Less than one percent of the nation's hospitals are independent children's hospitals. Yet these hospitals train 30 percent of all pediatricians. These freestanding children's hospitals also train more than half of the country's pediatric specialists—the physicians who care for children with cancer, asthma, diabetes and many other chronic diseases and special needs.

In addition to their teaching responsibilities, they care for uninsured children, conduct pediatric research, and provide state-of-the-art specialty care for children in all parts of the nation. The services they provide and the activities they conduct are indispensable. When a child has a rare disease or complicated condition, children's hospitals are the hospitals of choice.

In Massachusetts, Boston Children's Hospital provides excellent care and conducts needed pediatric research and training. It provides the highest quality of care for sick or disabled children from Massachusetts, New England and the world. It is a national resource. The primary care and specialist physicians it trains serve in countless communities in Massachusetts and throughout the country. Boston Children's Hospital has been recognized as a world-class institution. Researchers at the hospital continue to offer new hope for children and adults, as they break new ground in battles to fight pediatric diseases. For example, Dr. Judah Folkman has developed two powerful agents that show great promise in the war on cancer. These agents—angiostatin and endostatin—have been shown to shrink cancerous tumors in animals. Clinical trials are now underway to test the effectiveness of bladder tissue grown in a laboratory, and to treat high-risk heart patients with a tiny device that can close holes in the heart without invasive surgery.

These advances are the result of the teaching hospital environment that is the heart of the mission of Boston Children's Hospital. Senior clinicians and scientists work with new doctors in training. The interns, residents and fellows who train at Boston Children's Hospital and other children's hospitals are the pediatricians, pediatric specialists and pediatric researchers of tomorrow. The federal government should invest in their training, just as we have invested in the training of physicians who care for adults. The benefits to the nation are immeasurable.

In general, graduate medical education activities are supported through Medicare. However, because children's hospitals treat very few Medicare patients, they receive almost no federal support to train physicians. In fact, they receive less than 1/200th per resident compared to other teaching hospitals. The lack of federal support makes no sense. It unintentionally penalizes children's hospitals, and we need to correct this problem as soon as possible.

The legislation accompanying the reauthorization of the Agency for Health Care Policy and Research authorizes a new discretionary program to provide support for pediatric graduate medical education. It authorizes the funding necessary to provide adequate support—$280 million in FY 2000 and $285 million in FY 2001. But this authorization is just a beginning. We need to continue to work together this year and next year to ensure that adequate funds are appropriated for this important new program to succeed.

Adequate and stable funding for pediatric GME activities can best be achieved by a permanent mandatory program. The Senate Finance Committee has agreed to hold a hearing on this important issue next year, and I hope action will quickly follow. Senator BOB KERREY and I have introduced legislation that will create a mandatory program. It has broad bipartisan support in the Senate. Forty senators, evenly divided among Democrats and Republicans, favor this approach, and I am confident that we will prevail in the end.

However, this year we have an opportunity to begin to address this important children's health issue. Today's authorization lays the groundwork for a downpayment in the appropriations for FY2000. The President's budget proposed $40 million for pediatric graduate medical education. The Labor, Health and Human Services Appropriations conference bill includes $20 million for this program. Congress should follow the President's lead and provide at least $40 million for next year, while Congress pursues full funding through a long-term solution.

It is an honor to support Boston Children's Hospital and other children's hospitals across the country as they strive to meet the health needs of the nation's children. I look forward to working with my colleagues in the House and Senate on this important issue in the coming year.

Mr. GRAMM. I ask unanimous consent the substitute amendment be agreed to, the bill be read a third time and passed as amended, the motion to reconsider be laid upon the table, and any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The substitute amendment (No. 2506) was agreed to.

The bill (S. 580), as amended, was read the third time and passed.

[The bill was not available for printing. It will appear in a future edition of the RECORD.]

YOUTH DRUG AND MENTAL HEALTH SERVICES ACT

Mr. GRAMM. Mr. President, I ask unanimous consent the Senate now proceed to the consideration of Calendar No. 332, S. 976.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 976) 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.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and inserting in lieu thereof the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

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

TITLE I—PROVISIONS RELATING TO SERVICES FOR CHILDREN AND ADOLESCENTS

SEC. 101. CHILDREN AND VIOLENCE.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following:

''PART G—PROJECTS FOR CHILDREN AND VIOLENCE

"SEC. 581. CHILDREN AND VIOLENCE.

''(a) IN GENERAL.—The Secretary, in consultation with the Secretary of Education and the Attorney General, shall carry out directly or through grants, contracts or cooperative agreements with public entities a program to assist local communities in developing ways to assist children in dealing with violence.

''(b) ACTIVITIES.—Under the program under subsection (a), the Secretary may—

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

''(2) provide technical assistance to local communities with respect to the development of programs described in paragraph (1);

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

''(4) assist in the creation of community partnerships among law enforcement, education systems and mental health and substance abuse service systems.

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

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

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

''(A) security;

''(B) educational reform;

''(C) the review and updating of school policies;

''(D) alcohol and drug abuse prevention and early intervention services;

''(E) mental health prevention and treatment services; and

''(F) early childhood development and psychosocial services; and

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

''(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

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

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

''(g) INFORMATION AND EDUCATION.—The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application under this section to the general public and to health care professionals.

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

"SEC. 582. GRANTS TO ADDRESS THE PROBLEMS OF PERSONS WHO EXPERIENCE VIOLENCE RELATED STRESS.

''(a) IN GENERAL.—The Secretary shall award grants, contracts or cooperative agreements to public and nonprofit private entities, as well as to Indian tribes and tribal organizations, for the purpose of establishing a national and regional centers of excellence on psychological trauma response and for developing knowledge with regard to evidence-based practices for treating psychiatric disorders resulting from witnessing or experiencing such stress.

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

''(c) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) with respect to centers of excellence are distributed equitably among the regions of the country and among urban and rural areas.

''(d) EVALUATION.—The Secretary, as part of the application process, shall require that each applicant for a grant, contract or cooperative agreement under subsection (a) submit a plan for the rigorous evaluation of the activities funded under the grant, contract or agreement, including both process and outcomes evaluation, and the submission of an evaluation at the end of the project period.

''(e) DURATION OF AWARDS.—With respect to a grant, contract or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient may not exceed 5 years. Such grants, contracts or agreements may be renewed.

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

SEC. 102. EMERGENCY RESPONSE.

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

(1) by redesignating subsection (m) as subsection (o);

(2) by inserting after subsection (l) the following:

''(m) EMERGENCY RESPONSE.—

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

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

''(3) EMERGENCIES.—The Secretary shall establish criteria for determining that a substance abuse or mental health emergency exists and publish such criteria in the Federal Register prior to providing funds under this subsection.

''(n) LIMITATION ON THE USE OF CERTAIN INFORMATION.—No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under this title may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose. Such information may not be published or released in other form if the person who supplied the information or who is described in it is identifiable unless such person has consented (as determined under regulations of the Secretary) to its publication or release in other form.''; and

(3) in subsection (o) (as so redesignated), by striking ''1993'' and all that follows through the period and inserting ''2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.''.

SEC. 103. HIGH RISK YOUTH REAUTHORIZATION.

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

SEC. 104. SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN AND ADOLESCENTS.

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

"SEC. 514. SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN AND ADOLESCENTS.

''(a) IN GENERAL.—The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Native Alaskan entities and Indian tribes and tribal organizations, for the purpose of providing substance abuse treatment services for children and adolescents.

''(b) PRIORITY.—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants who propose to—

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

''(2) coordinate the provision of treatment services with other social service agencies in the community, including educational, juvenile justice, child welfare, and mental health agencies;

''(3) provide a continuum of integrated treatment services, including case management, for children and adolescents with substance abuse disorders and their families;

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

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

''(6) provide aftercare services for children and adolescents and their families after completion of substance abuse treatment; and

''(7) address the relationship between substance abuse and violence.

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

''(d) APPLICATION.—An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

''(e) EVALUATION.—An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, contract, or cooperative agreement, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines 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 agencies (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 Secretary 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;

''(3) provide early intervention services, including counseling and ancillary services, that are designed to meet the developmental needs of

children and adolescents who are at risk for substance abuse; and

''(4) develop networks with the educational, juvenile justice, social services, and other agencies and organizations in the State or local community involved that will work to identify children and adolescents who are in need of substance abuse treatment services.

''(c) CONDITION.—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall ensure that such grants, contracts, or cooperative agreements are allocated, subject to the availability of qualified applicants, among the principal geographic regions of the United States, to Indian tribes and tribal organizations, and to urban and rural areas.

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

''(e) APPLICATION.—An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

''(f) EVALUATION.—An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, contract, or cooperative agreement, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate.

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

''SEC. 514B. YOUTH INTERAGENCY RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE CENTERS.

''(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, and in consultation with the Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Director of the Bureau of Justice Assistance and the Director of the National Institutes of Health, shall award grants or contracts to public or nonprofit private entities to establish not more than 4 research, training, and technical assistance centers to carry out the activities described in subsection (c).

''(b) APPLICATION.—A public or private nonprofit entity desiring a grant or contract under subsection (a) shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

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

''(1) provide training with respect to state-of-the-art mental health and justice-related services and successful mental health and substance abuse-justice collaborations that focus on children and adolescents, to public policymakers, law enforcement administrators, public defenders, police, probation officers, judges, parole officials, jail administrators and mental health and substance abuse providers and administrators;

''(2) engage in research and evaluations concerning State and local justice and mental health systems, including system redesign initiatives, and disseminate information concerning the results of such evaluations;

''(3) provide direct technical assistance, including assistance provided through toll-free telephone numbers, concerning issues such as how to accommodate individuals who are being processed through the courts under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), what types of mental health or substance abuse service approaches are effective within the judicial system, and how community-based mental health or substance abuse services can be more effective, including relevant regional, ethnic, and gender-related considerations; and

''(4) provide information, training, and technical assistance to State and local governmental officials to enhance the capacity of such officials to provide appropriate services relating to mental health or substance abuse.

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

''SEC. 514C. PREVENTION OF METHAMPHETAMINE AND INHALANT ABUSE AND ADDICTION.

''(a) GRANTS.—The Director of the Center for Substance Abuse Prevention (referred to in this section as the 'Director') may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities to enable such entities—

''(1) to carry out school-based programs concerning the dangers of methamphetamine or inhalant abuse and addiction, using methods that are effective and evidence-based, including initiatives that give students the responsibility to create their own anti-drug abuse education programs for their schools; and

''(2) to carry out community-based methamphetamine or inhalant abuse and addiction prevention programs that are effective and evidence-based.

