

109TH CONGRESS
2^D SESSION

H. R. 6397

To improve mental health and substance abuse treatment services.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 6, 2006

Mr. JEFFERSON introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, Ways and Means, and Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To improve mental health and substance abuse treatment services.

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 “Ensuring Mental Health Service Access Act of 2006”.

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

Sec. 1. Short title; table of contents.

TITLE I—PUBLIC HEALTH INITIATIVES TO IMPROVE MENTAL
HEALTH AND SUBSTANCE ABUSE SERVICES

- Sec. 101. Mental health services for children, adolescents, and their families.
- Sec. 102. Initiative for comprehensive, intersystem programs.
- Sec. 103. Grants to States and political subdivisions for mental health services in response to public health emergencies.
- Sec. 104. Grants to States for statewide mental health disaster plans.
- Sec. 105. National mental health crisis response technical assistance center.
- Sec. 106. Training grants.
- Sec. 107. Children's mental health.
- Sec. 108. Crisis response grants to address children's needs.

TITLE II—MEDICARE COVERAGE OF MARRIAGE AND FAMILY
THERAPIST SERVICES

- Sec. 201. Coverage of marriage and family therapist services under Medicare part B.
- Sec. 202. Coverage of marriage and family therapist services provided in certain settings.
- Sec. 203. Authorization of marriage and family therapists to develop discharge plans for post-hospital services.
- Sec. 204. Effective date.

TITLE III—JUDICIAL SYSTEM INITIATIVES TO IMPROVE MENTAL
HEALTH AND SUBSTANCE ABUSE SERVICES

- Sec. 301. Training of justice system personnel.
- Sec. 302. Block grant funding for treatment and diversion programs.
- Sec. 303. Federal coordinating council on the criminalization of juveniles with mental disorders.
- Sec. 304. Mental health screening and treatment for prisoners.

1 **TITLE I—PUBLIC HEALTH INI-**
2 **TIATIVES TO IMPROVE MEN-**
3 **TAL HEALTH AND SUB-**
4 **STANCE ABUSE SERVICES**

5 **SEC. 101. MENTAL HEALTH SERVICES FOR CHILDREN, ADO-**
6 **LESCENTS, AND THEIR FAMILIES.**

7 Title V of the Public Health Service Act (42 U.S.C.
8 290aa et seq.) is amended by inserting after section 520A
9 the following:

1 **“SEC. 520B. MENTAL HEALTH SERVICES FOR CHILDREN,**
2 **ADOLESCENTS, AND THEIR FAMILIES.**

3 “(a) IN GENERAL.—In cooperation with the Sec-
4 retary of Education, the Secretary of Health and Human
5 Services shall support either directly or through grants,
6 contracts, or cooperative agreements with public entities
7 programs to promote mental health among all children,
8 from birth through adolescence, and their families and to
9 provide early intervention services to ameliorate identified
10 mental health problems in children and adolescents.

11 “(b) EQUITABLE DISTRIBUTION.—The Secretary
12 shall provide for an equitable distribution of grants, con-
13 tracts, and cooperative agreements by region, to include
14 urban, suburban, and rural regions, including Native
15 American communities.

16 “(c) PRIORITY.—In awarding grants, contracts, and
17 cooperative agreements under this section, the Secretary
18 shall give priority to those applicants who—

19 “(1) provide a comprehensive, community-
20 based, culturally competent and developmentally ap-
21 propriate prevention and early intervention program
22 that provides for the identification of early mental
23 health problems and promotes the mental health and
24 enhances the resiliency of children from birth
25 through adolescence and of their families;

1 “(2) incorporate families, schools, and commu-
2 nities in an integral role in the program;

3 “(3) coordinate behavioral health care services,
4 interventions, and supports in traditional and non-
5 traditional settings and provide a continuum of care
6 for children from birth through adolescence and for
7 their families;

8 “(4) provide public health education to improve
9 the public’s understanding of healthy emotional de-
10 velopment;

11 “(5) provide training, technical assistance, con-
12 sultation, and support for community service pro-
13 viders, school personnel, families, and children to
14 promote healthy emotional development and enhance
15 resiliency in children from birth through adolescence;

16 “(6) increase the resources available to such
17 programs and provide for their sustainability by re-
18 quiring a commitment on the part of local commu-
19 nities in which the programs provide services;

20 “(7) provide for the evaluation of programs op-
21 erating under this section to ensure that they are
22 providing intended services in an efficient and effec-
23 tive manner; and

24 “(8) provide school-based mental health assess-
25 ment and treatment services conducted by a mental

1 health professional (who may be a school counselor,
2 school nurse, school psychologist, clinical psycholo-
3 gist, or school social worker) in public elementary or
4 secondary schools.

5 “(d) MATCHING REQUIREMENT.—A condition for an
6 award under subsection (a) is that the entity involved
7 agree that the entity will, with respect to the costs to be
8 incurred by the entity in carrying out the purpose de-
9 scribed in such subsection, make available (directly or
10 through donations from public or private entities) non-
11 Federal contributions toward such costs in an amount that
12 is not less than \$1 for each \$3 of Federal funds provided
13 in the award.

14 “(e) DURATIONS OF GRANTS.—With respect to an
15 award under subsection (a), the period during which pay-
16 ments under such award are made to the recipient may
17 not exceed 5 years.

18 “(f) EVALUATION.—The Secretary shall ensure that
19 entities receiving awards under subsection (a) carry out
20 an evaluation of the project, including an evaluation of the
21 effectiveness of program strategies, and short, inter-
22 mediate, and long-term outcomes including the program’s
23 overall impact on strengthening families with young chil-
24 dren and creating environments in home, school, and com-
25 munity settings that promote healthy emotional develop-

1 ment and reduce incipient mental health and substance
2 abuse problems. Local educational agencies receiving such
3 awards shall ensure that the schools receiving these funds
4 maintain an average ratio of one certified or licensed—

5 “(1) school counselor for every 150 students;

6 “(2) school nurse for every 350 students;

7 “(3) school psychologist for every 500 students;

8 and

9 “(4) school social worker for every 400 stu-
10 dents.

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

12 “(1) The term ‘mental health’ means a state of
13 successful performance of mental function, resulting
14 in productive activities, fulfilling relationships with
15 other people, and the ability to adapt to change and
16 cope with adversity.

17 “(2) The term ‘mental illness’ refers to all
18 diagnosable mental disorders (health conditions
19 characterized by alterations in thinking, mood, or
20 behavior or some combination thereof) associated
21 with distress or impaired functioning or both.

22 “(3) The term ‘mental health problem’ refers to
23 symptoms of insufficient intensity or duration to
24 meet the criteria for any mental disorder.

1 “(4)(A) The term ‘mental health professional’
2 refers to a qualified counselor, nurse, psychologist,
3 or social worker.

4 “(B) The terms ‘school counselor’, ‘school
5 nurse’, ‘school psychologist’, and ‘school social work-
6 er’ mean an individual who possesses licensure or
7 certification in the State involved, and who meets
8 professional standards for practice in schools and re-
9 lated settings, as a school counselor, school nurse,
10 school psychologist, or school social worker, respec-
11 tively.

12 “(5) The term ‘public entity’ means any State,
13 any political subdivision of a State, including any
14 local educational agency, and any Indian tribe or
15 tribal organization (as defined in section 4(b) and
16 section 4(c) of the Indian Self-Determination and
17 Education Assistance Act).

