

106TH CONGRESS
1ST SESSION

S. 976

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 4, 1999

Referred to the Committee on Commerce

AN ACT

To amend title V of the Public Health Service Act to focus the authority of the Substance Abuse and Mental Health Services Administration on community-based services for children and adolescents, to enhance flexibility and accountability, to establish programs for youth treatment, and to respond to crises, especially those related to children and violence.

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 “Youth Drug and Mental Health Services Act”.

- 1 (b) TABLE OF CONTENTS.—The table of contents for
 2 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—PROVISIONS RELATING TO SERVICES FOR CHILDREN AND ADOLESCENTS

- Sec. 101. Children and violence.
 Sec. 102. Emergency response.
 Sec. 103. High risk youth reauthorization.
 Sec. 104. Substance abuse treatment services for children and adolescents.
 Sec. 105. Comprehensive community services for children with serious emotional disturbance.
 Sec. 106. Services for children of substance abusers.
 Sec. 107. Services for youth offenders.
 Sec. 108. Grants for strengthening families through community partnerships.
 Sec. 109. General provisions.

TITLE II—PROVISIONS RELATING TO MENTAL HEALTH

- Sec. 201. Priority mental health needs of regional and national significance.
 Sec. 202. Grants for the benefit of homeless individuals.
 Sec. 203. Projects for assistance in transition from homelessness.
 Sec. 204. Community mental health services performance partnership block grant.
 Sec. 205. Determination of allotment.
 Sec. 206. Protection and Advocacy for Mentally Ill Individuals Act of 1986.
 Sec. 207. Requirement relating to the rights of residents of certain facilities.

TITLE III—PROVISIONS RELATING TO SUBSTANCE ABUSE

- Sec. 301. Priority substance abuse treatment needs of regional and national significance.
 Sec. 302. Priority substance abuse prevention needs of regional and national significance.
 Sec. 303. Substance abuse prevention and treatment performance partnership block grant.
 Sec. 304. Determination of allotments.
 Sec. 305. Nondiscrimination and institutional safeguards for religious providers.
 Sec. 306. Alcohol and drug prevention or treatment services for Indians and Native Alaskans.

TITLE IV—PROVISIONS RELATING TO FLEXIBILITY AND ACCOUNTABILITY

- Sec. 401. General authorities and peer review.
 Sec. 402. Advisory councils.
 Sec. 403. General provisions for the performance partnership block grants.
 Sec. 404. Data infrastructure projects.
 Sec. 405. Repeal of obsolete addict referral provisions.
 Sec. 406. Individuals with co-occurring disorders.
 Sec. 407. Services for individuals with co-occurring disorders.

1 **TITLE I—PROVISIONS RELATING**
2 **TO SERVICES FOR CHILDREN**
3 **AND ADOLESCENTS**

4 **SEC. 101. CHILDREN AND VIOLENCE.**

5 Title V of the Public Health Service Act (42 U.S.C.
6 290aa et seq.) is amended by adding at the end the fol-
7 lowing:

8 “PART G—PROJECTS FOR CHILDREN AND VIOLENCE

9 **“SEC. 581. CHILDREN AND VIOLENCE.**

10 “(a) IN GENERAL.—The Secretary, in consultation
11 with the Secretary of Education and the Attorney General,
12 shall carry out directly or through grants, contracts or co-
13 operative agreements with public entities a program to as-
14 sist local communities in developing ways to assist children
15 in dealing with violence.

16 “(b) ACTIVITIES.—Under the program under sub-
17 section (a), the Secretary may—

18 “(1) provide financial support to enable local
19 communities to implement programs to foster the
20 health and development of children;

21 “(2) provide technical assistance to local com-
22 munities with respect to the development of pro-
23 grams described in paragraph (1);

1 “(3) provide assistance to local communities in
2 the development of policies to address violence when
3 and if it occurs; and

4 “(4) assist in the creation of community part-
5 nerships among law enforcement, education systems
6 and mental health and substance abuse service sys-
7 tems.

8 “(c) REQUIREMENTS.—An application for a grant,
9 contract or cooperative agreement under subsection (a)
10 shall demonstrate that—

11 “(1) the applicant will use amounts received to
12 create a partnership described in subsection (b)(4)
13 to address issues of violence in schools;

14 “(2) the activities carried out by the applicant
15 will provide a comprehensive method for addressing
16 violence, that will include—

17 “(A) security;

18 “(B) educational reform;

19 “(C) the review and updating of school
20 policies;

21 “(D) alcohol and drug abuse prevention
22 and early intervention services;

23 “(E) mental health prevention and treat-
24 ment services; and

1 “(F) early childhood development and psy-
2 chosocial services; and

3 “(3) the applicant will use amounts received
4 only for the services described in subparagraphs (D),
5 (E), and (F) of paragraph (2).

6 “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
7 shall ensure that grants, contracts or cooperative agree-
8 ments under subsection (a) will be distributed equitably
9 among the regions of the country and among urban and
10 rural areas.

11 “(e) DURATION OF AWARDS.—With respect to a
12 grant, contract or cooperative agreement under subsection
13 (a), the period during which payments under such an
14 award will be made to the recipient may not exceed 5
15 years.

16 “(f) EVALUATION.—The Secretary shall conduct an
17 evaluation of each project carried out under this section
18 and shall disseminate the results of such evaluations to
19 appropriate public and private entities.

20 “(g) INFORMATION AND EDUCATION.—The Sec-
21 retary shall establish comprehensive information and edu-
22 cation programs to disseminate the findings of the knowl-
23 edge development and application under this section to the
24 general public and to health care professionals.

1 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section,
3 \$100,000,000 for fiscal year 2000, and such sums as may
4 be necessary for each of fiscal years 2001 and 2002.

5 **“SEC. 582. GRANTS TO ADDRESS THE PROBLEMS OF PER-**
6 **SONS WHO EXPERIENCE VIOLENCE RELATED**
7 **STRESS.**

8 “(a) IN GENERAL.—The Secretary shall award
9 grants, contracts or cooperative agreements to public and
10 nonprofit private entities, as well as to Indian tribes and
11 tribal organizations, for the purpose of establishing a na-
12 tional and regional centers of excellence on psychological
13 trauma response and for developing knowledge with re-
14 gard to evidence-based practices for treating psychiatric
15 disorders resulting from witnessing or experiencing such
16 stress.

17 “(b) PRIORITIES.—In awarding grants, contracts or
18 cooperative agreements under subsection (a) related to the
19 development of knowledge on evidence-based practices for
20 treating disorders associated with psychological trauma,
21 the Secretary shall give priority to programs that work
22 with children, adolescents, adults, and families who are
23 survivors and witnesses of domestic, school and commu-
24 nity violence and terrorism.

1 “(c) GEOGRAPHICAL DISTRIBUTION.—The Secretary
2 shall ensure that grants, contracts or cooperative agree-
3 ments under subsection (a) with respect to centers of ex-
4 cellence are distributed equitably among the regions of the
5 country and among urban and rural areas.

6 “(d) EVALUATION.—The Secretary, as part of the
7 application process, shall require that each applicant for
8 a grant, contract or cooperative agreement under sub-
9 section (a) submit a plan for the rigorous evaluation of
10 the activities funded under the grant, contract or agree-
11 ment, including both process and outcomes evaluation,
12 and the submission of an evaluation at the end of the
13 project period.

14 “(e) DURATION OF AWARDS.—With respect to a
15 grant, contract or cooperative agreement under subsection
16 (a), the period during which payments under such an
17 award will be made to the recipient may not exceed 5
18 years. Such grants, contracts or agreements may be re-
19 newed.

20 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
21 is authorized to be appropriated to carry out this section,
22 \$50,000,000 for fiscal year 2000, and such sums as may
23 be necessary for each of fiscal years 2001 and 2002.”.

1 **SEC. 102. EMERGENCY RESPONSE.**

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

4 (1) by redesignating subsection (m) as sub-
5 section (o);

6 (2) by inserting after subsection (l) the fol-
7 lowing:

8 “(m) EMERGENCY RESPONSE.—

9 “(1) IN GENERAL.—Notwithstanding section
10 504 and except as provided in paragraph (2), the
11 Secretary may use not to exceed 3 percent of all
12 amounts appropriated under this title for a fiscal
13 year to make noncompetitive grants, contracts or co-
14 operative agreements to public entities to enable
15 such entities to address emergency substance abuse
16 or mental health needs in local communities.

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

19 “(3) EMERGENCIES.—The Secretary shall es-
20 tablish criteria for determining that a substance
21 abuse or mental health emergency exists and publish
22 such criteria in the Federal Register prior to pro-
23 viding funds under this subsection.

24 “(n) LIMITATION ON THE USE OF CERTAIN INFOR-
25 MATION.—No information, if an establishment or person
26 supplying the information or described in it is identifiable,

1 obtained in the course of activities undertaken or sup-
2 ported under this title may be used for any purpose other
3 than the purpose for which it was supplied unless such
4 establishment or person has consented (as determined
5 under regulations of the Secretary) to its use for such
6 other purpose. Such information may not be published or
7 released in other form if the person who supplied the infor-
8 mation or who is described in it is identifiable unless such
9 person has consented (as determined under regulations of
10 the Secretary) to its publication or release in other form.”;
11 and

12 (3) in subsection (o) (as so redesignated), by
13 striking “1993” and all that follows through the pe-
14 riod and inserting “2000, and such sums as may be
15 necessary for each of the fiscal years 2001 and
16 2002.”.

17 **SEC. 103. HIGH RISK YOUTH REAUTHORIZATION.**

18 Section 517(h) of the Public Health Service Act (42
19 U.S.C. 290bb-23(h)) is amended by striking
20 “\$70,000,000” and all that follows through “1994” and
21 inserting “such sums as may be necessary for each of the
22 fiscal years 2000 through 2002”.

1 **SEC. 104. SUBSTANCE ABUSE TREATMENT SERVICES FOR**
2 **CHILDREN AND ADOLESCENTS.**

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

6 **“SEC. 514. SUBSTANCE ABUSE TREATMENT SERVICES FOR**
7 **CHILDREN AND ADOLESCENTS.**

8 “(a) IN GENERAL.—The Secretary shall award
9 grants, contracts, or cooperative agreements to public and
10 private nonprofit entities, including Native Alaskan enti-
11 ties and Indian tribes and tribal organizations, for the
12 purpose of providing substance abuse treatment services
13 for children and adolescents.

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

17 “(1) apply evidenced-based and cost effective
18 methods for the treatment of substance abuse
19 among children and adolescents;

20 “(2) coordinate the provision of treatment serv-
21 ices with other social service agencies in the commu-
22 nity, including educational, juvenile justice, child
23 welfare, and mental health agencies;

24 “(3) provide a continuum of integrated treat-
25 ment services, including case management, for chil-

1 dren and adolescents with substance abuse disorders
2 and their families;

3 “(4) provide treatment that is gender-specific
4 and culturally appropriate;

5 “(5) involve and work with families of children
6 and adolescents receiving treatment;

7 “(6) provide aftercare services for children and
8 adolescents and their families after completion of
9 substance abuse treatment; and

10 “(7) address the relationship between substance
11 abuse and violence.

12 “(c) DURATION OF GRANTS.—The Secretary shall
13 award grants, contracts, or cooperative agreements under
14 subsection (a) for periods not to exceed 5 fiscal years.

