

111TH CONGRESS
2^D SESSION

H. R. 5466

To amend titles V and XIX of the Public Health Service Act to revise and extend substance use disorder and mental health programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 28, 2010

Mr. KENNEDY (for himself and Mr. GENE GREEN of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend titles V and XIX of the Public Health Service Act to revise and extend substance use disorder and mental health programs, and for other purposes.

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

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “SAMHSA Modernization Act of 2010”.

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Amendments to title V of the Public Health Service Act.
- Sec. 3. Amendments to title XIX of the Public Health Service Act.
- Sec. 4. Repeal.

Sec. 5. Amendments to the Protection and Advocacy for Individuals with Mental Illness Act.

Sec. 6. Study of the distribution of funds under the Substance Abuse Prevention and treatment block grant and the community Mental Health Services block grant.

Sec. 7. Task force on behavioral and mental health in medical education.

Sec. 8. Council on Integration of Health Care Education.

1 **SEC. 2. AMENDMENTS TO TITLE V OF THE PUBLIC HEALTH**
 2 **SERVICE ACT.**

3 (a) IN GENERAL.—Title V of the Public Health Serv-
 4 ice Act (42 U.S.C. 290aa et seq.), except for the second
 5 part G (41 U.S.C. 290kk et seq.), is amended to read as
 6 follows:

7 **“TITLE V—SUBSTANCE ABUSE**
 8 **AND MENTAL HEALTH SERV-**
 9 **ICES ADMINISTRATION**

10 **“PART A—ORGANIZATION AND GENERAL**
 11 **AUTHORITIES**

12 **“SEC. 501. SUBSTANCE ABUSE AND MENTAL HEALTH SERV-**
 13 **ICES ADMINISTRATION.**

14 “(a) ESTABLISHMENT.—The Substance Abuse and
 15 Mental Health Services Administration (hereafter referred
 16 to in this title as the ‘Administration’) is an agency of
 17 the Service.

18 “(b) AGENCIES.—The following entities are agencies
 19 of the Administration:

20 “(1) The Center for Substance Abuse Treat-
 21 ment.

1 “(2) The Center for Substance Abuse Preven-
2 tion.

3 “(3) The Center for Mental Health Services.

4 “(c) ADMINISTRATOR AND DEPUTY ADMINIS-
5 TRATOR.—

6 “(1) ADMINISTRATOR.—The Administration
7 shall be headed by an Administrator (hereinafter in
8 this title referred to as the ‘Administrator’) who
9 shall be appointed by the President, by and with the
10 advice and consent of the Senate.

11 “(2) DEPUTY ADMINISTRATOR.—The Adminis-
12 trator, with the approval of the Secretary, may ap-
13 point a Deputy Administrator and may employ and
14 prescribe the functions of such officers and employ-
15 ees, including attorneys, as are necessary to admin-
16 ister the activities to be carried out through the Ad-
17 ministration.

18 “(d) AUTHORITIES.—The Secretary, acting through
19 the Administrator, shall—

20 “(1) supervise the functions of the centers of
21 the Administration in order to assure that the pro-
22 grams carried out through each such center receive
23 appropriate and equitable support and that there is
24 cooperation among the centers in the implementa-
25 tion of such programs;

1 “(2) establish and implement, through the re-
2 spective centers, a comprehensive program to im-
3 prove the provision of treatment and related services
4 to individuals with respect to substance use dis-
5 orders and mental illness and to improve substance
6 use disorder prevention services, promote mental
7 health and protect the legal rights of individuals
8 with mental illness or substance use disorders;

9 “(3) carry out the administrative and financial
10 management, policy development and planning, eval-
11 uation, knowledge dissemination, and public infor-
12 mation functions that are required for the implemen-
13 tation of this title;

14 “(4) assure that the Administration conduct
15 and coordinate demonstration projects, evaluations,
16 and service system assessments and other activities
17 necessary to improve the availability and quality of
18 prevention, treatment, and related services that re-
19 flect the needs and preferences of individuals with
20 mental illness or substance use disorders and their
21 families;

22 “(5) support activities that will improve the
23 provision of treatment, prevention and related serv-
24 ices, including the development of national mental

1 health and substance use disorder goals and model
2 programs;

3 “(6) in cooperation with the National Institutes
4 of Health, the Centers for Disease Control and Pre-
5 vention, and the Health Resources and Services Ad-
6 ministration develop educational materials and inter-
7 vention strategies to reduce the risks of HIV, hepa-
8 titis C, sexually transmitted diseases, tuberculosis,
9 and other communicable diseases among individuals
10 with mental illness or substance use disorders and to
11 develop appropriate mental health and substance use
12 disorder services for individuals with such illnesses;

13 “(7) coordinate Federal policy with respect to
14 the provision of treatment services for substance use
15 disorders utilizing anti-addiction medications, includ-
16 ing the certification of opioid treatment programs
17 and monitoring compliance with requirements estab-
18 lished in regulations, including the authority to mon-
19 itor and inspect programs to ensure quality service
20 and to suspend and revoke such certifications;

21 “(8) conduct programs, and assure the coordi-
22 nation of such programs with activities of the Na-
23 tional Institutes of Health and the Agency for
24 Healthcare Research and Quality, as appropriate, to
25 evaluate the process, outcomes and community im-

1 pact of prevention and treatment services and sys-
2 tems of care in order to identify the manner in
3 which such services can most effectively be provided;

4 “(9) collaborate with the Director of the Na-
5 tional Institutes of Health in the development of a
6 system by which the relevant research findings of
7 the National Institute on Drug Abuse, the National
8 Institute on Alcohol Abuse and Alcoholism, the Na-
9 tional Institute of Mental Health, and, as appro-
10 pate, the Agency for Healthcare Research and
11 Quality are disseminated to service providers in a
12 manner designed to improve the delivery and effec-
13 tiveness of treatment and prevention services;

14 “(10) encourage public and private entities that
15 provide health insurance to provide benefits for sub-
16 stance use disorder and mental health services;

17 “(11) promote the integration of substance use
18 disorder and mental health services into the main-
19 stream of the health care delivery system of the
20 United States;

21 “(12) monitor compliance by hospitals and
22 other facilities with the requirements of sections 562
23 and 563;

24 “(13) with respect to grant programs author-
25 ized under this title and part B of title XIX—

1 “(A) require that all grants that are
2 awarded for the provision of services are subject
3 to performance and outcome evaluations using
4 the performance measures developed in accord-
5 ance with section 504(b);

6 “(B) require that all grants that are
7 awarded to entities other than States are
8 awarded only after the State in which the entity
9 intends to provide services—

10 “(i) is notified of the pendency of the
11 grant application; and

12 “(ii) is afforded an opportunity to
13 comment on the merits of the application;
14 and

15 “(C) inform the State when funds are
16 awarded to entities within the State;

17 “(14) assure that services provided with
18 amounts appropriated under this title are culturally
19 and linguistically appropriate;

20 “(15) improve coordination among prevention
21 programs, treatment facilities and nonhealth care
22 systems such as employers, labor unions, and
23 schools, and encourage the adoption of employee as-
24 sistance programs and student assistance programs;

1 “(16) maintain a clearinghouse for substance
2 use disorder and mental health information to as-
3 sure the widespread dissemination of such informa-
4 tion to States, political subdivisions, educational
5 agencies and institutions, treatment providers, and
6 the general public;

7 “(17) in collaboration with the National Insti-
8 tute on Aging, and in consultation with the National
9 Institute on Drug Abuse, the National Institute on
10 Alcohol Abuse and Alcoholism and the National In-
11 stitute of Mental Health, as appropriate, promote
12 and evaluate mental health and substance use dis-
13 order services for older Americans in need of such
14 services;

15 “(18) promote the coordination of service pro-
16 grams conducted by other departments, agencies, or-
17 ganizations and individuals that are or may be re-
18 lated to the problems of individuals suffering from
19 mental illness or substance use disorders, including
20 liaisons with the Social Security Administration,
21 Centers for Medicare & Medicaid Services, and other
22 programs of the Department, as well as liaisons with
23 the Department of Education, Department of Jus-
24 tice, and other Federal Departments and offices, as
25 appropriate;

1 “(19) collaborate with the Secretary of Defense
2 and the Secretary of Veterans Affairs to improve the
3 provision of mental health and substance use dis-
4 order services provided by the Department of De-
5 fense and the Department of Veterans Affairs to
6 veterans and their families (including members of
7 the national guard and military reserve components
8 who have served in active duty and their families),
9 including through the provision of services using the
10 telehealth capabilities of the Department of Veterans
11 Affairs;

12 “(20) in coordination with the Assistant Sec-
13 retary for Preparedness and Response of the De-
14 partment of Health and Human Services, the Ad-
15 ministrators of the Federal Emergency Management
16 Agency, and the Director of the Centers for Disease
17 Control and Prevention, work with States to estab-
18 lish mental health and substance use disorder emer-
19 gency response plans and assist in incorporating
20 such plans into State emergency response plans in
21 preparation for possible emergencies or major disas-
22 ters;

23 “(21) in coordination with the Secretary of
24 Education and the Secretary of Homeland Security,
25 work with universities and colleges to establish men-

1 tal health and substance use disorder emergency re-
2 sponse plans and incorporate such plans into overall
3 institutional emergency response plans;

4 “(22) work with the Health Resources and
5 Services Administration and the Centers for Disease
6 Control and Prevention on integrating mental health
7 and substance use disorder promotion with general
8 health promotion and disease prevention;

9 “(23) collaborate with Federal departments and
10 programs that are part of the President’s Inter-
11 agency Council on Homelessness, particularly the
12 Department of Housing and Urban Development,
13 the Department of Labor, and the Department of
14 Veterans Affairs, and with other agencies within the
15 Department of Health and Human Services, particu-
16 larly the Health Resources and Services Administra-
17 tion, the Administration on Children and Families,
18 and the Centers for Medicare & Medicaid Services,
19 to design national strategies for providing services in
20 supportive housing that will assist in ending chronic
21 homelessness and to implement programs that ad-
22 dress chronic homelessness;

23 “(24) work with States and other stakeholders
24 to develop and support activities to recruit and re-
25 tain a mental health and substance use disorders

1 workforce that is qualified to provide mental health
2 or substance use disorder prevention and treatment
3 services in the public sector, which may include fel-
4 lowships, internships, and encouraging efforts to
5 identify essential skills and abilities for non-degreed
6 and bachelor degreed direct care staff, community
7 leaders, and individuals in recovery and their fami-
8 lies; and

9 “(25) ensure that parents receiving services
10 from a program authorized under this title or under
11 part B of title XIX, receive referral for evaluation
12 for early intervention under part C of the Individ-
13 uals with Disabilities Education Improvement Act.

14 “(e) ASSOCIATE ADMINISTRATOR FOR ALCOHOL
15 PREVENTION AND TREATMENT POLICY.—

16 “(1) IN GENERAL.—There may be in the Ad-
17 ministration an Associate Administrator for Alcohol
18 Prevention and Treatment Policy to whom the Ad-
19 ministrator may delegate the function of promoting
20 and coordinating activities related to the prevention
21 and reduction of underage drinking, as well as pro-
22 moting, monitoring, and evaluating service programs
23 for the prevention and treatment of alcoholism and
24 alcohol abuse within the Center for Substance Abuse
25 Prevention, the Center for Substance Abuse Treat-

1 ment and the Center for Mental Health Services,
2 and coordinating such programs among the Centers,
3 and among the Centers and other public and private
4 entities. The Associate Administrator also may en-
5 sure that alcohol prevention, education, and policy
6 strategies are integrated into all programs of the
7 Centers that address substance use disorder preven-
8 tion, education, and policy, and that the Center for
9 Substance Abuse Prevention addresses the Healthy
10 People 2010 goals and the National Dietary Guide-
11 lines of the Department of Health and Human Serv-
12 ices and the Department of Agriculture related to al-
13cohol consumption.

14 “(2) PLAN.—The Administrator, acting
15 through the Associate Administrator for Alcohol
16 Prevention and Treatment Policy, shall develop, and
17 periodically review and as appropriate revise, a plan
18 for programs and policies to treat and prevent alco-
19 holism and alcohol abuse. The plan shall be devel-
20 oped (and reviewed and revised) in collaboration
21 with the Directors of the Centers of the Administra-
22 tion and in consultation with members of other Fed-
23 eral agencies and public and private entities.

24 “(3) REPORT.—

1 “(A) IN GENERAL.—Not less than once
2 during each 2-year period, the Administrator,
3 acting through the Associate Administrator for
4 Alcohol Prevention and Treatment Policy, shall
5 prepare a report describing the alcoholism and
6 alcohol abuse prevention and treatment pro-
7 grams undertaken by the Administration and
8 its agencies particularly those focusing on un-
9 derage drinking, and the report shall include a
10 detailed statement of the expenditures made for
11 the activities reported on and the personnel
12 used in connection with such activities.

13 “(B) REVISIONS.—Each report under sub-
14 paragraph (A) shall include a description of any
15 revisions in the plan under paragraph (2) made
16 during the preceding 2 years.

17 “(f) ASSOCIATE ADMINISTRATOR FOR WOMEN’S
18 SERVICES.—

19 “(1) APPOINTMENT.—The Administrator, with
20 the approval of the Secretary, shall appoint an Asso-
21 ciate Administrator for Women’s Services.

22 “(2) DUTIES.—The Associate Administrator
23 appointed under paragraph (1) shall—

24 “(A) establish a committee to be known as
25 the Coordinating Committee for Women’s Serv-

1 ices (hereafter in this subparagraph referred to
2 as the ‘Coordinating Committee’), which shall
3 be composed of the Directors of the agencies of
4 the Administration (or the designees of the Di-
5 rectors);

6 “(B) acting through the Coordinating
7 Committee, with respect to women’s substance
8 use disorders and mental health services—

9 “(i) identify the need for such serv-
10 ices, and make an estimate each fiscal year
11 of the funds needed to adequately support
12 the services;

13 “(ii) identify needs regarding the co-
14 ordination of services;

15 “(iii) encourage the agencies of the
16 Administration to support such services;

17 “(iv) assure that the unique needs of
18 minority women, including Native Amer-
19 ican, Alaskan Native, Hispanic, African-
20 American and Asian women, are recog-
21 nized and addressed within the activities of
22 the Administration;

23 “(v) recognize the distinct condition of
24 maternal addiction and the specific needs
25 that pregnant and parenting women and

1 their children present to treatment ap-
2 proaches and interventions; and

3 “(vi) explore the relationship between
4 sexual violence, trauma, and maternal ad-
5 diction in order to effectively respond to
6 the distinct pathways to addiction for preg-
7 nant and parenting women;

8 “(C) establish an advisory committee to be
9 known as the Advisory Committee for Women’s
10 Services, which shall be composed of not more
11 than 10 individuals, a majority of whom shall
12 be women, who are not officers or employees of
13 the Federal Government, to be appointed by the
14 Administrator from among physicians, practi-
15 tioners, treatment providers, prevention special-
16 ists, and other health professionals, whose clin-
17 ical practice, specialization, or professional ex-
18 pertise includes a significant focus on women’s
19 substance use disorders and mental health con-
20 ditions, that shall—

21 “(i) advise the Associate Adminis-
22 trator on appropriate activities to be un-
23 dertaken by the agencies of the Adminis-
24 tration with respect to women’s substance
25 use disorder and mental health services, in-

1 including services which require a multidisci-
2 plinary approach;

3 “(ii) collect and review data, including
4 information provided by the Secretary, and
5 report biannually to the Administrator re-
6 garding the extent to which women are
7 represented among senior personnel, and
8 make recommendations regarding improve-
9 ment in the participation of women in the
10 workforce of the Administration; and

11 “(iii) prepare a description of activi-
12 ties of the Committee, including findings
13 made by the Committee regarding—

14 “(I) the extent of expenditures
15 made for substance use disorder and
16 mental health services for women and
17 pregnant and parenting women by the
18 Administration; and

19 “(II) the estimated level of fund-
20 ing needed for substance use disorder
21 and mental health services to meet the
22 needs of women and pregnant and
23 parenting women;

24 “(D) improve the collection of data on
25 women’s health by—

1 “(i) reviewing the current data at the
2 Administration to determine its uniformity
3 and applicability;

4 “(ii) developing standards for all pro-
5 grams funded by the Administration so
6 that data are, to the extent practicable,
7 collected and reported using common re-
8 porting formats, linkages and definitions;
9 and

10 “(iii) reporting to the Administrator a
11 plan for incorporating the standards devel-
12 oped under clause (ii) in all Administration
13 programs and a plan to assure that the
14 data so collected are accessible to health
15 professionals, providers, researchers, and
16 members of the public; and

17 “(E) shall establish, maintain, and operate
18 a program to provide information on women’s
19 substance use disorder and mental health serv-
20 ices.

21 “(3) DEFINITION.—For purposes of this sub-
22 section, the term ‘women’s substance use disorder
23 and mental health conditions’, with respect to
24 women of all age, ethnic, and racial groups, means

1 all aspects of substance use disorders and mental ill-
2 ness—

3 “(A) unique to or that directly affects
4 women; or

5 “(B) with respect to which there have been
6 insufficient services involving women or insuffi-
7 cient data.

8 “(g) ASSOCIATE ADMINISTRATOR FOR OLDER ADULT
9 SERVICES.—

10 “(1) APPOINTMENT.—The Administrator, with
11 the consent of the Secretary, shall appoint an indi-
12 vidual to serve as the Associate Administrator of
13 Older Adult Services.

14 “(2) DUTIES.—The Associate Administrator
15 appointed under paragraph (1) shall act as the lead
16 staff for the coordination, promotion, and moni-
17 toring of—

18 “(A) services research on the prevention
19 and identification of mental health and sub-
20 stance use disorders in the older adult popu-
21 lation, including the risk of suicide;

22 “(B) innovative projects for the delivery of
23 community-based mental health and substance
24 use disorder services for older adults, including

1 senior suicide prevention and the integration of
2 mental health services in primary care settings;

3 “(C) support for the development and dis-
4 semination of evidence-based practice models,
5 including models to address mental health and
6 substance-related disorders in older adults, in-
7 cluding the risk of suicide;

8 “(D) the development of model training
9 programs for mental health and substance use
10 disorder professionals and caregivers serving
11 older adults; and

12 “(E) other activities, as designated by the
13 Administrator, to improve the mental health
14 and substance use disorders of older adults.

15 “(h) SERVICES OF EXPERTS.—

16 “(1) IN GENERAL.—The Administrator may ob-
17 tain (in accordance with section 3109 of title 5,
18 United States Code, but without regard to the limi-
19 tation in such section on the number of days or the
20 period of service) the services of not more than 20
21 experts or consultants who have professional quali-
22 fications. Such experts and consultants shall be ob-
23 tained for the Administration and for each of its
24 centers.

25 “(2) COMPENSATION AND EXPENSES.—

1 “(A) IN GENERAL.—Experts and consult-
2 ants whose services are obtained under para-
3 graph (1) shall be paid or reimbursed for their
4 expenses associated with traveling to and from
5 their assignment location in accordance with
6 sections 5724, 5724a(a), 5724a(c), and 5726(c)
7 of title 5, United States Code.

8 “(B) LIMITATIONS.—Expenses specified in
9 subparagraph (A) may not be allowed in con-
10 nection with the assignment of an expert or
11 consultant whose services are obtained under
12 paragraph (1), unless and until the expert or
13 consultant agrees in writing to complete the en-
14 tire period of assignment or one year, whichever
15 is shorter, unless separated or reassigned for
16 reasons beyond the control of the expert or con-
17 sultant that are acceptable to the Secretary. If
18 the expert or consultant violates the agreement,
19 the money spent by the United States for the
20 expenses specified in subparagraph (A) is recov-
21 erable from the expert or consultant as a debt
22 of the United States. The Secretary may waive
23 in whole or in part a right of recovery under
24 this subparagraph.

1 “(i) PEER REVIEW GROUPS.—The Administrator
2 shall, without regard to the provisions of title 5, United
3 States Code, governing appointments in the competitive
4 service, and without regard to the provisions of chapter
5 51 and subchapter III of chapter 53 of such title, relating
6 to classification and General Schedule pay rates, establish
7 such peer review groups and program advisory committees
8 as are needed to carry out the requirements of this title
9 and appoint and pay members of such groups, except that
10 officers and employees of the United States shall not re-
11 ceive additional compensation for services as members of
12 such groups. The Federal Advisory Committee Act shall
13 not apply to the duration of a peer review group appointed
14 under this subsection.

15 “(j) VOLUNTARY SERVICES.—The Administrator
16 may accept voluntary and uncompensated services.

17 “(k) ADMINISTRATION.—The Administrator shall en-
18 sure that programs and activities assigned under this title
19 to the Administration are fully administered by the respec-
20 tive Centers to which such programs and activities are as-
21 signed.

22 “(l) REPORT CONCERNING ACTIVITIES AND
23 PROGRESS.—Not later than 2 years after the date of en-
24 actment of the SAMHSA Modernization Act of 2010, and
25 once every 2 years thereafter, the Administrator shall pre-

1 pare and submit to the Committee on Energy and Com-
2 merce and the Committee on Appropriations of the House
3 of Representatives, and to the Committee on Health, Edu-
4 cation, Labor, and Pensions and the Committee on Appro-
5 priations of the Senate, the report containing, at a min-
6 imum—

7 “(1) the development and assessment of popu-
8 lation-based indicators of mental health and sub-
9 stance use disorders for the United States and the
10 progress made in addressing gaps in services and
11 improving outcomes by the Administration and by
12 other public health agencies;

13 “(2) a description of the activities carried out
14 by the Administration to improve the availability
15 and quality of the mental health and substance use
16 disorder prevention and treatment services;

17 “(3) an assessment of the success of programs
18 funded under this title and part B of title XIX in
19 meeting the goals of the program using the meas-
20 ures of performance developed in accordance with
21 section 504(b); and

22 “(4) a description of the manner in which the
23 Administration engages in partnerships with other
24 Federal agencies and promotes coordination by

1 grantees under this title and part B of title XIX
2 with other State or local agencies.

3 “(m) APPLICATIONS FOR GRANTS AND CON-
4 TRACTS.—

5 “(1) IN GENERAL.—With respect to awards of
6 grants, cooperative agreements, and contracts under
7 this title or other statutory authority of the Admin-
8 istration, the Administrator, or the Director of the
9 Center involved, as the case may be, may not make
10 such an award unless—

11 “(A) an application for the award is sub-
12 mitted to the official involved;

13 “(B) with respect to carrying out the pur-
14 pose for which the award is to be provided, the
15 application provides assurances of compliance
16 with the requirements of the grant, cooperative
17 agreement, or contract satisfactory to such offi-
18 cial; and

19 “(C) the application is otherwise in such
20 form, is made in such manner, and contains
21 such agreements, assurances, and information
22 as the official determines to be necessary to
23 carry out the purpose for which the award is to
24 be provided.

1 “(2) CONSIDERATION OF RELIGION IN EMPLOY-
2 MENT DECISIONS.—With respect to any activity to
3 be funded (in whole or in part) through an award
4 of a grant, cooperative agreement, or contract under
5 this title or any other statutory authority of the Ad-
6 ministration, the Administrator, or the Director of
7 the Center involved, as the case may be, may not
8 make such an award unless the applicant agrees to
9 refrain from considering religion or any profession of
10 faith when making any employment decision regard-
11 ing an individual who is or will be assigned to carry
12 out any portion of the activity. This paragraph ap-
13 plies notwithstanding any other provision of Federal
14 law, including any exemption otherwise applicable to
15 a religious corporation, association, educational in-
16 stitution, or society.

17 “(n) EMERGENCY RESPONSE.—

18 “(1) IN GENERAL.—Notwithstanding section
19 504 and except as provided in paragraph (2), the
20 Secretary may use not to exceed 2.5 percent of all
21 amounts appropriated under this title for a fiscal
22 year to make noncompetitive grants, contracts or co-
23 operative agreements to public entities to enable
24 such entities to address emergency substance use

1 disorder or mental health needs in local commu-
2 nities.

3 “(2) EXCEPTIONS.—Amounts appropriated
4 under part C shall not be subject to paragraph (1).

5 “(3) EMERGENCIES.—The Secretary shall es-
6 tablish criteria for determining that a substance use
7 disorder or mental health emergency exists and pub-
8 lish such criteria in the Federal Register prior to
9 providing funds under this subsection.

10 “(o) LIMITATION ON THE USE OF CERTAIN INFOR-
11 MATION.—No information, if an establishment or person
12 supplying the information or described in it is identifiable,
13 obtained in the course of activities undertaken or sup-
14 ported under section 504 may be used for any purpose
15 other than the purpose for which it was supplied unless
16 such establishment or person has consented (as deter-
17 mined under regulations of the Secretary) to its use for
18 such other purpose. Such information may not be pub-
19 lished or released in other form if the person who supplied
20 the information or who is described in it is identifiable
21 unless such person has consented (as determined under
22 regulations of the Secretary) to its publication or release
23 in other form.

24 “(p) JOINT FUNDING OF PROJECTS.—

25 “(1) IN GENERAL.—

1 “(A) AUTHORITY.—The Administrator is
2 authorized to enter into arrangements with
3 other Federal agencies to jointly carry out
4 projects of common interest, to transfer to such
5 agencies funds appropriated under any applica-
6 ble program under this title, and to receive and
7 use funds from such, for projects of common in-
8 terest.

9 “(B) USE.—Funds transferred or received
10 pursuant to subparagraph (A) shall be used
11 only for purposes for which such funds were ap-
12 propriated and shall be made available by con-
13 tract or grant only to recipients eligible to re-
14 ceive such funds under such laws.

15 “(C) APPLICATION OF PROCEDURES.—If
16 the Administrator enters into an arrangement
17 under this subsection for the administration of
18 a project, the Federal agency administering the
19 project shall use such agency’s procedures to
20 award contracts or grants and to administer
21 such awards, unless the parties to the arrange-
22 ment specify the use of procedures of another
23 agency that is a party to the arrangement.

24 “(D) CRITERIA.—If the Administrator has
25 entered into an arrangement authorized under

1 this paragraph and the Secretary and the heads
2 of the other Federal agencies participating in
3 the arrangement determine that joint funding is
4 necessary to address a special need consistent
5 with the purposes and authorized activities of
6 each program that provides funding under the
7 joint project, the Administrator and the heads
8 of the other participating agencies may develop
9 a single set of criteria for the jointly funded
10 project and require each applicant for such
11 project to submit a single application for review
12 by the participating agencies.

13 “(2) JOINT APPLICATIONS.—The Administrator
14 may develop the criteria for, and require the submis-
15 sion of, joint applications under 2 or more applicable
16 programs under which funds are awarded on a com-
17 petitive basis, and may jointly review and approve
18 such applications separately from other applications
19 under such programs, where the Secretary deter-
20 mines that such joint awards are necessary to ad-
21 dress a special need consistent with the purposes
22 and authorized activities of each such program. Any
23 applicant for such a joint award shall meet the eligi-
24 bility requirements of each such program.

1 “(3) LIMITATIONS ON JOINT FUNDING.—The
2 Secretary may not construe the provisions of this
3 subsection to take precedence over a limitation on
4 joint funding contained in an applicable law.

5 “(4) CONGRESSIONAL NOTICE.—

6 “(A) IN GENERAL.—The Administrator
7 shall provide notice to the Committee on En-
8 ergy and Commerce of the House of Represent-
9 atives and Committee on Health, Education,
10 Labor, and Pensions of the Senate and the
11 Subcommittee on Labor, Health and Human
12 Services and Education of the Committee on
13 Appropriations of the House of Representatives
14 and the Subcommittee on Labor, Health and
15 Human Services and Education of the Com-
16 mittee on Appropriations of the Senate of each
17 joint funding agreement made with other Fed-
18 eral agencies under this subsection not later
19 than 60 days after the making of such agree-
20 ments.

21 “(B) REQUIREMENTS.—A notice under
22 subparagraph (A) shall include—

23 “(i) a description of the purpose and
24 objectives of the joint funding arrange-
25 ment;

1 “(ii) the amounts and sources, by pro-
2 gram, of the funds dedicated to such ar-
3 rangement; and

4 “(iii) the criteria developed to govern
5 the award of contracts and grants.

6 “(q) PUBLICATIONS.—The Secretary, without regard
7 to section 501 of title 44, United States Code, shall
8 promptly publish, make available in accessible formats,
9 and disseminate widely, the results of research, dem-
10 onstration projects, and evaluations conducted or sup-
11 ported under this title.

12 “(r) INTERNATIONAL.—For the purpose of advancing
13 the status of the health sciences in the United States (and
14 thereby the health of the American people), the Adminis-
15 trator may provide training and technical assistance to
16 foreign countries or international organizations, and par-
17 ticipate with foreign countries or international organiza-
18 tions in cooperative endeavors in health care technology,
19 health services research, and statistical activities related
20 to substance use disorders and mental health, including
21 participating and otherwise cooperating in any inter-
22 national meetings, conferences, or other activities con-
23 cerning with substance use disorders or mental health.

24 “(s) DEFINITION.—In this title, the terms ‘emer-
25 gency’ and ‘major disaster’ have the meanings given such

1 terms in section 102 of the Robert T. Stafford Disaster
2 Relief and Emergency Assistance Act.

3 “(t) AUTHORIZATION OF APPROPRIATIONS.—For the
4 purpose of providing grants, cooperative agreements, and
5 contracts under this section, there are authorized to be
6 appropriated \$50,000,000 for fiscal year 2011, and such
7 sums as may be necessary for each of the fiscal years 2012
8 through 2015.

9 **“SEC. 502. ADVISORY COUNCILS.**

10 “(a) APPOINTMENT.—

11 “(1) IN GENERAL.—The Secretary shall appoint
12 an advisory council for—

13 “(A) the Substance Abuse and Mental
14 Health Services Administration;

15 “(B) the Center for Substance Abuse
16 Treatment;

17 “(C) the Center for Substance Abuse Pre-
18 vention; and

19 “(D) the Center for Mental Health Serv-
20 ices.

21 Each such advisory council shall advise, consult
22 with, and make recommendations to the Secretary
23 and the Administrator or Director of the Adminis-
24 tration or Center for which the advisory council is
25 established concerning matters relating to the activi-

1 ties carried out by and through the Administration
2 or Center and the policies respecting such activities.

3 “(2) FUNCTION AND ACTIVITIES.—An advisory
4 council—

5 “(A) may on the basis of the materials
6 provided by the organization respecting activi-
7 ties conducted at the organization, make rec-
8 ommendations to the Administrator or Director
9 of the Administration or Center for which it
10 was established respecting such activities;

11 “(B) may collect, by correspondence or by
12 personal investigation, information as to studies
13 and services that are being carried on in the
14 United States or any other country as to the
15 diseases, disorders, or other aspects of human
16 health with respect to which the organization
17 was established and with the approval of the
18 Administrator or Director, whichever is appro-
19 priate, make such information available through
20 appropriate publications for the benefit of pub-
21 lic and private health entities and health profes-
22 sions personnel and for the information of the
23 general public; and

24 “(C) may appoint subcommittees and con-
25 vene workshops and conferences.

1 “(b) MEMBERSHIP.—

2 “(1) IN GENERAL.—Each advisory council shall
3 consist of nonvoting ex officio members and not
4 more than 12 members to be appointed by the Sec-
5 retary under paragraph (3).

6 “(2) EX OFFICIO MEMBERS.—The ex officio
7 members of an advisory council shall consist of—

8 “(A) the Secretary;

9 “(B) the Administrator;

10 “(C) the Director of the Center for which
11 the council is established;

12 “(D) the Under Secretary for Health of
13 the Department of Veterans Affairs;

14 “(E) the Assistant Secretary for Defense
15 for Health Affairs (or the designates of such of-
16 ficers); and

17 “(F) such additional officers or employees
18 of the United States as the Secretary deter-
19 mines necessary for the advisory council to ef-
20 fectively carry out its functions.

21 “(3) APPOINTED MEMBERS.—Individuals shall
22 be appointed to an advisory council under paragraph
23 (1) as follows:

24 “(A) Nine of the members shall be ap-
25 pointed by the Secretary from among the lead-

1 ing representatives of the health disciplines (in-
2 cluding public health and behavioral and social
3 sciences and, as practicable, age-appropriate
4 health experts) relevant to the activities of the
5 Administration or Center for which the advisory
6 council is established.

7 “(B) Three of the members shall be ap-
8 pointed by the Secretary from the general pub-
9 lic (including an older adult or a member of
10 their family), and shall include consumers and
11 leaders in fields of public policy, public rela-
12 tions, law, health policy economics, or manage-
13 ment.

14 “(C) The Secretary shall appoint a mem-
15 ber of the Women’s Advisory Council estab-
16 lished under section 501(f)(2)(C) to each of the
17 advisory councils as a liaison between such
18 councils and the Women’s Advisory Council.

19 “(4) COMPENSATION.—Members of an advisory
20 council who are officers or employees of the United
21 States shall not receive any compensation for service
22 on the advisory council. The remaining members of
23 an advisory council shall receive, for each day (in-
24 cluding travel time) they are engaged in the per-
25 formance of the functions of the advisory council,

1 compensation at rates not to exceed the daily equiva-
2 lent to the annual rate in effect for Executive Level
3 II.

4 “(c) TERMS OF OFFICE.—

5 “(1) IN GENERAL.—The term of office of a
6 member of an advisory council appointed under sub-
7 section (b) shall be 4 years, except that any member
8 appointed to fill a vacancy for an unexpired term
9 shall serve for the remainder of such term. The Sec-
10 retary shall make appointments to an advisory coun-
11 cil in such a manner as to ensure that the terms of
12 the members not all expire in the same year. A
13 member of an advisory council may serve after the
14 expiration of such member’s term until a successor
15 has been appointed and taken office.

16 “(2) REAPPOINTMENTS.—A member who has
17 been appointed to an advisory council for a term of
18 4 years may not be reappointed to an advisory coun-
19 cil during the 2-year period beginning on the date on
20 which such 4-year term expired.

21 “(3) TIME FOR APPOINTMENT.—If a vacancy
22 occurs in an advisory council among the members
23 under subsection (b), the Secretary shall make an
24 appointment to fill such vacancy within 90 days
25 from the date the vacancy occurs.

1 “(d) CHAIR.—The Secretary shall select a member
2 of an advisory council to serve as the chair of the council.
3 The Secretary may so select an individual from among the
4 appointed members, or may select the Administrator or
5 the Director of the Center involved. The term of office
6 of the chair shall be 2 years unless the Secretary appoints
7 the Administrator to serve as the chair.

8 “(e) MEETINGS.—An advisory council shall meet at
9 the call of the chairperson or upon the request of the Ad-
10 ministrator or Director of the Administration or Center
11 for which the advisory council is established, but in no
12 event less than 2 times during each fiscal year. The loca-
13 tion of the meetings of each advisory council shall be sub-
14 ject to the approval of the Administrator or Director of
15 Administration or Center for which the council was estab-
16 lished.

17 “(f) EXECUTIVE SECRETARY AND STAFF.—The Ad-
18 ministrator or Director of the Administration or Center
19 for which the advisory council is established shall des-
20 ignate a member of the staff of the Administration or Cen-
21 ter for which the advisory council is established to serve
22 as the Executive Secretary of the advisory council. The
23 Administrator or Director shall make available to the advi-
24 sory council such staff, information, and other assistance
25 as it may require to carry out its functions. The Adminis-

1 trator or Director shall provide orientation and training
2 for new members of the advisory council to provide for
3 their effective participation in the functions of the advisory
4 council.

5 **“SEC. 503. PEER REVIEW.**

6 “(a) IN GENERAL.—The Secretary, after consulta-
7 tion with the Administrator, shall require appropriate peer
8 review of grants, cooperative agreements, and contracts to
9 be administered through the agency which exceed the sim-
10 ple acquisition threshold as defined in section 4(11) of the
11 Office of Federal Procurement Policy Act.

12 “(b) MEMBERS.—The members of any peer review
13 group established under subsection (a) shall be individuals
14 who by virtue of their training or experience are eminently
15 qualified to perform the review functions of the group. Not
16 more than one-fourth of the members of any such peer
17 review group shall be officers or employees of the United
18 States.

19 “(c) CONDITIONS.—The Secretary may establish lim-
20 ited exceptions to the limitations contained in this section
21 regarding participation of Federal employees. The cir-
22 cumstances under which the Secretary may make such an
23 exception shall be made public.

24 **“SEC. 504. DATA COLLECTION.**

25 “(a) DATA.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Administrator, shall, at a minimum, col-
3 lect data each year—

4 “(A) with respect to mental health, con-
5 cerning—

6 “(i) the national incidence and preva-
7 lence of the various forms of mental illness
8 and, in particular, the national incidence
9 and prevalence of adults with serious men-
10 tal illness and children with serious emo-
11 tional disturbance (as such terms are de-
12 fined for purposes of section 1912);

13 “(ii) the number and variety of public
14 and nonprofit private treatment programs;

15 “(iii) the number and demographic
16 characteristics of individuals receiving
17 treatment through such programs;

18 “(iv) the type of care received by such
19 individuals;

20 “(v) the relationship between mental
21 illness and physical diseases; and

22 “(vi) such other issues as may be ap-
23 propriate; and

24 “(B) with respect to substance use, con-
25 cerning—

1 “(i) the national incidence and preva-
2 lence of the various forms of substance
3 use;

4 “(ii) the incidence and prevalence of
5 such various forms of substance use in
6 major metropolitan areas selected by the
7 Secretary;

8 “(iii) the number of individuals admit-
9 ted to the emergency rooms of hospitals as
10 a result of the abuse of alcohol or other
11 drugs;

12 “(iv) the number of deaths occurring
13 as a result of substance use disorders, as
14 indicated in reports by coroners;

15 “(v) the number and variety of public
16 and private nonprofit treatment programs,
17 including their capacity and type of patient
18 services available;

19 “(vi) the number of individuals seek-
20 ing treatment through such programs, the
21 number and demographic characteristics of
22 individuals receiving such treatment, the
23 percentage of individuals who complete
24 such programs, and, with respect to indi-
25 viduals receiving such treatment, the

1 length of time between an individual's re-
2 quest for treatment and the commence-
3 ment of treatment;

4 “(vii) the number of such individuals
5 who return for treatment after the comple-
6 tion of a prior treatment in such programs
7 and the method of treatment utilized dur-
8 ing the prior treatment;

9 “(viii) the number of individuals re-
10 ceiving public assistance for such treat-
11 ment programs;

12 “(ix) the costs and effectiveness of the
13 different types of treatment modalities for
14 drug and alcohol abuse and the aggregate
15 relative costs of each such treatment mo-
16 dality provided within a State in each fis-
17 cal year;

18 “(x) to the extent information is avail-
19 able, the number of individuals receiving
20 treatment for alcohol or drug abuse who
21 have private insurance coverage for the
22 costs of such treatment;

23 “(xi) the extent of alcohol and drug
24 abuse among high school students and
25 among the general population; and

1 “(xii) the number of alcohol and drug
2 abuse counselors and other substance use
3 disorder treatment personnel employed in
4 public and private treatment facilities.

5 “(2) ANNUAL SURVEYS.—The Secretary shall
6 carry out annual surveys with respect to the collec-
7 tion of data under this subsection. Summaries and
8 analyses of such data shall be made available to the
9 public.

10 “(b) NATIONAL OUTCOME MEASURES.—

11 “(1) IN GENERAL.—The Secretary, in consulta-
12 tion with States and other stakeholders, shall estab-
13 lish national outcome measures (including client and
14 community measures) for substance abuse and men-
15 tal health programs to be used by recipients of as-
16 sistance through programs authorized under this
17 title and part B of title XIX, as appropriate.

18 “(2) EVALUATION.—The Secretary shall be re-
19 sponsible for evaluating the effect of the implemen-
20 tation of the outcome measures developed under
21 paragraph (1) and whether such outcome measures
22 continue to be important for measuring program
23 success and for recommending additional measures
24 or modification to current measures.

1 “(3) MODIFICATIONS.—Any modifications made
2 as a result of an evaluation under paragraph (2)
3 shall be made only after the Secretary has consulted
4 with States and other stakeholders and after such
5 modification are published in the Federal Register.

6 “(4) DEEMED PUBLICATION.—National out-
7 come measures agreed to by the States and other
8 stakeholders prior to the date of enactment of the
9 SAMHSA Modernization Act of 2010 are deemed to
10 have been published in the Federal Register for the
11 purposes of paragraph (3).

12 “(c) STATE INFRASTRUCTURE GRANTS.—

13 “(1) IN GENERAL.—The Secretary may award
14 grants to, and enter into contracts or cooperative
15 agreements with, States for the purpose of devel-
16 oping and operating mental health or substance use
17 disorder data collection, analysis, and reporting sys-
18 tems in accordance with the outcome measures de-
19 veloped under subsection (b).

20 “(2) MATCHING REQUIREMENT.—

21 “(A) IN GENERAL.—With respect to the
22 costs of the program to be carried out under a
23 grant under paragraph (1) by a State, the Sec-
24 retary may make an award under such para-
25 graph only if the applicant agrees to make

1 available (directly or through donations from
2 public or private entities) non-Federal contribu-
3 tions toward such costs in an amount that is
4 not less than 50 percent of such costs.

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

14 “(3) DURATION OF SUPPORT.—The period dur-
15 ing which payments may be made for a program
16 under paragraph (1) may be not less than 3 years
17 nor more than 5 years.

18 “(d) UNIFORM CRITERIA.—After consultation with
19 the States and with appropriate national organizations,
20 the Administrator shall develop uniform criteria for the
21 collection of data, using the best available technology, pur-
22 suant to this section.

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

1 to be appropriated such sums as may be necessary for
2 each of fiscal years 2011 through 2015.

3 **“SEC. 505. SUPPORTIVE SERVICES FOR HOMELESS INDIVID-**
4 **UALS.**

5 “(a) GRANTS FOR TREATMENT AND RECOVERY FOR
6 HOMELESS INDIVIDUALS.—

7 “(1) IN GENERAL.—The Secretary shall award
8 grants, contracts and cooperative agreements to
9 community-based public and private nonprofit enti-
10 ties for the purposes of providing mental health and
11 substance use disorder services for homeless individ-
12 uals. In carrying out this section, the Secretary shall
13 consult with the Interagency Council on the Home-
14 less, established under section 201 of the Stewart B.
15 McKinney Homeless Assistance Act (42 U.S.C.
16 11311).

17 “(2) PREFERENCES.—In awarding grants, con-
18 tracts, and cooperative agreements under paragraph
19 (1), the Secretary shall give a preference to—

20 “(A) entities that provide integrated pri-
21 mary health, substance use disorder, and men-
22 tal health services to homeless individuals;

23 “(B) entities that demonstrate effective-
24 ness in serving runaway, homeless, and street
25 youth;

1 “(C) entities that have experience in pro-
2 viding substance use disorder and mental health
3 services to homeless individuals;

4 “(D) entities that demonstrate experience
5 in providing housing for individuals in treat-
6 ment for or in recovery from mental illness or
7 substance use disorders; and

8 “(E) entities that demonstrate effective-
9 ness in serving homeless veterans.

10 “(3) SERVICES FOR CERTAIN INDIVIDUALS.—In
11 awarding grants, contracts, and cooperative agree-
12 ments under paragraph (1), the Secretary shall
13 not—

14 “(A) prohibit the provision of services
15 under such subsection to homeless individuals
16 who are suffering from a substance use disorder
17 and are not suffering from a mental health dis-
18 order; and

19 “(B) make payments under such para-
20 graph to any entity that has a policy of—

21 “(i) excluding individuals from mental
22 health services due to the existence or sus-
23 picion of substance use disorder; or

24 “(ii) has a policy of excluding individ-
25 uals from substance use disorder services

1 due to the existence or suspicion of mental
2 illness.

3 “(b) GRANTS FOR SERVICES TO END LONG-TERM
4 HOMELESSNESS.—

5 “(1) IN GENERAL.—

6 “(A) GRANTS.—The Secretary shall make
7 grants to entities described in subparagraph
8 (B) for the purpose of carrying out projects to
9 provide the services described in paragraph (4)
10 to chronically homeless individuals in perma-
11 nent supportive housing.

12 “(B) ELIGIBLE ENTITIES.—For purposes
13 of subparagraph (A), an entity described in this
14 subparagraph is—

15 “(i) a State or political subdivision of
16 a State, an American Indian and Alaska
17 Native tribe, tribal organization, a health
18 facility or program operated by or pursu-
19 ant to a contract or grant with the Indian
20 Health Service, or a public or nonprofit
21 private entity, including a community-
22 based provider of homelessness services,
23 health care, housing, or other services im-
24 portant to individuals experiencing chronic
25 homelessness; or

1 “(ii) a consortium composed of enti-
2 ties described in clause (i), which consor-
3 tium includes a public or nonprofit private
4 entity that serves as the lead applicant and
5 has responsibility for fiscal management,
6 program management, and coordinating
7 the activities of the consortium.

8 “(2) PRIORITIES.—In making grants under
9 paragraph (1), the Secretary shall give priority to
10 applicants demonstrating that the applicants—

11 “(A) target the services described in para-
12 graph (4) to individuals or families who—

13 “(i) have been homeless for longer pe-
14 riods of time or have experienced more epi-
15 sodes of homelessness than are required to
16 meet the definition of chronic homelessness
17 under this section;

18 “(ii) have high rates of utilization of
19 emergency public systems of care; or

20 “(iii) have a history of interactions
21 with law enforcement and the criminal jus-
22 tice system;

23 “(B) have greater funding commitments
24 from State or local government agencies respon-
25 sible for overseeing mental health treatment,

1 substance use disorder treatment, medical care,
2 and employment (including commitments to
3 provide Federal funds in accordance with para-
4 graph (5)(B)(ii)(II));

5 “(C) will provide for an increase in the
6 number of units of permanent supportive hous-
7 ing that would serve chronically homeless indi-
8 viduals in the community as a result of an
9 award of a grant under paragraph (1); and

10 “(D) have demonstrated experience pro-
11 viding services to address the mental health and
12 substance use disorder problems of chronically
13 homeless individuals living in permanent sup-
14 portive housing settings.

15 “(3) GEOGRAPHIC DISTRIBUTION.—The Sec-
16 retary shall ensure that consideration is given to ge-
17 ographic distribution (such as urban and rural
18 areas) in the awarding of grants under paragraph
19 (1).

20 “(4) SERVICES.—The services referred to in
21 paragraph (1) are the following:

22 “(A) Services provided by the grantee or
23 by qualified subcontractors that promote recov-
24 ery, resiliency, and self-sufficiency and address

1 barriers to housing stability, including the fol-
2 lowing:

3 “(i) Mental health services, including
4 treatment services and recovery support
5 services and services that promote resil-
6 iency.

7 “(ii) Substance use disorder treatment
8 and recovery support services, including
9 counseling, treatment planning, recovery
10 coaching, and relapse prevention.

11 “(iii) Integrated, coordinated treat-
12 ment and recovery support services for co-
13 occurring disorders.

14 “(iv) Health education, including re-
15 ferrals for medical and dental care.

16 “(v) Services designed to help individ-
17 uals make progress toward self-sufficiency
18 and recovery, including benefits advocacy,
19 money management, life-skills training,
20 self-help programs, and engagement and
21 motivational interventions.

22 “(vi) Parental skills and family sup-
23 port.

24 “(vii) Case management.

1 “(viii) Other supportive services that
2 promote an end to chronic homelessness.

3 “(ix) Coordination or partnership with
4 other agencies, programs, or mainstream
5 benefits to maximize the availability of
6 services and resources to meet the needs of
7 chronically homeless persons living in sup-
8 portive housing using cost-effective ap-
9 proaches that avoid duplication.

10 “(x) Data collection and measuring
11 performance outcomes as specified in para-
12 graph (11).

13 “(B) Services, as described in subpara-
14 graph (A), that are delivered to individuals and
15 families who are chronically homeless and who
16 are scheduled to become residents of permanent
17 supportive housing within 90 days pending the
18 location or development of an appropriate unit
19 of housing.

20 “(C) For individuals and families who are
21 otherwise eligible, and who have voluntarily cho-
22 sen to seek other housing opportunities after a
23 period of tenancy in supportive housing, serv-
24 ices, as described in subparagraph (A), that are
25 delivered, for a period of 90 days after exiting

1 permanent supportive housing or until the indi-
2 viduals have transitioned to comprehensive serv-
3 ices adequate to meet their current needs, pro-
4 vided that the purpose of the services is to sup-
5 port the individuals in their choice to transition
6 into housing that is responsive to their indi-
7 vidual needs and preferences.

8 “(5) MATCHING FUNDS.—

9 “(A) IN GENERAL.—A condition for the re-
10 ceipt of a grant under paragraph (1) is that,
11 with respect to the cost of the project to be car-
12 ried out by an applicant pursuant to such sub-
13 section, the applicant agrees as follows:

14 “(i) In the case of the initial grant
15 pursuant to paragraph (10)(A)(i), the ap-
16 plicant will, in accordance with subpara-
17 graphs (B) and (C), make available con-
18 tributions toward such costs in an amount
19 that is not less than \$1 for each \$3 of
20 Federal funds provided in the grant.

21 “(ii) In the case of a renewal grant
22 pursuant to paragraph (10)(A)(ii), the ap-
23 plicant will, in accordance with subpara-
24 graphs (B) and (C), make available con-
25 tributions toward such costs in an amount

1 that is not less than \$1 for each \$1 of
2 Federal funds provided in the grant.

3 “(B) SOURCE OF CONTRIBUTION.—For
4 purposes of subparagraph (A), contributions
5 made by an applicant are in accordance with
6 this paragraph if made as follows:

7 “(i) The contribution is made from
8 funds of the applicant or from donations
9 from public or private entities.

10 “(ii) Of the contribution—

11 “(I) not less than 80 percent is
12 from non-Federal funds; and

13 “(II) not more than 20 percent is
14 from Federal funds provided under
15 programs that—

16 “(aa) are not expressly di-
17 rected at services for homeless
18 individuals, but whose purposes
19 are broad enough to include the
20 provision of a service or services
21 described in paragraph (4) as au-
22 thorized expenditures under such
23 program; and

24 “(bb) do not prohibit Fed-
25 eral funds under the program

1 from being used to provide a con-
2 tribution that is required as a
3 condition for obtaining Federal
4 funds.

5 “(C) DETERMINATION OF AMOUNT CON-
6 TRIBUTED.—Contributions required in subpara-
7 graph (A) may be in cash or in kind, fairly
8 evaluated, including plant, equipment, or serv-
9 ices. Amounts provided by the Federal Govern-
10 ment, or services assisted or subsidized to any
11 significant extent by the Federal Government,
12 may not be included in determining the amount
13 of non-Federal contributions required in sub-
14 paragraph (B)(ii)(I).

15 “(6) ADMINISTRATIVE EXPENSES.—A condition
16 for the receipt of a grant under paragraph (1) is
17 that the applicant involved agree that not more than
18 10 percent of the grant will be expended for admin-
19 istrative expenses with respect to the grant. Ex-
20 penses for data collection and measuring perform-
21 ance outcomes as specified in paragraph (11) shall
22 not be considered as administrative expenses subject
23 to the limitation in this paragraph.

24 “(7) CERTAIN USES OF FUNDS.—Notwith-
25 standing other provisions of this section, not more

1 than 20 percent of the individuals served by a grant-
2 ee under paragraph (1) may be homeless individuals
3 who are not chronically homeless.

4 “(8) APPLICATION FOR GRANT.—A grant may
5 be made under paragraph (1) only if an application
6 for the grant is submitted to the Secretary and the
7 application is in such form, is made in such manner,
8 and contains such agreements, assurances, and in-
9 formation as the Secretary determines to be nec-
10 essary to carry out this subsection.