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

''(c) PREVENTION PROGRAMS AND ACTIVITIES.—

''(1) IN GENERAL.—Amounts provided under this section may be used—

''(A) to carry out school-based programs that are focused on those districts with high or increasing rates of methamphetamine or inhalant abuse and addiction and targeted at populations which are most at risk to start methamphetamine or inhalant abuse;

''(B) to carry out community-based prevention programs that are focused on those populations within the community that are most at-risk for methamphetamine or inhalant abuse and addiction;

''(C) to assist local government entities to conduct appropriate methamphetamine or inhalant prevention activities;

''(D) to train and educate State and local law enforcement officials, prevention and education officials, members of community anti-drug coalitions and parents on the signs of methamphetamine or inhalant abuse and addiction and the options for treatment and prevention;

''(E) for planning, administration, and educational activities related to the prevention of methamphetamine or inhalant abuse and addiction;

''(F) for the monitoring and evaluation of methamphetamine or inhalant prevention activities, and reporting and disseminating resulting information to the public; and

''(G) for targeted pilot programs with evaluation components to encourage innovation and experimentation with new methodologies.

''(2) PRIORITY.—The Director shall give priority in making grants under this section to rural and urban areas that are experiencing a high rate or rapid increases in methamphetamine or inhalant abuse and addiction.

''(d) ANALYSES AND EVALUATION.—

''(1) IN GENERAL.—Up to $500,000 of the amount available in each fiscal year to carry out this section shall be made available to the Director, acting in consultation with other Federal agencies, to support and conduct periodic analyses and evaluations of effective prevention programs for methamphetamine or inhalant abuse and addiction and the development of appropriate strategies for disseminating information about and implementing these programs.

''(2) ANNUAL REPORTS.—The Director shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Commerce and Committee on Appropriations of the House of Representatives, an annual report with the results of the analyses and evaluation under paragraph (1).

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

SEC. 105. COMPREHENSIVE COMMUNITY SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE.

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

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

''(g) WAIVERS.—The Secretary may waive 1 or more of the requirements of subsection (c) for a public entity that is an Indian Tribe or tribal organization, or American Samoa, Guam, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, or the United States Virgin Islands if the Secretary determines, after peer review, that the system of care is family-centered and uses the least restrictive environment that is clinically appropriate.''.

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

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

(e) CURRENT GRANTEES.—

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

(2) LIMITATION.—Paragraph (1) shall apply with respect to a grantee only if the grantee agrees to comply with the provisions of section 561 as amended by subsection (a).

SEC. 106. SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.

(a) ADMINISTRATION AND ACTIVITIES.—

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

(A) in paragraph (1), by striking ''Administrator'' and all that follows through ''Administration'' and insert ''Administrator of the Substance Abuse and Mental Health Services Administration''; and

(B) in paragraph (2), by striking ''Administrator of the Substance Abuse and Mental Health Services Administration'' and inserting ''Administrator of the Health Resources and Services Administration''.

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

(A) in subparagraph (B), by striking ''and'' at the end;

(B) in subparagraph (C), by striking the period and inserting the following: ''through youth service agencies, family social services, child care providers, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, health, substance abuse and mental health providers through screenings conducted during regular childhood examinations and other examinations, self and family member referrals, substance abuse treatment services, and other providers of services to children and families; and''; and

(C) by adding at the end the following:

''(D) to provide education and training to health, substance abuse and mental health professionals, and other providers of services to children and families through youth service agencies, family social services, child care, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, and other providers of services to children and families.''.

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

(A) in clause (i), by striking ''(i) the entity'' and inserting ''(i)(I) the entity'';

(B) in clause (ii)—

(i) by striking ''(ii) the entity'' and inserting ''(II) the entity''; and

(ii) by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

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

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

(1) in paragraph (1), by inserting ''alcohol and drug,'' after ''psychological,'';

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

''(5) Developmentally and age-appropriate drug and alcohol early intervention, treatment and prevention services.''; and

(3) by inserting after paragraph (8), the following:

''Services shall be provided under paragraphs (2) through (8) by a public health nurse, social worker, or similar professional, or by a trained worker from the community who is supervised by a professional, or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements.''.

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

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A), by inserting before the colon the following: '', or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements''; and

(B) by adding at the end the following:

''(D) Aggressive outreach to family members with substance abuse problems.

''(E) Inclusion of consumer in the development, implementation, and monitoring of Family Services Plan.'';

(2) in paragraph (2)—

(A) by striking subparagraph (A) and inserting the following:

''(A) Alcohol and drug treatment services, including screening and assessment, diagnosis, detoxification, individual, group and family counseling, relapse prevention, pharmacotherapy treatment, after-care services, and case management.'';

(B) in subparagraph (C), by striking '', including educational and career planning'' and inserting ''and counseling on the human immunodeficiency virus and acquired immune deficiency syndrome'';

(C) in subparagraph (D), by striking ''conflict and''; and

(D) in subparagraph (E), by striking ''Remedial'' and inserting ''Career planning and''; and

(3) in paragraph (3)(D), by inserting ''which include child abuse and neglect prevention techniques'' before the period.

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

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

''(d) ELIGIBLE ENTITIES.—The Secretary shall distribute the grants through the following types of entities:'';

(2) in paragraph (1), by striking ''drug treatment'' and inserting ''drug early intervention, prevention or treatment; and

(3) in paragraph (2)—

(A) in subparagraph (A), by striking ''; and'' and inserting ''; or''; and

(B) in subparagraph (B), by inserting ''or pediatric health or mental health providers and family mental health providers'' before the period.

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

(1) in paragraph (2)—

(A) by inserting ''including maternal and child health'' before ''mental'';

(B) by striking ''treatment programs''; and

(C) by striking ''and the State agency responsible for administering public maternal and child health services'' and inserting '', the State agency responsible for administering alcohol and drug programs, the State lead agency, and the State Interagency Coordinating Council under part H of the Individuals with Disabilities Education Act; and''; and

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

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

(1) in subparagraph (B), by adding ''and'' at the end; and

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

''(C) the number of case workers or other professionals trained to identify and address substance abuse issues.''.

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

(1) in paragraph (3), by adding ''and'' at the end;

(2) in paragraph (4), by striking the semicolon and inserting the following: '', including increased participation in work or employment-related activities and decreased participation in welfare programs.''; and

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

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

(1) in paragraph (2), by adding ''and'' at the end;

(2) in paragraph (3)—

(A) in subparagraph (A), by adding ''and'' at the end;

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

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

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

(i) DATA COLLECTION.—Section 399D(n) of the Public Health Service Act (42 U.S.C. 280d(n)) is amended by adding at the end the following: ''The periodic report shall include a quantitative estimate of the prevalence of alcohol and drug problems in families involved in the child welfare system, the barriers to treatment and prevention services facing these families, and policy recommendations for removing the identified barriers, including training for child welfare workers.''.

(j) DEFINITION.—Section 399D(o)(2)(B) of the Public Health Service Act (42 U.S.C. 280d(o)(2)(B)) is amended by striking ''dangerous''.

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

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

(l) GRANTS FOR TRAINING AND CONFORMING AMENDMENTS.—Section 399D of the Public Health Service Act (42 U.S.C. 280d) is amended—

(1) by striking subsection (f);

(2) by striking subsection (k);

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

(4) by inserting after subsection (c), the following:

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

(5) in subsection (k)(2) (as so redesignated), by striking ''(h)'' and inserting ''(i)''; and

(6) in paragraphs (3)(E) and (5) of subsection (m) (as so redesignated), by striking ''(d)'' and inserting ''(e)''.

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

(1) is transferred to title V;

(2) is redesignated as section 519; and

(3) is inserted after section 518.

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

SEC. 107. SERVICES FOR YOUTH OFFENDERS.

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

''SEC. 520C. SERVICES FOR YOUTH OFFENDERS.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Center for Mental Health Services, and in consultation with the Director of the Center for Substance Abuse Treatment, the Administrator of the Office of Juvenile Justice and Delinquency Prevention, and the Director of the Special Education Programs, shall award grants on a competitive basis to State or local juvenile justice agencies to enable such agencies to provide aftercare services for youth offenders who have been discharged from facilities in the juvenile or criminal justice system and have serious emotional disturbances or are at risk of developing such disturbances.

''(b) USE OF FUNDS.—A State or local juvenile justice agency receiving a grant under subsection (a) shall use the amounts provided under the grant—

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

''(2) to provide a network of core or aftercare services or access to such services for each youth offender, including diagnostic and evaluation services, substance abuse treatment services, outpatient mental health care services, medication management services, intensive home-based therapy, intensive day treatment services, respite care, and therapeutic foster care;

''(3) to establish a program that coordinates with other State and local agencies providing recreational, social, educational, vocational, or operational services for youth, to enable the agency receiving a grant under this section to provide community-based system of care services for each youth offender that addresses the special needs of the youth and helps the youth access all of the aforementioned services; and

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

''(c) APPLICATION.—A State or local juvenile justice agency that desires a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

''(d) REPORT.—Not later than 1 year after the date of enactment of this section and annually thereafter, a State or local juvenile justice agency receiving a grant under subsection (a) shall submit to the Secretary a report describing the programs carried out pursuant to this section.

''(e) DEFINITIONS.—In this section:

''(1) SERIOUS EMOTIONAL DISTURBANCE.—The term 'serious emotional disturbance' with respect to a youth offender means an offender who currently, or at any time within the 1-year period ending on the day on which services are sought under this section, has a diagnosable mental, behavioral, or emotional disorder that functionally impairs the offender's life by substantially limiting the offender's role in family, school, or community activities, and interfering with the offender's ability to achieve or maintain 1 or more developmentally-appropriate social, behavior, cognitive, communicative, or adaptive skills.

''(2) COMMUNITY-BASED SYSTEM OF CARE.—The term 'community-based system of care' means the provision of services for the youth offender by various State or local agencies that in an interagency fashion or operating as a network addresses the recreational, social, educational, vocational, mental health, substance abuse, and operational needs of the youth offender.

''(3) YOUTH OFFENDER.—The term 'youth offender' means an individual who is 21 years of age or younger who has been discharged from a State or local juvenile or criminal justice system, except that if the individual is between the ages of 18 and 21 years, such individual has had contact with the State or local juvenile or criminal justice system prior to attaining 18 years of age and is under the jurisdiction of such a system at the time services are sought.

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

SEC. 108. GENERAL PROVISIONS.

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

(1) by redesignating paragraphs (2) through (12) as paragraphs (3) through (13), respectively; and

(2) by inserting after paragraph (1), the following:

''(2) ensure that emphasis is placed on children and adolescents in the development of treatment programs;''.

(b) DUTIES OF THE OFFICE FOR SUBSTANCE ABUSE PREVENTION.—Section 515(b)(9) of the Public Health Service Act (42 U.S.C. 290bb–2(b)(9)) is amended by striking ''public concerning'' and inserting ''public, especially adolescent audiences, concerning''.