18 “(h) AUTHORIZATION OF APPROPRIATION.—There
19 are authorized to be appropriated to carry out this section
20 \$300,000,000 for fiscal year 2007 and such sums as are
21 necessary for fiscal years 2008 and 2009. These funds are
22 authorized to be used to carry out the provisions of this
23 section and cannot be utilized to supplement or supplant
24 funding provided for other mental health services pro-
25 grams.”.

1 **SEC. 102. INITIATIVE FOR COMPREHENSIVE, INTERSYSTEM**
2 **PROGRAMS.**

3 Subpart 3 of part B of title V of the Public Health
4 Service Act (42 U.S.C. 290bb–31 et seq.) is amended by
5 adding at the end the following:

6 **“SEC. 520K INITIATIVE FOR COMPREHENSIVE, INTER-**
7 **SYSTEM PROGRAMS.**

8 “(a) IN GENERAL.—The Attorney General of the
9 United States and the Secretary, acting through the Di-
10 rector of the Center for Mental Health Services, shall
11 award competitive grants to eligible entities for programs
12 that address the service needs of juveniles and juveniles
13 with serious mental ill-nesses by requiring the State or
14 local juvenile justice system, the mental health system,
15 and the substance abuse treatment system to work col-
16 laboratively to ensure—

17 “(1) the appropriate diversion of such juveniles
18 from incarceration;

19 “(2) the provision of appropriate mental health
20 and substance abuse services as an alternative to in-
21 carceration, including for those juveniles on proba-
22 tion or parole; and

23 “(3) the provision of follow-up services for juve-
24 niles who are discharged from the juvenile justice
25 system.

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

3 “(1) be a State or local juvenile justice agency,
4 mental health agency, or substance abuse agency
5 (including community diversion programs);

6 “(2) prepare and submit to the Secretary an
7 application at such time, in such manner, and con-
8 taining such information as the Secretary may re-
9 quire, including—

10 “(A) an assurance that the applicant has
11 the consent of all entities described in para-
12 graph (1) in carrying out and coordinating ac-
13 tivities under the grant; and

14 “(B) with respect to services for juveniles,
15 an assurance that the applicant has collabo-
16 rated with the State or local educational agency
17 and the State or local welfare agency in car-
18 rying out and coordinating activities under the
19 grant;

20 “(3) be given priority if the entity submits its
21 application jointly with juvenile justice and sub-
22 stance abuse or mental health agencies; and

23 “(4) ensure that funds from non-Federal
24 sources are available to match amounts provided

1 under the grant in an amount that is not less
2 than—

3 “(A) with respect to the first 3 years
4 under the grant, 10 percent of the amount pro-
5 vided under the grant; and

6 “(B) with respect to the fourth and fifth
7 years under the grant, 30 percent of the
8 amount provided under the grant.

9 “(c) USE OF FUNDS.—

10 “(1) INITIAL YEAR.—An entity that receives a
11 grant under this section shall, in the first fiscal year
12 in which amounts are provided under the grant, use
13 such amounts to develop a collaborative plan—

14 “(A) describing how the entity will insti-
15 tute a system to provide intensive community
16 services—

17 “(i) to prevent high-risk juveniles
18 from coming in contact with the justice
19 system; and

20 “(ii) to meet the mental health and
21 substance abuse treatment needs of juve-
22 niles on probation or recently discharged
23 from the justice system; and

24 “(B) providing for the exchange by agen-
25 cies of information to enhance the provision of

1 mental health or substance abuse services to ju-
2 veniles.

3 “(2) SECOND THROUGH FIFTH YEARS.—With
4 respect to the second through fifth fiscal years in
5 which amounts are provided under the grant, the
6 grantee shall use amounts provided under the
7 grant—

8 “(A) to furnish services, such as assertive
9 community treatment, wrap-around services for
10 juveniles, multisystemic therapy, outreach, inte-
11 grated mental health and substance abuse
12 treatment, case management, health care, edu-
13 cation and job training, assistance in securing
14 stable housing, finding a job or obtaining in-
15 come support, other benefits, access to appro-
16 priate school-based services, transitional and
17 independent living services, mentoring pro-
18 grams, home-based services, and provision of
19 appropriate after-school and summer program-
20 ming;

21 “(B) to establish a network of boundary
22 spanners to conduct regular meetings with
23 judges, provide liaison with mental health and
24 substance abuse workers, share and distribute
25 information, and coordinate with mental health

1 and substance abuse treatment providers and
2 probation or parole officers concerning provision
3 of appropriate mental health and drug and alco-
4 hol addiction services for individuals on proba-
5 tion or parole;

6 “(C) to provide cross-system training
7 among police, corrections, and mental health
8 and substance abuse providers with the purpose
9 of enhancing collaboration and the effectiveness
10 of all systems;

11 “(D) to provide coordinated and effective
12 after-care programs for juveniles with emotional
13 or mental disorders who are discharged from
14 jail, prison, or juvenile facilities;

15 “(E) to purchase technical assistance to
16 achieve the grant project’s goals; and

17 “(F) to furnish services, to train personnel
18 in collaborative approaches, and to enhance
19 intersystem collaboration.

20 “(3) DEFINITION.—In paragraph (2)(B), the
21 term ‘boundary spanners’ means professionals who
22 act as case managers for juveniles with mental dis-
23 orders and substance abuse addictions, within both
24 justice agency facilities and community mental
25 health programs and who have full authority from

1 both systems to act as problem solvers and advo-
2 cates on behalf of individuals targeted for service
3 under this program.

4 “(d) AREA SERVED BY THE PROJECT.—An entity re-
5 ceiving a grant under this section shall conduct activities
6 under the grant to serve at least a single political jurisdic-
7 tion.

8 “(e) AUTHORIZATION OF APPROPRIATIONS.—For
9 each of fiscal years 2007 through 2012, there is author-
10 ized to be appropriated an amount equal to 10 percent
11 of the amount appropriated under section 1935(a) for the
12 respective fiscal year.”.

13 **SEC. 103. GRANTS TO STATES AND POLITICAL SUBDIVI-**
14 **SIONS FOR MENTAL HEALTH SERVICES IN**
15 **RESPONSE TO PUBLIC HEALTH EMER-**
16 **GENCIES.**

17 Subpart 3 of part B of title V of the Public Health
18 Service Act (42 U.S.C. 290bb–31 et seq.), as amended by
19 section 102, is amended by adding at the end the fol-
20 lowing:

1 **“SEC. 520L. GRANTS TO STATES AND POLITICAL SUBDIVI-**
2 **SIONS FOR MENTAL HEALTH SERVICES IN**
3 **RESPONSE TO PUBLIC HEALTH EMER-**
4 **GENCIES.**

5 “(a) IN GENERAL.—The Secretary, acting through
6 the Director of the Center for Mental Health Services,
7 may make grants to States and political subdivisions of
8 States for the purpose of providing the mental health serv-
9 ices described in subsection (b) in response to public
10 health emergencies, including diseases or disorders that
11 present such emergencies, natural disasters, major trans-
12 portation accidents, technological disasters, and disasters
13 resulting from terrorism.

14 “(b) SERVICES.—The mental health services referred
15 to in subsection (a) with respect to a public health emer-
16 gency are the following:

17 “(1) Crisis counseling in the aftermath of such
18 emergency.

19 “(2) In the case of children, adolescents, and
20 adults at risk of developing mental health disorders
21 as a result of such emergency—

22 “(A) outreach and screening programs to
23 identify such individuals; and

24 “(B) early intervention services, including
25 counseling.