11 “(9) CERTAIN REQUIREMENTS.—A condition
12 for the receipt of a grant under paragraph (1) is
13 that the applicant involved demonstrate the fol-
14 lowing:

15 “(A) The applicant and all direct providers
16 of services have the experience, infrastructure,
17 and expertise needed to ensure the quality and
18 effectiveness of services, which may be dem-
19 onstrated by any of the following:

20 “(i) Compliance with all local, city,
21 county, or State requirements for licensing,
22 accreditation, or certification (if any)
23 which are applicable to the proposed
24 project.

1 “(ii) A minimum of 2 years experience
2 providing comparable services that do not
3 require licensing, accreditation, or certifi-
4 cation.

5 “(iii) Certification as a Medicaid serv-
6 ice provider, including health care for the
7 homeless programs and community health
8 centers.

9 “(iv) An executed agreement with a
10 relevant State or local government agency
11 that will provide oversight over the mental
12 health, substance use disorder, or other
13 services that will be delivered by the
14 project.

15 “(B) There is a mechanism for deter-
16 mining whether residents are chronically home-
17 less. Such a mechanism may rely on local data
18 systems or records of shelter admission. If there
19 are no sources of data regarding the duration
20 or number of homeless episodes, or if such data
21 are unreliable for the purposes of this para-
22 graph, an applicant must demonstrate that the
23 project will implement appropriate procedures,
24 taking into consideration the capacity of local
25 homeless service providers to document episodes

1 of homelessness and the challenges of engaging
2 persons who have been chronically homeless, to
3 verify that an individual or family meets the
4 definition for being chronically homeless under
5 this subsection.

6 “(C) The applicant participates in a local,
7 regional, or statewide homeless management in-
8 formation system.

9 “(10) DURATION OF INITIAL AND RENEWAL
10 GRANTS; ADDITIONAL PROVISIONS REGARDING RE-
11 NEWAL GRANTS.—

12 “(A) IN GENERAL.—Subject to subpara-
13 graphs (B) and (C), the period during which
14 payments are made to a grantee under para-
15 graph (1) shall be in accordance with the fol-
16 lowing:

17 “(i) In the case of the initial grant,
18 the period of payments shall be not less
19 than 3 years and not more than 5 years.

20 “(ii) In the case of a subsequent grant
21 (referred to in this subsection as a ‘re-
22 newal grant’), the period of payments shall
23 be not more than 5 years.

24 “(B) ANNUAL APPROVAL; AVAILABILITY
25 OF APPROPRIATIONS; NUMBER OF GRANTS.—

1 The provision of payments under an initial or
2 renewal grant is subject to annual approval by
3 the Secretary of the payments and to the avail-
4 ability of appropriations for the fiscal year in-
5 volved to make the payments. This paragraph
6 may not be construed as establishing a limita-
7 tion on the number of grants under paragraph
8 (1) that may be made to an entity.

9 “(C) ADDITIONAL PROVISIONS REGARDING
10 RENEWAL GRANTS.—

11 “(i) COMPLIANCE WITH MINIMUM
12 STANDARDS.—A renewal grant may be
13 made by the Secretary only if the Sec-
14 retary determines that the applicant in-
15 volved has, in the project carried out with
16 the grant, maintained compliance with
17 minimum standards for quality and suc-
18 cessful outcomes for housing retention, as
19 determined by the Secretary.

20 “(ii) AMOUNT.—The maximum
21 amount of a renewal grant under this
22 paragraph shall not exceed an amount
23 equal to 75 percent of the amount of the
24 grant awarded in the final year of the ini-
25 tial grant period.

1 “(11) STRATEGIC PERFORMANCE OUTCOMES
2 AND REPORTS.—

3 “(A) IN GENERAL.—The Secretary shall,
4 as a condition of the receipt of grants under
5 paragraph (1), require grantees to provide data
6 regarding the performance outcomes of the
7 projects carried out under the grants. Con-
8 sistent with the requirements and procedures
9 established by the Secretary, each grantee shall
10 measure and report specific performance out-
11 comes related to the long-term goals of increas-
12 ing stability within the community for people
13 who have been chronically homeless, and de-
14 creasing the recurrence of periods of homeless-
15 ness.

16 “(B) PERFORMANCE OUTCOMES.—The
17 performance outcomes described under subpara-
18 graph (A) shall include, with respect to individ-
19 uals who have been chronically homeless—

20 “(i) improvements in housing sta-
21 bility;

22 “(ii) improvements in employment
23 and education;

24 “(iii) reductions in problems related to
25 substance use disorders;

1 “(iv) reductions in problems related to
2 mental health disorders; and

3 “(v) other areas as the Secretary de-
4 termines appropriate.

5 “(C) COORDINATION AND CONSISTENCY
6 WITH OTHER HOMELESS ASSISTANCE PRO-
7 GRAMS.—

8 “(i) PROCEDURES.—In establishing
9 strategic performance outcomes and re-
10 porting requirements under subparagraph
11 (A), the Secretary shall develop and imple-
12 ment procedures that minimize the costs
13 and burdens to grantees and program par-
14 ticipants, and that are practical, stream-
15 lined, and designed for consistency with
16 the requirements of the homeless assist-
17 ance programs administered by the Sec-
18 retary of Housing and Urban Develop-
19 ment.

20 “(ii) APPLICANT COORDINATION.—
21 Applicants under this subsection shall co-
22 ordinate with community stakeholders, in-
23 cluding participants in the local homeless
24 management information system, con-
25 cerning the development of systems to

1 measure performance outcomes and with
2 the Secretary for assistance with data col-
3 lection and measurements activities.

4 “(D) REPORT.—A grantee shall submit an
5 annual report to the Secretary that—

6 “(i) identifies the grantee’s progress
7 toward achieving its strategic performance
8 outcomes; and

9 “(ii) describes other activities con-
10 ducted by the grantee to increase the par-
11 ticipation, housing stability, and other im-
12 provements in outcomes for individuals
13 who have been chronically homeless.

14 “(12) TRAINING AND TECHNICAL ASSIST-
15 ANCE.—The Secretary, directly or through awards of
16 grants or contracts to public or nonprofit private en-
17 tities, shall provide training and technical assistance
18 regarding the planning, development, and provision
19 of services in projects under paragraph (1).

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

21 “(1) CHRONICALLY HOMELESS.—

22 “(A) IN GENERAL.—The term ‘chronically
23 homeless’, used with respect to an individual or
24 family, means an individual or family who—

1 “(i) is homeless and lives or resides in
2 a place not meant for human habitation, a
3 safe haven, or in an emergency shelter;

4 “(ii) has been homeless and living or
5 residing in a place not meant for human
6 habitation, a safe haven, or in an emer-
7 gency shelter continuously for at least 1
8 year or on at least 4 separate occasions in
9 the last 3 years; and

10 “(iii) has an adult head of household
11 (or a minor head of household if no adult
12 is present in the household) with a
13 diagnosable substance use disorder, serious
14 mental illness, developmental disability (as
15 defined in section 102 of the Develop-
16 mental Disabilities Assistance and Bill of
17 Rights Act of 2000 (42 U.S.C. 15002)),
18 post traumatic stress disorder, cognitive
19 impairments resulting from a brain injury,
20 or chronic physical illness or disability, in-
21 cluding the co-occurrence of 2 or more of
22 those conditions.

23 “(B) RULE OF CONSTRUCTION.—A person
24 who currently lives or resides in an institutional
25 care facility, including a jail, substance use dis-

1 order or mental health treatment facility, hos-
2 pital or other similar facility, and has resided
3 there for fewer than 90 days shall be considered
4 chronically homeless if such person met all of
5 the requirements described in subparagraph (A)
6 prior to entering that facility.

7 “(2) HOMELESS.—The term ‘homeless’ means
8 sleeping in a place not meant for human habitation
9 or in an emergency homeless shelter.

10 “(3) HOMELESS INDIVIDUAL.—The term
11 ‘homeless individual’ has the meaning given such
12 term in section 330(h)(5)(A).

13 “(4) PERMANENT SUPPORTIVE HOUSING.—

14 “(A) IN GENERAL.—The term ‘permanent
15 supportive housing’ means permanent, afford-
16 able housing with flexible support services that
17 are available and designed to help the tenants
18 stay housed and build the necessary skills to
19 live as independently as possible. Such term
20 does not include housing that is time-limited.
21 Supportive housing offers residents assistance
22 in reaching their full potential, which may in-
23 clude opportunities to secure other housing that
24 meets their needs and preferences, based on in-
25 dividual choice instead of the requirements of

1 time-limited transitional programs. Under this
2 section, permanent affordable housing includes
3 permanent housing funded or assisted through
4 title IV of the McKinney-Vento Homeless As-
5 sistance Act and section (8) of the United
6 States Housing Act of 1937.

7 “(B) AFFORDABLE.—For purposes of sub-
8 paragraph (A), the term ‘affordable’ means
9 within the financial means of individuals who
10 are extremely low income, as defined by the
11 Secretary of Housing and Urban Development.

12 “(5) SUBSTANCE USE DISORDER SERVICES.—
13 The term ‘substance use disorder services’ has the
14 meaning given the term ‘substance abuse services’ in
15 section 330(h)(5)(C).

16 “(d) TERM OF THE AWARDS.—No entity may receive
17 a grant, contract, or cooperative agreement under this sec-
18 tion for more than 5 years.

19 “(e) REPORT.—Not later than 2 years after the date
20 of enactment of the SAMHSA Modernization Act of 2010,
21 and once every 2 years thereafter, the Secretary shall sub-
22 mit to the appropriate committees of Congress a report
23 concerning the programs and services provided under this
24 section. Such report shall include—

1 “(1) a summary of the information received by
2 the Secretary under paragraph (11) of subsection
3 (b);

4 “(2) a description of how the services provided
5 under each such program are coordinated with State
6 and local social service programs and homelessness
7 assistance programs and Department of Veterans
8 Affairs services programs; and

9 “(3) an evaluation of the manner in which
10 funds are used under such programs and the effec-
11 tiveness of such programs in ending chronic home-
12 lessness and improving outcomes for individuals with
13 mental illness and substance use disorder problems.

14 “(f) AUTHORIZATION OF APPROPRIATIONS.—

15 “(1) IN GENERAL.—There is authorized to be
16 appropriated to carry out this section, \$100,000,000
17 for fiscal year 2011, and such sums as may be nec-
18 essary for each of the fiscal years 2012 through
19 2015.

20 “(2) CONTINUING GRANTS.—Of the total
21 amount appropriated to carry out this section,
22 amounts shall first be allocated for continuing
23 grants awarded under section 505(a) (as such sec-
24 tion existed on the day before the date of enactment
25 of the SAMHSA Modernization Act of 2010.

1 “(3) REMAINING FUNDS.—Upon complying
2 with paragraph (2), any remaining funds shall be al-
3 located equally between subsections (a) and (b).

4 **“SEC. 506. AMERICAN INDIANS AND ALASKA NATIVES.**

5 “(a) TECHNICAL ASSISTANCE.—The Secretary shall
6 provide technical assistance to American Indian and Alas-
7 ka Native tribes and tribal organizations in submitting ap-
8 plications for any program of grants under this title.

9 “(b) SAMHSA TRIBAL TECHNICAL ADVISORY
10 GROUP.—

11 “(1) IN GENERAL.—The Secretary shall estab-
12 lish and maintain a Tribal Technical Advisory Group
13 (referred to in this section as the ‘Group’) that shall
14 be composed of—

15 “(A) Indian representation, as selected by
16 the tribes, from each of the 12 administrative
17 units (Area Offices) of the Indian Health Serv-
18 ice;

19 “(B) a representative of the Indian Health
20 Service;

21 “(C) representatives of National Indian
22 Organizations with general interests in Indian
23 health care;

24 “(D) a representative of the Administra-
25 tion; and

1 “(E) a representative of a national organi-
2 zation representing States’ interests in mental
3 health and substance use disorders.

4 “(2) PURPOSE.—The purpose of the Group is
5 to enhance the tribal government to Federal Govern-
6 ment relationship by providing recommendations and
7 advice to tribes, States, and the Administration
8 through—

9 “(A) identifying the barriers and issues in
10 providing mental health and substance use dis-
11 order treatments and services between the Ad-
12 ministration, States and tribal health programs,
13 including those programs administered by the
14 Indian Health Service;

15 “(B) providing expertise on policies, guide-
16 lines, and programmatic issues affecting the de-
17 livery of mental health and substance use dis-
18 order care for American Indians and Alaska
19 Natives;

20 “(C) facilitating any interaction relating to
21 intergovernmental and intragovernmental re-
22 sponsibilities; and

23 “(D) providing any other advice or assist-
24 ance to the Administration to improve the men-

1 tal health and substance use disorder status lev-
2 els of American Indians and Alaska Natives.

3 “(3) SUPPORT NO SUPPLANT.—The Group shall
4 support and not supplant the tribal consultation
5 process between the Administration and tribes.

6 “(4) REPORT.—Not later than 1 year after the
7 date of the enactment of the SAMHSA Moderniza-
8 tion Act of 2010, and annually thereafter, the Group
9 shall prepare and submit, to the Secretary, the Com-
10 mittee on Indian Affairs and the Committee on
11 Health, Education, Labor, and Pensions of the Sen-
12 ate, and the Committee on Natural Resources and
13 the Committee on Energy and Commerce of the
14 House of Representatives, a report describing the
15 activities, findings, and recommendations pursuant
16 to this section.

17 “(c) DUTIES.—The Secretary shall appoint an indi-
18 vidual within the Administration to—

19 “(1) act as a point of contact for tribes and
20 tribal organizations;

21 “(2) coordinate and provide technical assistance
22 to tribes and tribal organizations;

23 “(3) act as a knowledgeable source on American
24 Indian and Alaska Native mental health and sub-
25 stance use disorders issues;

1 “(4) advise grant review panels about the effec-
2 tiveness of traditional intervention and treatment
3 methods used by American Indians and Alaska Na-
4 tives;

5 “(5) coordinates activities between the Adminis-
6 tration and the Group; and

7 “(6) coordinate activities between the Adminis-
8 tration and Indian Health Service.

9 “(d) SPECIAL MENTAL HEALTH AND SUBSTANCE
10 USE DISORDERS PROGRAMS FOR AMERICAN INDIANS AND
11 ALASKA NATIVES.—

12 “(1) IN GENERAL.—The Secretary shall award
13 grants, in addition to discretionary grants under this
14 title, to provide services for mental health and sub-
15 stance use disorders in accordance with paragraph
16 (2).

17 “(2) SERVICE THROUGH INDIAN HEALTH FA-
18 CILITIES.—For purposes of paragraph (1), services
19 under such subsection shall be considered to be pro-
20 vided in accordance with this subsection if such serv-
21 ices are provided through an American Indian and
22 Alaska Native program operated by an Indian tribe,
23 tribal organization, Indian Health Service, or a
24 health facility or program operated by or pursuant

1 to a contract or grant with the Indian Health Serv-
2 ice.

3 “(3) DATA COLLECTION.—The Secretary shall
4 periodically collect and report on information con-
5 cerning the numbers of people served through grants
6 pursuant to this subsection and the effectiveness of
7 such grants.

8 “(4) AUTHORIZATION OF APPROPRIATIONS.—
9 There are authorized to be appropriated to carry out
10 this subsection, \$40,000,000 for fiscal year 2011,
11 and such sums as may be necessary for fiscal years
12 2012 through and 2015.

13 **“SEC. 507. EARLY DETECTION AND INTERVENTION FOR**
14 **MENTAL ILLNESS AND SUBSTANCE ABUSE**
15 **DISORDERS.**

16 “(a) IN GENERAL.—The Administrator may award
17 grants, contracts, or cooperative agreements to eligible en-
18 tities for mental illness and substance abuse screening,
19 brief intervention, referral, and recovery services for indi-
20 viduals in primary health care settings.

21 “(b) ELIGIBLE ENTITY.—In this section, the term
22 ‘eligible entity’ means a public or private nonprofit entity
23 that—

24 “(1) provides primary health services;

1 “(2) seeks to integrate mental illness and sub-
2 stance abuse services into its service system;

3 “(3) has developed a working relationship with
4 providers of mental health and substance abuse serv-
5 ices; and

6 “(4) demonstrates a need for the inclusion of
7 mental illness and substance abuse services in its
8 service system.

9 “(c) PRIORITY.—In awarding grants, contracts, and
10 cooperative agreements under this section, the Secretary
11 shall give priority to eligible entities that—

12 “(1) provide services in rural or frontier areas
13 of the Nation;

14 “(2) provide services to American Indian or
15 Alaska Native populations; or

16 “(3) provide services on university and college
17 campuses.

18 “(d) USE OF FUNDS.—The Secretary may award a
19 grant to an eligible entity under this section only if the
20 entity agrees to use the grant—

21 “(1) to provide screening, brief interventions,
22 referral, and recovery services for mental health and
23 substance abuse;

24 “(2) to coordinate these services with primary
25 health care services in the same program;

1 “(3) to develop a network of facilities to which
2 patients can be referred if needed;

3 “(4) to purchase needed screening and other
4 tools that are—

5 “(A) necessary for providing the services;
6 and

7 “(B) supported by research; and

8 “(5) to maintain communication with appro-
9 priate State mental health and substance abuse
10 agencies.

11 “(d) DURATION.—The period of a grant, contract, or
12 cooperative agreement awarded under this section may not
13 exceed 5 years.

14 “(e) EVALUATION.—The Secretary may not award a
15 grant, contract, or cooperative agreement to an eligible en-
16 tity under this section unless the entity agrees—

17 “(1) to prepare and submit to the Secretary at
18 the end of the grant, contract, or cooperative agree-
19 ment period an evaluation of all activities funded
20 through the grant, contract, or cooperative agree-
21 ment; and

22 “(2) to use such performance measures as may
23 be stipulated by the Secretary for purposes of such
24 evaluation.

1 “(f) STUDY.—Not later than 4 years after the first
2 appropriation of funds to carry out this section, the Sec-
3 retary—

4 “(1) shall conduct a study on the benefits of in-
5 tegrating mental illness and substance abuse care
6 within primary health care, focusing on the perform-
7 ance measures stipulated by the Secretary for pur-
8 poses of evaluations under subsection (e); and

9 “(2) shall submit the results of such study to
10 the Committee on Health, Education, Labor, and
11 Pensions of the Senate and the Committee on En-
12 ergy and Commerce of the House of Representa-
13 tives.

14 “(g) AUTHORIZATION OF APPROPRIATIONS.—

15 “(1) IN GENERAL.—To carry out this section,
16 there are authorized to be appropriated \$60,000,000
17 for fiscal year 2011 and such sums as may be nec-
18 essary for fiscal years 2012 through 2015.

19 “(2) PROGRAM MANAGEMENT.—Of the funds
20 appropriated to carry out this section for a fiscal
21 year, the Secretary may use not more than 5 percent
22 to manage the program under this section.

1 **“SEC. 508. REPORT ON COORDINATION BETWEEN THE SUB-**
2 **STANCE ABUSE AND MENTAL HEALTH SERV-**
3 **ICES ADMINISTRATION AND THE FEDERAL**
4 **EMERGENCY MANAGEMENT AGENCY.**

5 “Not later than 1 year after the date of enactment
6 of the SAMHSA Modernization Act of 2010, the Adminis-
7 trator, in coordination with the Administrator of the Fed-
8 eral Emergency Management Agency, shall submit to the
9 appropriate committees of Congress a report that contains
10 the following:

11 “(1) A description of the manner in which the
12 Federal Emergency Management Agency and the
13 Administration have coordinated to provide mental
14 health and substance use disorder outreach, coun-
15 seling, and treatment following Presidentially de-
16 clared disasters.

17 “(2) An analysis of the manner in which the
18 services provided (as described in paragraph (1))
19 have been coordinated with existing State and local
20 mental health and substance use disorder programs,
21 including the manner in which such services assisted
22 the emergency response and post-disaster recovery
23 and how such services are delivered during the tran-
24 sition from an emergency response situation to a
25 post-disaster and recovery situation.

1 “(3) An analysis of the methods by which the
2 Federal Emergency Management Agency and the
3 Administration coordinated with other appropriate
4 Federal agencies to leverage use of supplemental
5 funds appropriated by Congress to meet the mental
6 health and substance use disorder needs of the af-
7 fected individuals following Presidentially declared
8 disasters.

9 “(4) Recommendations of the actions that may
10 be taken by the Federal Emergency Management
11 Agency and the Administration to facilitate the im-
12 proved provision of mental health and substance use
13 disorder outreach, counseling, and treatment fol-
14 lowing Presidentially declared disasters, including an
15 analysis of ways in which the Crisis Counseling Pro-
16 gram may be used to meet community-identified
17 mental health and substance use disorder needs.

18 **“PART B—CENTERS AND PROGRAMS**

19 **“Subpart 1—Center for Substance Abuse Treatment**

20 **“SEC. 510. CENTER FOR SUBSTANCE ABUSE TREATMENT.**

21 “(a) IN GENERAL.—There is established in the Ad-
22 ministration a Center for Substance Abuse Treatment
23 (hereafter in this section referred to as the ‘Center’). The
24 Center shall be headed by a Director (hereafter in this
25 section referred to as the ‘Director’) appointed by the Sec-

1 retary from among individuals with extensive experience
2 or academic qualifications in the treatment of substance
3 use disorders or in the evaluation of substance use dis-
4 order treatment systems.

5 “(b) DUTIES.—The Director of the Center shall—

6 “(1) administer the substance use disorder
7 treatment block grant program authorized in section
8 1921;

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 use disorder
14 treatment services to individuals who have had con-
15 tact with the Justice system, especially adolescents;

16 “(4) collaborate with the Director of the Center
17 for Substance Abuse Prevention in order to provide
18 outreach services to identify individuals in need of
19 treatment services, with emphasis on the provision of
20 such services to pregnant and postpartum women
21 and their infants and to individuals who use drugs
22 intravenously;

23 “(5) collaborate with the Director of the Na-
24 tional Institute on Drug Abuse, with the Director of
25 the National Institute on Alcohol Abuse and Alco-

1 holism, and with the States to promote the study,
2 dissemination, and implementation of research find-
3 ings that will improve the delivery and effectiveness
4 of treatment services;

5 “(6) collaborate with the Administrator of the
6 Health Resources and Services Administration and
7 the Administrator of the Centers for Medicare &
8 Medicaid Services to promote the increased integra-
9 tion into the mainstream of the health care system
10 of the United States of programs for providing
11 treatment services;

12 “(7) evaluate plans submitted by the States
13 pursuant to section 1931(a)(6) in order to determine
14 whether the plans adequately provide for the avail-
15 ability, allocation, and effectiveness of treatment
16 services;

17 “(8) sponsor regional workshops on improving
18 the quality and availability of treatment services;

19 “(9) provide technical assistance to public and
20 nonprofit private entities that provide treatment
21 services, including technical assistance with respect
22 to the process of submitting to the Director applica-
23 tions for any program of grants or contracts carried
24 out by the Director;

1 “(10) carry out activities to educate individuals
2 on the need for establishing treatment facilities with-
3 in their communities;

4 “(11) encourage public and private entities that
5 provide health insurance to provide benefits for out-
6 patient treatment services and other nonhospital-
7 based treatment services;

8 “(12) evaluate treatment programs to deter-
9 mine the quality and appropriateness of various
10 forms of treatment, which shall be carried out
11 through grants, contracts, or cooperative agreements
12 provided to public or nonprofit private entities;

13 “(13) in carrying out paragraph (12), assess
14 the quality, appropriateness, and costs of various
15 treatment forms from specific patient groups and
16 ensure that the national outcome measures devel-
17 oped under section 504(b) are used with respect to
18 all appropriate grants administered by the Center;
19 and

20 “(14) work with States, providers, and individ-
21 uals in recovery and their families to promote the
22 expansion of recovery support services and recovery
23 oriented systems of care.

24 “(c) GRANTS AND CONTRACTS.—In carrying out the
25 duties established in subsection (b), the Director may

1 make grants to and enter into contracts and cooperative
2 agreements with public and nonprofit private entities.

3 **“SEC. 511. RESIDENTIAL TREATMENT PROGRAMS FOR**
4 **PREGNANT AND PARENTING WOMEN.**

5 “(a) IN GENERAL.—The Director of the Center for
6 Substance Abuse Treatment shall provide awards of
7 grants, cooperative agreement, or contracts to public and
8 nonprofit private entities for the purpose of providing to
9 pregnant and parenting women treatment for substance
10 use disorders through programs in which, during the
11 course of receiving treatment—

12 “(1) the women reside in or receive outpatient
13 treatment services from facilities provided by the
14 programs;

15 “(2) the minor children of the women reside
16 with the women in such facilities, if the women so
17 request; and

18 “(3) the services described in subsection (d) are
19 available to or on behalf of the women.

20 “(b) AVAILABILITY OF SERVICES FOR EACH PARTIC-
21 IPANT.—A funding agreement for an award under sub-
22 section (a) for an applicant is that, in the program oper-
23 ated pursuant to such subsection—

24 “(1) treatment services and each supplemental
25 service will be available through the applicant, either

1 directly or through agreements with other public or
2 nonprofit private entities; and

3 “(2) services will be made available to each
4 woman and child admitted to the program.

5 “(c) INDIVIDUALIZED PLAN OF SERVICES.—A fund-
6 ing agreement for an award under subsection (a) for an
7 applicant is that—

8 “(1) in providing authorized services for an eli-
9 gible woman pursuant to such subsection, the appli-
10 cant will, in consultation with the women, prepare
11 an individualized plan for the provision of services
12 for the woman and her child; and

13 “(2) treatment services under the plan will in-
14 clude—

15 “(A) individual, group, and family coun-
16 seling, as appropriate, regarding substance use
17 disorders; and

18 “(B) follow-up services to assist the
19 woman in preventing a relapse into such abuse.

20 “(d) REQUIRED SUPPLEMENTAL SERVICES.—In the
21 case of an eligible woman, the services referred to in sub-
22 section (a)(3) are as follows:

23 “(1) Prenatal and postpartum health care.

24 “(2) Referrals for necessary hospital services.

1 “(3) For the infants and children of the
2 woman—

3 “(A) pediatric health care, including treat-
4 ment for any perinatal effects of maternal sub-
5 stance use disorders and including screenings
6 regarding the physical and mental development
7 of the infants and children;

8 “(B) counseling and other mental health
9 services, in the case of children; and

10 “(C) comprehensive social services.

11 “(4) Providing therapeutic, comprehensive child
12 care for children during the periods in which the
13 woman is engaged in therapy or in other necessary
14 health and rehabilitative activities.

15 “(5) Training in parenting.

16 “(6) Counseling on the human immuno-
17 deficiency virus and on acquired immune deficiency
18 syndrome.

19 “(7) Counseling on domestic violence and sexual
20 abuse.

21 “(8) Counseling on obtaining employment, in-
22 cluding the importance of graduating from a sec-
23 ondary school.

24 “(9) Reasonable efforts to preserve and support
25 the family unit of the woman, including promoting

1 the appropriate involvement of parents and others,
2 and counseling the children of the woman.

3 “(10) Planning for and counseling to assist re-
4 entry into society, both before and after discharge,
5 including referrals to any public or nonprofit private
6 entities in the community involved that provide serv-
7 ices appropriate for the woman and the children of
8 the woman.

9 “(11) Case management services, including—

10 “(A) assessing the extent to which author-
11 ized services are appropriate for the woman and
12 her children;

13 “(B) in the case of the services that are
14 appropriate, ensuring that the services are pro-
15 vided in a coordinated manner;

16 “(C) assistance in establishing eligibility
17 for assistance under Federal, State, and local
18 programs providing health services, mental
19 health services, housing services, employment
20 services, educational services, or social services;
21 and

22 “(D) family reunification with children in
23 kinship or foster care arrangements, where safe
24 and appropriate.

1 “(e) MINIMUM QUALIFICATIONS FOR RECEIPT OF
2 AWARD.—

3 “(1) CERTIFICATION BY RELEVANT STATE
4 AGENCY.—With respect to the principal agency of
5 the State involved that administers programs relat-
6 ing to substance use disorders, the Director may
7 make an award under subsection (a) to an applicant
8 only if the agency has certified to the Director
9 that—

10 “(A) the applicant has the capacity to
11 carry out a program described in subsection (a);

12 “(B) the plans of the applicant for such a
13 program are consistent with the policies of such
14 agency regarding the treatment of substance
15 use disorders; and

16 “(C) the applicant, or any entity through
17 which the applicant will provide authorized
18 services, meets all applicable State licensure or
19 certification requirements regarding the provi-
20 sion of the services involved.

21 “(2) STATUS AS MEDICAID PROVIDER.—

22 “(A) IN GENERAL.—Subject to subpara-
23 graphs (B) and (C), the Director may make an
24 award under subsection (a) only if, in the case
25 of any authorized service that is available pur-

1 suant to the State plan approved under title
2 XIX of the Social Security Act for the State in-
3 volved—

4 “(i) the applicant for the award will
5 provide the service directly, and the appli-
6 cant has entered into a participation agree-
7 ment under the State plan and is qualified
8 to receive payments under such plan; or

9 “(ii) the applicant will enter into an
10 agreement with a public or nonprofit pri-
11 vate entity under which the entity will pro-
12 vide the service, and the entity has entered
13 into such a participation agreement plan
14 and is qualified to receive such payments.

15 “(B) WAIVER OF PARTICIPATION AGREE-
16 MENTS.—

17 “(i) IN GENERAL.—In the case of an
18 entity making an agreement pursuant to
19 subparagraph (A)(ii) regarding the provi-
20 sion of services, the requirement estab-
21 lished in such subparagraph regarding a
22 participation agreement shall be waived by
23 the Director if the entity does not, in pro-
24 viding health care services, impose a
25 charge or accept reimbursement available

1 from any third-party payor, including re-
2 imbursement under any insurance policy or
3 under any Federal or State health benefits
4 plan.

5 “(ii) DONATIONS.—A determination
6 by the Director of whether an entity re-
7 ferred to in clause (i) meets the criteria for
8 a waiver under such clause shall be made
9 without regard to whether the entity ac-
10 cepts voluntary donations regarding the
11 provision of services to the public.

12 “(C) NONAPPLICATION OF CERTAIN RE-
13 QUIREMENTS.—With respect to any authorized
14 service that is available pursuant to the State
15 plan described in subparagraph (A), the re-
16 quirements established in such subparagraph
17 shall not apply to the provision of any such
18 service by an institution for mental diseases to
19 an individual who has attained 21 years of age
20 and who has not attained 65 years of age. For
21 purposes of the preceding sentence, the term
22 ‘institution for mental diseases’ has the mean-
23 ing given such term in section 1905(i) of the
24 Social Security Act.

25 “(f) REQUIREMENT OF MATCHING FUNDS.—

1 “(1) IN GENERAL.—With respect to the costs of
2 the program to be carried out by an applicant pursu-
3 ant to subsection (a), a funding agreement for an
4 award under such subsection is that the applicant
5 will make available (directly or through donations
6 from public or private entities) non-Federal con-
7 tributions toward such costs in an amount that—

8 “(A) for the first fiscal year for which the
9 applicant receives payments under an award
10 under such subsection, is not less than \$1 for
11 each \$9 of Federal funds provided in the
12 award;

13 “(B) for any second such fiscal year, is not
14 less than \$1 for each \$9 of Federal funds pro-
15 vided in the award; and

16 “(C) for any subsequent such fiscal year, is
17 not less than \$1 for each \$3 of Federal funds
18 provided in the award.

19 “(2) DETERMINATION OF AMOUNT CONTRIB-
20 UTED.—Non-Federal contributions required in para-
21 graph (1) may be in cash or in kind, fairly evalu-
22 ated, including plant, equipment, or services.
23 Amounts provided by the Federal Government, or
24 services assisted or subsidized to any significant ex-
25 tent by the Federal Government, may not be in-

1 cluded in determining the amount of such non-Fed-
2 eral contributions.

3 “(g) OUTREACH.—A funding agreement for an award
4 under subsection (a) for an applicant is that the applicant
5 will provide outreach services in the community involved
6 to identify women who are engaging in substance use dis-
7 orders and to encourage the women to undergo treatment
8 for such abuse.

9 “(h) ACCESSIBILITY OF PROGRAM; CULTURAL CON-
10 TEXT OF SERVICES.—A funding agreement for an award
11 under subsection (a) for an applicant is that—

12 “(1) the program operated pursuant to such
13 subsection will be operated at a location that is ac-
14 cessible to low-income pregnant and parenting
15 women; and

16 “(2) authorized services will be provided in the
17 language and the cultural context that is most ap-
18 propriate.

19 “(i) CONTINUING EDUCATION.—A funding agree-
20 ment for an award under subsection (a) is that the appli-
21 cant involved will provide for continuing education in
22 treatment services for the individuals who will provide
23 treatment in the program to be operated by the applicant
24 pursuant to such subsection.

1 “(j) IMPOSITION OF CHARGES.—A funding agree-
2 ment for an award under subsection (a) for an applicant
3 is that, if a charge is imposed for the provision of author-
4 ized services to on behalf of an eligible woman, such
5 charge—

6 “(1) will be made according to a schedule of
7 charges that is made available to the public;

8 “(2) will be adjusted to reflect the income of
9 the woman involved; and

10 “(3) will not be imposed on any such woman
11 with an income of less than 185 percent of the offi-
12 cial poverty line, as established by the Director of
13 the Office of Management and Budget and revised
14 by the Secretary in accordance with section 673(2)
15 of the Omnibus Budget Reconciliation Act of 1981.

16 “(k) REPORTS TO DIRECTOR.—A funding agreement
17 for an award under subsection (a) is that the applicant
18 involved will submit to the Director a report—

19 “(1) describing the utilization and costs of serv-
20 ices provided under the award;

21 “(2) specifying the number of women served,
22 the number of infants served, and the type and costs
23 of services provided; and

24 “(3) providing such other information as the
25 Director determines to be appropriate.

1 “(l) REQUIREMENT OF APPLICATION.—The Director
2 may make an award under subsection (a) only if an appli-
3 cation for the award is submitted to the Director con-
4 taining such agreements, and the application is in such
5 form, is made in such manner, and contains such other
6 agreements and such assurances and information as the
7 Director determines to be necessary to carry out this sec-
8 tion.

9 “(m) ALLOCATION OF AWARDS.—In making awards
10 under subsection (a), the Director shall give priority to
11 any entity that agrees to use the award for a program
12 serving an area that is a rural area, an area designated
13 under section 332 by the Administrator of the Health Re-
14 sources and Services Administration as a health profes-
15 sional shortage area with a shortage of professionals, or
16 an area determined by the Director to have a shortage
17 of family-based substance use disorder treatment options.

18 “(n) DURATION OF AWARD.—The period during
19 which payments are made to an entity from an award
20 under subsection (a) may not exceed 5 years. The provi-
21 sion of such payments shall be subject to annual approval
22 by the Director of the payments and subject to the avail-
23 ability of appropriations for the fiscal year involved to
24 make the payments. This subsection may not be construed

1 to establish a limitation on the number of awards under
2 such subsection that may be made to an entity.

3 “(o) EVALUATIONS; DISSEMINATION OF FINDINGS.—

4 The Director shall, directly or through contract, provide
5 for the conduct of evaluations of programs carried out
6 pursuant to subsection (a). The Director shall disseminate
7 to the States the findings made as a result of the evalua-
8 tions.

9 “(p) DEFINITIONS.—For purposes of this section:

10 “(1) The term ‘authorized services’ means
11 treatment services and supplemental services.

12 “(2) The term ‘eligible woman’ means a woman
13 who has been admitted to a program operated pur-
14 suant to subsection (a).

15 “(3) The term ‘funding agreement’, with re-
16 spect to an award under subsection (a), means that
17 the Director may make the award only if the appli-
18 cant makes the agreement involved.

19 “(4) The term ‘treatment services’ means treat-
20 ment for substance use disorders, including the
21 counseling and services described in subsection
22 (c)(2).

23 “(5) The term ‘supplemental services’ means
24 the services described in subsection (d).

1 “(q) AUTHORIZATION OF APPROPRIATIONS.—For the
2 purpose of carrying out this section, there are authorized
3 to be appropriated \$50,000,000 for each of fiscal years
4 2011 through 2015.

5 **“SEC. 512. PRIORITY SUBSTANCE USE DISORDER TREAT-**
6 **MENT NEEDS OF REGIONAL AND NATIONAL**
7 **SIGNIFICANCE.**

8 “(a) PROJECTS.—The Secretary shall address pri-
9 ority substance use disorder treatment needs of regional
10 and national significance (as determined under subsection
11 (b)) through the provision of or through assistance for—

12 “(1) knowledge development and application
13 projects for treatment and rehabilitation and the
14 conduct or support of evaluations of such projects;

15 “(2) training and technical assistance; and

16 “(3) targeted capacity response programs that
17 permit States, local jurisdictions, communities, and
18 American Indian and Alaska Native tribes to focus
19 on emerging trends in substance use and co-occur-
20 rence of substance use disorders with mental illness
21 or other disorders.

22 The Secretary may carry out the activities described in
23 this section directly or through grants, contracts, or coop-
24 erative agreements with States, political subdivisions of
25 States, territories, American Indian and Alaska Native

1 tribes, tribal organizations, or a health facility or program
2 operated by or pursuant to a contract or grant with the
3 Indian Health Service, and other public or nonprofit pri-
4 vate entities.

5 “(b) PRIORITY SUBSTANCE USE DISORDER TREAT-
6 MENT NEEDS.—

7 “(1) IN GENERAL.—Priority substance use dis-
8 order treatment needs of regional and national sig-
9 nificance shall be determined by the Secretary after
10 consultation with States and other interested groups.
11 The Secretary shall meet with the States and inter-
12 ested groups on an annual basis to discuss program
13 priorities.

14 “(2) SPECIAL CONSIDERATION.—In developing
15 program priorities under paragraph (1), the Sec-
16 retary shall give special consideration to promoting
17 the integration of substance use disorder treatment
18 services into primary health care systems and to
19 provide treatment for older adults with substance
20 use disorders.

21 “(c) REQUIREMENTS.—

22 “(1) IN GENERAL.—Recipients of grants, con-
23 tracts, or cooperative agreements under this section
24 shall comply with information and application re-
25 quirements determined appropriate by the Secretary.

1 “(2) DURATION OF AWARD.—With respect to a
2 grant, contract, or cooperative agreement awarded
3 under this section, the period during which pay-
4 ments under such award are made to the recipient
5 may not exceed 5 years.

6 “(3) MATCHING FUNDS.—The Secretary may,
7 for projects carried out under subsection (a), require
8 that entities that apply for grants, contracts, or co-
9 operative agreements under that project provide
10 non-Federal matching funds, as determined appro-
11 priate by the Secretary, to ensure the institutional
12 commitment of the entity to the projects funded
13 under the grant, contract, or cooperative agreement.
14 Such non-Federal matching funds may be provided
15 directly or through donations from public or private
16 entities and may be in cash or in kind, fairly evalu-
17 ated, including plant, equipment, or services.

18 “(4) MAINTENANCE OF EFFORT.—With respect
19 to activities for which a grant, contract, or coopera-
20 tive agreement is awarded under this section, the
21 Secretary may require that recipients for specific
22 projects under subsection (a) agree to maintain ex-
23 penditures of non-Federal amounts for such activi-
24 ties at a level that is not less than the level of such
25 expenditures maintained by the entity for the fiscal

1 year preceding the fiscal year for which the entity
2 receives such a grant, contract, or cooperative agree-
3 ment.

4 “(d) EVALUATION.—The Secretary shall evaluate
5 each project carried out under subsection (a)(1) and shall
6 disseminate the findings with respect to each such evalua-
7 tion to appropriate public and private entities.

8 “(e) INFORMATION AND EDUCATION.—The Secretary
9 shall establish comprehensive information and education
10 programs to disseminate and apply the findings of the
11 knowledge development and application, training and tech-
12 nical assistance programs, and targeted capacity response
13 programs under this section to the general public, to
14 health professionals and other interested groups. The Sec-
15 retary shall make every effort to provide linkages between
16 the findings of supported projects and State agencies re-
17 sponsible for carrying out substance use disorder preven-
18 tion and treatment programs.

19 “(f) AUTHORIZATION OF APPROPRIATION.—There
20 are authorized to be appropriated to carry out this section,
21 \$500,000,000 for fiscal year 2011, and such sums as may
22 be necessary for each of the fiscal years 2012 through
23 2015.

1 **“SEC. 513. SERVICES TO ASSIST LOCAL COMMUNITIES IN**
2 **ADDRESSING EMERGING DRUGS.**

3 “(a) GRANTS.—

4 “(1) IN GENERAL.—The Secretary shall award
5 grants to eligible entities to assist local communities
6 in addressing emerging drug issues.

7 “(2) DEFINITION.—In this section, the term
8 ‘emerging drug issue’ means, with respect to an
9 area—

10 “(A) a drug treatment problem that has
11 occurred because of—

12 “(i) a sudden increase in the demand
13 for drug treatment in the area; or

14 “(ii) the necessity of drug treatment
15 protocols that the area is not equipped to
16 provide; and

17 “(B) the lack of resources within the area
18 to address the problem.

19 “(b) ELIGIBILITY.—To be eligible to receive a grant
20 under this section, an entity shall—

21 “(1) be a public or nonprofit private entity, in-
22 cluding American Indian and Alaska Native tribes,
23 tribal organizations, or a health facility or program
24 operated by or pursuant to a contract or grant with
25 the Indian Health Service;

1 “(2) submit to the Secretary an application at
2 such time, in such manner, and containing such in-
3 formation as the Secretary may require, including—

4 “(A) information that demonstrates an
5 emerging drug issue in the area to be served
6 under the grant and the lack of available re-
7 sources to address such issue;

8 “(B) a description of the area to be served
9 under the grant and the target population, if
10 relevant, and the need of such population for
11 services;

12 “(C) data on the prevalence of the emerg-
13 ing drug involved using whatever data may be
14 available from the appropriate State or local
15 agencies, including admissions data, waiting
16 lists, data from law enforcement, and other
17 data to establish that there is an emerging drug
18 problem;

19 “(D) a summary of the need involved that
20 is based not only on prevalence but the fact
21 that the emerging drug requires skills that the
22 area does not have;

23 “(E) a statement on the attempts by the
24 local areas to find funding from other sources
25 including the State;

1 “(F) information to demonstrate that the
2 identified need is consistent with the State pri-
3 orities (as evidenced by a letter from the gov-
4 ernor of the State);

5 “(G) a list of goals and objectives with re-
6 spect to activities under the grant;

7 “(H) an assurance that the entity will use
8 evidence-based practices, when available, in pro-
9 viding services under the grant; and

10 “(I) an assurance that treatment activities
11 will be coordinated with prevention efforts.

12 “(c) USE OF FUNDS.—An entity shall use amounts
13 received under a grant to—

14 “(1) carry out outreach and other strategies to
15 increase participation in, and access to, drug treat-
16 ment services;

17 “(2) provide outpatient or residential drug
18 treatment services, including screening, assessment,
19 and care management services;

20 “(3) provide for the involvement of friends and
21 families in drug treatment; and

22 “(4) provide recovery support services that help
23 prevent relapse and promote sustained recovery, in-
24 cluding assistance with employment, housing, and
25 establishing community connections.

1 “(d) COORDINATION OF SERVICES.—An entity that
2 receives a grant under this section shall ensure that—

3 “(1) services provided under the grant are co-
4 ordinated with other community, social, and health
5 agency service provider programs, including pro-
6 grams conducted by mental health departments, so-
7 cial services departments, health departments, edu-
8 cation agencies, juvenile and adult justice systems,
9 and child welfare agencies; and

10 “(2) drug treatment service systems are
11 partnered with prevention systems.

12 “(e) PRIORITY.—In awarding grants under this sec-
13 tion, the Secretary shall give priority to entities that use
14 a portion of grant funds to serve rural areas.

15 “(f) DATA COLLECTION.—A grantee shall collect
16 data on the national outcome measures established under
17 section 504(b) and any other data needed to demonstrate
18 the success of the grantee in achieving the goals and objec-
19 tives described in its application under subsection
20 (b)(2)(F).

21 “(g) EVALUATION.—A grantee shall conduct and
22 evaluation of the activities carried out under the grant and
23 provide the results of such evaluation to the Secretary.

24 “(h) GRANT PERIOD.—The period of a grant under
25 this section shall be 3 years.

1 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this section,
3 such sums as may be necessary for each of fiscal years
4 2011 through 2015.

5 **“SEC. 514. ACTION BY THE CENTER FOR SUBSTANCE ABUSE**
6 **TREATMENT AND STATES CONCERNING MILI-**
7 **TARY FACILITIES.**

8 “(a) CENTER FOR SUBSTANCE ABUSE TREAT-
9 MENT.—The Director of the Center for Substance Abuse
10 Treatment shall—

11 “(1) coordinate with the agencies represented
12 on the Commission on Alternative Utilization of
13 Military Facilities the utilization of military facilities
14 or parts thereof, as identified by such Commission,
15 established under the National Defense Authoriza-
16 tion Act of 1989, that could be utilized or renovated
17 to house nonviolent persons for drug treatment pur-
18 poses;

19 “(2) notify State agencies responsible for the
20 oversight of drug abuse treatment entities and pro-
21 grams of the availability of space at the installations
22 identified in paragraph (1); and

23 “(3) assist State agencies responsible for the
24 oversight of drug abuse treatment entities and pro-
25 grams in developing methods for adapting the instal-

1 lations described in paragraph (1) into residential
2 treatment centers.

3 “(b) STATES.—With regard to military facilities or
4 parts thereof, as identified by the Commission on Alter-
5 native Utilization of Military Facilities established under
6 section 3042 of the Comprehensive Alcohol Abuse, Drug
7 Abuse, and Mental Health Amendments Act of 1988, that
8 could be utilized or renovated to house nonviolent persons
9 for drug treatment purposes, State agencies responsible
10 for the oversight of drug abuse treatment entities and pro-
11 grams shall—

12 “(1) establish eligibility criteria for the treat-
13 ment of individuals at such facilities;

14 “(2) select treatment providers to provide drug
15 abuse treatment at such facilities;

16 “(3) provide assistance to treatment providers
17 selected under paragraph (2) to assist such pro-
18 viders in securing financing to fund the cost of the
19 programs at such facilities; and

20 “(4) establish, regulate, and coordinate with the
21 military official in charge of the facility, work pro-
22 grams for individuals receiving treatment at such fa-
23 cilities.

24 “(c) RESERVATION OF SPACE.—Prior to notifying
25 States of the availability of space at military facilities

1 under subsection (a)(2), the Director may reserve space
2 at such facilities to conduct research or demonstration
3 projects.

4 **“SEC. 515. SUBSTANCE USE DISORDER TREATMENT AND**
5 **EARLY INTERVENTION SERVICES FOR CHIL-**
6 **DREN AND ADOLESCENTS.**

7 “(a) IN GENERAL.—The Secretary shall award
8 grants, contracts, or cooperative agreements to public and
9 private nonprofit entities, including American Indian and
10 Alaska Native tribes, tribal organizations, or a health fa-
11 cility or program operated by or pursuant to a contract
12 or grant with the Indian Health Service, for the purpose
13 of—

14 “(1) providing early identification and services
15 to meet the needs of children and adolescents who
16 are at risk of substance use disorders; and

17 “(2) providing substance use disorder treatment
18 services for children, including children and adoles-
19 cents with co-occurring mental illness and substance
20 use disorders.

21 “(b) PRIORITY.—In awarding grants, contracts, or
22 cooperative agreements under subsection (a), the Sec-
23 retary shall give priority to applicants who propose to—

24 “(1) apply evidence-based and cost effective
25 methods;

1 “(2) coordinate the provision of services with
2 other social service agencies in the community, in-
3 cluding educational, juvenile justice, child welfare,
4 substance abuse, and mental health agencies;

5 “(3) provide a continuum of integrated treat-
6 ment services, including case management, for chil-
7 dren and adolescents with substance use disorders,
8 including children and adolescents with co-occurring
9 mental illness and substance use disorders and their
10 families;

11 “(4) provide services that are gender-specific
12 and culturally appropriate;

13 “(5) involve and work with families of children
14 and adolescents receiving services; and

15 “(6) provide aftercare services for children and
16 adolescents and their families after completion of
17 treatment.

18 “(c) DURATION OF GRANTS.—The Secretary shall
19 award grants, contracts, or cooperative agreements under
20 subsection (a) for 5 fiscal years.

21 “(d) APPLICATION.—An entity desiring a grant, con-
22 tract, or cooperative agreement under subsection (a) shall
23 submit an application to the Secretary at such time, in
24 such manner, and accompanied by such information as the
25 Secretary may reasonably require.

1 “(e) EVALUATION.—An entity that receives a grant,
2 contract, or cooperative agreement under subsection (a)
3 shall submit, in the application for such grant, contract,
4 or cooperative agreement, a plan for the evaluation of any
5 project undertaken with funds provided under this section.
6 Such entity shall provide the Secretary with periodic eval-
7 uations of the progress of such project and such evaluation
8 at the completion of such project as the Secretary deter-
9 mines to be appropriate.

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
11 are authorized to be appropriated to carry out this section,
12 \$60,000,000 for fiscal year 2011, and such sums as may
13 be necessary for fiscal years 2012 through 2015.

14 **“Subpart 2—Center for Substance Abuse Prevention**

15 **“SEC. 520. CENTER FOR SUBSTANCE ABUSE PREVENTION.**

16 “(a) IN GENERAL.—There is established in the Ad-
17 ministration a Center for Substance Abuse Prevention
18 (hereafter referred to in this part as the ‘Prevention Cen-
19 ter’). The Center shall be headed by a Director appointed
20 by the Secretary from individuals with extensive experi-
21 ence or academic qualifications in the prevention of drug
22 or alcohol abuse.

23 “(b) DUTIES.—The Director of the Prevention Cen-
24 ter shall—

1 “(1) sponsor regional workshops on the preven-
2 tion of drug and alcohol abuse through the reduction
3 of risk and the promotion of resiliency;

4 “(2) coordinate the findings of research spon-
5 sored by agencies of the Service on the prevention
6 of drug and alcohol abuse;

7 “(3) develop effective drug and alcohol abuse
8 prevention literature (including literature on the ad-
9 verse effects of emerging drugs);

10 “(4) in cooperation with the Secretary of Edu-
11 cation, assure the widespread dissemination of pre-
12 vention materials among States, political subdivi-
13 sions, and school systems;

14 “(5) support clinical training programs for sub-
15 stance use disorder prevention practitioners and
16 other health professionals involved in drug abuse
17 education, prevention;

18 “(6) in cooperation with the Director of the
19 Centers for Disease Control and Prevention, develop
20 educational materials designed to increase awareness
21 of those at greatest risk for substance use disorders
22 thereby preventing new infections and reducing the
23 probability of the transmission of HIV, Hepatitis C,
24 sexually transmitted diseases, tuberculosis, and other
25 communicable diseases;

1 “(7) conduct training, technical assistance, data
2 collection, and evaluation activities of programs sup-
3 ported under the Drug Free Schools and Commu-
4 nities Act of 1986;

5 “(8) support the development of model, innova-
6 tive, community-based programs that reduce the risk
7 of substance use and promote resiliency among
8 young people;

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

12 “(10) prepare for distribution documentary
13 films and public service announcements for television
14 and radio to educate the public, especially adolescent
15 audiences, concerning the dangers to health result-
16 ing from the consumption of alcohol and drugs and,
17 to the extent feasible, use appropriate private orga-
18 nizations and business concerns in the preparation
19 of such announcements; and

20 “(11) develop and support innovative dem-
21 onstration programs designed to identify and deter
22 the improper use or abuse of anabolic steroids by
23 students, especially students in secondary schools.