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

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

(2) by inserting after paragraph (2), the following:

''(3) collaborate with the Department of Education and the Department of Justice to develop programs to assist local communities in addressing violence among children and adolescents;''.

TITLE II—PROVISIONS RELATING TO MENTAL HEALTH

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

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

''SEC. 520A. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

''(a) PROJECTS.—The Secretary shall address priority mental health needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

''(1) knowledge development and application projects for prevention, treatment, and rehabilitation, and the conduct or support of evaluations of such projects;

''(2) training and technical assistance programs;

''(3) targeted capacity response programs; and

''(4) systems change grants including statewide family network grants and client-oriented and consumer run self-help activities.

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

''(b) PRIORITY MENTAL HEALTH NEEDS.—

''(1) DETERMINATION OF NEEDS.—Priority mental health needs of regional and national significance shall be determined by the Secretary in consultation with States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

''(2) SPECIAL CONSIDERATION.—In developing program priorities described in paragraph (1), the Secretary, in conjunction with the Director of the Center for Mental Health Services, the Director of the Center for Substance Abuse Treatment, and the Administrator of the Health Resources and Services Administration, shall give special consideration to promoting the integration of mental health services into primary health care systems.

''(c) REQUIREMENTS.—

''(1) IN GENERAL.—Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

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

''(3) MATCHING FUNDS.—The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under this section provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

''(4) MAINTENANCE OF EFFORT.—With respect to activities for which a grant, contract or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

''(d) EVALUATION.—The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

''(e) INFORMATION AND EDUCATION.—The Secretary shall establish information and education programs to disseminate and apply the findings of the knowledge development and application, training, and technical assistance programs, and targeted capacity response programs, under this section to the general public, to health care professionals, and to interested groups. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out mental health services.

''(f) AUTHORIZATION OF APPROPRIATION.—

''(1) IN GENERAL.—There are authorized to be appropriated to carry out this section, $300,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.

''(2) DATA INFRASTRUCTURE.—If amounts are not appropriated for a fiscal year to carry out section 1971 with respect to mental health, then the Secretary shall make available, from the amounts appropriated for such fiscal year under paragraph (1), an amount equal to the sum of $6,000,000 and 10 percent of all amounts appropriated for such fiscal year under such paragraph in excess of $100,000,000, to carry out such section 1971.''.

(b) CONFORMING AMENDMENTS.—

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

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

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

SEC. 202. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.

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

''SEC. 506. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.

''(a) IN GENERAL.—The Secretary shall award grants, contracts and cooperative agreements to community-based public and private nonprofit entities for the purposes of providing mental health and substance abuse services for homeless individuals. In carrying out this section, the Secretary shall consult with the Interagency Council on the Homeless, established under section 201 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11311).

''(b) PREFERENCES.—In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall give a preference to—

''(1) entities that provide integrated primary health, substance abuse, and mental health services to homeless individuals;

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

''(3) entities that have experience in providing substance abuse and mental health services to homeless individuals;

''(4) entities that demonstrate experience in providing housing for individuals in treatment

for or in recovery from mental illness or substance abuse; and

''(5) entities that demonstrate effectiveness in serving homeless veterans.

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

''(1) prohibit the provision of services under such subsection to homeless individuals who are suffering from a substance abuse disorder and are not suffering from a mental health disorder; and

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

''(A) excluding individuals from mental health services due to the existence or suspicion of substance abuse; or

''(B) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

''(d) TERM OF THE AWARDS.—No entity may receive a grant, contract, or cooperative agreement under subsection (a) for more than 5 years.

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

SEC. 203. PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS.

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

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

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

SEC. 204. COMMUNITY MENTAL HEALTH SERVICES PERFORMANCE PARTNERSHIP BLOCK GRANT.

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

''(1) COMPREHENSIVE COMMUNITY-BASED MENTAL HEALTH SYSTEMS.—The plan provides for an organized community-based system of care for individuals with mental illness and describes available services and resources in a comprehensive system of care, including services for dually diagnosed individuals. The description of the system of care shall include health and mental health services, rehabilitation services, employment services, housing services, educational services, substance abuse services, medical and dental care, and other support services to be provided to individuals with Federal, State and local public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities, including services to be provided by local school systems under the Individuals with Disabilities Education Act. The plan shall include a separate description of case management services and provide for activities leading to reduction of hospitalization.

''(2) MENTAL HEALTH SYSTEM DATA AND EPIDEMIOLOGY.—The plan contains an estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children and presents quantitative targets to be achieved in the implementation of the system described in paragraph (1).

''(3) CHILDREN'S SERVICES.—In the case of children with serious emotional disturbance, the plan—

''(A) subject to subparagraph (B), provides for a system of integrated social services, educational services, juvenile services, and substance abuse services that, together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs (such system to include services provided under the Individuals with Disabilities Education Act);

''(B) provides that the grant under section 1911 for the fiscal year involved will not be expended to provide any service under such system other than comprehensive community mental health services; and

''(C) provides for the establishment of a defined geographic area for the provision of the services of such system.

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

''(5) MANAGEMENT SYSTEMS.—The plan describes the financial resources, staffing and training for mental health providers that is necessary to implement the plan, and provides for the training of providers of emergency health services regarding mental health. The plan further describes the manner in which the State intends to expend the grant under section 1911 for the fiscal year involved.

Except as provided for in paragraph (3), the State plan shall contain the information required under this subsection with respect to both adults with serious mental illness and children with serious emotional disturbance.''.

(b) REVIEW OF PLANNING COUNCIL OF STATE'S REPORT.—Section 1915(a) of the Public Health Service Act (42 U.S.C. 300x–4(a)) is amended—

(1) in paragraph (1), by inserting ''and the report of the State under section 1942(a) concerning the preceding fiscal year'' after ''to the grant''; and

(2) in paragraph (2), by inserting before the period ''and any comments concerning the annual report''.

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

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

(2) by inserting after paragraph (1), the following:

''(2) EXCLUSION OF CERTAIN FUNDS.—The Secretary may exclude from the aggregate State expenditures under subsection (a), funds appropriated to the principle agency for authorized activities which are of a non-recurring nature and for a specific purpose.''.

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

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

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

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

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

(2) in subsection (b)(2), by striking ''section 505'' and inserting ''sections 505 and 1971''.

SEC. 205. DETERMINATION OF ALLOTMENT.

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

''(b) MINIMUM ALLOTMENTS FOR STATES.—With respect to fiscal year 2000, and subsequent fiscal years, the amount of the allotment of a State under section 1911 shall not be less than the amount the State received under such section for fiscal year 1998.''.

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

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

''SECTION 1. SHORT TITLE.

''This Act may be cited as the 'Protection and Advocacy for Individuals with Mental Illness Act'.''.

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

(1) in paragraph (4)—

(A) in the matter preceding subparagraph (A), by inserting '', except as provided in section 104(d),'' after ''means'';

(B) in subparagraph (B)—

(i) by striking ''(i)'' who'' and inserting ''(i)(I) who'';

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

(iii) in subclause (III) (as so redesignated), by striking the period and inserting ''; or''; and

(iv) by adding at the end the following:

''(ii) who satisfies the requirements of subparagraph (A) and lives in a community setting, including their own home.''; and

(2) by adding at the end the following:

''(8) The term 'American Indian consortium' means a consortium established under part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6042 et seq.).''.

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

''(d) The definition of 'individual with a mental illness' contained in section 102(4)(B)(iii) shall apply, and thus an eligible system may use its allotment under this title to provide representation to such individuals, only if the total allotment under this title for any fiscal year is $30,000,000 or more, and in such case, an eligible system must give priority to representing persons with mental illness 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.

''(D) If the total amount appropriated for a fiscal year is at least $25,000,000, the Secretary shall make an allotment in accordance with subparagraph (A) to the eligible system serving the American Indian consortium.''.

(e) TECHNICAL AMENDMENTS.—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)) is amended—

(1) in paragraph (1)(B), by striking ''Trust Territory of the Pacific Islands'' and inserting ''Marshall Islands, the Federated States of Micronesia, the Republic of Palau''; and

(2) by striking paragraph (3).

(f) REAUTHORIZATION.—Section 117 of the Protection and Advocacy for Individuals with Mental Illness Act (as amended by subsection (a)) (42 U.S.C. 10827) is amended by striking ''1995'' and inserting ''2002''.

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

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following:

''PART H—REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES

''SEC. 591. REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES.

''(a) IN GENERAL.—A public or private general hospital, nursing facility, intermediate care facility, residential treatment center, or other health care facility, that receives support in any form from any program supported in whole or in part with funds appropriated to any Federal department or agency shall protect and promote the rights of each resident of the facility, including the right to be free from physical or mental abuse, corporal punishment, and any physical or chemical restraints or involuntary seclusions imposed for purposes of discipline or convenience.

''(b) REQUIREMENTS.—Physical or chemical restraints and seclusion may only be imposed on a resident of a facility described in subsection (a) if—

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

''(2) the restraints or seclusion are imposed only upon the written order of a physician, or other licensed independent practitioner permitted by the State and the facility to order such restraint or seclusion, that specifies the duration and circumstances under which the restraints are to be used (except in emergency circumstances specified by the Secretary until such an order could reasonably be obtained).

''(c) CONSTRUCTION.—Nothing in this section shall be construed as prohibiting the use of restraints for medical immobilization, adaptive support, or medical protection.

''(d) DEFINITIONS.—In this section:

''(1) CHEMICAL RESTRAINT.—The term 'chemical restraint' means the non-therapeutic use of a medication that—

''(A) is unrelated to the patient's medical condition; and

''(B) is imposed for disciplinary purposes or the convenience of staff.

''(2) PHYSICAL RESTRAINT.—The term 'physical restraint' means any mechanical or personal restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely. Such term does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, and other methods involving the physical holding of a resident for the purpose of conducting routine physical examinations or tests or to protect the patient from falling out of bed or to permit a patient to participate in activities without the risk of physical harm to the patient.

''(3) SECLUSION.—The term 'seclusion' means any separation of the resident from the general population of the facility that prevents the resident from returning to such population when he or she desires.

''SEC. 592. REPORTING REQUIREMENT.

''(a) IN GENERAL.— Each facility to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986 applies shall notify the appropriate agency, as determined by the Secretary, of each death that occurs at each such facility while a patient is restrained, of each death occurring within 24 hours of the deceased patient being restrained or placed in seclusion, or where it is reasonable to assume that a patient's death is a result of such seclusion or restraint. A notification under this section shall include the name of the resident and shall be provided not later than 7 days after the date of the death of the individual involved.

''(b) FACILITY.—In this section, the term 'facility' has the meaning given the term 'facilities' in section 102(3) of the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10802(3)).''.

''SEC. 593. REGULATIONS AND ENFORCEMENT.