1 “(3) Mental health services beyond such crisis
2 counseling (referred to in this section as ‘extended
3 therapeutic services’) that—

4 “(A) are provided to individuals with diag-
5 nosed mental health disorders resulting from or
6 exacerbated by the emergency, including dis-
7 aster survivors, family members of victims, first
8 responders, and others with such disorders; and

9 “(B) are provided by mental health profes-
10 sionals who are licensed or otherwise regulated
11 by a State agency.

12 “(4) Assessments of the need for extended
13 therapeutic services.

14 “(5) Case finding and other outreach services
15 to inform the public of the availability of crisis coun-
16 seling and extended therapeutic services.

17 “(c) RELATION TO OTHER SOURCES OF FUNDING.—

18 A condition for the receipt of a grant under subsection
19 (a) is that the applicant involved agree as follows:

20 “(1) With respect to activities for which the
21 grant is authorized to be expended, the applicant
22 will maintain expenditures of non-Federal amounts
23 for such activities at a level that is not less than the
24 level of such expenditures maintained by the appli-

1 cant for the fiscal year preceding the first fiscal year
2 for which the applicant receives such a grant.

3 “(2) The grant will not be expended to make
4 payment for the provision of extended therapeutic
5 services for an individual to the extent that payment
6 has been made, or can reasonably be expected to be
7 made, for the services—

8 “(A) under a State compensation program,
9 under an insurance policy, or under a Federal
10 or State health benefits program; or

11 “(B) by an entity that provides health
12 services on a prepaid basis.

13 “(3) The grant will not be expended to make
14 payment for the provision of mental health services
15 to the extent that such services are available pursu-
16 ant to responses to the public health emergency in-
17 volved by the Federal Emergency Management
18 Agency, or by other Federal or State agencies or
19 programs that provide for emergency medical serv-
20 ices.

21 “(d) STATEWIDE MENTAL HEALTH DISASTER
22 PLAN.—

23 “(1) IN GENERAL.—For fiscal year 2007 or any
24 subsequent fiscal year, a condition for the receipt of
25 a grant under subsection (a) by a State or a political

1 subdivision is that, in accordance with criteria estab-
2 lished by the Secretary, the State has developed a
3 statewide plan for the provision of mental health
4 services in response to public health emergencies.
5 The preceding sentence applies without regard to
6 whether the State receives a grant under section
7 520M.

8 “(2) CERTAIN CRITERIA OF SECRETARY.—The
9 criteria of the Secretary under paragraph (1) shall
10 include criteria for coordinating the program under
11 this section with programs of the Federal Emer-
12 gency Management Agency and with other Federal
13 or State programs regarding the provision of emer-
14 gency medical services, including mental health serv-
15 ices.

16 “(e) ADMINISTRATION OF GRANT THROUGH STATE
17 AND LOCAL MENTAL HEALTH AGENCIES.—A condition
18 for the receipt of a grant under subsection (a) is that the
19 applicant involved agree that the grant and activities
20 under the grant will be administered through the agency
21 of the State or political subdivision (as the case may be)
22 that has the principal responsibility for carrying out men-
23 tal health programs.

24 “(f) CERTAIN REQUIREMENTS.—With respect to an
25 application that, pursuant to section 501(l), is submitted

1 to the Secretary for a grant under subsection (a), the Sec-
2 retary may make the grant only if the application con-
3 tains—

4 “(1) a description of the purposes for which the
5 applicant intends to expend the grant;

6 “(2) an assurance that the activities to be car-
7 ried out under the grant are consistent with the
8 State plan referred to in subsection (d)(1), as appli-
9 cable, together with a description of the manner in
10 which the grant activities will be coordinated with
11 the State plan;

12 “(3) an assurance that the applicant will co-
13 ordinate activities under the grant with other public
14 or private providers of mental health services, to-
15 gether with a description of the manner in which the
16 grant activities will be so coordinated; and

17 “(4) in the case of an application from a polit-
18 ical subdivision, an assurance that the application
19 was developed in consultation with the State agency
20 referred to in subsection (e).

21 “(g) DURATION OF GRANT.—The period during
22 which payments are made to an applicant from a grant
23 under subsection (a) may not exceed three years. The pro-
24 vision of such payments are subject to annual approval
25 by the Secretary of the payments and to the availability

1 of appropriations for the fiscal year involved to make the
2 payments. This subsection may not be construed as estab-
3 lishing a limitation on the number of grants under such
4 subsection that may be made to an applicant.

5 “(h) TECHNICAL ASSISTANCE.—The Secretary may,
6 directly or through grants or contracts, provide technical
7 assistance to grantees under subsection (a) in carrying out
8 the purpose described in such subsection.

9 “(i) FUNDING.—

10 “(1) AUTHORIZATION OF APPROPRIATIONS.—
11 For the purpose of carrying out this section, there
12 are authorized to be appropriated such sums as may
13 be necessary for each of the fiscal years 2007
14 through 2012.

15 “(2) ALLOCATION.—Of the amounts appro-
16 priated under paragraph (1) for a fiscal year, the
17 Secretary may obligate not more than 5 percent for
18 the administrative expenses of the Secretary in car-
19 rying out this section.”.

20 **SEC. 104. GRANTS TO STATES FOR STATEWIDE MENTAL**
21 **HEALTH DISASTER PLANS.**

22 Subpart 3 of part B of title V of the Public Health
23 Service Act (42 U.S.C. 290bb–31 et seq.), as amended by
24 section 103, is amended by adding at the end the fol-
25 lowing:

1 **“SEC. 520M. GRANTS TO STATES FOR STATEWIDE MENTAL**
2 **HEALTH DISASTER PLANS.**

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Director of the Center for Mental Health Services,
5 may make grants to States for the purpose of—

6 “(1) developing, and periodically reviewing and
7 as appropriate revising, statewide plans for pro-
8 viding mental health services in response to public
9 health emergencies (including emergencies referred
10 to section 520K(a));

11 “(2) training personnel to implement such plan
12 effectively; and

13 “(3) carrying out other activities determined
14 appropriate by the Secretary to prepare for the pro-
15 vision of mental health services in response to such
16 emergencies.

17 “(b) CERTAIN REQUIREMENTS.—A condition for the
18 receipt of a grant under subsection (a) is that the State
19 involved agree that the statewide plan under such sub-
20 section will with respect to public health emergencies in-
21 clude provisions for each of the following:

22 “(1) Providing the mental health services de-
23 scribed in section 520K (relating to crisis coun-
24 seling, outreach and screening programs, early inter-
25 vention services, extended therapeutic services, needs
26 assessments, and case finding and other outreach

1 services), taking into account the need for increased
2 capacity to provide services pursuant to such emer-
3 gencies.

4 “(2) As necessary, carrying out paragraph (1)
5 with respect to special populations such as children,
6 the elderly, individuals with disabilities, and individ-
7 uals with pre-existing mental health disorders.

8 “(3) Coordinating the provision of mental
9 health services with appropriate public and private
10 providers of emergency medical services and with
11 Federal, State, and local programs that provide
12 funding for such services.

13 “(4) Coordinating with local educational agen-
14 cies.

15 “(5) Providing information and education to
16 the public during public health emergencies.

17 “(6) Providing, at times other than public
18 health emergencies, information and education to
19 the public regarding the statewide plan.