24 “(c) GRANTS, CONTRACTS, COOPERATIVE AGREE-
25 MENTS.—The Director may make grants and enter into

1 “(1) IN GENERAL.—Priority substance use dis-
2 order prevention needs of regional and national sig-
3 nificance shall be determined by the Secretary in
4 consultation with the States and other interested
5 groups. The Secretary shall meet with the States
6 and interested groups on an annual basis to discuss
7 program priorities.

8 “(2) SPECIAL PRIORITY AND CONSIDER-
9 ATION.—

10 “(A) PRIORITY.—In developing priority
11 needs under paragraph (1), the Secretary shall
12 ensure that specific priority is given to high risk
13 youth, including youth who—

14 “(i) are failing in, or who have
15 dropped out of, school;

16 “(ii) associate with peers who engage
17 in substance use;

18 “(iii) live in communities where drugs
19 and alcohol are readily available;

20 “(iv) are raised in a family with a his-
21 tory of problem behaviors including drug
22 and alcohol abuse;

23 “(v) are identified as children of a
24 substance abuser;

1 “(vi) are victims of physical, sexual,
2 or psychological abuse;

3 “(vii) have committed a violent or de-
4 linquent act;

5 “(viii) have experienced mental health
6 problems;

7 “(ix) have attempted suicide; or

8 “(x) have experienced long-term phys-
9 ical pain due to injury.

10 “(B) CONSIDERATIONS.—In developing
11 program priorities under paragraph (1), the
12 Secretary shall give special consideration to—

13 “(i) applying the most promising
14 strategies and research-based primary pre-
15 vention approaches;

16 “(ii) promoting the integration of sub-
17 stance use disorder prevention information
18 and activities into primary health care sys-
19 tems; and

20 “(iii) supporting education projects
21 that focus on, or include, specific informa-
22 tion about the oral health risks and condi-
23 tions associated with drug use.

24 “(c) REQUIREMENTS.—

1 “(1) IN GENERAL.—Recipients of grants, con-
2 tracts, and cooperative agreements under this sec-
3 tion shall comply with information and application
4 requirements determined appropriate by the Sec-
5 retary.

6 “(2) DURATION OF AWARD.—With respect to a
7 grant, contract, or cooperative agreement awarded
8 under this section, the period during which pay-
9 ments under such award are made to the recipient
10 may not exceed 5 years.

11 “(3) MATCHING FUNDS.—The Secretary may,
12 for projects carried out under subsection (a), require
13 that entities that apply for grants, contracts, or co-
14 operative agreements under that project provide
15 non-Federal matching funds, as determined appro-
16 priate by the Secretary, to ensure the institutional
17 commitment of the entity to the projects funded
18 under the grant, contract, or cooperative agreement.
19 Such non-Federal matching funds may be provided
20 directly or through donations from public or private
21 entities and may be in cash or in kind, fairly evalu-
22 ated, including plant, equipment, or services.

23 “(4) MAINTENANCE OF EFFORT.—With respect
24 to activities for which a grant, contract, or coopera-
25 tive agreement is awarded under this section, the

1 Secretary may require that recipients for specific
2 projects under subsection (a) agree to maintain ex-
3 penditures of non-Federal amounts for such activi-
4 ties at a level that is not less than the level of such
5 expenditures maintained by the entity for the fiscal
6 year preceding the fiscal year for which the entity
7 receives such a grant, contract, or cooperative agree-
8 ment.

9 “(d) EVALUATION.—The Secretary shall evaluate
10 each project carried out under subsection (a)(1) and shall
11 disseminate the findings with respect to each such evalua-
12 tion to appropriate public and private entities.

13 “(e) INFORMATION AND EDUCATION.—The Secretary
14 shall establish comprehensive information and education
15 programs to disseminate the findings of the knowledge de-
16 velopment and application, training and technical assist-
17 ance programs, and targeted capacity response programs
18 under this section to the general public and to health pro-
19 fessionals. The Secretary shall make every effort to pro-
20 vide linkages between the findings of supported projects
21 and State agencies responsible for carrying out substance
22 use disorder prevention and treatment programs.

23 “(f) AUTHORIZATION OF APPROPRIATION.—There
24 are authorized to be appropriated to carry out this section,
25 \$300,000,000 for fiscal year 2011, and such sums as may

1 be necessary for each of the fiscal years 2012 through
2 2015.

3 **“SEC. 522. PROGRAMS TO REDUCE UNDERAGE DRINKING.**

4 “(a) DEFINITIONS.—For purposes of this section:

5 “(1) The term ‘alcohol beverage industry’
6 means the brewers, vintners, distillers, importers,
7 distributors, and retail or online outlets that sell or
8 serve beer, wine, and distilled spirits.

9 “(2) The term ‘school-based prevention’ means
10 programs, which are institutionalized, and run by
11 staff members or school-designated persons or orga-
12 nizations in any grade of school, kindergarten
13 through 12th grade.

14 “(3) The term ‘youth’ means persons under the
15 age of 21.

16 “(4) The term ‘IOM report’ means the report
17 released in September 2003 by the National Re-
18 search Council, Institute of Medicine, and entitled
19 ‘Reducing Underage Drinking: A Collective Respon-
20 sibility’.

21 “(b) SENSE OF CONGRESS.—It is the sense of the
22 Congress that:

23 “(1) A multi-faceted effort is needed to more
24 successfully address the problem of underage drink-
25 ing in the United States. A coordinated approach to

1 prevention, intervention, treatment, enforcement,
2 and research is key to making progress. This Act
3 recognizes the need for a focused national effort,
4 and addresses particulars of the Federal portion of
5 that effort, as well as Federal support for State ac-
6 tivities.

7 “(2) The Secretary of Health and Human Serv-
8 ices shall continue to conduct research and collect
9 data on the short and long-range impact of alcohol
10 use and abuse upon adolescent brain development
11 and other organ systems.

12 “(3) States and communities, including colleges
13 and universities, are encouraged to adopt com-
14 prehensive prevention approaches, including—

15 “(A) evidence-based screening, programs
16 and curricula;

17 “(B) brief intervention strategies;

18 “(C) consistent policy enforcement; and

19 “(D) environmental changes that limit un-
20 derage access to alcohol.

21 “(4) Public health groups, consumer groups,
22 and the alcohol beverage industry should continue
23 and expand evidence-based efforts to prevent and re-
24 duce underage drinking.

1 “(5) The entertainment industries have a pow-
2 erful impact on youth, and they should use rating
3 systems and marketing codes to reduce the likeli-
4 hood that underage audiences will be exposed to
5 movies, recordings, or television programs with un-
6 suitable alcohol content.

7 “(6) The National Collegiate Athletic Associa-
8 tion, its member colleges and universities, and ath-
9 letic conferences should affirm a commitment to a
10 policy of discouraging alcohol use among underage
11 students and other young fans.

12 “(7) Alcohol is a unique product and should be
13 regulated differently than other products by the
14 States and Federal Government. States have pri-
15 mary authority to regulate alcohol distribution and
16 sale, and the Federal Government should support
17 and supplement these State efforts. States also have
18 a responsibility to fight youth access to alcohol and
19 reduce underage drinking. Continued State regula-
20 tion and licensing of the manufacture, importation,
21 sale, distribution, transportation and storage of alco-
22 holic beverages are clearly in the public interest and
23 are critical to promoting responsible consumption,
24 preventing illegal access to alcohol by persons under
25 21 years of age from commercial and non-commer-

1 cial sources, maintaining industry integrity and an
2 orderly marketplace, and furthering effective State
3 tax collection.

4 “(c) INTERAGENCY COORDINATING COMMITTEE; AN-
5 NUAL REPORT ON STATE UNDERAGE DRINKING PREVEN-
6 TION AND ENFORCEMENT ACTIVITIES.—

7 “(1) INTERAGENCY COORDINATING COMMITTEE
8 ON THE PREVENTION OF UNDERAGE DRINKING.—

9 “(A) IN GENERAL.—The Secretary, in col-
10 laboration with the Federal officials specified in
11 subparagraph (B), shall formally establish and
12 enhance the efforts of the interagency coordi-
13 nating committee, that began operating in
14 2004, focusing on underage drinking (referred
15 to in this subsection as the ‘Committee’).

16 “(B) OTHER AGENCIES.—The officials re-
17 ferred to in paragraph (1) are the Secretary of
18 Education, the Attorney General, the Secretary
19 of Transportation, the Secretary of the Treas-
20 ury, the Secretary of Defense, the Surgeon
21 General, the Director of the Centers for Disease
22 Control and Prevention, the Director of the Na-
23 tional Institute on Alcohol Abuse and Alco-
24 holism, the Administrator of the Substance
25 Abuse and Mental Health Services Administra-

1 tion, the Director of the National Institute on
2 Drug Abuse, the Assistant Secretary for Chil-
3 dren and Families, the Director of the Office of
4 National Drug Control Policy, the Adminis-
5 trator of the National Highway Traffic Safety
6 Administration, the Administrator of the Office
7 of Juvenile Justice and Delinquency Prevention,
8 the Chairman of the Federal Trade Commis-
9 sion, and such other Federal officials as the
10 Secretary of Health and Human Services deter-
11 mines to be appropriate.

12 “(C) CHAIR.—The Secretary of Health
13 and Human Services shall serve as the chair of
14 the Committee.

15 “(D) DUTIES.—The Committee shall guide
16 policy and program development across the
17 Federal Government with respect to underage
18 drinking, provided, however, that nothing in
19 this section shall be construed as transferring
20 regulatory or program authority from an Agen-
21 cy to the Coordinating Committee.

22 “(E) CONSULTATIONS.—The Committee
23 shall actively seek the input of and shall consult
24 with all appropriate and interested parties, in-
25 cluding States, public health research and inter-

1 est groups, foundations, and alcohol beverage
2 industry trade associations and companies.

3 “(F) ANNUAL REPORT.—

4 “(i) IN GENERAL.—The Secretary, on
5 behalf of the Committee, shall annually
6 submit to the Congress a report that sum-
7 marizes—

8 “(I) all programs and policies of
9 Federal agencies designed to prevent
10 and reduce underage drinking;

11 “(II) the extent of progress in
12 preventing and reducing underage
13 drinking nationally;

14 “(III) data that the Secretary
15 shall collect with respect to the infor-
16 mation specified in clause (ii); and

17 “(IV) such other information re-
18 garding underage drinking as the Sec-
19 retary determines to be appropriate.

20 “(ii) CERTAIN INFORMATION.—The
21 report under clause (i) shall include infor-
22 mation on the following:

23 “(I) Patterns and consequences
24 of underage drinking as reported in
25 research and surveys such as, but not

1 limited to Monitoring the Future,
2 Youth Risk Behavior Surveillance
3 System, the National Survey on Drug
4 Use and Health, and the Fatality
5 Analysis Reporting System.

6 “(II) Measures of the availability
7 of alcohol from commercial and non-
8 commercial sources to underage popu-
9 lations.

10 “(III) Measures of the exposure
11 of underage populations to messages
12 regarding alcohol in advertising and
13 the entertainment media as reported
14 by the Federal Trade Commission.

15 “(IV) Surveillance data, includ-
16 ing information on the onset and
17 prevalence of underage drinking, con-
18 sumption patterns and the means of
19 underage access. The Secretary shall
20 develop a plan to improve the collec-
21 tion, measurement and consistency of
22 reporting Federal underage alcohol
23 data.

1 “(V) Any additional findings re-
2 sulting from research conducted or
3 supported under subsection (f).

4 “(VI) Evidence-based best prac-
5 tices to prevent and reduce underage
6 drinking and provide treatment serv-
7 ices to those youth who need them.

8 “(2) ANNUAL REPORT ON STATE UNDERAGE
9 DRINKING PREVENTION AND ENFORCEMENT ACTIVI-
10 TIES.—

11 “(A) IN GENERAL.—The Secretary shall,
12 with input and collaboration from other appro-
13 priate Federal agencies, States, Indian tribes,
14 territories, and public health, consumer, and al-
15 cohol beverage industry groups, annually issue
16 a report on each State’s performance in enact-
17 ing, enforcing, and creating laws, regulations,
18 and programs to prevent or reduce underage
19 drinking.

20 “(B) STATE PERFORMANCE MEASURES.—

21 “(i) IN GENERAL.—The Secretary
22 shall develop, in consultation with the
23 Committee, a set of measures to be used in
24 preparing the report on best practices.

1 “(ii) CATEGORIES.—In developing
2 these measures, the Secretary shall con-
3 sider categories including, but not limited
4 to:

5 “(I) Whether or not the State
6 has comprehensive anti-underage
7 drinking laws such as for the illegal
8 sale, purchase, attempt to purchase,
9 consumption, or possession of alcohol;
10 illegal use of fraudulent ID; illegal
11 furnishing or obtaining of alcohol for
12 an individual under 21 years; the de-
13 gree of strictness of the penalties for
14 such offenses; and the prevalence of
15 the enforcement of each of these in-
16 fractions.

17 “(II) Whether or not the State
18 has comprehensive liability statutes
19 pertaining to underage access to alco-
20 hol such as dram shop, social host,
21 and house party laws, and the preva-
22 lence of enforcement of each of these
23 laws.

24 “(III) Whether or not the State
25 encourages and conducts comprehen-

1 sive enforcement efforts to prevent
2 underage access to alcohol at retail
3 outlets, such as random compliance
4 checks and shoulder tap programs,
5 and the number of compliance checks
6 within alcohol retail outlets measured
7 against the number of total alcohol re-
8 tail outlets in each State, and the re-
9 sult of such checks.

10 “(IV) Whether or not the State
11 encourages training on the proper
12 selling and serving of alcohol for all
13 sellers and servers of alcohol as a con-
14 dition of employment.

15 “(V) Whether or not the State
16 has policies and regulations with re-
17 gard to direct sales to consumers and
18 home delivery of alcoholic beverages.

19 “(VI) Whether or not the State
20 has programs or laws to deter adults
21 from purchasing alcohol for minors;
22 and the number of adults targeted by
23 these programs.

24 “(VII) Whether or not the State
25 has programs targeted to youths, par-

1 ents, and caregivers to deter underage
2 drinking; and the number of individ-
3 uals served by these programs.

4 “(VIII) Whether or not the State
5 has enacted graduated drivers licenses
6 and the extent of those provisions.

7 “(IX) The amount that the State
8 invests, per youth capita, on the pre-
9 vention of underage drinking, further
10 broken down by the amount spent
11 on—

12 “(aa) compliance check pro-
13 grams in retail outlets, including
14 providing technology to prevent
15 and detect the use of false identi-
16 fication by minors to make alco-
17 hol purchases;

18 “(bb) checkpoints and satu-
19 ration patrols that include the
20 goal of reducing and deterring
21 underage drinking;

22 “(cc) community-based,
23 school-based, and higher-edu-
24 cation-based programs to prevent
25 underage drinking;

1 “(dd) underage drinking
2 prevention programs that target
3 youth within the juvenile justice
4 and child welfare systems; and

5 “(ee) other State efforts or
6 programs as deemed appropriate.

7 “(3) AUTHORIZATION OF APPROPRIATIONS.—
8 There are authorized to be appropriated to carry out
9 this subsection \$1,000,000 for fiscal year 2011, and
10 \$1,000,000 for each of the fiscal years 2012 through
11 2015.

12 “(d) NATIONAL MEDIA CAMPAIGN TO PREVENT UN-
13 DERAGE DRINKING.—

14 “(1) SCOPE OF THE CAMPAIGN.—The Secretary
15 shall continue to fund and oversee the production,
16 broadcasting, and evaluation of the national adult-
17 oriented media public service campaign if the Sec-
18 retary determines that such campaign is effective in
19 achieving the media campaign’s measurable objec-
20 tives.

21 “(2) REPORT.—The Secretary shall provide a
22 report to the Congress annually detailing the pro-
23 duction, broadcasting, and evaluation of the cam-
24 paign referred to in paragraph (1), and to detail in
25 the report the effectiveness of the campaign in re-

1 ducing underage drinking, the need for and likely ef-
2 fectiveness of an expanded adult-oriented media
3 campaign, and the feasibility and the likely effective-
4 ness of a national youth-focused media campaign to
5 combat underage drinking.

6 “(3) CONSULTATION REQUIREMENT.—In car-
7 rying out the media campaign, the Secretary shall
8 direct the entity carrying out the national adult-ori-
9 ented media public service campaign to consult with
10 interested parties including both the alcohol bev-
11 erage industry and public health and consumer
12 groups. The progress of this consultative process is
13 to be covered in the report under paragraph (2).

14 “(4) AUTHORIZATION OF APPROPRIATIONS.—
15 There are authorized to be appropriated to carry out
16 this subsection, \$1,000,000 for fiscal year 2011 and
17 \$1,000,000 for each of the fiscal years 2012 through
18 2015.

19 “(e) INTERVENTIONS.—

20 “(1) COMMUNITY-BASED COALITION ENHANCE-
21 MENT GRANTS TO PREVENT UNDERAGE DRINK-
22 ING.—

23 “(A) AUTHORIZATION OF PROGRAM.—The
24 Administrator of the Substance Abuse and
25 Mental Health Services Administration, in con-

1 sultation with the Director of the Office of Na-
2 tional Drug Control Policy, shall award, if the
3 Administrator determines that the Department
4 of Health and Human Services is not currently
5 conducting activities that duplicate activities of
6 the type described in this subsection, ‘enhance-
7 ment grants’ to eligible entities to design, test,
8 evaluate and disseminate effective strategies to
9 maximize the effectiveness of community-wide
10 approaches to preventing and reducing under-
11 age drinking. This subsection is subject to the
12 availability of appropriations.

13 “(B) PURPOSES.—The purposes of this
14 paragraph are to—

15 “(i) prevent and reduce alcohol use
16 among youth in communities throughout
17 the United States;

18 “(ii) strengthen collaboration among
19 communities, the Federal Government, and
20 State, local, and tribal governments;

21 “(iii) enhance intergovernmental co-
22 operation and coordination on the issue of
23 alcohol use among youth;

24 “(iv) serve as a catalyst for increased
25 citizen participation and greater collabora-

1 tion among all sectors and organizations of
2 a community that first demonstrates a
3 long-term commitment to reducing alcohol
4 use among youth;

5 “(v) disseminate to communities time-
6 ly information regarding state-of-the-art
7 practices and initiatives that have proven
8 to be effective in preventing and reducing
9 alcohol use among youth; and

10 “(vi) enhance, not supplant, effective
11 local community initiatives for preventing
12 and reducing alcohol use among youth.

13 “(C) APPLICATION.—An eligible entity de-
14 siring an enhancement grant under this para-
15 graph shall submit an application to the Admin-
16 istrator at such time, and in such manner, and
17 accompanied by such information as the Admin-
18 istrator may require. Each application shall in-
19 clude—

20 “(i) a complete description of the enti-
21 ty’s current underage alcohol use preven-
22 tion initiatives and how the grant will ap-
23 propriately enhance the focus on underage
24 drinking issues; or

1 “(ii) a complete description of the en-
2 tity’s current initiatives, and how it will
3 use this grant to enhance those initiatives
4 by adding a focus on underage drinking
5 prevention.

6 “(D) USES OF FUNDS.—Each eligible enti-
7 ty that receives a grant under this paragraph
8 shall use the grant funds to carry out the ac-
9 tivities described in such entity’s application
10 submitted pursuant to subparagraph (C).
11 Grants under this paragraph shall not exceed
12 \$50,000 per year and may not exceed four
13 years.

14 “(E) SUPPLEMENT NOT SUPPLANT.—
15 Grant funds provided under this paragraph
16 shall be used to supplement, not supplant, Fed-
17 eral and non-Federal funds available for car-
18 rying out the activities described in this para-
19 graph.

20 “(F) EVALUATION.—Grants under this
21 paragraph shall be subject to the same evalua-
22 tion requirements and procedures as the evalua-
23 tion requirements and procedures imposed on
24 recipients of drug free community grants.

1 “(G) DEFINITIONS.—For purposes of this
2 paragraph, the term ‘eligible entity’ means an
3 organization that is currently receiving or has
4 received grant funds under the Drug-Free Com-
5 munities Act of 1997 (21 U.S.C. 1521 et seq.).

6 “(H) ADMINISTRATIVE EXPENSES.—Not
7 more than 6 percent of a grant under this para-
8 graph may be expended for administrative ex-
9 penses.

10 “(I) AUTHORIZATION OF APPROPRIA-
11 TIONS.—There are authorized to be appro-
12 priated to carry out this paragraph \$5,000,000
13 for fiscal year 2011, and \$5,000,000 for each
14 of the fiscal years 2012 through 2015.

15 “(2) GRANTS DIRECTED AT PREVENTING AND
16 REDUCING ALCOHOL ABUSE AT INSTITUTIONS OF
17 HIGHER EDUCATION.—

18 “(A) AUTHORIZATION OF PROGRAM.—The
19 Secretary shall award grants to eligible entities
20 to enable the entities to prevent and reduce the
21 rate of underage alcohol consumption including
22 binge drinking among students at institutions
23 of higher education.

24 “(B) APPLICATIONS.—An eligible entity
25 that desires to receive a grant under this para-

1 graph shall submit an application to the Sec-
2 retary at such time, in such manner, and ac-
3 companied by such information as the Secretary
4 may require. Each application shall include—

5 “(i) a description of how the eligible
6 entity will work to enhance an existing, or
7 where none exists to build a, statewide coa-
8 lition;

9 “(ii) a description of how the eligible
10 entity will target underage students in the
11 State;

12 “(iii) a description of how the eligible
13 entity intends to ensure that the statewide
14 coalition is actually implementing the pur-
15 pose of this section and moving toward in-
16 dicators described in subparagraph (D);

17 “(iv) a list of the members of the
18 statewide coalition or interested parties in-
19 volved in the work of the eligible entity;

20 “(v) a description of how the eligible
21 entity intends to work with State agencies
22 on substance use disorder prevention and
23 education;

24 “(vi) the anticipated impact of funds
25 provided under this paragraph in pre-

1 venting and reducing the rates of underage
2 alcohol use;

3 “(vii) outreach strategies, including
4 ways in which the eligible entity proposes
5 to—

6 “(I) reach out to students and
7 community stakeholders;

8 “(II) promote the purpose of this
9 paragraph;

10 “(III) address the range of needs
11 of the students and the surrounding
12 communities; and

13 “(IV) address community norms
14 for underage students regarding alco-
15 hol use; and

16 “(viii) such additional information as
17 required by the Secretary.

18 “(C) USES OF FUNDS.—Each eligible enti-
19 ty that receives a grant under this paragraph
20 shall use the grant funds to carry out the ac-
21 tivities described in such entity’s application
22 submitted pursuant to subparagraph (B).

23 “(D) ACCOUNTABILITY.—On the date on
24 which the Secretary first publishes a notice in
25 the Federal Register soliciting applications for

1 grants under this paragraph, the Secretary
2 shall include in the notice achievement indica-
3 tors for the program authorized under this
4 paragraph. The achievement indicators shall be
5 designed—

6 “(i) to measure the impact that the
7 statewide coalitions assisted under this
8 paragraph are having on the institutions of
9 higher education and the surrounding com-
10 munities, including changes in the number
11 of incidents of any kind in which students
12 have abused alcohol or consumed alcohol
13 while under the age of 21 (including viola-
14 tions, physical assaults, sexual assaults, re-
15 ports of intimidation, disruptions of school
16 functions, disruptions of student studies,
17 mental health referrals, illnesses, or
18 deaths);

19 “(ii) to measure the quality and acces-
20 sibility of the programs or information of-
21 fered by the eligible entity; and

22 “(iii) to provide such other measures
23 of program impact as the Secretary deter-
24 mines appropriate.

1 “(E) SUPPLEMENT NOT SUPPLANT.—
2 Grant funds provided under this paragraph
3 shall be used to supplement, and not supplant,
4 Federal and non-Federal funds available for
5 carrying out the activities described in this
6 paragraph.

7 “(F) DEFINITIONS.—For purposes of this
8 paragraph:

9 “(i) ELIGIBLE ENTITY.—The term ‘el-
10 igible entity’ means a State, institution of
11 higher education, or nonprofit entity.

12 “(ii) INSTITUTION OF HIGHER EDU-
13 CATION.—The term ‘institution of higher
14 education’ has the meaning given the term
15 in section 101(a) of the Higher Education
16 Act of 1965.

17 “(iii) SECRETARY.—The term ‘Sec-
18 retary’ means the Secretary of Education.

19 “(iv) STATE.—The term ‘State’
20 means each of the 50 States, the District
21 of Columbia, and the Commonwealth of
22 Puerto Rico.

23 “(v) STATEWIDE COALITION.—The
24 term ‘statewide coalition’ means a coalition
25 that—

1 “(I) includes, but is not limited
2 to—

3 “(aa) institutions of higher
4 education within a State; and

5 “(bb) a nonprofit group, a
6 community underage drinking
7 prevention coalition, or another
8 substance use disorder prevention
9 group within a State; and

10 “(II) works toward lowering the
11 alcohol abuse rate by targeting under-
12 age students at institutions of higher
13 education throughout the State and in
14 the surrounding communities.

15 “(vi) SURROUNDING COMMUNITY.—
16 The term ‘surrounding community’ means
17 the community—

18 “(I) that surrounds an institution
19 of higher education participating in a
20 statewide coalition;

21 “(II) where the students from
22 the institution of higher education
23 take part in the community; and

1 “(III) where students from the
2 institution of higher education live in
3 off-campus housing.

4 “(G) ADMINISTRATIVE EXPENSES.—Not
5 more than 5 percent of a grant under this para-
6 graph may be expended for administrative ex-
7 penses.

8 “(H) AUTHORIZATION OF APPROPRIA-
9 TIONS.—There are authorized to be appro-
10 priated to carry out this paragraph \$6,000,000
11 for fiscal year 2011, and \$6,000,000 for each
12 of the fiscal years 2012 through 2015.

13 “(f) ADDITIONAL RESEARCH.—

14 “(1) ADDITIONAL RESEARCH ON UNDERAGE
15 DRINKING.—

16 “(A) IN GENERAL.—The Secretary shall,
17 subject to the availability of appropriations, col-
18 lect data, and conduct or support research that
19 is not duplicative of research currently being
20 conducted or supported by the Department of
21 Health and Human Services, on underage
22 drinking, with respect to the following:

23 “(i) Comprehensive community-based
24 programs or strategies and statewide sys-
25 tems to prevent and reduce underage

1 drinking, across the underage years from
2 early childhood to age 21, including pro-
3 grams funded and implemented by govern-
4 ment entities, public health interest groups
5 and foundations, and alcohol beverage
6 companies and trade associations.

7 “(ii) Annually obtain and report more
8 precise information than is currently col-
9 lected on the scope of the underage drink-
10 ing problem and patterns of underage alco-
11 hol consumption, including improved
12 knowledge about the problem and progress
13 in preventing, reducing and treating under-
14 age drinking; as well as information on the
15 rate of exposure of youth to advertising
16 and other media messages encouraging and
17 discouraging alcohol consumption.

18 “(iii) Compiling information on the in-
19 volvement of alcohol in unnatural deaths of
20 persons ages 12 to 20 in the United
21 States, including suicides, homicides, and
22 unintentional injuries such as falls,
23 drownings, burns, poisonings, and motor
24 vehicle crash deaths.

1 “(B) CERTAIN MATTERS.—The Secretary
2 shall carry out activities toward the following
3 objectives with respect to underage drinking:

4 “(i) Obtaining new epidemiological
5 data within the national or targeted sur-
6 veys that identify alcohol use and attitudes
7 about alcohol use during pre- and early
8 adolescence, including harm caused to self
9 or others as a result of adolescent alcohol
10 use such as violence, date rape, risky sex-
11 ual behavior, and prenatal alcohol expo-
12 sure.

13 “(ii) Developing or identifying suc-
14 cessful clinical treatments for youth with
15 alcohol problems.

16 “(C) PEER REVIEW.—Research under sub-
17 paragraph (A) shall meet current Federal
18 standards for scientific peer review.

19 “(2) AUTHORIZATION OF APPROPRIATIONS.—
20 There are authorized to be appropriated to carry out
21 this subsection \$6,000,000 for fiscal year 2011, and
22 \$6,000,000 for each of the fiscal years 2012 through
23 2015.

1 **“SEC. 523. SERVICES FOR INDIVIDUALS WITH FETAL ALCO-**
2 **HOL SYNDROME.**

3 “(a) IN GENERAL.—The Secretary shall make
4 awards of grants, cooperative agreements, or contracts to
5 public and nonprofit private entities, including American
6 Indian and Alaska Native tribes, tribal organizations, and
7 a health facility or program operated by or pursuant to
8 a contract or grant with the Indian Health Service, to pro-
9 vide services to individuals diagnosed with fetal alcohol
10 syndrome or alcohol-related birth defects.

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

13 “(1) screen and test individuals to determine
14 the type and level of services needed;

15 “(2) develop a comprehensive plan for providing
16 services to the individual;

17 “(3) provide mental health counseling;

18 “(4) provide substance use disorder prevention
19 services and treatment, if needed;

20 “(5) coordinate services with other social pro-
21 grams including social services, justice system, edu-
22 cational services, health services, mental health and
23 substance use disorder services, financial assistance
24 programs, vocational services and housing assistance
25 programs;

26 “(6) provide vocational services;

1 “(7) provide health counseling;

2 “(8) provide housing assistance;

3 “(9) parenting skills training;

4 “(10) overall case management;

5 “(11) supportive services for families of individ-
6 uals with Fetal Alcohol Syndrome;

7 “(12) provide respite care for caretakers of in-
8 dividuals with Fetal Alcohol Syndrome and other
9 prenatal alcohol-related disorders;

10 “(13) recruit and train mentors for individuals
11 with Fetal Alcohol Syndrome and other prenatal al-
12 cohol-related disorders;

13 “(14) provide educational and supportive serv-
14 ices to families of individuals with Fetal Alcohol
15 Spectrum Disorders; and

16 “(15) provide other services and programs, to
17 the extent authorized by the Secretary after consid-
18 eration of recommendations made by the National
19 Task Force on Fetal Alcohol Syndrome.

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

22 “(1) demonstrate that the program will be part
23 of a coordinated, comprehensive system of care for
24 such individuals;

1 “(2) demonstrate an established communication
2 with other social programs in the community includ-
3 ing social services, justice system, financial assist-
4 ance programs, health services, educational services,
5 mental health and substance use disorder services,
6 vocational services and housing assistance services;

7 “(3) show a history of working with individuals
8 with fetal alcohol syndrome or alcohol-related birth
9 defects;

10 “(4) provide assurance that the services will be
11 provided in a culturally and linguistically appro-
12 priate manner; and

13 “(5) provide assurance that at the end of the
14 5-year award period, other mechanisms will be iden-
15 tified to meet the needs of the individuals and fami-
16 lies served under such award.

17 “(d) RELATIONSHIP TO PAYMENTS UNDER OTHER
18 PROGRAMS.—An award may be made under subsection (a)
19 only if the applicant involved agrees that the award will
20 not be expended to pay the expenses of providing any serv-
21 ice under this section to an individual to the extent that
22 payment has been made, or can reasonably be expected
23 to be made, with respect to such expenses—

1 “(1) under any State compensation program,
2 under an insurance policy, or under any Federal or
3 State health benefits program; or

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

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

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

14 “(g) FUNDING.—

15 “(1) AUTHORIZATION OF APPROPRIATIONS.—
16 For the purpose of carrying out this section, there
17 are authorized to be appropriated \$25,000,000 for
18 fiscal year 2011, and such sums as may be nec-
19 essary for each of the fiscal years 2012 through
20 2015.

21 “(2) ALLOCATION.—Of the amounts appro-
22 priated under paragraph (1) for a fiscal year, not
23 less than \$300,000 shall, for purposes relating to
24 fetal alcohol syndrome and alcohol-related birth de-
25 fects, be made available for collaborative, coordi-

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

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

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

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

16 “(4) train community leaders, mental health
17 and substance use disorder professionals, families,
18 law enforcement personnel, judges, health profes-
19 sionals, persons working in financial assistance pro-
20 grams, social service personnel, child welfare profes-
21 sionals, and other service providers on the implica-
22 tions of fetal alcohol syndrome and alcohol-related
23 birth defects, the early identification of and referral
24 for such conditions;

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

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

8 “(c) REPORT.—

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

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

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

24 “(e) EVALUATION.—The Secretary shall evaluate
25 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 \$9,200,000 for fiscal year 2011, and
6 such sums as may be necessary for each of the fiscal years
7 2012 through 2015.

8 **“Subpart 3—Center for Mental Health Services**

9 **“SEC. 525. CENTER FOR MENTAL HEALTH SERVICES.**

10 “(a) ESTABLISHMENT.—There is established in the
11 Administration a Center for Mental Health Services (here-
12 after in this section referred to as the ‘Center’). The Cen-
13 ter shall be headed by a Director (hereafter in this section
14 referred to as the ‘Director’) appointed by the Secretary
15 from among individuals with extensive experience or aca-
16 demic qualifications in the provision of mental health serv-
17 ices or in the evaluation of mental health service systems.

18 “(b) DUTIES.—The Director of the Center shall—

19 “(1) design national goals and establish na-
20 tional priorities for—

21 “(A) the prevention of mental illness; and

22 “(B) the promotion of mental health;

23 “(2) encourage and assist local entities and
24 State agencies to achieve the goals and priorities de-
25 scribed in paragraph (1);

1 “(3) collaborate with the Department of Edu-
2 cation and the Department of Justice to develop
3 programs to assist local communities in addressing
4 violence among children and adolescents;

5 “(4) develop and coordinate Federal prevention
6 policies and programs and to assure increased focus
7 on the prevention of mental illness and the pro-
8 motion of mental health through programs that re-
9 duce risk and promote resiliency;

10 “(5) develop improved methods of treating indi-
11 viduals with mental health problems and improved
12 methods of assisting the families of such individuals;

13 “(6) administer the mental health services block
14 grant program authorized in section 1911;

15 “(7) promote policies and programs at Federal,
16 State, and local levels and in the private sector that
17 foster independence, increase meaningful participa-
18 tion of, and protect the legal rights of persons with
19 mental illness, including carrying out the provisions
20 of the Protection and Advocacy of Individuals with
21 Mental Illness Act;

22 “(8) carry out the programs under part C;

23 “(9) carry out responsibilities for the Human
24 Resource Development program, and programs of

1 clinical training for paraprofessional personnel and
2 health professionals;

3 “(10) conduct services-related assessments, in-
4 cluding evaluations of the organization and financing
5 of care, self-help and consumer-run programs, men-
6 tal health economics, mental health service systems,
7 rural mental health, tele-mental health, and improve
8 the capacity of State to conduct evaluations of pub-
9 licly funded mental health programs;

10 “(11) provide technical assistance to public and
11 private entities that are providers of mental health
12 services;

13 “(12) conduct surveys with respect to mental
14 health, such as the National Reporting Program;
15 and

16 “(13) assist States in improving their mental
17 health data collection.

18 “(c) GRANTS AND CONTRACTS.—In carrying out the
19 duties established in subsection (b), the Director may
20 make grants to and enter into contracts and cooperative
21 agreements with public and nonprofit private entities.

22 **“SEC. 526. PRIORITY MENTAL HEALTH NEEDS OF RE-**
23 **GIONAL AND NATIONAL SIGNIFICANCE.**

24 “(a) PROJECTS.—The Secretary shall address pri-
25 ority mental health needs of regional and national signifi-

1 cance (as determined under subsection (b)) through the
2 provision of or through assistance for—

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

7 “(2) training and technical assistance pro-
8 grams;

9 “(3) targeted capacity response programs; and

10 “(4) systems change grants including statewide
11 family network grants and client-oriented and con-
12 sumer run self-help activities which may include
13 technical assistance centers.

14 The Secretary may carry out the activities described in
15 this subsection directly or through grants, contracts, or
16 cooperative agreements with States, territories, political
17 subdivisions of States, Indian tribes and tribal organiza-
18 tions, other public or private nonprofit entities.

19 “(b) PRIORITY MENTAL HEALTH NEEDS.—

20 “(1) DETERMINATION OF NEEDS.—Priority
21 mental health needs of regional and national signifi-
22 cance shall be determined by the Secretary in con-
23 sultation with States and other interested groups.

24 The Secretary shall meet with the States and inter-

1 ested groups on an annual basis to discuss program
2 priorities.

3 “(2) SPECIAL CONSIDERATION.—In developing
4 program priorities described in paragraph (1), the
5 Secretary shall give special consideration to pro-
6 moting the integration of mental health services into
7 primary health care systems.

8 “(c) REQUIREMENTS.—

9 “(1) IN GENERAL.—Recipients of grants, con-
10 tracts, and cooperative agreements under this sec-
11 tion shall comply with information and application
12 requirements determined appropriate by the Sec-
13 retary.

14 “(2) DURATION OF AWARD.—With respect to a
15 grant, contract, or cooperative agreement awarded
16 under this section, the period during which pay-
17 ments under such award are made to the recipient
18 may not exceed 5 years.

19 “(3) MATCHING FUNDS.—The Secretary may,
20 for projects carried out under subsection (a), require
21 that entities that apply for grants, contracts, or co-
22 operative agreements under this section provide non-
23 Federal matching funds, as determined appropriate
24 by the Secretary, to ensure the institutional commit-
25 ment of the entity to the projects funded under the

1 grant, contract, or cooperative agreement. Such non-
2 Federal matching funds may be provided directly or
3 through donations from public or private entities
4 and may be in cash or in kind, fairly evaluated, in-
5 cluding plant, equipment, or services. The require-
6 ments of this paragraph shall apply to Statewide
7 consumer family networks.

8 “(4) MAINTENANCE OF EFFORT.—With respect
9 to activities for which a grant, contract or coopera-
10 tive agreement is awarded under this section, the
11 Secretary may require that recipients for specific
12 projects under subsection (a) agree to maintain ex-
13 penditures of non-Federal amounts for such activi-
14 ties at a level that is not less than the level of such
15 expenditures maintained by the entity for the fiscal
16 year preceding the fiscal year for which the entity
17 receives such a grant, contract, or cooperative agree-
18 ment.

19 “(d) EVALUATION.—The Secretary shall evaluate
20 each project carried out under subsection (a)(1) and shall
21 disseminate the findings with respect to each such evalua-
22 tion to appropriate public and private entities.

23 “(e) INFORMATION AND EDUCATION.—

24 “(1) IN GENERAL.—The Secretary shall estab-
25 lish information and education programs to dissemi-

1 nate and apply the findings of the knowledge devel-
2 opment and application, training, and technical as-
3 sistance programs, and targeted capacity response
4 programs, under this section to the general public,
5 to health care professionals, and to interested
6 groups. The Secretary shall make every effort to
7 provide linkages between the findings of supported
8 projects and State agencies responsible for carrying
9 out mental health services.

10 “(2) RURAL AND UNDERSERVED AREAS.—In
11 disseminating information on evidence-based prac-
12 tices in the provision of children’s mental health
13 services under this subsection, the Secretary shall
14 ensure that such information is distributed to rural
15 and medically underserved areas.

16 “(f) AUTHORIZATION OF APPROPRIATION.—

17 “(1) IN GENERAL.—There are authorized to be
18 appropriated to carry out this section, \$300,000,000
19 for fiscal year 2011, and such sums as may be nec-
20 essary for each of the fiscal years 2012 through
21 2015.

22 “(2) DATA INFRASTRUCTURE.—If amounts are
23 not appropriated for a fiscal year to carry out sec-
24 tion 1971 with respect to mental health, then the
25 Secretary shall make available, from the amounts

1 appropriated for such fiscal year under paragraph
2 (1), an amount equal to the sum of \$6,000,000 and
3 10 percent of all amounts appropriated for such fis-
4 cal year under such paragraph in excess of
5 \$100,000,000, to carry out such section 1971.

6 **“SEC. 527. SUICIDE PREVENTION TECHNICAL ASSISTANCE**
7 **CENTER.**

8 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
9 through the Administrator of the Substance Abuse and
10 Mental Health Services Administration, shall establish a
11 research, training, and technical assistance resource cen-
12 ter to provide appropriate information, training, and tech-
13 nical assistance to States, political subdivisions of States,
14 federally recognized Indian tribes, tribal organizations, in-
15 stitutions of higher education, public organizations, or pri-
16 vate nonprofit organizations concerning the prevention of
17 suicide among all ages, particularly among groups that are
18 at high risk for suicide.

19 “(b) RESPONSIBILITIES OF THE CENTER.—The cen-
20 ter established under subsection (a) shall—

21 “(1) assist in the development or continuation
22 of statewide and tribal suicide early intervention and
23 prevention strategies for all ages, particularly among
24 groups that are at high risk for suicide;

1 “(2) ensure the surveillance of suicide early
2 intervention and prevention strategies for all ages,
3 particularly among groups that are at high risk for
4 suicide;

5 “(3) study the costs and effectiveness of state-
6 wide and tribal suicide early intervention and pre-
7 vention strategies in order to provide information
8 concerning relevant issues of importance to State,
9 tribal, and national policymakers;

10 “(4) further identify and understand causes
11 and associated risk factors for suicide for all ages,
12 particularly among groups that are at high risk for
13 suicide;

14 “(5) analyze the efficacy of new and existing
15 suicide early intervention and prevention techniques
16 and technology for all ages, particularly among
17 groups that are at high risk for suicide;

18 “(6) ensure the surveillance of suicidal behav-
19 iors and nonfatal suicidal attempts;

20 “(7) study the effectiveness of State-sponsored
21 statewide and tribal suicide early intervention and
22 prevention strategies for all ages particularly among
23 groups that are at high risk for suicide on the over-
24 all wellness and health promotion strategies related
25 to suicide attempts;

1 Health Services Administration, shall award grants or co-
2 operative agreements to eligible entities to—

3 “(1) develop and implement State-sponsored
4 statewide or tribal youth suicide early intervention
5 and prevention strategies in schools, educational in-
6 stitutions, juvenile justice systems, substance use
7 disorder programs, mental health programs, foster
8 care systems, and other child and youth support or-
9 ganizations;

10 “(2) support public organizations and private
11 nonprofit organizations actively involved in State-
12 sponsored statewide or tribal youth suicide early
13 intervention and prevention strategies and in the de-
14 velopment and continuation of State-sponsored
15 statewide youth suicide early intervention and pre-
16 vention strategies;

17 “(3) provide grants to institutions of higher
18 education to coordinate the implementation of State-
19 sponsored statewide or tribal youth suicide early
20 intervention and prevention strategies;

21 “(4) collect and analyze data on State-spon-
22 sored statewide or tribal youth suicide early inter-
23 vention and prevention services that can be used to
24 monitor the effectiveness of such services and for re-

1 search, technical assistance, and policy development;
2 and

3 “(5) assist eligible entities, through State-spon-
4 sored statewide or tribal youth suicide early inter-
5 vention and prevention strategies, in achieving tar-
6 gets for youth suicide reductions under title V of the
7 Social Security Act.

8 “(b) ELIGIBLE ENTITY.—

9 “(1) DEFINITION.—In this section, the term
10 ‘eligible entity’ means—

11 “(A) a State;

12 “(B) a public organization or private non-
13 profit organization designated by a State to de-
14 velop or direct the State-sponsored statewide
15 youth suicide early intervention and prevention
16 strategy; or

17 “(C) a federally recognized Indian tribe or
18 tribal organization (as defined in the Indian
19 Self-Determination and Education Assistance
20 Act) or an urban Indian organization (as de-
21 fined in the Indian Health Care Improvement
22 Act) that is actively involved in the development
23 and continuation of a tribal youth suicide early
24 intervention and prevention strategy.

1 “(2) LIMITATION.—In carrying out this section,
2 the Secretary shall ensure that a State does not re-
3 ceive more than one grant or cooperative agreement
4 under this section at any one time. For purposes of
5 the preceding sentence, a State shall be considered
6 to have received a grant or cooperative agreement if
7 the eligible entity involved is the State or an entity
8 designated by the State under paragraph (1)(B).
9 Nothing in this paragraph shall be constructed to
10 apply to entities described in paragraph (1)(C).

11 “(c) PREFERENCE.—In providing assistance under a
12 grant or cooperative agreement under this section, an eli-
13 gible entity shall give preference to public organizations,
14 private nonprofit organizations, political subdivisions, in-
15 stitutions of higher education, and tribal organizations ac-
16 tively involved with the State-sponsored statewide or tribal
17 youth suicide early intervention and prevention strategy
18 that—

19 “(1) provide early intervention and assessment
20 services, including screening programs, to youth who
21 are at risk for mental or emotional disorders that
22 may lead to a suicide attempt, and that are inte-
23 grated with school systems, educational institutions,
24 juvenile justice systems, substance use disorder pro-

1 grams, mental health programs, foster care systems,
2 and other child and youth support organizations;

3 “(2) demonstrate collaboration among early
4 intervention and prevention services or certify that
5 entities will engage in future collaboration;

6 “(3) employ or include in their applications a
7 commitment to evaluate youth suicide early interven-
8 tion and prevention practices and strategies adapted
9 to the local community;

10 “(4) provide timely referrals for appropriate
11 community-based mental health care and treatment
12 of youth who are at risk for suicide in child-serving
13 settings and agencies;

14 “(5) provide immediate support and informa-
15 tion resources to families of youth who are at risk
16 for suicide;

17 “(6) offer access to services and care to youth
18 with diverse linguistic and cultural backgrounds;

19 “(7) offer appropriate postsuicide intervention
20 services, care, and information to families, friends,
21 schools, educational institutions, juvenile justice sys-
22 tems, substance use disorder programs, mental
23 health programs, foster care systems, and other
24 child and youth support organizations of youth who
25 recently completed suicide;

1 “(8) offer continuous and up-to-date informa-
2 tion and awareness campaigns that target parents,
3 family members, child care professionals, community
4 care providers, and the general public and highlight
5 the risk factors associated with youth suicide and
6 the life-saving help and care available from early
7 intervention and prevention services;

8 “(9) ensure that information and awareness
9 campaigns on youth suicide risk factors, and early
10 intervention and prevention services, use effective
11 communication mechanisms that are targeted to and
12 reach youth, families, schools, educational institu-
13 tions, and youth organizations;

14 “(10) provide a timely response system to en-
15 sure that child-serving professionals and providers
16 are properly trained in youth suicide early interven-
17 tion and prevention strategies and that child-serving
18 professionals and providers involved in early inter-
19 vention and prevention services are properly trained
20 in effectively identifying youth who are at risk for
21 suicide;

22 “(11) provide continuous training activities for
23 child care professionals and community care pro-
24 viders on the latest youth suicide early intervention
25 and prevention services practices and strategies;

1 “(12) conduct annual self-evaluations of out-
2 comes and activities, including consulting with inter-
3 ested families and advocacy organizations;

4 “(13) provide services in areas or regions with
5 rates of youth suicide that exceed the national aver-
6 age as determined by the Centers for Disease Con-
7 trol and Prevention; and

8 “(14) obtain informed written consent from a
9 parent or legal guardian of an at-risk child before
10 involving the child in a youth suicide early interven-
11 tion and prevention program.

12 “(d) REQUIREMENT FOR DIRECT SERVICES.—Not
13 less than 85 percent of grant funds received under this
14 section shall be used to provide direct services, of which
15 not less than 5 percent shall be used for activities author-
16 ized under subsection (a)(3).

17 “(e) CONSULTATION AND POLICY DEVELOPMENT.—

18 “(1) IN GENERAL.—In carrying out this sec-
19 tion, the Secretary shall collaborate with relevant
20 Federal agencies and suicide working groups respon-
21 sible for early intervention and prevention services
22 relating to youth suicide.

23 “(2) CONSULTATION.—In carrying out this sec-
24 tion, the Secretary shall consult with—

1 “(A) State and local agencies, including
2 agencies responsible for early intervention and
3 prevention services under title XIX of the So-
4 cial Security Act, the State Children’s Health
5 Insurance Program under title XXI of the So-
6 cial Security Act, and programs funded by
7 grants under title V of the Social Security Act;

8 “(B) local and national organizations that
9 serve youth at risk for suicide and their fami-
10 lies;

11 “(C) relevant national medical and other
12 health and education specialty organizations;

13 “(D) youth who are at risk for suicide,
14 who have survived suicide attempts, or who are
15 currently receiving care from early intervention
16 services;

17 “(E) families and friends of youth who are
18 at risk for suicide, who have survived suicide at-
19 tempts, who are currently receiving care from
20 early intervention and prevention services, or
21 who have completed suicide;

22 “(F) qualified professionals who possess
23 the specialized knowledge, skills, experience,
24 and relevant attributes needed to serve youth at
25 risk for suicide and their families; and

1 “(G) third-party payers, managed care or-
2 ganizations, and related commercial industries.

3 “(3) POLICY DEVELOPMENT.—In carrying out
4 this section, the Secretary shall—

5 “(A) coordinate and collaborate on policy
6 development at the Federal level with the rel-
7 evant Department of Health and Human Serv-
8 ices agencies and suicide working groups; and

9 “(B) consult on policy development at the
10 Federal level with the private sector, including
11 consumer, medical, suicide prevention advocacy
12 groups, and other health and education profes-
13 sional-based organizations, with respect to
14 State-sponsored statewide or tribal youth sui-
15 cide early intervention and prevention strate-
16 gies.

17 “(f) RULE OF CONSTRUCTION; RELIGIOUS AND
18 MORAL ACCOMMODATION.—Nothing in this section shall
19 be construed to require suicide assessment, early interven-
20 tion, or treatment services for youth whose parents or
21 legal guardians object based on the parents’ or legal
22 guardians’ religious beliefs or moral objections.

23 “(g) EVALUATIONS AND REPORT.—

24 “(1) EVALUATIONS BY ELIGIBLE ENTITIES.—

25 Not later than 18 months after receiving a grant or

1 cooperative agreement under this section, an eligible
2 entity shall submit to the Secretary the results of an
3 evaluation to be conducted by the entity concerning
4 the effectiveness of the activities carried out under
5 the grant or agreement.

6 “(2) REPORT.—Not later than 2 years after the
7 date of enactment of this section, the Secretary shall
8 submit to the appropriate committees of Congress a
9 report concerning the results of—

10 “(A) the evaluations conducted under
11 paragraph (1); and

12 “(B) an evaluation conducted by the Sec-
13 retary to analyze the effectiveness and efficacy
14 of the activities conducted with grants, collabo-
15 rations, and consultations under this section.

16 “(h) RULE OF CONSTRUCTION; STUDENT MEDICA-
17 TION.—Nothing in this section shall be construed to allow
18 school personnel to require that a student obtain any
19 medication as a condition of attending school or receiving
20 services.

21 “(i) PROHIBITION.—Funds appropriated to carry out
22 this section, section 527, or section 529 shall not be used
23 to pay for or refer for abortion.

24 “(j) PARENTAL CONSENT.—States and entities re-
25 ceiving funding under this section shall obtain prior writ-

1 ten, informed consent from the child’s parent or legal
2 guardian for assessment services, school-sponsored pro-
3 grams, and treatment involving medication related to
4 youth suicide conducted in elementary and secondary
5 schools. The requirement of the preceding sentence does
6 not apply in the following cases:

7 “(1) In an emergency, where it is necessary to
8 protect the immediate health and safety of the stu-
9 dent or other students.

10 “(2) Other instances, as defined by the State,
11 where parental consent cannot reasonably be ob-
12 tained.

13 “(k) RELATION TO EDUCATION PROVISIONS.—Noth-
14 ing in this section shall be construed to supersede section
15 444 of the General Education Provisions Act, including
16 the requirement of prior parental consent for the disclo-
17 sure of any education records. Nothing in this section shall
18 be construed to modify or affect parental notification re-
19 quirements for programs authorized under the Elementary
20 and Secondary Education Act of 1965 (as amended by the
21 No Child Left Behind Act of 2001; Public Law 107–110).

