leader of the Senate; and

15 “(E) 7 shall be appointed by the Secretary.

16 “(3) LIMITATION.—Not fewer than 10 of the
17 members appointed to the Commission shall be Indi-
18 ans or Native Alaskans.

19 “(4) CHAIRPERSON.—The Secretary shall serve
20 as the Chairperson of the Commission.

21 “(5) EXPERTS.—The Commission may seek the
22 expertise of any expert in the health care field to
23 carry out its duties.

24 “(c) PERIOD OF APPOINTMENT.—Members shall be
25 appointed for the life of the Commission. Any vacancy in

1 the Commission shall not affect its powers, but shall be
2 filed in the same manner as the original appointment.

3 “(d) DUTIES OF THE COMMISSION.—The Commis-
4 sion shall—

5 “(1) study the health concerns of Indians and
6 Native Alaskans; and

7 “(2) prepare the reports described in subsection
8 (i).

9 “(e) POWERS OF THE COMMISSION.—

10 “(1) HEARINGS.—The Commission may hold
11 such hearings, including hearings on reservations, sit
12 and act at such times and places, take such testi-
13 mony, and receive such information as the Commis-
14 sion considers advisable to carry out the purpose for
15 which the Commission was established.

16 “(2) INFORMATION FROM FEDERAL AGEN-
17 CIES.—The Commission may secure directly from
18 any Federal department or agency such information
19 as the Commission considers necessary to carry out
20 the purpose for which the Commission was estab-
21 lished. Upon request of the Chairperson of the Com-
22 mission, the head of such department or agency
23 shall furnish such information to the Commission.

24 “(f) COMPENSATION OF MEMBERS.—

1 “(1) IN GENERAL.—Except as provided in sub-
2 paragraph (B), each member of the Commission
3 may be compensated at a rate not to exceed the
4 daily equivalent of the annual rate of basic pay pre-
5 scribed for level IV of the Executive Schedule under
6 section 5315 of title 5, United States Code, for each
7 day (including travel time), during which that mem-
8 ber is engaged in the actual performance of the du-
9 ties of the Commission.

10 “(2) LIMITATION.—Members of the Commis-
11 sion who are officers or employees of the United
12 States shall receive no additional pay on account of
13 their service on the Commission.

14 “(g) TRAVEL EXPENSES OF MEMBERS.—The mem-
15 bers of the Commission shall be allowed travel expenses,
16 including per diem in lieu of subsistence, at rates author-
17 ized for employees of agencies under section 5703 of title
18 5, United States Code, while away from their homes or
19 regular places of business in the performance of services
20 for the Commission.

21 “(h) COMMISSION PERSONNEL MATTERS.—

22 “(1) IN GENERAL.—The Secretary, in accord-
23 ance with rules established by the Commission, may
24 select and appoint a staff director and other per-

1 sonnel necessary to enable the Commission to carry
2 out its duties.

3 “(2) COMPENSATION OF PERSONNEL.—The
4 Secretary, in accordance with rules established by
5 the Commission, may set the amount of compensa-
6 tion to be paid to the staff director and any other
7 personnel that serve the Commission.

8 “(3) DETAIL OF GOVERNMENT EMPLOYEES.—
9 Any Federal Government employee may be detailed
10 to the Commission without reimbursement, and the
11 detail shall be without interruption or loss of civil
12 service status or privilege.

13 “(4) CONSULTANT SERVICES.—The Chair-
14 person of the Commission is authorized to procure
15 the temporary and intermittent services of experts
16 and consultants in accordance with section 3109 of
17 title 5, United States Code, at rates not to exceed
18 the daily equivalent of the annual rate of basic pay
19 prescribed for level IV of the Executive Schedule
20 under section 5315 of such title.

21 “(i) REPORT.—

22 “(1) IN GENERAL.—Not later than 3 years
23 after the date of enactment of the Youth Drug and
24 Mental Health Services Act, the Secretary shall pre-
25 pare and submit, to the Committee on Health, Edu-

1 cation, Labor, and Pensions of the Senate, a report
2 that shall—

3 “(A) detail the health problems faced by
4 Indians and Native Alaskans who reside on res-
5 ervations;

6 “(B) examine and explain the causes of
7 such problems;

8 “(C) describe the health care services
9 available to Indians and Native Alaskans who
10 reside on reservations and the adequacy of such
11 services;

12 “(D) identify the reasons for the provision
13 of inadequate health care services for Indians
14 and Native Alaskans who reside on reserva-
15 tions, including the availability of resources;

16 “(E) develop measures for tracking the
17 health status of Indians and Native Americans
18 who reside on reservations; and

19 “(F) make recommendations for improve-
20 ments in the health care services provided for
21 Indians and Native Alaskans who reside on res-
22 ervations, including recommendations for legis-
23 lative change.

24 “(2) EXCEPTION.—In addition to the report re-
25 quired under paragraph (1), not later than 2 years

1 after the date of enactment of the Youth Drug and
 2 Mental Health Services Act, the Secretary shall pre-
 3 pare and submit, to the Committee on Health, Edu-
 4 cation, Labor, and Pensions of the Senate, a report
 5 that describes any alcohol and drug abuse among In-
 6 dians and Native Alaskans who reside on reserva-
 7 tions.

8 “(j) PERMANENT COMMISSION.—Section 14 of the
 9 Federal Advisory Committee Act (5 U.S.C. App.) shall not
 10 apply to the Commission.

11 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
 12 is authorized to be appropriated to carry out this section
 13 \$5,000,000 for fiscal year 2001, and such sums as may
 14 be necessary for each of the fiscal years 2002 and
 15 2003.”³

16 **TITLE III—MENTAL HEALTH** 17 **SERVICES**

18 **SEC. 301. COMMUNITY MENTAL HEALTH SERVICES PER-** 19 **FORMANCE PARTNERSHIP BLOCK GRANT.**

20 (a) CRITERIA FOR PLAN.—Section 1912(b) of the
 21 Public Health Service Act (42 U.S.C. 300x–2(b)) is
 22 amended by striking paragraphs (1) through (12) and in-
 23 serting the following:

24 “(1) COMPREHENSIVE COMMUNITY-BASED MEN-
 25 TAL HEALTH SYSTEMS.—The plan provides for an

1 organized community-based system of care and de-
2 scribes available services and resources in a com-
3 prehensive system of care. Description of the system
4 of care includes health and mental health services,
5 rehabilitation services, employment services, housing
6 services, educational services, medical and dental
7 care, and other support services to be provided to
8 such individuals with Federal, State and local public
9 and private resources to enable such individuals to
10 function outside of inpatient or residential institu-
11 tions to the maximum extent of their capabilities, in-
12 cluding services to be provided by local school sys-
13 tems under the Americans with Disabilities Edu-
14 cation Act. The plan includes a separate description
15 of case management services and provides for activi-
16 ties leading to reduction of hospitalization.

17 “(2) MENTAL HEALTH SYSTEM DATA AND EPI-
18 DEMIOLOGY.—The plan contains an estimate of the
19 incidence and prevalence in the State of serious
20 mental illness among adults and serious emotional
21 disturbance among children and presents quan-
22 titative targets to be achieved in the implementation
23 of the system described in paragraph (1).

1 “(3) CHILDREN’S SERVICES.—In the case of
2 children with serious emotional disturbance, the
3 plan—

4 “(A) subject to subparagraph (B) provides
5 for a system of integrated social services, edu-
6 cational services, juvenile services, and sub-
7 stance abuse services that, together with health
8 and mental health services, will be provided in
9 order for such children to receive care appro-
10 priate for their multiple needs (which system
11 includes services provided under the Individuals
12 with Disabilities Education Act);

13 “(B) provides that the grant under section
14 1911 for the fiscal year involved will not be ex-
15 pended to provide any service of such system
16 other than comprehensive community mental
17 health services; and

18 “(C) provides for the establishment of a
19 defined geographic area for the provision of the
20 services of such system.

21 “(4) TARGETED SERVICES TO RURAL AND
22 HOMELESS POPULATIONS.—The plan describes the
23 State’s outreach to and services for such individuals
24 who are homeless and how community-based services

1 will be provided to individuals residing in rural
2 areas.

3 “(5) MANAGEMENT SYSTEMS.—The plan de-
4 scribes the financial resources, staffing and training
5 for mental health providers necessary to implement
6 the plan, and provides for training of providers of
7 emergency health services regarding mental health.
8 The plan further describes the manner in which the
9 State intends to expend the grant under section
10 1911 for the fiscal year involved. The State shall
11 discuss in its plan each of these criteria for both
12 adults with serious mental illness and children with
13 serious emotional disturbance except for the criteria
14 in paragraph (3) which focuses only on children with
15 serious emotional disturbance.”.

16 (b) REVIEW OF PLANNING COUNCIL OF STATE’S RE-
17 PORT.—Section 1915(a) of the Public Health Service Act
18 (42 U.S.C. 300x-4(a)) is amended—

19 (1) in paragraph (1) by inserting “and the re-
20 port of the State under section 1942(a) concerning
21 the preceding fiscal year” after “to the grant”; and

22 (2) in paragraph (2) by inserting “and their
23 comments on the annual report.” after “rec-
24 ommended modifications”.