20 “(7) Designation of the State official who will
21 have the principal responsibility for administering
22 such plan, including the initial implementation of
23 the plan.

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

1 to be appropriated \$65,000,000 for each of the fiscal years
2 2007 through 2012.”.

3 **SEC. 105. NATIONAL MENTAL HEALTH CRISIS RESPONSE**
4 **TECHNICAL ASSISTANCE CENTER.**

5 Subpart 3 of part B of title V of the Public Health
6 Service Act (42 U.S.C. 290bb–31 et seq.), as amended by
7 section 104, is amended by adding at the end the fol-
8 lowing:

9 **“SEC. 520N. NATIONAL MENTAL HEALTH CRISIS RESPONSE**
10 **TECHNICAL ASSISTANCE CENTER.**

11 “(a) IN GENERAL.—The Secretary, acting through
12 the Director of the Center for Mental Health Services,
13 shall establish within such center an administrative unit
14 to be known as the National Mental Health Crisis Re-
15 sponse Technical Assistance Center (referred to in this
16 section as the ‘Technical Assistance Center’).

17 “(b) DUTIES.—The purpose of the Technical Assist-
18 ance Center is to carry out, in accordance with policies
19 of the Director of the Center for Mental Health Services,
20 the following functions:

21 “(1) Provide consultation and technical assist-
22 ance to the Director, and to State and local govern-
23 mental providers of mental health services, on devel-
24 oping and implementing plans for providing appro-
25 priate mental health services in response to public

1 health emergencies, including statewide plans under
2 section 520L.

3 “(2) Provide technical expertise on planning,
4 preparedness, and response evaluation activities.

5 “(3) Develop policy guidelines on mental health
6 concerns related to crisis incidents and develop rec-
7 ommendations for proposed regulations and or legis-
8 lative proposals.

9 “(4) Develop and conduct training events and
10 conferences on mental health needs of disaster vic-
11 tims and witnesses.

12 “(5) Serve as the principal clearinghouse oper-
13 ated by the Secretary for the collection and dissemi-
14 nation of information concerning the mental health
15 aspects of public health emergencies, including infor-
16 mation in published documents, information on tech-
17 nical assistance resources, and information on rel-
18 evant Internet sites.

19 “(6) Assist States in preparing for the behav-
20 ioral health consequences of terrorism.

21 “(7) Provide onsite technical expertise during
22 public health emergencies, when requested by a
23 State.

24 “(c) CERTAIN AUTHORITY.—The Technical Assist-
25 ance Center may carry out the functions under subsection

1 (b) directly or through grant or contract, subject to the
2 approval of the Director of the Center for Mental Health
3 Services.

4 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the
5 purpose of carrying out this section, there is authorized
6 to be appropriated \$6,000,000 for each of the fiscal years
7 2007 through 2012.”.

8 **SEC. 106. TRAINING GRANTS.**

9 Subpart 3 of part B of title V of the Public Health
10 Service Act (42 U.S.C. 290bb–31 et seq.), as amended by
11 section 105, is amended by adding at the end the fol-
12 lowing:

13 **“SEC. 5200. TRAINING GRANTS.**

14 “(a) IN GENERAL.—The Secretary, acting through
15 the Director of the Center for Mental Health Services,
16 shall award grants to eligible entities to enable such enti-
17 ties to provide for the training of mental health profes-
18 sionals with respect to the treatment of individuals who
19 are victims of disasters.

20 “(b) ELIGIBILITY.—To be eligible to receive a grant
21 under subsection (a) an entity shall—

22 “(1) be a—

23 “(A) regional center of excellence; or

24 “(B) a mental health professional society;

25 and

1 “(2) prepare and submit to the Secretary an
2 application at such time, in such manner, and con-
3 taining such information as the Secretary may re-
4 quire.

5 “(c) USE OF FUNDS.—An entity that receives a grant
6 under this section shall use amounts received under the
7 grant to provide for the training of mental health profes-
8 sionals to enable such professionals to appropriately diag-
9 nose individuals who are the victims of disasters with re-
10 spect to their mental health and to provide for the proper
11 treatment of the mental health needs of such individuals.

12 “(d) TRAINING MATERIALS AND PROCEDURES.—The
13 Director of the Center for Mental Health Services, in con-
14 sultation with the Director of the National Institute of
15 Mental Health, the National Center for Post-Traumatic
16 Stress Disorder, the International Society for Traumatic
17 Stress Studies, and the heads of other similar entities,
18 shall develop training materials and procedures to assist
19 grantees under this section.

20 “(e) DEFINITION.—In this section, the term ‘mental
21 health professional’ includes psychiatrists, psychologists,
22 psychiatric nurses, mental health counselors, marriage and
23 family therapists, social workers, pastoral counselors,
24 school psychologists, licensed professional counselors,
25 school guidance counselors, and any other individual prac-

1 tying in a mental health profession that is licensed or reg-
2 ulated by a State agency.

3 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section
5 such sums as may be necessary for each of fiscal years
6 2007 through 2012.

7 “(g) PROGRAM MANAGEMENT.—In carrying out this
8 section, the Secretary may use amounts appropriated
9 under subsection (f) for the administration of the program
10 under this section.”.

11 **SEC. 107. CHILDREN’S MENTAL HEALTH.**

12 Section 501(m) of the Public Health Service Act (42
13 U.S.C. 290aa(m)) is amended—

14 (1) in paragraph (1)—

15 (A) by striking “2.5 percent” and inserting
16 “5 percent”; and

17 (B) by striking “paragraph (2)” and in-
18 serting “paragraphs (2) and (3)”;

19 (2) by redesignating paragraphs (2) and (3) as
20 paragraphs (3) and (4), respectively; and

21 (3) by inserting after paragraph (1), the fol-
22 lowing:

23 “(2) CONDITION.—A condition of paragraph
24 (1) is that 2.5 percent of the funds subject to para-
25 graph (1) may only be available for the provision of

1 emergency mental health and substance abuse treat-
2 ment and prevention services to children who are di-
3 rectly affected by terrorist acts.”.

4 **SEC. 108. CRISIS RESPONSE GRANTS TO ADDRESS CHIL-**
5 **DREN’S NEEDS.**

6 Title III of the Public Health Service Act is amended
7 by inserting after section 319K (42 U.S.C. 247d–7d) the
8 following:

9 **“SEC. 319L. CRISIS RESPONSE GRANTS TO ADDRESS CHIL-**
10 **DREN’S NEEDS.**

11 “(a) IN GENERAL.—The Secretary may award grants
12 to eligible entities described in subsection (b) to enable
13 such entities to increase the coordination and development
14 of disaster preparedness efforts relating to the needs of
15 children.

16 “(b) ELIGIBILITY.—To be an eligible entity under
17 this subsection, an entity shall—

18 “(1) be a State, political subdivision of a State,
19 a consortium of 2 or more States or political subdivi-
20 sions of States, a public or private non-profit agency
21 or organization, or other organization that serves
22 children as determined appropriate by the Secretary;
23 and

24 “(2) prepare and submit to the Secretary an
25 application at such time, in such manner, and con-

1 taining such information as the Secretary may re-
2 quire.

3 “(c) USE OF FUNDS.—An entity shall use amounts
4 received under a grant under this section to carry out ac-
5 tivities for the coordination and development of disaster
6 preparedness efforts relating to the physical- and health-
7 related needs of children.

8 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated such sums as may be
10 necessary to carry out this section for fiscal year 2007.”.