22 “(l) DEFINITIONS.—In this section:

23 “(1) EARLY INTERVENTION.—The term ‘early
24 intervention’ means a strategy or approach that is

1 intended to prevent an outcome or to alter the
2 course of an existing condition.

3 “(2) EDUCATIONAL INSTITUTION; INSTITUTION
4 OF HIGHER EDUCATION; SCHOOL.—The term—

5 “(A) ‘educational institution’ means a
6 school or institution of higher education;

7 “(B) ‘institution of higher education’ has
8 the meaning given such term in section 101 of
9 the Higher Education Act of 1965; and

10 “(C) ‘school’ means an elementary or sec-
11 ondary school (as such terms are defined in sec-
12 tion 9101 of the Elementary and Secondary
13 Education Act of 1965).

14 “(3) PREVENTION.—The term ‘prevention’
15 means a strategy or approach that reduces the likeli-
16 hood or risk of onset, or delays the onset, of adverse
17 health problems that have been known to lead to sui-
18 cide.

19 “(4) YOUTH.—The term ‘youth’ means individ-
20 uals who are between 10 and 24 years of age.

21 “(m) AUTHORIZATION OF APPROPRIATIONS.—For
22 the purpose of carrying out this section, there are author-
23 ized to be appropriated \$34,000,000 for fiscal year 2011,
24 \$38,000,000 for fiscal year 2012, and \$42,000,000 for fis-

1 cal year 2013, \$46,000,000 for fiscal year 2014, and
2 \$50,000,000 for fiscal year 2015.

3 **“SEC. 529. MENTAL HEALTH AND SUBSTANCE USE DIS-**
4 **ORDERS SERVICES ON CAMPUS.**

5 “(a) IN GENERAL.—The Secretary, acting through
6 the Director of the Center for Mental Health Services, in
7 consultation with the Secretary of Education, may award
8 grants on a competitive basis to institutions of higher edu-
9 cation to enhance services for students with mental health
10 or substance use disorders that can lead to school failure,
11 such as depression, substance use disorders, and suicide
12 attempts, so that students will successfully complete their
13 studies.

14 “(b) USE OF FUNDS.—The Secretary may not make
15 a grant to an institution of higher education under this
16 section unless the institution agrees to use the grant only
17 for—

18 “(1) educational seminars;

19 “(2) the operation of hot lines;

20 “(3) preparation of informational material;

21 “(4) preparation of educational materials for
22 families of students to increase awareness of poten-
23 tial mental health and substance use disorders issues
24 of students enrolled at the institution of higher edu-
25 cation;

1 “(5) training programs for students and cam-
2 pus personnel to respond effectively to students with
3 mental health and substance use disorders that can
4 lead to school failure, such as depression, substance
5 use disorders, and suicide attempts, and for staff on
6 voluntary screening for such behavioral health prob-
7 lems;

8 “(6) the creation of a networking infrastructure
9 to link colleges and universities that do not have
10 mental health services with health care providers
11 who can treat mental health and substance use dis-
12 orders; or

13 “(7) the administration of voluntary mental
14 health screenings and assessments, not including the
15 provision of direct services.

16 “(c) ELIGIBLE GRANT RECIPIENTS.—Any institution
17 of higher education receiving a grant under this section
18 may carry out activities under the grant through—

19 “(1) college counseling centers;

20 “(2) college and university psychological service
21 centers;

22 “(3) mental health centers;

23 “(4) psychology training clinics; or

1 “(5) institution of higher education supported,
2 evidence-based, mental health and substance use dis-
3 order programs.

4 “(d) APPLICATION.—An institution of higher edu-
5 cation desiring a grant under this section shall prepare
6 and submit an application to the Secretary at such time
7 and in such manner as the Secretary may require. At a
8 minimum, the application shall include the following:

9 “(1) A description of identified mental health
10 and substance use disorder needs of students at the
11 institution of higher education.

12 “(2) A description of Federal, State, local, pri-
13 vate, and institutional resources currently available
14 to address the needs described in paragraph (1) at
15 the institution of higher education.

16 “(3) A description of the outreach strategies of
17 the institution of higher education for promoting ac-
18 cess to services, including a proposed plan for reach-
19 ing those students most in need of mental health
20 services.

21 “(4) A plan to evaluate program outcomes, in-
22 cluding a description of the proposed use of funds,
23 the program objectives, and how the objectives will
24 be met.

1 “(5) An assurance that the institution will sub-
2 mit a report to the Secretary each fiscal year on the
3 activities carried out with the grant and the results
4 achieved through those activities.

5 “(e) REQUIREMENT OF MATCHING FUNDS.—

6 “(1) IN GENERAL.—The Secretary may make a
7 grant under this section to an institution of higher
8 education only if the institution agrees to make
9 available (directly or through donations from public
10 or private entities) non-Federal contributions in an
11 amount that is not less than \$1 for each \$1 of Fed-
12 eral funds provided in the grant, toward the costs of
13 activities carried out with the grant (as described in
14 subsection (b)) and other activities by the institution
15 to reduce student mental health and substance use
16 disorders.

17 “(2) DETERMINATION OF AMOUNT CONTRIB-
18 UTED.—Non-Federal contributions required under
19 paragraph (1) may be in cash or in kind. Amounts
20 provided by the Federal Government, or services as-
21 sisted or subsidized to any significant extent by the
22 Federal Government, may not be included in deter-
23 mining the amount of such non-Federal contribu-
24 tions.

1 “(3) WAIVER.—The Secretary may waive the
2 requirement established in paragraph (1) with re-
3 spect to an institution of higher education if the Sec-
4 retary determines that extraordinary need at the in-
5 stitution justifies the waiver.

6 “(f) REPORTS.—For each fiscal year that grants are
7 awarded under this section, the Secretary shall conduct
8 a study on the results of the grants and submit to the
9 Congress a report on such results that includes the fol-
10 lowing:

11 “(1) An evaluation of the grant program out-
12 comes, including a summary of activities carried out
13 with the grant and the results achieved through
14 those activities.

15 “(2) Recommendations on how to improve ac-
16 cess to mental health and substance use disorder
17 services at institutions of higher education, including
18 efforts to reduce the incidence of suicide and sub-
19 stance use disorders.

20 “(g) DEFINITION.—In this section, the term ‘institu-
21 tion of higher education’ has the meaning given such term
22 in section 101 of the Higher Education Act of 1965.

23 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the
24 purpose of carrying out this section, there are authorized
25 to be appropriated \$5,400,000 for fiscal year 2011,

1 \$5,800,000 for fiscal year 2012, \$6,200,000 for fiscal year
2 2013, \$6,600,000 for fiscal year 2014, and \$7,000,000
3 for fiscal year 2015.

4 **“SEC. 530. GRANTS FOR JAIL DIVERSION PROGRAMS.**

5 “(a) PROGRAM AUTHORIZED.—The Secretary shall
6 make up to 125 grants to States, political subdivisions of
7 States, American Indian and Alaska Native tribes and
8 tribal organizations, acting directly or through agreements
9 with other public or nonprofit entities, or a health facility
10 or program operated by or pursuant to a contract or grant
11 with the Indian Health Service, to develop and implement
12 programs to divert individuals with a mental illness from
13 the criminal justice system to community-based services.

14 “(b) ADMINISTRATION.—

15 “(1) CONSULTATION.—The Secretary shall con-
16 sult with the Attorney General and any other appro-
17 priate officials in carrying out this section.

18 “(2) REGULATORY AUTHORITY.—The Secretary
19 shall issue regulations and guidelines necessary to
20 carry out this section, including methodologies and
21 outcome measures for evaluating programs carried
22 out by States, political subdivisions of States, Indian
23 tribes, and tribal organizations receiving grants
24 under subsection (a).

25 “(c) APPLICATIONS.—

1 “(1) IN GENERAL.—To receive a grant under
2 subsection (a), the chief executive of a State, chief
3 executive of a subdivision of a State, Indian tribe or
4 tribal organization shall prepare and submit an ap-
5 plication to the Secretary at such time, in such man-
6 ner, and containing such information as the Sec-
7 retary shall reasonably require.

8 “(2) CONTENT.—Such application shall—

9 “(A) contain an assurance that—

10 “(i) community-based mental health
11 services will be available for the individuals
12 who are diverted from the criminal justice
13 system, and that such services are based
14 on evidence-based practices, reflect current
15 research findings, include case manage-
16 ment, assertive community treatment,
17 medication management and access, inte-
18 grated mental health and co-occurring sub-
19 stance use disorder treatment, and psy-
20 chiatric rehabilitation, and will be coordi-
21 nated with social services, including life
22 skills training, housing placement, voca-
23 tional training, education job placement,
24 and health care;

1 “(ii) there has been relevant inter-
2 agency collaboration between the appro-
3 priate criminal justice, mental health, and
4 substance use disorder systems; and

5 “(iii) the Federal support provided
6 will be used to supplement, and not sup-
7 plant, State, local, Indian tribe, or tribal
8 organization sources of funding that would
9 otherwise be available;

10 “(B) demonstrate that the diversion pro-
11 gram will be integrated with an existing system
12 of care for those with mental illness;

13 “(C) explain the applicant’s inability to
14 fund the program adequately without Federal
15 assistance;

16 “(D) specify plans for obtaining necessary
17 support and continuing the proposed program
18 following the conclusion of Federal support; and

19 “(E) describe methodology and outcome
20 measures that will be used in evaluating the
21 program.

22 “(d) USE OF FUNDS.—A State, political subdivision
23 of a State, Indian tribe, or tribal organization that receives
24 a grant under subsection (a) may use funds received under
25 such grant to—

1 “(1) integrate the diversion program into the
2 existing system of care;

3 “(2) create or expand community-based mental
4 health and co-occurring mental illness and substance
5 use disorder services to accommodate the diversion
6 program;

7 “(3) train professionals involved in the system
8 of care, and law enforcement officers, attorneys, and
9 judges; and

10 “(4) provide community outreach and crisis
11 intervention.

12 “(e) FEDERAL SHARE.—

13 “(1) IN GENERAL.—The Secretary shall pay to
14 a State, political subdivision of a State, Indian tribe,
15 or tribal organization receiving a grant under sub-
16 section (a) the Federal share of the cost of activities
17 described in the application.

18 “(2) FEDERAL SHARE.—The Federal share of a
19 grant made under this section shall not exceed 75
20 percent of the total cost of the program carried out
21 by the State, political subdivision of a State, Indian
22 tribe, or tribal organization. Such share shall be
23 used for new expenses of the program carried out by
24 such State, political subdivision of a State, Indian
25 tribe, or tribal organization.

1 “(3) NON-FEDERAL SHARE.—The non-Federal
2 share of payments made under this section may be
3 made in cash or in kind fairly evaluated, including
4 planned equipment or services. The Secretary may
5 waive the requirement of matching contributions.

6 “(f) GEOGRAPHIC DISTRIBUTION.—The Secretary
7 shall ensure that such grants awarded under subsection
8 (a) are equitably distributed among the geographical re-
9 gions of the United States and between urban and rural
10 populations.

11 “(g) TRAINING AND TECHNICAL ASSISTANCE.—
12 Training and technical assistance may be provided by the
13 Secretary to assist a State, political subdivision of a State,
14 Indian tribe, or tribal organization receiving a grant under
15 subsection (a) in establishing and operating a diversion
16 program.

17 “(h) EVALUATIONS.—The programs described in
18 subsection (a) shall be evaluated not less than one time
19 in every 12-month period using the methodology and out-
20 come measures identified in the grant application.

21 “(i) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section
23 \$10,000,000 for fiscal year 2011, and such sums as may
24 be necessary for fiscal years 2012 through 2015.

1 **“SEC. 531. GRANTS FOR THE INTEGRATED TREATMENT OF**
2 **SERIOUS MENTAL ILLNESS AND CO-OCCUR-**
3 **RING SUBSTANCE USE DISORDERS.**

4 “(a) IN GENERAL.—The Secretary shall award
5 grants, contracts, or cooperative agreements to States, po-
6 litical subdivisions of States, Indian tribes, tribal organiza-
7 tions, and private nonprofit organizations for the develop-
8 ment or expansion of programs to provide integrated
9 treatment services for individuals with a serious mental
10 illness and a co-occurring substance use disorders.

11 “(b) PRIORITY.—In awarding grants, contracts, and
12 cooperative agreements under subsection (a), the Sec-
13 retary shall give priority to applicants that emphasize the
14 provision of services for individuals with a serious mental
15 illness and a co-occurring substance use disorders who—

16 “(1) have a history of interactions with law en-
17 forcement or the criminal justice system;

18 “(2) have recently been released from incarcer-
19 ation;

20 “(3) have a history of unsuccessful treatment in
21 either an inpatient or outpatient setting;

22 “(4) have never followed through with out-
23 patient services despite repeated referrals; or

24 “(5) are homeless.

25 “(c) USE OF FUNDS.—A State, political subdivision
26 of a State, American Indian or Alaska Native tribe, tribal

1 organization, or a health facility operated by or pursuant
2 to a contract or grant with the Indian Health Service, or
3 private nonprofit organization that receives a grant, con-
4 tract, or cooperative agreement under subsection (a) shall
5 use funds received under such grant—

6 “(1) to provide fully integrated services rather
7 than serial or parallel services;

8 “(2) to employ staff that are cross-trained in
9 the diagnosis and treatment of both serious mental
10 illness and substance use disorders;

11 “(3) to provide integrated mental health and
12 substance use disorder services at the same location;

13 “(4) to provide services that are linguistically
14 appropriate and culturally competent;

15 “(5) to provide at least 10 programs for inte-
16 grated treatment of both mental illness and sub-
17 stance use disorders at sites that previously provided
18 only mental health services or only substance use
19 disorder services; and

20 “(6) to provide services in coordination with
21 other existing public and private community pro-
22 grams.

23 “(d) CONDITION.—The Secretary shall ensure that a
24 State, political subdivision of a State, Indian tribe, tribal
25 organization, or private nonprofit organization that re-

1 ceives a grant, contract, or cooperative agreement under
2 subsection (a) maintains the level of effort necessary to
3 sustain existing mental health and substance use disorder
4 programs for other populations served by mental health
5 systems in the community.

6 “(e) DISTRIBUTION OF AWARDS.—The Secretary
7 shall ensure that grants, contracts, or cooperative agree-
8 ments awarded under subsection (a) are equitably distrib-
9 uted among the geographical regions of the United States
10 and between urban and rural populations.

11 “(f) DURATION.—The Secretary shall award grants,
12 contract, or cooperative agreements under this subsection
13 for a period of not more than 5 years.

14 “(g) APPLICATION.—A State, political subdivision of
15 a State, Indian tribe, tribal organization, or private non-
16 profit organization that desires a grant, contract, or coop-
17 erative agreement under this subsection shall prepare and
18 submit an application to the Secretary at such time, in
19 such manner, and containing such information as the Sec-
20 retary may require. Such application shall include a plan
21 for the rigorous evaluation of activities funded with an
22 award under such subsection, including a process and out-
23 comes evaluation.

24 “(h) EVALUATION.—A State, political subdivision of
25 a State, Indian tribe, tribal organization, or private non-

1 profit organization that receives a grant, contract, or coop-
2 erative agreement under this subsection shall prepare and
3 submit a plan for the rigorous evaluation of the program
4 funded under such grant, contract, or agreement, includ-
5 ing both process and outcomes evaluation, and the submis-
6 sion of an evaluation at the end of the project period.

7 “(i) AUTHORIZATION OF APPROPRIATIONS.—There
8 are authorized to be appropriated to carry out this section,
9 \$14,000,000 for fiscal year 2011, and such sums as may
10 be necessary for each of fiscal years 2012 through 2015.

11 **“SEC. 532. GRANTS RELATING TO THE INTEGRATION AND**
12 **CO-LOCATING OF SERVICES.**

13 “(a) GRANTS FOR INTEGRATION OF MENTAL
14 HEALTH AND SUBSTANCE USE DISORDER SERVICES IN
15 PRIMARY CARE AND MENTAL HEALTH SETTINGS.—

16 “(1) IN GENERAL.—The Secretary, acting
17 through the Director of the Center for Mental
18 Health Services, shall award grants to public and
19 private nonprofit entities to integrate mental health
20 and substance use disorder early intervention, pre-
21 vention, treatment, referral, and recovery services
22 into primary care settings, for projects that address
23 mental health and substance use disorder needs, in-
24 cluding programs that—

1 “(A) integrate mental health services for
2 older adults into primary care settings, in order
3 to provide screening, referrals, and evidence-
4 based intervention and treatment services by in-
5 dividuals with appropriate training and experi-
6 ence in the treatment of older adults, including
7 licensed mental health professionals; and

8 “(B) provide mental health and substance
9 use disorders early intervention, prevention,
10 treatment, referral, and recovery services, for
11 children and adults, that are in coordination
12 with community mental health service programs
13 and other appropriately trained providers of
14 care.

15 “(2) APPLICATION.—To be eligible to receive a
16 grant or cooperative agreement under this sub-
17 section an entity shall prepare and submit to the
18 Secretary an application at such time, in such man-
19 ner, and containing such information the Secretary
20 may require, including—

21 “(A) an assessment of the mental health
22 and substance use disorders care needs of pa-
23 tients served by the primary care provider and
24 how such needs will be addressed;

1 “(B) assurances that the primary care set-
2 ting will have appropriately qualified mental
3 health and substance use disorders professional
4 staff, including licensed mental health profes-
5 sionals, to ensure prompt treatment or triage
6 for referral services or providers;

7 “(C) assurances that the primary care set-
8 ting will encourage formal coordination with
9 community mental health service programs and
10 other appropriate providers to ensure continuity
11 of care;

12 “(D) assurances that the primary care set-
13 ting has experience in providing services to a
14 variety of populations, including racial and eth-
15 nic minorities and low-income populations;

16 “(E) assurances that the primary care set-
17 tings uses evidence-based intervention and
18 treatment protocols (to the extent such proto-
19 cols are available) for mental health and sub-
20 stance use disorders;

21 “(F) assurances to report to the Secretary
22 standardized clinical and behavioral data and
23 other performance data necessary to evaluate
24 patient outcomes and to facilitate evaluations
25 across participating projects; and

1 “(G) a plan for sustainability beyond the
2 Federal grant period.

3 “(3) USE OF FUNDS.—Amounts awarded under
4 this subsection may be used to—

5 “(A) provide mental health promotion and
6 substance use disorder prevention services;

7 “(B) screen individuals for mental illness
8 or substance use;

9 “(C) diagnose and determine an appro-
10 priate intervention;

11 “(D) provide brief intervention for individ-
12 uals at risk of mental illness or substance use;

13 “(E) treat or refer for treatment of a men-
14 tal illness or substance use disorder;

15 “(F) provide recovery support services or
16 referring individuals for services;

17 “(G) provide caregiver support and edu-
18 cational and transportation services to improve
19 access and retention; or

20 “(H) facilitate networking between pri-
21 mary care professionals and mental health and
22 substance use disorders professionals for—

23 “(i) case management development;

24 and

25 “(ii) professional mentoring.

1 “(4) DURATION.—A project may receive fund-
2 ing pursuant to a grant under this subsection for a
3 period of up to 3 years, with an extension period of
4 2 additional years at the discretion of the Secretary.

5 “(5) SUPPLEMENT, NOT SUPPLANT.—Funds
6 made available under this subsection shall supple-
7 ment, and not supplant, other Federal, State, or
8 local funds available to an entity to carry out activi-
9 ties described in this subsection.

10 “(6) MATCHING REQUIREMENTS.—With respect
11 to the costs of the activities to be carried out by an
12 entity under a grant or cooperative agreement under
13 this subsection, beginning with the third year of the
14 grant program, an entity shall provide assurances
15 that the entity will make available (directly or
16 through donations from public or private entities, in-
17 cluding in-kind donations) non-Federal contributions
18 towards such costs in an amount that is not less
19 than \$1 for each \$4 of Federal funds provided under
20 the grant or cooperative agreement.

21 “(7) REPORT.—Grantees under this subsection
22 shall, beginning with the end of the second year of
23 the grant, submit yearly reports to the Secretary on
24 the activities of the grantee in support of the grant
25 and the latest performance data. Such reports shall

1 contain recommendations as how to replicate the
2 project.

3 “(b) GRANTS FOR CO-LOCATING PRIMARY AND SPE-
4 CIALTY CARE IN COMMUNITY-BASED MENTAL HEALTH
5 SETTINGS.—

6 “(1) DEFINITIONS.—In this subsection:

7 “(A) ELIGIBLE ENTITY.—The term ‘eligi-
8 ble entity’ means a qualified community mental
9 health program defined under section
10 1913(b)(1).

11 “(B) SPECIAL POPULATIONS.—The term
12 ‘special populations’ refers to the following 3
13 groups:

14 “(i) Children and adolescents with
15 mental and emotional disturbances who
16 have co-occurring primary care conditions
17 and chronic diseases.

18 “(ii) Adults with mental illnesses who
19 have co-occurring primary care conditions
20 and chronic diseases.

21 “(iii) Older adults with mental ill-
22 nesses who have co-occurring primary care
23 conditions and chronic diseases.

24 “(2) PROGRAM AUTHORIZED.—The Secretary,
25 acting through the Administrator of the Substance

1 Abuse and Mental Health Services Administration
2 and in coordination with the Director of the Health
3 Resources and Services Administration, shall award
4 grants to eligible entities to establish demonstration
5 projects for the provision of coordinated and inte-
6 grated services to special populations through the
7 co-location of primary and specialty care services in
8 community-based mental health and substance use
9 disorder settings.

10 “(3) APPLICATION.—To be eligible to receive a
11 grant under this subsection, an eligible entity shall
12 submit an application to the Administrator at such
13 time, in such manner, and accompanied by such in-
14 formation as the Administrator may require. Each
15 such application shall include—

16 “(A) an assessment of the primary care
17 needs of the patients served by the eligible enti-
18 ty and a description of how the eligible entity
19 will address such needs; and

20 “(B) a description of partnerships, cooper-
21 ative agreements, or other arrangements with
22 local primary care providers, including commu-
23 nity health centers, to provide services to spe-
24 cial populations.

25 “(4) USE OF FUNDS.—

1 “(A) IN GENERAL.—For the benefit of spe-
2 cial populations, an eligible entity shall use
3 funds awarded under this subsection for—

4 “(i) the provision, by qualified pri-
5 mary care professionals on a reasonable
6 cost basis, of—

7 “(I) primary care services on site
8 at the eligible entity;

9 “(II) diagnostic and laboratory
10 services; or

11 “(III) adult and pediatric eye,
12 ear, and dental screenings;

13 “(ii) reasonable costs associated with
14 medically necessary referrals to qualified
15 specialty care professionals;

16 “(iii) information technology required
17 to accommodate the clinical needs of pri-
18 mary and specialty care professionals; or

19 “(iv) equipment needed to provide pri-
20 mary care services on site at the eligible
21 entity.

22 “(B) LIMITATION.—Not to exceed 15 per-
23 cent of grant funds may be used for activities
24 described in clauses (iii) and (iv) of subpara-
25 graph (A).

1 “(5) GEOGRAPHIC DISTRIBUTION.—The Sec-
2 retary shall ensure that grants awarded under this
3 subsection are equitably distributed among the geo-
4 graphical regions of the United States and between
5 urban and rural populations.

6 “(6) EVALUATION.—Not later than 3 months
7 after a grant or cooperative agreement awarded
8 under this subsection expires, an eligible entity shall
9 submit to the Secretary the results of an evaluation
10 to be conducted by the entity concerning the effec-
11 tiveness of the activities carried out under the grant
12 or agreement.

13 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated to carry out this section,
15 \$70,000,0000 for fiscal year 2011 and such sums as may
16 be necessary for each of fiscal years 2012 through 2015.

17 **“SEC. 533. TRAINING GRANTS.**

18 “(a) IN GENERAL.—The Secretary shall award
19 grants in accordance with the provisions of this section.

20 “(b) MENTAL ILLNESS AWARENESS TRAINING
21 GRANTS.—

22 “(1) IN GENERAL.—The Secretary shall award
23 grants to States, political subdivisions of States,
24 American Indian and Alaska Native tribes, tribal or-
25 ganizations, a health facility or program operated by

1 or pursuant to a contract or grant with the Indian
2 Health Service, and nonprofit private entities to
3 train teachers and other relevant school personnel to
4 recognize symptoms of childhood and adolescent
5 mental disorders, to refer family members to the ap-
6 propriate mental health services if necessary, to
7 train emergency services personnel to identify and
8 appropriately respond to persons with a mental ill-
9 ness, and to provide education to such teachers and
10 personnel regarding resources that are available in
11 the community for individuals with a mental illness.

12 “(2) EMERGENCY SERVICES PERSONNEL.—In
13 this subsection, the term ‘emergency services per-
14 sonnel’ includes paramedics, firefighters, law en-
15 forcement, and emergency medical technicians.

16 “(3) DISTRIBUTION OF AWARDS.—The Sec-
17 retary shall ensure that such grants awarded under
18 this subsection are equitably distributed among the
19 geographical regions of the United States and be-
20 tween urban and rural populations.

21 “(4) APPLICATION.—A State, political subdivi-
22 sion of a State, Indian tribe, tribal organization, or
23 nonprofit private entity that desires a grant under
24 this subsection shall submit an application to the
25 Secretary at such time, in such manner, and con-

1 taining such information as the Secretary may re-
2 quire, including a plan for the rigorous evaluation of
3 activities that are carried out with funds received
4 under a grant under this subsection.

5 “(5) USE OF FUNDS.—A State, political sub-
6 division of a State, Indian tribe, tribal organization,
7 or nonprofit private entity receiving a grant under
8 this subsection shall use funds from such grant to—

9 “(A) train teachers and other relevant
10 school personnel to recognize symptoms of
11 childhood and adolescent mental disorders and
12 appropriately respond;

13 “(B) train emergency services personnel to
14 identify and appropriately respond to persons
15 with a mental illness; and

16 “(C) provide education to such teachers
17 and personnel regarding resources that are
18 available in the community for individuals with
19 a mental illness.

20 “(6) EVALUATION.—A State, political subdivi-
21 sion of a State, Indian tribe, tribal organization, or
22 nonprofit private entity that receives a grant under
23 this subsection shall prepare and submit an evalua-
24 tion to the Secretary at such time, in such manner,
25 and containing such information as the Secretary

1 may reasonably require, including an evaluation of
2 activities carried out with funds received under the
3 grant under this subsection and a process and out-
4 come evaluation.

5 “(7) AUTHORIZATION OF APPROPRIATIONS.—

6 There is authorized to be appropriated to carry out
7 this subsection, \$25,000,000 for fiscal year 2011
8 and such sums as may be necessary for each of fis-
9 cal years 2012 through 2015.

10 **“SEC. 534. OLDER ADULT MENTAL HEALTH GRANTS.**

11 “(a) IN GENERAL.—The Secretary, acting through
12 the Director of the Center for Mental Health Services,
13 shall award grants, contracts, and cooperative agreements
14 to public and private nonprofit entities for projects that
15 address the mental health needs of older adults, including
16 programs to—

17 “(1) support the establishment and mainte-
18 nance of interdisciplinary geriatric mental health
19 specialist outreach teams in community settings
20 where older adults reside or receive social services,
21 in order to provide screening, referrals, and evi-
22 dence-based intervention and treatment services, in-
23 cluding services provided by licensed mental health
24 professionals;

1 “(2) develop and implement older adult suicide
2 early intervention and prevention strategies in 1 or
3 more settings that serve seniors, and collect and
4 analyze data on older adult suicide early intervention
5 and prevention services for purposes of monitoring,
6 research, and policy development; and

7 “(3) other programs as designated by the Sec-
8 retary, that would improve the mental health of
9 older Americans.

10 “(b) CONSIDERATIONS IN AWARDING GRANTS.—In
11 awarding grants under this section, the Secretary, to the
12 extent feasible, shall ensure that—

13 “(1) projects are funded in a variety of geo-
14 graphic areas, including urban and rural areas;

15 “(2) a variety of populations, including racial
16 and ethnic minorities and low-income populations,
17 are served by projects funded under this section; and

18 “(3) older adult suicide intervention and pre-
19 vention programs are targeted towards areas with
20 high older adult suicide rates.

21 “(c) APPLICATION.—To be eligible to receive a grant
22 under this section, a public or private nonprofit entity
23 shall—

1 “(1) submit an application to the Secretary (in
2 such form, containing such information, and at such
3 time as the Secretary may specify);

4 “(2) agree to report to the Secretary standard-
5 ized clinical and behavioral data or other perform-
6 ance data necessary to evaluate patient or program
7 outcomes and to facilitate evaluations across partici-
8 pating projects;

9 “(3) demonstrate how such applicant will col-
10 laborate with other State and local public and pri-
11 vate nonprofit organizations; and

12 “(4) submit a plan for the sustainability of the
13 program beyond the Federal grant period.

14 “(d) DURATION.—A project may receive funding
15 under a grant under this section for a period of up to
16 3 years, with an extension period of 2 additional years,
17 at the discretion of the Secretary.

18 “(e) SUPPLEMENT, NOT SUPPLANT.—Funds made
19 available under this section shall be used to supplement,
20 and not supplant, other Federal, State, or local funds
21 available to an entity to carry out activities described in
22 this section.

23 “(f) MATCHING REQUIREMENT.—With respect to the
24 costs of the activities to be carried out by an entity under
25 a grant under this section, beginning with the third year

1 of the grant program, an entity shall provide assurances
2 that the entity will make available (directly or through a
3 donation from public or private entities, including in-kind
4 donations) non-Federal contributions towards such costs
5 in an amount that is not less than \$1 for each \$4 of Fed-
6 eral funds provided under the grant.

7 “(g) REPORT.—Grantees under this section shall, be-
8 ginning with the end of the second year of the grant, sub-
9 mit yearly reports to the Secretary on the activities of the
10 grantee in support of the grant and the latest performance
11 data. Such reports shall contain recommendations as how
12 to replicate the project.

13 “(h) DEFINITIONS.—In this section, the term ‘older
14 adult’ has the meaning given the term ‘older individual’
15 in section 101 of the Older Americans Act of 1965.

16 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this section,
18 such sums as may be necessary for each of fiscal years
19 2011 through 2015.

20 **“SEC. 535. GRANTS FOR TELE-MENTAL HEALTH IN RURAL**
21 **AND MEDICALLY UNDERSERVED AREAS.**

22 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
23 through the Administrator of the Substance Abuse and
24 Mental Health Services Administration and in coordina-
25 tion with the Administrator of the Health Resources and

1 Services Administration and the National Coordinator for
2 Health Information Technology, shall award grants to eli-
3 gible entities to provide tele-mental health in rural and
4 medically underserved areas. The Secretary shall ensure
5 that such grant are coordinated with, and are not duplica-
6 tive of, activities funded by the Federal Communications
7 Commission.

8 “(b) ELIGIBLE ENTITY.—To be eligible for assist-
9 ance under the program under subsection (a), an entity
10 shall be a qualified community program as determined by
11 the Secretary.

12 “(c) APPLICATION.—

13 “(1) IN GENERAL.—Each eligible entity desir-
14 ing a grant under this section shall submit an appli-
15 cation to the Secretary at such time, in such man-
16 ner, and containing such information as the Sec-
17 retary may reasonably require.

18 “(2) ASSURANCES.—The application shall in-
19 clude assurances that the applicant will meet the re-
20 quirements of this subsection and that the applicant
21 possesses sufficient infrastructure to manage the ac-
22 tivities to be funded through the grant and to evalu-
23 ate and report on the outcomes resulting from such
24 activities.

1 “(d) USE OF FUNDS.—An eligible entity shall use
2 funds received under a grant under this section for—

3 “(1) the provision of tele-mental health services,
4 including the provision of services to children and
5 older adults; or

6 “(2) technological improvements for the provi-
7 sion of tele-mental health services in accordance with
8 any guidelines, as available, on health information
9 technology that are developed by the Secretary.

10 “(e) GEOGRAPHIC DISTRIBUTION.—The Secretary
11 shall ensure that grants awarded under this section are
12 equitably distributed among the geographical regions of
13 the United States and between urban and rural popu-
14 lations.

15 “(f) EVALUATION.—Not later than 3 months after
16 the end of a project that is funded by a grant awarded
17 under this section, the eligible entity involved shall submit
18 to the Secretary the results of an evaluation to be con-
19 ducted by the entity concerning the effectiveness of the
20 activities carried out under the grant.

21 “(g) REPORT.—Not later than 5 years after the date
22 of enactment of this section, the Secretary shall prepare
23 and submit to the appropriate committees of Congress a
24 report that shall evaluate the activities funded under this
25 section.

1 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$20,000,000 for fiscal year 2011, and such sums as may
4 be necessary for each of fiscal years 2012 through 2015.

5 **“SEC. 536. IMPROVING HEALTH INFORMATION TECH-**
6 **NOLOGY FOR MENTAL HEALTH PROVIDERS.**

7 “The Secretary, in consultation with the Secretary of
8 Veterans Affairs, shall collaborate with the Administrator
9 and the National Coordinator for Health Information
10 Technology to develop and implement a plan for ensuring
11 that the National Health Information Infrastructure ad-
12 dresses the needs of mental health and substance abuse
13 treatment providers.

14 **“PART C—PROJECTS FOR ASSISTANCE IN**
15 **TRANSITION FROM HOMELESSNESS**

16 **“SEC. 541. FORMULA GRANTS TO STATES.**

17 “For the purpose of carrying out section 542, the
18 Secretary, acting through the Director of the Center for
19 Mental Health Services, shall for each fiscal year make
20 an allotment for each State in an amount determined in
21 accordance with section 544. The Secretary shall make
22 payments, as grants, each such fiscal year to each State
23 from the allotment for the State if the Secretary approves
24 for the fiscal year involved an application submitted by
25 the State pursuant to section 549.

1 **“SEC. 542. PURPOSE OF GRANTS.**

2 “(a) IN GENERAL.—The Secretary may not make
3 payments under section 541 unless the State involved
4 agrees that the payments will be expended solely for mak-
5 ing grants to political subdivisions of the State, and to
6 nonprofit private entities (including community-based vet-
7 erans organizations and other community organizations),
8 for the purpose of providing the services specified in sub-
9 section (b) to individuals who—

10 “(1)(A) are suffering from serious mental ill-
11 ness; or

12 “(B) are suffering from serious mental illness
13 and from substance use disorders; and

14 “(2) are homeless or at imminent risk of be-
15 coming homeless.

16 “(b) SPECIFICATION OF SERVICES.—The services re-
17 ferred to in subsection (a) are—

18 “(1) outreach services;

19 “(2) screening and diagnostic treatment serv-
20 ices;

21 “(3) habilitation and rehabilitation services;

22 “(4) community mental health services;

23 “(5) alcohol or drug treatment services;

24 “(6) staff training, including the training of in-
25 dividuals who work in shelters, mental health clinics,

1 substance use disorder programs, and other sites
2 where homeless individuals require services;

3 “(7) case management services, including—

4 “(A) preparing a plan for the provision of
5 community mental health services to the eligible
6 homeless individual involved, and reviewing
7 such plan not less than once every 3 months;

8 “(B) providing assistance in obtaining and
9 coordinating social and maintenance services for
10 the eligible homeless individuals, including serv-
11 ices relating to daily living activities, personal
12 financial planning, transportation services, and
13 habilitation and rehabilitation services,
14 prevocational and vocational services, and hous-
15 ing services;

16 “(C) providing assistance to the eligible
17 homeless individual in obtaining income support
18 services, including housing assistance, food
19 stamps, and supplemental security income bene-
20 fits;

21 “(D) referring the eligible homeless indi-
22 vidual for such other services as may be appro-
23 priate; and

24 “(E) providing representative payee serv-
25 ices in accordance with section 1631(a)(2) of

1 the Social Security Act if the eligible homeless
2 individual is receiving aid under title XVI of
3 such act and if the applicant is designated by
4 the Secretary to provide such services;

5 “(8) supportive and supervisory services in resi-
6 dential settings;

7 “(9) referrals for primary health services, job
8 training, educational services, and relevant housing
9 services;

10 “(10) subject to subsection (h)(1)—

11 “(A) minor renovation, expansion, and re-
12 pair of housing;

13 “(B) planning of housing;

14 “(C) technical assistance in applying for
15 housing assistance;

16 “(D) improving the coordination of hous-
17 ing services;

18 “(E) security deposits;

19 “(F) the costs associated with matching el-
20 igible homeless individuals with appropriate
21 housing situations; and

22 “(G) 1-time rental payments to prevent
23 eviction; and

24 “(11) other appropriate services, as determined
25 by the Secretary.

1 “(c) COORDINATION.—The Secretary may not make
2 payments under section 541 unless the State involved
3 agrees to make grants pursuant to subsection (a) only to
4 entities that have the capacity to provide, directly or
5 through arrangements, the services specified in section
6 542(b), including coordinating the provision of services in
7 order to meet the needs of eligible homeless individuals
8 who are both mentally ill and suffering from substance
9 use disorder.

10 “(d) SPECIAL CONSIDERATION REGARDING VET-
11 ERANS.—The Secretary may not make payments under
12 section 541 unless the State involved agrees that, in mak-
13 ing grants to entities pursuant to subsection (a), the State
14 will give special consideration to entities with a dem-
15 onstrated effectiveness in serving homeless veterans.

16 “(e) SPECIAL RULES.—The Secretary may not make
17 payments under section 541 unless the State involved
18 agrees that grants pursuant to subsection (a) will not be
19 made to any entity that—

20 “(1) has a policy of excluding individuals from
21 mental health services due to the existence or sus-
22 picion of substance use disorders; or

23 “(2) has a policy of excluding individuals from
24 substance use disorder services due to the existence
25 or suspicion of mental illness.

1 “(f) ADMINISTRATIVE EXPENSES.—The Secretary
2 may not make payments under section 541 unless the
3 State involved agrees that not more than 4 percent of the
4 payments will be expended for administrative expenses re-
5 garding the payments.

6 “(g) MAINTENANCE OF EFFORT.—The Secretary
7 may not make payments under section 541 unless the
8 State involved agrees that the State will maintain State
9 expenditures for services specified in subsection (b) at a
10 level that is not less than the average level of such expend-
11 itures maintained by the State for the 2-year period pre-
12 ceding the fiscal year for which the State is applying to
13 receive such payments.

14 “(h) RESTRICTIONS ON USE OF FUNDS.—The Sec-
15 retary may not make payments under section 541 unless
16 the State involved agrees that—

17 “(1) not more than 20 percent of the payments
18 will be expended for housing services under sub-
19 section (b)(10); and

20 “(2) the payments will not be expended—

21 “(A) to support emergency shelters or con-
22 struction of housing facilities;

23 “(B) for inpatient psychiatric treatment
24 costs or inpatient substance use disorder treat-
25 ment costs; or

1 “(C) to make cash payments to intended
2 recipients of mental health or substance use
3 disorder services.

4 “(i) WAIVER FOR TERRITORIES.—With respect to the
5 United States Virgin Islands, Guam, American Samoa,
6 Palau, the Marshall Islands, and the Commonwealth of
7 the Northern Mariana Islands, the Secretary may waive
8 the provisions of this part that the Secretary determines
9 to be appropriate.

10 **“SEC. 543. REQUIREMENT OF MATCHING FUNDS.**

11 “(a) IN GENERAL.—The Secretary may not make
12 payments under section 541 unless, with respect to the
13 costs of providing services pursuant to section 542, the
14 State involved agrees to make available, directly or
15 through donations from public or private entities, non-
16 Federal contributions toward such costs in an amount that
17 is not less than \$1 for each \$3 of Federal funds provided
18 in such payments.

19 “(b) DETERMINATION OF AMOUNT.—Non-Federal
20 contributions required in subsection (a) may be in cash
21 or in kind, fairly evaluated, including plant, equipment,
22 or services. Amounts provided by the Federal Government,
23 or services assisted or subsidized to any significant extent
24 by the Federal Government, shall not be included in deter-
25 mining the amount of such non-Federal contributions.

1 “(c) LIMITATION REGARDING GRANTS BY STATES.—
2 The Secretary may not make payments under section 541
3 unless the State involved agrees that the State will not
4 require the entities to which grants are provided pursuant
5 to section 542(a) to provide non-Federal contributions in
6 excess of the non-Federal contributions described in sub-
7 section (a).

8 **“SEC. 544. DETERMINATION OF AMOUNT OF ALLOTMENT.**

9 “(a) DETERMINATION UNDER FORMULA.—Subject
10 to subsection (b), the allotment required in section 541
11 for a State for a fiscal year is the product of—

12 “(1) an amount equal to the amount appro-
13 priated for allotments under section 555 for the fis-
14 cal year; and

15 “(2) a percentage equal to the quotient of—

16 “(A) an amount equal to the population
17 living in urbanized areas of the State involved,
18 as indicated by the most recent data collected
19 by the Bureau of the Census; and

20 “(B) an amount equal to the population
21 living in urbanized areas of the United States,
22 as indicated by the sum of the respective
23 amounts determined for the States under sub-
24 paragraph (A).

25 “(b) MINIMUM ALLOTMENT.—

1 “(1) IN GENERAL.—Subject to paragraph (2),
2 the allotment for a State under section 541 for a fis-
3 cal year shall, at a minimum, be the greater of—

4 “(A) the amount the State received under
5 section 541 in fiscal year 2007; and

6 “(B) \$600,000 for each of the several
7 States, the District of Columbia, and the Com-
8 monwealth of Puerto Rico, and \$100,000 for
9 each of Guam, the Virgin Islands, American
10 Samoa, and the Commonwealth of the Northern
11 Mariana Islands.

12 “(2) CONDITION.—If the funds appropriated in
13 any fiscal year under section 555 are insufficient to
14 ensure that States receive a minimum allotment in
15 accordance with paragraph (1), then—

16 “(A) no State shall receive less than the
17 amount they received in fiscal year 2007; and

18 “(B) any funds remaining after amounts
19 are provided under subparagraph (A) shall be
20 used to meet the requirement of paragraph
21 (1)(B), to the maximum extent possible.

22 “(c) STUDY CONCERNING FORMULA.—Not later than
23 1 year after the date of enactment of the SAMHSA Mod-
24 ernization Act of 2010, the Administrator shall conduct
25 a study concerning the formula used for allotments under

1 subsection (a). Such study shall include an evaluation of
2 quality indicators of need for purposes of revising such
3 formula for determinations of the amount of subsequent
4 allotments. The Administrator shall submit to the appro-
5 priate committees of Congress, a report concerning the re-
6 sults of such study.

7 **“SEC. 545. CONVERSION TO CATEGORICAL PROGRAM IN**
8 **EVENT OF FAILURE OF STATE REGARDING**
9 **EXPENDITURE OF GRANTS.**

10 “(a) IN GENERAL.—Subject to subsection (c), the
11 Secretary shall, from the amounts specified in subsection
12 (b), make grants to public and nonprofit private entities
13 for the purpose of providing to eligible homeless individ-
14 uals the services specified in section 542(b).

15 “(b) SPECIFICATION OF FUNDS.—The amounts re-
16 ferred to in subsection (a) are any amounts made available
17 in appropriations Acts for allotments under section 541
18 that are not paid to a State as a result of—

19 “(1) the failure of the State to submit an appli-
20 cation under section 549;

21 “(2) the failure of the State, in the determina-
22 tion of the Secretary, to prepare the application in
23 accordance with such section or to submit the appli-
24 cation within a reasonable period of time; or

1 “(B) includes documentation that suitable
2 housing for eligible homeless individuals will ac-
3 company the provision of services to such indi-
4 viduals;

5 “(3) describes the source of the non-Federal
6 contributions described in section 543;

7 “(4) contains assurances that the non-Federal
8 contributions described in section 543 will be avail-
9 able at the beginning of the grant period;

10 “(5) describe any voucher system that may be
11 used to carry out this part; and

12 “(6) contain such other information or assur-
13 ances as the Secretary may reasonably require.

14 **“SEC. 547. DESCRIPTION OF INTENDED EXPENDITURES OF**
15 **GRANT.**

16 “(a) IN GENERAL.—The Secretary may not make
17 payments under section 541 unless—

18 “(1) as part of the application required in sec-
19 tion 549, the State involved submits to the Secretary
20 a description of the intended use for the fiscal year
21 of the amounts for which the State is applying pur-
22 suant to such section;

23 “(2) such description identifies the geographic
24 areas within the State in which the greatest num-
25 bers of homeless individuals with a need for mental

1 health, substance use disorder, and housing services
2 are located;

3 “(3) such description provides information re-
4 lating to the programs and activities to be supported
5 and services to be provided, including information
6 relating to coordinating such programs and activities
7 with any similar programs and activities of public
8 and private entities; and

9 “(4) the State agrees that such description will
10 be revised throughout the year as may be necessary
11 to reflect substantial changes in the programs and
12 activities assisted by the State pursuant to section
13 542.

14 “(b) OPPORTUNITY FOR PUBLIC COMMENT.—The
15 Secretary may not make payments under section 541 un-
16 less the State involved agrees that, in developing and car-
17 rying out the description required in subsection (a), the
18 State will provide public notice with respect to the descrip-
19 tion (including any revisions) and such opportunities as
20 may be necessary to provide interested persons, such as
21 family members, consumers, and mental health, substance
22 use disorder, and housing agencies, an opportunity to
23 present comments and recommendations with respect to
24 the description.

1 “(c) RELATIONSHIP TO STATE COMPREHENSIVE
2 MENTAL HEALTH SERVICES PLAN.—

3 “(1) IN GENERAL.—The Secretary may not
4 make payments under section 541 unless the serv-
5 ices to be provided pursuant to the description re-
6 quired in subsection (a) are consistent with the
7 State comprehensive mental health services plan re-
8 quired in subpart I of part B of title XIX.

9 “(2) SPECIAL RULE.—The Secretary may not
10 make payments under section 541 unless the serv-
11 ices to be provided pursuant to the description re-
12 quired in subsection (a) have been considered in the
13 preparation of, have been included in, and are con-
14 sistent with, the State comprehensive mental health
15 services plan referred to in paragraph (1).

16 **“SEC. 548. REQUIREMENT OF REPORTS BY STATES.**

17 “(a) IN GENERAL.—The Secretary may not make
18 payments under section 541 unless the State involved
19 agrees that, by not later than January 31 of each fiscal
20 year, the State will prepare and submit to the Secretary
21 a report in such form and containing such information as
22 the Secretary determines (after consultation with the Ad-
23 ministrators of the Substance Abuse and Mental Health
24 Services Administration) to be necessary for—

1 “(1) securing a record and a description of the
2 purposes for which amounts received under section
3 541 were expended during the preceding fiscal year
4 and of the recipients of such amounts; and

5 “(2) determining whether such amounts were
6 expended in accordance with the provisions of this
7 part.

8 “(b) AVAILABILITY TO PUBLIC OF REPORTS.—The
9 Secretary may not make payments under section 541 un-
10 less the State involved agrees to make copies of the reports
11 described in subsection (a) available for public inspection.

12 “(c) EVALUATIONS BY COMPTROLLER GENERAL.—
13 The Administrator of the Substance Abuse and Mental
14 Health Services Administration shall evaluate at least
15 once every 3 years the expenditures of grants under this
16 part by eligible entities in order to ensure that expendi-
17 tures are consistent with the provisions of this part, and
18 shall include in such evaluation recommendations regard-
19 ing changes needed in program design or operations.

20 **“SEC. 549. REQUIREMENT OF APPLICATION.**

21 “The Secretary may not make payments under sec-
22 tion 541 unless the State involved—

23 “(1) submits to the Secretary an application for
24 the payments containing agreements and informa-
25 tion in accordance with this part;

1 “(2) the agreements are made through certifi-
2 cation from the chief executive officer of the State;
3 and

4 “(3) the application otherwise is in such form,
5 is made in such manner, and contains such agree-
6 ments, assurances, and information as the Secretary
7 determines to be necessary to carry out this part.

8 **“SEC. 550. TECHNICAL ASSISTANCE.**

9 “The Secretary, through the Administrator, shall
10 provide technical assistance to eligible entities in devel-
11 oping planning and operating programs in accordance
12 with the provisions of this part.

13 **“SEC. 551. FAILURE TO COMPLY WITH AGREEMENTS.**

14 “(a) REPAYMENT OF PAYMENTS.—

15 “(1) The Secretary may, subject to subsection
16 (c), require a State to repay any payments received
17 by the State under section 541 that the Secretary
18 determines were not expended by the State in ac-
19 cordance with the agreements required to be con-
20 tained in the application submitted by the State pur-
21 suant to section 549.

22 “(2) If a State fails to make a repayment re-
23 quired in paragraph (1), the Secretary may offset
24 the amount of the repayment against the amount of

1 any payment due to be paid to the State under sec-
2 tion 541.

3 “(b) WITHHOLDING OF PAYMENTS.—

4 “(1) The Secretary may, subject to subsection
5 (c), withhold payments due under section 541 if the
6 Secretary determines that the State involved is not
7 expending amounts received under such section in
8 accordance with the agreements required to be con-
9 tained in the application submitted by the State pur-
10 suant to section 549.

11 “(2) The Secretary shall cease withholding pay-
12 ments from a State under paragraph (1) if the Sec-
13 retary determines that there are reasonable assur-
14 ances that the State will expend amounts received
15 under section 541 in accordance with the agree-
16 ments referred to in such paragraph.

17 “(3) The Secretary may not withhold funds
18 under paragraph (1) from a State for a minor fail-
19 ure to comply with the agreements referred to in
20 such paragraph.

21 “(c) OPPORTUNITY FOR HEARING.—Before requiring
22 repayment of payments under subsection (a)(1), or with-
23 holding payments under subsection (b)(1), the Secretary
24 shall provide to the State an opportunity for a hearing.

1 “(d) RULE OF CONSTRUCTION.—Notwithstanding
2 any other provision of this part, a State receiving pay-
3 ments under section 541 may not, with respect to any
4 agreements required to be contained in the application
5 submitted under section 549, be considered to be in viola-
6 tion of any such agreements by reason of the fact that
7 the State, in the regular course of providing services under
8 section 542(b) to eligible homeless individuals, incidentally
9 provides services to homeless individuals who are not eligi-
10 ble homeless individuals.

11 **“SEC. 552. PROHIBITION AGAINST CERTAIN FALSE STATE-**
12 **MENTS.**

13 “(a) IN GENERAL.—

14 “(1) A person may not knowingly make or
15 cause to be made any false statement or representa-
16 tion of a material fact in connection with the fur-
17 nishing of items or services for which amounts may
18 be paid by a State from payments received by the
19 State under section 541.

20 “(2) A person with knowledge of the occurrence
21 of any event affecting the right of the person to re-
22 ceive any amounts from payments made to the State
23 under section 541 may not conceal or fail to disclose
24 any such event with the intent of securing such an
25 amount that the person is not authorized to receive

1 or securing such an amount in an amount greater
2 than the amount the person is authorized to receive.

3 “(b) CRIMINAL PENALTY FOR VIOLATION OF PROHI-
4 BITION.—Any person who violates a prohibition estab-
5 lished in subsection (a) may for each violation be fined
6 in accordance with title 18, United States Code, or impris-
7 oned for not more than 5 years, or both.

8 **“SEC. 553. NONDISCRIMINATION.**

9 “(a) IN GENERAL.—

10 “(1) RULE OF CONSTRUCTION REGARDING CER-
11 TAIN CIVIL RIGHTS LAWS.—For the purpose of ap-
12 plying the prohibitions against discrimination on the
13 basis of age under the Age Discrimination Act of
14 1975, on the basis of handicap under section 504 of
15 the Rehabilitation Act of 1973, on the basis of sex
16 under title IX of the Education Amendments of
17 1972, or on the basis of race, color, or national ori-
18 gin under title VI of the Civil Rights Act of 1964,
19 programs and activities funded in whole or in part
20 with funds made available under section 541 shall be
21 considered to be programs and activities receiving
22 Federal financial assistance.