1 (c) MAINTENANCE OF EFFORT.—Section 1915(b) of
2 the Public Health Service Act (42 U.S.C. 300x–4(b)) is
3 amended—

4 (1) by redesignating paragraphs (2) and (3) as
5 paragraphs (3) and (4), respectively; and

6 (2) by inserting after paragraph (1), the fol-
7 lowing:

8 “(2) EXCLUSION OF CERTAIN FUNDS.—The
9 Secretary may exclude from the aggregate State ex-
10 penditures under subsection (a), funds appropriated
11 to the principle agency for authorized activities
12 which are of a non recurring nature and for a spe-
13 cific purpose.”.

14 (d) APPLICATION FOR GRANTS.—Section 1917(a)(1)
15 of the Public Health Service Act (42 U.S.C. 300x–6(a)(1))
16 is amended to read as follows:

17 “(1) the plan is received by the Secretary not
18 later than September 1 of the fiscal year prior to the
19 fiscal year for which a State is seeking funds, and
20 the report from the previous fiscal year as required
21 under section 1941 is received by December 1 of the
22 fiscal year of the grant;”.

23 (e) WAIVERS FOR TERRITORIES.—Section 1917(b) of
24 the Public Health Service Act (42 U.S.C. 300x–6(b)) is
25 amended by striking “whose allotment under section 1911

1 for the fiscal year is the amount specified in section 1918
2 (c)(2)(B)” and inserting in its place “except Puerto Rico”.

3 (f) DETERMINATION OF ALLOTMENT.—Section
4 1918(b) of the Public Health’ Service Act (42 U.S.C.
5 300x–7(b)) is amended to read as follows:

6 “(b) MINIMUM ALLOTMENTS FOR STATES.—With re-
7 spect to fiscal year 2001 and subsequent fiscal years, the
8 amount of the allotment of a State under section 1911
9 shall not be less than the amount the State received under
10 such section for fiscal year 1998.”.

11 (g) AUTHORIZATION OF APPROPRIATIONS.—Section
12 1920(a) of the Public Health Service Act (42 U.S.C.
13 300x–9(a)) is amended by striking “\$450,000,000” and
14 all that follows and inserting the following: “\$450,000,000
15 for fiscal year 2001, and such sums as may be necessary
16 for each of the fiscal years 2002 and 2003.”.

17 **SEC. 302. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL**
18 **AND NATIONAL SIGNIFICANCE.**

19 (a) MENTAL HEALTH SERVICES.—Section 520A of
20 the Public Health Service Act (42 U.S.C. 290bb–32) is
21 amended to read as follows:

22 **“SEC. 520A. PRIORITY MENTAL HEALTH NEEDS OF RE-**
23 **GIONAL AND NATIONAL SIGNIFICANCE.**

24 “(a) PROJECTS.—In order to address priority sub-
25 stance abuse mental health needs of regional and national

1 significance, the Secretary shall, directly or through
2 awards of grants, cooperative agreements, or contracts,
3 provide for—

4 “(1) knowledge development and application
5 projects for prevention, treatment, and rehabilita-
6 tion; and the conduct or support of evaluations of
7 such projects;

8 “(2) training; and

9 “(3) targeted capacity response.

10 The Secretary may make such awards to States, political
11 subdivisions of States, Indian tribes and tribal organiza-
12 tions, and other public or nonprofit private entities.

13 “(b) PRIORITY MENTAL HEALTH NEEDS.—For pur-
14 poses of subsection (a), priority mental health needs of
15 regional and national significance shall be determined by
16 the Secretary after consultation with States and other in-
17 terested groups. The Secretary shall meet at least once
18 a year with States and other interested parties to deter-
19 mine the agenda for these projects.

20 “(c) REQUIREMENTS.—

21 (1) IN GENERAL.—Recipients of grants, cooper-
22 ative agreements, and contracts under this section
23 shall comply with information and application re-
24 quirements determined appropriate by the Secretary.

1 “(2) DURATION OF AWARD.—With respect to
2 an award under subsection (a), the period during
3 which payments under such award are made to the
4 recipient may not exceed 5 years. The preceding sen-
5 tence may not be construed as establishing a limita-
6 tion on the number of awards under such subsection
7 that may be made to the recipient.

8 “(3) MATCHING FUNDS.—

9 “(A) AUTHORITY OF SECRETARY.—The
10 Secretary may, as a condition of making awards
11 under subsection (a), require that recipients of
12 such awards make available (directly or through
13 donations from public or private entities) non-
14 Federal contributions toward the costs of the
15 projects to be carried out by the recipients pur-
16 suant to such subsection. The amount of any
17 such required contributions shall be the amount
18 determined by the Secretary to be appropriate
19 to ensure the institutional commitment of the
20 recipients to such projects.

21 “(B) DETERMINATION OF AMOUNT CON-
22 TRIBUTED.—Non-Federal contributions under
23 subparagraph (A) may be in cash or in kind,
24 fairly evaluated, including plant, equipment, or
25 services. Amounts provided by the Federal Gov-

1 ernment, or services assisted or subsidized to
2 any significant extent by the Federal Govern-
3 ment, may not be included in determining the
4 amount of such contributions.

5 “(4) MAINTENANCE OF EFFORT.—With respect
6 to activities for which an award under subsection (a)
7 is authorized to be expended, the Secretary, as a
8 condition of making such an award for a fiscal year,
9 may require, for specific projects, that the recipient
10 agree to maintain expenditures of non-Federal
11 amounts for such activities at a level that is not less
12 than the level of such expenditures maintained by
13 the recipient for the fiscal year preceding the fiscal
14 year for which the recipient receives the award.

15 “(d) EVALUATION.—The Secretary shall evaluate
16 each project carried out under section (a)(1)(B) and shall
17 disseminate the findings with respect to each such evalua-
18 tion to appropriate public and private entities.

19 “(e) INFORMATION AND EDUCATION.—The Secretary
20 shall establish comprehensive information and education
21 programs to disseminate and apply the findings of the
22 knowledge development and application and training pro-
23 grams under this section to the general public and to in-
24 terested groups.

1 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
2 purpose of carrying out this section, there are authorized
3 to be appropriated \$300,000,000 for fiscal year 2001, and
4 such sums as may be necessary for each of the fiscal years
5 2002 and 2003.”.

6 (b) CONFORMING AMENDMENTS.—The following pro-
7 visions of law are repealed:

8 (1) Section 612 of the Stewart B. McKinney
9 Act.

10 (2) Section 303 of the Public Health Service
11 Act (42 U.S.C. 242a).

12 **SEC. 303. CHILDREN AND VIOLENCE.**

13 Section 520B of the Public Health Service Act (42
14 U.S.C. 290bb–33) is amended to read as follows:

15 **“SEC. 520B. CHILDREN AND VIOLENCE.**

16 “(a) IN GENERAL.—The Secretary, in consultation
17 with the Secretary of Education and the Attorney General,
18 shall make awards of grants, cooperative agreements, or
19 contracts to public entities to carry out a program to as-
20 sist local communities in developing ways to help children
21 deal with violence.

22 “(b) TYPE PROJECTS.—Projects under subsection
23 (a) may include—

1 “(1) financial support for local communities to
2 implement programs to foster the healthy develop-
3 ment of children;

4 “(2) provision of technical assistance to local
5 communities in how to develop such programs;

6 “(3) assisting local communities in developing
7 policies on how to address violence when and if it oc-
8 curs;

9 “(4) help facilitate the creation of community
10 partnerships among law enforcement, educations
11 systems and the mental health and substance abuse
12 service systems; and

13 “(5) establish mechanisms for children and ado-
14 lescents to report incidents of violence or plans by
15 other children or adolescents to commit violence.

16 “(c) REQUIREMENTS.—For an award under sub-
17 section (b)(1), applicants must be able to demonstrate
18 that—

19 “(1) under the award they will create a partner-
20 ship among law enforcement, the education system,
21 and the mental health and substance abuse systems
22 to address issues of violence in schools;

23 “(2) the program will provide a comprehensive
24 method for addressing violence that will include—

25 “(A) security;

1 “(B) educational reform;

2 “(C) review and updating of school poli-
3 cies;

4 “(D) alcohol and drug abuse prevention
5 and early intervention services;

6 “(E) mental health prevention and treat-
7 ment services; and

8 “(F) early childhood development and psy-
9 chosocial services; and

10 “(3) funds under the award will only be spent
11 on services described in paragraphs (2)(D), (E) and
12 (F).

13 “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
14 shall ensure that awards under subsection (a) are distrib-
15 uted equitably among the regions of the country and
16 among urban and rural areas.

17 “(e) DURATION OF AWARD.—With respect to an
18 award under subsection (a), the period during which pay-
19 ments under such award are made to the recipient may
20 not exceed 3 years. The preceding sentence may not be
21 construed as establishing a limitation on the number of
22 awards under such subsection that may be made to the
23 recipient.

24 “(f) EVALUATION.—The Secretary shall evaluate
25 each project under subsection (a) and shall disseminate

1 the findings with respect to each such evaluation to appro-
2 priate public and private entities.

3 “(g) INFORMATION AND EDUCATION.—The Sec-
4 retary shall establish comprehensive information and edu-
5 cation programs to disseminate the findings of the knowl-
6 edge development and application under this section to the
7 general public and to health professionals.