11 **TITLE II—MEDICARE COVERAGE**
12 **OF MARRIAGE AND FAMILY**
13 **THERAPIST SERVICES**

14 **SEC. 201. COVERAGE OF MARRIAGE AND FAMILY THERA-**
15 **PIST SERVICES UNDER MEDICARE PART B.**

16 (a) COVERAGE OF SERVICES.—Section 1861(s)(2) of
17 the Social Security Act (42 U.S.C. 1395x(s)(2)) is amend-
18 ed—

19 (1) in subparagraph (Z), by striking “and” at
20 the end;

21 (2) in subparagraph (AA), by adding at the end
22 “and”; and

23 (3) by adding at the end the following new sub-
24 paragraph:

1 “(BB) marriage and family therapist serv-
2 ices (as defined in subsection (ccc)(1));”.

3 (b) DEFINITION.—Section 1861 of such Act (42
4 U.S.C. 1395x) is amended by adding at the end the fol-
5 lowing new subsection:

6 “(ccc) MARRIAGE AND FAMILY THERAPIST SERV-
7 ICES.—(1) The term ‘marriage and family therapist serv-
8 ices’ means services performed by a marriage and family
9 therapist (as defined in paragraph (2)) for the diagnosis
10 and treatment of mental illnesses, which the marriage and
11 family therapist is legally authorized to perform under
12 State law (or the State regulatory mechanism provided by
13 State law) of the State in which such services are per-
14 formed, as would otherwise be covered if furnished by a
15 physician or as an incident to a physician’s professional
16 service, but only if no facility or other provider charges
17 or is paid any amounts with respect to the furnishing of
18 such services.

19 “(2) The term ‘marriage and family therapist’ means
20 an individual who—

21 “(A) possesses a master’s or doctoral degree
22 which qualifies for licensure or certification as a
23 marriage and family therapist pursuant to State
24 law;

1 “(B) after obtaining such degree has performed
2 at least two years of clinical supervised experience in
3 marriage and family therapy; and

4 “(C) in the case of an individual performing
5 services in a State that provides for licensure or cer-
6 tification of marriage or family therapists, is li-
7 censed or certified as a marriage and family thera-
8 pist in such State.”.

9 (c) PROVISION FOR PAYMENT UNDER PART B.—Sec-
10 tion 1832(a)(2)(B) of such Act (42
11 U.S.C.1395k(a)(2)(B)) is amended by adding at the end
12 the following new clause:

13 “(i) marriage and family therapist serv-
14 ices;”.

15 (d) AMOUNT OF PAYMENT.—Section 1833(a)(1) of
16 such Act (42 U.S.C. 13951(a)(1)) is amended—

17 (1) by striking “and (V)” and inserting “(V)”;
18 and

19 (2) by inserting before the semicolon at the end
20 the following: “, and (W) with respect to marriage
21 and family therapist services under section
22 1861(s)(2)(BB), the amounts paid shall be 90 per-
23 cent of the lesser of the actual charge for the serv-
24 ices or 85 percent of the amount determined for
25 payment of a psychologist under clause (L)”.

1 (e) EXCLUSION OF MARRIAGE AND FAMILY THERA-
 2 PIST SERVICES FROM SKILLED NURSING FACILITY PRO-
 3 SPECTIVE PAYMENT SYSTEM.—Section 1888(e)(2)(A)(ii)
 4 of such Act (42 U.S.C. 1395yy(e)(2)(A)(ii)) is amended
 5 by inserting “marriage and family therapist services,”
 6 after “qualified psychologist services,”.

7 (f) INCLUSION OF MARRIAGE AND FAMILY THERA-
 8 PISTS AS PRACTITIONERS FOR ASSIGNMENT OF
 9 CLAIMS.—Section 1842(b)(18)(C) of such Act (42 U.S.C.
 10 1395u(b)(18(C)) is amended by adding at the end the fol-
 11 lowing new clause:

12 “(vii) A marriage and family therapist
 13 (as defined in section 1861(ccc)(2)).”.

14 **SEC. 202. COVERAGE OF MARRIAGE AND FAMILY THERA-
 15 PIST SERVICES PROVIDED IN CERTAIN SET-
 16 TINGS.**

17 (a) RURAL HEALTH CLINICS.—Section
 18 1861(aa)(1)(B) of the Social Security Act (42 U.S.C.
 19 1395x(aa)(1)(B)) is amended by inserting “, by a mar-
 20 riage and family therapist (as defined in subsection
 21 (ccc)(2)),” after “by a clinical psychologist (as defined by
 22 the Secretary)”.

23 (b) HOSPICE PROGRAMS.—Section
 24 1861(dd)(2)(B)(i)(III) of such Act (42 U.S.C.
 25 1395x(dd)(2)(B)(i)(III)) is amended by inserting “or mar-

1 riage and family therapist (as defined in subsection
2 (ccc)(2))” after “social worker”.

3 **SEC. 203. AUTHORIZATION OF MARRIAGE AND FAMILY**
4 **THERAPISTS TO DEVELOP DISCHARGE PLANS**
5 **FOR POST-HOSPITAL SERVICES.**

6 Section 1861(ee)(2)(G) of the Social Security Act (42
7 U.S.C. 1395x(ee)(2)(G)) is amended by inserting “mar-
8 riage and family therapist (as defined in subsection
9 (ccc)(2)),” after “social worker,”.

10 **SEC. 204. EFFECTIVE DATE.**

11 The amendments made by this title apply with re-
12 spect to services furnished on or after November 1, 2007.

13 **TITLE III—JUDICIAL SYSTEM**
14 **INITIATIVES TO IMPROVE**
15 **MENTAL HEALTH AND SUB-**
16 **STANCE ABUSE SERVICES**

17 **SEC. 301. TRAINING OF JUSTICE SYSTEM PERSONNEL.**

18 (a) IN GENERAL.—Title II of the Juvenile Justice
19 and Delinquency Prevention Act of 1974 (42 U.S.C. 5611
20 et seq.) is amended by adding at the end the following:

1 **“PART G—ACCESS TO MENTAL HEALTH AND**
2 **SUBSTANCE ABUSE TREATMENT**
3 **“SEC. 300A. GRANTS FOR TRAINING OF JUSTICE SYSTEM**
4 **PERSONNEL.**

5 “(a) IN GENERAL.—The Administrator shall make
6 grants to State and local juvenile justice agencies in col-
7 laboration with State and local mental health agencies, for
8 purposes of training the officers and employees of the
9 State juvenile justice system (including employees of facili-
10 ties that are contracted for operation by State and local
11 juvenile authorities) regarding appropriate access to men-
12 tal health and substance abuse treatment programs and
13 services in the State for juveniles who come into contact
14 with the State juvenile justice system who have mental
15 health or substance abuse problems.

16 “(b) USE OF FUNDS.—A State or local juvenile jus-
17 tice agency that receives a grant under this section may
18 use the grant for purposes of—

19 “(1) providing cross-training, jointly with the
20 public mental health system, for State juvenile court
21 judges, public defenders, and mental health and sub-
22 stance abuse agency representatives with respect to
23 the appropriate use of effective, community-based al-
24 ternatives to juvenile justice or mental health system
25 institutional placements; or

1 “(2) providing training for State juvenile proba-
2 tion officers and community mental health and sub-
3 stance abuse program representatives on appropriate
4 linkages between probation programs and mental
5 health community programs, specifically focusing on
6 the identification of mental disorders and substance
7 abuse addiction in juveniles on probation, effective
8 treatment interventions for those disorders, and
9 making appropriate contact with mental health and
10 substance abuse case managers and programs in the
11 community, in order to ensure that juveniles on pro-
12 bation receive appropriate access to mental health
13 and substance abuse treatment programs and serv-
14 ices.