23 “(2) PROHIBITION.—No person shall on the
24 ground of sex or religion be excluded from participa-
25 tion in, be denied the benefits of, or be subjected to

1 discrimination under, any program or activity fund-
2 ed in whole or in part with funds made available
3 under section 541.

4 “(b) ENFORCEMENT.—

5 “(1) REFERRALS TO ATTORNEY GENERAL
6 AFTER NOTICE.—Whenever the Secretary finds that
7 a State, or an entity that has received a payment
8 pursuant to section 541, has failed to comply with
9 a provision of law referred to in subsection (a)(1),
10 with subsection (a)(2), or with an applicable regula-
11 tion (including one prescribed to carry out sub-
12 section (a)(2)), the Secretary shall notify the chief
13 executive officer of the State and shall request the
14 chief executive officer to secure compliance. If within
15 a reasonable period of time, not to exceed 60 days,
16 the chief executive officer fails or refuses to secure
17 compliance, the Secretary may—

18 “(A) refer the matter to the Attorney Gen-
19 eral with a recommendation that an appropriate
20 civil action be instituted;

21 “(B) exercise the powers and functions
22 provided by the Age Discrimination Act of
23 1975, section 504 of the Rehabilitation Act of
24 1973, title IX of the Education Amendments of

1 1972, or title VI of the Civil Rights Act of
2 1964, as may be applicable; or

3 “(C) take such other actions as may be au-
4 thorized by law.

5 “(2) AUTHORITY OF ATTORNEY GENERAL.—

6 When a matter is referred to the Attorney General
7 pursuant to paragraph (1)(A), or whenever the At-
8 torney General has reason to believe that a State or
9 an entity is engaged in a pattern or practice in viola-
10 tion of a provision of law referred to in subsection
11 (a)(1) or in violation of subsection (a)(2), the Attor-
12 ney General may bring a civil action in any appro-
13 priate district court of the United States for such re-
14 lief as may be appropriate, including injunctive re-
15 lief.

16 **“SEC. 554. DEFINITIONS.**

17 “For purposes of this part:

18 “(1) ELIGIBLE HOMELESS INDIVIDUAL.—The
19 term ‘eligible homeless individual’ means an indi-
20 vidual described in section 542(a).

21 “(2) HOMELESS INDIVIDUAL.—The term
22 ‘homeless individual’ has the meaning given such
23 term in section 330(h)(5)(A).

24 “(3) STATE.—The term ‘State’ means each of
25 the several States, the District of Columbia, the

1 Commonwealth of Puerto Rico, the Virgin Islands,
2 Guam, American Samoa, and the Commonwealth of
3 the Northern Mariana Islands.

4 “(4) SUBSTANCE USE DISORDER SERVICES.—
5 The term ‘substance use disorder services’ has the
6 meaning given the term ‘substance abuse services’ in
7 section 330(h)(5)(C).

8 **“SEC. 555. FUNDING.**

9 “(a) AUTHORIZATION OF APPROPRIATIONS.—For the
10 purpose of carrying out this part, there is authorized to
11 be appropriated \$75,000,000 for each of the fiscal years
12 2011 through 2015.

13 “(b) ALLOCATION FOR TECHNICAL ASSISTANCE.—
14 For purposes of carrying out section 550, the Adminis-
15 trator shall obligate 2 percent of the amounts appro-
16 priated under subsection (a) for a fiscal year.

17 **“PART D—MISCELLANEOUS PROVISIONS RELAT-**
18 **ING TO SUBSTANCE USE DISORDERS AND**
19 **MENTAL ILLNESS**

20 **“SEC. 561. SUBSTANCE USE DISORDERS AMONG GOVERN-**
21 **MENT AND OTHER EMPLOYEES.**

22 “(a) PROGRAMS AND SERVICES.—

23 “(1) DEVELOPMENT.—The Secretary, acting
24 through the Administrator of the Substance Abuse
25 and Mental Health Services Administration, shall be

1 responsible for fostering substance use disorder pre-
2 vention and treatment programs and services in
3 State and local governments and in private industry.

4 “(2) MODEL PROGRAMS.—

5 “(A) IN GENERAL.—Consistent with the
6 responsibilities described in paragraph (1), the
7 Secretary, acting through the Administrator of
8 the Substance Abuse and Mental Health Serv-
9 ices Administration, shall develop a variety of
10 model programs suitable for replication on a
11 cost-effective basis in different types of business
12 concerns and State and local governmental enti-
13 ties.

14 “(B) DISSEMINATION OF INFORMATION.—

15 The Secretary, acting through the Adminis-
16 trator of the Substance Abuse and Mental
17 Health Services Administration, shall dissemi-
18 nate information and materials relative to such
19 model programs to the State agencies respon-
20 sible for the administration of substance use
21 disorder prevention, treatment, and rehabilita-
22 tion activities and shall, to the extent feasible
23 provide technical assistance to such agencies as
24 requested.

25 “(b) DEPRIVATION OF EMPLOYMENT.—

1 “(1) PROHIBITION.—No person may be denied
2 or deprived of Federal civilian employment or a Fed-
3 eral professional or other license or right solely on
4 the grounds of prior substance use disorders.

5 “(2) APPLICATION.—This subsection shall not
6 apply to employment in—

7 “(A) the Central Intelligence Agency;

8 “(B) the Federal Bureau of Investigation;

9 “(C) the National Security Agency;

10 “(D) any other department or agency of
11 the Federal Government designated for pur-
12 poses of national security by the President; or

13 “(E) in any position in any department or
14 agency of the Federal Government, not referred
15 to in subparagraphs (A) through (D), which po-
16 sition is determined pursuant to regulations
17 prescribed by the head of such agency or de-
18 partment to be a sensitive position.

19 “(3) REHABILITATION ACT.—The inapplica-
20 bility of the prohibition described in paragraph (1)
21 to the employment described in paragraph (2) shall
22 not be construed to reflect on the applicability of the
23 Rehabilitation Act of 1973 or other anti-discrimina-
24 tion laws to such employment.

1 tion of failure to comply with such subsection, and
2 opportunity for a violator to comply with such sub-
3 section. If the Secretary determines that a hospital
4 or outpatient facility subject to such regulations has
5 violated subsection (a) and such violation continues
6 after an opportunity has been afforded for compli-
7 ance, the Secretary may suspend or revoke, after op-
8 portunity for a hearing, all or part of any support
9 of any kind received by such hospital from any pro-
10 gram administered by the Secretary. The Secretary
11 may consult with the officials responsible for the ad-
12 ministration of any other Federal program from
13 which such hospital or outpatient facility receives
14 support of any kind, with respect to the suspension
15 or revocation of such other Federal support for such
16 hospital or outpatient facility.

17 “(2) DEPARTMENT OF VETERANS AFFAIRS.—
18 The Secretary of Veterans Affairs, acting through
19 the Under Secretary for Health, shall, to the max-
20 imum feasible extent consistent with their respon-
21 sibilities under title 38, United States Code, pre-
22 scribe regulations making applicable the regulations
23 prescribed by the Secretary under paragraph (1) to
24 the provision of hospital care, nursing home care,
25 domiciliary care, and medical services under such

1 title 38 to veterans suffering from substance use dis-
2 orders. In prescribing and implementing regulations
3 pursuant to this paragraph, the Secretary shall,
4 from time to time, consult with the Secretary of
5 Health and Human Services in order to achieve the
6 maximum possible coordination of the regulations,
7 and the implementation thereof, which they each
8 prescribe.

9 **“SEC. 563. CONFIDENTIALITY OF RECORDS.**

10 “(a) REQUIREMENT.—Records of the identity, diag-
11 nosis, prognosis, or treatment of any patient which are
12 maintained in connection with the performance of any pro-
13 gram or activity relating to substance use disorder edu-
14 cation, prevention, training, treatment, rehabilitation, or
15 research, which is conducted, regulated, or directly or indi-
16 rectly assisted by any department or agency of the United
17 States shall, except as provided in subsection (e), be con-
18 fidential and be disclosed only for the purposes and under
19 the circumstances expressly authorized under subsection
20 (b).

21 “(b) PERMITTED DISCLOSURE.—

22 “(1) CONSENT.—The content of any record re-
23 ferred to in subsection (a) may be disclosed in ac-
24 cordance with the prior written consent of the pa-
25 tient with respect to whom such record is main-

1 tained, but only to such extent, under such cir-
2 cumstances, and for such purposes as may be al-
3 lowed under regulations prescribed pursuant to sub-
4 section (g).

5 “(2) METHOD FOR DISCLOSURE.—Whether or
6 not the patient, with respect to whom any given
7 record referred to in subsection (a) is maintained,
8 gives written consent, the content of such record
9 may be disclosed as follows:

10 “(A) To medical personnel to the extent
11 necessary to meet a bona fide medical emer-
12 gency.

13 “(B) To qualified personnel for the pur-
14 pose of conducting scientific research, manage-
15 ment audits, financial audits, or program eval-
16 uation, but such personnel may not identify, di-
17 rectly or indirectly, any individual patient in
18 any report of such research, audit, or evalua-
19 tion, or otherwise disclose patient identities in
20 any manner.

21 “(C) If authorized by an appropriate order
22 of a court of competent jurisdiction granted
23 after application showing good cause therefore,
24 including the need to avert a substantial risk of
25 death or serious bodily harm. In assessing good

1 cause the court shall weigh the public interest
2 and the need for disclosure against the injury
3 to the patient, to the physician-patient relation-
4 ship, and to the treatment services. Upon the
5 granting of such order, the court, in deter-
6 mining the extent to which any disclosure of all
7 or any part of any record is necessary, shall im-
8 pose appropriate safeguards against unauthor-
9 ized disclosure.

10 “(c) USE OF RECORDS IN CRIMINAL PRO-
11 CEEDINGS.—Except as authorized by a court order grant-
12 ed under subsection (b)(2)(C), no record referred to in
13 subsection (a) may be used to initiate or substantiate any
14 criminal charges against a patient or to conduct any inves-
15 tigation of a patient.

16 “(d) APPLICATION.—The prohibitions of this section
17 continue to apply to records concerning any individual who
18 has been a patient, irrespective of whether or when such
19 individual ceases to be a patient.

20 “(e) NONAPPLICABILITY.—The prohibitions of this
21 section do not apply to any interchange of records—

22 “(1) within the Uniformed Services or within
23 those components of the Department of Veterans Af-
24 fairs furnishing health care to veterans; or

1 “(2) between such components and the Uni-
2 formed Services.

3 The prohibitions of this section do not apply to the report-
4 ing under State law of incidents of suspected child abuse
5 and neglect to the appropriate State or local authorities.

6 “(f) PENALTIES.—Any person who violates any provi-
7 sion of this section or any regulation issued pursuant to
8 this section shall be fined in accordance with title 18,
9 United States Code.

10 “(g) REGULATIONS.—Except as provided in sub-
11 section (h), the Secretary shall prescribe regulations to
12 carry out the purposes of this section. Such regulations
13 may contain such definitions, and may provide for such
14 safeguards and procedures, including procedures and cri-
15 teria for the issuance and scope of orders under subsection
16 (b)(2)(C), as in the judgment of the Secretary are nec-
17 essary or proper to effectuate the purposes of this section,
18 to prevent circumvention or evasion thereof, or to facilitate
19 compliance therewith.

20 “(h) APPLICATION TO DEPARTMENT OF VETERANS
21 AFFAIRS.—The Secretary of Veterans Affairs, acting
22 through the Chief Medical Director, shall, to the maximum
23 feasible extent consistent with their responsibilities under
24 title 38, United States Code, prescribe regulations making
25 applicable the regulations prescribed by the Secretary of

1 Health and Human Services under subsection (g) of this
2 section to records maintained in connection with the provi-
3 sion of hospital care, nursing home care, domiciliary care,
4 and medical services under such title 38 to veterans suf-
5 fering from substance use disorders. In prescribing and
6 implementing regulations pursuant to this subsection, the
7 Secretary of Veterans Affairs shall, from time to time,
8 consult with the Secretary of Health and Human Services
9 in order to achieve the maximum possible coordination of
10 the regulations, and the implementation thereof, which
11 they each prescribe.

12 **“PART E—CHILDREN WITH SERIOUS EMOTIONAL**
13 **DISTURBANCES**

14 **“SEC. 571. COMPREHENSIVE COMMUNITY MENTAL HEALTH**
15 **SERVICES FOR CHILDREN WITH SERIOUS**
16 **EMOTIONAL DISTURBANCES.**

17 “(a) GRANTS TO CERTAIN PUBLIC ENTITIES.—

18 “(1) IN GENERAL.—The Secretary, acting
19 through the Director of the Center for Mental
20 Health Services, shall make grants to public entities
21 for the purpose of providing comprehensive commu-
22 nity mental health services to children with a serious
23 emotional disturbance, which may include efforts to
24 identify and serve children at risk.

1 “(2) DEFINITION OF PUBLIC ENTITY.—For
2 purposes of this part, the term ‘public entity’ means
3 any State, any political subdivision of a State, and
4 any Indian tribe or tribal organization (as defined in
5 section 4(b) and section 4(c) of the Indian Self-De-
6 termination and Education Assistance Act).

7 “(b) CONSIDERATIONS IN MAKING GRANTS.—

8 “(1) REQUIREMENT OF STATUS AS GRANTEE
9 UNDER PART B OF TITLE XIX.—The Secretary may
10 make a grant under subsection (a) to a public entity
11 only if—

12 “(A) in the case of a public entity that is
13 a State, the State is such a grantee under sec-
14 tion 1911;

15 “(B) in the case of a public entity that is
16 a political subdivision of a State, the State in
17 which the political subdivision is located is such
18 a grantee; and

19 “(C) in the case of a public entity that is
20 an Indian tribe or tribal organization, the State
21 in which the tribe or tribal organization is lo-
22 cated is such a grantee.

23 “(2) REQUIREMENT OF STATUS AS MEDICAID
24 PROVIDER.—

1 “(A) Subject to subparagraph (B), the
2 Secretary may make a grant under subsection
3 (a) only if, in the case of any service under such
4 subsection that is covered in the State plan ap-
5 proved under title XIX of the Social Security
6 Act for the State involved—

7 “(i) the public entity involved will pro-
8 vide the service directly, and the entity has
9 entered into a participation agreement
10 under the State plan and is qualified to re-
11 ceive payments under such plan; or

12 “(ii) the public entity will enter into
13 an agreement with an organization under
14 which the organization will provide the
15 service, and the organization has entered
16 into such a participation agreement and is
17 qualified to receive such payments.

18 “(B)(i) In the case of an organization
19 making an agreement under subparagraph
20 (A)(ii) regarding the provision of services under
21 subsection (a), the requirement established in
22 such subparagraph regarding a participation
23 agreement shall be waived by the Secretary if
24 the organization does not, in providing health
25 or mental health services, impose a charge or

1 accept reimbursement available from any third-
2 party payor, including reimbursement under
3 any insurance policy or under any Federal or
4 State health benefits program.

5 “(ii) A determination by the Secretary of
6 whether an organization referred to in clause (i)
7 meets the criteria for a waiver under such
8 clause shall be made without regard to whether
9 the organization accepts voluntary donations re-
10 garding the provision of services to the public.

11 “(3) CERTAIN CONSIDERATIONS.—In making
12 grants under subsection (a), the Secretary shall—

13 “(A) equitably allocate such assistance
14 among the principal geographic regions of the
15 United States;

16 “(B) consider the extent to which the pub-
17 lic entity involved has a need for the grant; and

18 “(C) in the case of any public entity that
19 is a political subdivision of a State or that is an
20 Indian tribe or tribal organization—

21 “(i) shall consider any comments re-
22 garding the application of the entity for
23 such a grant that are received by the Sec-
24 retary from the State in which the entity
25 is located; and

1 “(ii) shall give special consideration to
2 the entity if the State agrees to provide a
3 portion of the non-Federal contributions
4 required in subsection (c) regarding such a
5 grant.

6 “(c) MATCHING FUNDS.—

7 “(1) IN GENERAL.—A funding agreement for a
8 grant under subsection (a) is that the public entity
9 involved will, with respect to the costs to be incurred
10 by the entity in carrying out the purpose described
11 in such subsection, make available (directly or
12 through donations from public or private entities)
13 non-Federal contributions toward such costs in an
14 amount that—

15 “(A) for the first fiscal year for which the
16 entity receives payments from a grant under
17 such subsection, is not less than \$1 for each \$3
18 of Federal funds provided in the grant;

19 “(B) for any second or third such fiscal
20 year, is not less than \$1 for each \$3 of Federal
21 funds provided in the grant;

22 “(C) for any fourth such fiscal year, is not
23 less than \$1 for each \$1 of Federal funds pro-
24 vided in the grant; and

1 “(D) for any fifth and sixth such fiscal
2 year, is not less than \$2 for each \$1 of Federal
3 funds provided in the grant.

4 “(2) DETERMINATION OF AMOUNT CONTRIB-
5 UTED.—

6 “(A) Non-Federal contributions required in
7 paragraph (1) may be in cash or in kind, fairly
8 evaluated, including plant, equipment, or serv-
9 ices. Amounts provided by the Federal Govern-
10 ment, or services assisted or subsidized to any
11 significant extent by the Federal Government,
12 may not be included in determining the amount
13 of such non-Federal contributions.

14 “(B) In making a determination of the
15 amount of non-Federal contributions for pur-
16 poses of subparagraph (A), the Secretary may
17 include only non-Federal contributions in excess
18 of the average amount of non-Federal contribu-
19 tions made by the public entity involved toward
20 the purpose described in subsection (a) for the
21 2-year period preceding the first fiscal year for
22 which the entity receives a grant under such
23 section.

24 “(3) WAIVER REGARDING NATIVE AMERICAN
25 AND ALASKAN NATIVE TRIBES AND TRIBAL ORGANI-

1 ZATIONS.—In the case of a grantee that is a Native
2 Americans or Alaskan Native tribe or tribal organi-
3 zation, the Secretary may waive, in whole or in part,
4 the requirements of this subsection.

5 **“SEC. 572. REQUIREMENTS WITH RESPECT TO CARRYING**
6 **OUT PURPOSE OF GRANTS.**

7 “(a) SYSTEMS OF COMPREHENSIVE CARE.—

8 “(1) IN GENERAL.—A funding agreement for a
9 grant under section 571(a) is that, with respect to
10 children with a serious emotional disturbance, the
11 public entity involved will carry out the purpose de-
12 scribed in such section only through establishing and
13 operating 1 or more systems of care for making each
14 of the mental health services specified in subsection
15 (c) available to each child provided access to the sys-
16 tem. In providing for such a system, the public enti-
17 ty may make grants to, and enter into contracts
18 with, public and nonprofit private entities.

19 “(2) STRUCTURE OF SYSTEM.—A funding
20 agreement for a grant under section 571(a) is that
21 a system of care under paragraph (1) will—

22 “(A) be established in a community se-
23 lected by the public entity involved;

24 “(B) consist of such public agencies and
25 nonprofit private entities in the community as

1 are necessary to ensure that each of the serv-
2 ices specified in subsection (c) is available to
3 each child provided access to the system;

4 “(C) be established pursuant to agree-
5 ments that the public entity enters into with the
6 agencies and entities described in subparagraph
7 (B);

8 “(D) coordinate the provision of the serv-
9 ices of the system; and

10 “(E) establish an office whose functions
11 are to serve as the location through which chil-
12 dren are provided access to the system, to co-
13 ordinate the provision of services of the system,
14 and to provide information to the public regard-
15 ing the system.

16 “(3) COLLABORATION OF LOCAL PUBLIC ENTI-
17 TIES.—A funding agreement for a grant under sec-
18 tion 571(a) is that, for purposes of the establish-
19 ment and operation of a system of care under para-
20 graph (1), the public entity involved will seek col-
21 laboration among all public agencies that provide
22 human services in the community in which the sys-
23 tem is established, including but not limited to those
24 providing mental health services, educational serv-

1 ices, child welfare services, or juvenile justice serv-
2 ices.

3 “(b) LIMITATION ON AGE OF CHILDREN PROVIDED
4 ACCESS TO SYSTEM.—A funding agreement for a grant
5 under section 571(a) is that a system of care under sub-
6 section (a) will provide an individual with access to the
7 system through the age of 21 years.

8 “(c) REQUIRED MENTAL HEALTH SERVICES OF SYS-
9 TEM.—A funding agreement for a grant under section
10 571(a) is that mental health services provided by a system
11 of care under subsection (a) will include, with respect to
12 a serious emotional disturbance in a child—

13 “(1) diagnostic and evaluation services;

14 “(2) outpatient services provided in a clinic, of-
15 fice, school or other appropriate location, including
16 individual, group and family counseling services, pro-
17 fessional consultation, and review and management
18 of medications;

19 “(3) emergency services, available 24-hours a
20 day, 7 days a week;

21 “(4) intensive home-based services for children
22 and their families when the child is at imminent risk
23 of out-of-home placement;

24 “(5) intensive day-treatment services;

25 “(6) respite care;

1 “(7) therapeutic foster care services, and serv-
2 ices in therapeutic foster family homes or individual
3 therapeutic residential homes, and groups homes
4 caring for not more than 10 children; and

5 “(8) assisting the child in making the transition
6 from the services received as a child to the services
7 to be received as an adult.

8 “(d) REQUIRED ARRANGEMENTS REGARDING OTHER
9 APPROPRIATE SERVICES.—

10 “(1) IN GENERAL.—A funding agreement for a
11 grant under section 571(a) is that—

12 “(A) a system of care under subsection (a)
13 will enter into a memorandum of understanding
14 with each of the providers specified in para-
15 graph (2) in order to facilitate the availability
16 of the services of the provider involved to each
17 child provided access to the system; and

18 “(B) the grant under such section 571(a),
19 and the non-Federal contributions made with
20 respect to the grant, will not be expended to
21 pay the costs of providing such non-mental
22 health services to any individual.

23 “(2) SPECIFICATION OF NON-MENTAL HEALTH
24 SERVICES.—The providers referred to in paragraph
25 (1) are providers of medical services other than men-

1 tal health services, providers of educational services,
2 providers of vocational counseling and vocational re-
3 habilitation services, and providers of protection and
4 advocacy services with respect to mental health.

5 “(3) FACILITATION OF SERVICES OF CERTAIN
6 PROGRAMS.—A funding agreement for a grant under
7 section 571(a) is that a system of care under sub-
8 section (a) will, for purposes of paragraph (1), enter
9 into a memorandum of understanding regarding fa-
10 cilitation of—

11 “(A) services available pursuant to title
12 XIX of the Social Security Act, including serv-
13 ices regarding early periodic screening, diag-
14 nosis, and treatment;

15 “(B) services available under parts B and
16 C of the Individuals with Disabilities Education
17 Act; and

18 “(C) services available under other appro-
19 priate programs, as identified by the Secretary.

20 “(e) GENERAL PROVISIONS REGARDING SERVICES
21 OF SYSTEM.—

22 “(1) CASE MANAGEMENT SERVICES.—A fund-
23 ing agreement for a grant under section 571(a) is
24 that a system of care under subsection (a) will pro-

1 vide for the case management of each child provided
2 access to the system in order to ensure that—

3 “(A) the services provided through the sys-
4 tem to the child are coordinated and that the
5 need of each such child for the services is peri-
6 odically reassessed;

7 “(B) information is provided to the family
8 of the child on the extent of progress being
9 made toward the objectives established for the
10 child under the plan of services implemented for
11 the child pursuant to section 573; and

12 “(C) the system provides assistance with
13 respect to—

14 “(i) establishing the eligibility of the
15 child, and the family of the child, for fi-
16 nancial assistance and services under Fed-
17 eral, State, or local programs providing for
18 health services, mental health services,
19 educational services, social services, or
20 other services; and

21 “(ii) seeking to ensure that the child
22 receives appropriate services available
23 under such programs.

24 “(2) OTHER PROVISIONS.—A funding agree-
25 ment for a grant under section 571(a) is that a sys-

1 tem of care under subsection (a), in providing the
2 services of the system, will—

3 “(A) provide the services of the system in
4 the cultural context that is most appropriate for
5 the child and family involved;

6 “(B) ensure that individuals providing
7 such services to the child can effectively com-
8 municate with the child and family in the most
9 direct manner;

10 “(C) provide the services without discrimi-
11 nating against the child or the family of the
12 child on the basis of race, religion, national ori-
13 gin, sex, disability, or age;

14 “(D) seek to ensure that each child pro-
15 vided access to the system of care remains in
16 the least restrictive, most normative environ-
17 ment that is clinically appropriate; and

18 “(E) provide outreach services to inform
19 individuals, as appropriate, of the services avail-
20 able from the system, including identifying chil-
21 dren with a serious emotional disturbance who
22 are in the early stages of such disturbance.

23 “(3) RULE OF CONSTRUCTION.—An agreement
24 made under paragraph (2) may not be construed—

1 “(A) with respect to subparagraph (C) of
2 such paragraph—

3 “(i) to prohibit a system of care under
4 subsection (a) from requiring that, in
5 housing provided by the grantee for pur-
6 poses of residential treatment services au-
7 thorized under subsection (c), males and
8 females be segregated to the extent appro-
9 priate in the treatment of the children in-
10 volved; or

11 “(ii) to prohibit the system of care
12 from complying with the agreement made
13 under subsection (b); or

14 “(B) with respect to subparagraph (D) of
15 such paragraph, to authorize the system of care
16 to expend the grant under section 571(a) (or
17 the non-Federal contributions made with re-
18 spect to the grant) to provide legal services or
19 any service with respect to which expenditures
20 regarding the grant are prohibited under sub-
21 section (d)(1)(B).

22 “(f) RESTRICTIONS ON USE OF GRANT.—A funding
23 agreement for a grant under section 571(a) is that the
24 grant, and the non-Federal contributions made with re-
25 spect to the grant, will not be expended—

1 “(1) to purchase or improve real property (in-
2 cluding the construction or renovation of facilities);

3 “(2) to provide for room and board in residen-
4 tial programs serving 10 or fewer children;

5 “(3) to provide for room and board or other
6 services or expenditures associated with care of chil-
7 dren in residential treatment centers serving more
8 than 10 children or in inpatient hospital settings, ex-
9 cept intensive home-based services and other services
10 provided on an ambulatory or outpatient basis; or

11 “(4) to provide for the training of any indi-
12 vidual, except training authorized in section
13 574(a)(2) and training provided through any appro-
14 priate course in continuing education whose duration
15 does not exceed 2 days.

16 “(g) WAIVERS.—The Secretary may waive one or
17 more of the requirements of subsection (c) for a public
18 entity that is an Indian Tribe or tribal organization, or
19 American Samoa, Guam, the Marshall Islands, the Fed-
20 erated States of Micronesia, the Commonwealth of the
21 Northern Mariana Islands, the Republic of Palau, or the
22 United States Virgin Islands if the Secretary determines,
23 after peer review, that the system of care is family-cen-
24 tered and uses the least restrictive environment that is
25 clinically appropriate.

1 **“SEC. 573. INDIVIDUALIZED PLAN FOR SERVICES.**

2 “(a) IN GENERAL.—A funding agreement for a grant
3 under section 571(a) is that a system of care under section
4 572(a) will develop and carry out an individualized plan
5 of services for each child provided access to the system,
6 and that the plan will be developed and carried out with
7 the participation of the family of the child and, unless
8 clinically inappropriate, with the participation of the child.

9 “(b) MULTIDISCIPLINARY TEAM.—A funding agree-
10 ment for a grant under section 571(a) is that the plan
11 required in subsection (a) will be developed, and reviewed
12 and as appropriate revised not less than once each year,
13 by a multidisciplinary team of appropriately qualified indi-
14 viduals who provide services through the system, including
15 as appropriate mental health services, other health serv-
16 ices, educational services, social services, and vocational
17 counseling and rehabilitation;

18 “(c) COORDINATION WITH SERVICES UNDER INDI-
19 VIDUALS WITH DISABILITIES EDUCATION ACT.—A fund-
20 ing agreement for a grant under section 571(a) is that,
21 with respect to a plan under subsection (a) for a child,
22 the multidisciplinary team required in subsection (b)
23 will—

24 “(1) in developing, carrying out, reviewing, and
25 revising the plan consider any individualized edu-
26 cation program in effect for the child pursuant to

1 part B of the Individuals with Disabilities Education
2 Act;

3 “(2) ensure that the plan is consistent with
4 such individualized education program and provides
5 for coordinating services under the plan with serv-
6 ices under such program; and

7 “(3) ensure that the memorandum of under-
8 standing entered into under section 572(d)(3)(B) re-
9 garding such Act includes provisions regarding com-
10 pliance with this subsection.

11 “(d) CONTENTS OF PLAN.—A funding agreement for
12 a grant under section 571(a) is that the plan required in
13 subsection (a) for a child will—

14 “(1) identify and state the needs of the child
15 for the services available pursuant to section 572
16 through the system;

17 “(2) provide for each of such services that is
18 appropriate to the circumstances of the child, includ-
19 ing, except in the case of children who are less than
20 14 years of age, the provision of appropriate voca-
21 tional counseling and rehabilitation, and transition
22 services (as defined in section 602 of the Individuals
23 with Disabilities Education Act);

1 “(3) establish objectives to be achieved regard-
2 ing the needs of the child and the methodology for
3 achieving the objectives; and

4 “(4) designate an individual to be responsible
5 for providing the case management required in sec-
6 tion 572(e)(1) or certify that case management serv-
7 ices will be provided to the child as part of the indi-
8 vidualized education program of the child under the
9 Individuals with Disabilities Education Act.

10 **“SEC. 574. ADDITIONAL PROVISIONS.**

11 “(a) **OPTIONAL SERVICES.**—In addition to services
12 described in subsection (c) of section 572, a system of care
13 under subsection (a) of such section may, in expending
14 a grant under section 571(a), provide for—

15 “(1) preliminary assessments to determine
16 whether a child should be provided access to the sys-
17 tem;

18 “(2) training in—

19 “(A) the administration of the system;

20 “(B) the provision of intensive home-based
21 services under paragraph (4) of section 572(e),
22 intensive day treatment under paragraph (5) of
23 such section, and foster care or group homes
24 under paragraph (7) of such section; and

1 “(C) the development of individualized
2 plans for purposes of section 573;

3 “(3) recreational activities for children provided
4 access to the system; and

5 “(4) such other services as may be appropriate
6 in providing for the comprehensive needs with re-
7 spect to mental health of children with a serious
8 emotional disturbance.

9 “(b) COMPREHENSIVE PLAN.—The Secretary may
10 make a grant under section 571(a) only if, with respect
11 to the jurisdiction of the public entity involved, the entity
12 has submitted to the Secretary, and has had approved by
13 the Secretary, a plan for the development of a jurisdiction-
14 wide system of care for community-based services for chil-
15 dren with a serious emotional disturbance that specifies
16 the progress the public entity has made in developing the
17 jurisdiction-wide system, the extent of cooperation across
18 agencies serving children in the establishment of the sys-
19 tem, the Federal and non-Federal resources currently
20 committed to the establishment of the system, and the cur-
21 rent gaps in community services and the manner in which
22 the grant under section 571(a) will be expended to address
23 such gaps and establish local systems of care.

24 “(c) LIMITATION ON IMPOSITION OF FEES FOR
25 SERVICES.—A funding agreement for a grant under sec-

1 tion 571(a) is that, if a charge is imposed for the provision
2 of services under the grant, such charge—

3 “(1) will be made according to a schedule of
4 charges that is made available to the public;

5 “(2) will be adjusted to reflect the income of
6 the family of the child involved; and

7 “(3) will not be imposed on any child whose
8 family has income and resources of equal to or less
9 than 100 percent of the official poverty line, as es-
10 tablished by the Director of the Office of Manage-
11 ment and Budget and revised by the Secretary in ac-
12 cordance with section 673(2) of the Omnibus Budget
13 Reconciliation Act of 1981.

14 “(d) RELATIONSHIP TO ITEMS AND SERVICES
15 UNDER OTHER PROGRAMS.—A funding agreement for a
16 grant under section 571(a) is that the grant, and the non-
17 Federal contributions made with respect to the grant, will
18 not be expended to make payment for any item or service
19 to the extent that payment has been made, or can reason-
20 ably be expected to be made, with respect to such item
21 or service—

22 “(1) under any State compensation program,
23 under an insurance policy, or under any Federal or
24 State health benefits program; or

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

3 “(e) LIMITATION ON ADMINISTRATIVE EXPENSES.—

4 A funding agreement for a grant under section 571(a) is
5 that not more than 2 percent of the grant will be expended
6 for administrative expenses incurred with respect to the
7 grant by the public entity involved.

8 “(f) REPORTS TO SECRETARY.—A funding agree-
9 ment for a grant under section 571(a) is that the public
10 entity involved will annually submit to the Secretary (and
11 provide a copy to the State involved) a report on the activi-
12 ties of the entity under the grant that includes a descrip-
13 tion of the number of children provided access to systems
14 of care operated pursuant to the grant, the demographic
15 characteristics of the children, the types and costs of serv-
16 ices provided pursuant to the grant, the availability and
17 use of third-party reimbursements, estimates of the unmet
18 need for such services in the jurisdiction of the entity, and
19 the manner in which the grant has been expended toward
20 the establishment of a jurisdiction-wide system of care for
21 children with a serious emotional disturbance, and such
22 other information as the Secretary may require with re-
23 spect to the grant.

1 “(g) DESCRIPTION OF INTENDED USES OF
2 GRANT.—The Secretary may make a grant under section
3 571(a) only if—

4 “(1) the public entity involved submits to the
5 Secretary a description of the purposes for which the
6 entity intends to expend the grant;

7 “(2) the description identifies the populations,
8 areas, and localities in the jurisdiction of the entity
9 with a need for services under this section; and

10 “(3) the description provides information relat-
11 ing to the services and activities to be provided, in-
12 cluding a description of the manner in which the
13 services and activities will be coordinated with any
14 similar services or activities of public or nonprofit
15 entities.

16 “(h) REQUIREMENT OF APPLICATION.—The Sec-
17 retary may make a grant under section 571(a) only if an
18 application for the grant is submitted to the Secretary,
19 the application contains the description of intended uses
20 required in subsection (g), and the application is in such
21 form, is made in such manner, and contains such agree-
22 ments, assurances, and information as the Secretary de-
23 termines to be necessary to carry out this section.

1 **“SEC. 575. GENERAL PROVISIONS.**

2 “(a) DURATION OF SUPPORT.—The period during
3 which payments are made to a public entity from a grant
4 under section 571(a) may not exceed 6 fiscal years.

5 “(b) TECHNICAL ASSISTANCE.—

6 “(1) IN GENERAL.—The Secretary shall, upon
7 the request of a public entity—

8 “(A) provide technical assistance to the en-
9 tity regarding the process of submitting to the
10 Secretary applications for grants under section
11 571(a) and 576; and

12 “(B) provide to the entity training and
13 technical assistance with respect to the plan-
14 ning, development, and operation of systems of
15 care pursuant to section 572.

16 “(2) AUTHORITY FOR GRANTS AND CON-
17 TRACTS.—The Secretary may provide technical as-
18 sistance under subsection (a) directly or through
19 grants to, or contracts with, public and nonprofit
20 private entities.

21 “(c) EVALUATIONS AND REPORTS BY SECRETARY.—

22 “(1) IN GENERAL.—The Secretary shall, di-
23 rectly or through contracts with public or private en-
24 tities, provide for annual evaluations of programs
25 carried out pursuant to section 571(a). The evalua-
26 tions shall assess the effectiveness of the systems of

1 care operated pursuant to such section, including
2 longitudinal studies of outcomes of services provided
3 by such systems, other studies regarding such out-
4 comes, the effect of activities under this part on the
5 utilization of hospital and other institutional set-
6 tings, the barriers to and achievements resulting
7 from interagency collaboration in providing commu-
8 nity-based services to children with a serious emo-
9 tional disturbance, and assessments by parents of
10 the effectiveness of the systems of care.

11 “(2) REPORT TO CONGRESS.—The Secretary
12 shall, not later than 1 year after the date on which
13 amounts are first appropriated under subsection (c),
14 and annually thereafter, submit to the Congress a
15 report summarizing evaluations carried out pursuant
16 to paragraph (1) during the preceding fiscal year
17 and making such recommendations for administra-
18 tive and legislative initiatives with respect to this
19 section as the Secretary determines to be appro-
20 priate.

21 “(d) DEFINITIONS.—For purposes of this part:

22 “(1) The term ‘child’ means an individual
23 through the age of 21 years.

1 “(2) The term ‘family’, with respect to a child
2 provided access to a system of care under section
3 572(a), means—

4 “(A) the legal guardian of the child; and

5 “(B) as appropriate regarding mental
6 health services for the child, the parents of the
7 child (biological or adoptive, as the case may
8 be) and any foster parents of the child.

9 “(3) The term ‘funding agreement’, with re-
10 spect to a grant under section 571(a) to a public en-
11 tity, means that the Secretary may make such a
12 grant only if the public entity makes the agreement
13 involved.

14 “(4) The term ‘serious emotional disturbance’
15 includes, with respect to a child, any child who has
16 a serious emotional disorder, a serious behavioral
17 disorder, or a serious mental disorder.

18 “(e) RULE OF CONSTRUCTION.—Nothing in this part
19 shall be construed as limiting the rights of a child with
20 a serious emotional disturbance under the Individuals with
21 Disabilities Education Act.

22 **“SEC. 576. STATE INTEGRATED SYSTEMS OF CARE GRANTS**
23 **FOR KEEPING FAMILIES TOGETHER.**

24 “(a) IN GENERAL.—The Secretary, acting through
25 the Director of the Center for Mental Health Services,

1 shall award grants or cooperative agreements to States for
2 the purpose of facilitating and promoting the implementa-
3 tion in local communities of an integrated system of care
4 for children with mental illness, especially for those with
5 serious emotional disturbance.

6 “(b) APPLICATIONS.—To be eligible for a grant
7 under subsection (a), a State shall submit to the Secretary
8 an applications that shall include, at a minimum, the fol-
9 lowing:

10 “(1) An assurance that the State will establish
11 a board to be made up of, at least, the directors of
12 the State departments or agencies responsible for
13 mental health, substance use disorder, child welfare,
14 education, medicaid, juvenile justice, and consumers
15 and families of consumers to carry out the purpose
16 of the grant.

17 “(2) A description of the specific population
18 that the State wishes to focus on under the grant.

19 “(3) An assurance that the plan required under
20 subsection (e) will be submitted within 18 months of
21 the receipt of the grant.

22 “(4) Otherwise be in such form, made in such
23 manner, and contain such agreements, assurances,
24 and information as the Secretary determines to be
25 necessary.

1 “(c) DURATION OF GRANTS.—The period during
2 which payments are made under a grant under this section
3 may not exceed 5 years.

4 “(d) PRIORITY.—In awarding grants under this sec-
5 tion, the Secretary shall give priority to States that elect
6 to use grant funds to focus on children who are, or are
7 at risk of being placed, in the child welfare or juvenile
8 justice systems as a direct result of parents relinquishing
9 their rights in order to get the mental health services their
10 child needs.

11 “(e) PLAN.—To be eligible to receive a grant under
12 this section, a State shall agree to submit to the Secretary
13 for approval, a plan, within 18 months of the receipt of
14 the grant, that at a minimum includes the following:

15 “(1) A description of the population that the
16 State will focus on, including indications on the
17 number of individuals in the population and the se-
18 verity of their mental illness.

19 “(2) A description of how these individuals are
20 being served or not served by the State system.

21 “(3) A description of the finances that are cur-
22 rently being used throughout the State to serve this
23 population, including funds from the mental health
24 agency.

1 “(4) A description of the types of services such
2 population is receiving, including if applicable, serv-
3 ices provided under section 571.

4 “(5) A description of the coordination that ex-
5 ists among the various agencies serving children, in-
6 cluding child welfare, education, health, and juvenile
7 justice agencies.

8 “(6) A description of the barriers that exist in
9 the provision of services, including State policies and
10 procedures.

11 “(7) A description of how the State intends to
12 overcome these barriers, including changing the bar-
13 riers within State policies and procedures.

14 “(8) A description of how the State will finance
15 the implementation of systems of care for children.

16 “(9) A description of how the State intends to
17 promote a comprehensive system of care that in-
18 cludes a shift in reliance on residential and institu-
19 tional services to increased home and community-
20 based services.

21 “(10) A description of the number of children
22 in the child welfare or juvenile justice system as a
23 direct result of parents relinquishing their rights in
24 order to get the mental health services that their
25 child needed.

1 “(11) A description of how the State intends to
2 track outcomes through data collection for individ-
3 uals that receive services in the system of care, in-
4 cluding improved school attendance and achieve-
5 ment, reduced substance use, reduced contact with
6 law enforcement, detention and arrest rates, reduc-
7 tions in out-of-home placement, and mental health
8 improvements sustained.

9 “(f) USE OF FUNDS.—Amounts received under a
10 grant under this section may be used for any activity nec-
11 essary for the development of the plan submitted under
12 subsection (e) and any costs associated with the implemen-
13 tation of the approved plan.

14 “(g) TRAINING AND TECHNICAL ASSISTANCE.—The
15 Secretary shall, upon the request of the State, provide
16 training and technical assistance to the State in the devel-
17 opment and implementation of the plan submitted under
18 subsection (e).

19 “(h) REPORTS.—Beginning with the second year in
20 which a State receives a grant under this section, and each
21 grant year thereafter, the State shall submit a report to
22 the Secretary detailing the State’s progress in imple-
23 menting the plan submitted under subsection (e).

1 **“SEC. 577. AUTHORIZATION OF APPROPRIATIONS.**

2 “(a) AUTHORIZATION OF APPROPRIATIONS.—For the
3 purpose of carrying out this part, there are authorized to
4 be appropriated \$150,000,000 for fiscal year 2011, and
5 such sums as may be necessary for each of the fiscal years
6 2012 through 2015.

7 “(b) GRANTS UNDER SECTION 576.—Not to exceed
8 \$10,000,000 of the amount appropriated under subsection
9 (a) for each fiscal year may be used for grants under sec-
10 tion 576.

11 **“PART F—WORKFORCE DEVELOPMENT**

12 **“SEC. 581. WORKFORCE DEVELOPMENT GRANTS, CON-**
13 **TRACTS, AND COOPERATIVE AGREEMENTS**
14 **FOR MENTAL HEALTH AND SUBSTANCE USE**
15 **DISORDERS.**

16 “(a) PURPOSE.—It is the purpose of this section to
17 promote workforce development by identifying and imple-
18 menting innovative and effective strategies to recruit and
19 retain qualified mental health promotion and treatment
20 and substance use disorder prevention and treatment staff
21 and by disseminating those strategies to States and public
22 and non-profit private providers of mental health and sub-
23 stance use disorder services.

24 “(b) GRANTS AND CONTRACTS.—The Secretary shall
25 award grants, contracts, or cooperative agreements to eli-
26 gible entities to identify and implement effective, innova-

1 tive strategies to recruit and retain a workforce qualified
2 to provide mental health and substance use disorder pre-
3 vention and treatment services in the public sector.

4 “(c) ELIGIBILITY.—To be eligible to receive a grant,
5 contract, or cooperative agreement under this section, an
6 entity shall—

7 “(1) be a State, American Indian or Alaska Na-
8 tive tribe, tribal organization, a health facility or
9 program operated by or pursuant to a contract or
10 grant with the Indian Health Service, or non-profit
11 entity;

12 “(2) submit to the Secretary an application at
13 such time, in such manner, and containing such in-
14 formation as the Secretary may require;

15 “(3) agree to collect and provide to the Sec-
16 retary such data as required by the Secretary to ob-
17 jectively demonstrate the effect of the strategy im-
18 plemented through such grant, contract, or coopera-
19 tive agreement; and

20 “(4) agree to participate in conferences con-
21 ducted by the Secretary expressly for the purposes
22 of developing recommendations on best practices for
23 recruiting and retaining a qualified workforce.

24 “(d) USE OF FUNDS.—

1 “(1) IN GENERAL.—An entity shall use
2 amounts received under this section to identify and
3 implement innovative strategies to—

4 “(A) identify and recruit individuals into
5 the mental health and substance use disorder
6 public service workforce, including paraprofes-
7 sionals and individuals in recovery and their
8 families;

9 “(B) assist individuals in obtaining basic
10 or specialized competencies for providing mental
11 health promotion and treatment services and
12 substance use disorder prevention, treatment,
13 and recovery services; and

14 “(C) retain qualified mental health and
15 substance use disorder treatment staff, includ-
16 ing staff who provide services that promote
17 mental health, prevent substance use, or treat
18 mental illness and substance use disorders.

19 “(2) LIMITATION.—Eligible entities that receive
20 funds under this section may not use such funds to
21 pay for loan repayment or forgiveness programs, or
22 for a degree at an institution of higher education or
23 at any other institution.

1 “(e) PRIORITIES.—In awarding grants, contracts, or
2 cooperative agreements under this section the Secretary
3 shall ensure that priority is given to—

4 “(1) entities in rural areas and mental health
5 and substance use disorder manpower shortage
6 areas; and

7 “(2) entities that agree to focus on the inclu-
8 sion of racial and ethnic minorities in the workforce.

9 “(f) GEOGRAPHIC DISTRIBUTION.—The Secretary
10 shall ensure that to the extent practicable, an equitable
11 distribution of grants, contracts, and cooperative agree-
12 ments among the geographical regions of the United
13 States and between urban and rural populations.

14 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
15 provide technical assistance to eligible entities and conduct
16 conferences to promote the sharing of ideas for the devel-
17 opment of best practices in the recruitment and retention
18 of a qualified mental health and substance use disorder
19 prevention and treatment workforce.

20 “(h) EVALUATION.—Not later than 3 years after the
21 receipt of a grant, contract, or cooperative agreement
22 under this section, an entity shall—

23 “(1) conduct an evaluation of the activities car-
24 ried out with funds received under the grant, con-
25 tract, or cooperative agreement;

1 “(2) recommendations for legislation to assist
2 Congress in reauthorizing this title in fiscal year
3 2014;

4 “(3) specific recommendations for States, com-
5 munities, and public and non-profit private providers
6 of mental health and substance use disorder services;

7 “(4) data and best practices identified under
8 section 581; and

9 “(5) recommendations for national outcomes
10 measures of workforce.

11 **“PART G—SCHOOL-BASED MENTAL HEALTH**

12 **“SEC. 585. SCHOOL-BASED MENTAL HEALTH AND CHIL-**
13 **DREN AND VIOLENCE.**

14 “(a) IN GENERAL.—The Secretary, in collaboration
15 with the Secretary of Education and in consultation with
16 the Attorney General, shall, directly or through grants,
17 contracts or cooperative agreements awarded to public en-
18 tities and local education agencies, assist local commu-
19 nities and schools in applying a public health approach
20 to mental health services both in schools and in the com-
21 munity. Such approach should provide comprehensive age
22 appropriate services and supports and incorporate age ap-
23 propriate strategies of positive behavioral interventions
24 and supports. A comprehensive school mental health pro-

1 gram funded under this section shall assist children in
2 dealing with violence.

3 “(b) ACTIVITIES.—Under the program under sub-
4 section (a), the Secretary may—

5 “(1) provide financial support to enable local
6 communities to implement a comprehensive school
7 mental health program that incorporates positive be-
8 havioral interventions and supports to foster the
9 health and development of children;

10 “(2) provide technical assistance to local com-
11 munities with respect to the development of pro-
12 grams described in paragraph (1);

13 “(3) provide assistance to local communities in
14 the development of policies to address child and ado-
15 lescent mental health issues and violence when and
16 if it occurs;

17 “(4) facilitate community partnerships among
18 families, students, law enforcement agencies, edu-
19 cation systems, mental health and substance use dis-
20 order service systems, family-based mental health
21 service systems, welfare agencies, healthcare service
22 systems, and other community-based systems; and

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

1 “(c) REQUIREMENTS.—

2 “(1) IN GENERAL.—To be eligible for a grant,
3 contract, or cooperative agreement under subsection
4 (a) an entity shall—

5 “(A) be a partnership between a local edu-
6 cation agency and at least one community pro-
7 gram or agency that is involved in mental
8 health; and

9 “(B) submit an application, that is en-
10 dorsed by all members of the partnership, that
11 makes the assurances described in paragraph
12 (2).

13 “(2) REQUIRED ASSURANCES.—An application
14 under paragraph (1) shall assure the following:

15 “(A) That the applicant will ensure that,
16 in carrying out activities under this section, the
17 local educational agency involved will enter into
18 a memorandum of understanding—

19 “(i) with, at a minimum, public or
20 private mental health entities, healthcare
21 entities, law enforcement or juvenile justice
22 entities, child welfare agencies, family-
23 based mental health entities, families and
24 family organizations, and other commu-
25 nity-based entities; and

1 “(ii) that clearly states—

2 “(I) the responsibilities of each
3 partner with respect to the activities
4 to be carried out;

5 “(II) how each partner will be ac-
6 countable for carrying out such re-
7 sponsibilities; and

8 “(III) the amount of non-Federal
9 funding or in-kind contributions that
10 each such partner will contribute in
11 order to sustain the program.

12 “(B) That the comprehensive school-based
13 mental health program carried out under this
14 section support the flexible use of funds to ad-
15 dress—

16 “(i) the promotion of the social, emo-
17 tional, and mental health of all students in
18 an environment that is conducive to learn-
19 ing;

20 “(ii) the reduction in the likelihood of
21 at risk students developing social or emo-
22 tional problems or mental health and sub-
23 stance use disorders;

24 “(iii) the early identification of social
25 or emotional problems or mental health

1 and substance use disorders and the provi-
2 sion of early intervention services;

3 “(iv) the treatment or referral for
4 treatment of students with existing social
5 or emotional problems or mental health
6 and substance use disorders; and

7 “(v) the development and implementa-
8 tion of programs to assist children in deal-
9 ing with violence.

10 “(C) That the comprehensive mental
11 health program carried out under this section
12 will provide for in-service training of all school
13 personnel, including ancillary staff and volun-
14 teers, in—

15 “(i) the techniques and support need-
16 ed to identify early children with, or at risk
17 of, mental illness;

18 “(ii) the use of referral mechanisms
19 that effectively link such children to treat-
20 ment intervention services;

21 “(iii) strategies that promote a
22 schoolwide positive environment, and in-
23 cludes an on-going training and coaching
24 component;

1 “(iv) strategies for promoting the so-
2 cial, emotional, and mental health of all
3 students; and

4 “(v) strategies to increase the knowl-
5 edge and skills of school and community
6 leaders on the application of a public
7 health approach to comprehensive school-
8 based mental health programs.

9 “(D) That the comprehensive school-based
10 mental health programs carried out under this
11 section will demonstrate the measures to be
12 taken to sustain the program after funding
13 under this section terminates.

14 “(E) That the local education agency part-
15 nership involved is supported by the State edu-
16 cational and mental health system to ensure
17 that the sustainability of the programs is estab-
18 lished after funding under this section termi-
19 nates.

20 “(F) That the comprehensive school-based
21 mental health program carried out under this
22 section is based on scientifically valid research,
23 when available, or evidence-based practices.

24 “(G) That the comprehensive school-based
25 mental health program carried out under this

1 section is coordinated with early intervening ac-
2 tivities carried out under the Individuals with
3 Disabilities Education Act.

4 “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
5 shall ensure that grants, contracts or cooperative agree-
6 ments under subsection (a) will be distributed equitably
7 among the regions of the country and among urban and
8 rural areas.

9 “(e) DURATION OF AWARDS.—With respect to a
10 grant, contract or cooperative agreement under subsection
11 (a), the period during which payments under such an
12 award will be made to the recipient shall be 5 years. An
13 entity may only receive one award under this section, ex-
14 cept that an entity that is providing services and supports
15 on a regional basis may receive additional funding after
16 the expiration of the preceding grant period.