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

20 “(e) EVALUATION.—An entity that receives a grant,
21 contract, or cooperative agreement under subsection (a)
22 shall submit, in the application for such grant, contract,
23 or cooperative agreement, a plan for the evaluation of any
24 project undertaken with funds provided under this section.
25 Such entity shall provide the Secretary with periodic eval-

uations of the progress of such project and such evaluation
at the completion of such project as the Secretary deter-
mines to be appropriate.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There
are authorized to be appropriated to carry out this section,
\$40,000,000 for fiscal year 2000, and such sums as may
be necessary for fiscal years 2001 and 2002.

“SEC. 514A. EARLY INTERVENTION SERVICES FOR CHILDREN AND ADOLESCENTS.

“(a) IN GENERAL.—The Secretary shall award
grants, contracts, or cooperative agreements to public and
private nonprofit entities, including local educational agen-
cies (as defined in section 14101 of the Elementary and
Secondary Education Act of 1965 (20 U.S.C. 8801)), for
the purpose of providing early intervention substance
abuse services for children and adolescents.

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

“(1) screen for and assess substance use and
abuse by children and adolescents;

“(2) make appropriate referrals for children
and adolescents who are in need of treatment for
substance abuse;

1 “(3) provide early intervention services, includ-
2 ing counseling and ancillary services, that are de-
3 signed to meet the developmental needs of children
4 and adolescents who are at risk for substance abuse;
5 and

6 “(4) develop networks with the educational, ju-
7 venile justice, social services, and other agencies and
8 organizations in the State or local community in-
9 volved that will work to identify children and adoles-
10 cents who are in need of substance abuse treatment
11 services.

12 “(c) CONDITION.—In awarding grants, contracts, or
13 cooperative agreements under subsection (a), the Sec-
14 retary shall ensure that such grants, contracts, or coopera-
15 tive agreements are allocated, subject to the availability
16 of qualified applicants, among the principal geographic re-
17 gions of the United States, to Indian tribes and tribal or-
18 ganizations, and to urban and rural areas.

19 “(d) DURATION OF GRANTS.—The Secretary shall
20 award grants, contracts, or cooperative agreements under
21 subsection (a) for periods not to exceed 5 fiscal years.

22 “(e) APPLICATION.—An entity desiring a grant, con-
23 tract, or cooperative agreement under subsection (a) shall
24 submit an application to the Secretary at such time, in

1 such manner, and accompanied by such information as the
 2 Secretary may reasonably require.

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

12 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
 13 are authorized to be appropriated to carry out this section,
 14 \$20,000,000 for fiscal year 2000, and such sums as may
 15 be necessary for fiscal years 2001 and 2002.

16 **“SEC. 514B. YOUTH INTERAGENCY RESEARCH, TRAINING,**
 17 **AND TECHNICAL ASSISTANCE CENTERS.**

18 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
 19 through the Administrator of the Substance Abuse and
 20 Mental Health Services Administration, and in consulta-
 21 tion with the Administrator of the Office of Juvenile Jus-
 22 tice and Delinquency Prevention, the Director of the Bu-
 23 reau of Justice Assistance and the Director of the Na-
 24 tional Institutes of Health, shall award grants or contracts
 25 to public or nonprofit private entities to establish not more

1 than 4 research, training, and technical assistance centers
2 to carry out the activities described in subsection (c).

3 “(b) APPLICATION.—A public or private nonprofit
4 entity desiring a grant or contract under subsection (a)
5 shall prepare and submit an application to the Secretary
6 at such time, in such manner, and containing such infor-
7 mation as the Secretary may require.

8 “(c) AUTHORIZED ACTIVITIES.—A center established
9 under a grant or contract under subsection (a) shall—

10 “(1) provide training with respect to state-of-
11 the-art mental health and justice-related services
12 and successful mental health and substance abuse-
13 justice collaborations that focus on children and ado-
14 lescents, to public policymakers, law enforcement ad-
15 ministrators, public defenders, police, probation offi-
16 cers, judges, parole officials, jail administrators and
17 mental health and substance abuse providers and
18 administrators;

19 “(2) engage in research and evaluations con-
20 cerning State and local justice and mental health
21 systems, including system redesign initiatives, and
22 disseminate information concerning the results of
23 such evaluations;

24 “(3) provide direct technical assistance, includ-
25 ing assistance provided through toll-free telephone

1 numbers, concerning issues such as how to accom-
2 modate individuals who are being processed through
3 the courts under the Americans with Disabilities Act
4 of 1990 (42 U.S.C. 12101 et seq.), what types of
5 mental health or substance abuse service approaches
6 are effective within the judicial system, and how
7 community-based mental health or substance abuse
8 services can be more effective, including relevant re-
9 gional, ethnic, and gender-related considerations;
10 and

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

16 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the
17 purpose of carrying out this section, there is authorized
18 to be appropriated \$4,000,000 for fiscal year 2000, and
19 such sums as may be necessary for fiscal years 2001 and
20 2002.

21 **“SEC. 514C. PREVENTION OF METHAMPHETAMINE AND IN-**
22 **HALANT ABUSE AND ADDICTION.**

23 “(a) GRANTS.—The Director of the Center for Sub-
24 stance Abuse Prevention (referred to in this section as the
25 ‘Director’) may make grants to and enter into contracts

1 and cooperative agreements with public and nonprofit pri-
2 vate entities to enable such entities—

3 “(1) to carry out school-based programs con-
4 cerning the dangers of methamphetamine or inhal-
5 ant abuse and addiction, using methods that are ef-
6 fective and evidence-based, including initiatives that
7 give students the responsibility to create their own
8 anti-drug abuse education programs for their
9 schools; and

10 “(2) to carry out community-based meth-
11 amphetamine or inhalant abuse and addiction pre-
12 vention programs that are effective and evidence-
13 based.

14 “(b) USE OF FUNDS.—Amounts made available
15 under a grant, contract or cooperative agreement under
16 subsection (a) shall be used for planning, establishing, or
17 administering methamphetamine or inhalant prevention
18 programs in accordance with subsection (c).

19 “(c) PREVENTION PROGRAMS AND ACTIVITIES.—

20 “(1) IN GENERAL.—Amounts provided under
21 this section may be used—

22 “(A) to carry out school-based programs
23 that are focused on those districts with high or
24 increasing rates of methamphetamine or inhal-
25 ant abuse and addiction and targeted at popu-

1 lations which are most at risk to start meth-
2 amphetamine or inhalant abuse;

3 “(B) to carry out community-based preven-
4 tion programs that are focused on those popu-
5 lations within the community that are most at-
6 risk for methamphetamine or inhalant abuse
7 and addiction;

8 “(C) to assist local government entities to
9 conduct appropriate methamphetamine or inhal-
10 ant prevention activities;

11 “(D) to train and educate State and local
12 law enforcement officials, prevention and edu-
13 cation officials, members of community anti-
14 drug coalitions and parents on the signs of
15 methamphetamine or inhalant abuse and addic-
16 tion and the options for treatment and preven-
17 tion;

18 “(E) for planning, administration, and
19 educational activities related to the prevention
20 of methamphetamine or inhalant abuse and ad-
21 diction;

22 “(F) for the monitoring and evaluation of
23 methamphetamine or inhalant prevention activi-
24 ties, and reporting and disseminating resulting
25 information to the public; and

1 “(G) for targeted pilot programs with eval-
2 uation components to encourage innovation and
3 experimentation with new methodologies.

4 “(2) PRIORITY.—The Director shall give pri-
5 ority in making grants under this section to rural
6 and urban areas that are experiencing a high rate
7 or rapid increases in methamphetamine or inhalant
8 abuse and addiction.

9 “(d) ANALYSES AND EVALUATION.—

10 “(1) IN GENERAL.—Up to \$500,000 of the
11 amount available in each fiscal year to carry out this
12 section shall be made available to the Director, act-
13 ing in consultation with other Federal agencies, to
14 support and conduct periodic analyses and evalua-
15 tions of effective prevention programs for meth-
16 amphetamine or inhalant abuse and addiction and
17 the development of appropriate strategies for dis-
18 seminating information about and implementing
19 these programs.

20 “(2) ANNUAL REPORTS.—The Director shall
21 submit to the Committee on Health, Education,
22 Labor, and Pensions and the Committee on Appro-
23 priations of the Senate and the Committee on Com-
24 merce and Committee on Appropriations of the
25 House of Representatives, an annual report with the

1 results of the analyses and evaluation under para-
 2 graph (1).

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
 4 is authorized to be appropriated to carry out subsection
 5 (a), \$10,000,000 for fiscal year 2000, and such sums as
 6 may be necessary for each of fiscal years 2001 and
 7 2002.”.

8 **SEC. 105. COMPREHENSIVE COMMUNITY SERVICES FOR**
 9 **CHILDREN WITH SERIOUS EMOTIONAL DIS-**
 10 **TURBANCE.**

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

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

19 “(g) WAIVERS.—The Secretary may waive 1 or more
 20 of the requirements of subsection (c) for a public entity
 21 that is an Indian Tribe or tribal organization, or American
 22 Samoa, Guam, the Marshall Islands, the Federated States
 23 of Micronesia, the Commonwealth of the Northern Mar-
 24 iana Islands, the Republic of Palau, or the United States
 25 Virgin Islands if the Secretary determines, after peer re-

1 view, that the system of care is family-centered and uses
 2 the least restrictive environment that is clinically appro-
 3 priate.”.

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

7 (d) AUTHORIZATION OF APPROPRIATIONS.—Section
 8 565(f)(1) of the Public Health Service Act (42 U.S.C.
 9 290ff–4(f)(1)) is amended by striking “1993” and all that
 10 follows and inserting “2000, and such sums as may be
 11 necessary for each of the fiscal years 2001 and 2002.”.

12 (e) CURRENT GRANTEES.—

13 (1) IN GENERAL.—Entities with active grants
 14 under section 561 of the Public Health Service Act
 15 (42 U.S.C. 290ff) on the date of enactment of this
 16 Act shall be eligible to receive a 6th year of funding
 17 under the grant in an amount not to exceed the
 18 amount that such grantee received in the 5th year
 19 of funding under such grant. Such 6th year may be
 20 funded without requiring peer and Advisory Council
 21 review as required under section 504 of such Act (42
 22 U.S.C. 290aa–3).

23 (2) LIMITATION.—Paragraph (1) shall apply
 24 with respect to a grantee only if the grantee agrees

1 to comply with the provisions of section 561 as
 2 amended by subsection (a).

3 **SEC. 106. SERVICES FOR CHILDREN OF SUBSTANCE ABUS-**
 4 **ERS.**

5 (a) ADMINISTRATION AND ACTIVITIES.—

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

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

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

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

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

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

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

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

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

1 (3) IDENTIFICATION OF CERTAIN CHILDREN.—

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

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

6 (B) in clause (ii)—

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

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

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

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

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

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

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

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

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

3 “Services shall be provided under paragraphs (2) through
 4 (8) by a public health nurse, social worker, or similar pro-
 5 fessional, or by a trained worker from the community who
 6 is supervised by a professional, or by an entity, where the
 7 professional or entity provides assurances that the profes-
 8 sional or entity is licensed or certified by the State if re-
 9 quired and is complying with applicable licensure or cer-
 10 tification requirements.”.