''(a) TRAINING.—Not later than 1 year after the date of enactment of this part, the Secretary, after consultation with appropriate State and local protection and advocacy organizations, physicians, facilities, and other health care professionals and patients, shall promulgate regulations that require facilities to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.) applies, to meet the requirements of subsection (b).

''(b) REQUIREMENTS.—The regulations promulgated under subsection (a) shall require that—

''(1) facilities described in subsection (a) ensure that there is an adequate number of qualified professional and supportive staff to evaluate patients, formulate written individualized, comprehensive treatment plans, and to provide active treatment measures;

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

''(3) such facilities provide complete and accurate notification of deaths, as required under section 582(a).

''(c) ENFORCEMENT.—A facility to which this part applies that fails to comply with any requirement of this part, including a failure to provide appropriate training, shall not be eligible for participation in any program supported in whole or in part by funds appropriated to any Federal department or agency.''.

TITLE III—PROVISIONS RELATING TO SUBSTANCE ABUSE

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

(a) IN GENERAL.—Section 508 of the Public Health Service Act (42 U.S.C. 290bb–1) is amended to read as follows:

''SEC. 508. PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

''(a) PROJECTS.—The Secretary shall address priority substance abuse treatment needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

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

''(2) training and technical assistance; and

''(3) targeted capacity response programs.

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

''(b) PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS.—

''(1) IN GENERAL.—Priority substance abuse treatment needs of regional and national significance shall be determined by the Secretary after consultation with States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

''(2) SPECIAL CONSIDERATION.—In developing program priorities under paragraph (1), the Secretary, in conjunction with the Director of the Center for Substance Abuse Treatment, the Director of the Center for Mental Health Services, and the Administrator of the Health Resources and Services Administration, shall give special consideration to promoting the integration of substance abuse treatment services into primary health care systems.

''(c) REQUIREMENTS.—

''(1) IN GENERAL.—Recipients of grants, contracts, or cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

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

''(3) MATCHING FUNDS.—The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under that project provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

''(4) MAINTENANCE OF EFFORT.—With respect to activities for which a grant, contract, or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

''(d) EVALUATION.—The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

''(e) INFORMATION AND EDUCATION.—The Secretary shall establish comprehensive information and education programs to disseminate and apply the findings of the knowledge development and application, training and technical assistance programs, and targeted capacity response programs under this section to the general public, to health professionals and other interested groups. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out substance abuse prevention and treatment programs.

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

(b) CONFORMING AMENDMENTS.—The following sections of the Public Health Service Act are repealed:

(1) Section 509 (42 U.S.C. 290bb–2).

(2) Section 510 (42 U.S.C. 290bb–3).

(3) Section 511 (42 U.S.C. 290bb–4).

(4) Section 512 (42 U.S.C. 290bb–5).

(5) Section 571 (42 U.S.C. 290gg).

SEC. 302. PRIORITY SUBSTANCE ABUSE PREVENTION NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

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

''SEC. 516. PRIORITY SUBSTANCE ABUSE PREVENTION NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

''(a) PROJECTS.—The Secretary shall address priority substance abuse prevention needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

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

''(2) training and technical assistance; and

''(3) targeted capacity response programs.

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

''(b) PRIORITY SUBSTANCE ABUSE PREVENTION NEEDS.—

''(1) IN GENERAL.—Priority substance abuse prevention needs of regional and national significance shall be determined by the Secretary in consultation with the States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

''(2) SPECIAL CONSIDERATION.—In developing program priorities under paragraph (1), the Secretary shall give special consideration to—

''(A) applying the most promising strategies and research-based primary prevention approaches; and

''(B) promoting the integration of substance abuse prevention services into primary health care systems.

''(c) REQUIREMENTS.—

''(1) IN GENERAL.—Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

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

''(3) MATCHING FUNDS.—The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under that project provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

''(4) MAINTENANCE OF EFFORT.—With respect to activities for which a grant, contract, or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

''(d) EVALUATION.—The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

''(e) INFORMATION AND EDUCATION.—The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application, training and technical assistance programs, and targeted capacity response programs under this section to the general public and to health professionals. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out substance abuse prevention and treatment programs.

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

(b) CONFORMING AMENDMENTS.—Section 518 of the Public Health Service Act (42 U.S.C. 290bb–24) is repealed.

SEC. 303. SUBSTANCE ABUSE PREVENTION AND TREATMENT PERFORMANCE PARTNERSHIP BLOCK GRANT.

(a) AUTHORIZED ACTIVITIES.—Section 1921(b) of the Public Health Service Act (42 U.S.C. 300x–21(b)) is amended to read as follows:

''(b) AUTHORIZED ACTIVITIES.—

''(1) IN GENERAL.—A funding agreement for a grant under subsection (a) is that, subject to section 1931, the State involved shall expend the grant only for the purpose of—

''(A) planning, carrying out, and evaluating activities to prevent and treat substance abuse in accordance with this subpart and for related activities authorized in section 1924; and

''(B) screening and testing for HIV, tuberculosis, hepatitis C, sexually transmitted diseases, mental health disorders, and other screening and testing necessary to determine a comprehensive substance abuse treatment plan.

''(2) SCREENING AND TESTING.—A State may not use more than 2 percent of a State allotment for a fiscal year to carry out activities under paragraph (1)(B), except that the State shall be considered the payer of last resort and may not expend such funds for such activities to the extent that payment has been made, or can reasonably be expected to be made, with respect to such service under any Federal or State program, an insurance policy, or a Federal or State health benefits program (including programs established under title XVIII or XIX of the Social Security Act), or by an entity that provides health services on a prepaid basis.''.

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

(1) striking subsection (a); and

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

(c) GROUP HOMES FOR RECOVERING SUBSTANCE ABUSERS.—Section 1925(a) of the Public Health Service Act (42 U.S.C. 300x–25(a)) is amended by striking ''For fiscal year 1993'' and all that follows through the colon and inserting the following: ''A State, using funds available under section 1921, may establish and maintain the ongoing operation of a revolving fund in accordance with this section to support group homes for recovering substance abusers as follows:''.

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

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

(2) by inserting after subsection (a), the following:

''(b) EXCLUSION OF CERTAIN FUNDS.—The Secretary may exclude from the aggregate State expenditures under subsection (a), funds appropriated to the principle agency for authorized activities which are of a non-recurring nature and for a specific purpose.''.

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

''(1) the application is received by the Secretary not later than October 1 of the fiscal year prior to the fiscal year for which the State is seeking funds;''.

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

(g) WAIVER AUTHORITY FOR CERTAIN REQUIREMENTS.—

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

''(e) WAIVER AUTHORITY FOR CERTAIN REQUIREMENTS.—

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

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

''(3) DATE CERTAIN FOR ACTING UPON REQUEST.—The Secretary shall approve or deny a request for a waiver under paragraph (1) and inform the State of that decision not later than 120 days after the date on which the request and all the information needed to support the request are submitted.

''(4) ANNUAL REPORTING REQUIREMENT.—The Secretary shall annually report to the general public on the States that receive a waiver under this subsection.''.

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

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

(i) striking paragraph (2); and

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

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

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

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

(2) in subsection (b)(1), by striking ''section 505'' and inserting ''sections 505 and 1971'';

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

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

''(3) CORE DATA SET.—A State that receives a new grant, contract, or cooperative agreement from amounts available to the Secretary under paragraph (1), for the purposes of improving the data collection, analysis and reporting capabilities of the State, shall be required, as a condition of receipt of funds, to collect, analyze, and report to the Secretary for each fiscal year subsequent to receiving such funds a core data set to be determined by the Secretary in conjunction with the States.''.

SEC. 304. DETERMINATION OF ALLOTMENTS.

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

''(b) MINIMUM ALLOTMENTS FOR STATES.—

''(1) IN GENERAL.—With respect to fiscal year 2000, and each subsequent fiscal year, the amount of the allotment of a State under section 1921 shall not be less than the amount the State received under such section for the previous fiscal year increased by an amount equal to 30.65 percent of the percentage by which the aggregate amount allotted to all States for such fiscal year exceeds the aggregate amount allotted to all States for the previous fiscal year.

''(2) LIMITATIONS.—

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

''(B) EXCEPTION.—In applying subparagraph (A), the Secretary shall ensure that no State receives an increase in its allotment under section 1921 for a fiscal year (as compared to the amount allotted to the State in the prior fiscal year) that is in excess of an amount equal to 300 percent of the percentage by which the amount appropriated under section 1935(a) for such fiscal year exceeds the amount appropriated for the prior fiscal year.

''(3) DECREASE IN OR EQUAL APPROPRIATIONS.—If the amount appropriated under section 1935(a) for a fiscal year is equal to or less than the amount appropriated under such section for the prior fiscal year, the amount of the State allotment under section 1921 shall be equal to the amount that the State received under section 1921 in the prior fiscal year decreased by the percentage by which the amount appropriated for such fiscal year is less than the amount appropriated or such section for the prior fiscal year.''.

SEC. 305. NONDISCRIMINATION AND INSTITUTIONAL SAFEGUARDS FOR RELIGIOUS PROVIDERS.

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

''SEC. 1955. SERVICES PROVIDED BY NONGOVERNMENTAL ORGANIZATIONS.

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

''(1) to prohibit discrimination against nongovernmental organizations and certain individuals on the basis of religion in the distribution of government funds to provide substance abuse services under this title and title V, and the receipt of services under such titles; and

''(2) to allow the organizations to accept the funds to provide the services to the individuals without impairing the religious character of the organizations or the religious freedom of the individuals.

''(b) RELIGIOUS ORGANIZATIONS INCLUDED AS NONGOVERNMENTAL PROVIDERS.—

''(1) IN GENERAL.—A State may administer and provide substance abuse services under any program under this title or title V through grants, contracts, or cooperative agreements to provide assistance to beneficiaries under such titles with nongovernmental organizations.

''(2) REQUIREMENT.—A State that elects to utilize nongovernmental organizations as provided for under paragraph (1) shall consider, on the same basis as other nongovernmental organizations, religious organizations to provide services under substance abuse programs under this title or title V, so long as the programs under such titles are implemented in a manner consistent with the Establishment Clause of the first amendment to the Constitution. Neither the Federal Government nor a State or local government receiving funds under such programs shall discriminate against an organization that provides services under, or applies to provide services under, such programs, on the basis that the organization has a religious character.

''(c) RELIGIOUS CHARACTER AND INDEPENDENCE.—

''(1) IN GENERAL.—A religious organization that provides services under any substance abuse program under this title or title V shall retain its independence from Federal, State, and local governments, including such organization's control over the definition, development, practice, and expression of its religious beliefs.

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

''(A) to alter its form of internal governance; or

''(B) to remove religious art, icons, scripture, or other symbols;

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

''(d) EMPLOYMENT PRACTICES.—

''(1) TENETS AND TEACHINGS.—A religious organization that provides services under any substance abuse program under this title or title V may require that its employees providing services under such program adhere to the religious tenets and teachings of such organization, and such organization may require that those employees adhere to rules forbidding the use of drugs or alcohol.