17 “(f) EVALUATION AND MEASURES OF OUTCOMES.—

18 “(1) DEVELOPMENT OF PROCESS.—The Ad-
19 ministrator shall develop a process for evaluating ac-
20 tivities carried out under this section. Such process
21 shall include—

22 “(A) the development of guidelines for the
23 submission of program data by such recipients;

24 “(B) the development of measures of out-
25 comes (in accordance with paragraph (2)) to be

1 applied by such recipients in evaluating pro-
2 grams carried out under this section; and

3 “(C) the submission of annual reports by
4 such recipients concerning the effectiveness of
5 programs carried out under this section.

6 “(2) MEASURES OF OUTCOMES.—

7 “(A) IN GENERAL.—The Administrator
8 shall develop measures of outcomes to be ap-
9 plied by recipients of assistance under this sec-
10 tion, and the Administrator, in evaluating the
11 effectiveness of programs carried out under this
12 section. Such measures shall include student
13 and family measures as provided for in sub-
14 paragraph (B) and local educational measures
15 as provided for under subparagraph (C).

16 “(B) STUDENT AND FAMILY MEASURES OF
17 OUTCOMES.—The measures of outcomes devel-
18 oped under paragraph (1)(B) relating to stu-
19 dents and families shall, with respect to activi-
20 ties carried out under a program under this
21 section, at a minimum include provisions to
22 evaluate—

23 “(i) whether the program resulted in
24 an increase in social and emotional com-
25 petency;

1 “(ii) whether the program resulted in
2 an increase in student academic achieve-
3 ment;

4 “(iii) whether the program resulted in
5 a reduction in disruptive and aggressive
6 behaviors;

7 “(iv) whether the program resulted in
8 improved family functioning;

9 “(v) whether the program resulted in
10 a reduction in substance use disorders;

11 “(vi) whether the program resulted in
12 a reduction in suspensions, truancy, expul-
13 sions and violence; and

14 “(vii) whether the program resulted in
15 improved access to care for mental health
16 disorders.

17 “(C) LOCAL EDUCATIONAL OUTCOMES.—

18 The outcome measures developed under para-
19 graph (1)(B) relating to local educational sys-
20 tems shall, with respect to activities carried out
21 under a program under this section, at a min-
22 imum include provisions to evaluate—

23 “(i) the effectiveness of comprehensive
24 school mental health programs established
25 under this section;

1 “(ii) the effectiveness of formal part-
2 nership linkages among child and family
3 serving institutions, community support
4 systems, and the educational system;

5 “(iii) the progress made in sustaining
6 the program once funding under the grant
7 has expired; and

8 “(iv) the effectiveness of training and
9 professional development programs for all
10 school personnel.

11 “(3) SUBMISSION OF ANNUAL DATA.—An entity
12 that receives a grant, contract, or cooperative agree-
13 ment under this section shall annually submit to the
14 Administrator a report that include data to evaluate
15 the success of the program carried out by the entity
16 based on whether such program is achieving the pur-
17 poses of the program. Such reports shall utilize the
18 measures of outcomes under paragraph (2) in a rea-
19 sonable manner to demonstrate the progress of the
20 program in achieving such purposes.

21 “(4) EVALUATION BY ADMINISTRATOR.—Based
22 on the data submitted under paragraph (3), the Ad-
23 ministrator shall annually submit to Congress a re-
24 port concerning the results and effectiveness of the

1 programs carried out with assistance received under
2 this section.

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 care professionals.

8 “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF
9 APPROPRIATIONS.—

10 “(1) AMOUNT OF GRANTS.—A grant under this
11 section shall be in an amount that is not more than
12 \$1,000,000 for each of grant years 2011 through
13 2015. The Secretary shall determine the amount of
14 each such grant based on criteria determined by the
15 Secretary.

16 “(2) AUTHORIZATION OF APPROPRIATIONS.—
17 There is authorized to be appropriated to carry out
18 this section, \$200,000,000 for each of fiscal years
19 2011 through 2015.

20 **“SEC. 586. GRANTS TO ADDRESS THE PROBLEMS OF PER-**
21 **SONS WHO EXPERIENCE VIOLENCE RELATED**
22 **STRESS.**

23 “(a) IN GENERAL.—The Secretary shall award
24 grants, contracts or cooperative agreements to public and
25 nonprofit private entities, as well as to Indian tribes and

1 tribal organizations, for the purpose of developing and
2 maintaining programs that provide for the continued oper-
3 ation of the National Child Traumatic Stress Initiative,
4 that focus on the behavioral and biological aspects of psy-
5 chological trauma response and for developing knowledge
6 with regard to evidence-based practices for treating trau-
7 ma-related disorders of children and youth resulting from
8 witnessing or experiencing a traumatic event.

9 “(b) PRIORITIES.—In awarding grants, contracts or
10 cooperative agreements under subsection (a) related to the
11 development of knowledge and provision of services based
12 on evidence-based practices for treating disorders associ-
13 ated with psychological trauma, the Secretary shall give
14 priority to mental health agencies and programs that have
15 established clinical and basic research experience in the
16 field of trauma-related mental disorders, and that con-
17 tribute to the establishment of a national trauma infra-
18 structure.

19 “(c) GEOGRAPHICAL DISTRIBUTION.—The Secretary
20 shall ensure that grants, contracts or cooperative agree-
21 ments under subsection (a) with respect to centers of ex-
22 cellence are distributed equitably among the regions of the
23 country and among urban and rural areas.

24 “(d) EVALUATION.—The Secretary, as part of the
25 application process, shall require that each applicant for

1 a grant, contract or cooperative agreement under sub-
2 section (a) submit a plan for the rigorous evaluation of
3 the activities funded under the grant, contract or agree-
4 ment, including both process and outcomes evaluation,
5 and the submission of an evaluation at the end of the
6 project period.

7 “(e) DURATION OF AWARDS.—With respect to a
8 grant, contract or cooperative agreement under subsection
9 (a), the period during which payments under such an
10 award will be made to the recipient for 5 years. Such
11 grants, contracts or agreements may be renewed, except
12 that expertise and experience in the field of trauma-related
13 disorders shall be the priority criterion for new and con-
14 tinuing grant, contract, or cooperative agreement awards.

15 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this section,
17 \$50,000,000 for fiscal year 2011, and such sums as may
18 be necessary for each of fiscal years 2012 through 2015.

1 **“PART H—REQUIREMENT RELATING TO THE**
2 **RIGHTS OF RESIDENTS OF CERTAIN FACILITIES**

3 **“Subpart I—Medical Facilities**

4 **“SEC. 591. REQUIREMENT RELATING TO THE RIGHTS OF**
5 **RESIDENTS OF CERTAIN MEDICAL FACILI-**
6 **TIES.**

7 “(a) IN GENERAL.—A public or private general hos-
8 pital, nursing facility, intermediate care facility, or other
9 health care facility, that receives support in any form from
10 any program supported in whole or in part with funds ap-
11 propriated to any Federal department or agency shall pro-
12 tect and promote the rights of each resident of the facility,
13 including the right to be free from physical or mental
14 abuse, corporal punishment, and any restraints or involun-
15 tary seclusions imposed for purposes of discipline or con-
16 venience.

17 “(b) REQUIREMENTS.—Restraints and seclusion may
18 only be imposed on a resident of a facility described in
19 subsection (a) if—

20 “(1) the restraints or seclusion are imposed to
21 ensure the physical safety of the resident, a staff
22 member, or others; and

23 “(2) the restraints or seclusion are imposed
24 only upon the written order of a physician, or other
25 licensed practitioner permitted by the State and the
26 facility to order such restraint or seclusion, that

1 specifies the duration and circumstances under
2 which the restraints are to be used (except in emer-
3 gency circumstances specified by the Secretary until
4 such an order could reasonably be obtained).

5 “(c) CURRENT LAW.—This part shall not be con-
6 strued to affect or impede any Federal or State law or
7 regulations that provide greater protections than this part
8 regarding seclusion and restraint.

9 “(d) DEFINITIONS.—In this section:

10 “(1) RESTRAINTS.—The term ‘restraints’
11 means—

12 “(A) any physical restraint that is a me-
13 chanical or personal restriction that immobilizes
14 or reduces the ability of an individual to move
15 his or her arms, legs, or head freely, not includ-
16 ing devices, such as orthopedically prescribed
17 devices, surgical dressings or bandages, protec-
18 tive helmets, or any other methods that involves
19 the physical holding of a resident for the pur-
20 pose of conducting routine physical examina-
21 tions or tests or to protect the resident from
22 falling out of bed or to permit the resident to
23 participate in activities without the risk of
24 physical harm to the resident (such term does
25 not include a physical escort); and

1 “(B) a drug or medication that is used as
2 a restraint to control behavior or restrict the
3 resident’s freedom of movement that is not a
4 standard treatment for the resident’s medical or
5 psychiatric condition.

6 “(2) SECLUSION.—The term ‘seclusion’ means
7 a behavior control technique involving locked isola-
8 tion. Such term does not include a time out.

9 “(3) PHYSICAL ESCORT.—The term ‘physical
10 escort’ means the temporary touching or holding of
11 the hand, wrist, arm, shoulder or back for the pur-
12 pose of inducing a resident who is acting out to walk
13 to a safe location.

14 “(4) TIME OUT.—The term ‘time out’ means a
15 behavior management technique that is part of an
16 approved treatment program and may involve the
17 separation of the resident from the group, in a non-
18 locked setting, for the purpose of calming. Time out
19 is not seclusion.

20 **“SEC. 592. REPORTING REQUIREMENT.**

21 “(a) IN GENERAL.—Each facility to which the Pro-
22 tection and Advocacy for Mentally Ill Individuals Act of
23 1986 applies shall notify the appropriate agency, as deter-
24 mined by the Secretary, of each death that occurs at each
25 such facility while a patient is restrained or in seclusion,

1 of each death occurring within 24 hours after the patient
2 has been removed from restraints and seclusion, or where
3 it is reasonable to assume that a patient's death is a result
4 of such seclusion or restraint. A notification under this
5 section shall include the name of the resident and shall
6 be provided not later than 7 days after the date of the
7 death of the individual involved.

8 “(b) FACILITY.—In this section, the term ‘facility’
9 has the meaning given the term ‘facilities’ in section
10 102(3) of the Protection and Advocacy for Mentally Ill
11 Individuals Act of 1986 (42 U.S.C. 10802(3)).

12 **“SEC. 593. REGULATIONS AND ENFORCEMENT.**

13 “(a) TRAINING.—Not later than 1 year after the date
14 of the enactment of this part, the Secretary, after con-
15 sultation with appropriate State and local protection and
16 advocacy organizations, physicians, facilities, and other
17 health care professionals and patients, shall promulgate
18 regulations that require facilities to which the Protection
19 and Advocacy for Mentally Ill Individuals Act of 1986 (42
20 U.S.C. 10801 et seq.) applies, to meet the requirements
21 of subsection (b).

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

24 “(1) facilities described in subsection (a) ensure
25 that there is an adequate number of qualified profes-

1 sional and supportive staff to evaluate patients, for-
2 mulate written individualized, comprehensive treat-
3 ment plans, and to provide active treatment meas-
4 ures;

5 “(2) appropriate training be provided for the
6 staff of such facilities in the use of restraints and
7 any alternatives to the use of restraints; and

8 “(3) such facilities provide complete and accu-
9 rate notification of deaths, as required under section
10 592(a).

11 “(c) ENFORCEMENT.—A facility to which this part
12 applies that fails to comply with any requirement of this
13 part, including a failure to provide appropriate training,
14 shall not be eligible for participation in any program sup-
15 ported in whole or in part by funds appropriated to any
16 Federal department or agency.

17 **“Subpart II—Non-Medical and Community-Based**
18 **Facilities**

19 **“SEC. 595. REQUIREMENT RELATING TO THE RIGHTS OF IN-**
20 **DIVIDUALS OF CERTAIN NON-MEDICAL, COM-**
21 **MUNITY-BASED FACILITIES FOR CHILDREN**
22 **AND YOUTH.**

23 “(a) PROTECTION OF RIGHTS.—

24 “(1) IN GENERAL.—

1 “(A) COMMUNITY-BASED FACILITIES.—A
2 public or private non-medical, community-based
3 facility for children and youth (as defined in
4 regulations to be promulgated by the Secretary)
5 that receives support in any form from any pro-
6 gram supported in whole or in part with funds
7 appropriated under this Act shall protect and
8 promote the rights of each resident of the facil-
9 ity, including the right to be free from physical
10 or mental abuse, corporal punishment, and any
11 restraints or involuntary seclusions imposed for
12 purposes of discipline or convenience.

13 “(B) SCHOOLS.—A public, private, resi-
14 dential or non-residential school (as defined in
15 regulations to be promulgated by the Secretary
16 in consultation with the Secretary of Edu-
17 cation) that receives support in any form from
18 any program supported in whole or in part with
19 funds appropriated to any Federal department
20 or agency shall protect and promote the rights
21 of each individual of the facility, including the
22 right to be free from physical or mental abuse,
23 corporal punishment (as defined by State law),
24 and any restraints or involuntary seclusions im-
25 posed for purposes of discipline or convenience.

1 “(2) NONAPPLICABILITY.—Notwithstanding
2 this part, a facility that provides inpatient psy-
3 chiatric treatment services for individuals under the
4 age of 21, as authorized and defined in subsections
5 (a)(16) and (h) of section 1905 of the Social Secu-
6 rity Act, shall comply with the requirements of part
7 H.

8 “(3) APPLICABILITY OF MEDICAID PROVI-
9 SIONS.—A non-medical, community-based facility for
10 children and youth funded under the Medicaid pro-
11 gram under title XIX of the Social Security Act
12 shall continue to meet all existing requirements for
13 participation in such program that are not affected
14 by this part.

15 “(b) REQUIREMENTS.—

16 “(1) IN GENERAL.—Physical restraints and se-
17 clusion may only be imposed on an individual by a
18 facility described in subsection (a)(1) if—

19 “(A) the restraints or seclusion are im-
20 posed only in emergency circumstances and only
21 to ensure the immediate physical safety of the
22 individual, a staff member, students, or others
23 and less restrictive interventions have been de-
24 termined to be ineffective; and

1 “(B) the restraints or seclusion are im-
2 posed only by an individual trained and cer-
3 tified, by a State-recognized body (as defined in
4 regulation promulgated by the Secretary, and in
5 the case of facilities described in subsection
6 (a)(1)(B) promulgated by the Secretary in con-
7 sultation with the Secretary of Education) and
8 pursuant to a process determined appropriate
9 by the State and approved by the Secretary,
10 and in the case of facilities described in sub-
11 section (a)(1)(B) approved by the Secretary in
12 consultation with the Secretary of Education, in
13 the prevention and use of physical restraint and
14 seclusion, including the needs and behaviors of
15 the population served, relationship building, al-
16 ternatives to restraint and seclusion, de-esca-
17 lation methods, avoiding power struggles,
18 thresholds for restraints and seclusion, the
19 physiological and psychological impact of re-
20 straint and seclusion, monitoring physical signs
21 of distress and obtaining medical assistance,
22 legal issues, position asphyxia, escape and eva-
23 sion techniques, time limits, the process for ob-
24 taining approval for continued restraints, proce-
25 dures to address problematic restraints, docu-

1 mentation, processing with children, and follow-
2 up with staff, and investigation of injuries and
3 complaints.

4 “(2) INTERIM PROCEDURES RELATING TO
5 TRAINING AND CERTIFICATION.—

6 “(A) IN GENERAL.—Until such time as the
7 State develops a process to assure the proper
8 training and certification of facility personnel in
9 the skills and competencies referred to in para-
10 graph (1)(B), the facility involved shall develop
11 and implement an interim procedure that meets
12 the requirements of subparagraph (B).

13 “(B) REQUIREMENTS.—A procedure devel-
14 oped under subparagraph (A) shall—

15 “(i) ensure that a supervisory or sen-
16 ior staff person with training in restraint
17 and seclusion who is competent to conduct
18 a face-to-face assessment (as defined in
19 regulations promulgated by the Secretary,
20 and in the case of facilities described in
21 subsection (a)(1)(B) promulgated by the
22 Secretary in consultation with the Sec-
23 retary of Education), will assess the men-
24 tal and physical well-being of the child or
25 youth being restrained or secluded and as-

1 sure that the restraint or seclusion is being
2 done in a safe manner;

3 “(ii) ensure that the assessment re-
4 quired under clause (i) take place as soon
5 as practicable, but in no case later than 1
6 hour after the initiation of the restraint or
7 seclusion; and

8 “(iii) ensure that the supervisory or
9 senior staff person continues to monitor
10 the situation for the duration of the re-
11 straint and seclusion.

12 “(3) LIMITATIONS.—

13 “(A) IN GENERAL.—The use of a drug or
14 medication that is used as a restraint to control
15 behavior or restrict the individual’s freedom of
16 movement that is not a standard treatment for
17 the individual’s medical or psychiatric condition
18 in a facility described in subsection (a)(1) is
19 prohibited.

20 “(B) PROHIBITION.—The use of mechan-
21 ical restraints in a facility described in sub-
22 section (a)(1) is prohibited.

23 “(C) LIMITATION.—A facility for children
24 and youth described in subsection (a)(1) may
25 only use seclusion when a staff member is con-

1 tinuously face-to-face monitoring the individual
2 and when strong licensing or accreditation and
3 internal controls are in place.

4 “(c) RULE OF CONSTRUCTION.—

5 “(1) IN GENERAL.—Nothing in this section
6 shall be construed as prohibiting the use of re-
7 straints for medical immobilization, adaptive sup-
8 port, or medical protection.

9 “(2) CURRENT LAW.—This part shall not be
10 construed to affect or impede any Federal or State
11 law or regulations that provide greater protections
12 than this part regarding seclusion and restraint.

13 “(d) DEFINITIONS.—In this section:

14 “(1) MECHANICAL RESTRAINT.—The term ‘me-
15 chanical restraint’ means the use of devices as a
16 means of restricting an individual’s freedom of
17 movement.

18 “(2) PHYSICAL ESCORT.—The term ‘physical
19 escort’ means the temporary touching or holding of
20 the hand, wrist, arm, shoulder or back for the pur-
21 pose of inducing an individual who is acting out to
22 walk to a safe location.

23 “(3) PHYSICAL RESTRAINT.—The term ‘phys-
24 ical restraint’ means a personal restriction that im-
25 mobilizes or reduces the ability of an individual to

1 move his or her arms, legs, or head freely. Such
2 term does not include a physical escort.

3 “(4) SECLUSION.—The term ‘seclusion’ means
4 a behavior control technique involving locked isola-
5 tion. Such term does not include a time out.

6 “(5) TIME OUT.—The term ‘time out’ means a
7 behavior management technique that is part of an
8 approved treatment program or individual service
9 plan and may involve the separation of the indi-
10 vidual from the group, in a non-locked setting, for
11 the purpose of calming. Time out is not seclusion.

12 **“SEC. 596. REPORTING REQUIREMENT.**

13 “Each facility (described in section 595(a)(1)) shall
14 notify the appropriate State licensing or regulatory agen-
15 cy, as determined by the Secretary, and in the case of fa-
16 cilities described in section 595(a)(1)(B) determined by
17 the Secretary in consultation with the Secretary of Edu-
18 cation—

19 “(1) of each death that occurs at each such fa-
20 cility. A notification under this section shall include
21 the name of the resident and shall be provided not
22 later than 24 hours after the time of the individuals
23 death; and

24 “(2) of the use of seclusion or restraints in ac-
25 cordance with regulations promulgated by the Sec-

1 retary, in consultation with the Secretary of Edu-
2 cation in the case of facilities described in section
3 595(a)(1)(B), and the States.

4 **“SEC. 597. REGULATIONS AND ENFORCEMENT.**

5 “(a) TRAINING.—Not later than 6 months after the
6 date of the enactment of the SAMHSA Modernization Act
7 of 2010, the Secretary, after consultation with the Sec-
8 retary of Education in the case of facilities described in
9 section 595(a)(1)(B), appropriate State, local, public and
10 private protection and advocacy organizations, health care
11 professionals, social workers, facilities described in section
12 595(a)(1), and individuals receiving services from such fa-
13 cilities, shall promulgate regulations that—

14 “(1) require States that license non-medical,
15 community-based residential facilities for children
16 and youth to develop licensing rules and monitoring
17 requirements concerning behavior management prac-
18 tice that will ensure compliance with Federal regula-
19 tions and to meet the requirements of subsection
20 (b);

21 “(2) require States that monitor compliance of
22 facilities described in section 595(a)(1)(B) with Fed-
23 eral and State laws and standards to develop rules
24 and monitoring requirements concerning behavior
25 management practice that will ensure compliance

1 with Federal regulations and meet the requirements
2 of subsection (b);

3 “(3) require States to develop and implement
4 such licensing rules and monitoring requirements
5 within 1 year after the promulgation of the regula-
6 tions referred to in the matter preceding paragraph
7 (1); and

8 “(4) support the development of national guide-
9 lines and standards on the quality, quantity, orienta-
10 tion and training, required under this part, as well
11 as the certification or licensure of those staff respon-
12 sible for the implementation of behavioral interven-
13 tion concepts and techniques.

14 “(b) REQUIREMENTS.—The regulations promulgated
15 under subsection (a) shall require—

16 “(1) that facilities described in subsection (a)
17 ensure that there is an adequate number of qualified
18 professional and supportive staff to evaluate individ-
19 uals, formulate written individualized, comprehensive
20 treatment plans, and to provide active treatment
21 measures;

22 “(2) the provision of appropriate training and
23 certification of the staff of such facilities in the pre-
24 vention and use of physical restraint and seclusion,
25 including the needs and behaviors of the population

1 served, relationship building, alternatives to re-
2 straint, de-escalation methods, avoiding power strug-
3 gles, thresholds for restraints, the physiological im-
4 pact of restraint and seclusion, monitoring physical
5 signs of distress and obtaining medical assistance,
6 legal issues, position asphyxia, escape and evasion
7 techniques, time limits for the use of restraint and
8 seclusion, the process for obtaining approval for con-
9 tinued restraints and seclusion, procedures to ad-
10 dress problematic restraints, documentation, proc-
11 essing with children, and follow-up with staff, and
12 investigation of injuries and complaints; and

13 “(3) that such facilities provide complete and
14 accurate notification of deaths, as required under
15 section 596.

16 “(c) ENFORCEMENT.—A State to which this part ap-
17 plies that fails to comply with any requirement of this
18 part, including a failure to provide appropriate training
19 and certification, shall not be eligible for participation in
20 any program supported in whole or in part by funds ap-
21 propriated to any Federal department or agency.”.

22 (b) TECHNICAL AMENDMENTS.—Part G of title V of
23 the Public Health Service Act (42 U.S.C. 290kk et seq.),
24 as added by section 144 of the Community Renewal Tax
25 Relief Act of 2000 (as enacted into law by section 1(a)(7)

1 of Public Law 106–554; 114 Stat. 2763A–619), is amend-
2 ed—

3 (1) by redesignating such part as part I;

4 (2) by transferring such part so as to appear
5 after part H (as so designated by the amendment
6 made by subsection (a)); and

7 (3) by redesignating sections 581 through 584
8 as sections 599 through 599C, respectively.

9 **SEC. 3. AMENDMENTS TO TITLE XIX OF THE PUBLIC**
10 **HEALTH SERVICE ACT.**

11 (a) IN GENERAL.—Part B of title XIX of the Public
12 Health Service Act (42 U.S.C. 300x–1 et seq.), except for
13 section 1955 (42 U.S.C. 300x–65), is amended to read
14 as follows:

15 **“PART B—BLOCK GRANTS REGARDING MENTAL**
16 **HEALTH AND SUBSTANCE USE DISORDERS**
17 **“Subpart I—Block Grants for Community Mental**
18 **Health Services**

19 **“SEC. 1911. FORMULA GRANTS TO STATES.**

20 “(a) IN GENERAL.—For the purpose described in
21 subsection (b), the Secretary, acting through the Director
22 of the Center for Mental Health Services, shall make an
23 allotment each fiscal year for each State in an amount
24 determined in accordance with section 1918. The Sec-
25 retary shall make a grant to the State of the allotment

1 made for the State for the fiscal year if the State submits
2 to the Secretary an application in accordance with section
3 1917.

4 “(b) PURPOSE OF GRANTS.—A funding agreement
5 for a grant under subsection (a) is that, subject to section
6 1916, the State involved will expend the grant only for
7 the purpose of—

8 “(1) providing community mental health serv-
9 ices for adults with serious mental illness and chil-
10 dren with serious emotional disturbances as defined
11 in accordance with section 1912(c);

12 “(2) carrying out the plan submitted under sec-
13 tion 1912(a) by the State for the fiscal year in-
14 volved;

15 “(3) evaluating programs and services carried
16 out under this subpart; and

17 “(4) planning, administration, and educational
18 activities related to providing services under the
19 plan.

20 **“SEC. 1912. STATE PLAN FOR COMPREHENSIVE COMMU-**
21 **NITY MENTAL HEALTH SERVICES FOR CER-**
22 **TAIN INDIVIDUALS.**

23 “(a) IN GENERAL.—The Secretary may make a grant
24 under section 1911 only if—

1 “(1) the State involved submits to the Secretary
2 a plan for providing comprehensive community men-
3 tal health services to adults with a serious mental ill-
4 ness and to children with a serious emotional dis-
5 turbance;

6 “(2) the plan meets the criteria specified in
7 subsection (b); and

8 “(3) the plan is approved by the Secretary.

9 “(b) CRITERIA FOR PLAN.—

10 “(1) IN GENERAL.—In accordance with sub-
11 section (a), a State shall, at least once every 3 years,
12 submit to the Secretary a plan that, at a minimum,
13 includes the following:

14 “(A) SYSTEM OF CARE.—A description of
15 the State’s system of care that contains the fol-
16 lowing:

17 “(i) COMPREHENSIVE COMMUNITY-
18 BASED MENTAL HEALTH SYSTEMS.—The
19 plan shall—

20 “(I) identify the single State
21 agency to be responsible for the ad-
22 ministration of the program under the
23 grant, including any third party who
24 administers mental health services
25 and is responsible for complying with

1 the requirements of this part with re-
2 spect to the grant;

3 “(II) provide for an organized
4 community-based system of care for
5 individuals with mental illness and de-
6 scribe available services and resources
7 in a comprehensive system of care, in-
8 cluding services for individuals with
9 co-occurring disorders;

10 “(III) include a description of the
11 manner in which the State and local
12 entities will coordinate services (in-
13 cluding health services, rehabilitation
14 services, employment services, housing
15 services, educational services, sub-
16 stance use disorder services, juvenile
17 justice services, law enforcement serv-
18 ices, social services, child welfare serv-
19 ices, medical and dental care services,
20 and other support services to be pro-
21 vided with Federal, State, and local
22 public and private resources) with
23 other agencies to enable individuals
24 receiving services to function outside
25 of inpatient or residential institutions,

1 to the maximum extent of their capa-
2 bilities, including services to be pro-
3 vided by local school systems under
4 the Individuals with Disabilities Edu-
5 cation Act;

6 “(IV) include a description of
7 how the State promotes evidence-
8 based practices;

9 “(V) include a description of case
10 management services;

11 “(VI) provide for activities lead-
12 ing to a reduction of hospitalization;

13 “(VII) include a description of
14 how the State integrates mental
15 health and substance use disorder
16 services and primary health care,
17 which may include providing mental
18 health and substance use disorder
19 services in primary care settings or
20 providing primary and specialty care
21 services in community-based mental
22 health and substance use disorder
23 service settings; and

24 “(VIII) include a description of
25 how the State assures a smooth tran-

1 sition of children with serious emo-
2 tional disturbances from the children’s
3 service system to the adult service sys-
4 tem.

5 “(ii) MENTAL HEALTH SYSTEM DATA
6 AND EPIDEMIOLOGY.—Utilizing the defini-
7 tions for adults with a serious mental ill-
8 ness and children with a serious emotional
9 disturbance established in accordance with
10 subsection (c), the plan shall—

11 “(I) provide estimates on the in-
12 cidence and prevalence of individuals
13 who are adults with a serious mental
14 illness and children with a serious
15 emotional disturbance in the State, by
16 age, sex, race, and ethnicity;

17 “(II) provide information on the
18 number of adults with a serious men-
19 tal illness and children with a serious
20 emotional disturbance in community-
21 based treatment within the State by
22 age, sex, race, and ethnicity;

23 “(III) provide estimates on the
24 number of adults with a serious men-
25 tal illness and children with a serious

1 emotional disturbance who are home-
2 less or have a co-occurring mental
3 health and substance use disorder;
4 and

5 “(IV) provide the latest national
6 outcome measurement data in accord-
7 ance with section 504(b).

8 “(iii) CHILDREN’S SERVICES.—In the
9 case of children with a serious emotional
10 disturbance (as defined pursuant to sub-
11 section (c)), the plan shall provide for a
12 system of integrated social services, edu-
13 cational services, child welfare services, ju-
14 venile justice services, law enforcement
15 services, and substance use disorder serv-
16 ices that, together with health and mental
17 health services, will be provided in order
18 for such children to receive care that is ap-
19 propriate for their multiple needs (such
20 system to include services provided under
21 the Individuals with Disabilities Education
22 Act).

23 “(iv) TARGETED SERVICES TO RURAL,
24 HOMELESS, AND OLDER ADULT POPU-
25 LATIONS.—The plan shall describe the

1 State’s outreach to and services for indi-
2 viduals who are homeless and older adults
3 with mental illness, and the manner in
4 which community-based services will be
5 provided to individuals residing in rural
6 areas.

7 “(v) MANAGEMENT SERVICES.—The
8 plan shall describe—

9 “(I) the resources available in the
10 State to pay for the services including
11 funding under Medicaid, other Fed-
12 eral programs such as grants to the
13 State, local jurisdictions of the State,
14 or non-profit private entities awarded
15 grants under title V and how the
16 State is maximizing these resources,
17 and the manner in which the State in-
18 tends to expend the grant under sec-
19 tion 1911 for the fiscal year involved;

20 “(II) the manner in which the
21 State intends to comply with each of
22 the funding agreements in this sub-
23 part and subpart III; and

24 “(III) the existing mental health
25 and substance use disorders work-

1 force, including data on the number of
2 individuals who serve in the system of
3 care designated by profession, the
4 need for additional professionals and
5 paraprofessionals, the efforts of the
6 State to recruit and retain a qualified
7 mental health and substance use dis-
8 orders workforce, and a copy of the
9 standards the State uses in certifying
10 or licensing community-based mental
11 health services facilities and mental
12 health providers.

13 “(B) SYSTEM ANALYSIS.—An analysis of
14 the mental health system of care within the
15 State that identifies the strengths and weak-
16 nesses of that system of care, and an assess-
17 ment of the adequacy of that system of care to
18 respond to the need for services.

19 “(C) GOAL AND OBJECTIVES.—A set of
20 quantifiable goals and objectives for the period
21 of the plan, including goals and objectives re-
22 lated to the national outcomes measures estab-
23 lished in accordance with section 504, including
24 targets and milestones that are intended to be

1 met and the activities that will be undertaken
2 to achieve those targets.

3 “(D) OTHER INFORMATION.—Any other
4 information determined appropriate by the Sec-
5 retary.

6 “(2) AUTHORITY REGARDING MODIFICA-
7 TIONS.—As a condition of awarding a grant to a
8 State under section 1911 for a fiscal year, the Sec-
9 retary may require that the State modify any provi-
10 sion of the plan submitted by the State under this
11 section (including provisions on priorities in carrying
12 out authorized activities). If the Secretary approves
13 such plan and awards a grant to the State for the
14 fiscal year, the Secretary may not during such year
15 require the State to modify the plan.

16 “(3) STATE REQUEST FOR MODIFICATIONS.—If
17 the State determines that modifications to the State
18 plan under this section are necessary, the State may
19 request the approval of the Secretary for such modi-
20 fications through the annual report of the State
21 under section 1942.

22 “(4) MENTAL HEALTH EMERGENCY RE-
23 SPONSE.—

24 “(A) REQUIREMENTS.—The State plan
25 under this section shall include the State’s plan

1 for addressing the mental health and substance
2 use disorder needs of individuals in the State in
3 the event of an emergency or major disaster.

4 “(B) DEMONSTRATION.—The State shall
5 demonstrate how the mental health and sub-
6 stance use disorder plan under subparagraph
7 (A) for providing for the mental health needs of
8 individuals in the event of an emergency or
9 major disaster is incorporated into the State’s
10 All-Hazards Public Health Emergency Pre-
11 paredness and Response Plan required under
12 section 319C–1. If the mental health emergency
13 response plan under subparagraph (A) is not so
14 incorporated, the State shall describe how such
15 plan will be incorporated into the State Emer-
16 gency Response Plan during the period that the
17 State plan under this section is in effect.

18 “(C) DEFINITIONS.—In this paragraph,
19 the terms ‘emergency’ and ‘major disaster’ have
20 the meanings given such terms in section 102
21 of the Robert T. Stafford Disaster Relief and
22 Emergency Assistance Act.

23 “(c) DEFINITIONS REGARDING MENTAL ILLNESS
24 AND EMOTIONAL DISTURBANCE; METHODS FOR ESTI-
25 MATE OF INCIDENCE AND PREVALENCE.—

1 “(1) ESTABLISHMENT BY SECRETARY OF DEFINI-
2 NITIONS; DISSEMINATION.—For purposes of this
3 subpart, the Secretary shall establish definitions for
4 the terms ‘adults with a serious mental illness’ and
5 ‘children with a serious emotional disturbance’. The
6 Secretary shall disseminate the definitions to the
7 States.

8 “(2) STANDARDIZED METHODS.—The Secretary
9 shall establish standardized methods for making the
10 estimates required in subsection (b)(1) with respect
11 to a State. A funding agreement for a grant under
12 section 1911 for the State is that the State will uti-
13 lize such methods in making the estimates.

14 **“SEC. 1913. CERTAIN AGREEMENTS.**

15 “(a) ALLOCATION FOR SYSTEMS OF INTEGRATED
16 SERVICES FOR CHILDREN.—

17 “(1) IN GENERAL.—With respect to children
18 with a serious emotional disturbance, a funding
19 agreement for a grant under section 1911 is that the
20 State involved will expend not less than an amount
21 equal to the amount expended by the State for fiscal
22 year 2006.

23 “(2) WAIVER.—

24 “(A) Upon the request of a State, the Sec-
25 retary may provide to the State a waiver of all

1 or part of the requirement established in para-
2 graph (1) if the Secretary determines that the
3 State is providing an adequate level of com-
4 prehensive community mental health services
5 for children with a serious emotional disturb-
6 ance, as indicated by a comparison of the num-
7 ber of such children for which such services are
8 sought with the availability in the State of the
9 services.

10 “(B) The Secretary shall approve or deny
11 a request for a waiver under subparagraph (A)
12 not later than 120 days after the date on which
13 the request is made.

14 “(C) Any waiver provided by the Secretary
15 under subparagraph (A) shall be applicable only
16 to the fiscal year involved.

17 “(b) PROVIDERS OF SERVICES.—A funding agree-
18 ment for a grant under section 1911 for a State is that,
19 with respect to the plan submitted under section 1912(a)
20 for the fiscal year involved—

21 “(1) services under the plan will be provided
22 only through appropriate, qualified community pro-
23 grams (which may include community mental health
24 centers, child mental-health programs, psychosocial
25 rehabilitation programs, mental health peer-support

1 programs, and mental-health primary consumer-di-
2 rected programs); and

3 “(2) services under the plan will be provided
4 through community mental health centers only if the
5 centers meet the criteria specified in subsection (c).

6 “(c) CRITERIA FOR MENTAL HEALTH CENTERS.—

7 The criteria referred to in subsection (b)(2) regarding
8 community mental health centers are as follows:

9 “(1) With respect to mental health services, the
10 centers provide services as follows:

11 “(A) Services principally to individuals re-
12 siding in a defined geographic area (hereafter
13 in this subsection referred to as a ‘service
14 area’).

15 “(B) Outpatient services, including special-
16 ized outpatient services for children, older
17 Americans, individuals with a serious mental ill-
18 ness, and residents of the service areas of the
19 centers who have been discharged from inpa-
20 tient treatment at a mental health facility.

21 “(C) 24-hour-a-day emergency care serv-
22 ices.

23 “(D) Day treatment or other partial hos-
24 pitalization services, or psychosocial rehabilita-
25 tion services.

1 “(E) Screening for patients being consid-
2 ered for admission to State mental health facili-
3 ties to determine the appropriateness of such
4 admission.

5 “(2) The mental health services of the centers
6 are provided, within the limits of the capacities of
7 the centers, to any individual residing or employed
8 in the service area of the center regardless of ability
9 to pay for such services.

10 “(3) The mental health services of the centers
11 are available and accessible promptly, as appropriate
12 and in a manner which preserves human dignity and
13 assures continuity and high quality care.

14 **“SEC. 1914. STATE MENTAL HEALTH PLANNING COUNCIL.**

15 “(a) IN GENERAL.—A funding agreement for a grant
16 under section 1911 is that the State involved will establish
17 and maintain a State mental health planning council in
18 accordance with the conditions described in this section.

19 “(b) DUTIES.—A condition under subsection (a) for
20 a Council is that the duties of the Council are—

21 “(1) to review plans provided to the Council
22 pursuant to section 1915(a) by the State involved
23 and to submit to the State any recommendations of
24 the Council for modifications to the plans;

1 “(2) to serve as an advocate for adults with a
2 serious mental illness, children with a severe emo-
3 tional disturbance, and other individuals with mental
4 illnesses or emotional problems; and

5 “(3) to monitor, review, and evaluate, not less
6 than once each year, the allocation and adequacy of
7 mental health services within the State.

8 “(c) MEMBERSHIP.—

9 “(1) IN GENERAL.—A condition under sub-
10 section (a) for a Council is that the Council be com-
11 posed of residents of the State, including representa-
12 tives of—

13 “(A) the principal State agencies with re-
14 spect to—

15 “(i) mental health, education, voca-
16 tional rehabilitation, criminal justice, hous-
17 ing, and social services; and

18 “(ii) the development of the plan sub-
19 mitted pursuant to title XIX of the Social
20 Security Act;

21 “(B) public and private entities concerned
22 with the need, planning, operation, funding, and
23 use of mental health services and related sup-
24 port services;

1 “(C) adults with serious mental illnesses
2 who are receiving (or have received) mental
3 health services; and

4 “(D) the families of such adults or families
5 of children with emotional disturbance.

6 “(2) CERTAIN REQUIREMENTS.—A condition
7 under subsection (a) for a Council is that—

8 “(A) with respect to the membership of the
9 Council, the ratio of parents of children with a
10 serious emotional disturbance to other members
11 of the Council is sufficient to provide adequate
12 representation of such children in the delibera-
13 tions of the Council; and

14 “(B) not less than 50 percent of the mem-
15 bers of the Council are individuals who are not
16 State employees or providers of mental health
17 services.

18 “(d) DEFINITION.—For purposes of this section, the
19 term ‘Council’ means a State mental health planning
20 council.

21 **“SEC. 1915. ADDITIONAL PROVISIONS.**

22 “(a) REVIEW OF STATE PLAN BY MENTAL HEALTH
23 PLANNING COUNCIL.—The Secretary may make a grant
24 under section 1911 to a State only if—

1 “(1) the plan submitted under section 1912(a)
2 with respect to the grant and the report of the State
3 under section 1942(a) concerning the preceding fis-
4 cal year has been reviewed by the State mental
5 health planning council under section 1914; and

6 “(2) the State submits to the Secretary any
7 recommendations received by the State from such
8 council for modifications to the plan (without regard
9 to whether the State has made the recommended
10 modifications) and any comments concerning the an-
11 nual report.

12 “(b) MAINTENANCE OF EFFORT REGARDING STATE
13 EXPENDITURES FOR MENTAL HEALTH.—

14 “(1) REQUIREMENT.—

15 “(A) IN GENERAL.—A funding agreement
16 for a grant under section 1911 is that the State
17 involved will maintain State expenditures for
18 community mental health services at a level
19 that is not less than the average level of such
20 expenditures maintained by the State for the 2-
21 year period preceding the fiscal year for which
22 the State is applying for the grant.

23 “(B) CONDITION.—A State shall be
24 deemed to be in compliance with subparagraph
25 (A) for a fiscal year if State expenditures of the

1 type described in subparagraph (A) for such fis-
2 cal year are at least 97 percent of the average
3 of such State expenditures for the preceding 2-
4 year period.

5 “(2) FUTURE FISCAL YEARS.—Determinations
6 of whether a State has complied with paragraph (1)
7 for each fiscal year shall be based on the State fund-
8 ing level for the preceding 2-year period as required
9 under paragraph (1)(A) without regard to reduction
10 in the actual amount of State expenditures as per-
11 mitted under paragraph (1)(B) or under a waiver
12 under paragraph (4).

13 “(3) EXCLUSION OF CERTAIN FUNDS.—The
14 Secretary may exclude from the aggregate State ex-
15 penditures under paragraph (1), funds appropriated
16 for authorized activities which are of a non-recurring
17 nature and for a specific purpose.

18 “(4) WAIVER.—

19 “(A) IN GENERAL.—The Secretary may,
20 upon the request of a State, waive the require-
21 ments established in paragraph (1), in whole or
22 in part, if—

23 “(i) the Secretary determines that ex-
24 traordinary economic conditions in the

1 State in the year involved or in the pre-
2 vious year justify the waiver; or

3 “(ii) the State or any part of the
4 State has experienced a natural disaster
5 that has received a Presidential Disaster
6 Declaration under section 102 of the Rob-
7 ert T. Stafford Disaster Relief and Emer-
8 gency Assistance Act.

9 “(B) DATE CERTAIN FOR ACTING UPON
10 REQUEST.—The Secretary shall approve or
11 deny a request for a waiver under subparagraph
12 (A) not later than 120 days after the date on
13 which the request is made.

14 “(C) APPLICABILITY OF WAIVER.—A waiv-
15 er provided by the Secretary under subpara-
16 graph (A) shall be applicable only to the fiscal
17 year involved.

18 “(5) NONCOMPLIANCE BY STATE.—

19 “(A) IN GENERAL.—In making a grant
20 under section 1911 to a State for a fiscal year,
21 the Secretary shall make a determination of
22 whether, for the previous fiscal year, the State
23 complied with the agreement made under para-
24 graph (1). If the Secretary determines that a
25 State has failed to maintain such compliance,

1 the Secretary shall reduce the amount of the al-
2 lotment under section 1911 for the State in the
3 year in which the determination is made by an
4 amount equal to the amount constituting such
5 failure for the previous fiscal year.

6 “(B) ALTERNATIVE PENALTY.—A State
7 that has failed to comply with this section and
8 that would otherwise be subject to a reduction
9 in the State’s allotment under section 1911,
10 may, with the approval of the Secretary, in lieu
11 of having the State’s allotment under section
12 1911 reduced, agree to comply with the results
13 of a negotiated agreement that is approved by
14 the Secretary and carried out in accordance
15 with guidelines issued by the Secretary.

16 “(C) SUBMISSION OF INFORMATION TO
17 THE SECRETARY.—The Secretary may make a
18 grant under section 1911 for a fiscal year only
19 if the State involved submits to the Secretary
20 information sufficient to enable the Secretary to
21 make the determination required in subpara-
22 graph (A).

1 **“SEC. 1916. RESTRICTIONS ON USE OF PAYMENTS.**

2 “(a) IN GENERAL.—A funding agreement for a grant
3 under section 1911 is that the State involved will not ex-
4 pend the grant—

5 “(1) to provide inpatient services;

6 “(2) to make cash payments to intended recipi-
7 ents of health services;

8 “(3) to purchase or improve land, purchase,
9 construct, or permanently improve (other than minor
10 remodeling) any building or other facility, or pur-
11 chase major medical equipment;

12 “(4) to satisfy any requirement for the expendi-
13 ture of non-Federal funds as a condition for the re-
14 ceipt of Federal funds; or

15 “(5) to provide financial assistance to any enti-
16 ty other than a public or nonprofit private entity.

17 “(b) LIMITATION ON ADMINISTRATIVE EXPENSES.—

18 A funding agreement for a grant under section 1911 is
19 that the State involved will not expend more than 5 per-
20 cent of the grant for administrative expenses with respect
21 to the grant.

22 **“SEC. 1917. APPLICATION FOR GRANT.**

23 “(a) IN GENERAL.—For purposes of section 1911, an
24 application for a grant under such section for a fiscal year
25 is in accordance with this section if, subject to subsection
26 (b)—

1 “(1) the plan is received by the Secretary not
2 later than September 1 of the fiscal year prior to the
3 fiscal year for which a State is seeking funds, and
4 the report from the previous fiscal year as required
5 under section 1942(a) is received by December 1 of
6 the fiscal year of the grant;

7 “(2) the application contains each funding
8 agreement that is described in this subpart or sub-
9 part III for such a grant (other than any such
10 agreement that is not applicable to the State);

11 “(3) the agreements are made through certifi-
12 cation from the chief executive officer of the State;

13 “(4) with respect to such agreements, the appli-
14 cation provides assurances of compliance satisfactory
15 to the Secretary;

16 “(5) the application contains the plan required
17 in section 1912(a), the information required in sec-
18 tion 1915(b), and the report required in section
19 1942(a);

20 “(6) the application contains recommendations
21 in compliance with section 1915(a), or if no such
22 recommendations are received by the State, the ap-
23 plication otherwise demonstrates compliance with
24 such section; and

1 “(7) the application (including the plan under
2 section 1912(a)) is otherwise in such form, is made
3 in such manner, and contains such agreements, as-
4 surances, and information as the Secretary deter-
5 mines to be necessary to carry out this subpart.

6 “(b) WAIVERS REGARDING CERTAIN TERRI-
7 TORIES.—In the case of any territory of the United States
8 except Puerto Rico, the Secretary may waive such provi-
9 sions of this subpart and subpart III as the Secretary de-
10 termines to be appropriate, other than the provisions of
11 section 1916.

12 **“SEC. 1918. DETERMINATION OF AMOUNT OF ALLOTMENT.**

13 “(a) STATES.—

14 “(1) DETERMINATION UNDER FORMULA.—Sub-
15 ject to subsection (b), the Secretary shall determine
16 the amount of the allotment required in section
17 1911 for a State for a fiscal year in accordance with
18 the following formula:

$$A \left(\frac{x}{u} \right)$$

19 “(2) DETERMINATION OF TERM ‘A’.—For pur-
20 poses of paragraph (1), the term ‘A’ means the dif-
21 ference between—

22 “(A) the amount appropriated under sec-
23 tion 1920(a) for allotments under section 1911
24 for the fiscal year involved; and

1 “(B) an amount equal to 1.5 percent of
2 the amount referred to in subparagraph (A).

3 “(3) DETERMINATION OF TERM ‘U’.—For pur-
4 poses of paragraph (1), the term ‘U’ means the sum
5 of the respective terms ‘X’ determined for the States
6 under paragraph (4).

7 “(4) DETERMINATION OF TERM ‘X’.—For pur-
8 poses of paragraph (1), the term ‘X’ means the
9 product of—

10 “(A) an amount equal to the product of—

11 “(i) the term ‘P’, as determined for
12 the State involved under paragraph (5);
13 and

14 “(ii) the factor determined under
15 paragraph (8) for the State; and

16 “(B) the greater of—

17 “(i) 0.4; and

18 “(ii) an amount equal to an amount
19 determined for the State in accordance
20 with the following formula:

$$1 = .35 \left(\frac{R\%}{P\%} \right)$$

21 “(5) DETERMINATION OF TERM ‘P’.—

22 “(A) For purposes of paragraph (4), the
23 term ‘P’ means the sum of—

1 “(i) an amount equal to the product
2 of 0.107 and the number of individuals in
3 the State who are between 18 and 24 years
4 of age (inclusive);

5 “(ii) an amount equal to the product
6 of 0.166 and the number of individuals in
7 the State who are between 25 and 44 years
8 of age (inclusive);

9 “(iii) an amount equal to the product
10 of 0.099 and the number of individuals in
11 the State who are between 45 and 64 years
12 of age (inclusive); and

13 “(iv) an amount equal to the product
14 of 0.082 and the number of individuals in
15 the State who are 65 years of age or older.

16 “(B) With respect to data on population
17 that is necessary for purposes of making a de-
18 termination under subparagraph (A), the Sec-
19 retary shall use the most recent data that is
20 available from the Secretary of Commerce pur-
21 suant to the decennial census and pursuant to
22 reasonable estimates by such Secretary of
23 changes occurring in the data in the ensuing
24 period.

25 “(6) DETERMINATION OF TERM ‘R%’.—

1 “(A) For purposes of paragraph (4), the
2 term ‘R%’, except as provided in subparagraph
3 (D), means the percentage constituted by the
4 ratio of the amount determined under subpara-
5 graph (B) for the State involved to the amount
6 determined under subparagraph (C).

7 “(B) The amount determined under this
8 subparagraph for the State involved is the
9 quotient of—

10 “(i) the most recent 3-year arithmetic
11 mean of the total taxable resources of the
12 State, as determined by the Secretary of
13 the Treasury; divided by

14 “(ii) the factor determined under
15 paragraph (8) for the State.

16 “(C) The amount determined under this
17 subparagraph is the sum of the respective
18 amounts determined for the States under sub-
19 paragraph (B) (including the District of Colum-
20 bia).

21 “(D)(i) In the case of the District of Co-
22 lumbia, for purposes of paragraph (4), the term
23 ‘R%’ means the percentage constituted by the
24 ratio of the amount determined under clause

1 (ii) for such District to the amount determined
2 under clause (iii).

3 “(ii) The amount determined under this
4 clause for the District of Columbia is the
5 quotient of—

6 “(I) the most recent 3-year arithmetic
7 mean of total personal income in such Dis-
8 trict, as determined by the Secretary of
9 Commerce; divided by

10 “(II) the factor determined under
11 paragraph (8) for the District.

12 “(iii) The amount determined under this
13 clause is the sum of the respective amounts de-
14 termined for the States (including the District
15 of Columbia) by making, for each State, the
16 same determination as is described in clause (ii)
17 for the District of Columbia.

18 “(7) DETERMINATION OF TERM ‘P%’.—For
19 purposes of paragraph (4), the term ‘P%’ means the
20 percentage constituted by the ratio of the term ‘P’
21 determined under paragraph (5) for the State in-
22 volved to the sum of the respective terms ‘P’ deter-
23 mined for the States.

24 “(8) DETERMINATION OF CERTAIN FACTOR.—

1 “(A) The factor determined under this
2 paragraph for the State involved is a factor
3 whose purpose is to adjust the amount deter-
4 mined under clause (i) of paragraph (4)(A),
5 and the amounts determined under each of sub-
6 paragraphs (B)(i) and (D)(ii)(I) of paragraph
7 (6), to reflect the differences that exist between
8 the State and other States in the costs of pro-
9 viding comprehensive community mental health
10 services to adults with a serious mental illness
11 and to children with a serious emotional dis-
12 turbance.

13 “(B) Subject to subparagraph (C), the fac-
14 tor determined under this paragraph and in ef-
15 fect for the fiscal year involved shall be deter-
16 mined according to the methodology described
17 in the report entitled ‘Adjusting the Alcohol,
18 Drug Abuse and Mental Health Services Block
19 Grant Allocations for Poverty Populations and
20 Cost of Service’, dated March 30, 1990, and
21 prepared by Health Economics Research, a cor-
22 poration, pursuant to a contract with the Na-
23 tional Institute on Drug Abuse.

24 “(C) The factor determined under this
25 paragraph for the State involved may not for

1 any fiscal year be greater than 1.1 or less than
2 0.9.