8 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the
9 purpose of carrying out this section, there are authorized
10 to be appropriated \$300,000,000 for fiscal year 2001, and
11 such sums as may be necessary for each of the fiscal years
12 2002 and 2003.”.

13 **SEC. 304. CENTERS FOR EXCELLENCE.**

14 Title V of the Public Health Service Act (42 U.S.C.
15 290aa et seq.) is amended by inserting after section 520B
16 the following new section:

17 **“SEC. 520C. CENTERS FOR EXCELLENCE.**

18 “(a) IN GENERAL.—The Secretary shall make
19 awards of grants, cooperative agreements, or contracts to
20 public or nonprofit private entities for the purpose of es-
21 tablishing up to four centers for excellence to study adap-
22 tations of innovative clinical intervention and service deliv-
23 ery improvement strategies for the provision of com-
24 prehensive mental health services to children in need of
25 such services.

1 “(b) PRIORITY.—In making awards under subsection
2 (a), the Secretary shall give priority to applicants that—

3 “(1) have proven experience in research at the
4 community level, as well as a demonstrated commit-
5 ment to carrying out their academic mission in the
6 community;

7 “(2) have graduate programs in education,
8 counseling, psychology, or a combination of those;
9 and

10 “(3) have the ability to work collaboratively
11 with other institutions and academic programs.

12 “(c) REQUIREMENT.—The Secretary shall ensure
13 that all centers receiving awards under subsection (a)
14 focus on disadvantaged socioeconomic groups with low
15 educational attainment and that at least one center fo-
16 cuses on the needs of remote, medically underserved rural
17 communities, one center focuses on the needs of urban
18 communities whose youth are at disproportionate risk for
19 incarceration, one center focuses on the needs of immi-
20 grant populations, and one center focuses on the needs
21 of American Indians.

22 “(d) USE OF FUNDS.—An entity which receives an
23 award under subsection (a) shall use funds made available
24 through the award—

1 “(1) to study adaptations of innovative clinical
2 interventions and service delivery improvement strat-
3 egies for children with an emotional disturbance or
4 a substantive abuse problem or both and their fami-
5 lies in real world settings as to the accessibility of
6 services, the acceptability of services and outcomes
7 to children;

8 “(2) to identify communities which have an ex-
9 emplary comprehensive system of care for children
10 with an emotional disturbance or a substantive
11 abuse problem or both and to provide support for
12 them to act as peer to peer technical advisors to
13 communities attempting to start such a system of
14 care or wishing to improve their current system;

15 “(3) to provide technical assistance to States
16 and local communities who do not have a com-
17 prehensive system of care for children with an emo-
18 tional disturbance or a substantive abuse problem or
19 both and their families or who want to improve their
20 system;

21 “(4) to train community leaders, mental health
22 practitioners, families, and related child service pro-
23 viders;

24 “(5) to study the impact of expanding roles for
25 families of children with an emotional disturbance or

1 a substantive abuse problem or both (leadership de-
2 velopment, service provision, systems evaluation, and
3 participating in the development of their own child
4 treatment plan; and

5 “(6) to compile an online database which would
6 provide the public direct access to information about
7 innovative clinical intervention and technical assist-
8 ance programs.

9 “(e) EVALUATION.—The Secretary shall evaluate
10 each project carried out under subsection (a) and shall dis-
11 seminate the findings with respect to each such evaluation
12 to appropriate public and private entities.

13 “(f) DURATION OF GRANTS.—With respect to an
14 award under subsection (a), the period during which pay-
15 ments under such award are made to the recipient may
16 not exceed 3 years.

17 “(g) REPORT.—Not later than 3 years after the date
18 of enactment of this section and annually thereafter, the
19 Secretary shall prepare and submit to the Committee on
20 Health, Education, Labor, and Pensions of the Senate,
21 and the Committee on Commerce of the House of Rep-
22 resentatives, a report that describes the services provided
23 pursuant to this section.

24 “(h) DEFINITION.—For purposes of this section, the
25 term ‘disadvantaged socioeconomic group’ means any com-

1 munity in which the median family income is less than
2 200 percent of the official poverty line (as established by
3 the Director of the Office of Management and Budget and
4 revised by the Secretary in accordance with section 673(2)
5 of the Omnibus Budget Reconciliation Act of 1981).

6 “(i) AUTHORIZATION OF APPROPRIATIONS.—For the
7 purpose of carrying out this section, there are authorized
8 to be appropriated \$4,000,000 for fiscal year 2001, and
9 such sums as may be necessary for each of the fiscal years
10 2002 and 2003.”.

11 **SEC. 305. GRANTS TO ADDRESS THE PROBLEMS OF PER-**
12 **SONS WHO EXPERIENCE VIOLENCE RELATED**
13 **STRESS.**

14 Title V of the Public Health Service Act (42 U.S.C.
15 290aa et seq.), as amended by section 304 of this Act,
16 is amended by adding the following section:

17 **“SEC. 520D. GRANTS TO ADDRESS THE PROBLEMS OF PER-**
18 **SONS WHO EXPERIENCE VIOLENCE RELATED**
19 **STRESS.**

20 “(a) IN GENERAL.—The Secretary shall make
21 awards of grants, cooperative agreements, or contracts to
22 public and nonprofit private entities, including Indian
23 tribes and tribal organizations, for the purpose of estab-
24 lishing national and regional centers of excellence on psy-
25 chological trauma response and for developing knowledge

1 with regard to evidence-based practices for treating psy-
2 chiatric disorders resulting from witnessing or experi-
3 encing such stress.

4 “(b) PRIORITIES.—In making awards under sub-
5 section (a) that are related to the development of knowl-
6 edge on evidence-based practices for treating disorders as-
7 sociated with psychological trauma, the Secretary shall
8 give priority to programs that work with children, adoles-
9 cents, adults, and families who are survivors and witnesses
10 of domestic, school and community violence and terrorism.

11 “(c) GEOGRAPHICAL DISTRIBUTION.—The Secretary
12 shall ensure that awards under subsection (a) with respect
13 to centers of excellence are distributed equitably among
14 the regions of the country and among urban and rural
15 areas.

16 “(d) EVALUATION.—The Secretary, as part of the
17 application process, shall require that each applicant for
18 an award under subsection (a) submit a plan for the rig-
19 orous evaluation of the activities carried out with the
20 award, including both process and outcomes evaluation,
21 and the submission of an evaluation at the end of the
22 project period.

23 “(e) DURATION OF AWARDS.—With respect to an
24 award under subsection (a), the period during which pay-
25 ments under such an award are made to the recipient may

1 not exceed 5 years. The preceding sentence may not be
2 construed as establishing a limitation on the number of
3 awards under such subsection that may be made to the
4 recipient.

5 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
6 purpose of carrying out this section, there are authorized
7 to be appropriated \$50,000,000 for fiscal year 2001, and
8 such sums as may be necessary for each of fiscal years
9 2002 and 2003.”.

10 **SEC. 306. COMPREHENSIVE MENTAL HEALTH SERVICES**
11 **FOR CHILDREN WITH SERIOUS EMOTIONAL**
12 **DISTURBANCE.**

13 (a) MATCHING FUNDS.—Section 561(c)(1)(D) of the
14 Public Health Service Act (42 U.S.C. 290ff(c)(1)(D)) is
15 amended by striking “fifth” and inserting “fifth and
16 sixth”.

17 (b) FLEXIBILITY FOR INDIAN TRIBES AND TERRI-
18 TORIES.—Section 562 of the Public Health Service Act
19 (42 U.S.C. 290ff–1) is amended by adding at the end the
20 following:

21 “(g) WAIVERS.—The Secretary may waive 1 or more
22 of the requirements of subsection (c) for a public entity
23 that is an Indian tribe or tribal organization, or American
24 Samoa, Guam, the Marshall Islands, the Federated States
25 of Micronesia, the Commonwealth of the Northern Mar-

1 iana Islands, the Republic of Palau, or the United States
2 Virgin Islands if the Secretary determines, after peer re-
3 view, that the system of care is family-centered and uses
4 the least restrictive environment that is clinically appro-
5 priate.”.

6 (c) DURATION OF GRANTS.—Section 565(a) of the
7 Public Health Service Act (42 U.S.C. 290ff–4(a)) is
8 amended by striking “5 fiscal” and inserting “6 fiscal”.

9 (d) AUTHORIZATION OF APPROPRIATIONS.—Section
10 565(f)(1) of the Public Health Service Act (42 U.S.C.
11 290ff–4(f)(1)) is amended by striking “1993” and all that
12 follows and inserting “2001, and such sums as may be
13 necessary for each of the fiscal years 2002 and 2003.”.

14 (e) CURRENT GRANTEES.—

15 (1) IN GENERAL.—Entities with active grants
16 under section 561 of the Public Health Service Act
17 (42 U.S.C. 290ff) on the date of enactment of this
18 Act shall be eligible to receive a sixth year of fund-
19 ing under the grant in an amount not to exceed the
20 amount that such grantee received in the fifth year
21 of funding under such grant. Such sixth year may
22 be funded without requiring peer and Advisory
23 Council review as required under section 504 of such
24 Act (42 U.S.C. 290aa–3).