''(2) TITLE VII EXEMPTION.—The exemption of a religious organization provided under section 702 or 703(e)(2) of the Civil Rights Act of 1964 (42 U.S.C. 2000e–1, 2000e–2(e)(2)) regarding employment practices shall not be affected by the religious organization's provision of services under, or receipt of funds from, any substance abuse program under this title or title V.

''(e) RIGHTS OF BENEFICIARIES OF ASSISTANCE.—

''(1) IN GENERAL.—If an individual described in paragraph (3) has an objection to the religious character of the organization from which the individual receives, or would receive, services funded under any substance abuse program under this title or title V, the appropriate Federal, State, or local governmental entity shall provide to such individual (if otherwise eligible for such services) within a reasonable period of time after the date of such objection, services that—

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

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

''(2) NOTICE.—The appropriate Federal, State, or local governmental entity shall ensure that notice is provided to individuals described in paragraph (3) of the rights of such individuals under this section.

''(3) INDIVIDUAL DESCRIBED.—An individual described in this paragraph is an individual who receives or applies for services under any substance abuse program under this title or title V.

''(f) NONDISCRIMINATION AGAINST BENEFICIARIES.—A religious organization providing services through a grant, contract, or cooperative agreement under any substance abuse program under this title or title V shall not discriminate, in carrying out such program, against an individual described in subsection (e)(3) on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

''(g) FISCAL ACCOUNTABILITY.—

''(1) IN GENERAL.—Except as provided in paragraph (2), any religious organization providing services under any substance abuse program under this title or title V shall be subject to the same regulations as other nongovernmental organizations to account in accord with generally accepted accounting principles for the use of such funds provided under such program.

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

''(h) COMPLIANCE.—Any party that seeks to enforce such party's rights under this section may assert a civil action for injunctive relief exclusively in an appropriate Federal or State court against the entity or agency that allegedly commits such violation.

''(i) LIMITATIONS ON USE OF FUNDS FOR CERTAIN PURPOSES.—No funds provided through a grant or contract to a religious organization to provide services under any substance abuse program under this title or title V shall be expended for sectarian worship, instruction, or proselytization.

''(j) EFFECT ON STATE AND LOCAL FUNDS.—If a State or local government contributes State or local funds to carry out any substance abuse program under this title or title V, the State or local government may segregate the State or local funds from the Federal funds provided to carry out the program or may commingle the State or local funds with the Federal funds. If the State or local government commingles the State or local funds, the provisions of this section shall apply to the commingled funds in the same manner, and to the same extent, as the provisions apply to the Federal funds.

''(k) TREATMENT OF INTERMEDIATE CONTRACTORS.—If a nongovernmental organization (referred to in this subsection as an 'intermediate organization'), acting under a contract or other agreement with the Federal Government or a State or local government, is given the authority under the contract or agreement to select nongovernmental organizations to provide services under any substance abuse program under this title or title V, the intermediate organization shall have the same duties under this section as the government but shall retain all other rights of a nongovernmental organization under this section.''.

SEC. 306. ALCOHOL AND DRUG PREVENTION OR TREATMENT SERVICES FOR INDIANS AND NATIVE ALASKANS.

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

''SEC. 544. ALCOHOL AND DRUG PREVENTION OR TREATMENT SERVICES FOR INDIANS AND NATIVE ALASKANS.

''(a) IN GENERAL.—The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Native Alaskan entities and Indian tribes and tribal organizations, for the purpose of providing alcohol and drug prevention or treatment services for Indians and Native Alaskans.

''(b) PRIORITY.—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants that—

''(1) propose to provide alcohol and drug prevention or treatment services on reservations;

''(2) propose to employ culturally-appropriate approaches, as determined by the Secretary, in providing such services; and

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

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

''(d) APPLICATION.—An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

''(e) EVALUATION.—An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate. The final evaluation submitted by such entity shall include a recommendation as to whether such project shall continue.

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

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

''SEC. 545. ESTABLISHMENT OF COMMISSION.

''(a) IN GENERAL.—There is established a commission to be known as the Commission on Indian and Native Alaskan Health Care that shall examine the health concerns of Indians and Native Alaskans who reside on reservations and tribal lands (hereafter in this section referred to as the 'Commission').

''(b) MEMBERSHIP.—

''(1) IN GENERAL.—The Commission established under subsection (a) shall consist of—

''(A) the Secretary;

''(B) 15 members who are experts in the health care field and issues that the Commission is established to examine; and

''(C) the Director of the Indian Health Service and the Commissioner of Indian Affairs, who shall be nonvoting members.

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

''(A) 2 shall be appointed by the Speaker of the House of Representatives;

''(B) 2 shall be appointed by the Minority Leader of the House of Representatives;

''(C) 2 shall be appointed by the Majority Leader of the Senate;

''(D) 2 shall be appointed by the Minority Leader of the Senate; and

''(E) 7 shall be appointed by the Secretary.

''(3) LIMITATION.—Not fewer than 10 of the members appointed to the Commission shall be Indians or Native Alaskans.

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

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

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

''(d) DUTIES OF THE COMMISSION.—The Commission shall—

''(1) study the health concerns of Indians and Native Alaskans; and

''(2) prepare the reports described in subsection (i).

''(e) POWERS OF THE COMMISSION.—

''(1) HEARINGS.—The Commission may hold such hearings, including hearings on reservations, sit and act at such times and places, take such testimony, and receive such information as the Commission considers advisable to carry out the purpose for which the Commission was established.

''(2) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any Federal department or agency such information as the Commission considers necessary to carry out the purpose for which the Commission was established. Upon request of the Chairperson of the Commission, the head of such department or agency shall furnish such information to the Commission.

''(f) COMPENSATION OF MEMBERS.—

''(1) IN GENERAL.—Except as provided in subparagraph (B), each member of the Commission may be compensated at a rate not to exceed the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time), during which that member is engaged in the actual performance of the duties of the Commission.

''(2) LIMITATION.—Members of the Commission who are officers or employees of the United States shall receive no additional pay on account of their service on the Commission.

''(g) TRAVEL EXPENSES OF MEMBERS.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under section 5703 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

''(h) COMMISSION PERSONNEL MATTERS.—

''(1) IN GENERAL.—The Secretary, in accordance with rules established by the Commission, may select and appoint a staff director and other personnel necessary to enable the Commission to carry out its duties.

''(2) COMPENSATION OF PERSONNEL.—The Secretary, in accordance with rules established by the Commission, may set the amount of compensation to be paid to the staff director and any other personnel that serve the Commission.

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

''(4) CONSULTANT SERVICES.—The Chairperson of the Commission is authorized to procure the temporary and intermittent services of experts and consultants in accordance with section 3109 of title 5, United States Code, at rates not to exceed the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of such title.

''(i) REPORT.—

''(1) IN GENERAL.—Not later than 3 years after the date of enactment of the Youth Drug and Mental Health Services Act, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report that shall—

''(A) detail the health problems faced by Indians and Native Alaskans who reside on reservations;

''(B) examine and explain the causes of such problems;

''(C) describe the health care services available to Indians and Native Alaskans who reside on reservations and the adequacy of such services;

''(D) identify the reasons for the provision of inadequate health care services for Indians and Native Alaskans who reside on reservations, including the availability of resources;

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

''(F) make recommendations for improvements in the health care services provided for Indians and Native Alaskans who reside on reservations, including recommendations for legislative change.

''(2) EXCEPTION.—In addition to the report required under paragraph (1), not later than 2 years after the date of enactment of the Youth Drug and Mental Health Services Act, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report that describes any alcohol and drug abuse among Indians and Native Alaskans who reside on reservations.

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

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

TITLE IV—PROVISIONS RELATING TO FLEXIBILITY AND ACCOUNTABILITY

SEC. 401. GENERAL AUTHORITIES AND PEER REVIEW.

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

''(1) IN GENERAL.—There may be in the Administration an Associate Administrator for Alcohol Prevention and Treatment Policy to whom the Administrator may delegate the functions of promoting, monitoring, and evaluating service programs for the prevention and treatment of alcoholism and alcohol abuse within the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment and the Center for Mental Health Services, and coordinating such programs among the Centers, and among the Centers and other public and private entities. The Associate Administrator also may ensure that alcohol prevention, education, and policy strategies are integrated into all programs of the Centers that address substance abuse prevention, education, and policy, and that the Center for Substance Abuse Prevention addresses the Healthy People 2010 goals and the National Dietary Guidelines of the Department of Health and Human Services and the Department of Agriculture related to alcohol consumption.''.

(b) PEER REVIEW.—Section 504 of the Public Health Service (42 U.S.C. 290aa–3) is amended as follows:

''SEC. 504. PEER REVIEW.

''(a) IN GENERAL.—The Secretary, after consultation with the Administrator, shall require appropriate peer review of grants, cooperative agreements, and contracts to be administered through the agency which exceed the simple acquisition threshold as defined in section 4(11) of the Office of Federal Procurement Policy Act.

''(b) MEMBERS.—The members of any peer review group established under subsection (a) shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group. Not more than ¼ of the members of any such peer review group shall be officers or employees of the United States.

''(c) ADVISORY COUNCIL REVIEW.—If the direct cost of a grant or cooperative agreement (described in subsection (a)) exceeds the simple acquisition threshold as defined by section 4(11) of the Office of Federal Procurement Policy Act, the Secretary may make such a grant or cooperative agreement only if such grant or cooperative agreement is recommended—

''(1) after peer review required under subsection (a); and

''(2) by the appropriate advisory council.

''(d) CONDITIONS.—The Secretary may establish limited exceptions to the limitations contained in this section regarding participation of Federal employees and advisory council approval. The circumstances under which the Secretary may make such an exception shall be made public.''.

SEC. 402. ADVISORY COUNCILS.

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

SEC. 403. GENERAL PROVISIONS FOR THE PERFORMANCE PARTNERSHIP BLOCK GRANTS.

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

''SEC. 1949. PLANS FOR PERFORMANCE PARTNERSHIPS.

''(a) DEVELOPMENT.—The Secretary in conjunction with States and other interested groups shall develop separate plans for the programs authorized under subparts I and II for creating more flexibility for States and accountability based on outcome and other performance measures. The plans shall each include—

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

''(2) the common set of performance measures that would be used for accountability, including measures that would be used for the program under subpart II for pregnant addicts, HIV transmission, tuberculosis, and those with a co-occurring substance abuse and mental disorders, and for programs under subpart I for children with serious emotional disturbance and adults with serious mental illness and for individuals with co-occurring mental health and substance abuse disorders;

''(3) the definitions for the data elements to be used under the plan;

''(4) the obstacles to implementation of the plan and the manner in which such obstacles would be resolved;

''(5) the resources needed to implement the performance partnerships under the plan; and

''(6) an implementation strategy complete with recommendations for any necessary legislation.