15 “(c) PRIORITY.—

16 “(1) IN GENERAL.—In awarding grants under
17 subsection (a), with respect to a year, the Adminis-
18 trator shall give priority to the following agencies de-
19 scribed in such subsection:

20 “(A) Such an agency that is located in a
21 rural or urban area identified by the Attorney
22 General as having a high incidence of substance
23 abuse among juveniles during the previous year.

24 “(B) A State juvenile justice agency, at
25 least 50 percent of the population of which con-

1 sisted during the previous year of underrep-
2 resented minority individuals.

3 “(C) A State juvenile justice agency identi-
4 fied by the Attorney General as having a high
5 level of recidivism during the previous year.

6 “(2) UNDERREPRESENTED MINORITY INDI-
7 VIDUAL DEFINED.—For purposes of paragraph
8 (1)(B), the term ‘underrepresented minority indi-
9 vidual’ means an individual who is a member of a
10 racial or ethnic minority group, as defined by the
11 United States census.”.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
13 299 of such title (42 U.S.C. 5671) is amended—

14 (1) in subsection (a)—

15 (A) in the heading by striking “PARTS C
16 AND E” and inserting “PARTS C, E, AND G”;
17 and

18 (B) in paragraph (2), by striking “parts C
19 and E” and inserting “parts C, E, and G”; and

20 (2) by adding at the end the following new sub-
21 section:

22 “(e) AUTHORIZATION OF APPROPRIATIONS FOR PART
23 G.—

24 “(1) There are authorized to be appropriated
25 \$90,000,000 from the Violent Crime Reduction

1 Trust Fund for fiscal years 2007, 2008, 2009, 2010,
2 and 2011 to carry out section 300A.”.

3 **SEC. 302. BLOCK GRANT FUNDING FOR TREATMENT AND**
4 **DIVERSION PROGRAMS.**

5 (a) IN GENERAL.—Part G of title II of the Juvenile
6 Justice and Delinquency Prevention Act of 1974 (42
7 U.S.C. 5611 et seq.), as added by section 301(a), is
8 amended by adding at the end the following:

9 **“SEC. 300B. GRANTS FOR STATE PARTNERSHIPS.**

10 “(a) IN GENERAL.—The Attorney General, in con-
11 sultation with the Secretary of Health and Human Serv-
12 ices, shall make grants to partnerships between State and
13 local juvenile justice agencies and State and local mental
14 health authorities (or appropriate children service agencies
15 identified by the Attorney General) in accordance with this
16 section.

17 “(b) USE OF FUNDS.—A partnership described in
18 subsection (a) that receives a grant under this section
19 shall use such grant for the establishment and implemen-
20 tation of an eligible program under subsection (c) for juve-
21 niles who are confined (or have been confined) to juvenile
22 correctional facilities, including facilities contracted for
23 operation by State or local juvenile authorities, and who
24 have mental health or substance abuse problems.

1 “(c) ELIGIBLE PROGRAMS.—For purposes of sub-
2 section (b), an eligible program under this subsection is
3 either of the following:

4 “(1) DIVERSION.—A program that provides ap-
5 propriate diversion of juveniles described in sub-
6 section (b) from incarceration—

7 “(A) at the time such juveniles are in im-
8 minent risk of being taken into custody;

9 “(B) at the time such juveniles are initially
10 taken into custody;

11 “(C) after such juveniles are charged with
12 an offense or act of juvenile delinquency;

13 “(D) after such juveniles are adjudicated
14 delinquent but prior to case disposition; and

15 “(E) after such juveniles are released from
16 a juvenile facility, for the purposes of attending
17 aftercare programs.

18 “(2) MENTAL HEALTH AND SUBSTANCE ABUSE
19 TREATMENT.—A program that complies with at
20 least one of the following requirements:

21 “(A) SCREENING, ASSESSMENT, AND
22 PLANNING.—The program has a screening, as-
23 sessment, and planning component that com-
24 plies with the following:

1 “(i) INITIAL ASSESSMENT.—Initial
2 mental health screening shall be completed
3 for each juvenile offender immediately
4 upon entering a juvenile correctional facil-
5 ity participating in the program. Such
6 screening shall be conducted by qualified
7 health and mental health professionals or
8 by staff of the facility who have been
9 trained by appropriately qualified health
10 professionals, mental health professionals,
11 and substance abuse professionals. In the
12 case of a screening by staff of the facility,
13 the screening results shall be reviewed by
14 appropriately qualified health profes-
15 sionals, mental health professionals, and
16 substance abuse professionals not later
17 than 24 hours after the screening.

18 “(ii) COMPREHENSIVE ASSESSMENT
19 AND TREATMENT PLAN.—Each juvenile of-
20 fender entering a juvenile correctional fa-
21 cility participating in the program shall
22 have a comprehensive assessment con-
23 ducted and an individualized treatment
24 plan written and implemented not later
25 than two weeks after the date of such en-

1 trance. In the case of juvenile offenders in-
2 carcerated in secure facilities, such assess-
3 ment shall be conducted not later than one
4 week after the date of entrance into such
5 facility. Such assessments shall be com-
6 pleted by appropriately qualified health
7 professionals, mental health professionals,
8 and substance abuse professionals.

9 “(iii) ACUTE MENTAL ILLNESS.—A
10 juvenile offender who at any time during
11 the confinement of the juvenile offender in
12 a juvenile correctional facility participating
13 in the program suffers from an acute men-
14 tal disorder, who is suicidal, or who is in
15 need of detoxification shall be placed in or
16 immediately transferred to an appropriate
17 medical or mental health facility. In the
18 case that a juvenile offender is placed in or
19 immediately transferred to a medical or
20 mental health facility pursuant to this
21 clause, such juvenile offender shall be re-
22 leased from such medical or mental health
23 facility and admitted to a secure correc-
24 tional facility only with written medical

1 clearance from the medical or mental
2 health facility.

3 “(iv) DISCHARGE PLAN.—Each juve-
4 nile offender confined to a juvenile correc-
5 tional facility participating in the program
6 shall have a discharge plan prepared on
7 the date on which the juvenile enters the
8 facility in order to integrate the juvenile
9 back into the family or the community of
10 such juvenile offender. Such plan shall be
11 updated in consultation with the family or
12 guardian of such juvenile offender before
13 the juvenile offender is released from the
14 facility. A discharge plan shall provide for
15 aftercare services for the juvenile offender.

16 “(B) TREATMENT.—The program has a
17 treatment component that complies with the fol-
18 lowing:

19 “(i) IN GENERAL.—If the need for
20 treatment for a mental disorder, emotional
21 disorder, or substance abuse is indicated
22 by the assessment of a juvenile offender,
23 the juvenile offender shall be referred to or
24 treated by an appropriately qualified
25 health professional. A juvenile offender

1 who, immediately prior to the date of en-
2 tering a juvenile correctional facility par-
3 ticipating in the program, was receiving
4 treatment for a mental disorder, emotional
5 disorder, or substance abuse shall have
6 treatment continued at such facility.