1 **“SEC. 536. TREATMENT AND RECOVERY INITIATIVE FOR**
2 **PERSONS EXPERIENCING HOMELESSNESS.**

3 “(a) IN GENERAL.—The Secretary shall make
4 awards of grants, cooperative agreements, or contracts to
5 community-based public and nonprofit private entities for
6 the purposes of providing mental health and substance
7 abuse services for homeless individuals. In carrying out
8 this section, the Secretary shall consult with the Inter-
9 agency Council on the Homeless, established under section
10 201 of the Stewart B. McKinney Homeless Assistance Act
11 (42 U.S.C. 11311).

12 “(b) PREFERENCES.—In making awards under sub-
13 section (a), the Secretary shall give preference to—

14 “(1) entities that provide integrated primary
15 health, substance abuse, and mental health services
16 to homeless individuals;

17 “(2) entities that demonstrate effectiveness in
18 serving runaway, homeless, and street youth;

19 “(3) entities that have experience in providing
20 substance abuse and mental health services to home-
21 less individuals;

22 “(4) entities that demonstrate experience in
23 providing housing for individuals in treatment for or
24 in recovery from mental illness or substance abuse;
25 and

1 “(5) entities that demonstrate effectiveness in
2 serving homeless veterans.

3 “(c) SERVICES FOR CERTAIN INDIVIDUALS.—In
4 making awards under subsection (a), the Secretary shall
5 not—

6 “(1) prohibit the provision of services under
7 such subsection to homeless individuals who are suf-
8 fering from a substance abuse disorder and are not
9 suffering from a mental health disorder; and

10 “(2) make payments under subsection (a) to
11 any entity that has a policy of—

12 “(A) excluding individuals from mental
13 health services due to the existence or suspicion
14 of substance abuse; or

15 “(B) has a policy of excluding individuals
16 from substance abuse services due to the exist-
17 ence or suspicion of mental illness.

18 “(d) DURATION OF GRANTS.—With respect to an
19 award under subsection (a), the period during which pay-
20 ments under such award are made to the recipient may
21 not exceed 5 years. The preceding sentence may not be
22 construed as establishing a limitation on the number of
23 awards under such subsection that may be made to the
24 recipient.

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
2 purpose of carrying out this section, there are authorized
3 to be appropriated \$100,000,000 for each of the fiscal
4 years 2001 and 2002, and such sums as may be necessary
5 for fiscal year 2003.”.

6 **SEC. 308. PROTECTION AND ADVOCACY FOR MENTALLY ILL**
7 **INDIVIDUALS ACT OF 1986.**

8 (a) SHORT TITLE.—The first section of the Protec-
9 tion and Advocacy for Mentally Ill Individuals Act of 1986
10 (Public Law 99–319) is amended to read as follows:

11 **“SECTION 1. SHORT TITLE.**

12 “‘This Act may be cited as the ‘Protection and Advo-
13 cacy for Individuals with Mental Illness Act’.”.

14 (b) DEFINITIONS.—Section 102 of the Protection
15 and Advocacy for Individuals with Mental Illness Act (as
16 amended by subsection (a)) (42 U.S.C. 10802) is
17 amended—

18 (1) in paragraph (4)—

19 (A) in the matter preceding subparagraph
20 (A), by inserting “, except as provided in sec-
21 tion 104(d),” after “means”;

22 (B) in subparagraph (B)—

23 (i) by striking “(i) who” and inserting
24 “(i)(I) who”;

1 (ii) by redesignating clauses (ii) and
2 (iii) as subclauses (II) and (III);

3 (iii) in subclause (III) (as so redesign-
4 nated), by striking the period and inserting
5 “; or”; and

6 (iv) by adding at the end the fol-
7 lowing:

8 “(ii) who satisfies the requirements of
9 subparagraph (A) and lives in a commu-
10 nity setting, including their own home.”;
11 and

12 (2) by adding at the end the following:

13 “(8) The term ‘American Indian consortium’
14 means a consortium established under part C of the
15 Developmental Disabilities Assistance and Bill of
16 Rights Act (42 U.S.C. 6042 et seq.).”.

17 (c) USE OF ALLOTMENTS.—Section 104 of the Pro-
18 tection and Advocacy for Individuals with Mental Illness
19 Act (as amended by subsection (a)) (42 U.S.C. 10804)
20 is amended by adding at the end the following:

21 “(d) The definition of ‘individual with a mental ill-
22 ness’ contained in section 102(4)(B)(iii) shall apply, and
23 thus an eligible system may use its allotment under this
24 title to provide representation to such individuals, only if
25 the total allotment under this title for any fiscal year is

1 \$30,000,000 or more, and in such case, an eligible system
2 must give priority to representing persons with mental ill-
3 ness as defined in subparagraphs (A) and (B)(i) of section
4 102(4).”.

5 (d) SECLUSION AND RESTRAINT.—Section 105(a)(1)
6 of the Protection and Advocacy for Mentally Ill Individuals
7 Act of 1986 (42 U.S.C. 10805(a)(1)) is amended—

8 (1) in subparagraph (B), by striking “and” at
9 the end;

10 (2) in subparagraph (C), by striking the semi-
11 colon at the end and inserting “; and”; and

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

13 “(D) investigate the death or serious in-
14 jury (any significant impairment of the physical
15 condition of the individual, including any burn,
16 laceration, internal injury, or any injury that
17 occurs as a result of repeated harm to any
18 organ) of an individual with a mental illness if
19 the death or serious injury occurred at a facility
20 to which this Act applies;”.

21 (e) MINIMUM AMOUNT.—Paragraph (2) of section
22 112(a) of the Protection and Advocacy for Individuals
23 with Mental Illness Act (as amended by subsection (a))
24 (42 U.S.C. 10822(a)(2)) is amended to read as follows:

1 “(2)(A) The minimum amount of the allotment
2 of an eligible system shall be the product (rounded
3 to the nearest \$100) of the appropriate base amount
4 determined under subparagraph (B) and the factor
5 specified in subparagraph (C).

6 “(B) For purposes of subparagraph (A), the
7 appropriate base amount—

8 “(i) for American Samoa, Guam, the Mar-
9 shall Islands, the Federated States of Micro-
10 nesia, the Commonwealth of the Northern Mar-
11 iana Islands, the Republic of Palau, and the
12 Virgin Islands, is \$139,300; and

13 “(ii) for any other State, is \$260,000.

14 “(C) The factor specified in this subparagraph
15 is the ratio of the amount appropriated under sec-
16 tion 117 for the fiscal year for which the allotment
17 is being made to the amount appropriated under
18 such section for fiscal year 1995.

19 “(D) If the total amount appropriated for a fis-
20 cal year is at least \$25,000,000, the Secretary shall
21 make an allotment in accordance with subparagraph
22 (A) to the eligible system serving the American In-
23 dian consortium.”.

24 (f) TECHNICAL AMENDMENTS.—Section 112(a) of
25 the Protection and Advocacy for Individuals with Mental

1 Illness Act (as amended by subsection (a)) (42 U.S.C.
2 10822(a)) is amended—

3 (1) in paragraph (1)(B), by striking “Trust
4 Territory of the Pacific Islands” and inserting
5 “Marshall Islands, the Federated States of Micro-
6 nesia, the Republic of Palau”; and

7 (2) by striking paragraph (3).

8 (g) REAUTHORIZATION.—Section 117 of the Protec-
9 tion and Advocacy for Individuals with Mental Illness Act
10 (as amended by subsection (a)) (42 U.S.C. 10827) is
11 amended by striking “1995” and inserting “2003”.

12 **SEC. 309. WRAP AROUND SERVICES FOR YOUTH.**

13 (a) GRANTS.—Title V of the Public Health Service
14 Act (42 U.S.C. 290aa et seq.), as amended by section 305
15 of this Act, is amended by inserting after section 520D
16 the following new section:

17 **“SEC. 520E. WRAP AROUND SERVICES FOR YOUTH.**

18 “(a) IN GENERAL.—The Secretary, in consultation
19 with the Administrator of the Office of Juvenile Justice
20 Programs, shall make grants to State or local juvenile jus-
21 tice agencies to enable such agencies to provide aftercare
22 services for youth offenders who have been discharged
23 from facilities in the juvenile or criminal justice system
24 and have serious emotional disturbances or are at risk of
25 developing such disturbances.

1 “(b) USE OF FUNDS.—A State or local juvenile jus-
2 tice agency receiving a grant under subsection (a) shall
3 use the amounts provided under the grant—

4 “(1) to develop a plan describing the manner in
5 which the agency will provide services for each youth
6 offender who has a serious emotional disturbance
7 and has come in contact with the juvenile or crimi-
8 nal justice system;

9 “(2) to provide a network of core or aftercare
10 services or access to such services for each youth of-
11 fender, including diagnostic and evaluation services,
12 substance abuse treatment services, outpatient men-
13 tal health care services, medication management
14 services, intensive home-based therapy, intensive day
15 treatment services, respite care, and therapeutic fos-
16 ter care;

17 “(3) to establish a program that coordinates
18 with other State and local agencies providing rec-
19 reational, social, educational, vocational, or oper-
20 ational services for youth, to enable the agency re-
21 ceiving a grant under this section to provide commu-
22 nity-based system of care services for each youth of-
23 fender that addresses the special needs of the youth
24 and helps the youth access all of the aforementioned
25 services; and

1 “(4) using not more than 20 percent of funds
2 received, to provide planning and transition services
3 as described in paragraph (3) for youth offenders
4 while such youth are incarcerated or detained.