''(b) SUBMISSION.—Not later than 2 years after the date of enactment of this Act, the plans developed under subsection (a) shall be submitted to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives.

''(c) INFORMATION.—As the elements of the plans described in subsection (a) are developed, States are encouraged to provide information to the Secretary on a voluntary basis.''.

(b) AVAILABILITY TO STATES OF GRANT PROGRAMS.—Section 1952 of the Public Health Service Act (42 U.S.C. 300x–62) is amended as follows:

"SEC. 1952. AVAILABILITY TO STATES OF GRANT PAYMENTS.

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

SEC. 404. DATA INFRASTRUCTURE PROJECTS.

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

(1) by striking the headings for part C and subpart I and inserting the following:

"PART C—CERTAIN PROGRAMS REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE

"Subpart I—Data Infrastructure Development";

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

"SEC. 1971. DATA INFRASTRUCTURE DEVELOPMENT.

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

''(b) PROJECTS.—The Secretary shall establish criteria to ensure that services will be available under this section to States that have a fundamental basis for the collection, analysis, and reporting of mental health and substance abuse performance measures and States that do not have such basis. The Secretary will establish criteria for determining whether a State has a fundamental basis for the collection, analysis, and reporting of data.

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

''(d) DURATION OF SUPPORT.—The period during which payments may be made for a project under subsection (a) may be not less than 3 years nor more than 5 years.

''(e) AUTHORIZATION OF APPROPRIATION.—

''(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2000, 2001 and 2002.

''(2) ALLOCATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, 50 percent shall be expended to support data infrastructure development for mental health and 50 percent shall be expended to support data infrastructure development for substance abuse.''.

SEC. 405. REPEAL OF OBSOLETE ADDICT REFERRAL PROVISIONS.

(a) REPEAL OF OBSOLETE PUBLIC HEALTH SERVICE ACT AUTHORITIES.—Part E of title III (42 U.S.C. 257 et seq.) is repealed.

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

(c) REPEAL OF OBSOLETE TITLE 28 AUTHORITIES.—

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

(2) TABLE OF CONTENTS.—The table of contents to part VI of title 28, United States Code, is amended by striking the items relating to chapter 175.

SEC. 406. INDIVIDUALS WITH CO-OCCURRING DISORDERS.

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

"SEC. 503A. REPORT ON INDIVIDUALS WITH CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE ABUSE DISORDERS.

''(a) IN GENERAL.—Not later than 2 years after the date of enactment of this section, the Secretary shall, after consultation with organizations representing States, mental health and substance abuse treatment providers, prevention specialists, individuals receiving treatment services, and family members of such individuals, prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report on prevention and treatment services for individuals who have co-occurring mental illness and substance abuse disorders.

''(b) REPORT CONTENT.—The report under subsection (a) shall be based on data collected from existing Federal and State surveys regarding the treatment of co-occurring mental illness and substance abuse disorders and shall include—

''(1) a summary of the manner in which individuals with co-occurring disorders are receiving treatment, including the most up-to-date information available regarding the number of children and adults with co-occurring mental illness and substance abuse disorders and the manner in which funds provided under sections 1911 and 1921 are being utilized, including the number of such children and adults served with such funds;

''(2) a summary of improvements necessary to ensure that individuals with co-occurring mental illness and substance abuse disorders receive the services they need;

''(3) a summary of practices for preventing substance abuse among individuals who have a mental illness and are at risk of having or acquiring a substance abuse disorder; and

''(4) a summary of evidenced-based practices for treating individuals with co-occurring mental illness and substance abuse disorders and recommendations for implementing such practices.

''(c) FUNDS FOR REPORT.—The Secretary may obligate funds to carry out this section with such appropriations as are available.''.

SEC. 407. SERVICES FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS.

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

"SEC. 1956. SERVICES FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS.

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

AMENDMENT NO. 2507

(Purpose: To provide a grant program for strengthening families and to modify other provisions, and to make various technical corrections)

Mr. GRAMM. Senator FRIST has an amendment at the desk. I ask for its consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Texas [Mr. GRAMM], for Mr. FRIST, proposes an amendment numbered 2507.

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

Mr. FRIST. Mr. President, I am pleased that the United States Senate will pass today, S. 976, the ''Youth Drug and Mental Health Services Act,'' which I introduced on May 6, 1999. This action follows the overwhelming endorsement of the Health, Education, Labor and Pensions Committee, which passed this bill by a vote of 17 to 1 on July 28, 1999.

S. 976 represents a comprehensive attempt to address the tragedy of increasing drug use by our children. The 1998 National Household Survey on Drug Abuse, conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that nearly 9.9 percent of 12–17 year olds used drugs in the past month, which is dramatically higher that the 1992 rate of 5.3 percent. An estimated 8.3 percent of 12 to 17 year olds have used marijuana in the past month and nearly a quarter of our 8th graders and about half of all high school seniors have tried marijuana.

Let us not forget about the drug of choice for our youth and adolescents, alcohol. Although the legal drinking age is 21 in all States, SAMHSA reports that more than 50 percent of young adults age eighteen to twenty are consuming alcohol and more than 25 percent report having five or more drinks at one time during the past month.

There are many factors for this increase in youth substance abuse, but the factor that I, as a father, am most concerned with is the overall decline of the disapproval of drug use and the decline of the perception of the risk of drug use among our youth.

To help address this problem, the ''Youth Drug'' bill reauthorizes and improves SAMHSA by placing a renewed focus on youth and adolescent substance abuse and mental health services, while providing greater flexibility for States and new accountability in the use of funds based on performance.

SAMHSA, formerly known as the Alcohol, Drug Abuse, and Mental Health Services Administration (ADAMHA) was created in 1992 by the Public Law 102–321, the ADAMHA Reorganization Act. SAMHSA's purpose is to assist States in addressing the importance of reducing the incidence of substance abuse and mental illness by supporting programs for prevention and treatment. SAMHSA provides funds to States for alcohol and drug abuse prevention and treatment programs and activities, and mental health services through the Substance Abuse Prevention and Treatment and the Community Mental Health Services Block Grants.

SAMHSA's block grants are a major portion of this nation's response to substance abuse and mental health service needs, accounting for 40 percent and 15 percent respectively of all substance abuse and community mental health services funding in the States. In my own State of Tennessee, SAMHSA provides over 70 percent of overall funding for the Tennessee Department of Health's Bureau of Alcohol and Drug Abuse Services, which is headed by Dr. Stephanie Perry.

Last year Tennessee received over $25 million from the Substance Abuse Prevention and Treatment Block Grant to spend on treatment and prevention activities. With this funding the Tennessee Bureau of Alcohol and Drug

Abuse Services provides funding to community-based programs that offer a wide range of services throughout the State. In all, the block grant funds provided under this bill permits nearly 6,500 Tennesseans to receive the substance abuse treatment they desperately need.

Today, we in part finish an effort in the Senate that began several years ago to reform and improve our Nation's substance abuse and mental health services. While working on this effort, I have targeted six main goals which I am pleased to report has been accomplished by this legislation. These goals include: promoting State flexibility in block grant and discretionary funding by eliminating or stripping back the numerous outdated or unneeded requirements which Congress has mandated on the States in their expenditure of Federal block grant and discretionary funds; ensuring accountability for the expenditure of Federal funds by beginning the process of moving away from the inefficiency of a system based on expenditure of funds to a performance based system determined in consultation with the States and based upon States' needs; developing and supporting youth and adolescent substance abuse prevention and treatment initiatives by including provisions to provide substance abuse treatment services and early intervention substance abuse services for children and adolescents; developing and supporting mental health initiatives that are designed to prevent and respond to incidents of teen violence by authorizing provisions that will assist local communities in developing ways to treat violent youth and minimize outbreaks of youth violence by forming partnerships among the schools, law enforcement and mental health services; ensuring the availability of Federal funding for substance abuse or mental health emergencies by giving the Secretary the authority to use up to 3 percent of discretionary funding to respond to substance abuse or mental health emergencies, such as an outbreak of methamphetamine activity, without having to go through the peer review process which adds countless weeks and months to the agency's ability to respond; and supporting programs targeted for the homeless in treating mental health and substance abuse by reauthorizing programs which develop and expand mental health and substance abuse treatment services for homeless individuals, including outreach, screening and treatment, habilitation and rehabilitation to homeless individuals suffering from substance abuse or mental illness.

In addition to meeting these six goals, the bill that the Senate passed today addresses several additional important substance abuse and mental health issues.

S. 976 addresses the very crucial issue of how to treat individuals with a co-occurring mental health and substance abuse disorder. There has been considerable debate on how to treat these individuals, and I am pleased that the National Association of State Alcohol and Drug Abuse Directors and the National Association of State Mental Health Program Directors reached a consensus on this issue. This agreement includes language which acknowledges that both substance abuse and mental health block grant funds can be used to treat individuals with co-occurring disorders as long as the funds used can be tracked to show that substance abuse dollars were used for substance abuse services and mental health dollars were used for mental health services.

Another very important issue that is addressed in S. 976 is the proper and safe use of restraints and seclusions in mental health facilities. I would like to acknowledge the important work done on this issue by Senator DODD, who drafted the provisions included in the bill. He has been a true leader on this issue in the Senate and should be commended for bringing this issue to our attention.

There are also provisions in S. 976 to address the inadequacy of substance abuse services for American Indians and Native Alaskans. The bill establishes a Commission on Indian and Native Alaskan Health Care that shall carry out a comprehensive examination of the health concerns of Indians and Native Alaskans living on reservations or tribal lands.

And last, but not least, the bill has an important provision called ''charitable choice.'' This provision would permit religious organizations which provide substance abuse services to be eligible for Federal assistance either through the Substance Abuse Prevention and Treatment Block Grant or discretionary grants through SAMHSA. ''Charitable choice'' acknowledges that no one approach works for everyone who needs and wants substance abuse treatment and that faith-based programs have strong records of successful rehabilitation. Despite this success, faith-based programs are currently not allowed to receive to federal funds. The ''charitable choice'' provisions in this bill will not allow the Federal government to continue to discriminate against faith-based providers regarding substance abuse services. I will not outline all the provisions of the amendment at this time, but would instead like to point out that this provision is similar to the charitable choice provisions that Senator ASHCROFT offered to the Welfare Reform Act of 1996. I would like to thank the leadership of Senators ASHCROFT and ABRAHAM on this critical issue, and especially thank the hard work and dedication of Annie Billings of Senator ASHCROFT's staff.