7 “(ii) PERIOD.—A juvenile offender de-
8 scribed in clause (i) who receives treatment
9 at the juvenile correctional facility involved
10 shall continue to receive treatment at the
11 facility until the date on which it is deter-
12 mined through mental health assessments
13 that the juvenile offender is no longer in
14 need of such treatment. Treatment plans
15 shall be reevaluated at least once every 30
16 days.

17 “(iii) MEDICATION.—Any juvenile of-
18 fender receiving psychotropic medications
19 while in a juvenile correctional facility shall
20 be under the care of a licensed psychia-
21 trist. Psychotropic medications shall be
22 monitored regularly by trained staff for
23 their efficacy and side effects.

24 “(iv) SPECIALIZED TREATMENT.—
25 During the period in which a juvenile of-

1 fender is confined to a juvenile correctional
2 facility, specialized treatment and services
3 for a mental disorder, emotional disorder,
4 or substance abuse shall be continually
5 available to the juvenile offender if the ju-
6 venile offender—

7 “(I) has a history of mental
8 health problems or treatment;

9 “(II) has a documented history
10 of sexual abuse or offenses, as victim
11 or as perpetrator;

12 “(III) has substance abuse prob-
13 lems, health problems, learning dis-
14 abilities, or histories of family abuse
15 or violence; or

16 “(IV) has developmental disabil-
17 ities.

18 “(C) MEDICAL AND MENTAL HEALTH
19 EMERGENCIES.—With respect to each juvenile
20 correctional facility participating in the pro-
21 gram—

22 “(i) the correctional facility has writ-
23 ten policies and procedures on suicide pre-
24 vention;

1 “(ii) all staff of the correctional facil-
2 ity who are involved in the treatment of ju-
3 venile offenders are trained and certified
4 annually in suicide prevention;

5 “(iii) the correctional facility has a
6 written arrangement with a hospital or
7 other facility for providing emergency med-
8 ical and mental health care to juveniles
9 confined to the correctional facility; and

10 “(iv) physical and mental health serv-
11 ices are available at the correctional facility
12 24 hours per day, 7 days per week to juve-
13 nile offenders who are confined to such fa-
14 cility.

15 “(D) CLASSIFICATION OF JUVENILES.—
16 Each juvenile correctional facility participating
17 in the program shall have a policy under
18 which—

19 “(i) the correctional facility classifies
20 and houses juvenile offenders in living
21 units according to a plan that takes into
22 consideration the age, gender, any special
23 medical or mental health condition, size,
24 and vulnerability to victimization of, and

1 type of offense committed by each juvenile
2 offender;

3 “(ii) younger, smaller, weaker, and
4 more vulnerable juvenile offenders (as de-
5 termined by mental health professionals)
6 are not placed in housing units with older,
7 more aggressive juvenile offenders; and

8 “(iii) juvenile offenders who are under
9 13 years of age or who have serious med-
10 ical conditions or mental illnesses are not
11 placed in paramilitary boot camps.

12 “(E) CONFIDENTIALITY OF RECORDS.—
13 Each juvenile correctional facility participating
14 in the program shall treat mental health and
15 substance abuse treatment records of juvenile
16 offenders as confidential and take measures, in
17 consultation with the State involved, to ensure
18 that such records, to the greatest extent pos-
19 sible, are not required to be included with any
20 records that such State would otherwise require
21 to be routinely released to other correctional au-
22 thorities and school officials.

23 “(F) MANDATORY REPORTING.—Each
24 State juvenile correctional facility participating
25 in the program shall—

1 “(i) keep information on the incidence
2 and types of mental health and substance
3 abuse disorders demonstrated by juvenile
4 offenders in the correctional facilities, the
5 range and scope of mental health and sub-
6 stance abuse services provided by the cor-
7 rectional facilities to such juvenile offend-
8 ers, and barriers to the provision of such
9 services; and

10 “(ii) submit an analysis of this infor-
11 mation annually to the Attorney General in
12 such form, manner, and time as specified
13 by the Attorney General.

14 “(G) STAFF RATIOS FOR CORRECTIONAL
15 FACILITIES.—Each secure correctional facility
16 participating in the program shall—

17 “(i) have a ratio of at least one men-
18 tal health counselor (who is professionally
19 trained and certified or licensed by the
20 State involved) for every 50 juvenile of-
21 fenders;

22 “(ii) have a ratio of at least one clin-
23 ical psychologist for every 100 juvenile of-
24 fenders; and

1 “(iii) have a ratio of at least one psy-
2 chiatrist (who is licensed by the State in-
3 volved) for every 100 juveniles offenders
4 receiving or in need of psychiatric care.

5 “(H) USE OF FORCE.—

6 “(i) WRITTEN GUIDELINES.—In ac-
7 cordance with this subparagraph, each ju-
8 venile correctional facility participating in
9 the program shall have a written behav-
10 ioral management system based on incen-
11 tives and rewards to reduce misconduct by
12 the juvenile offenders and the use of re-
13 straints and seclusion by staff.

14 “(ii) LIMITATIONS ON RESTRAINT.—
15 Under the behavioral management system
16 under clause (i), control techniques such as
17 restraint, seclusion, chemical sprays, and
18 room confinement shall be used only in re-
19 sponse to extreme threats to life or safety.
20 Use of such techniques shall be approved
21 by the facility superintendent or chief med-
22 ical officer and documented in the file of
23 the juvenile offender involved along with a
24 justification for such use and for the fail-
25 ure to use less restrictive alternatives.

1 “(iii) LIMITATION ON ISOLATION.—
2 Under the behavioral management system
3 under clause (i), isolation and seclusion of
4 the juvenile offender involved shall be used
5 only for immediate and short-term security
6 or safety reasons and in accordance with
7 this clause. No juvenile offender shall be
8 placed in isolation without approval of the
9 facility superintendent or chief medical of-
10 ficer or their official staff designee. In the
11 case of a juvenile offender placed in isola-
12 tion or seclusion, such case shall be docu-
13 mented in the file of the juvenile offender
14 along with a justification for such place-
15 ment. A juvenile offender may be in isola-
16 tion only for the amount of time necessary
17 to achieve security and safety of the juve-
18 nile offender and staff of the juvenile cor-
19 rectional facility involved. Such staff shall
20 monitor each juvenile in isolation at least
21 once every 15 minutes and conduct a pro-
22 fessional review of the need for isolation at
23 least once every 4 hours. Any juvenile held
24 in seclusion for at least 24 hours shall be

1 examined by a physician or licensed psy-
2 chologist.

3 “(I) TREATMENT OF IDEA AND REHABILI-
4 TATION ACT.—Each juvenile correctional facil-
5 ity participating in the program shall abide by
6 all mandatory requirements and time lines set
7 forth under the Individuals with Disabilities
8 Education Act and section 504 of the Rehabili-
9 tation Act of 1973.

10 “(d) ADVOCACY ASSISTANCE.—The Secretary of
11 Health and Human Services shall make grants to the sys-
12 tems established under part C of the Developmental Dis-
13 abilities Assistance and Bill of Rights Act (42 U.S.C.
14 6041 et seq.) to monitor the mental health and special
15 education services described in subparagraphs (A), (B),
16 (C), (H), and (I) of subsection (b)(2) that are provided
17 by partnerships that receive a grant under subsection (a)
18 to juvenile offenders, and to advocate on behalf of such
19 juvenile offenders to assure that such services are properly
20 provided.