5 “(c) APPLICATION.—A State or local juvenile justice
6 agency that desires a grant under subsection (a) shall sub-
7 mit an application to the Secretary at such time, in such
8 manner, and accompanied by such information as the Sec-
9 retary may reasonably require.

10 “(d) REPORT.—Not later than 3 years after the date
11 of enactment of this section and annually thereafter, the
12 Secretary shall submit to the Committee on Commerce in
13 the House of Representatives and the Committee on
14 Health, Education, Labor and Pensions in the Senate a
15 report describing the services provided pursuant to this
16 section.

17 “(e) DEFINITIONS.—In this section:

18 “(1) SERIOUS EMOTIONAL DISTURBANCE.—The
19 term ‘serious emotional disturbance’ with respect to
20 a youth offender means an offender who currently,
21 or at any time within the 1-year period ending on
22 the day on which services are sought under this sec-
23 tion, has a diagnosable mental, behavioral, or emo-
24 tional disorder that functionally impairs the offend-
25 er’s life by substantially limiting the offender’s role

1 in family, school, or community activities, and inter-
2 fering with the offender’s ability to achieve or main-
3 tain 1 or more developmentally-appropriate social,
4 behavior, cognitive, communicative, or adaptive
5 skills.

6 “(2) COMMUNITY-BASED SYSTEM OF CARE.—
7 The term ‘community-based system of care’ means
8 the provision of services for the youth offender by
9 various State or local agencies that in an inter-
10 agency fashion or operating as a network addresses
11 the recreational, social, educational, vocational, men-
12 tal health, substance abuse, and operational needs of
13 the youth offender.

14 “(3) YOUTH OFFENDER.—The term ‘youth of-
15 fender’ means an individual who is 21 years of age
16 or younger who has been discharged from a State or
17 local juvenile or criminal justice system, except that
18 if the individual is between the ages of 18 and 21
19 years, such individual has had contact with the State
20 or local juvenile or criminal justice system prior to
21 attaining 18 years of age and is under the jurisdic-
22 tion of such a system at the time services are
23 sought.

24 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
25 purpose of carrying out this section, there are authorized

1 to be appropriated \$40,000,000 for fiscal year 2001, and
2 such sums as may be necessary for each of the fiscal years
3 2002 and 2003.”.

4 (b) **CENTERS FOR EXCELLENCE.**—Title V of the
5 Public Health Service Act, as amended by subsection (a)
6 of this section, is amended by inserting after section 520E
7 the following new section:

8 **“SEC. 520F. INTERAGENCY RESEARCH, TRAINING, AND**
9 **TECHNICAL ASSISTANCE CENTERS.**

10 “(a) **GRANTS OR CONTRACTS.**—The Secretary, acting
11 through the Administration and in consultation with the
12 Juvenile Justice and Delinquency Prevention Office and
13 the Justice Assistance Bureau, shall make awards of
14 grants and contracts for the establishment of up to 4 re-
15 search, training, and technical assistance centers to carry
16 out the activities described in subsection (c).

17 “(b) **ELIGIBILITY.**—To be eligible to receive an award
18 under subsection (a), an entity shall—

19 “(1) be a public or nonprofit private entity; and

20 “(2) prepare and submit to the Secretary of
21 Health and Human Services an application, at such
22 time, in such manner, and containing such informa-
23 tion as the Secretary may require.

24 “(c) **ACTIVITIES.**—A center established under an
25 award under subsection (a) shall with respect to youth—

1 “(1) provide training with respect to state-of-
2 the-art mental health and justice-related services
3 and successful mental health and substance abuse-
4 justice collaborations, to public policymakers, law en-
5 forcement administrators, public defenders, police,
6 probation officers, judges, parole officials, jail ad-
7 ministrators and mental health and substance abuse
8 providers and administrators;

9 “(2) engage in research and evaluations con-
10 cerning State and local justice and mental health
11 systems, including system redesign initiatives, and
12 disseminate information concerning the results of
13 such evaluations;

14 “(3) provide direct technical assistance, includ-
15 ing assistance provided through toll-free telephone
16 numbers, concerning issues such as how to accom-
17 modate individuals who are being processed through
18 the courts under the Americans with Disabilities Act
19 of 1990 (42 U.S.C. 12101 et seq.), what types of
20 mental health or substance abuse service approaches
21 are effective within the judicial system, and how
22 community-based mental health or substance abuse
23 services can be more effective, including relevant re-
24 gional, ethnic, and gender-related considerations;
25 and

1 “(4) provide information, training, and tech-
2 nical assistance to State and local governmental offi-
3 cials to enhance the capacity of such officials to pro-
4 vide appropriate services relating to mental health or
5 substance abuse.

6 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the
7 purpose of carrying out this section, there are authorized
8 to be appropriated \$4,000,000 for fiscal year 2001, and
9 such sums as may be necessary for each of the fiscal years
10 2002 and 2003.”.

11 **TITLE IV—PERFORMANCE** 12 **PARTNERSHIPS**

13 **SEC. 401. PERFORMANCE PARTNERSHIPS.**

14 Section 1949 of the Public Health Service Act (42
15 U.S.C. 300x-59) is amended to read as follows:

16 **“SEC. 1949. PLANS FOR PERFORMANCE PARTNERSHIPS.**

17 “(a) DEVELOPMENT.—Not later than 2 years after
18 the date of the enactment of this section, the Secretary,
19 after consultation with the States and other interested
20 parties, including providers and consumers, shall submit
21 to the Committee on Commerce in the House of Rep-
22 resentatives and the Committee on Health, Education,
23 Labor and Pensions in the Senate a plan for the program
24 authorized under subpart II for creating more flexibility

1 for States and accountability based on outcome and other
2 performance measures.

3 “(b) PLAN ELEMENTS.—The plan required under
4 subsection (a) shall include—

5 “(1) a description of the flexibility that would
6 be given to the States under the plan;

7 “(2) the common set of performance measures
8 that would be used for accountability on substance
9 abuse that would include measures that would be
10 used for pregnant addicts, HIV/AIDS, tuberculosis,
11 homelessness, and those with co-occurring substance
12 abuse and mental health disorders and on mental
13 health that would include children, homeless individ-
14 uals, and those with co-occurring substance abuse
15 and mental health disorders;

16 “(3) the definitions for the data elements to be
17 used under the plan;

18 “(4) the obstacles to implementation of the plan
19 and the manner in which such obstacles would be re-
20 solved;

21 “(5) the resources needed to implement the per-
22 formance partnerships under the plan; and

23 “(6) an implementation strategy complete with
24 recommendations for any necessary legislative
25 changes.

1 “(c) INFORMATION.—As the elements of the plan
2 under subsection (a) are developed, States are encouraged
3 to provide performance measures information to the Sec-
4 retary on a voluntary basis.”.

5 **SEC. 402. DATA INFRASTRUCTURE.**

6 (a) DATA INFRASTRUCTURE PROJECTS.—Part C of
7 title XIX of the Public Health Service Act (42 U.S.C.
8 300y) is amended as follows:

9 (1) Strike the title for part C and subpart I
10 and insert the following:

11 “PART C—CERTAIN PROGRAMS REGARDING MENTAL
12 HEALTH AND SUBSTANCE ABUSE

13 **“Subpart I—Data Infrastructure Development”.**

14 (2) Amend section 1971 to read as follows:

15 **“SEC. 1971. DATA INFRASTRUCTURE DEVELOPMENT.**

16 “(a) IN GENERAL.—The Secretary may make awards
17 of grants, cooperative agreements, or contracts to States
18 for the purpose of developing and operating substance
19 abuse data collection, analysis, and reporting systems with
20 respect to performance measures, including capacity, proc-
21 ess and outcomes measures.”

22 “(b) PROJECTS.—The Secretary shall establish cri-
23 teria to ensure that awards under subsection (a) are avail-
24 able both for States that have a fundamental basis for the
25 collection, analysis, and reporting of substance abuse per-

1 formance measures and for States that do not. The Sec-
2 retary shall establish criteria for determining whether a
3 State has a fundamental basis for the collection, analysis
4 and reporting of data.

5 “(c) MATCHING REQUIREMENT.—

6 “(1) IN GENERAL.—With respect to the costs of
7 the program to be carried out under subsection (a)
8 by a State, the Secretary may make an award under
9 such subsection only if the applicant agrees to make
10 available (directly or through donations from public
11 or private entities) non-Federal contributions toward
12 such costs in an amount that is not less than 50
13 percent of such costs.

14 “(B) DETERMINATION OF AMOUNT CON-
15 TRIBUTED.—Non-Federal contributions under
16 paragraph (1) may be in cash or in kind, fairly
17 evaluated, including plant, equipment, or serv-
18 ices. Amounts provided by the Federal Govern-
19 ment, or services assisted or subsidized to any
20 significant extent by the Federal Government,
21 may not be included in determining the amount
22 of such contributions.

23 “(d) CONDITION OF RECEIPT OF FUNDS.—As a con-
24 dition of receipt of an award, a State must agree to collect,
25 analyze and report to the Secretary within two years on

1 a core set of performance measures to be determined by
2 the Secretary in conjunction with the States.