I would like to thank all the Members of the Health, Education, Labor and Pensions Committee and their staffs for their help on this bipartisan piece of legislation, especially Senator KENNEDY and his staff Dr. David Pollack, Debra DeBruin and David Nexon who have been instrumental in helping to draft this legislation. I would also like to thank the contributions of the Chairman of the Committee, Senator JEFFORDS, and his staff members Philo Hall and Sean Donohue, Senator DEWINE and his staff member Karla Carpenter, Senator GREGG and his staff Alan Gilbert and Shalla Ross, Senator DODD and his staff Jeanne Ireland and Jim Fenton, Senator HARKIN and his staff Bryan Johnson, Senator MIKULSKI and her staff, Rhonda Richards, Senator BINGAMAN and his staff Dr. Robert Mendoza, Senator REED and his staff Rebecca Morley and Lisa German, and Senator WELLSTONE and his staff Ellen Gerrity and John Gilman. I would also like to thank my staff, Anne Phelps, the Staff Director of my Subcommittee on Public Health, and Dave Larson, my Health Policy Analyst, for their efforts on this bill. I would also like to thank Daphne Edwards of the Office of Legislative Counsel and Julia Christensen of the Congressional Budget Office for their contributions. Finally, I would like to thank an individual who has worked tirelessly in assisting us in getting this process to where we are today, Joe Faha, the Director of Legislation and External Affairs for SAMHSA.

Mr. President, the bill we passed today will ensure that Tennessee and other states will continue to receive critically needed Federal funds for community based programs to help individuals with substance abuse and mental health disorders. The changes within this bill will dramatically increase State flexibility in the use of Federal funds and ensure that each State is able to address its unique needs. The bill will also provide a much needed focus on the troubling issue of the recent increase in drug use by our youth and address how we can be helpful to local communities in regard to the issue of children and violence. I am pleased to see this bill pass the Senate and I look forward to its ultimate enactment into law.

Mr. KENNEDY. Mr. President, this bill is the result of a concerted and cooperative bipartisan effort. It is an important and timely piece of legislation that is long overdue, and I urge the Senate to support it.

Mental illness and substance abuse are national problems that need comprehensive and compassionate attention. These conditions do not respect party affiliation or race or age. They are equal opportunity destroyers, but they don't have to destroy at all.

States and local communities provide some of the most critical and ongoing services for persons who struggle with mental illness and substance abuse. This bill enables these dedicated providers to do an even better job with limited resources to accomplish their prevention and treatment goals.

Since we passed the original authorizing legislation for the Substance Abuse and Mental Health Services Administration in 1992, a number of major

clinical and service delivery issues have emerged which require legislative attention. Now we have crafted a bill that accomplishes a great deal and that includes significant compromises on a number of key issues.

The bill addresses three important clinical issues that have emerged in recent years: the growing problem of co-occurring mental health and substance abuse disorders, the distressing and pervasive impact of psychological trauma especially on our younger citizens, and the important relationship between mental health or substance abuse and primary care providers. It also places much greater emphasis on preventing and treating mental health and substance abuse problems in children and adolescents.

The provisions for children demonstrate the breadth and depth of this bill. It contains a children and violence initiative, centers of excellence for psychological trauma, grants for persons who experience violence-related stress, comprehensive substance abuse prevention and treatment for children and adolescents, special attention for children of substance abusers, wrap-around services for youth offenders, and special training centers to increase the sensitivity and competency of staff who work on these issues in the juvenile justice system.

The bill also addresses special problems that adults face. It maintains and expands support for critical programs that serve the homeless, extends its protection to persons who are served in community-based facilities, limits the use of seclusion and restraints in psychiatric facilities, and addresses the special circumstances of Native Americans.

I am particularly pleased with the initiatives to meet the intense service needs of persons with co-occurring mental health and substance abuse disorders. Often, they need innovative treatment approaches, including integrated mental health and addiction treatment facilities. Over the next two years, the Secretary will compile a report that establishes the best practices for helping this very challenging but treatable group.

The bill authorizes the Secretary to provide additional funding for projects on the increasingly important ties linking mental health or substance abuse and primary care. Family physicians and other primary care providers see many patients with a wide range of psychiatric and psychological problems. Too often, however, they do not recognize the mental health problems of their patients. Even if they do, they are often ill-prepared to provide adequate treatment or counseling. We can do much more to help primary care physicians do a better job of caring for patients with serious mental illnesses. This bill seeks to do that.

The bill also accomplishes several important organizational goals. It gives States more flexibility in administering their grant funds, and removes a number of bureaucratic obstacles to greater efficiency. In exchange for this easing of certain mandates, the States will enter into a cooperative agreement with the Administration in developing outcomes-based accountability measures.

The bill also gives the SAMHSA Administrator greater authority in managing discretionary grant funds. It enables the Administrator to make emergency grants to deal with immediate problems that cannot be addressed by the standard grant-making process.

In spite of the many excellent features in this bill, one provision is seriously flawed. The section that allows religious organizations to compete for public funds for the provision of substance abuse services violates the prohibition against certain forms of discrimination. I recognize the valuable role that faith-based organizations can play in helping to address a wide array of social problems. However, the recent proliferation of charitable choice provisions in federal social service programs runs the risk of creating a religious litmus test for those who provide these services, thus barring many trained, qualified professionals from providing services for faith-based organizations. We need to do more to avoid that discrimination.

Our goal is to help many of those in communities across the country who have received inadequate care in the past. The many excellent provisions in this bill will help to ensure that these children and adults will finally receive the care they need and deserve—without stigma or shame, but with dignity and respect—and America will be a better nation because of it.

I commend my colleagues for this important action to reauthorize the Substance Abuse and Mental Health Services Administration. I want to thank Senator FRIST and his Republican colleagues and their staffs for their skillful work for this genuine bipartisan achievement. I commend Senator DODD, who worked effectively on children's issues and the seclusion and restraint provision. Senator HARKIN contributed his important initiative on methamphetamine and inhalant abuse, and Senator DURBIN contributed his critical provision on residential treatment for pregnant women and women who have given birth. Senators BINGAMAN, WELLSTONE, and REED effectively collaborated on a series of significant child and adolescent provisions, and Senator BINGAMAN worked effectively on the needs of Native Americans. Senators MIKULSKI and MURRAY provided excellent counsel on many issues, especially the mental health and substance abuse treatment needs of women. I thank Joe Faha, SAMHSA's Director of Legislation, for his generous assistance throughout the process, as well as Nelba Chavez, the Administrator of SAMHSA. I especially thank David Pollack, David Nexon and Debra DeBruin on my staff, for their dedication and excellent work in bringing this bill to passage.

Mr. DODD. Mr. President, I rise in support of S. 976, Youth Drug and Mental Health Services Act, and to express my appreciation for the leadership that Senator FRIST has shown in moving this long-overdue legislation forward. At a time when so many other worthy legislative efforts have been derailed by partisan politics, the unanimous support for this measure in the Senate is particularly noteworthy.

Substance abuse and mental illness take a terrible toll on individuals, families and on society at-large. Each year, approximately 5.5 million Americans are disabled by severe mental illness and an estimated 4.1 million individuals are addicted to drugs, including 1.1 million of our children. In Connecticut alone, an estimated 130,000 adults suffer from severe mental illness and 224,000 are in need of substance abuse treatment. Among Connecticut's youth, an estimated 23,000 have a serious emotional or behavioral disorder.

Given that so many of our Nation's most intransigent social ills—poverty, violence, child abuse, premature death, and homelessness—have their roots in untreated substance abuse and mental illness, it is critical that we do all that we can to ensure that states, communities and families have the resources they need to combat these devastating conditions. This reauthorization of the Substance Abuse and Mental Health Services Act (SAMHSA) represents an important step in expanding and improving early intervention, prevention, and treatment services. Through S. 976, States are given the flexibility to develop innovative systems of care for substance abuse and mental health, but will also be required to improve accountability by developing performance measures and enhancing their data collection efforts.

I am particularly pleased that this reauthorization contains legislation that I introduced earlier this year, the Compassionate Care Act, which will address a critical issue that a Hartford Courant series brought to national attention last year—the inappropriate use of seclusion and restraint within mental health care facilities. The 5-day investigative series documented more than 140 deaths directly attributable to abusive seclusion and restraint practices. An additional investigation conducted by the General Accounting Office determined that 24 deaths of individuals with mental illnesses resulted from restraint or seclusion. However, both the Hartford Courant and the GAO report determined that these figures most likely represent just the tip of the iceberg of restraint and seclusion related deaths. In fact, the Harvard Center for Risk Analysis estimated that as many as 100–150 deaths each year may be caused by the inappropriate use of restraint and seclusion. This is a tragedy that must be stopped.

The Compassionate Care Act creates tough new limits on the use of potentially lethal restraints—whether physical or chemical in nature—sets rules

for training mental health care workers; and increases the likelihood that a wrongful death of a mental health patient will be investigated and prosecuted—not ignored. The legislation simply seeks to put an end to a shameful record of neglect and abuse of some our Nation's most vulnerable and least cared for individuals. Specifically, the Compassionate Care Act will ensure that physical restraints are no longer used for discipline or for the convenience of mental health facility staff by extending to the mental health population a standard that has been demonstrated to be effective in reducing the use of restraints and seclusion in nursing homes. This legislation will ensure that restraint and seclusion will only be used when a mentally ill individual poses an imminent threat either to himself or others.

Further, this legislation will require that all restraint and seclusion related deaths be reported to an appropriate oversight agency as determined by the Secretary of Health and Human Services. Presently, there is no standard federal reporting requirement for deaths as result of seclusion or restraint. The simple reporting measure in this legislation will greatly aid the federal government, as well as state and local oversight agencies, in tracking and investigating abusive treatment practices. The Compassionate Care Act will also require mental health care facilities to maintain adequate staffing levels and provide appropriate training for mental health care staff, who are often the least paid and least trained of all health care workers. These safeguards will hopefully prevent further harm to individuals who may be unable to protect themselves from abuse by those entrusted with their care. I thank Senator FRIST for working closely with my office in crafting this critically important part of SAMHSA's reauthorization.

I am also pleased that S. 976 incorporates legislation that I have cosponsored with Senator JEFFORDS, the Children of Substance Abusers Act (COSA). Children with substance abusing parents face serious health risks, including congenital birth defects and psychological, emotional, and developmental problems. We also know that substance abuse plays a major role in child abuse and neglect. In fact, it is estimated that children whose parents abuse drugs and/or alcohol are three times more likely to be abused and four times more likely to be neglected than children whose parents are not substance abusers. In an effort to lessen the terrible toll that substance abuse takes on children, COSA will promote aggressive outreach, early intervention, prevention, and treatment services to families struggling with addiction. In addition, COSA will strengthen the systems which provide these services by training professionals serving children and families in recognizing and addressing substance abuse.