3 “(D)(i) Not later than October 1, 1992,
4 the Secretary, after consultation with the
5 Comptroller General, shall in accordance with
6 this section make a determination for each
7 State of the factor that is to be in effect for the
8 State under this paragraph. The factor so de-
9 termined shall remain in effect through fiscal
10 year 1994, and shall be recalculated every third
11 fiscal year thereafter.

12 “(ii) After consultation with the Comp-
13 troller General, the Secretary shall, through
14 publication in the Federal Register, periodically
15 make such refinements in the methodology re-
16 ferred to in subparagraph (B) as are consistent
17 with the purpose described in subparagraph
18 (A).

19 “(b) MINIMUM ALLOTMENTS FOR STATES.—With re-
20 spect to fiscal year 2000, and subsequent fiscal years, the
21 amount of the allotment of a State under section 1911
22 shall not be less than the amount the State received under
23 such section for fiscal year 1998.

24 “(c) TERRITORIES.—

1 “(1) DETERMINATION UNDER FORMULA.—Sub-
2 ject to paragraphs (2) and (4), the amount of an al-
3 lotment under section 1911 for a territory of the
4 United States for a fiscal year shall be the product
5 of—

6 “(A) an amount equal to the amounts re-
7 served under paragraph (3) for the fiscal year;
8 and

9 “(B) a percentage equal to the quotient
10 of—

11 “(i) the civilian population of the ter-
12 ritory, as indicated by the most recently
13 available data; divided by

14 “(ii) the aggregate civilian population
15 of the territories of the United States, as
16 indicated by such data.

17 “(2) MINIMUM ALLOTMENT FOR TERRI-
18 TORIES.—The amount of an allotment under section
19 1911 for a territory of the United States for a fiscal
20 year shall be the greater of—

21 “(A) the amount determined under para-
22 graph (1) for the territory for the fiscal year;

23 “(B) \$50,000; and

24 “(C) with respect to fiscal years 1993 and
25 1994, an amount equal to 20.6 percent of the

1 amount received by the territory from allot-
2 ments made pursuant to this part for fiscal
3 year 1992.

4 “(3) RESERVATION OF AMOUNTS.—The Sec-
5 retary shall each fiscal year reserve for the terri-
6 tories of the United States 1.5 percent of the
7 amounts appropriated under section 1920(a) for al-
8 lotments under section 1911 for the fiscal year.

9 “(4) AVAILABILITY OF DATA ON POPU-
10 LATION.—With respect to data on the civilian popu-
11 lation of the territories of the United States, if the
12 Secretary determines for a fiscal year that recent
13 such data for purposes of paragraph (1)(B) do not
14 exist regarding a territory, the Secretary shall for
15 such purposes estimate the civilian population of the
16 territory by modifying the data on the territory to
17 reflect the average extent of change occurring during
18 the ensuing period in the population of all territories
19 with respect to which recent such data do exist.

20 “(5) APPLICABILITY OF CERTAIN PROVI-
21 SIONS.—For purposes of subsection (a), the term
22 ‘State’ does not include the territories of the United
23 States.

24 **“SEC. 1919. DEFINITIONS.**

25 “For purposes of this subpart:

1 “(1) The terms ‘adults with a serious mental
2 illness’ and ‘children with a serious emotional dis-
3 turbance’ have the meanings given such terms under
4 section 1912(c)(1).

5 “(2) The term ‘funding agreement’, with re-
6 spect to a grant under section 1911 to a State,
7 means that the Secretary may make such a grant
8 only if the State makes the agreement involved.

9 **“SEC. 1920. FUNDING.**

10 “(a) AUTHORIZATION OF APPROPRIATIONS.—For the
11 purpose of carrying out this subpart, and subpart III and
12 section 504 with respect to mental health, there are au-
13 thorized to be appropriated \$450,000,000 for fiscal year
14 2011, and such sums as may be necessary for each of the
15 fiscal years 2012 through 2015.

16 “(b) ALLOCATIONS FOR TECHNICAL ASSISTANCE,
17 DATA COLLECTION, AND PROGRAM EVALUATION.—

18 “(1) IN GENERAL.—For the purpose of car-
19 rying out section 1948(a) and 1945(g) with respect
20 to mental health and the purposes specified in para-
21 graphs (2) and (3), the Secretary shall obligate 5
22 percent of the amounts appropriated under sub-
23 section (a) for a fiscal year.

1 “(2) DATA COLLECTION.—The purpose speci-
2 fied in this paragraph is carrying out section 504
3 with respect to mental health.

4 “(3) PROGRAM EVALUATION.—The purpose
5 specified in this paragraph is the conduct of evalua-
6 tions of prevention and treatment programs and
7 services with respect to mental health to determine
8 methods for improving the availability and quality of
9 such programs and services.

10 **“Subpart II—Block Grants for Prevention and**
11 **Treatment of Substance Use Disorders**

12 **“SEC. 1921. FORMULA GRANTS TO STATES.**

13 “(a) IN GENERAL.—For the purpose described in
14 subsection (b), the Secretary, acting through the Center
15 for Substance Abuse Treatment, shall make an allotment
16 each fiscal year for each State in an amount determined
17 in accordance with section 1932. The Secretary shall make
18 a grant to the State of the allotment made for the State
19 for the fiscal year if the State submits to the Secretary
20 an application in accordance with section 1931.

21 “(b) AUTHORIZED ACTIVITIES.—A funding agree-
22 ment for a grant under subsection (a) is that, subject to
23 section 1930, the State involved will expend the grant only
24 for the purpose of carrying out the plan developed in ac-
25 cordance with section 1931(b) and for planning, carrying

1 out, and evaluating activities to prevent and treat sub-
2 stance use disorders and for related activities authorized
3 in section 1924.

4 **“SEC. 1922. CERTAIN ALLOCATIONS.**

5 “(a) ALLOCATION REGARDING PRIMARY PREVEN-
6 TION PROGRAMS.—A funding agreement for a grant under
7 section 1921 is that, in expending the grant, the State
8 involved will expend not less than 20 percent for programs
9 to prevent the abuse of alcohol and drugs that are—

10 “(1) designed to reach an entire population or
11 large audience, including activities intended to ad-
12 dress environmental issues related to the use of alco-
13 hol and drugs;

14 “(2) designed to target subgroups that may be
15 at risk of using substances; and

16 “(3) designed to identify and intervene with in-
17 dividuals who are experiencing early signs of sub-
18 stance use or abuse.

19 **“(b) ALLOCATIONS REGARDING WOMEN.—**

20 “(1) IN GENERAL.—Subject to paragraph (2), a
21 funding agreement for a grant under section 1921
22 for a fiscal year is that the State will expend not less
23 than it expended in fiscal year 2006 on treatment
24 services for pregnant women and women with de-
25 pendent children.

1 “(2) WAIVER.—

2 “(A) Upon the request of a State, the Sec-
3 retary may provide to the State a waiver of all
4 or part of the requirement established in para-
5 graph (1) if the Secretary determines that the
6 State is providing an adequate level of treat-
7 ments services for women described in such
8 paragraph, as indicated by a comparison of the
9 number of such women seeking the services
10 with the availability in the State of the services.

11 “(B) The Secretary shall approve or deny
12 a request for a waiver under subparagraph (A)
13 not later than 120 days after the date on which
14 the request is made.

15 “(C) Any waiver provided by the Secretary
16 under subparagraph (A) shall be applicable only
17 to the fiscal year involved.

18 “(3) CHILDCARE AND PRENATAL CARE.—A
19 funding agreement for a grant under section 1921
20 for a State is that each entity providing treatment
21 services with amounts reserved under paragraph (1)
22 by the State will, directly or through arrangements
23 with other public or nonprofit private entities, make
24 available prenatal care to women receiving such serv-

1 ices and, while the women are receiving the services,
2 childcare.

3 **“SEC. 1923. INTRAVENOUS SUBSTANCE ABUSE.**

4 “A funding agreement for a grant under section 1921
5 is that the State involved, in providing amounts from the
6 grant to any entity for treatment services, will require the
7 entity to carry out activities to encourage individuals in
8 need of such treatment who are intravenous drug users
9 to undergo treatment.

10 **“SEC. 1924. REQUIREMENTS REGARDING TUBERCULOSIS**

11 **AND OTHER COMMUNICABLE DISEASES, AND**

12 **THE HUMAN IMMUNODEFICIENCY VIRUS.**

13 “(a) TUBERCULOSIS AND OTHER COMMUNICABLE
14 DISEASES.—

15 “(1) IN GENERAL.—A funding agreement for a
16 grant under section 1921 is that the State involved
17 will require that any entity receiving amounts from
18 the grant for operating a program of treatment for
19 substance use disorders—

20 “(A) will, directly or through arrangements
21 with other public or nonprofit private entities,
22 routinely make available services for tuber-
23 culosis and other communicable diseases to each
24 individual receiving treatment for such abuse;
25 and

1 “(B) in the case of an individual in need
2 of such treatment who is denied admission to
3 the program on the basis of the lack of the ca-
4 pacity of the program to admit the individual,
5 will refer the individual to another provider of
6 tuberculosis and other communicable diseases
7 services.

8 “(2) SERVICES.—For purposes of paragraph
9 (1), the term ‘tuberculosis and other communicable
10 diseases services’, with respect to an individual,
11 means—

12 “(A) counseling the individual with respect
13 to tuberculosis and other communicable dis-
14 eases;

15 “(B) testing to determine whether the indi-
16 vidual has contracted and of such diseases and
17 testing to determine the form of treatment for
18 the disease that is appropriate for the indi-
19 vidual; and

20 “(C) providing such treatment to the indi-
21 vidual.

22 “(b) HUMAN IMMUNODEFICIENCY VIRUS.—

23 “(1) REQUIREMENT FOR CERTAIN STATES.—

1 “(A) IN GENERAL.—In the case of a State
2 described in paragraph (2), a funding agree-
3 ment for a grant under section 1921 is that—

4 “(i) with respect to individuals under-
5 going treatment for substance use dis-
6 orders, the State will, subject to subsection
7 (c), carry out 1 or more projects to make
8 available to the individuals early interven-
9 tion services for HIV disease at the sites at
10 which the individuals are undergoing such
11 treatment;

12 “(ii) for the purpose of providing such
13 early intervention services through such
14 projects, the State will make available 5
15 percent of the amount of the grant; and

16 “(iii) the State will, subject to sub-
17 section (d), carry out such projects only in
18 geographic areas of the State that have the
19 greatest need for the projects.

20 “(B) OTHER STATES.—In the case of a
21 State that is not a designated State as de-
22 scribed in paragraph (2), the State may expend
23 not to exceed 5 percent of the amount of the
24 grant for the provision of HIV early interven-
25 tion services on the condition that the State

1 provides such services in accordance with this
2 subsection.

3 “(2) DESIGNATED STATES.—For purposes of
4 this subsection, a State described in this paragraph
5 is any State whose rate of cases of acquired immune
6 deficiency syndrome is 10 or more such cases per
7 100,000 individuals (as indicated by the number of
8 such cases reported to and confirmed by the Direc-
9 tor of the Centers for Disease Control and Preven-
10 tion for the most recent calendar year for which
11 such data are available).

12 “(3) USE OF EXISTING PROGRAMS REGARDING
13 SUBSTANCE USE DISORDERS.—With respect to pro-
14 grams that provide treatment services for substance
15 use disorders, a funding agreement for a grant
16 under section 1921 for a designated State is that
17 each such program participating in a project under
18 paragraph (1) will be a program that began oper-
19 ation prior to the fiscal year for which the State is
20 applying to receive the grant. A program that so
21 began operation may participate in a project under
22 paragraph (1) without regard to whether the pro-
23 gram has been providing early intervention services
24 for HIV disease.

1 “(4) REQUIREMENT REGARDING RURAL
2 AREAS.—

3 “(1) IN GENERAL.—A funding agreement
4 for a grant under section 1921 for a designated
5 State is that, if the State will carry out 2 or
6 more projects under subsection (a), the State
7 will carry out 1 such project in a rural area of
8 the State, subject to subparagraph (B).

9 “(2) WAIVER.—The Secretary shall waive
10 the requirement established in subparagraph
11 (A) if the State involved certifies to the Sec-
12 retary that—

13 “(A) there is insufficient demand in
14 the State to carry out a project under sub-
15 section (a) in any rural area of the State;
16 or

17 “(B) there are no rural areas in the
18 State.

19 “(5) MANNER OF PROVIDING SERVICES.—With
20 respect to the provision of early intervention services
21 for HIV disease to an individual, a funding agree-
22 ment for a grant under section 1921 for a des-
23 ignated State is that—

1 “(1) such services will be undertaken vol-
2 untarily by, and with the informed consent of,
3 the individual; and

4 “(2) undergoing such services will not be
5 required as a condition of receiving treatment
6 services for substance use disorders or any
7 other services.

8 “(c) EXPENDITURE OF GRANT FOR COMPLIANCE
9 WITH AGREEMENTS.—

10 “(1) IN GENERAL.—A grant under section 1921
11 may be expended for purposes of compliance with
12 the agreements required in this section, subject to
13 paragraph (2).

14 “(2) LIMITATION.—A funding agreement for a
15 grant under section 1921 for a State is that the
16 grant will not be expended to make payment for any
17 service provided for purposes of compliance with this
18 section to the extent that payment has been made,
19 or can reasonably be expected to be made, with re-
20 spect to such service—

21 “(A) under any State compensation pro-
22 gram, under any insurance policy, or under any
23 Federal or State health benefits program (in-
24 cluding the program established in title XVIII

1 of the Social Security Act and the program es-
2 tablished in title XIX of such Act); or

3 “(B) by an entity that provides health
4 services on a prepaid basis.

5 “(d) APPLICABILITY OF CERTAIN PROVISION.—Sec-
6 tion 1930 applies to this section (and to each other provi-
7 sion of this subpart).

8 “(e) DEFINITIONS.—For purposes of this section:

9 “(1) EARLY INTERVENTION SERVICES.—The
10 term ‘early intervention services’, with respect to
11 HIV disease, means—

12 “(A) appropriate pretest counseling;

13 “(B) testing individuals with respect to
14 such disease, including tests to confirm the
15 presence of the disease, tests to diagnose the
16 extent of the deficiency in the immune system,
17 and tests to provide information on appropriate
18 therapeutic measures for preventing and treat-
19 ing the deterioration of the immune system and
20 for preventing and treating conditions arising
21 from the disease;

22 “(C) appropriate post-test counseling; and

23 “(D) providing the therapeutic measures
24 described in subparagraph (B).

1 “(2) HIV DISEASE.—The term ‘HIV disease’
2 means infection with the etiologic agent for acquired
3 immune deficiency syndrome.

4 **“SEC. 1925. GROUP HOMES FOR RECOVERING SUBSTANCE**
5 **ABUSERS.**

6 “(a) STATE REVOLVING FUNDS FOR ESTABLISH-
7 MENT OF HOMES.—A State, using funds available under
8 section 1921, may establish and maintain the ongoing op-
9 eration of a revolving fund in accordance with this section
10 to support group homes for recovering substance abusers
11 as follows:

12 “(1) The purpose of the fund is to make loans
13 for the costs of establishing programs for the provi-
14 sion of housing in which individuals recovering from
15 alcohol or drug abuse may reside in groups of not
16 less than 6 individuals. The fund is established di-
17 rectly by the State or through the provision of a
18 grant or contract to a nonprofit private entity.

19 “(2) The programs are carried out in accord-
20 ance with guidelines issued under subsection (b).

21 “(3) Not less than \$100,000 is available for the
22 fund.

23 “(4) Loans made from the revolving fund do
24 not exceed \$4,000 and each such loan is repaid to
25 the revolving fund by the residents of the housing

1 involved not later than 2 years after the date on
2 which the loan is made.

3 “(5) Each such loan is repaid by such residents
4 through monthly installments, and a reasonable pen-
5 alty is assessed for each failure to pay such periodic
6 installments by the date specified in the loan agree-
7 ment involved.

8 “(6) Such loans are made only to nonprofit pri-
9 vate entities agreeing that, in the operation of the
10 program established pursuant to the loan—

11 “(A) the use of alcohol or any illegal drug
12 in the housing provided by the program will be
13 prohibited;

14 “(B) any resident of the housing who vio-
15 lates such prohibition will be expelled from the
16 housing;

17 “(C) the costs of the housing, including
18 fees for rent and utilities, will be paid by the
19 residents of the housing; and

20 “(D) the residents of the housing will,
21 through a majority vote of the residents, other-
22 wise establish policies governing residence in
23 the housing, including the manner in which ap-
24 plications for residence in the housing are ap-
25 proved.

1 “(b) ISSUANCE BY SECRETARY OF GUIDELINES.—
2 The Secretary shall ensure that there are in effect guide-
3 lines under this subpart for the operation of programs de-
4 scribed in subsection (a).

5 “(c) APPLICABILITY TO TERRITORIES.—The require-
6 ments established in subsection (a) shall not apply to any
7 territory of the United States other than the Common-
8 wealth of Puerto Rico.

9 **“SEC. 1926. STATE LAW REGARDING SALE OF TOBACCO**
10 **PRODUCTS TO INDIVIDUALS UNDER AGE OF**
11 **18.**

12 “(a) RELEVANT LAW.—The Secretary may make a
13 grant under section 1921 only if the State involved has
14 in effect a law providing that it is unlawful for any manu-
15 facturer, retailer, or distributor of tobacco products to sell
16 or distribute any such product to any individual under the
17 age of 18.

18 “(b) ENFORCEMENT.—

19 “(1) IN GENERAL.—A funding agreement for a
20 grant under section 1921 is that the State involved
21 will enforce the law described in subsection (a) in a
22 manner that can reasonably be expected to reduce
23 the extent to which tobacco products are available to
24 individuals under the age of 18.

1 “(2) ACTIVITIES AND REPORTS REGARDING EN-
2 FORCEMENT.—A funding agreement for a grant
3 under section 1921 is that the State involved will—

4 “(A) annually conduct random, unan-
5 nounced inspections to ensure compliance with
6 the law described in subsection (a); and

7 “(B) annually submit to the Secretary a
8 report describing—

9 “(i) the activities carried out by the
10 State to enforce such law during the fiscal
11 year preceding the fiscal year for which the
12 State is seeking the grant;

13 “(ii) the extent of success the State
14 has achieved in reducing the availability of
15 tobacco products to individuals under the
16 age of 18; and

17 “(iii) the strategies to be utilized by
18 the State for enforcing such law during the
19 fiscal year for which the grant is sought.

20 “(c) NONCOMPLIANCE OF STATE.—

21 “(1) IN GENERAL.—Before making a grant
22 under section 1921 to a State, the Secretary shall
23 make a determination of whether the State has
24 maintained compliance with subsection (b). If, after
25 notice to the State and an opportunity for a hearing,

1 the Secretary determines that the State is not in
2 compliance with such subsection, the Secretary
3 shall—

4 “(A) reduce the amount of the allotment
5 under such section for the State for the fiscal
6 year involved by an amount equal to 40 percent
7 of the amount determined under section 1933
8 for the State for the fiscal year; or

9 “(B) require the State to certify to the
10 Secretary by May 1 of the fiscal year for which
11 the State is seeking grant funds, that the State
12 will—

13 “(i) maintain State expenditures in
14 such fiscal year for tobacco prevention pro-
15 grams and for compliance activities, in-
16 cluding enforcement, at a level that is not
17 less than the level of expenditures main-
18 tained by the State for such activities for
19 the previous fiscal year; and

20 “(ii) increase State expenditures to
21 ensure compliance with the State law re-
22 quired under subsection (a) by an amount
23 equal to the product of—

1 “(I) 1 percent of such State’s al-
2 location under section 1921 for the
3 fiscal year; and

4 “(II) the number of percentage
5 points by which the State has failed to
6 achieve the retailer compliance rate
7 goal established by the Secretary for
8 such State under this section.

9 “(2) EXPENDITURE REPORT.—A State to which
10 paragraph (1)(B) applies shall, not later than July
11 31 of the fiscal year for which such paragraph is
12 being applied, submit to the Secretary a report con-
13 cerning—

14 “(A) all expenditures of the State for to-
15 bacco prevention and compliance activities, in-
16 cluding enforcement, during the fiscal year im-
17 mediately preceding such fiscal year; and

18 “(B) all obligations for such activities (list-
19 ed by program) for the fiscal year for which
20 such paragraph is being applied.

21 “(3) DISCRETION OF SECRETARY.—The Sec-
22 retary shall have discretion relating to the timing of
23 the State’s obligation of the additional funds as re-
24 quired under the State certification described in
25 paragraph (1)(B)(ii).

1 “(d) TERRITORIES.—A funding agreement for a
2 grant under section 1921 is that a territory involved will
3 submit to the Secretary for approval, a comprehensive to-
4 bacco prevention and control plan to reduce the avail-
5 ability of tobacco products to minors within the territory.

6 “(e) DEFINITION.—For purposes of this section:

7 “(1) STATE.—The term ‘State’ includes the
8 States, the District of Columbia, and the Common-
9 wealth of Puerto Rico.

10 “(2) TERRITORY.—The term ‘territory’ means
11 American Samoa, the Republic of Palau, the Fed-
12 erated States of Micronesia, the Marshall Islands,
13 the Commonwealth of the Northern Mariana Is-
14 lands, the United States Virgin Islands, and Guam.

15 **“SEC. 1927. TREATMENT SERVICES FOR PREGNANT WOMEN.**

16 “(a) IN GENERAL.—A funding agreement for a grant
17 under section 1921 is that the State involved—

18 “(1) will ensure that each pregnant woman in
19 the State who seeks or is referred for and would
20 benefit from such services is given preference in ad-
21 missions to treatment facilities receiving funds pur-
22 suant to the grant; and

23 “(2) will, in carrying out paragraph (1), pub-
24 licize the availability to such women of services from

1 the facilities and the fact that the women receive
2 such preference.

3 “(b) REFERRALS REGARDING STATES.—A funding
4 agreement for a grant under section 1921 is that, in car-
5 rying out subsection (a)(1)—

6 “(1) the State involved will require that, in the
7 event that a treatment facility has insufficient ca-
8 pacity to provide treatment services to any woman
9 described in such subsection who seeks the services
10 from the facility, the facility refer the woman to the
11 State; and

12 “(2) the State, in the case of each woman for
13 whom a referral under paragraph (1) is made to the
14 State—

15 “(A) will refer the woman to a treatment
16 facility that has the capacity to provide treat-
17 ment services to the woman; or

18 “(B) will, if no treatment facility has the
19 capacity to admit the woman, make interim
20 services available to the woman not later than
21 48 hours after the woman seeks the treatment
22 services.

23 **“SEC. 1928. ADDITIONAL AGREEMENTS.**

24 “(a) IMPROVEMENT OF PROCESS FOR APPROPRIATE
25 REFERRALS FOR TREATMENT.—With respect to individ-

1 uals seeking treatment services, a funding agreement for
2 a grant under section 1921 is that the State involved will
3 improve the process in the State for referring the individ-
4 uals to treatment facilities that can provide to the individ-
5 uals the treatment modality that is most appropriate for
6 the individuals.

7 “(b) PROFESSIONAL DEVELOPMENT.—A funding
8 agreement for a grant under section 1921 is that the State
9 involved will ensure that prevention and treatment profes-
10 sionals operating in the State’s substance use disorder
11 prevention and treatment system have an opportunity to
12 receive training, on an ongoing basis, concerning—

13 “(1) recent trends in drug abuse in the State;

14 “(2) improved methods and evidence-based
15 practices for providing substance use disorder pre-
16 vention and treatment services;

17 “(3) performance-based accountability;

18 “(4) data collection and reporting requirements;

19 “(5) any other matters that would serve to fur-
20 ther improve the delivery of substance use disorder
21 prevention and treatment services with the State;
22 and

23 “(6) innovative practices developed under sec-
24 tion 581.

1 “(c) COORDINATION OF VARIOUS ACTIVITIES AND
2 SERVICES.—A funding agreement for a grant under sec-
3 tion 1921 is that the State involved will coordinate preven-
4 tion and treatment activities with the provision of other
5 appropriate services (including health, social, correctional
6 and criminal justice, educational, vocational rehabilitation,
7 housing, and employment services).

8 “(d) WAIVER OF REQUIREMENT.—

9 “(1) IN GENERAL.—Upon the request of a
10 State, the Secretary may provide to a State a waiver
11 of any or all of the requirements established in this
12 section if the Secretary determines that, with respect
13 to services for the prevention and treatment of sub-
14 stance use disorders, the requirement involved is un-
15 necessary for maintaining quality in the provision of
16 such services in the State.

17 “(2) DATE CERTAIN FOR ACTING UPON RE-
18 QUEST.—The Secretary shall approve or deny a re-
19 quest for a waiver under paragraph (1) not later
20 than 120 days after the date on which the request
21 is made.

22 “(3) APPLICABILITY OF WAIVER.—Any waiver
23 provided by the Secretary under paragraph (1) shall
24 be applicable only to the fiscal year involved.

1 **“SEC. 1929. MAINTENANCE OF EFFORT REGARDING STATE**
2 **EXPENDITURES.**

3 “(a) REQUIREMENT.—

4 “(1) IN GENERAL.—With respect to the prin-
5 cipal agency of a State for carrying out authorized
6 activities, a funding agreement for a grant under
7 section 1921 for the State for a fiscal year is that
8 such agency will for such year maintain aggregate
9 State expenditures for authorized activities at a level
10 that is not less than the average level of such ex-
11 penditures maintained by the State for the 2-year
12 period preceding the fiscal year for which the State
13 is applying for the grant.

14 “(2) MATERIAL COMPLIANCE.—A State shall be
15 deemed to be in compliance with paragraph (1) for
16 a fiscal year if State expenditures of the type de-
17 scribed in such paragraph for such fiscal year are at
18 least 97 percent of such State expenditures for the
19 preceding 2-year period.

20 “(3) FUTURE OBLIGATIONS.—In applying para-
21 graph (1) to a State, the Secretary shall determine
22 such State’s compliance with such paragraph based
23 on the amount of State expenditures that con-
24 stituted actual compliance, not material compliance
25 (as provided for in paragraph (2)), or that would

1 have been required if the State had not been granted
2 a waiver under subsection (c).

3 “(b) EXCLUSION OF CERTAIN FUNDS.—The Sec-
4 retary may exclude from the aggregate State expenditures
5 under subsection (a), funds appropriated to the principle
6 agency for authorized activities which are of a non-recur-
7 ring nature and for a specific purpose.

8 “(c) WAIVER.—

9 “(1) IN GENERAL.—Upon the request of a
10 State, the Secretary may waive all or part of the re-
11 quirement established in subsection (a)(1)—

12 “(A) if the Secretary determines that ex-
13 traordinary economic conditions in the State in
14 the fiscal year involved or in the previous fiscal
15 year justify the waiver; and

16 “(B) if the State or any part of the State
17 has experienced an emergency or a natural dis-
18 aster that has received a Presidential Disaster
19 Declaration under section 102 of the Robert T.
20 Stafford Disaster Relief and Emergency Assist-
21 ance Act.

22 “(2) DATE CERTAIN FOR ACTING UPON RE-
23 QUEST.—The Secretary shall approve or deny a re-
24 quest for a waiver under paragraph (1) not later

1 than 120 days after the date on which the request
2 is made.

3 “(3) APPLICABILITY OF WAIVER.—Any waiver
4 provided by the Secretary under paragraph (1) shall
5 be applicable only to the fiscal year involved.

6 “(d) NONCOMPLIANCE BY STATE.—

7 “(1) IN GENERAL.—In making a grant under
8 section 1921 to a State for a fiscal year, the Sec-
9 retary shall make a determination of whether, for
10 the previous fiscal year, the State complied with any
11 agreement made under subsection (a). If the Sec-
12 retary determines that a State has failed to main-
13 tain such compliance, the Secretary shall reduce the
14 amount of the allotment under section 1921 for the
15 State for the year in which a final determination is
16 made, by an amount equal to the amount consti-
17 tuting such failure.

18 “(2) ALTERNATIVE PENALTY.—A State that
19 has failed to comply with this section and that would
20 otherwise be subject to a reduction in the State’s al-
21 lotment under section 1921, may, with the approval
22 of the Secretary, in lieu of having the State’s allot-
23 ment under section 1921 reduced, agree to comply
24 with a negotiated agreement that is approved by the

1 Secretary and carried out in accordance with guide-
2 lines issued by the Secretary.

3 “(3) SUBMISSION OF INFORMATION TO SEC-
4 RETARY.—The Secretary may make a grant under
5 section 1921 for a fiscal year only if the State in-
6 volved submits to the Secretary information suffi-
7 cient for the Secretary to make the determination
8 required in paragraph (1).

9 **“SEC. 1930. RESTRICTIONS ON EXPENDITURE OF GRANT.**

10 “(a) IN GENERAL.—

11 “(1) CERTAIN RESTRICTIONS.—A funding
12 agreement for a grant under section 1921 is that the
13 State involved will not expend the grant—

14 “(A) to provide inpatient hospital services,
15 except as provided in subsection (b);

16 “(B) to make cash payments to intended
17 recipients of health services;

18 “(C) to purchase or improve land, pur-
19 chase, construct, or permanently improve (other
20 than minor remodeling) any building or other
21 facility, or purchase major medical equipment;

22 “(D) to satisfy any requirement for the ex-
23 penditure of non-Federal funds as a condition
24 for the receipt of Federal funds;

1 “(E) to provide financial assistance to any
2 entity other than a public or nonprofit private
3 entity; or

4 “(F) to carry out any program prohibited
5 by section 256(b) of the Health Omnibus Pro-
6 grams Extension of 1988 (42 U.S.C. 300ee-5).

7 “(2) LIMITATION ON ADMINISTRATIVE EX-
8 PENSES.—A funding agreement for a grant under
9 section 1921 is that the State involved will not ex-
10 pend more than 5 percent of the grant to pay the
11 costs of administering the grant.

12 “(3) LIMITATION REGARDING PENAL AND COR-
13 RECTIONAL INSTITUTIONS.—A funding agreement
14 for a State for a grant under section 1921 is that,
15 in expending the grant for the purpose of providing
16 treatment services in penal or correctional institu-
17 tions of the State, the State will not expend more
18 than an amount equal to the amount expended for
19 such purpose by the State from the grant made
20 under section 1912A to the State for fiscal year
21 1991 (as section 1912A was in effect for such fiscal
22 year).

23 “(b) EXCEPTION REGARDING INPATIENT HOSPITAL
24 SERVICES.—

1 “(1) MEDICAL NECESSITY AS PRECONDITION.—

2 With respect to compliance with the agreement made
3 under subsection (a), a State may expend a grant
4 under section 1921 to provide inpatient hospital
5 services as treatment for substance use disorders
6 only if it has been determined, in accordance with
7 guidelines issued by the Secretary, that such treat-
8 ment is a medical necessity for the individual in-
9 volved, and that the individual cannot be effectively
10 treated in a community-based, nonhospital, residen-
11 tial program of treatment.

12 “(2) RATE OF PAYMENT.—In the case of an in-
13 dividual for whom a grant under section 1921 is ex-
14 pended to provide inpatient hospital services de-
15 scribed in paragraph (1), a funding agreement for
16 the grant for the State involved is that the daily rate
17 of payment provided to the hospital for providing the
18 services to the individual will not exceed the com-
19 parable daily rate provided for community-based,
20 nonhospital, residential programs of treatment for
21 substance use disorders.

22 “(c) WAIVER REGARDING CONSTRUCTION OF FACILI-
23 TIES.—

24 “(1) IN GENERAL.—The Secretary may provide
25 to any State a waiver of the restriction established

1 in subsection (a)(1)(C) for the purpose of author-
2 izing the State to expend a grant under section 1921
3 for the construction of a new facility or rehabilita-
4 tion of an existing facility, but not for land acquisi-
5 tion.

6 “(2) STANDARD REGARDING NEED FOR WAIV-
7 ER.—The Secretary may approve a waiver under
8 paragraph (1) only if the State demonstrates to the
9 Secretary that adequate treatment cannot be pro-
10 vided through the use of existing facilities and that
11 alternative facilities in existing suitable buildings are
12 not available.

13 “(3) AMOUNT.—In granting a waiver under
14 paragraph (1), the Secretary shall allow the use of
15 a specified amount of funds to construct or rehabili-
16 tate a specified number of beds for residential treat-
17 ment and a specified number of slots for outpatient
18 treatment, based on reasonable estimates by the
19 State of the costs of construction or rehabilitation.
20 In considering waiver applications, the Secretary
21 shall ensure that the State has carefully designed a
22 program that will minimize the costs of additional
23 beds.

24 “(4) MATCHING FUNDS.—The Secretary may
25 grant a waiver under paragraph (1) only if the State

1 agrees, with respect to the costs to be incurred by
2 the State in carrying out the purpose of the waiver,
3 to make available non-Federal contributions in cash
4 toward such costs in an amount equal to not less
5 than \$1 for each \$1 of Federal funds provided under
6 section 1921.

7 “(5) DATE CERTAIN FOR ACTING UPON RE-
8 QUEST.—The Secretary shall act upon a request for
9 a waiver under paragraph (1) not later than 120
10 days after the date on which the request is made.

11 **“SEC. 1931. APPLICATION FOR GRANT; APPROVAL OF**
12 **STATE PLAN.**

13 “(a) IN GENERAL.—For purposes of section 1921, an
14 application for a grant under such section for a fiscal year
15 is in accordance with this section if, subject to subsection
16 (c)—

17 “(1) the application is received by the Secretary
18 not later than October 1 of the fiscal year for which
19 the State is seeking funds;

20 “(2) the application contains each funding
21 agreement that is described in this subpart or sub-
22 part III for such a grant (other than any such
23 agreement that is not applicable to the State);

24 “(3) the agreements are made through certifi-
25 cation from the chief executive officer of the State;

1 “(4) with respect to such agreements, the appli-
2 cation provides assurances of compliance satisfactory
3 to the Secretary;

4 “(5) the application contains the information
5 required in section 1929 and the report required in
6 section 1942;

7 “(6)(A) the application contains a plan in ac-
8 cordance with subsection (b) and the plan is ap-
9 proved by the Secretary; and

10 “(B) the State provides assurances satisfactory
11 to the Secretary that the State complied with the
12 provisions of the plan under subparagraph (A) that
13 was approved by the Secretary for the most recent
14 fiscal year for which the State received a grant
15 under section 1921; and

16 “(7) the application (including the plan under
17 paragraph (6)) is otherwise in such form, is made in
18 such manner, and contains such agreements, assur-
19 ances, and information as the Secretary determines
20 to be necessary to carry out this subpart.

21 “(b) STATE PLANS.—

22 “(1) IN GENERAL.—In order for a State to be
23 in compliance with subsection (a)(6), the State shall
24 submit to the Secretary, every 3 years, a plan that,
25 at a minimum, includes the following:

1 “(A) A description of the State’s system of
2 care that—

3 “(i) identifies the single State agency
4 responsible for the administration of the
5 program, including any third party who
6 administers substance use disorder services
7 and is responsible for complying with the
8 requirements of the grant;

9 “(ii) provides information on the need
10 for substance use disorder prevention and
11 treatment services in the State by age, sex,
12 race, and ethnicity including estimates on
13 the number of individuals who need treat-
14 ment, who are women, who are pregnant,
15 who are women with children, who are in-
16 dividuals with a co-occurring mental health
17 and substance use disorder, who are intra-
18 venous drug users and who are homeless
19 individuals;

20 “(iii) provides a description of con-
21 sequences and consumption patterns by lo-
22 cation, age, sex, race, and ethnicity;

23 “(iv) provides information on the cur-
24 rent number of individuals in treatment
25 within the State by age, sex, race, and eth-

1 nicity including the number of such indi-
2 viduals who are women, who are pregnant,
3 who have children, individuals with a co-oc-
4 ccurring mental health and substance use
5 disorder, intravenous drug users and who
6 are homeless individuals;

7 “(v) provides a description of the sys-
8 tem that is available to provide services by
9 modality, including the provision of recov-
10 ery support services;

11 “(vi) provides an assessment on the
12 adequacy of the system to respond to the
13 need;

14 “(vii) provides the latest performance
15 outcome data, including outcome data de-
16 termined in accordance with section
17 504(b);

18 “(viii) provides a description of the
19 State’s comprehensive statewide prevention
20 effort, including the number of individuals
21 being served in the system, and provides a
22 description of the amount of funds from
23 the prevention set-aside expended on pri-
24 mary prevention;

1 “(ix) identifies target populations and
2 priority needs for prevention services;

3 “(x) provides a description of the re-
4 sources available in the State to pay for
5 the services, including funding under Med-
6 icaid, title XXVI, and other Federal pro-
7 grams such as grants to the State, local
8 jurisdiction of the State or nonprofit pri-
9 vate entities awarded under title V and
10 how the State is maximizing these re-
11 sources;

12 “(xi) provides a description of the
13 manner in which the State and local enti-
14 ties coordinate prevention and treatment
15 services with other agencies, including
16 health, mental health, juvenile justice, law
17 enforcement, education, social services, and
18 child welfare;

19 “(xii) describes the existing mental
20 health and substance use disorders work-
21 force, including data on the number of in-
22 dividuals who serve in the system of care
23 designated by profession, the need for ad-
24 ditional professionals and paraprofes-
25 sionals, the efforts of the State to recruit

1 and retain a qualified mental health and
2 substance use disorders workforce, and a
3 copy of the standards the State uses in
4 certifying or licensing facilities and coun-
5 selors for prevention and treatment facili-
6 ties;

7 “(xiii) includes a description of how
8 the State promotes evidenced-based prac-
9 tices; and

10 “(xiv) a description of how the State
11 integrates mental health and substance use
12 disorder services and primary health care,
13 which may include providing mental health
14 and substance use disorder services in pri-
15 mary care settings or providing primary
16 and specialty care services in community-
17 based mental health and substance use dis-
18 order service settings.

19 “(B) An analysis of the system that identi-
20 fies the strengths and weaknesses of the system
21 of care, and an assessment of the adequacy of
22 the system to respond to the need for services.

23 “(C) The establishment of goals and objec-
24 tives, including goals and objectives for the out-
25 come measures established under section

1 504(b), for the period of the plan including tar-
2 gets and milestones that are intended to be met
3 and the activities that will be undertaken to
4 achieve those targets.

5 “(D) A description of how the State will
6 comply with each funding agreement for a
7 grant under section 1921 that is applicable to
8 the State, including a description of the manner
9 in which the State intends to expend the grant.

10 “(E) Data on the percentage of grant
11 funds expended for primary prevention services.

12 “(2) AUTHORITY OF THE SECRETARY REGARD-
13 ING MODIFICATIONS.—As a condition of awarding a
14 grant under section 1921 to a State for a fiscal
15 year, the Secretary may require that the State mod-
16 ify any provision of the plan submitted by the State
17 under subsection (a)(6) (including provisions on pri-
18 orities in carrying out authorized activities) only
19 after significant dialogue and negotiations between
20 the State and the Secretary concerning the identified
21 modifications. If the Secretary approves the plan
22 and awards the grant to the State for the fiscal
23 year, the Secretary may not during such year re-
24 quire the State to modify the plan.

1 “(3) STATE REQUEST FOR MODIFICATION.—If
2 the State determines that modifications to the plan
3 are necessary, the State may request the Secretary
4 to approve such modifications through its annual re-
5 port required under section 1942.

6 “(4) SUBSTANCE USE DISORDER EMERGENCY
7 RESPONSE.—

8 “(A) REQUIREMENTS.—The State plan
9 under this section shall include the State’s
10 plan for addressing the mental health and sub-
11 stance use disorder needs of individuals in the
12 State in the event of an emergency or major
13 disaster.

14 “(B) DEMONSTRATION.—The State shall
15 demonstrate how the mental health and sub-
16 stance use disorder plan under subparagraph
17 (A) for providing for the substance use disorder
18 health needs of individuals in the event of an
19 emergency or major disaster is incorporated
20 into the State’s All-Hazards Public Health
21 Emergency Preparedness and Response Plan
22 required under section 319C-1. If the sub-
23 stance use disorder emergency response plan
24 under subparagraph (A) is not so incorporated,
25 the State shall describe how such plan will be

1 incorporated into the State Emergency Re-
2 sponse Plan during the period that the State
3 plan under this section is in effect.

4 “(C) DEFINITIONS.—In this paragraph,
5 the terms ‘emergency’ and ‘major disaster’ have
6 the meanings given such terms in section 102
7 of the Robert T. Stafford Disaster Relief and
8 Emergency Assistance Act.

9 “(c) WAIVERS REGARDING CERTAIN TERRI-
10 TORIES.—In the case of any territory of the United States
11 except Puerto Rico, the Secretary may waive such provi-
12 sions of this subpart and subpart III as the Secretary de-
13 termines to be appropriate, other than the provisions of
14 section 1930.

15 “(d) ISSUANCE OF REGULATIONS.—The Secretary
16 shall establish standards specifying the circumstances in
17 which the Secretary will consider an application for a
18 grant under section 1921 to be in accordance with this
19 section.

20 **“SEC. 1932. DETERMINATION OF AMOUNT OF ALLOTMENT.**

21 “(a) STATES.—

22 “(1) IN GENERAL.—Subject to subsection (b),
23 the Secretary shall determine the amount of the al-
24 lotment required in section 1921 for a State for a
25 fiscal year as follows:

1 “(A) The formula established in paragraph
2 (1) of section 1918(a) shall apply to this sub-
3 section to the same extent and in the same
4 manner as the formula applies for purposes of
5 section 1918(a), except that, in the application
6 of such formula for purposes of this subsection,
7 the modifications described in subparagraph
8 (B) shall apply.

9 “(B) For purposes of subparagraph (A),
10 the modifications described in this subpara-
11 graph are as follows:

12 “(i) The amount specified in para-
13 graph (2)(A) of section 1918(a) is deemed
14 to be the amount appropriated under sec-
15 tion 1935(a) for allotments under section
16 1921 for the fiscal year involved.

17 “(ii) The term ‘P’ is deemed to have
18 the meaning given in paragraph (2) of this
19 subsection. Section 1918(a)(5)(B) applies
20 to the data used in determining such term
21 for the States.

22 “(iii) The factor determined under
23 paragraph (8) of section 1918(a) is
24 deemed to have the purpose of reflecting
25 the differences that exist between the State

1 involved and other States in the costs of
2 providing authorized services.

3 “(2) DETERMINATION OF TERM ‘P’.—For pur-
4 poses of this subsection, the term ‘P’ means the per-
5 centage that is the arithmetic mean of the percent-
6 age determined under subparagraph (A) and the
7 percentage determined under subparagraph (B), as
8 follows:

9 “(A) The percentage constituted by the
10 ratio of—

11 “(i) an amount equal to the sum of
12 the total number of individuals who reside
13 in the State involved and are between 18
14 and 24 years of age (inclusive) and the
15 number of individuals in the State who re-
16 side in urbanized areas of the State and
17 are between such years of age; to

18 “(ii) an amount equal to the total of
19 the respective sums determined for the
20 States under clause (i).

21 “(B) The percentage constituted by the
22 ratio of—

23 “(i) the total number of individuals in
24 the State who are between 25 and 64 years
25 of age (inclusive); to

1 “(ii) an amount equal to the sum of
2 the respective amounts determined for the
3 States under clause (i).

4 “(b) MINIMUM ALLOTMENTS FOR STATES.—

5 “(1) IN GENERAL.—With respect to fiscal year
6 2000, and each subsequent fiscal year, the amount
7 of the allotment of a State under section 1921 shall
8 not be less than the amount the State received
9 under such section for the previous fiscal year in-
10 creased by an amount equal to 30.65 percent of the
11 percentage by which the aggregate amount allotted
12 to all States for such fiscal year exceeds the aggre-
13 gate amount allotted to all States for the previous
14 fiscal year.

15 “(2) LIMITATIONS.—

16 “(A) IN GENERAL.—Except as provided in
17 subparagraph (B), a State shall not receive an
18 allotment under section 1921 for a fiscal year
19 in an amount that is less than an amount equal
20 to 0.375 percent of the amount appropriated
21 under section 1935(a) for such fiscal year.

22 “(B) EXCEPTION.—In applying subpara-
23 graph (A), the Secretary shall ensure that no
24 State receives an increase in its allotment under
25 section 1921 for a fiscal year (as compared to

1 the amount allotted to the State in the prior
2 fiscal year) that is in excess of an amount equal
3 to 300 percent of the percentage by which the
4 amount appropriated under section 1935(a) for
5 such fiscal year exceeds the amount appro-
6 priated for the prior fiscal year.

7 “(3) DECREASE IN OR EQUAL APPROPRIA-
8 TIONS.—If the amount appropriated under section
9 1935(a) for a fiscal year is equal to or less than the
10 amount appropriated under such section for the
11 prior fiscal year, the amount of the State allotment
12 under section 1921 shall be equal to the amount
13 that the State received under section 1921 in the
14 prior fiscal year decreased by the percentage by
15 which the amount appropriated for such fiscal year
16 is less than the amount appropriated or such section
17 for the prior fiscal year.

18 “(c) TERRITORIES.—

19 “(1) DETERMINATION UNDER FORMULA.—Sub-
20 ject to paragraphs (2) and (4), the amount of an al-
21 lotment under section 1921 for a territory of the
22 United States for a fiscal year shall be the product
23 of—

1 “(A) an amount equal to the amounts re-
2 served under paragraph (3) for the fiscal year;
3 and

4 “(B) a percentage equal to the quotient
5 of—

6 “(i) the civilian population of the ter-
7 ritory, as indicated by the most recently
8 available data; divided by

9 “(ii) the aggregate civilian population
10 of the territories of the United States, as
11 indicated by such data.

12 “(2) MINIMUM ALLOTMENT FOR TERRI-
13 TORIES.—The amount of an allotment under section
14 1921 for a territory of the United States for a fiscal
15 year shall be the greater of—

16 “(A) the amount determined under para-
17 graph (1) for the territory for the fiscal year;

18 “(B) \$50,000; and

19 “(C) with respect to fiscal years 1993 and
20 1994, an amount equal to 79.4 percent of the
21 amount received by the territory from allot-
22 ments made pursuant to this part for fiscal
23 year 1992.

24 “(3) RESERVATION OF AMOUNTS.—The Sec-
25 retary shall each fiscal year reserve for the terri-

1 territories of the United States 1.5 percent of the
2 amounts appropriated under section 1935(a) for al-
3 lotments under section 1921 for the fiscal year.

4 “(4) AVAILABILITY OF DATA ON POPU-
5 LATION.—With respect to data on the civilian popu-
6 lation of the territories of the United States, if the
7 Secretary determines for a fiscal year that recent
8 such data for purposes of paragraph (1)(B) do not
9 exist regarding a territory, the Secretary shall for
10 such purposes estimate the civilian population of the
11 territory by modifying the data on the territory to
12 reflect the average extent of change occurring during
13 the ensuing period in the population of all territories
14 with respect to which recent such data do exist.

15 “(5) APPLICABILITY OF CERTAIN PROVI-
16 SIONS.—For purposes of subsections (a) and (b), the
17 term ‘State’ does not include the territories of the
18 United States.

19 “(d) INDIAN TRIBES AND TRIBAL ORGANIZA-
20 TIONS.—

21 “(1) IN GENERAL.—If the Secretary—

22 “(A) receives a request from the governing
23 body of an Indian tribe or tribal organization
24 within any State that funds under this subpart

1 be provided directly by the Secretary to such
2 tribe or organization; and

3 “(B) makes a determination that the mem-
4 bers of such tribe or tribal organization would
5 be better served by means of grants made di-
6 rectly by the Secretary under this;

7 the Secretary shall reserve from the allotment under
8 section 1921 for the State for the fiscal year in-
9 volved an amount that bears the same ratio to the
10 allotment as the amount provided under this subpart
11 to the tribe or tribal organization for fiscal year
12 1991 for activities relating to the prevention and
13 treatment of the abuse of alcohol and other drugs
14 bore to the amount of the portion of the allotment
15 under this subpart for the State for such fiscal year
16 that was expended for such activities.

17 “(2) TRIBE OR TRIBAL ORGANIZATION AS
18 GRANTEE.—The amount reserved by the Secretary
19 on the basis of a determination under this para-
20 graph shall be granted to the Indian tribe or tribal
21 organization serving the individuals for whom such
22 a determination has been made.

23 “(3) APPLICATION.—In order for an Indian
24 tribe or tribal organization to be eligible for a grant
25 for a fiscal year under this paragraph, it shall sub-

1 mit to the Secretary a plan for such fiscal year that
2 meets such criteria as the Secretary may prescribe.

3 “(4) DEFINITION.—The terms ‘Indian tribe’
4 and ‘tribal organization’ have the same meaning
5 given such terms in subsections (b) and (c) of sec-
6 tion 4 of the Indian Self-Determination and Edu-
7 cation Assistance Act.

8 **“SEC. 1933. DEFINITIONS.**

9 “For purposes of this subpart:

10 “(1) The term ‘authorized activities’, subject to
11 section 1931, means the activities described in sec-
12 tion 1921(b).

13 “(2) The term ‘funding agreement’, with re-
14 spect to a grant under section 1921 to a State,
15 means that the Secretary may make such a grant
16 only if the State makes the agreement involved.

17 “(3) The term ‘prevention activities’, subject to
18 section 1931, means activities to prevent substance
19 use disorders.

20 “(4) The term ‘substance use disorder’ means
21 the abuse of alcohol or other drugs.

22 “(5) The term ‘treatment activities’ means
23 treatment services and, subject to section 1931, au-
24 thorized activities that are related to treatment serv-
25 ices.

1 “(6) The term ‘treatment facility’ means an en-
2 tity that provides treatment services.

3 “(7) The term ‘treatment services’, subject to
4 section 1931, means treatment for substance use
5 disorder.

6 **“SEC. 1934. FUNDING.**

7 “(a) AUTHORIZATION OF APPROPRIATIONS.—For the
8 purpose of carrying out this subpart, subpart III and sec-
9 tion 504 with respect to substance use disorders and sec-
10 tion 1945(g) with respect to investigations, there are au-
11 thorized to be appropriated \$2,000,000,000 for fiscal year
12 2011, and such sums as may be necessary for each of the
13 fiscal years 2012 through 2015.

14 “(b) ALLOCATIONS FOR TECHNICAL ASSISTANCE,
15 NATIONAL DATA BASE, DATA COLLECTION, AND PRO-
16 GRAM EVALUATIONS.—

17 “(1) IN GENERAL.—

18 “(A) For the purpose of carrying out sec-
19 tion 1948(a) with respect to substance use dis-
20 orders, section 1945(g), and the purposes speci-
21 fied in subparagraphs (B) and (C), the Sec-
22 retary shall obligate 5 percent of the amounts
23 appropriated under subsection (a) each fiscal
24 year.

1 “(B) The purpose specified in this sub-
2 paragraph is the collection of data in this para-
3 graph is carrying out section 504 with respect
4 to substance use disorders.

5 “(C) The purpose specified in this sub-
6 paragraph is the conduct of evaluations of au-
7 thorized activities to determine methods for im-
8 proving the availability and quality of such ac-
9 tivities.

10 “(2) ACTIVITIES OF CENTER FOR SUBSTANCE
11 ABUSE PREVENTION.—Of the amounts reserved
12 under paragraph (1) for a fiscal year, the Secretary,
13 acting through the Director of the Center for Sub-
14 stance Abuse Prevention, shall obligate 20 percent
15 for carrying out paragraph (1)(C), section 1948(a)
16 with respect to prevention activities, and section
17 1945(g).