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

14 (1) in paragraph (1)—

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

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

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

1 “(E) Inclusion of consumer in the develop-
2 ment, implementation, and monitoring of Fam-
3 ily Services Plan.”;

4 (2) in paragraph (2)—

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

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

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

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

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

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

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

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

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

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

11 (3) in paragraph (2)—

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

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

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

21 (1) in paragraph (2)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 (2) in paragraph (3)—

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

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

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

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

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

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

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

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

10 “(p) AUTHORIZATION OF APPROPRIATIONS.—For the
 11 purpose of carrying out this section, there are authorized
 12 to be appropriated \$50,000,000 for fiscal year 2000, and
 13 such sums as may be necessary for each of fiscal years
 14 2001 and 2002.”.

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

18 (1) by striking subsection (f);

19 (2) by striking subsection (k);

20 (3) by redesignating subsections (d), (e), (g),
 21 (h), (i), (j), (l), (m), (n), (o), and (p) as subsections
 22 (e) through (o), respectively;

23 (4) by inserting after subsection (c), the fol-
 24 lowing:

1 “(d) TRAINING FOR PROVIDERS OF SERVICES TO
 2 CHILDREN AND FAMILIES.—The Secretary may make a
 3 grant under subsection (a) for the training of health, sub-
 4 stance abuse and mental health professionals and other
 5 providers of services to children and families through
 6 youth service agencies, family social services, child care
 7 providers, Head Start, schools and after-school programs,
 8 early childhood development programs, community-based
 9 family resource centers, the criminal justice system, and
 10 other providers of services to children and families. Such
 11 training shall be to assist professionals in recognizing the
 12 drug and alcohol problems of their clients and to enhance
 13 their skills in identifying and understanding the nature of
 14 substance abuse, and obtaining substance abuse early
 15 intervention, prevention and treatment resources.”;

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

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

21 (m) TRANSFER AND REDESIGNATION.—Section
 22 399D of the Public Health Service Act (42 U.S.C. 280d),
 23 as amended by this section—

24 (1) is transferred to title V;

25 (2) is redesignated as section 519; and

1 (3) is inserted after section 518.

2 (n) CONFORMING AMENDMENT.—Title III of the
3 Public Health Service Act (42 U.S.C. 241 et seq.) is
4 amended by striking the heading of part L.

5 **SEC. 107. SERVICES FOR YOUTH OFFENDERS.**

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

9 **“SEC. 520C. SERVICES FOR YOUTH OFFENDERS.**

10 “(a) IN GENERAL.—The Secretary, acting through
11 the Director of the Center for Mental Health Services, and
12 in consultation with the Director of the Center for Sub-
13 stance Abuse Treatment, the Administrator of the Office
14 of Juvenile Justice and Delinquency Prevention, and the
15 Director of the Special Education Programs, shall award
16 grants on a competitive basis to State or local juvenile jus-
17 tice agencies to enable such agencies to provide aftercare
18 services for youth offenders who have been discharged
19 from facilities in the juvenile or criminal justice system
20 and have serious emotional disturbances or are at risk of
21 developing such disturbances.

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

1 “(1) to develop a plan describing the manner in
2 which the agency will provide services for each youth
3 offender who has a serious emotional disturbance
4 and has been detained or incarcerated in facilities
5 within the juvenile or criminal justice system;

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

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

23 “(4) using not more than 20 percent of funds
24 received, to provide planning and transition services

1 as described in paragraph (3) for youth offenders
2 while such youth are incarcerated or detained.

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

8 “(d) REPORT.—Not later than 3 years after the date
9 of enactment of this section and annually thereafter, the
10 Secretary shall prepare and submit, to the Committee on
11 Health, Education, Labor, and Pensions of the Senate and
12 the Committee on Commerce of the House of Representa-
13 tives, a report that describes the services provided pursu-
14 ant to this section.

15 “(e) DEFINITIONS.—In this section:

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

1 tain 1 or more developmentally-appropriate social,
2 behavior, cognitive, communicative, or adaptive
3 skills.

4 “(2) COMMUNITY-BASED SYSTEM OF CARE.—

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

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

22 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
23 is authorized to be appropriated to carry out this section
24 \$40,000,000 for fiscal year 2000, and such sums as may
25 be necessary for each of fiscal years 2001 and 2002.”.

1 **SEC. 108. GRANTS FOR STRENGTHENING FAMILIES**
2 **THROUGH COMMUNITY PARTNERSHIPS.**

3 Subpart 2 of part B of Title V of the Public Health
4 Service Act (42 U.S.C. 290bb-21 et seq) is amended by
5 adding at the end the following:

6 **“SEC. 519A. GRANTS FOR STRENGTHENING FAMILIES.**

7 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
8 through the Director of the Prevention Center, may make
9 grants to public and nonprofit private entities to develop
10 and implement model substance abuse prevention pro-
11 grams to provide early intervention and substance abuse
12 prevention services for individuals of high-risk families
13 and the communities in which such individuals reside.

14 “(b) PRIORITY.—In awarding grants under sub-
15 section (a), the Secretary shall give priority to applicants
16 that—

17 “(1) have proven experience in preventing sub-
18 stance abuse by individuals of high-risk families and
19 reducing substance abuse in communities of such in-
20 dividuals;

21 “(2) have demonstrated the capacity to imple-
22 ment community-based partnership initiatives that
23 are sensitive to the diverse backgrounds of individ-
24 uals of high-risk families and the communities of
25 such individuals;

1 “(3) have experience in providing technical as-
2 sistance to support substance abuse prevention pro-
3 grams that are community-based;

4 “(4) have demonstrated the capacity to imple-
5 ment research-based substance abuse prevention
6 strategies; and

7 “(5) have implemented programs that involve
8 families, residents, community agencies, and institu-
9 tions in the implementation and design of such pro-
10 grams.

11 “(c) DURATION OF GRANTS.—The Secretary shall
12 award grants under subsection (a) for a period not to ex-
13 ceed 5 years.

14 “(d) USE OF FUNDS.—An applicant that is awarded
15 a grant under subsection (a) shall—

16 “(1) in the first fiscal year that such funds are
17 received under the grant, use such funds to develop
18 a model substance abuse prevention program; and

19 “(2) in the fiscal year following the first fiscal
20 year that such funds are received, use such funds to
21 implement the program developed under paragraph
22 (1) to provide early intervention and substance
23 abuse prevention services to—

24 “(A) strengthen the environment of chil-
25 dren of high risk families by targeting interven-

1 tions at the families of such children and the
2 communities in which such children reside;

3 “(B) strengthen protective factors, such
4 as—

5 “(i) positive adult role models;

6 “(ii) messages that oppose substance
7 abuse;

8 “(iii) community actions designed to
9 reduce accessibility to and use of illegal
10 substances; and

11 “(iv) willingness of individuals of fam-
12 ilies in which substance abuse occurs to
13 seek treatment for substance abuse;

14 “(C) reduce family and community risks,
15 such as family violence, alcohol or drug abuse,
16 crime, and other behaviors that may effect
17 healthy child development and increase the like-
18 lihood of substance abuse; and

19 “(D) build collaborative and formal part-
20 nerships between community agencies, institu-
21 tions, and businesses to ensure that comprehen-
22 sive high quality services are provided, such as
23 early childhood education, health care, family
24 support programs, parent education programs,
25 and home visits for infants.

1 “(e) APPLICATION.—To be eligible to receive a grant
2 under subsection (a), an applicant shall prepare and sub-
3 mit to the Secretary an application that—

4 “(1) describes a model substance abuse preven-
5 tion program that such applicant will establish;

6 “(2) describes the manner in which the services
7 described in subsection (d)(2) will be provided; and

8 “(3) describe in as much detail as possible the
9 results that the entity expects to achieve in imple-
10 menting such a program.

11 “(f) MATCHING FUNDING.—The Secretary may not
12 make a grant to a entity under subsection (a) unless that
13 entity agrees that, with respect to the costs to be incurred
14 by the entity in carrying out the program for which the
15 grant was awarded, the entity will make available non-
16 Federal contributions in an amount that is not less than
17 40 percent of the amount provided under the grant.

18 “(g) REPORT TO SECRETARY.—An applicant that is
19 awarded a grant under subsection (a) shall prepare and
20 submit to the Secretary a report in such form and con-
21 taining such information as the Secretary may require, in-
22 cluding an assessment of the efficacy of the model sub-
23 stance abuse prevention program implemented by the ap-
24 plicant and the short, intermediate, and long term results
25 of such program.

1 “(h) EVALUATIONS.—The Secretary shall conduct
 2 evaluations, based in part on the reports submitted under
 3 subsection (g), to determine the effectiveness of the pro-
 4 grams funded under subsection (a) in reducing substance
 5 use in high-risk families and in making communities in
 6 which such families reside in stronger. The Secretary shall
 7 submit such evaluations to the appropriate committees of
 8 Congress.

9 “(i) HIGH-RISK FAMILIES.—In this section, the term
 10 ‘high-risk family’ means a family in which the individuals
 11 of such family are at a significant risk of using or abusing
 12 alcohol or any illegal substance.

13 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
 14 is authorized to be appropriated to carry out this section,
 15 \$3,000,000 for fiscal year 2000, and such sums as may
 16 be necessary for each of the fiscal years 2001 and 2002.”.

17 **SEC. 109. GENERAL PROVISIONS.**

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

- 21 (1) by redesignating paragraphs (2) through
 22 (12) as paragraphs (4) through (14), respectively;
 23 (2) by inserting after paragraph (1), the fol-
 24 lowing:

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

4 “(3) collaborate with the Attorney General to
5 develop programs to provide substance abuse treat-
6 ment services to individuals who have had contact
7 with the Justice system, especially adolescents;”;
8 and

9 (3) in paragraph 14 (as so redesignated), by
10 striking “paragraph (11)” and inserting “paragraph
11 (13)”.

12 (b) OFFICE FOR SUBSTANCE ABUSE PREVENTION.—
13 Section 515(b) of the Public Health Service Act (42
14 U.S.C. 290bb-21(b)) is amended—

15 (1) by redesignating paragraphs (9) and (10)
16 as (10) and (11);

17 (2) by inserting after paragraph (8), the fol-
18 lowing:

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

22 (3) in paragraph (10) (as so redesignated), by
23 striking “public concerning” and inserting “public,
24 especially adolescent audiences, concerning”.

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

4 (1) by redesignating paragraphs (3) through
 5 (14) as paragraphs (4) through (15), respectively;
 6 and

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

9 “(3) collaborate with the Department of Edu-
 10 cation and the Department of Justice to develop
 11 programs to assist local communities in addressing
 12 violence among children and adolescents;”.

13 **TITLE II—PROVISIONS** 14 **RELATING TO MENTAL HEALTH**

15 **SEC. 201. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL** 16 **AND NATIONAL SIGNIFICANCE.**

17 (a) IN GENERAL.—Section 520A of the Public
 18 Health Service Act (42 U.S.C. 290bb–32) is amended to
 19 read as follows:

20 **“SEC. 520A. PRIORITY MENTAL HEALTH NEEDS OF RE-** 21 **GIONAL AND NATIONAL SIGNIFICANCE.**

22 “(a) PROJECTS.—The Secretary shall address pri-
 23 ority mental health needs of regional and national signifi-
 24 cance (as determined under subsection (b)) through the
 25 provision of or through assistance for—

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

5 “(2) training and technical assistance pro-
 6 grams;

7 “(3) targeted capacity response programs; and

8 “(4) systems change grants including statewide
 9 family network grants and client-oriented and con-
 10 sumer run self-help activities.