21 “(e) PREFERENCE.—In awarding grants under this
22 section, the Attorney General, in consultation with the
23 Secretary of Health and Human Services, shall give pref-
24 erence to partnerships described in subsection (a) that
25 propose to use the grant funds for programs that meet

1 more than one of the requirements under subsection
2 (c)(2).

3 **“SEC. 300C. ADMINISTRATIVE PROVISIONS.**

4 “(a) APPLICATION.—To be eligible to receive a grant
5 under section 300A or 300B, an entity described in section
6 300A(a) or 300B(a), respectively, shall submit an applica-
7 tion at such time, in such manner, and containing such
8 information as the Attorney General, in consultation with
9 the Secretary of Health and Human Services, may pre-
10 scribe.

11 “(b) CONTENTS OF APPLICATION.—In accordance
12 with guidelines established by the Attorney General, in
13 consultation with the Secretary of Health and Human
14 Services, each application submitted under subsection (a)
15 shall, with respect to a program or activity for which fund-
16 ing through the grant involved is sought—

17 “(1) provide that such program or activity shall
18 be administered by or under the supervision of the
19 applicant;

20 “(2) provide for the proper and efficient admin-
21 istration of such program or activity;

22 “(3) provide for regular evaluation of such pro-
23 gram or activity;

24 “(4) provide an assurance that the proposed
25 program or activity will supplement, not supplant,

1 similar programs and activities already available in
2 the community involved; and

3 “(5) provide for such fiscal control and fund ac-
4 counting procedures as may be necessary to ensure
5 prudent use, proper disbursement, and accurate ac-
6 counting of funds received under this part for such
7 program or activity.

8 “(c) DURATION OF GRANTS.—Subject to subsection
9 (d), the period during which payments are made to an ap-
10 plicant from a grant under section 300A or 300B may
11 not exceed two years. The provision of such payments are
12 subject to the availability of appropriations for the fiscal
13 year involved to make the payments.

14 “(d) RENEWAL.—An entity that receives a grant
15 under section 300A or 300B may extend the duration of
16 the grant in accordance with a method, form, and time
17 and qualifications specified by the Attorney General.”.

18 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
19 299(e) of such title (42 U.S.C. 5671), as added by section
20 301(b), is further amended by adding at the end the fol-
21 lowing new paragraph:

22 “(2)(A) There are authorized to be appro-
23 priated \$700,000,000 from the Violent Crime Re-
24 duction Trust Fund for fiscal years 2007, 2008,
25 2009, 2010, and 2011 to carry out section 300B.

1 “(B) Of such sums that are appropriated for a
2 fiscal year to carry out section 300B—

3 “(i) 45 percent shall be used for diversion
4 programs under subsection (b)(1) of such sec-
5 tion; and

6 “(ii) 55 percent shall be used for treatment
7 programs under subsection (b)(2) of such sec-
8 tion, of which not less than 3 percent shall be
9 used for the purposes set forth in subsection (c)
10 of such section.”.

11 **SEC. 303. FEDERAL COORDINATING COUNCIL ON THE**
12 **CRIMINALIZATION OF JUVENILES WITH MEN-**
13 **TAL DISORDERS.**

14 (a) **ESTABLISHMENT.**—There is established an inter-
15 departmental council to be known as the Federal Coordi-
16 nating Council on Criminalization of Juveniles (in this sec-
17 tion referred to as the “Council”) to study and coordinate
18 the criminal and juvenile justice and mental health and
19 substance abuse activities of the Federal Government and
20 report to Congress on proposed new legislation to improve
21 the treatment of mentally ill juveniles who are confined
22 in (or have been confined in) a juvenile correctional facil-
23 ity.

24 (b) **MEMBERSHIP.**—The Council shall be composed of
25 13 members, including representatives from—

1 (1) the appropriate Federal agencies, as deter-
2 mined by the President, including, at a minimum—

3 (A) the Department of Health and Human
4 Services;

5 (B) the Office for Juvenile Justice and De-
6 linquency Prevention;

7 (C) the National Institute of Mental
8 Health;

9 (D) the Social Security Administration;

10 (E) the Department of Education; and

11 (F) the Substance Abuse and Mental
12 Health Services Administration; and

13 (2) children’s mental health advocacy groups ,
14 as identified by the Secretary of Health and Human
15 Services.

16 (c) CHAIRPERSON.—The council shall elect a chair-
17 person of the council.

18 (d) DUTIES.—The Council shall—

19 (1) review Federal policies that hinder or facili-
20 tate coordination at the State and local level between
21 the mental health and substance abuse systems and
22 the juvenile justice and corrections system;

23 (2) study the possibilities for improving collabo-
24 ration at the Federal, State, and local level among
25 such systems; and

1 (3) make recommendations to Congress on any
2 appropriate initiatives to improve such coordination
3 and collaboration, which would require legislative ac-
4 tion.

5 (e) REPORTS.—The Council shall submit to Congress
6 the following:

7 (1) INTERIM REPORT.—Not later than the date
8 that is 18 months after the Council is established,
9 an interim report on the extent of coordination and
10 collaboration in existence as of such date at the Fed-
11 eral, State, and local levels among the systems de-
12 scribed in subsection (c)(1).

13 (2) FINAL REPORT.—Not later than the date
14 that is two years after the Council is established, a
15 final report that includes recommendations for ini-
16 tiatives to improve such coordination and collabora-
17 tion.

18 (f) TERMINATION.—The Council shall terminate two
19 years after the date on which the Council is established.

20 **SEC. 304. MENTAL HEALTH SCREENING AND TREATMENT**
21 **FOR PRISONERS.**

22 (a) IN GENERAL.—Section 20105(b) of the Violent
23 Crime Control and Law Enforcement Act of 1994 is
24 amended—

1 (1) by redesignating paragraphs (1), (2), and
2 (3) as subparagraphs (A), (B), and (C), respectively;

3 (2) by inserting “(1) IN GENERAL” before
4 “Funds provided under section 20103”; and

5 (3) by adding at the end the following new
6 paragraph:

7 “(2) ADDITIONAL ELIGIBILITY REQUIREMENT AND
8 USES.—

9 “(A) ELIGIBILITY FOR GRANT.—To be eligible
10 to receive a grant under section 20103 or 20104, a
11 State shall, not later than January 1, 2008, dem-
12 onstrate to the satisfaction of the Attorney General
13 that the State has (or intends and has taken steps
14 to implement) a program of mental health screening
15 and treatment for appropriate categories of juvenile
16 offenders and other offenders during periods of in-
17 carceration and juvenile and criminal justice super-
18 vision, that is consistent with guidelines issued by
19 the Attorney General.

20 “(B) ADDITIONAL USES OF FUNDS.—Notwith-
21 standing any other provision of this subtitle,
22 amounts made available to a State under section
23 20103 or 20104, may be—

1 “(i) applied to the costs of programs de-
2 scribed in subparagraph (A), consistent with
3 guidelines issued by the Attorney General; or

4 “(ii) used by the State to pay the costs of
5 providing to the Attorney General a baseline
6 study (consistent with guidelines issued by the
7 Attorney General) on the mental health prob-
8 lems of juvenile offenders and prisoners in the
9 State.”.

10 (b) CONFORMING AMENDMENTS.—

11 (1) Section 20103(a) of such Act is amended by
12 striking “To be eligible” and inserting “Subject to
13 section 20105(b)(2)(A), to be eligible”.

14 (2) Section 20104(a) of such Act is amended by
15 striking “To be eligible” and inserting “Subject to
16 section 20105(b)(2)(A), to be eligible”.

○