3 “(e) DURATION OF AWARD.—With respect to an
4 award under subsection (a), the period during which pay-
5 ments under such award are made to the recipient may
6 not exceed 3 years. The preceding sentence may not be
7 construed as establishing a limitation on the number of
8 awards under such subsection that may be made to the
9 recipient.

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
11 purpose of carrying out this section, there are authorized
12 to be appropriated such sums as may be necessary for
13 each of the fiscal years 2001 through 2003.”.

14 (b) USE OF BLOCK GRANT FUNDS.—

15 (1) MENTAL HEALTH.—Section 1911 (b) of the
16 Public Health Service Act (42 U.S.C. 300x-1(b)) is
17 amended—

18 (A) in paragraph (2) by striking “and” at
19 the end;

20 (B) in paragraph (3) by striking “under the
21 plan.” and inserting “under the plan; and”; and

22 (C) by adding at the end the following
23 paragraph:

1 “(4) data infrastructure development for the
2 purposes of the collection and reporting of perform-
3 ance data.”.

4 (2) SUBSTANCE ABUSE.—Section 1921(b) of
5 the Public Health Service Act (42 U.S.C. 300x-
6 21(b) is amended by striking “and for related activi-
7 ties authorized in section 1924.” and inserting in its
8 place “for related activities authorized in section
9 1924, and for data infrastructure development for
10 the purposes of collecting and reporting of perform-
11 ance data.”

12 **TITLE V—CROSS-CUTTING**
13 **ISSUES REGARDING MENTAL**
14 **HEALTH AND SUBSTANCE**
15 **ABUSE**

16 **Subtitle A—Co-Occurring Sub-**
17 **stance Abuse and Mental Health**
18 **Disorders**

19 **SEC. 501. TREATMENT FOR INDIVIDUALS WITH A CO-OC-**
20 **CURRING SUBSTANCE ABUSE AND MENTAL**
21 **HEALTH DISORDER.**

22 Section 506 of the Public Health Service Act (42
23 U.S.C. 290aa-5) is amended to read as follows:

1 **“SEC. 506. COMPREHENSIVE SERVICES FOR INDIVIDUALS**
2 **WITH A CO-OCCURRING MENTAL HEALTH**
3 **AND SUBSTANCE ABUSE DISORDERS.**

4 “(a) IN GENERAL.—The Secretary shall, directly or
5 through awards of grants, cooperative agreements, or con-
6 tracts to public and nonprofit private entities, provide for
7 comprehensive prevention and treatment services to indi-
8 viduals with or at risk for co-occurring substance abuse
9 and mental disorders.

10 “(b) NATURE OF THE PROJECTS.—

11 (1) FOCUS OF THE AWARDS.—Awards under
12 subsection (a) shall be made to—

13 “(A) projects for the prevention of sub-
14 stance abuse among individuals who have a di-
15 agnosed mental disorder and are at risk of sub-
16 stance abuse, especially youth; and

17 “(B) projects for the treatment of individ-
18 uals with co-occurring substance abuse and
19 mental disorders.

20 “(2) TYPES OF PROJECTS.—The Secretary may
21 make awards under subsection (a) for projects
22 that—

23 “(A) increase capacity and create systems
24 of care for such individuals;

25 “(B) develop innovative models for the pro-
26 vision of such services; and

1 “(C) validate and replicate evidenced based
2 practices.

3 “(e) CULTURAL APPROPRIATENESS.—The Secretary
4 shall ensure that services supported under subsection (a)
5 are culturally appropriate for the individuals receiving
6 services.

7 “(d) EVALUATION.—The Secretary shall require a
8 rigorous evaluation of projects under subsection (a), in-
9 cluding both process and outcome evaluation, and the sub-
10 mission of the evaluation at the end of the project period.

11 “(e) DURATION OF PROJECTS.—With respect to an
12 award under subsection (a), the period during which pay-
13 ments under such award are made to the recipient may
14 not exceed 5 years. The preceding sentence may not be
15 construed as establishing a limitation on the number of
16 awards under such subsection that may be made to the
17 recipient.

18 “(f) MATCHING REQUIREMENT.—

19 “(1) AUTHORITY OF SECRETARY.—The Sec-
20 retary may, as a condition of making awards under
21 subsection (a), require that recipients of such
22 awards make available (directly or through dona-
23 tions from public or private entities) non-Federal
24 contributions toward the costs of the projects to be
25 carried out by the recipients pursuant to such sub-

1 section. The amount of any such required contribu-
2 tions shall be the amount determined by the Sec-
3 retary to be appropriate to ensure the institutional
4 commitment of the recipients to such projects.

5 “(B) DETERMINATION OF AMOUNT CONTRIB-
6 UTED.—Non-Federal contributions under paragraph
7 (1) may be in cash or in kind, fairly evaluated, in-
8 cluding plant, equipment, or services. Amounts pro-
9 vided by the Federal Government, or services as-
10 sisted or subsidized to any significant extent by the
11 Federal Government, may not be included in deter-
12 mining the amount of such contributions.

13 “(g) COLLABORATION.—The Secretary shall ensure
14 that the Center for Mental Health Services, the Center
15 for Substance Abuse Prevention and the Center for Sub-
16 stance Abuse Treatment work collaboratively in the devel-
17 opment and implementation of this program.

18 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the
19 purpose of carrying out this section, there are authorized
20 to be appropriated \$100,000,000 for fiscal year 2001, and
21 such sums as may be necessary for each of the fiscal years
22 2001 and 2002.”.

1 **SEC. 502. SERVICES FOR INDIVIDUALS WITH CO-OCCUR-**
2 **RING DISORDERS.**

3 Subpart III of part B of title XIX of the Public
4 Health Service Act (42 U.S.C. 300x–51 et seq.) is amend-
5 ed by inserting after section 1953 the following section:

6 **“SEC. 1953A. SERVICES FOR INDIVIDUALS WITH CO-OCCUR-**
7 **RING MENTAL HEALTH AND SUBSTANCE**
8 **ABUSE DISORDERS.**

9 “States may use funds available for treatment under
10 sections 1911 and 1921 to treat persons with co-occurring
11 substance abuse and mental disorders as long as funds
12 available under such sections are used for the purposes
13 for which they were authorized by law and can be tracked
14 for accounting purposes.”.

15 **SEC. 503. REPORT ON INDIVIDUALS WITH CO-OCCURRING**
16 **SUBSTANCE ABUSE AND MENTAL HEALTH**
17 **DISORDERS.**

18 (a) IN GENERAL.—Not later than 2 years after the
19 effective date of this section, the Secretary of Health and
20 Human Services (referred to in this section as the “Sec-
21 retary”) shall submit to the Committee on Commerce in
22 the House of Representatives and the Committee on
23 Health, Education, Labor, and Pensions in the Senate a
24 report on prevention and treatment services for those with
25 co-occurring substance abuse and mental health disorders

1 which includes at least the information required in sub-
2 section (b).

3 (b) REPORT CONTENT.—The report under subsection
4 (a) shall include—

5 (1) a description of the current state of the
6 problem, including the most recent information
7 available regarding the number of children and
8 adults with co-occurring disorders;

9 (2) a description of what services are being pro-
10 vided to individuals with co-occurring disorders and
11 how funds under section 1911 and 1921 of this Act
12 are being used to provide these services;

13 (3) a summary of improvements necessary to
14 ensure that individuals with co-occurring disorders
15 receive the services they need;

16 (4) a summary of promising and evidence-based
17 practices for preventing substance abuse among
18 those with a diagnosed mental disorder and at risk
19 of substance abuse and for treating those with co-
20 occurring substance abuse and mental disorders; and

21 (5) recommendations to the committees of juris-
22 diction on legislation needed to foster such practices.

23 (c) PARTICIPATION.—The Secretary shall develop the
24 report under subsection (a) after consultation with organi-
25 zations representing States, as well as providers of mental

1 health and substance abuse treatment, prevention special-
2 ists, consumers, and families of consumers of substance
3 abuse and mental health services.

4 (d) DATA COLLECTION.—In developing the report
5 under subsection (a), the Secretary shall depend on data
6 collected through existing Federal and State surveys and
7 shall encourage the States to provide the data to the Sec-
8 retary.

9 (e) AUTHORIZATION OF APPROPRIATION.—For the
10 purpose of carrying out this section, there are authorized
11 to be appropriated \$1,000,000 for fiscal year 2001, and
12 such sums as may be necessary for each of the fiscal years
13 2002 and 2003.

14 **Subtitle B—Prevention of Sexual** 15 **Abuse**

16 **SEC. 511. PREVENTION OF SEXUAL ABUSE.**

17 Part A of title V of the Public Health Service Act
18 (42 U.S.C. 290aa et seq.) is amended by inserting after
19 section 506 the following section:

20 **“SEC. 506A. PREVENTION OF SEXUAL ABUSE.**

21 “(a) IN GENERAL.—The Secretary shall make
22 awards of grants, contracts, or cooperative agreements to
23 nonprofit private entities for the purposes of providing
24 services to runaway and homeless and street youth who

1 have been subjected to, or are at risk of being subjected
2 to, sexual abuse, prostitution or sexual exploitation.