11 The Secretary may carry out the activities described in
 12 this subsection directly or through grants, contracts, or
 13 cooperative agreements with States, political subdivisions
 14 of States, Indian tribes and tribal organizations, other
 15 public or private nonprofit entities.

16 “(b) PRIORITY MENTAL HEALTH NEEDS.—

17 “(1) DETERMINATION OF NEEDS.—Priority
 18 mental health needs of regional and national signifi-
 19 cance shall be determined by the Secretary in con-
 20 sultation with States and other interested groups.
 21 The Secretary shall meet with the States and inter-
 22 ested groups on an annual basis to discuss program
 23 priorities.

24 “(2) SPECIAL CONSIDERATION.—In developing
 25 program priorities described in paragraph (1), the

1 Secretary, in conjunction with the Director of the
2 Center for Mental Health Services, the Director of
3 the Center for Substance Abuse Treatment, and the
4 Administrator of the Health Resources and Services
5 Administration, shall give special consideration to
6 promoting the integration of mental health services
7 into 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.

6 “(4) MAINTENANCE OF EFFORT.—With respect
7 to activities for which a grant, contract or coopera-
8 tive agreement is awarded under this section, the
9 Secretary may require that recipients for specific
10 projects under subsection (a) agree to maintain ex-
11 penditures of non-Federal amounts for such activi-
12 ties at a level that is not less than the level of such
13 expenditures maintained by the entity for the fiscal
14 year preceding the fiscal year for which the entity
15 receives such a grant, contract, or cooperative agree-
16 ment.

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

21 “(e) INFORMATION AND EDUCATION.—The Secretary
22 shall establish information and education programs to dis-
23 seminate and apply the findings of the knowledge develop-
24 ment and application, training, and technical assistance
25 programs, and targeted capacity response programs,

1 under this section to the general public, to health care pro-
 2 fessionals, and to interested groups. The Secretary shall
 3 make every effort to provide linkages between the findings
 4 of supported projects and State agencies responsible for
 5 carrying out mental health services.

6 “(f) AUTHORIZATION OF APPROPRIATION.—

7 “(1) IN GENERAL.—There are authorized to be
 8 appropriated to carry out this section, \$300,000,000
 9 for fiscal year 2000, and such sums as may be nec-
 10 essary for each of the fiscal years 2001 and 2002.

11 “(2) DATA INFRASTRUCTURE.—If amounts are
 12 not appropriated for a fiscal year to carry out sec-
 13 tion 1971 with respect to mental health, then the
 14 Secretary shall make available, from the amounts
 15 appropriated for such fiscal year under paragraph
 16 (1), an amount equal to the sum of \$6,000,000 and
 17 10 percent of all amounts appropriated for such fis-
 18 cal year under such paragraph in excess of
 19 \$100,000,000, to carry out such section 1971.”.

20 (b) CONFORMING AMENDMENTS.—

21 (1) Section 303 of the Public Health Service
 22 Act (42 U.S.C. 242a) is repealed.

23 (2) Section 520B of the Public Health Service
 24 Act (42 U.S.C. 290bb–33) is repealed.

1 (3) Section 612 of the Stewart B. McKinney
 2 Homeless Assistance Act (42 U.S.C. 290aa–3 note)
 3 is repealed.

4 **SEC. 202. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.**
 5

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

8 **“SEC. 506. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.**
 9

10 “(a) IN GENERAL.—The Secretary shall award
 11 grants, contracts and cooperative agreements to commu-
 12 nity-based public and private nonprofit entities for the
 13 purposes of providing mental health and substance abuse
 14 services for homeless individuals. In carrying out this sec-
 15 tion, the Secretary shall consult with the Interagency
 16 Council on the Homeless, established under section 201
 17 of the Stewart B. McKinney Homeless Assistance Act (42
 18 U.S.C. 11311).

19 “(b) PREFERENCES.—In awarding grants, contracts,
 20 and cooperative agreements under subsection (a), the Sec-
 21 retary shall give a preference to—

22 “(1) entities that provide integrated primary
 23 health, substance abuse, and mental health services
 24 to homeless individuals;

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

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

6 “(4) entities that demonstrate experience in
7 providing housing for individuals in treatment for or
8 in recovery from mental illness or substance abuse;
9 and

10 “(5) entities that demonstrate effectiveness in
11 serving homeless veterans.

12 “(c) SERVICES FOR CERTAIN INDIVIDUALS.—In
13 awarding grants, contracts, and cooperative agreements
14 under subsection (a), the Secretary shall not—

15 “(1) prohibit the provision of services under
16 such subsection to homeless individuals who are suf-
17 fering from a substance abuse disorder and are not
18 suffering from a mental health disorder; and

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

21 “(A) excluding individuals from mental
22 health services due to the existence or suspicion
23 of substance abuse; or

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

4 “(d) TERM OF THE AWARDS.—No entity may receive
5 a grant, contract, or cooperative agreement under sub-
6 section (a) for more than 5 years.

7 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
8 is authorized to be appropriated to carry out this section,
9 \$50,000,000 for fiscal year 2000, and such sums as may
10 be necessary for each of the fiscal years 2001 and 2002.”.

11 **SEC. 203. PROJECTS FOR ASSISTANCE IN TRANSITION**
12 **FROM HOMELESSNESS.**

13 (a) WAIVERS FOR TERRITORIES.—Section 522 of the
14 Public Health Service Act (42 U.S.C. 290cc–22) is amend-
15 ed by adding at the end the following:

16 “(i) WAIVER FOR TERRITORIES.—With respect to the
17 United States Virgin Islands, Guam, American Samoa,
18 Palau, the Marshall Islands, and the Commonwealth of
19 the Northern Mariana Islands, the Secretary may waive
20 the provisions of this part that the Secretary determines
21 to be appropriate.”.

22 (b) AUTHORIZATION OF APPROPRIATION.—Section
23 535(a) of the Public Health Service Act (42 U.S.C.
24 290cc–35(a)) is amended by striking “1991 through
25 1994” and inserting “2000 through 2002”.

1 **SEC. 204. COMMUNITY MENTAL HEALTH SERVICES PER-**
2 **FORMANCE PARTNERSHIP BLOCK GRANT.**

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

7 “(1) COMPREHENSIVE COMMUNITY-BASED MEN-
8 TAL HEALTH SYSTEMS.—The plan provides for an
9 organized community-based system of care for indi-
10 viduals with mental illness and describes available
11 services and resources in a comprehensive system of
12 care, including services for dually diagnosed individ-
13 uals. The description of the system of care shall in-
14 clude health and mental health services, rehabilita-
15 tion services, employment services, housing services,
16 educational services, substance abuse services, med-
17 ical and dental care, and other support services to
18 be provided to individuals with Federal, State and
19 local public and private resources to enable such in-
20 dividuals to function outside of inpatient or residen-
21 tial institutions to the maximum extent of their ca-
22 pabilities, including services to be provided by local
23 school systems under the Individuals with Disabil-
24 ities Education Act. The plan shall include a sepa-
25 rate description of case management services and

1 provide for activities leading to reduction of hos-
2 pitalization.

3 “(2) MENTAL HEALTH SYSTEM DATA AND EPI-
4 DEMIOLOGY.—The plan contains an estimate of the
5 incidence and prevalence in the State of serious
6 mental illness among adults and serious emotional
7 disturbance among children and presents quan-
8 titative targets to be achieved in the implementation
9 of the system described in paragraph (1).

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

13 “(A) subject to subparagraph (B), provides
14 for a system of integrated social services, edu-
15 cational services, juvenile services, and sub-
16 stance abuse services that, together with health
17 and mental health services, will be provided in
18 order for such children to receive care appro-
19 priate for their multiple needs (such system to
20 include services provided under the Individuals
21 with Disabilities Education Act);

22 “(B) provides that the grant under section
23 1911 for the fiscal year involved will not be ex-
24 pended to provide any service under such sys-

1 tem other than comprehensive community men-
 2 tal health services; and

3 “(C) provides for the establishment of a
 4 defined geographic area for the provision of the
 5 services of such system.

6 “(4) TARGETED SERVICES TO RURAL AND
 7 HOMELESS POPULATIONS.—The plan describes the
 8 State’s outreach to and services for individuals who
 9 are homeless and how community-based services will
 10 be provided to individuals residing in rural areas.

11 “(5) MANAGEMENT SYSTEMS.—The plan de-
 12 scribes the financial resources, staffing and training
 13 for mental health providers that is necessary to im-
 14 plement the plan, and provides for the training of
 15 providers of emergency health services regarding
 16 mental health. The plan further describes the man-
 17 ner in which the State intends to expend the grant
 18 under section 1911 for the fiscal year involved.

19 Except as provided for in paragraph (3), the State plan
 20 shall contain the information required under this sub-
 21 section with respect to both adults with serious mental ill-
 22 ness and children with serious emotional disturbance.”.

23 (b) REVIEW OF PLANNING COUNCIL OF STATE’S RE-
 24 PORT.—Section 1915(a) of the Public Health Service Act
 25 (42 U.S.C. 300x-4(a)) is amended—

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

4 (2) in paragraph (2), by inserting before the pe-
 5 riod “and any comments concerning the annual re-
 6 port”.

7 (c) MAINTENANCE OF EFFORT.—Section 1915(b) of
 8 the Public Health Service Act (42 U.S.C. 300x-4(b)) is
 9 amended—

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

12 (2) by inserting after paragraph (1), the fol-
 13 lowing:

14 “(2) EXCLUSION OF CERTAIN FUNDS.—The
 15 Secretary may exclude from the aggregate State ex-
 16 penditures under subsection (a), funds appropriated
 17 to the principle agency for authorized activities
 18 which are of a non-recurring nature and for a spe-
 19 cific purpose.”.

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

23 “(1) the plan is received by the Secretary not
 24 later than September 1 of the fiscal year prior to the
 25 fiscal year for which a State is seeking funds, and

1 the report from the previous fiscal year as required
 2 under section 1941 is received by December 1 of the
 3 fiscal year of the grant;”.

4 (e) WAIVERS FOR TERRITORIES.—Section 1917(b) of
 5 the Public Health Service Act (42 U.S.C. 300x–6(b)) is
 6 amended by striking “whose allotment under section 1911
 7 for the fiscal year is the amount specified in section
 8 1918(c)(2)(B)” and inserting in its place “except Puerto
 9 Rico”.

10 (f) AUTHORIZATION OF APPROPRIATION.—Section
 11 1920 of the Public Health Service Act (42 U.S.C. 300x–
 12 9) is amended—

13 (1) in subsection (a), by striking
 14 “\$450,000,000” and all that follows through the end
 15 and inserting “\$450,000,000 for fiscal year 2000,
 16 and such sums as may be necessary for each of the
 17 fiscal years 2001 and 2002.”; and

18 (2) in subsection (b)(2), by striking “section
 19 505” and inserting “sections 505 and 1971”.

20 **SEC. 205. DETERMINATION OF ALLOTMENT.**

21 Section 1918(b) of the Public Health Service Act (42
 22 U.S.C. 300x–7(b)) is amended to read as follows:

23 “(b) MINIMUM ALLOTMENTS FOR STATES.—With re-
 24 spect to fiscal year 2000, and subsequent fiscal years, the
 25 amount of the allotment of a State under section 1911

1 shall not be less than the amount the State received under
 2 such section for fiscal year 1998.”.