18 **“Subpart III—General Provisions**

19 **“SEC. 1941. OPPORTUNITY FOR PUBLIC COMMENT ON**
20 **STATE PLANS.**

21 “A funding agreement for a grant under section 1911
22 or 1921 is that the State involved will make the plan re-
23 quired in section 1912, and the plan required in section
24 1931, respectively, public within the State in such manner
25 as to facilitate comment from any person (including any

1 Federal or other public agency) during the development
2 of the plan (including any revisions) and after the submis-
3 sion of the plan to the Secretary.

4 **“SEC. 1942. REQUIREMENT OF REPORTS AND AUDITS BY**
5 **STATES.**

6 “(a) REPORT.—A funding agreement for a grant
7 under section 1911 or 1921 is that the State involved will
8 submit to the Secretary an annual report in such form
9 and containing such information as the Secretary deter-
10 mines (after consultation with the States) to be necessary
11 for securing a record, including—

12 “(1) a description of the purposes for which the
13 grant received by the State for the preceding fiscal
14 year under the program involved were expended and
15 a description of the activities of the State under the
16 program;

17 “(2) a list of providers, and contact information
18 for such providers, who are receiving funds under
19 the program whether directly from the State or a
20 third party (including another State, a local govern-
21 ment, or some other agent of the State including an
22 administrative services organization or a managed
23 care program);

24 “(3) an evaluation of the progress being made
25 towards meeting the goals and objectives of the

1 State plans required in sections 1912(b) and
2 1931(a)(6)(A), an assessment as to whether the ac-
3 tivities described in such plans are helping to meet
4 such goals and objectives, and any obstacles the
5 State is encountering in meeting specific targets es-
6 tablished to achieve such goals; and

7 “(4) information to enable the Secretary to de-
8 termine State compliance with all of the funding
9 agreements in each grant.

10 “(b) REVIEW, DETERMINATION, AND ENFORCE-
11 MENT.—

12 “(1) REVIEW.—With respect to grants under
13 sections 1911 and 1921, the Secretary shall review
14 the annual reports submitted by the States under
15 subsection (a).

16 “(2) DETERMINATION.—

17 “(A) IN GENERAL.—Based on the informa-
18 tion provided by a State in a report submitted
19 under subsection (a), information obtained
20 through monitoring visits, and any other public
21 information made available, the Secretary shall
22 evaluate the performance of the State in meet-
23 ing its goals and objectives, as established in
24 the State plan under section 1912(b) and
25 1931(b), respectively, for the year involved, and

1 make a determination as to whether the
2 State—

3 “(i) has met such goals and objec-
4 tives;

5 “(ii) is making a serious effort to
6 meet such goals and objectives but requires
7 technical assistance; or

8 “(iii) has failed to make a serious ef-
9 fort to meet such goals and objectives.

10 “(B) TECHNICAL ASSISTANCE.—If the
11 Secretary makes a determination under sub-
12 paragraph (A)(ii), the Secretary, in conjunction
13 with the State, shall make an additional deter-
14 mination of what technical assistance is needed
15 and either provide such assistance or advise the
16 State on where such assistance may be ob-
17 tained.

18 “(C) FAILURE OF EFFORT BY STATE.—If
19 the Secretary makes a determination under
20 subparagraph (A)(iii) with respect to a State
21 for 3 consecutive years, the Secretary shall re-
22 quire the State to meet with the Secretary to
23 develop a corrective action plan that includes
24 the redirection of funds to meet State goals and

1 objectives, and that contains deadlines for State
2 action.

3 “(D) FAILURE TO COMPLY WITH CORREC-
4 TIVE ACTION PLAN.—If the Secretary deter-
5 mines that a State has failed to comply with a
6 corrective action plan under subparagraph (C),
7 the Secretary may suspend, terminate, or with-
8 hold funds in accordance with section 1945.

9 “(E) NOTICE.—Prior to taking action
10 under subparagraph (C) or (D), the Secretary
11 shall provide the State with adequate notice and
12 an opportunity for a hearing.

13 “(c) AUDITS.—A funding agreement for a grant
14 under section 1911 or 1921 is that the State will, with
15 respect to the grant, comply with chapter 75 of title 31,
16 United States Code.

17 “(d) AVAILABILITY TO PUBLIC.—A funding agree-
18 ment for a grant under section 1911 or 1921 is that the
19 State involved will—

20 “(1) make copies of the reports and audits de-
21 scribed in this section available for public inspection
22 within the State; and

23 “(2) provide copies of the report under sub-
24 section (a), upon request, to any interested person
25 (including any public agency).

1 **“SEC. 1943. PATIENT RECORDS.**

2 “The Secretary may make a grant under section
3 1911 or 1921 only if the State involved has in effect a
4 system to protect from inappropriate disclosure patient
5 records maintained by the State in connection with an ac-
6 tivity funded under the program involved or by any entity
7 which is receiving amounts from the grant.

8 **“SEC. 1944. DISPOSITION OF CERTAIN FUNDS APPRO-**
9 **PRIATED FOR ALLOTMENTS.**

10 “(a) IN GENERAL.—Amounts described in subsection
11 (b) and available for a fiscal year pursuant to section 1911
12 or 1921, shall be allotted by the Secretary and paid to
13 the States receiving a grant under the program involved,
14 other than any State referred to in subsection (b) with
15 respect to such program. Such amounts shall be allotted
16 in a manner equivalent to the manner in which the allot-
17 ment under the program involved was determined.

18 “(b) SPECIFICATION OF AMOUNTS.—The amounts
19 referred to in subsection (a) are any amounts that—

20 “(1) are not paid to States under the program
21 involved as a result of—

22 “(A) the failure of any State to submit an
23 application in accordance with the program;

24 “(B) the failure of any State to prepare
25 such application in compliance with the pro-
26 gram; or

1 “(C) any State informing the Secretary
2 that the State does not intend to expend the
3 full amount of the allotment made to the State
4 under the program;

5 “(2) are terminated, repaid, or offset under sec-
6 tion 1945;

7 “(3) in the case of the program established in
8 section 1911, are available as a result of reductions
9 in allotments under such section pursuant to section
10 1915(b); or

11 “(4) in the case of the program established in
12 section 1921, are available as a result of reductions
13 in allotments under such section pursuant to section
14 1926 or 1929.

15 **“SEC. 1945. FAILURE TO COMPLY WITH AGREEMENTS.**

16 “(a) **SUSPENSION OR TERMINATION OF PAY-**
17 **MENTS.**—Subject to subsection (e), if the Secretary deter-
18 mines that a State has materially failed to comply with
19 the agreements or other conditions required for the receipt
20 of a grant under the program involved, the Secretary may
21 in whole or in part suspend payments under the grant,
22 terminate the grant for cause, or employ such other rem-
23 edies (including the remedies provided for in subsections
24 (b) and (c)) as may be legally available and appropriate
25 in the circumstances involved.

1 “(b) REPAYMENT OF PAYMENTS.—

2 “(1) IN GENERAL.—Subject to subsection (e),
3 the Secretary may require a State to repay with in-
4 terest any payments received by the State under sec-
5 tion 1911 or 1921 that the Secretary determines
6 were not expended by the State in accordance with
7 the agreements required under the program in-
8 volved.

9 “(2) OFFSET AGAINST PAYMENTS.—If a State
10 fails to make a repayment required in paragraph
11 (1), the Secretary may offset the amount of the re-
12 payment against the amount of any payment due to
13 be paid to the State under the program involved.

14 “(c) WITHHOLDING OF PAYMENTS.—

15 “(1) IN GENERAL.—Subject to subsections (e)
16 and (g)(3), the Secretary may withhold payments
17 due under section 1911 or 1921 if the Secretary de-
18 termines that the State involved is not expending
19 amounts received under the program involved in ac-
20 cordance with the agreements required under the
21 program.

22 “(2) TERMINATION OF WITHHOLDING.—The
23 Secretary shall cease withholding payments from a
24 State under paragraph (1) if the Secretary deter-
25 mines that there are reasonable assurances that the

1 State will expend amounts received under the pro-
2 gram involved in accordance with the agreements re-
3 quired under the program.

4 “(d) APPLICABILITY OF REMEDIES TO CERTAIN VIO-
5 LATIONS.—

6 “(1) IN GENERAL.—With respect to agreements
7 or other conditions for receiving a grant under the
8 program involved, in the case of the failure of a
9 State to maintain material compliance with a condi-
10 tion referred to in paragraph (2), the provisions for
11 noncompliance with the condition that are provided
12 in the section establishing the condition shall apply
13 in lieu of subsections (a) through (c) of this section.

14 “(2) RELEVANT CONDITIONS.—For purposes of
15 paragraph (1):

16 “(A) In the case of the program estab-
17 lished in section 1911, a condition referred to
18 in this paragraph is the condition established in
19 section 1915(b).

20 “(B) In the case of the program estab-
21 lished in section 1921, a condition referred to
22 in this paragraph is the condition established in
23 section 1926 and the condition established in
24 section 1929.

1 “(e) OPPORTUNITY FOR HEARING.—Before taking
2 action against a State under any of subsections (a)
3 through (c) (or under a section referred to in subsection
4 (d)(2), as the case may be), the Secretary shall provide
5 to the State involved adequate notice and an opportunity
6 for a hearing.

7 “(f) REQUIREMENT OF HEARING IN CERTAIN CIR-
8 CUMSTANCES.—

9 “(1) IN GENERAL.—If the Secretary receives a
10 complaint that a State has failed to maintain mate-
11 rial compliance with the agreements or other condi-
12 tions required for receiving a grant under the pro-
13 gram involved (including any condition referred to
14 for purposes of subsection (d)), and there appears to
15 be reasonable evidence to support the complaint, the
16 Secretary shall promptly conduct a hearing with re-
17 spect to the complaint.

18 “(2) FINDING OF MATERIAL NONCOMPLI-
19 ANCE.—If in a hearing under paragraph (1) the Sec-
20 retary finds that the State involved has failed to
21 maintain material compliance with the agreement or
22 other condition involved, the Secretary shall take
23 such action under this section as may be appropriate
24 to ensure that material compliance is so maintained,

1 or such action as may be required in a section re-
2 ferred to in subsection (d)(2), as the case may be.

3 “(g) CERTAIN INVESTIGATIONS.—

4 “(1) REQUIREMENT REGARDING SECRETARY.—

5 The Secretary shall in fiscal year 1994 and each
6 subsequent fiscal year conduct in not less than 10
7 States investigations of the expenditure of grants re-
8 ceived by the States under section 1911 or 1921 in
9 order to evaluate compliance with the agreements re-
10 quired under the program involved.

11 “(2) PROVISION OF RECORDS ETC. UPON RE-

12 QUEST.—Each State receiving a grant under section
13 1911 or 1921, and each entity receiving funds from
14 the grant, shall make appropriate books, documents,
15 papers, and records available to the Secretary or the
16 Comptroller General, or any of their duly authorized
17 representatives, for examination, copying, or me-
18 chanical reproduction on or off the premises of the
19 appropriate entity upon a reasonable request there-
20 fore.

21 “(3) LIMITATIONS ON AUTHORITY.—The Sec-

22 retary may not institute proceedings under sub-
23 section (c) unless the Secretary has conducted an in-
24 vestigation concerning whether the State has ex-
25 pended payments under the program involved in ac-

1 cordance with the agreements required under the
2 program. Any such investigation shall be conducted
3 within the State by qualified investigators.

4 **“SEC. 1946. PROHIBITIONS REGARDING RECEIPT OF**
5 **FUNDS.**

6 “(a) ESTABLISHMENT.—

7 “(1) CERTAIN FALSE STATEMENTS AND REP-
8 REPRESENTATIONS.—A person shall not knowingly and
9 willfully make or cause to be made any false state-
10 ment or representation of a material fact in connec-
11 tion with the furnishing of items or services for
12 which payments may be made by a State from a
13 grant made to the State under section 1911 or
14 1921.

15 “(2) CONCEALING OR FAILING TO DISCLOSE
16 CERTAIN EVENTS.—A person with knowledge of the
17 occurrence of any event affecting the initial or con-
18 tinued right of the person to receive any payments
19 from a grant made to a State under section 1911 or
20 1921 shall not conceal or fail to disclose any such
21 event with an intent fraudulently to secure such pay-
22 ment either in a greater amount than is due or when
23 no such amount is due.

24 “(b) CRIMINAL PENALTY FOR VIOLATION OF PROHI-
25 BITION.—Any person who violates any prohibition estab-

1 lished in subsection (a) shall for each violation be fined
2 in accordance with title 18, United States Code, or impris-
3 oned for not more than 5 years, or both.

4 **“SEC. 1947. NONDISCRIMINATION.**

5 “(a) IN GENERAL.—

6 “(1) RULE OF CONSTRUCTION REGARDING CER-
7 TAIN CIVIL RIGHTS LAWS.—For the purpose of ap-
8 plying the prohibitions against discrimination on the
9 basis of age under the Age Discrimination Act of
10 1975, on the basis of handicap under section 504 of
11 the Rehabilitation Act of 1973, on the basis of sex
12 under title IX of the Education Amendments of
13 1972, or on the basis of race, color, or national ori-
14 gin under title VI of the Civil Rights Act of 1964,
15 programs and activities funded in whole or in part
16 with funds made available under section 1911 or
17 1921 shall be considered to be programs and activi-
18 ties receiving Federal financial assistance.

19 “(2) PROHIBITION.—No person shall on the
20 ground of sex (including, in the case of a woman, on
21 the ground that the woman is pregnant), or on the
22 ground of religion, be excluded from participation in,
23 be denied the benefits of, or be subjected to discrimi-
24 nation under, any program or activity funded in

1 whole or in part with funds made available under
2 section 1911 or 1921.

3 “(b) ENFORCEMENT.—

4 “(1) REFERRALS TO ATTORNEY GENERAL
5 AFTER NOTICE.—Whenever the Secretary finds that
6 a State, or an entity that has received a payment
7 pursuant to section 1911 or 1921, has failed to com-
8 ply with a provision of law referred to in subsection
9 (a)(1), with subsection (a)(2), or with an applicable
10 regulation (including one prescribed to carry out
11 subsection (a)(2)), the Secretary shall notify the
12 chief executive officer of the State and shall request
13 the chief executive officer to secure compliance. If
14 within a reasonable period of time, not to exceed 60
15 days, the chief executive officer fails or refuses to se-
16 cure compliance, the Secretary may—

17 “(A) refer the matter to the Attorney Gen-
18 eral with a recommendation that an appropriate
19 civil action be instituted;

20 “(B) exercise the powers and functions
21 provided by the Age Discrimination Act of
22 1975, section 504 of the Rehabilitation Act of
23 1973, title IX of the Education Amendments of
24 1972, or title VI of the Civil Rights Act of
25 1964, as may be applicable; or

1 “(C) take such other actions as may be au-
2 thorized by law.

3 “(2) AUTHORITY OF ATTORNEY GENERAL.—

4 When a matter is referred to the Attorney General
5 pursuant to paragraph (1)(A), or whenever the At-
6 torney General has reason to believe that a State or
7 an entity is engaged in a pattern or practice in viola-
8 tion of a provision of law referred to in subsection
9 (a)(1) or in violation of subsection (a)(2), the Attor-
10 ney General may bring a civil action in any appro-
11 priate district court of the United States for such re-
12 lief as may be appropriate, including injunctive re-
13 lief.

14 **“SEC. 1948. TECHNICAL ASSISTANCE AND PROVISION OF**
15 **SUPPLIES AND SERVICES IN LIEU OF GRANT**
16 **FUNDS.**

17 “(a) TECHNICAL ASSISTANCE.—The Secretary shall,
18 without charge to a State receiving a grant under section
19 1911 or 1921, provide to the State (or to any public or
20 nonprofit private entity within the State) technical assist-
21 ance with respect to the planning, development, and oper-
22 ation of any program or service carried out pursuant to
23 the program involved. The Secretary may provide such
24 technical assistance directly, through contract, or through
25 grants.

1 “(b) PROVISION OF SUPPLIES AND SERVICES IN
2 LIEU OF GRANT FUNDS.—

3 “(1) IN GENERAL.—Upon the request of a
4 State receiving a grant under section 1911 or 1921,
5 the Secretary may, subject to paragraph (2), provide
6 supplies, equipment, and services for the purpose of
7 aiding the State in carrying out the program in-
8 volved and, for such purpose, may detail to the State
9 any officer or employee of the Department of Health
10 and Human Services.

11 “(2) CORRESPONDING REDUCTION IN PAY-
12 MENTS.—With respect to a request described in
13 paragraph (1), the Secretary shall reduce the
14 amount of payments under the program involved to
15 the State by an amount equal to the costs of detail-
16 ing personnel and the fair market value of any sup-
17 plies, equipment, or services provided by the Sec-
18 retary. The Secretary shall, for the payment of ex-
19 penses incurred in complying with such request, ex-
20 pend the amounts withheld.

21 **“SEC. 1949. RULE OF CONSTRUCTION REGARDING DELEGA-**
22 **TION OF AUTHORITY TO STATES.**

23 “With respect to States receiving grants under sec-
24 tion 1911 or 1921, this part may not be construed to au-
25 thorize the Secretary to delegate to the States the primary

1 responsibility for interpreting the governing provisions of
2 this part.

3 **“SEC. 1950. SOLICITATION OF VIEWS OF CERTAIN ENTITIES.**

4 “In carrying out this part, the Secretary, as appro-
5 priate, shall solicit the views of the States and other ap-
6 propriate entities.

7 **“SEC. 1951. AVAILABILITY TO STATES OF GRANT PAY-
8 MENTS.**

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

13 **“SEC. 1952. CONTINUATION OF CERTAIN PROGRAMS.**

14 “(a) IN GENERAL.—Of the amount allotted to the
15 State of Hawaii under section 1911, and the amount allot-
16 ted to such State under section 1921, an amount equal
17 to the proportion of Native Hawaiians residing in the
18 State to the total population of the State shall be avail-
19 able, respectively, for carrying out the program involved
20 for Native Hawaiians.

21 “(b) EXPENDITURE OF AMOUNTS.—The amount
22 made available under subsection (a) may be expended only
23 through contracts entered into by the State of Hawaii with
24 public and private nonprofit organizations to enable such
25 organizations to plan, conduct, and administer comprehen-

1 sive substance use disorder and treatment programs for
2 the benefit of Native Hawaiians. In entering into contracts
3 under this section, the State of Hawaii shall give pref-
4 erence to Native Hawaiian organizations and Native Ha-
5 waiian health centers.

6 “(c) DEFINITIONS.—For the purposes of this sub-
7 section, the terms ‘Native Hawaiian’, ‘Native Hawaiian
8 organization’, and ‘Native Hawaiian health center’ have
9 the meaning given such terms in section 2308 of subtitle
10 D of title II of the Anti-Drug Abuse Act of 1988.

11 **“SEC. 1953. DEFINITIONS.**

12 “(a) DEFINITIONS FOR SUBPART III.—For purposes
13 of this subpart:

14 “(1) The term ‘program involved’ means the
15 program of grants established in section 1911 or
16 1921, or both, as indicated by whether the State in-
17 volved is receiving or is applying to receive a grant
18 under section 1911 or 1921, or both.

19 “(2)(A) The term ‘funding agreement’, with re-
20 spect to a grant under section 1911, has the mean-
21 ing given such term in section 1919.

22 “(B) The term ‘funding agreement’, with re-
23 spect to a grant under section 1921, has the mean-
24 ing given such term in section 1934.

1 “(b) DEFINITIONS FOR PART B.—For purposes of
2 this part:

3 “(1) The term ‘Comptroller General’ means the
4 Comptroller General of the United States.

5 “(2) The term ‘State’, except as provided in
6 sections 1918(c)(5) and 1932(c)(5), means each of
7 the several States, the District of Columbia, and
8 each of the territories of the United States.

9 “(3) The term ‘territories of the United States’
10 means each of the Commonwealth of Puerto Rico,
11 American Samoa, Guam, the Commonwealth of the
12 Northern Mariana Islands, the Virgin Islands,
13 Palau, the Marshall Islands, and Micronesia.

14 “(4) The term ‘interim services’, in the case of
15 an individual in need of treatment for substance use
16 disorders who has been denied admission to a pro-
17 gram of such treatment on the basis of the lack of
18 the capacity of the program to admit the individual,
19 means services for reducing the adverse health ef-
20 fects of such abuse, for promoting the health of the
21 individual, and for reducing the risk of transmission
22 of disease, which services are provided until the indi-
23 vidual is admitted to such a program.

1 **“SEC. 1955. SERVICES FOR INDIVIDUALS WITH CO-OCCUR-**
2 **RING DISORDERS.**

3 “States may use funds available for treatment under
4 sections 1911 and 1921 to treat persons with co-occurring
5 substance use disorders and mental disorders as long as
6 funds available under such sections are used for the pur-
7 poses for which they were authorized by law and can be
8 tracked for accounting purposes.

9 **“SEC. 1956. PUBLIC HEALTH EMERGENCY DECLARATION.**

10 “In the case of a public health emergency as defined
11 in section 319, the Administrator, on a State by State
12 basis, may defer the application deadline and compliance
13 with any other requirements of sections 521, 1911, 1921,
14 and the Protection and Advocacy for Individuals with a
15 Mental Illness Act.

16 **“PART C—CERTAIN PROGRAMS REGARDING**
17 **MENTAL HEALTH AND SUBSTANCE USE DIS-**
18 **ORDERS**

19 **“SEC. 1961. INTERIM MAINTENANCE TREATMENT.**

20 “(a) REQUIREMENT REGARDING SECRETARY.—Sub-
21 ject to the following subsections of this section, for the
22 purpose of reducing the incidence of the transmission of
23 HIV disease pursuant to the intravenous use of heroin or
24 other morphine-like drugs, the Secretary, in establishing
25 conditions for the use of methadone in public or nonprofit

1 private programs of treatment for dependence on such
2 drugs, shall authorize such programs—

3 “(1) to dispense methadone for treatment pur-
4 poses to individuals who—

5 “(A) meet the conditions for admission to
6 such programs that dispense methadone as part
7 of comprehensive treatment for such depend-
8 ence; and

9 “(B) are seeking admission to such pro-
10 grams that so dispense methadone, but as a re-
11 sult of the limited capacity of the programs, will
12 not gain such admission until 14 or more days
13 after seeking admission to the programs; and

14 “(2) in dispensing methadone to such individ-
15 uals, to provide only minimum ancillary services dur-
16 ing the period in which the individuals are waiting
17 for admission to programs of comprehensive treat-
18 ment.

19 “(b) INAPPLICABILITY OF REQUIREMENT IN CER-
20 TAIN CIRCUMSTANCES.—

21 “(1) IN GENERAL.—The requirement estab-
22 lished in subsection (a) for the Secretary does not
23 apply if any or all of the following conditions are
24 met:

1 “(A) The preponderance of scientific re-
2 search indicates that the risk of the trans-
3 mission of HIV disease pursuant to the inject-
4 ing abuse of drugs is minimal.

5 “(B) The preponderance of scientific re-
6 search indicates that the medically supervised
7 dispensing of methadone is not an effective
8 method of reducing the extent of dependence on
9 heroin and other morphine-like drugs.

10 “(C) The preponderance of available data
11 indicates that, of treatment programs that dis-
12 pense methadone as part of comprehensive
13 treatment, a substantial majority admit all indi-
14 viduals seeking services to the programs not
15 later than 14 days after the individuals seek ad-
16 mission to the programs.

17 “(2) EVALUATION BY SECRETARY.—In evalu-
18 ating whether any or all of the conditions described
19 in paragraph (1) have been met, the Secretary shall
20 consult with the National Commission on Acquired
21 Immune Deficiency Syndrome.

22 “(c) CONDITIONS FOR OBTAINING AUTHORIZATION
23 FROM SECRETARY.—

24 “(1) IN GENERAL.—In carrying out the require-
25 ment established in subsection (a), the Secretary

1 shall, after consultation with the National Commis-
2 sion on Acquired Immune Deficiency Syndrome, by
3 regulation issue such conditions for treatment pro-
4 grams to obtain authorization from the Secretary to
5 provide interim maintenance treatment as may be
6 necessary to carry out the purpose described in such
7 subsection. Such conditions shall include conditions
8 for preventing the unauthorized use of methadone.

9 “(2) COUNSELING ON HIV DISEASE.—The regu-
10 lations issued under paragraph (1) shall provide that
11 an authorization described in such paragraph may
12 not be issued to a treatment program unless the pro-
13 gram provides to recipients of the treatment coun-
14 seling on preventing exposure to and the trans-
15 mission of HIV disease.

16 “(3) PERMISSION OF RELEVANT STATE AS CON-
17 DITION OF AUTHORIZATION.—The regulations issued
18 under paragraph (1) shall provide that the Secretary
19 may not provide an authorization described in such
20 paragraph to any treatment program in a State un-
21 less the chief public health officer of the State has
22 certified to the Secretary that—

23 “(A) such officer does not object to the
24 provision of such authorizations to treatment
25 programs in the State; and

1 “(B) the provision of interim maintenance
2 services in the State will not reduce the capac-
3 ity of comprehensive treatment programs in the
4 State to admit individuals to the programs (rel-
5 ative to the date on which such officer so cer-
6 tifies).

7 “(4) DATE CERTAIN FOR ISSUANCE OF REGU-
8 LATIONS; FAILURE OF SECRETARY.—The Secretary
9 shall issue the final rule for purposes of the regula-
10 tions required in paragraph (1), and such rule shall
11 be effective, not later than the expiration of the 180-
12 day period beginning on July 10, 1992. If the Sec-
13 retary fails to meet the requirement of the preceding
14 sentence, the proposed rule issued on March 2,
15 1989, with respect to part 291 of title 21, Code of
16 Federal Regulations (docket numbered 88N-0444;
17 54 Fed. Reg. 8973 et seq.) is deemed to take effect
18 as a final rule upon the expiration of such period,
19 and the provisions of paragraph (3) of this sub-
20 section are deemed to be incorporated into such rule.

21 “(d) DEFINITIONS.—For purposes of this section:

22 “(1) The term ‘interim maintenance services’
23 means the provision of methadone in a treatment
24 program under the circumstances described in para-
25 graphs (1) and (2) of subsection (a).

1 “(2) The term ‘HIV disease’ means infection
2 with the etiologic agent for acquired immune defi-
3 ciency syndrome.

4 “(3) The term ‘treatment program’ means a
5 public or nonprofit private program of treatment for
6 dependence on heroin or other morphine-like
7 drugs.”.

8 (b) TECHNICAL AMENDMENTS.—Section 1955 of the
9 Public Health Service Act (42 U.S.C. 300x-65), as added
10 by section 3305 of Public Law 106-310 (114 Stat. 1212),
11 is amended—

12 (1) by redesignating such section as section
13 1954; and

14 (2) by transferring such section so as to appear
15 after section 1953 (as so designated by the amend-
16 ment made by subsection (a)).

17 **SEC. 4. REPEAL.**

18 Section 330K of the Public Health Service Act (42
19 U.S.C. 254c-16) is repealed.

20 **SEC. 5. AMENDMENTS TO THE PROTECTION AND ADVO-**
21 **CACY FOR INDIVIDUALS WITH MENTAL ILL-**
22 **NESS ACT.**

23 (a) DEFINITION OF FACILITIES.—Section 102(3) of
24 the Protection and Advocacy for Individuals with Mental
25 Illness Act (42 U.S.C. 10802(3)) is amended by striking

1 “community facilities” and inserting “residential or non-
2 residential community facilities”.

3 (b) SYSTEM REQUIREMENTS.—Section 105(a) of the
4 Protection and Advocacy for Individuals with Mental Ill-
5 ness Act (42 U.S.C. 10805(a)) is amended—

6 (1) in paragraph (1)(C)(ii), by striking the
7 comma and inserting a semicolon; and

8 (2) in paragraph (4)(A), by striking “who is a
9 client of the system”.

10 (c) ALLOTMENTS.—Section 112(a) of the Protection
11 and Advocacy for Individuals with Mental Illness Act (42
12 U.S.C. 10822(a)) is amended—

13 (1) in paragraph (1)—

14 (A) in subparagraph (A), by inserting after
15 “State” in clauses (i) and (ii) the following:
16 “and the American Indian Consortium”; and

17 (B) in subparagraph (B)—

18 (i) by inserting after “income of the
19 State” the following: “or the American In-
20 dian Consortium”; and

21 (ii) by striking “if the State is Guam”
22 and inserting “for the American Indian
23 Consortium and the territories of Guam”;
24 and

1 abuse prevention and treatment block grant and the com-
2 munity mental health services block grant under title XIX
3 of the Public Health Service Act (42 U.S.C. 300w et seq.)
4 are being distributed to States and territories according
5 to need and to recommend changes in the distribution if
6 necessary. Such study shall include—

7 (1) an analysis of whether the distributions
8 under such block grants accurately reflect the need
9 for the services under the grants in such States and
10 territories;

11 (2) an examination of whether the indices used
12 under the formulas for distribution of funds under
13 such block grants are appropriate, and if not, alter-
14 natives recommended by the Secretary;

15 (3) where recommendations are included under
16 paragraph (2) for the use of different indices, a de-
17 scription of the variables and data sources that
18 should be used to determine the indices;

19 (4) an evaluation of the variables and data
20 sources that are currently being used for each of the
21 indices involved, and whether such variables and
22 data sources accurately represent the need for serv-
23 ices, the cost of providing services, and the ability of
24 the States to pay for such services;

1 **“SEC. 762A. TASK FORCE ON BEHAVIORAL AND MENTAL**
2 **HEALTH IN MEDICAL EDUCATION.**

3 “(a) ESTABLISHMENT.—There is established the
4 Task Force on Behavioral and Mental Health in Medical
5 Education (in this section referred to as the ‘Task Force’).
6 The Task Force—

7 “(1) shall coordinate its activities with the ac-
8 tivities of the Council on Graduate Medical Edu-
9 cation established under section 762; and

10 “(2) shall develop and publish not later than 1
11 year after the date of the enactment of this section,
12 and may periodically revise as appropriate there-
13 after, a comprehensive plan for the purpose of
14 strengthening the capacity of graduates of accred-
15 ited schools of allopathic or osteopathic medicine to
16 deliver integrated, comprehensive health care.

17 “(b) PLAN CONTENTS.—The plan under subsection
18 (a)(2) shall identify the specific behavioral and mental
19 health education that should be—

20 “(1) required for graduation from accredited
21 schools of allopathic or osteopathic medicine; and

22 “(2) integrated into medical curricula, con-
23 tinuing medical education, licensing examinations,
24 and training for students and graduates of accred-
25 ited schools of allopathic or osteopathic medicine.

26 “(c) MEMBERS.—

1 “(1) COMPOSITION; VOTING; CHAIR.—The Task
2 Force shall be composed of the ex officio members
3 specified in paragraph (2) and the members ap-
4 pointed under paragraph (3). Subject to paragraph
5 (2)(B), all of the members of the Task Force shall
6 be voting members. The Task Force shall elect a
7 chair from among its voting members.

8 “(2) EX OFFICIO MEMBERS.—The Task Force
9 shall include the following ex officio members (or
10 their designees):

11 “(A) Each member serving on the Grad-
12 uate Medical Education Council pursuant to an
13 appointment under paragraph (1), (2), or (3) of
14 section 762(b).

15 “(B) Each member serving on the Grad-
16 uate Medical Education Council pursuant to an
17 appointment under paragraph (4), (5), or (6) of
18 section 762(b). Any member serving on the
19 Task Force under this subparagraph shall be a
20 nonvoting member.

21 “(C) The Administrator of the Substance
22 Abuse and Mental Health Services Administra-
23 tion.

24 “(D) The Deputy Director of the Office of
25 National Drug Control Policy.

1 “(E) The Director of the National Insti-
2 tute on Drug Abuse.

3 “(F) The Director of the National Insti-
4 tute on Mental Health.

5 “(G) The Director of the National Insti-
6 tute on Alcohol Abuse and Alcoholism.

7 “(3) APPOINTED MEMBERS.—

8 “(A) IN GENERAL.—The Task Force shall
9 include members to be appointed by the Sec-
10 retary (without regard to the civil service laws)
11 who are not employees of the Federal Govern-
12 ment. Such members shall include the following:

13 “(i) One mental health care consumer.

14 “(ii) One individual in recovery from a
15 behavioral health addiction (including any
16 substance use disorder).

17 “(iii) One individual who is a faculty
18 member at an accredited program of train-
19 ing in mental health.

20 “(iv) One individual who is a faculty
21 member at an accredited program of train-
22 ing in behavioral health.

23 “(v) One primary care physician spe-
24 cializing in internal medicine, family prac-

1 tice, pediatrics, emergency medicine, or ob-
2 stetrics and gynecology.

3 “(vi) Two allopathic or osteopathic
4 physicians with experience in medical
5 school curriculum or graduate medical edu-
6 cation.

7 “(vii) One allopathic or osteopathic
8 physician who spends a significant portion
9 of his professional activity in direct patient
10 care and is board certified in addiction
11 medicine by the American Board of Addic-
12 tion Medicine.

13 “(viii) One allopathic or osteopathic
14 physician who spends a significant portion
15 of his professional activity in direct patient
16 care and is board certified in psychiatry by
17 the American Board of Psychiatry and
18 Neurology.

19 “(ix) Four individuals selected from
20 among individuals serving in the various
21 fields charged with carrying out medical
22 education and behavioral and mental
23 health disorder services, including psychi-
24 atry, addiction medicine, psychology, social
25 work, psychiatric nursing, counseling, mar-

1 riage and family therapy, pastoral coun-
2 seling, psychosocial rehabilitation, and sub-
3 stance use treatment counseling and recov-
4 ery coaching.

5 “(x) One individual with demonstrated
6 achievements in clinical or basic science re-
7 search relevant to mental health.

8 “(xi) One individual with dem-
9 onstrated achievements in clinical or basic
10 science research relevant to behavioral
11 health disorders.

12 “(xii) Two individuals, each from a
13 separate nonprofit association representing
14 accredited medical schools.

15 “(xiii) Three individuals, each from a
16 separate national, independent, nonprofit
17 organization charged with developing na-
18 tional medical licensing examinations and
19 assessments for health professionals in os-
20 teopathic or allopathic medicine.

21 “(B) OTHER SELECTION CRITERIA.—In
22 appointing members of the Task Force under
23 this paragraph, the Secretary shall ensure—

24 “(i) the inclusion of both urban and
25 rural members;

1 “(ii) a range of members from a vari-
2 ety of practice settings and having exper-
3 tise in prevention and treatment across the
4 lifespan;

5 “(iii) adequate representation of ra-
6 cial, ethnic, religious, and economic diver-
7 sity; and

8 “(iv) an equal distribution of the
9 members appointed under subparagraph
10 (A)(ix) between those specializing in men-
11 tal health services and those specializing in
12 behavioral health (including substance use
13 disorder services).

14 “(C) TERMS.—

15 “(i) IN GENERAL.—Subject to sub-
16 paragraph (D)(ii), each member of the
17 Task Force under this paragraph shall be
18 appointed for a term of 4 years.

19 “(ii) VACANCIES.—Any member of the
20 Task Force appointed to fill a vacancy oc-
21 curring before the expiration of the term
22 for which the member’s predecessor was
23 appointed shall be appointed only for the
24 remainder of that term. A member may

1 serve after the expiration of that member's
2 term until a successor has taken office.

3 “(D) INITIAL MEMBERS.—

4 “(i) APPOINTMENT.—The Secretary
5 shall appoint the initial members of the
6 Task Force under this paragraph not less
7 than 90 days after the date of the enact-
8 ment of this section.

9 “(ii) TERMS.—As designated by the
10 Secretary at the time of appointment, of
11 the initial members of the Task Force
12 under this paragraph, $\frac{1}{4}$ shall be ap-
13 pointed for terms of 1 year, $\frac{1}{4}$ shall be ap-
14 pointed for terms of 2 years, $\frac{1}{4}$ shall be
15 appointed for terms of 3 years, and $\frac{1}{4}$
16 shall be appointed for terms of 4 years.

17 “(d) STAFF.—The Secretary shall provide the Task
18 Force with such professional and clerical staff, such infor-
19 mation, and the services of such consultants as may be
20 necessary to assist the Task Force in carrying out effec-
21 tively its functions under this section.

22 “(e) COMPENSATION.—

23 “(1) RATES OF COMPENSATION.—To the extent
24 or in the amounts made available in advance in ap-
25 propriations Acts, and except as provided in para-

1 graph (2), members of the Task Force shall each be
2 entitled to receive the daily equivalent of the annual
3 rate of basic pay for grade GS-15 of the General
4 Schedule for each day (including travel time) during
5 which they are engaged in the actual performance of
6 duties vested in the Task Force.

7 “(2) PROHIBITION AGAINST COMPENSATION OF
8 FEDERAL EMPLOYEES.—Members of the Task Force
9 who are officers or employees of the Federal Govern-
10 ment shall not receive additional pay, allowances, or
11 benefits by reason of their service on the Task
12 Force.

13 “(f) MEETINGS.—The Task Force shall conduct at
14 least 3 meetings each year.

15 “(g) REPORTING.—

16 “(1) BY TASK FORCE.—On an annual basis, the
17 Task Force shall submit to the Secretary and make
18 publicly available a report on the plan under sub-
19 section (a)(2) and its implementation. Each such re-
20 port shall include—

21 “(A) a description of current and future
22 needs pertaining to behavioral and mental
23 health workforce, education, and training;

1 “(B) an identification of goals, outcome
2 measures, and a time frame for addressing such
3 needs;

4 “(C) recommendations on the specific be-
5 havioral and mental health education compo-
6 nents identified in the plan developed under
7 subsection (a)(2); and

8 “(D) an evaluation of the extent to which
9 the goals and recommendations in the plan de-
10 veloped under subsection (a)(2) (including the
11 goals and recommendations described in sub-
12 paragraphs (B) and (C)) have been met.

13 “(2) BY SECRETARY.—On an annual basis, the
14 Secretary shall submit a report to the Congress on
15 the activities of the Task Force, the plan under sub-
16 section (a)(2), and the plan’s implementation.

17 “(h) ASSISTANCE.—The Task Force shall collaborate
18 with private sector coalitions to facilitate and implement
19 the Task Force’s recommendations in the plan under sub-
20 section (a)(2).

21 “(i) DEFINITION.—In this section, any reference to
22 behavioral health includes substance use health.

23 “(j) AUTHORIZATION OF APPROPRIATIONS.—To
24 carry out this section, there are authorized to be appro-

1 priated such sums as may be necessary for each of fiscal
2 years 2011 through 2016.

3 “(k) TERMINATION.—The Task Force shall termi-
4 nate at the end of fiscal year 2016.”.

5 **SEC. 8. COUNCIL ON INTEGRATION OF HEALTH CARE EDU-
6 CATION.**

7 (a) ESTABLISHMENT AND RESPONSIBILITIES OF
8 COUNCIL.—

9 (1) ESTABLISHMENT.—There is established in
10 the Office of the Secretary the Council on Integra-
11 tion of Health Care Education.

12 (2) RECOMMENDATIONS.—The Council shall de-
13 velop and publish not later than 1 year after the
14 date of the enactment of this Act, and may periodi-
15 cally revise as appropriate thereafter, recommenda-
16 tions for the purpose of strengthening the capacity
17 of health care professionals and behavioral health
18 providers to deliver integrated, comprehensive health
19 care. The recommendations shall identify—

20 (A) the core competencies to be required of
21 each type of health care professional and behav-
22 ioral health provider with respect to mental
23 health and substance use prevention and treat-
24 ment services in order to carry out their respec-
25 tive scope of practice;

1 (B) the appropriate methods for incor-
2 porating such competencies into the curricula of
3 institutions of higher education, and of con-
4 tinuing education, for health care professionals
5 and behavioral health providers;

6 (C) the appropriate methods for incor-
7 porating such competencies into the licensure
8 and certification requirements for health care
9 professionals and behavioral health providers;
10 and

11 (D) the appropriate methods for incor-
12 porating such competencies into the accredita-
13 tion process for institutions of higher education
14 providing terminal education for health care
15 professionals and behavioral health providers.

16 (3) REPORTING.—

17 (A) BY THE COUNCIL.—Not later than 1
18 year after the date of the enactment of this Act,
19 and annually thereafter, the Council shall sub-
20 mit to the Secretary and the appropriate com-
21 mittees of the Congress, and to the Council on
22 Graduate Medical Education when appropriate,
23 and make publicly available, a report on the
24 recommendations under paragraph (2) and the

1 implementation of such recommendations. Each
2 such report shall include—

3 (i) a description of current and future
4 needs related to the successful integration
5 core competencies for mental health and
6 substance use disorders into health care
7 professional and behavioral health provider
8 education and education curricula beyond
9 medical education;

10 (ii) an identification of goals, outcome
11 measures, and timeframes for addressing
12 the needs described in clause (i);

13 (iii) a detailed plan for implementing
14 the recommendations under paragraph (2);
15 and

16 (iv) an evaluation of the extent to
17 which such plan has been implemented.

18 (B) BY THE SECRETARY.—Not later than
19 1 year after the date of the enactment of this
20 Act, and annually thereafter, the Secretary
21 shall submit a report to the Congress on the ac-
22 tivities of the Council.

23 (4) MEMBERS.—

24 (A) COMPOSITION; VOTING; CHAIR.—The
25 Council shall be composed of the ex officio

1 members specified in subparagraph (B) and the
2 members appointed under subparagraph (C).
3 All of the members of the Council shall be vot-
4 ing members. The Council shall elect a chair
5 from among its members.

6 (B) EX OFFICIO MEMBERS.—The Council
7 shall include the following ex officio members
8 (or their designees)—

9 (i) the Secretary;

10 (ii) the Administrator of the Health
11 Resources and Services Administration;

12 (iii) the Administrator of the Centers
13 for Medicare & Medicaid Services;

14 (iv) the Administrator of the Sub-
15 stance Abuse and Mental Health Services
16 Administration; and

17 (v) the Director of the Office of Na-
18 tional Drug Control Policy.

19 (C) APPOINTED MEMBERS.—

20 (i) IN GENERAL.—The Council shall
21 include members to be appointed by the
22 Secretary (in consultation with the other
23 ex officio members of the Council and
24 without regard to the civil service laws)
25 who are not employees of the Federal Gov-

1 ernment. The Secretary shall appoint a
2 sufficient number of members under this
3 clause to ensure that the Council is com-
4 posed of not less than 20 members, includ-
5 ing both ex officio members under sub-
6 paragraph (B) and members appointed
7 under this subparagraph.

8 (ii) OTHER SELECTION CRITERIA.—In
9 appointing members of the Council under
10 this subparagraph, the Secretary shall en-
11 sure—

12 (I) inclusion of both urban and
13 rural members;

14 (II) adequate representation of
15 men and women;

16 (III) a range of members from a
17 variety of practice settings and having
18 expertise in prevention and treatment
19 across the lifespan;

20 (IV) adequate representation of
21 racial, ethnic, religious, and economic
22 diversity;

23 (V) an equal distribution of the
24 members appointed under clause (i)
25 between those specializing in mental

1 health services and those specializing
2 in substance use disorders;

3 (VI) diverse representation from
4 addition and psychiatry specialty sec-
5 tors;

6 (VII) diverse representation of
7 allopathic and osteopathic physicians;

8 (VIII) adequate representation of
9 health care professionals and behav-
10 ioral health providers who provide di-
11 rect patient care to individuals with
12 co-occurring mental health or sub-
13 stance use disorders and physical
14 health conditions;

15 (IX) adequate representation of
16 health care and behavioral health (in-
17 cluding substance use) faculty who
18 have demonstrated expertise in cur-
19 riculum development; and

20 (X) inclusion of a health or be-
21 havioral health (including substance
22 use) consumer.

23 (iii) TERMS.—

24 (I) IN GENERAL.—Subject to
25 clause (iv)(II), each member of the

1 Council under this subparagraph shall
2 be appointed for a term of 4 years.

3 (II) VACANCIES.—Any member
4 of the Council appointed to fill a va-
5 cancy occurring before the expiration
6 of the term for which the member's
7 predecessor was appointed shall be ap-
8 pointed only for the remainder of that
9 term. A member may serve after the
10 expiration of that member's term until
11 a successor has taken office.

12 (iv) INITIAL MEMBERS.—

13 (I) APPOINTMENT.—The Sec-
14 retary shall appoint the initial mem-
15 bers of the Council under this sub-
16 paragraph not less than 90 days after
17 the date of the enactment of this Act.

18 (II) TERMS.—As designated by
19 the Secretary at the time of appoint-
20 ment, of the initial members of the
21 Council under this subparagraph, $\frac{1}{4}$
22 shall be appointed for terms of 1 year,
23 $\frac{1}{4}$ shall be appointed for terms of 2
24 years, $\frac{1}{4}$ shall be appointed for terms

1 of 3 years, and $\frac{1}{4}$ shall be appointed
2 for terms of 4 years.

3 (5) STAFF.—The Secretary shall provide the
4 Council with such professional and clerical staff,
5 such information, and the services of such consult-
6 ants as may be necessary to assist the Council in
7 carrying out effectively its functions under this sub-
8 section.

9 (6) ADMINISTRATION.—

10 (A) TRAVEL EXPENSES.—Members shall
11 receive travel expenses, including per diem in
12 lieu of subsistence, in accordance with sections
13 5702 and 5703 of title 5, United States Code,
14 while away from their homes or regular places
15 of business in performance of services for the
16 Council.

17 (B) OTHER RESOURCES.—The Council
18 shall have reasonable access to materials, re-
19 sources, statistical data, and other information
20 such Council determines to be necessary to
21 carry out its duties from agencies of the execu-
22 tive and legislative branches of the Federal
23 Government. The chair of the Council shall
24 make requests for such access in writing when
25 necessary.

1 (C) PROHIBITION AGAINST COMPENSATION
2 OF FEDERAL EMPLOYEES.—Members of the
3 Council who are officers or employees of the
4 Federal Government shall not receive additional
5 pay, allowances, or benefits by reason of their
6 service on the Council.

7 (7) MEETINGS.—The Council shall conduct at
8 least 3 meetings each year.

9 (8) AUTHORIZATION OF APPROPRIATIONS.—To
10 carry out this subsection, there are authorized to be
11 appropriated such sums as may be necessary for
12 each of fiscal years 2011 through 2016.

13 (b) IMPLEMENTATION OF RECOMMENDATIONS OF
14 THE COUNCIL.—

15 (1) HEALTH CARE AND BEHAVIORAL HEALTH
16 WORKFORCE CONTINUING EDUCATION.—

17 (A) IN GENERAL.—Beginning 1 year after
18 submission of the first report of the Council
19 under subsection (a)(3)(A), the Secretary may
20 make grants, contracts, or cooperative agree-
21 ments to public or private nonprofit entities for
22 the purpose of implementing the recommenda-
23 tions of the Council on continuing education for
24 health care professionals and behavioral health
25 providers.

1 (B) ELIGIBILITY.—To receive a grant,
2 contract, or cooperative agreement under this
3 paragraph, a public or private nonprofit entity
4 shall demonstrate expertise in providing con-
5 tinuing education for health care professionals
6 and behavioral health providers.

7 (C) PRIORITY.—In awarding grants, con-
8 tracts, and cooperative agreements under this
9 paragraph, the Secretary shall give priority to
10 entities that propose to implement continuing
11 education—

12 (i) in interdisciplinary settings; or

13 (ii) in collaboration with a diverse rep-
14 resentation of health care professionals
15 and behavioral health providers who have
16 no direct affiliation with the receiving enti-
17 ty as determined by the Secretary.

18 (D) GEOGRAPHIC DISTRIBUTION.—The
19 Secretary shall ensure that grants, contracts,
20 and cooperative agreements under this para-
21 graph are awarded to entities throughout the
22 United States to ensure the availability of con-
23 tinuing education in mental health and sub-
24 stance abuse prevention and treatment services.

1 (E) DURATION OF AWARDS.—The period
2 of a grant, contract, or cooperative agreement
3 under this paragraph shall not exceed 3 years.

4 (F) AUTHORIZATION OF APPROPRIA-
5 TIONS.—There are authorized to be appro-
6 priated \$5,000,000 for fiscal year 2012 and
7 such sums as may be necessary for each of fis-
8 cal years 2013 through 2016.

9 (2) HEALTH CARE AND BEHAVIORAL HEALTH
10 WORKFORCE EDUCATION CURRICULA.—

11 (A) IN GENERAL.—The Secretary shall
12 make grants, contracts, or cooperative agree-
13 ments to public or nonprofit private institutions
14 of higher education for the purpose of imple-
15 menting the recommendations of the Council on
16 education curricula for health care professionals
17 and behavioral health providers.

18 (B) PRIORITY.—In awarding grants, con-
19 tracts, and cooperative agreements under this
20 paragraph, the Secretary shall give priority to
21 applicants that demonstrate willingness—

22 (i) to integrate the recommendations
23 of the Council on curricula across aca-
24 demic disciplines;

1 (ii) to coordinate the use of Federal
2 and non-Federal resources for purposes of
3 such integration; or

4 (iii) to incorporate other evidence-
5 based recommendations that further the
6 integration of behavioral health in health
7 care.

8 (C) GEOGRAPHIC DISTRIBUTION.—The
9 Secretary shall ensure that grants, contracts,
10 and cooperative agreements under this para-
11 graph are awarded to institutions of higher edu-
12 cation throughout the United States to ensure
13 the availability and improvement of education
14 curricula for health care professionals and be-
15 havioral health providers.

16 (D) DURATION OF AWARDS.—The period
17 of a grant, contract, or cooperative agreement
18 under this paragraph shall not exceed 3 years.

19 (E) AUTHORIZATION OF APPROPRIA-
20 TIONS.—There are authorized to be appro-
21 priated \$5,000,000 for fiscal year 2012 and
22 such sums as may be necessary for each of fis-
23 cal years 2013 through 2016

24 (c) DEFINITIONS.—In this section:

1 (1) BEHAVIORAL HEALTH PROVIDER.—The
2 term “behavioral health provider”—

3 (A) means an individual who provides clin-
4 ical care (in accordance with applicable State
5 law) specializing in the diagnosis or treatment
6 of behavioral health, including such an indi-
7 vidual specializing in substance use, addiction,
8 and dependence disorders; and

9 (B) includes a psychiatrist, nurse practi-
10 tioner (as defined in section 1861(aa)(5)(A) of
11 the Social Security Act), physician assistant (as
12 defined in section 1861(aa)(5)(A) of such Act),
13 clinical psychologist (as used in section 1861(ii)
14 of such Act), clinical social worker (as defined
15 in section 1861(hh) of such Act), psychiatric
16 nurse, licensed professional counselor, marriage
17 and family therapist, pastoral counselor, psy-
18 chosocial rehabilitation specialist, and any other
19 individual determined to be appropriate by the
20 Secretary.

21 (2) COUNCIL.—The term “Council” means the
22 Council on Integration of Health Care Education.

23 (3) HEALTH CARE PROFESSIONAL.—The term
24 “health care professional”—

1 (A) means an individual who provides clin-
2 ical health care (in accordance with applicable
3 State law) other than a behavioral health pro-
4 vider; and

5 (B) includes (other than a behavioral
6 health provider) a physician (as defined in sec-
7 tion 1861(r) of the Social Security Act), nurse
8 practitioner (as defined in section
9 1861(aa)(5)(A) of the Social Security Act),
10 physician assistant (as defined in section
11 1861(aa)(5)(A) of the Social Security Act),
12 clinical nurse specialist (as defined in section
13 1861(aa)(5)(B) of the Social Security Act), cer-
14 tified nurse-midwife (as defined in section
15 1861(gg) of the Social Security Act), and any
16 other individual determined to be appropriate
17 by the Secretary.

18 (4) INSTITUTION OF HIGHER EDUCATION.—The
19 term “institution of higher education” has the same
20 meaning given such term in section 101 of the High-
21 er Education Act of 1965 (20 U.S.C. 1001).

22 (5) SECRETARY.—The term “Secretary” means
23 the Secretary of Health and Human Services.

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