3 “(b) PRIORITIES.—In making awards under sub-
4 section (a), the Secretary shall give priority to nonprofit
5 private entities that—

6 “(1) have experience in providing services to
7 runaway and homeless and street youth;

8 “(2) will provide outreach services to identify
9 youth in need of services;

10 “(3) will provide services both at a drop in cen-
11 ter and in the home; and

12 “(4) will coordinate services with existing sys-
13 tems that provide primary health care, substance
14 abuse services, mental health services, educational
15 services, social services, housing assistance, child
16 welfare, and other service systems within the com-
17 munity.

18 “(c) USE OF FUNDS.—An entity that receives an
19 award under subsection (a) shall use the funds for
20 providing—

21 “(1) drug abuse education and prevention serv-
22 ices to prevent or reduce the illicit use of drugs by
23 runaway and homeless and street youth;

24 “(2) intensive individual and family counseling
25 services;

1 “(3) outreach services to identify runaway and
2 homeless and street youth in need of services;

3 “(4) crisis intervention and counseling;

4 “(5) housing assistance and referral for transi-
5 tional housing;

6 “(6) services which educate the youth on
7 human immunodeficiency virus, hepatitis C, tuber-
8 culosis, and sexually transmitted diseases and refer
9 for testing and services for such diseases;

10 “(7) referral for primary health care services;

11 “(8) training for professionals involved in pro-
12 viding services to runaway and homeless and street
13 youth; and

14 “(9) training related to life skills and parenting.

15 “(d) GEOGRAPHIC DISTRIBUTION.—In making
16 awards under subsection (a) the Secretary shall ensure
17 that awards are made to entities that will serve both a
18 rural and urban population.

19 “(e) EVALUATION.—The Secretary shall evaluate
20 each project carried out under subsection (a) and shall dis-
21 seminate the findings with respect to each such evaluation
22 to appropriate public and private entities.

23 “(f) DURATION OF AWARD.—With respect to an
24 award under subsection (a), the period during which pay-
25 ments under such award are made to the recipient may

1 not exceed 3 years. The preceding sentence may not be
2 construed as establishing a limitation on the number of
3 awards under such subsection that may be made to the
4 recipient.

5 “(g) DEFINITIONS.—For purposes of this section:

6 “(1) The term ‘homeless youth’ means an
7 individual—

8 “(A) who is—

9 “(i) not more than 21 years of age;

10 and

11 “(ii) not less than 16 years of age;

12 “(B) for whom it is not possible to live in
13 a safe environment with a relative; and

14 “(C) who has no other safe alternative liv-
15 ing arrangement.

16 “(2) The term ‘street youth’ means an indi-
17 vidual who—

18 “(A) is—

19 “(i) a runaway youth; or

20 “(ii) indefinitely or intermittently a
21 homeless youth; and

22 “(B) spends a significant amount of time
23 on the street or in other areas that increase the
24 risk of such youth for sexual abuse, sexual ex-
25 ploitation, prostitution, or drug abuse.

1 “(3) The term ‘youth at risk of separation from
2 the family’ means an individual—

3 “(A) who is less than 18 years of age; and

4 “(B)(i) who has a history of running away
5 from the family of such individual;

6 “(ii) whose parent, guardian, or custodian
7 is not willing to provide for the basic needs of
8 such individual; or

9 “(iii) who is at risk of entering the child
10 welfare system or juvenile justice system as a
11 result of the lack of services available to the
12 family to meet such needs.

13 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the
14 purpose of carrying out this section, there are authorized
15 to be appropriated \$20,000,000 for fiscal year 2001, and
16 such sums as may be necessary for each of fiscal years
17 2002 and 2003.”.

18 **TITLE VI—GENERAL** 19 **PROVISIONS**

20 **SEC. 601. CONFIDENTIALITY AND EMERGENCY RESPONSE.**

21 Section 501 of the Public Health Service Act (42
22 U.S.C. 290aa) is amended by—

23 (1) redesignating subsection (m) as subsection

24 (a);

25 (2) by adding the following 2 new subsections:

1 “(m) LIMITATION ON THE USE OF CERTAIN INFOR-
2 MATION.—No information, if an establishment or person
3 supplying the information or described in it is identifiable,
4 obtained in the course of activities undertaken or sup-
5 ported under section 505 may be used for any purpose
6 other than the purpose for which it was supplied unless
7 such establishment or person has consented (as deter-
8 mined under regulations of the Secretary) to its use for
9 such other purpose. Such information may not be pub-
10 lished or released in other form if the person who supplied
11 the information or who is described in it is identifiable
12 unless such person has consented (as determined under
13 regulations of the Secretary) to its publication or release
14 in other form.

15 “(n) EMERGENCY RESPONSE.—

16 “(1) IN GENERAL.—Notwithstanding section
17 504 of the Public Health Service Act (42 U.S.C.
18 290aa-3), the Secretary may use up to 3 percent of
19 all funds appropriated for this title to make non
20 competitive grants, contracts or cooperative agree-
21 ments to public entities to address emergency sub-
22 stance abuse and/or mental health needs in local
23 communities.

24 “(2) EXCEPTIONS.—The following exceptions
25 apply to paragraph (1)—

1 “(A) funds appropriated to part C of this
2 title are not subject to this provision; and

3 “(B) funds used under this authority and
4 taken from funds appropriated for programs
5 under title V for mental health services may
6 only be used for mental health emergencies, and
7 funds used under this authority and taken from
8 funds appropriated for programs under title V
9 for substance abuse services may only be used
10 for substance abuse emergencies.

11 “(3) DEFINITION OF EMERGENCY.—The Sec-
12 retary shall establish what defines a substance abuse
13 or mental health emergency and publish these defini-
14 tions in the Federal Register prior to the use of this
15 authority.”.

16 (3) in subsection (o) (as redesignated under
17 paragraph (1)), strike “1993” and all that follows
18 and insert “2001, and such sums as may be nec-
19 essary for each of the fiscal years 2002 and 2003.”.

20 **SEC. 602. PEER REVIEW.**

21 Section 504 of the Public Health Service (42 U.S.C.
22 290aa–3) is amended to read as follows:

23 **“SEC. 504. PEER REVIEW.**

24 “(a) IN GENERAL.—The Secretary, after consulta-
25 tion with the Administrator, shall require appropriate peer

1 review of grants, cooperative agreements, and contracts to
2 be administered through the agency which exceed the sim-
3 ple acquisition threshold as defined in section 4(11) of the
4 Office of Federal Procurement Policy Act.

5 “(b) MEMBERS.—The members of any peer review
6 group established under subsection (a) shall be individuals
7 who by virtue of their training or experience are eminently
8 qualified to perform the review functions of the group. Not
9 more than $\frac{1}{4}$ of the members of any such peer review
10 group shall be officers or employees of the United States.

11 “(c) ADVISORY COUNCIL REVIEW.—If the direct cost
12 of a grant or cooperative agreement (described in sub-
13 section (a)) exceeds the simple acquisition threshold as de-
14 fined by section 4(11) of the Office of Federal Procure-
15 ment Policy Act, the Secretary may make such a grant
16 or cooperative agreement only if such grant or cooperative
17 agreement is recommended—

18 “(1) after peer review required under sub-
19 section (a); and

20 “(2) by the appropriate advisory council.

21 “(d) CONDITIONS.—The Secretary may establish lim-
22 ited exceptions to the limitations contained in this section
23 regarding participation of Federal employees and advisory
24 council approval. The circumstances under which the Sec-
25 retary may make such an exception shall be made public.”.

1 **SEC. 603. AVAILABILITY TO STATES OF GRANT PAYMENTS.**

2 Section 1952 of the Public Health Service Act (42
3 U.S.C. 300x-62) is amended to read as follows:

4 **“SEC. 1952. AVAILABILITY TO STATES OF GRANT PAY-**
5 **MENTS.**

6 “Any amounts paid to a State for a fiscal year under
7 section 1911 or 1921 shall be available for obligation and
8 expenditure until the end of the fiscal year following the
9 fiscal year for which the amounts were paid.”.

10 **SEC. 604. REPEAL OF OBSOLETE ADDICT REFERRAL PROVI-**
11 **SIONS.**

12 Part E of title III of the Public Health Service Act
13 (42 U.S.C. 257 et seq.) is repealed.

14 **SEC. 605. REQUIREMENT RELATING TO THE RIGHTS OF**
15 **RESIDENTS OF CERTAIN FACILITIES.**

16 Title V of the Public Health Service Act (42 U.S.C.
17 290aa et seq.) is amended by adding at the end the fol-
18 lowing:

19 **“PART G—REQUIREMENT RELATING TO THE RIGHTS OF**
20 **RESIDENTS OF CERTAIN FACILITIES**

21 **“SEC. 581. REQUIREMENT RELATING TO THE RIGHTS OF**
22 **RESIDENTS OF CERTAIN FACILITIES.**

23 “(a) **IN GENERAL.**—A public or private general hos-
24 pital, nursing facility, intermediate care facility, residen-
25 tial treatment center, or other health care facility, that
26 receives support in any form from any program supported

1 in whole or in part with funds appropriated to any Federal
2 department or agency shall protect and promote the rights
3 of each resident of the facility, including the right to be
4 free from physical or mental abuse, corporal punishment,
5 and any restraints or involuntary seclusions imposed as
6 a means of coercion, discipline, convenience, or retaliation.