3 **SEC. 206. PROTECTION AND ADVOCACY FOR MENTALLY ILL**
 4 **INDIVIDUALS ACT OF 1986.**

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

8 **“SECTION 1. SHORT TITLE.**

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

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

15 (1) in paragraph (4)—

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

19 (B) in subparagraph (B)—

20 (i) by striking “(i)” who” and insert-
 21 ing “(i)(I) who”;

22 (ii) by redesignating clauses (ii) and
 23 (iii) as subclauses (II) and (III);

1 (iii) in subclause (III) (as so redesignated), by striking the period and inserting
 2 “; or”; and
 3

4 (iv) by adding at the end the following:
 5

6 “(ii) who satisfies the requirements of subparagraph (A) and lives in a community setting, including their own home.”; and
 7
 8

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

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

14 (c) USE OF ALLOTMENTS.—Section 104 of the Protection and Advocacy for Individuals with Mental Illness
 15 Act (as amended by subsection (a)) (42 U.S.C. 10804)
 16 is amended by adding at the end the following:
 17

18 “(d) The definition of ‘individual with a mental illness’ contained in section 102(4)(B)(iii) shall apply, and
 19 thus an eligible system may use its allotment under this
 20 title to provide representation to such individuals, only if
 21 the total allotment under this title for any fiscal year is
 22 \$30,000,000 or more, and in such case, an eligible system
 23 must give priority to representing persons with mental ill-
 24

ness as defined in subparagraphs (A) and (B)(i) of section 102(4).”.

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

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

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

“(i) for American Samoa, Guam, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, and the Virgin Islands, is \$139,300; and

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

“(C) The factor specified in this subparagraph is the ratio of the amount appropriated under section 117 for the fiscal year for which the allotment is being made to the amount appropriated under such section for fiscal year 1995.

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

6 (e) TECHNICAL AMENDMENTS.—Section 112(a) of
 7 the Protection and Advocacy for Individuals with Mental
 8 Illness Act (as amended by subsection (a)) (42 U.S.C.
 9 10822(a)) is amended—

10 (1) in paragraph (1)(B), by striking “Trust
 11 Territory of the Pacific Islands” and inserting
 12 “Marshall Islands, the Federated States of Micro-
 13 nesia, the Republic of Palau”; and

14 (2) by striking paragraph (3).

15 (f) REAUTHORIZATION.—Section 117 of the Protec-
 16 tion and Advocacy for Individuals with Mental Illness Act
 17 (as amended by subsection (a)) (42 U.S.C. 10827) is
 18 amended by striking “1995” and inserting “2002”.

19 **SEC. 207. REQUIREMENT RELATING TO THE RIGHTS OF**
 20 **RESIDENTS OF CERTAIN FACILITIES.**

21 Title V of the Public Health Service Act (42 U.S.C.
 22 290aa et seq.) is amended by adding at the end the fol-
 23 lowing:

1 **“PART H—REQUIREMENT RELATING TO THE**
2 **RIGHTS OF RESIDENTS OF CERTAIN FACILITIES**
3 **“SEC. 591. REQUIREMENT RELATING TO THE RIGHTS OF**
4 **RESIDENTS OF CERTAIN FACILITIES.**

5 “(a) IN GENERAL.—A public or private general hos-
6 pital, nursing facility, intermediate care facility, residen-
7 tial treatment center, or other health care facility, that
8 receives support in any form from any program supported
9 in whole or in part with funds appropriated to any Federal
10 department or agency shall protect and promote the rights
11 of each resident of the facility, including the right to be
12 free from physical or mental abuse, corporal punishment,
13 and any restraints or involuntary seclusions imposed for
14 purposes of discipline or convenience.

15 “(b) REQUIREMENTS.—Restraints and seclusion may
16 only be imposed on a resident of a facility described in
17 subsection (a) if—

18 “(1) the restraints or seclusion are imposed to
19 ensure the physical safety of the resident, a staff
20 member, or others; and

21 “(2) the restraints or seclusion are imposed
22 only upon the written order of a physician, or other
23 licensed independent practitioner permitted by the
24 State and the facility to order such restraint or se-
25 clusion, that specifies the duration and cir-
26 cumstances under which the restraints are to be

1 used (except in emergency circumstances specified
2 by the Secretary until such an order could reason-
3 ably be obtained).

4 “(c) DEFINITIONS.—In this section:

5 “(1) RESTRAINTS.—The term ‘restraints’
6 means—

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

20 “(B) a drug or medication that is used as
21 a restraint to control behavior or restrict the
22 resident’s freedom of movement that is not a
23 standard treatment for the resident’s medical or
24 psychiatric condition.

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

5 **“SEC. 592. REPORTING REQUIREMENT.**

6 “(a) IN GENERAL.— Each facility to which the Pro-
7 tection and Advocacy for Mentally Ill Individuals Act of
8 1986 applies shall notify the appropriate agency, as deter-
9 mined by the Secretary, of each death that occurs at each
10 such facility while a patient is restrained or in seclusion,
11 of each death occurring within 24 hours after the patient
12 has been removed from restraints and seclusion, or where
13 it is reasonable to assume that a patient’s death is a result
14 of such seclusion or restraint. A notification under this
15 section shall include the name of the resident and shall
16 be provided not later than 7 days after the date of the
17 death of the individual involved.

18 “(b) FACILITY.—In this section, the term ‘facility’
19 has the meaning given the term ‘facilities’ in section
20 102(3) of the Protection and Advocacy for Mentally Ill
21 Individuals Act of 1986 (42 U.S.C. 10802(3)).”.

22 **“SEC. 593. REGULATIONS AND ENFORCEMENT.**

23 “(a) TRAINING.—Not later than 1 year after the date
24 of enactment of this part, the Secretary, after consultation
25 with appropriate State and local protection and advocacy

1 organizations, physicians, facilities, and other health care
2 professionals and patients, shall promulgate regulations
3 that require facilities to which the Protection and Advo-
4 cacy for Mentally Ill Individuals Act of 1986 (42 U.S.C.
5 10801 et seq.) applies, to meet the requirements of sub-
6 section (b).

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

9 “(1) facilities described in subsection (a) ensure
10 that there is an adequate number of qualified profes-
11 sional and supportive staff to evaluate patients, for-
12 mulate written individualized, comprehensive treat-
13 ment plans, and to provide active treatment meas-
14 ures;

15 “(2) appropriate training be provided for the
16 staff of such facilities in the use of restraints and
17 any alternatives to the use of restraints; and

18 “(3) such facilities provide complete and accu-
19 rate notification of deaths, as required under section
20 592(a).

21 “(c) ENFORCEMENT.—A facility to which this part
22 applies that fails to comply with any requirement of this
23 part, including a failure to provide appropriate training,
24 shall not be eligible for participation in any program sup-

1 ported in whole or in part by funds appropriated to any
 2 Federal department or agency.”.

3 **TITLE III—PROVISIONS RELAT-** 4 **ING TO SUBSTANCE ABUSE**

5 **SEC. 301. PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS** 6 **OF REGIONAL AND NATIONAL SIGNIFICANCE.**

7 (a) RESIDENTIAL TREATMENT PROGRAMS FOR
 8 PREGNANT AND POSTPARTUM WOMEN.—Section 508(r)
 9 of the Public Health Service Act (42 U.S.C. 290bb-1(r))
 10 is amended to read as follows:

11 “(r) AUTHORIZATION OF APPROPRIATIONS.—For the
 12 purpose of carrying out this section, there are authorized
 13 to be appropriated such sums as may be necessary to fiscal
 14 years 2000 through 2002.”.

15 (b) PRIORITY SUBSTANCE ABUSE TREATMENT.—
 16 Section 509 of the Public Health Service Act (42 U.S.C.
 17 290bb-1) is amended to read as follows:

18 **“SEC. 509. PRIORITY SUBSTANCE ABUSE TREATMENT** 19 **NEEDS OF REGIONAL AND NATIONAL SIG-** 20 **NIFICANCE.**

21 “(a) PROJECTS.—The Secretary shall address pri-
 22 ority substance abuse treatment needs of regional and na-
 23 tional significance (as determined under subsection (b))
 24 through the provision of or through assistance for—

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

4 “(2) training and technical assistance; and

5 “(3) targeted capacity response programs.

6 The Secretary may carry out the activities described in
7 this section directly or through grants, contracts, or coop-
8 erative agreements with States, political subdivisions of
9 States, Indian tribes and tribal organizations, other public
10 or nonprofit private entities.

11 “(b) PRIORITY SUBSTANCE ABUSE TREATMENT
12 NEEDS.—

13 “(1) IN GENERAL.—Priority substance abuse
14 treatment needs of regional and national significance
15 shall be determined by the Secretary after consulta-
16 tion with States and other interested groups. The
17 Secretary shall meet with the States and interested
18 groups on an annual basis to discuss program prior-
19 ities.

20 “(2) SPECIAL CONSIDERATION.—In developing
21 program priorities under paragraph (1), the Sec-
22 retary, in conjunction with the Director of the Cen-
23 ter for Substance Abuse Treatment, the Director of
24 the Center for Mental Health Services, and the Ad-
25 ministrator of the Health Resources and Services

1 Administration, shall give special consideration to
2 promoting the integration of substance abuse treat-
3 ment services into primary health care systems.

4 “(c) REQUIREMENTS.—

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

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

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

1 “(4) MAINTENANCE OF EFFORT.—With respect
2 to activities for which a grant, contract, or coopera-
3 tive agreement is awarded under this section, the
4 Secretary may require that recipients for specific
5 projects under subsection (a) agree to maintain ex-
6 penditures of non-Federal amounts for such activi-
7 ties at a level that is not less than the level of such
8 expenditures maintained by the entity for the fiscal
9 year preceding the fiscal year for which the entity
10 receives such a grant, contract, or cooperative agree-
11 ment.

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

16 “(e) INFORMATION AND EDUCATION.—The Secretary
17 shall establish comprehensive information and education
18 programs to disseminate and apply the findings of the
19 knowledge development and application, training and tech-
20 nical assistance programs, and targeted capacity response
21 programs under this section to the general public, to
22 health professionals and other interested groups. The Sec-
23 retary shall make every effort to provide linkages between
24 the findings of supported projects and State agencies re-

1 sponsible for carrying out substance abuse prevention and
 2 treatment programs.

3 “(f) AUTHORIZATION OF APPROPRIATION.—There
 4 are authorized to be appropriated to carry out this section,
 5 \$300,000,000 for fiscal year 2000 and such sums as may
 6 be necessary for each of the fiscal years 2001 and 2002.”.

7 (c) CONFORMING AMENDMENTS.—The following sec-
 8 tions of the Public Health Service Act are repealed:

9 (1) Section 510 (42 U.S.C. 290bb–3).

10 (2) Section 511 (42 U.S.C. 290bb–4).

11 (3) Section 512 (42 U.S.C. 290bb–5).

12 (4) Section 571 (42 U.S.C. 290gg).

13 **SEC. 302. PRIORITY SUBSTANCE ABUSE PREVENTION**
 14 **NEEDS OF REGIONAL AND NATIONAL SIG-**
 15 **NIFICANCE.**

16 (a) IN GENERAL.—Section 516 of the Public Health
 17 Service Act (42 U.S.C. 290bb–1) is amended to read as
 18 follows:

19 **“SEC. 516. PRIORITY SUBSTANCE ABUSE PREVENTION**
 20 **NEEDS OF REGIONAL AND NATIONAL SIG-**
 21 **NIFICANCE.**

22 “(a) PROJECTS.—The Secretary shall address pri-
 23 ority substance abuse prevention needs of regional and na-
 24 tional significance (as determined under subsection (b))
 25 through the provision of or through assistance for—

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

4 “(2) training and technical assistance; and

5 “(3) targeted capacity response programs.

6 The Secretary may carry out the activities described in
 7 this section directly or through grants, contracts, or coop-
 8 erative agreements with States, political subdivisions of
 9 States, Indian tribes and tribal organizations, or other
 10 public or nonprofit private entities.

11 “(b) PRIORITY SUBSTANCE ABUSE PREVENTION
 12 NEEDS.—

13 “(1) IN GENERAL.—Priority substance abuse
 14 prevention needs of regional and national signifi-
 15 cance shall be determined by the Secretary in con-
 16 sultation with the States and other interested
 17 groups. The Secretary shall meet with the States
 18 and interested groups on an annual basis to discuss
 19 program priorities.

20 “(2) SPECIAL CONSIDERATION.—In developing
 21 program priorities under paragraph (1), the Sec-
 22 retary shall give special consideration to—

23 “(A) applying the most promising strate-
 24 gies and research-based primary prevention ap-
 25 proaches; and

1 “(B) promoting the integration of sub-
2 stance abuse prevention information and activi-
3 ties into primary health care systems.

4 “(c) REQUIREMENTS.—

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

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

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

1 entities and may be in cash or in kind, fairly evalu-
2 ated, including plant, equipment, or services.

3 “(4) MAINTENANCE OF EFFORT.—With respect
4 to activities for which a grant, contract, or coopera-
5 tive agreement is awarded under this section, the
6 Secretary may require that recipients for specific
7 projects under subsection (a) agree to maintain ex-
8 penditures of non-Federal amounts for such activi-
9 ties at a level that is not less than the level of such
10 expenditures maintained by the entity for the fiscal
11 year preceding the fiscal year for which the entity
12 receives such a grant, contract, or cooperative agree-
13 ment.

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

18 “(e) INFORMATION AND EDUCATION.—The Secretary
19 shall establish comprehensive information and education
20 programs to disseminate the findings of the knowledge de-
21 velopment and application, training and technical assist-
22 ance programs, and targeted capacity response programs
23 under this section to the general public and to health pro-
24 fessionals. The Secretary shall make every effort to pro-
25 vide linkages between the findings of supported projects

1 and State agencies responsible for carrying out substance
2 abuse prevention and treatment programs.

3 “(f) AUTHORIZATION OF APPROPRIATION.—There
4 are authorized to be appropriated to carry out this section,
5 \$300,000,000 for fiscal year 2000, and such sums as may
6 be necessary for each of the fiscal years 2001 and 2002.”.

7 (b) CONFORMING AMENDMENTS.—Section 518 of the
8 Public Health Service Act (42 U.S.C. 290bb–24) is re-
9 pealed.

10 **SEC. 303. SUBSTANCE ABUSE PREVENTION AND TREAT-**
11 **MENT PERFORMANCE PARTNERSHIP BLOCK**
12 **GRANT.**

13 (a) ALLOCATION REGARDING ALCOHOL AND OTHER
14 DRUGS.—Section 1922 of the Public Health Service Act
15 (42 U.S.C. 300x–22) is amended by—

16 (1) striking subsection (a); and

17 (2) redesignating subsections (b) and (c) as
18 subsections (a) and (b).

19 (b) GROUP HOMES FOR RECOVERING SUBSTANCE
20 ABUSERS.—Section 1925(a) of the Public Health Service
21 Act (42 U.S.C. 300x–25(a)) is amended by striking “For
22 fiscal year 1993” and all that follows through the colon
23 and inserting the following: “A State, using funds avail-
24 able under section 1921, may establish and maintain the
25 ongoing operation of a revolving fund in accordance with

1 this section to support group homes for recovering sub-
 2 stance abusers as follows:”.

3 (c) MAINTENANCE OF EFFORT.—Section 1930 of the
 4 Public Health Service Act (42 U.S.C. 300x–30) is
 5 amended—

6 (1) by redesignating subsections (b) and (c) as
 7 subsections (c) and (d) respectively; and

8 (2) by inserting after subsection (a), the fol-
 9 lowing:

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

15 (d) APPLICATIONS FOR GRANTS.—Section
 16 1932(a)(1) of the Public Health Service Act (42 U.S.C.
 17 300x–32(a)(1)) is amended to read as follows:

18 “(1) the application is received by the Secretary
 19 not later than October 1 of the fiscal year for which
 20 the State is seeking funds;”.

21 (e) WAIVER FOR TERRITORIES.—Section 1932(c) of
 22 the Public Health Service Act (42 U.S.C. 300x–32(c)) is
 23 amended by striking “whose allotment under section 1921
 24 for the fiscal year is the amount specified in section
 25 1933(c)(2)(B)” and inserting “except Puerto Rico”.

1 (f) WAIVER AUTHORITY FOR CERTAIN REQUIRE-
2 MENTS.—

3 (1) IN GENERAL.—Section 1932 of the Public
4 Health Service Act (42 U.S.C. 300x–32) is amended
5 by adding at the end the following:

6 “(e) WAIVER AUTHORITY FOR CERTAIN REQUIRE-
7 MENTS.—

8 “(1) IN GENERAL.—Upon the request of a
9 State, the Secretary may waive the requirements of
10 all or part of the sections described in paragraph (2)
11 using objective criteria established by the Secretary
12 by regulation after consultation with the States and
13 other interested parties including consumers and
14 providers.

15 “(2) SECTIONS.—The sections described in
16 paragraph (1) are sections 1922(c), 1923, 1924 and
17 1928.

18 “(3) DATE CERTAIN FOR ACTING UPON RE-
19 QUEST.—The Secretary shall approve or deny a re-
20 quest for a waiver under paragraph (1) and inform
21 the State of that decision not later than 120 days
22 after the date on which the request and all the infor-
23 mation needed to support the request are submitted.

24 “(4) ANNUAL REPORTING REQUIREMENT.—The
25 Secretary shall annually report to the general public

1 on the States that receive a waiver under this sub-
 2 section.”.

3 (2) CONFORMING AMENDMENTS.—Effective
 4 upon the publication of the regulations developed in
 5 accordance with section 1932(e)(1) of the Public
 6 Health Service Act (42 U.S.C. 300x–32(d))—

7 (A) section 1922(c) of the Public Health
 8 Service Act (42 U.S.C. 300x–22(c)) is amended
 9 by—

10 (i) striking paragraph (2); and

11 (ii) redesignating paragraph (3) as
 12 paragraph (2); and

13 (B) section 1928(d) of the Public Health
 14 Service Act (42 U.S.C. 300x–28(d)) is repealed.

15 (g) AUTHORIZATION OF APPROPRIATION.—Section
 16 1935 of the Public Health Service Act (42 U.S.C. 300x–
 17 35) is amended—

18 (1) in subsection (a), by striking
 19 “\$1,500,000,000” and all that follows through the
 20 end and inserting “\$2,000,000,000 for fiscal year
 21 2000, and such sums as may be necessary for each
 22 of the fiscal years 2001 and 2002.”;

23 (2) in subsection (b)(1), by striking “section
 24 505” and inserting “sections 505 and 1971”;

1 (3) in subsection (b)(2), by striking “1949(a)”
 2 and inserting “1948(a)”; and

3 (4) in subsection (b), by adding at the end the
 4 following:

5 “(3) CORE DATA SET.—A State that receives a
 6 new grant, contract, or cooperative agreement from
 7 amounts available to the Secretary under paragraph
 8 (1), for the purposes of improving the data collec-
 9 tion, analysis and reporting capabilities of the State,
 10 shall be required, as a condition of receipt of funds,
 11 to collect, analyze, and report to the Secretary for
 12 each fiscal year subsequent to receiving such funds
 13 a core data set to be determined by the Secretary in
 14 conjunction with the States.”.

15 **SEC. 304. DETERMINATION OF ALLOTMENTS.**

16 Section 1933(b) of the Public Health Service Act (42
 17 U.S.C. 300x–33(b)) is amended to read as follows:

18 “(b) MINIMUM ALLOTMENTS FOR STATES.—

19 “(1) IN GENERAL.—With respect to fiscal year
 20 2000, and each subsequent fiscal year, the amount
 21 of the allotment of a State under section 1921 shall
 22 not be less than the amount the State received
 23 under such section for the previous fiscal year in-
 24 creased by an amount equal to 30.65 percent of the
 25 percentage by which the aggregate amount allotted

1 to all States for such fiscal year exceeds the aggre-
2 gate amount allotted to all States for the previous
3 fiscal year.

4 “(2) LIMITATIONS.—

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

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

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

1 under section 1921 shall be equal to the amount
 2 that the State received under section 1921 in the
 3 prior fiscal year decreased by the percentage by
 4 which the amount appropriated for such fiscal year
 5 is less than the amount appropriated or such section
 6 for the prior fiscal year.”.

7 **SEC. 305. NONDISCRIMINATION AND INSTITUTIONAL SAFE-**
 8 **GUARDS FOR RELIGIOUS PROVIDERS.**

9 Subpart III of part B of title XIX of the Public
 10 Health Service Act (42 U.S.C. 300x–51 et seq.) is amend-
 11 ed by adding at the end the following:

12 **“SEC. 1955. SERVICES PROVIDED BY NONGOVERNMENTAL**
 13 **ORGANIZATIONS.**

14 “(a) PURPOSES.—The purposes of this section are—

15 “(1) to prohibit discrimination against non-
 16 governmental organizations and certain individuals
 17 on the basis of religion in the distribution of govern-
 18 ment funds to provide substance abuse services
 19 under this title and title V, and the receipt of serv-
 20 ices under such titles; and

21 “(2) to allow the organizations to accept the
 22 funds to provide the services to the individuals with-
 23 out impairing the religious character of the organi-
 24 zations or the religious freedom of the individuals.

1 “(b) RELIGIOUS ORGANIZATIONS INCLUDED AS NON-
2 GOVERNMENTAL PROVIDERS.—

3 “(1) IN GENERAL.—A State may administer
4 and provide substance abuse services under any pro-
5 gram under this title or title V through grants, con-
6 tracts, or cooperative agreements to provide assist-
7 ance to beneficiaries under such titles with non-
8 governmental organizations.

9 “(2) REQUIREMENT.—A State that elects to
10 utilize nongovernmental organizations as provided
11 for under paragraph (1) shall consider, on the same
12 basis as other nongovernmental organizations, reli-
13 gious organizations to provide services under sub-
14 stance abuse programs under this title or title V, so
15 long as the programs under such titles are imple-
16 mented in a manner consistent with the Establish-
17 ment Clause of the first amendment to the Constitu-
18 tion. Neither the Federal Government nor a State or
19 local government receiving funds under such pro-
20 grams shall discriminate against an organization
21 that provides services under, or applies to provide
22 services under, such programs, on the basis that the
23 organization has a religious character.

24 “(c) RELIGIOUS CHARACTER AND INDEPENDENCE.—

1 “(1) IN GENERAL.—A religious organization
 2 that provides services under any substance abuse
 3 program under this title or title V shall retain its
 4 independence from Federal, State, and local govern-
 5 ments, including such organization’s control over the
 6 definition, development, practice, and expression of
 7 its religious beliefs.