7 “(b) REQUIREMENTS.—Restraints and seclusion may
8 only be imposed on a resident of a facility described in
9 subsection (a) if—

10 “(1) the restraints or seclusion are imposed to
11 ensure the immediate physical safety of the resident,
12 a staff member, or others, and less restrictive inter-
13 ventions have failed; and

14 “(2) the restraints or seclusion are imposed
15 only upon the written order of a physician, or other
16 licensed independent practitioner permitted by the
17 State and the facility to order such restraint or se-
18 clusion, that specifies the duration and cir-
19 cumstances under which the restraints or seclusion
20 are to be used (except in emergency circumstances
21 specified by the Secretary until such an order could
22 reasonably be obtained).

23 “(c) DEFINITIONS.—For purposes of this section:

24 “(1) RESTRAINTS.—The term ‘restraints’
25 means—

1 “(A) any physical restraint that is a me-
2 chanical or personal restriction that immobilizes
3 or reduces the ability of an individual to move
4 his or her arms, legs, or head freely, not includ-
5 ing devices, such as orthopedically prescribed
6 devices, surgical dressings or bandages, protec-
7 tive helmets, or any other methods that involves
8 the physical holding of a resident for the pur-
9 pose of conducting routine physical examina-
10 tions or tests or to protect the resident from
11 falling out of bed or to permit the resident to
12 participate in activities without the risk of
13 physical harm to the resident; and

14 “(B) a drug or medication that is used as
15 a restraint to control behavior or restrict the
16 resident’s freedom of movement that is not a
17 standard treatment for the resident’s medical or
18 psychiatric condition.

19 “(2) SECLUSION.—The term ‘seclusion’ means
20 any separation of the resident from the general pop-
21 ulation of the facility that prevents the resident from
22 returning to such population if he or she desires.

23 **“SEC. 582. REPORTING REQUIREMENT.**

24 “(a) IN GENERAL.—Each facility to which the Pro-
25 tection and Advocacy for Mentally Ill Individuals Act of

1 1986 applies shall notify the appropriate protection and
2 advocacy agency—

3 “(1) of each death of a patient, and of each se-
4 rious physical injury of a patient, that occurs at
5 such facility while the patient is restrained or in se-
6 clusion;

7 “(2) of each death of a patient occurring within
8 seven days hours after the patient has been removed
9 from restraints or seclusion; and

10 “(3) of each death of a patient where it is rea-
11 sonable to assume that the patient’s death is a re-
12 sult of restraints or seclusion.

13 “(b) CERTAIN REQUIREMENTS.—With respect to no-
14 tifications under subsection (a):

15 “(1) Each requirement for a notification of a
16 death includes the requirement that the facility in-
17 volved provide a notification of a death that occurs
18 after the patient involved has been discharged from
19 the facility, if that information is available to the fa-
20 cility.

21 “(2) A notification shall include the name of
22 the patient involved and pertinent clinical informa-
23 tion about the patient and the events preceding his
24 or her death or serious injury, and shall be provided
25 not later than 7 days after the date of the death or

1 injury of the patient (or in the case of a death oc-
2 ccurring after the patient's discharge, not later than
3 7 days after the facility's receipt of information con-
4 cerning the death).

5 “(c) DEFINITIONS.—For purposes of this section:

6 “(1) The term ‘facility’ has the meaning given
7 the term ‘facilities’ in section 102(3) of the Protec-
8 tion and Advocacy for Mentally Ill Individuals Act of
9 1986.

10 “(2) The term ‘protection and advocacy agency’
11 has the meaning given the term ‘eligible system’ in
12 section 102(2) of the Act referred to in paragraph
13 (1).

14 **“SEC. 583. REGULATIONS.**

15 “(a) IN GENERAL.—Not later than 1 year after the
16 date of enactment of this part, the Secretary, after con-
17 sultation with appropriate protection and advocacy agen-
18 cies (as defined in section 582(c)), physicians, facilities,
19 and other health care professionals and patients, shall pro-
20 mulgate regulations that require facilities to which the
21 Protection and Advocacy for Mentally Ill Individuals Act
22 of 1986 applies, to meet the requirements of subsection
23 (b).

24 “(b) REQUIREMENTS.—The regulations promulgated
25 under subsection (a) shall require that—

1 “(1) facilities described in subsection (a) ensure
2 that there is an adequate number of qualified profes-
3 sional and supportive staff to evaluate patients, for-
4 mulate written individualized, comprehensive treat-
5 ment plans, and to provide active treatment meas-
6 ures;

7 “(2) appropriate training be provided for the
8 staff of such facilities in the use of restraints and
9 seclusion and any alternatives to the use of re-
10 straints and seclusion; and

11 “(3) such facilities provide complete and accu-
12 rate notification of deaths and serious injuries, as
13 required under section 582.

14 **“SEC. 584. ENFORCEMENT.**

15 “A facility to which this part applies that fails to
16 comply with any requirement of this part, including a fail-
17 ure to provide appropriate training, shall not be eligible
18 for participation in any program supported in whole or
19 in part by funds appropriated to any Federal department
20 or agency.”.

21 **SEC. 606. ADVISORY COUNCILS.**

22 Section 502(e) of the Public Health Service Act (42
23 U.S.C. 290aa–1(e)) is amended in the first sentence by
24 striking “3 times” and inserting “2 times”.

1 **SEC. 607. ALCOHOL PREVENTION AND TREATMENT POLICY.**

2 Paragraph (1) of section 501(e) of the Public Health
3 Service Act (42 U.S.C. 290aa(e)) is amended to read as
4 follows:

5 “(1) IN GENERAL.—There may be in the Ad-
6 ministration an Associate Administrator for Alcohol
7 Prevention and Treatment Policy to whom the Ad-
8 ministrator may delegate the functions of promoting,
9 monitoring, and evaluating service programs for the
10 prevention and treatment of alcoholism and alcohol
11 abuse within the Center for Substance Abuse Pre-
12 vention, the Center for Substance Abuse Treatment
13 and the Center for Mental Health Services, and co-
14 ordinating such programs among the Centers, and
15 among the Centers and other public and private en-
16 tities. The Associate Administrator also may ensure
17 that alcohol prevention, education, and policy strate-
18 gies are integrated into all programs of the Centers
19 that address substance abuse prevention, education,
20 and policy, and that the Center for Substance Abuse
21 Prevention addresses the Healthy People 2010 goals
22 and the National Dietary Guidelines of the Depart-
23 ment of Health and Human Services and the De-
24 partment of Agriculture related to alcohol consump-
25 tion.”.

1 **SEC. 608. EXPANSION OF AUTHORITIES.**

2 (a) DUTIES OF THE CENTER FOR SUBSTANCE ABUSE
3 TREATMENT.—Section 507(b) of the Public Health Serv-
4 ice Act (42 U.S.C. 290bb(b)) is amended—

5 (1) by redesignating paragraphs (2) through
6 (12) as paragraphs (4) through (14), respectively;

7 (2) by inserting after paragraph (1) the fol-
8 lowing:

9 “(2) ensure that emphasis is placed on children
10 and adolescents in the development of treatment
11 programs;

12 “(3) collaborate with the Attorney General to
13 develop programs to provide substance abuse treat-
14 ment services to individuals who have had contact
15 with the Justice system, especially adolescents;”;

16 (3) in paragraph (7) (as so redesignated), by
17 striking “services, and monitor” and all that follows
18 and inserting “services;”;

19 (4) in paragraph (13) (as so redesignated), by
20 striking “treatment, including” and all that follows
21 through “which shall” and inserting “treatment,
22 which shall”; and

23 (5) in paragraph 14 (as so redesignated), by
24 striking “paragraph (11)” and inserting “paragraph
25 (13)”.

1 (b) OFFICE FOR SUBSTANCE ABUSE PREVENTION.—
2 Section 515(b) of the Public Health Service Act (42
3 U.S.C. 290bb–21(b)) is amended—

4 (1) by redesignating paragraphs (9) and (10)
5 as paragraphs (10) and (11), respectively;

6 (2) by inserting after paragraph (8) the fol-
7 lowing paragraph:

8 “(9) collaborate with the Attorney General of
9 the Department of Justice to develop programs to
10 prevent drug abuse among high risk youth;”; and

11 (3) in paragraph (10) (as so redesignated), by
12 striking “public concerning” and inserting “public,
13 especially adolescent audiences, concerning”.

14 (c) DUTIES OF THE CENTER FOR MENTAL HEALTH
15 SERVICES.—Section 520(b) of the Public Health Service
16 Act (42 U.S.C. 290bb–3(b)) is amended—

17 (1) by redesignating paragraphs (3) through
18 (14) as paragraphs (4) through (15), respectively;

19 (2) by inserting after paragraph (2), the fol-
20 lowing:

21 “(3) collaborate with the Department of Edu-
22 cation and the Department of Justice to develop
23 programs to assist local communities in addressing
24 violence among children and adolescents;”;

1 (3) in paragraph (8) (as so redesignated), by
2 striking “programs authorized” and all that follows
3 and inserting “programs under part C;”; and

4 (4) in paragraph (9) (as so redesignated), by
5 striking “program, and programs” and all that fol-
6 lows and inserting “program;”.

○