8 “(2) ADDITIONAL SAFEGUARDS.—Neither the
 9 Federal Government nor a State or local government
 10 shall require a religious organization—

11 “(A) to alter its form of internal govern-
 12 ance; or

13 “(B) to remove religious art, icons, scrip-
 14 ture, or other symbols;

15 in order to be eligible to provide services under any
 16 substance abuse program under this title or title V.

17 “(d) EMPLOYMENT PRACTICES.—

18 “(1) SUBSTANCE ABUSE.—A religious or-
 19 ganization that provides services under any sub-
 20 stance abuse program under this title or title V may
 21 require that its employees providing services under
 22 such program adhere to rules forbidding the use of
 23 drugs or alcohol.

24 “(2) TITLE VII EXEMPTION.—The exemption of
 25 a religious organization provided under section 702

1 or 703(e)(2) of the Civil Rights Act of 1964 (42
2 U.S.C. 2000e–1, 2000e–2(e)(2)) regarding employ-
3 ment practices shall not be affected by the religious
4 organization’s provision of services under, or receipt
5 of funds from, any substance abuse program under
6 this title or title V.

7 “(e) RIGHTS OF BENEFICIARIES OF ASSISTANCE.—

8 “(1) IN GENERAL.—If an individual described
9 in paragraph (3) has an objection to the religious
10 character of the organization from which the indi-
11 vidual receives, or would receive, services funded
12 under any substance abuse program under this title
13 or title V, the appropriate Federal, State, or local
14 governmental entity shall provide to such individual
15 (if otherwise eligible for such services) within a rea-
16 sonable period of time after the date of such objec-
17 tion, services that—

18 “(A) are from an alternative provider that
19 is accessible to the individual; and

20 “(B) have a value that is not less than the
21 value of the services that the individual would
22 have received from such organization.

23 “(2) NOTICE.—The appropriate Federal, State,
24 or local governmental entity shall ensure that notice

1 is provided to individuals described in paragraph (3)
 2 of the rights of such individuals under this section.

3 “(3) INDIVIDUAL DESCRIBED.—An individual
 4 described in this paragraph is an individual who re-
 5 ceives or applies for services under any substance
 6 abuse program under this title or title V.

7 “(f) NONDISCRIMINATION AGAINST BENE-
 8 FICIARIES.—A religious organization providing services
 9 through a grant, contract, or cooperative agreement under
 10 any substance abuse program under this title or title V
 11 shall not discriminate, in carrying out such program,
 12 against an individual described in subsection (e)(3) on the
 13 basis of religion, a religious belief, a refusal to hold a reli-
 14 gious belief, or a refusal to actively participate in a reli-
 15 gious practice.

16 “(g) FISCAL ACCOUNTABILITY.—

17 “(1) IN GENERAL.—Except as provided in para-
 18 graph (2), any religious organization providing serv-
 19 ices under any substance abuse program under this
 20 title or title V shall be subject to the same regula-
 21 tions as other nongovernmental organizations to ac-
 22 count in accord with generally accepted accounting
 23 principles for the use of such funds provided under
 24 such program.

1 “(2) LIMITED AUDIT.—Such organization shall
2 segregate government funds provided under such
3 substance abuse program into a separate account.
4 Only the government funds shall be subject to audit
5 by the government.

6 “(h) COMPLIANCE.—Any party that seeks to enforce
7 such party’s rights under this section may assert a civil
8 action for injunctive relief exclusively in an appropriate
9 Federal or State court against the entity, agency or offi-
10 cial that allegedly commits such violation.

11 “(i) LIMITATIONS ON USE OF FUNDS FOR CERTAIN
12 PURPOSES.—No funds provided through a grant or con-
13 tract to a religious organization to provide services under
14 any substance abuse program under this title or title V
15 shall be expended for sectarian worship, instruction, or
16 proselytization.

17 “(j) EFFECT ON STATE AND LOCAL FUNDS.—If a
18 State or local government contributes State or local funds
19 to carry out any substance abuse program under this title
20 or title V, the State or local government may segregate
21 the State or local funds from the Federal funds provided
22 to carry out the program or may commingle the State or
23 local funds with the Federal funds. If the State or local
24 government commingles the State or local funds, the pro-
25 visions of this section shall apply to the commingled funds

1 in the same manner, and to the same extent, as the provi-
 2 sions apply to the Federal funds.

3 “(k) TREATMENT OF INTERMEDIATE CONTRAC-
 4 TORS.—If a nongovernmental organization (referred to in
 5 this subsection as an ‘intermediate organization’), acting
 6 under a contract or other agreement with the Federal Gov-
 7 ernment or a State or local government, is given the au-
 8 thority under the contract or agreement to select non-
 9 governmental organizations to provide services under any
 10 substance abuse program under this title or title V, the
 11 intermediate organization shall have the same duties
 12 under this section as the government but shall retain all
 13 other rights of a nongovernmental organization under this
 14 section.”.

15 **SEC. 306. ALCOHOL AND DRUG PREVENTION OR TREAT-**
 16 **MENT SERVICES FOR INDIANS AND NATIVE**
 17 **ALASKANS.**

18 Part D of title V of the Public Health Service Act
 19 (42 U.S.C. 290dd et seq.) is amended by adding at the
 20 end the following:

21 **“SEC. 544. ALCOHOL AND DRUG PREVENTION OR TREAT-**
 22 **MENT SERVICES FOR INDIANS AND NATIVE**
 23 **ALASKANS.**

24 “(a) IN GENERAL.—The Secretary shall award
 25 grants, contracts, or cooperative agreements to public and

1 private nonprofit entities, including Native Alaskan enti-
2 ties and Indian tribes and tribal organizations, for the
3 purpose of providing alcohol and drug prevention or treat-
4 ment services for Indians and Native Alaskans.

5 “(b) PRIORITY.—In awarding grants, contracts, or
6 cooperative agreements under subsection (a), the Sec-
7 retary shall give priority to applicants that—

8 “(1) propose to provide alcohol and drug pre-
9 vention or treatment services on reservations;

10 “(2) propose to employ culturally-appropriate
11 approaches, as determined by the Secretary, in pro-
12 viding such services; and

13 “(3) have provided prevention or treatment
14 services to Native Alaskan entities and Indian tribes
15 and tribal organizations for at least 1 year prior to
16 applying for a grant under this section.

17 “(c) DURATION.—The Secretary shall award grants,
18 contracts, or cooperative agreements under subsection (a)
19 for a period not to exceed 5 years.

20 “(d) APPLICATION.—An entity desiring a grant, con-
21 tract, or cooperative agreement under subsection (a) shall
22 submit an application to the Secretary at such time, in
23 such manner, and accompanied by such information as the
24 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, a plan for
4 the evaluation of any project undertaken with funds pro-
5 vided under this section. Such entity shall provide the Sec-
6 retary with periodic evaluations of the progress of such
7 project and such evaluation at the completion of such
8 project as the Secretary determines to be appropriate. The
9 final evaluation submitted by such entity shall include a
10 recommendation as to whether such project shall continue.

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

17 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated to carry out this section,
19 \$15,000,000 for fiscal year 2000, and such sums as may
20 be necessary for fiscal years 2001 and 2002.

21 **“SEC. 545. ESTABLISHMENT OF COMMISSION.**

22 “(a) IN GENERAL.—There is established a commis-
23 sion to be known as the Commission on Indian and Native
24 Alaskan Health Care that shall examine the health con-
25 cerns of Indians and Native Alaskans who reside on res-

1 ervations and tribal lands (hereafter in this section re-
 2 ferred to as the ‘Commission’).

3 “(b) MEMBERSHIP.—

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

6 “(A) the Secretary;

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

10 “(C) the Director of the Indian Health
 11 Service and the Commissioner of Indian Affairs,
 12 who shall be nonvoting members.

13 “(2) APPOINTING AUTHORITY.—Of the 15
 14 members of the Commission described in paragraph
 15 (1)(B)—

16 “(A) 2 shall be appointed by the Speaker
 17 of the House of Representatives;

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

20 “(C) 2 shall be appointed by the Majority
 21 Leader of the Senate;

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

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

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

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

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

9 “(c) PERIOD OF APPOINTMENT.—Members shall be
10 appointed for the life of the Commission. Any vacancy in
11 the Commission shall not affect its powers, but shall be
12 filed in the same manner as the original appointment.

13 “(d) DUTIES OF THE COMMISSION.—The Commis-
14 sion shall—

15 “(1) study the health concerns of Indians and
16 Native Alaskans; and

17 “(2) prepare the reports described in subsection
18 (i).

19 “(e) POWERS OF THE COMMISSION.—

20 “(1) HEARINGS.—The Commission may hold
21 such hearings, including hearings on reservations, sit
22 and act at such times and places, take such testi-
23 mony, and receive such information as the Commis-
24 sion considers advisable to carry out the purpose for
25 which the Commission was established.

1 “(2) INFORMATION FROM FEDERAL AGEN-
 2 CIES.—The Commission may secure directly from
 3 any Federal department or agency such information
 4 as the Commission considers necessary to carry out
 5 the purpose for which the Commission was estab-
 6 lished. Upon request of the Chairperson of the Com-
 7 mission, the head of such department or agency
 8 shall furnish such information to the Commission.

9 “(f) COMPENSATION OF MEMBERS.—

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

19 “(2) LIMITATION.—Members of the Commis-
 20 sion who are officers or employees of the United
 21 States shall receive no additional pay on account of
 22 their service on the Commission.

23 “(g) TRAVEL EXPENSES OF MEMBERS.—The mem-
 24 bers of the Commission shall be allowed travel expenses,
 25 including per diem in lieu of subsistence, at rates author-

1 ized for employees of agencies under section 5703 of title
2 5, United States Code, while away from their homes or
3 regular places of business in the performance of services
4 for the Commission.

5 “(h) COMMISSION PERSONNEL MATTERS.—

6 “(1) IN GENERAL.—The Secretary, in accord-
7 ance with rules established by the Commission, may
8 select and appoint a staff director and other per-
9 sonnel necessary to enable the Commission to carry
10 out its duties.

11 “(2) COMPENSATION OF PERSONNEL.—The
12 Secretary, in accordance with rules established by
13 the Commission, may set the amount of compensa-
14 tion to be paid to the staff director and any other
15 personnel that serve the Commission.

16 “(3) DETAIL OF GOVERNMENT EMPLOYEES.—
17 Any Federal Government employee may be detailed
18 to the Commission without reimbursement, and the
19 detail shall be without interruption or loss of civil
20 service status or privilege.

21 “(4) CONSULTANT SERVICES.—The Chair-
22 person of the Commission is authorized to procure
23 the temporary and intermittent services of experts
24 and consultants in accordance with section 3109 of
25 title 5, United States Code, at rates not to exceed

1 the daily equivalent of the annual rate of basic pay
2 prescribed for level IV of the Executive Schedule
3 under section 5315 of such title.

4 “(i) REPORT.—

5 “(1) IN GENERAL.—Not later than 3 years
6 after the date of enactment of the Youth Drug and
7 Mental Health Services Act, the Secretary shall pre-
8 pare and submit, to the Committee on Health, Edu-
9 cation, Labor, and Pensions of the Senate, a report
10 that shall—

11 “(A) detail the health problems faced by
12 Indians and Native Alaskans who reside on res-
13 ervations;

14 “(B) examine and explain the causes of
15 such problems;

16 “(C) describe the health care services
17 available to Indians and Native Alaskans who
18 reside on reservations and the adequacy of such
19 services;

20 “(D) identify the reasons for the provision
21 of inadequate health care services for Indians
22 and Native Alaskans who reside on reserva-
23 tions, including the availability of resources;

1 “(E) develop measures for tracking the
2 health status of Indians and Native Americans
3 who reside on reservations; and

4 “(F) make recommendations for improve-
5 ments in the health care services provided for
6 Indians and Native Alaskans who reside on res-
7 ervations, including recommendations for legis-
8 lative change.

9 “(2) EXCEPTION.—In addition to the report re-
10 quired under paragraph (1), not later than 2 years
11 after the date of enactment of the Youth Drug and
12 Mental Health Services Act, the Secretary shall pre-
13 pare and submit, to the Committee on Health, Edu-
14 cation, Labor, and Pensions of the Senate, a report
15 that describes any alcohol and drug abuse among In-
16 dians and Native Alaskans who reside on reserva-
17 tions.

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

21 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section
23 \$5,000,000 for fiscal year 2000, and such sums as may
24 be necessary for fiscal years 2001 and 2002.”.

1 **TITLE IV—PROVISIONS RELAT-**
2 **ING TO FLEXIBILITY AND AC-**
3 **COUNTABILITY**

4 **SEC. 401. GENERAL AUTHORITIES AND PEER REVIEW.**

5 (a) GENERAL AUTHORITIES.—Paragraph (1) of sec-
6 tion 501(e) of the Public Health Service Act (42 U.S.C.
7 290aa(e)) is amended to read as follows:

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

1 ment of Health and Human Services and the De-
 2 partment of Agriculture related to alcohol consump-
 3 tion.”.

4 (b) PEER REVIEW.—Section 504 of the Public
 5 Health Service (42 U.S.C. 290aa-3) is amended as fol-
 6 lows:

7 **“SEC. 504. PEER REVIEW.**

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

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

20 “(c) ADVISORY COUNCIL REVIEW.—If the direct cost
 21 of a grant or cooperative agreement (described in sub-
 22 section (a)) exceeds the simple acquisition threshold as de-
 23 fined by section 4(11) of the Office of Federal Procure-
 24 ment Policy Act, the Secretary may make such a grant

1 or cooperative agreement only if such grant or cooperative
 2 agreement is recommended—

3 “(1) after peer review required under sub-
 4 section (a); and

5 “(2) by the appropriate advisory council.

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

11 **SEC. 402. ADVISORY COUNCILS.**

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

15 **SEC. 403. GENERAL PROVISIONS FOR THE PERFORMANCE**
 16 **PARTNERSHIP BLOCK GRANTS.**

17 (a) PLANS FOR PERFORMANCE PARTNERSHIPS.—
 18 Section 1949 of the Public Health Service Act (42 U.S.C.
 19 300x–59) is amended as follows:

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

21 “(a) DEVELOPMENT.—The Secretary in conjunction
 22 with States and other interested groups shall develop sepa-
 23 rate plans for the programs authorized under subparts I
 24 and II for creating more flexibility for States and account-

1 ability based on outcome and other performance measures.

2 The plans shall each include—

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

5 “(2) the common set of performance measures
6 that would be used for accountability, including
7 measures that would be used for the program under
8 subpart II for pregnant addicts, HIV transmission,
9 tuberculosis, and those with a co-occurring sub-
10 stance abuse and mental disorders, and for pro-
11 grams under subpart I for children with serious
12 emotional disturbance and adults with serious men-
13 tal illness and for individuals with co-occurring men-
14 tal health and substance abuse disorders;

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

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

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

22 “(6) an implementation strategy complete with
23 recommendations for any necessary legislation.

24 “(b) SUBMISSION.—Not later than 2 years after the
25 date of enactment of this Act, the plans developed under

1 subsection (a) shall be submitted to the Committee on
 2 Health, Education, Labor, and Pensions of the Senate and
 3 the Committee on Commerce of the House of Representa-
 4 tives.

5 “(c) INFORMATION.—As the elements of the plans de-
 6 scribed in subsection (a) are developed, States are encour-
 7 aged to provide information to the Secretary on a vol-
 8 untary basis.

9 “(d) PARTICIPANTS.—The Secretary shall include
 10 among those interested groups that participate in the de-
 11 velopment of the plan consumers of mental health or sub-
 12 stance abuse services, providers, representatives of polit-
 13 ical divisions of States, and representatives of racial and
 14 ethnic groups including Native Americans.”.

15 (b) AVAILABILITY TO STATES OF GRANT PRO-
 16 GRAMS.—Section 1952 of the Public Health Service Act
 17 (42 U.S.C. 300x-62) is amended as follows:

18 **“SEC. 1952. AVAILABILITY TO STATES OF GRANT PAY-**
 19 **MENTS.**

20 “Any amounts paid to a State for a fiscal year under
 21 section 1911 or 1921 shall be available for obligation and
 22 expenditure until the end of the fiscal year following the
 23 fiscal year for which the amounts were paid.”.

1 **SEC. 404. DATA INFRASTRUCTURE PROJECTS.**

2 Part C of title XIX of the Public Health Service Act
3 (42 U.S.C. 300y et seq.) is amended—

4 (1) by striking the headings for part C and sub-
5 part I and inserting the following:

6 **“PART C—CERTAIN PROGRAMS REGARDING**
7 **MENTAL HEALTH AND SUBSTANCE ABUSE**
8 **“Subpart I—Data Infrastructure Development”;**

9 (2) by striking section 1971 (42 U.S.C. 300y)
10 and inserting the following:

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

12 “(a) IN GENERAL.—The Secretary may make grants
13 to, and enter into contracts or cooperative agreements
14 with States for the purpose of developing and operating
15 mental health or substance abuse data collection, analysis,
16 and reporting systems with regard to performance meas-
17 ures including capacity, process, and outcomes measures.

18 “(b) PROJECTS.—The Secretary shall establish cri-
19 teria to ensure that services will be available under this
20 section to States that have a fundamental basis for the
21 collection, analysis, and reporting of mental health and
22 substance abuse performance measures and States that do
23 not have such basis. The Secretary will establish criteria
24 for determining whether a State has a fundamental basis
25 for the collection, analysis, and reporting of data.

1 “(c) CONDITION OF RECEIPT OF FUNDS.—As a con-
2 dition of the receipt of an award under this section a State
3 shall agree to collect, analyze, and report to the Secretary
4 within 2 years of the date of the award on a core set of
5 performance measures to be determined by the Secretary
6 in conjunction with the States.

7 “(d) DURATION OF SUPPORT.—The period during
8 which payments may be made for a project under sub-
9 section (a) may be not less than 3 years nor more than
10 5 years.

11 “(e) AUTHORIZATION OF APPROPRIATION.—

12 “(1) IN GENERAL.—For the purpose of car-
13 rying out this section, there are authorized to be ap-
14 propriated such sums as may be necessary for each
15 of the fiscal years 2000, 2001 and 2002.

16 “(2) ALLOCATION.—Of the amounts appro-
17 priated under paragraph (1) for a fiscal year, 50
18 percent shall be expended to support data infrastruc-
19 ture development for mental health and 50 percent
20 shall be expended to support data infrastructure de-
21 velopment for substance abuse.”.

1 **SEC. 405. REPEAL OF OBSOLETE ADDICT REFERRAL PROVI-**
2 **SIONS.**

3 (a) REPEAL OF OBSOLETE PUBLIC HEALTH SERV-
4 ICE ACT AUTHORITIES.—Part E of title III (42 U.S.C.
5 257 et seq.) is repealed.

6 (b) REPEAL OF OBSOLETE NARA AUTHORITIES.—
7 Titles III and IV of the Narcotic Addict Rehabilitation
8 Act of 1966 (Public Law 89–793) are repealed.

9 (c) REPEAL OF OBSOLETE TITLE 28 AUTHORI-
10 TIES.—

11 (1) IN GENERAL.—Chapter 175 of title 28,
12 United States Code, is repealed.

13 (2) TABLE OF CONTENTS.—The table of con-
14 tents to part VI of title 28, United States Code, is
15 amended by striking the items relating to chapter
16 175.

17 **SEC. 406. INDIVIDUALS WITH CO-OCCURRING DISORDERS.**

18 The Public Health Service Act is amended by insert-
19 ing after section 503 (42 U.S.C. 290aa–2) the following:

20 **“SEC. 503A. REPORT ON INDIVIDUALS WITH CO-OCCURRING**
21 **MENTAL ILLNESS AND SUBSTANCE ABUSE**
22 **DISORDERS.**

23 “(a) IN GENERAL.—Not later than 2 years after the
24 date of enactment of this section, the Secretary shall, after
25 consultation with organizations representing States, men-
26 tal health and substance abuse treatment providers, pre-

1 vention specialists, individuals receiving treatment serv-
2 ices, and family members of such individuals, prepare and
3 submit to the Committee on Health, Education, Labor,
4 and Pensions of the Senate and the Committee on Com-
5 merce of the House of Representatives, a report on pre-
6 vention and treatment services for individuals who have
7 co-occurring mental illness and substance abuse disorders.

8 “(b) REPORT CONTENT.—The report under sub-
9 section (a) shall be based on data collected from existing
10 Federal and State surveys regarding the treatment of co-
11 occurring mental illness and substance abuse disorders
12 and shall include—

13 “(1) a summary of the manner in which indi-
14 viduals with co-occurring disorders are receiving
15 treatment, including the most up-to-date information
16 available regarding the number of children and
17 adults with co-occurring mental illness and sub-
18 stance abuse disorders and the manner in which
19 funds provided under sections 1911 and 1921 are
20 being utilized, including the number of such children
21 and adults served with such funds;

22 “(2) a summary of improvements necessary to
23 ensure that individuals with co-occurring mental ill-
24 ness and substance abuse disorders receive the serv-
25 ices they need;

1 “(3) a summary of practices for preventing sub-
 2 stance abuse among individuals who have a mental
 3 illness and are at risk of having or acquiring a sub-
 4 stance abuse disorder; and

5 “(4) a summary of evidenced-based practices
 6 for treating individuals with co-occurring mental ill-
 7 ness and substance abuse disorders and rec-
 8 ommendations for implementing such practices.

9 “(c) FUNDS FOR REPORT.—The Secretary may obli-
 10 gate funds to carry out this section with such appropria-
 11 tions as are available.”.

12 **SEC. 407. SERVICES FOR INDIVIDUALS WITH CO-OCCUR-**
 13 **RING DISORDERS.**

14 Subpart III of part B of title XIX of the Public
 15 Health Service Act (42 U.S.C. 300x–51 et seq.) (as
 16 amended by section 305) is further amended by adding
 17 at the end the following:

18 **“SEC. 1956. SERVICES FOR INDIVIDUALS WITH CO-OCCUR-**
 19 **RING DISORDERS.**

20 “States may use funds available for treatment under
 21 sections 1911 and 1921 to treat persons with co-occurring
 22 substance abuse and mental disorders as long as funds
 23 available under such sections are used for the purposes

- 1 for which they were authorized by law and can be tracked
- 2 for accounting purposes.”.

Passed the Senate November 3, 1999.

Attest:

GARY SISCO,
Secretary.