I am also grateful that Senator FRIST agreed to include my Teen Substance Abuse Treatment Act of 1999 within this reauthorization. Each year, 400,000 teens and their families, including 7,000 in the state of Connecticut alone, will seek substance abuse treatment but find that it is either unavailable or unaffordable. At best only 20 percent of adolescents with severe alcohol and drug treatment problems who ask for help will receive any form of treatment. Without help, substance abuse puts young people's health at risk and exacerbates anti-social and violent behaviors. This legislation will provide grants to give youth substance abusers access to effective, age-appropriate treatment. It will also address the particular issues of youth involved with the juvenile justice system and those with mental health or other special needs. In short, this legislation will go a long way toward ensuring that no young person who seeks substance abuse treatment will be denied help.

I would also like to thank Senator FRIST for working with me and Senator GREGG on the Strengthening Families through Community Partnerships program, which will promote healthy early childhood development by intervening with at-risk families with young children and their communities. This legislation will support demonstrations to test the efficacy of deterring substance use and abuse and other high risk behaviors through a comprehensive substance abuse prevention program that targets the child's family.

I do have reservations, however, on one aspect of this legislation. While I support the ability of faith-based organizations to provide substance abuse services, I am concerned about provisions in this legislation that would allow religiously based facilities providing substance abuse services to hire only adherents to their own religion. The ability of faith-based providers to participate in providing valuable federally funded programs is a laudable goal. I firmly believe that faith-based substance abuse services can offer critical help in overcoming drug dependency. However, the ability of religiously based entities to provide federally funded programs within this legislation should not be allowed to blur the line between church and state and to erode crucial anti-discrimination protections.

S. 976 represents a bipartisan commitment to reducing the devastating impact of substance abuse and mental illness of our Nation's families. I want to again applaud Senator FRIST, Senator KENNEDY, Senator JEFFORDS, and other members of the Health and Education committee and their staffs for their efforts in developing this legislation and urge the House of Representatives to follow the Senate's lead by acting on this bill expeditiously.

Mr. ASHCROFT. Mr. President, I would like to take this opportunity to commend the members of the Senate Health, Education, Labor, and Pensions Committee for their efforts in crafting S. 976, the ''Youth Drug and Mental Health Services Act,'' which reauthorizes programs under the Substance Abuse and Mental Health Services Administration. In particular, I want to recognize the Chairman of the Subcommittee on Public Health, the Senator from Tennessee, Mr. FRIST, for his tremendous leadership in drafting this legislation.

I am especially pleased that this legislation contains the Charitable Choice provision—modeled after my Charitable Choice provision in the 1996 welfare reform law—which will expand the opportunities for religious organizations to provide substance abuse treatment services with SAMHSA block grant funds. This provision is also very similar to language contained in Senator ABRAHAM's legislation, the ''Faith-Based Drug Treatment Enhancement Act.''

While government substance abuse programs have not succeeded very well in helping people break free from addictions, faith-based drug treatment programs have been transforming shattered lives for years by addressing the deeper needs of people—by instilling hope and values which change destructive behavior and attitudes.

What results have they achieved? We have heard countless stories of the efficiency and effectiveness of these faith-based programs. Teen Challenge has shown that 86% of its graduates remain drug-free. These are individuals who finally broke free of addictions after being routed through a number of government drug treatment programs. The Bowery Mission in New York City has had the most effective free-standing substance abuse shelter in the city-wide system. Bowery also serves its clients at approximately 42% of the cost of some other city-sponsored men's substance abuse shelters. Mel Trotter Ministries in Grand Rapids, Michigan, named for its former alcoholic founder, has an astounding 70 percent long-term success rate in its faith-based rehabilitation program. According to director Thomas Laymon, government programs leave addicts without ''spiritual support.'' Worse, addicts ''are not held accountable for addictions, and they have no incentive to change their behavior.'' Meanwhile, Trotter Ministries provides guidance, a supportive community, and integration into a life beyond drugs. San Antonio's Victory Fellowship, run by Pastor Freddie Garcia, has saved thousands of addicts in some of the city's toughest neighborhoods. The program offers addicts a safe haven, a chance to recover, job training, and a chance to provide for themselves and their families. It has served more than 13,000 people and has a success rate of over 80%.

USA Today cited a study from Georgetown University Medical Center regarding recovery from opiate addiction. The study found that 45% of those who participated in a religious program were drug-free after one year,

while only 5% of those who participated in a non-religious program remained drug-free after a year.

Why are faith-based organizations successful? Because they see those they serve as people, not profiles. They come at this with a holistic approach. They address the moral and spiritual cause of the problems rather than simply dealing with the symptoms.

While some states may already collaborate with religious and charitable organizations in the area of substance abuse programs, Charitable Choice is intended to expand the use of these partnerships by clarifying to government officials and religious organizations alike what the constitutional ground rules are for these partnerships. If we know that faith-based substance abuse programs are successful in helping people break destructive addictions, government should encourage their expanded use. That is precisely what this legislation does.

The Charitable Choice provision in this legislation makes clear that states may direct SAMHSA block grant funds to religious organizations through contracts, grants, or cooperative agreements to provide substance abuse treatment services to beneficiaries. The provision reflects our belief in Congress that government should exercise neutrality when inviting the participation of non-governmental organizations to be service providers by considering all organizations—even religious ones—on an equal basis, and by focusing on whether the organization can provide the requested service, rather than on the religious or non-religious character of the organization.

Unfortunately, in the past, many faith-based organizations have been afraid—often rightfully so—of accepting governmental funds in order to help the poor and downtrodden. They fear that participation in government programs would not only require them to alter their buildings, internal governance, and employment practices, but also make them compromise the very religious character which motivates them to reach out to people in the first place.

Charitable Choice is intended to allay such fears and to prevent government officials from misconstruing constitutional law by banning faith-based organizations from the mix of private providers for fear of violating the Establishment Clause. Even when religious organizations are permitted to participate, government officials have often gone overboard by requiring such organizations to sterilize buildings or property of religious character and to remove any sectarian connections from their programs. This discrimination can destroy the character of many faith-based programs and diminish their effectiveness in helping people climb from despair and dependence to dignity and independence.

Charitable Choice embodies existing U.S. Supreme Court case precedents in an effort to clarify to government officials and charitable organizations alike what is constitutionally permissible when involving religiously-affiliated institutions. Based upon these precedents, the legislation provides specific protections for religious organizations when they provide services with government funds. For example, the government cannot discriminate against an organization on the basis of its religious character. A participating faith-based organization also retains its religious character and its control over the definition, development, practice, and expression of its religious beliefs.

Additionally, the government cannot require a religious organization to alter its form of internal governance or remove religious art, icons, or symbols to be eligible to participate. Finally, religious organizations may consider religious beliefs and practices in their employment decisions. I have been told by numerous faith-based entities and attorneys representing them that autonomy in employment decisions is crucial in maintaining an organization's mission and character.

Charitable Choice also states that funds going directly to religious organizations cannot be used for sectarian worship, instruction, or proselytization. Government dollars are to be used for the secular purpose of the legislation: providing effective treatment for substance abuse problems.

The Charitable Choice provision also contains important and necessary protections for beneficiaries of services, ensuring that they may not be discriminated against on the basis of religion. Also, if a beneficiary objects to receiving services from a religious provider, he has the right to demand that the State provide him with services from an alternative provider.

Mr. President, the Charitable Choice provision is truly bipartisan in nature. Shortly after passage of the federal welfare law, Texas Governor Bush signed an executive order directing ''all pertinent executive branch agencies to take all necessary steps to implement the 'charitable choice' provision of the federal welfare law.'' And earlier this year, Vice President GORE stated that Charitable Choice should be extended ''to other vital services where faith-based organizations can play a role, such as drug treatment, homelessness, and youth violence.'' The Vice President described why faith-based approaches have shown special promise with challenges such as drug addiction. He said that overcoming these types of problems ''takes something more than money or assistance—it requires an inner discipline and courage, deep within the individual. I believe that faith in itself is sometimes essential to spark a personal transformation—and to keep that person from falling back into addiction, delinquency, or dependency.''

Mr. President, I am pleased to say that today we are responding to the Vice President's call for expanding Charitable Choice to drug treatment programs. We are ready to provide people with resources needed to experience a personal transformation and break free from drug or alcohol addiction. Through the bipartisan effort of the Senate Health, Education, Labor, and Pensions Committee, we have legislation that will provide greater opportunities to those in our society who are fighting to overcome substance abuse problems.

Again, I want to thank Senator FRIST, his staff, Chairman JEFFORDS, and the rest of the Committee for their fine work on this legislation.

Mr. REED. Mr. President, today I would like to express my disappointment about a provision that the Majority chose to include in the Youth Drug and Mental Health Services Act, S.976. In Section 305 of the Act, the ''Charitable Choice'' provision permits all religious institutions, including pervasively religious organizations, such as churches and other houses of worship, to use taxpayer dollars to advance their religious mission. Given the Supreme Court precedent, I believe this provision is Constitutionally suspect and be subject to greater review when this bill goes to Conference with its House counterpart.

Although charitable choice has already become law as a part of welfare reform and the Community Services Block Grant, CSBG, portion of the Human Services Reauthorization Act, efforts are being made to expand this change to every program that receives federal financial assistance. The inclusion of charitable choice in this legislation is particularly disturbing since, unlike its application to the intermittent services provided under Welfare Reform and CSBG, Substance Abuse and Mental Health Services Administration (SAMHSA) funds are used to provide substance abuse treatment which is ongoing, involves direct counseling of beneficiaries and is often clinical in nature. In the context of these programs it would be difficult if not impossible to segregate religious indoctrination from the social service.

I agree with the Majority that faith-based organizations have an important and necessary role to play in combating many of our nation's social ills, including youth violence, homelessness, and substance abuse. In fact, I have seen first-hand the impact that faith-based organizations such as Catholic Charities have on delivering certain services to people in need in my own state. By enabling faith-based organizations to join in the battle against substance abuse, we add another powerful tool in our ongoing efforts to help people move from dependence to independence.

However, although there are great benefits that come with allowing religious organizations to provide social services with federal funds, the Vice President recently reminded us that ''clear and strict safeguards'' must exist to ensure that the dividing line

between church and state is not erased. Even the front runner for the Republican Presidential nomination, Governor George W. Bush, acknowledged to the New York Times that these safeguards are necessary: ''Bush said . . . that federal money would pay for services delivered by faith-based groups, not for the religious teachings espoused by the groups.''

In my home state of Rhode Island there is a tradition of religious tolerance and respect for the boundaries of religion and government. Indeed, Roger Williams, who was banished from the Massachusetts Bay Colony for his religious beliefs, founded Providence in 1636. The colony served as a refuge where all could come to worship as their conscience dictated without interference from the state. Understandably, Rhode Islanders remain mindful of mixing religion with its political system.

Mr. President, I am particularly concerned that without proper safeguards, well-intentioned proposals to help religious organizations aid needy populations, might actually harm the First Amendment's principle of separation of church and state. For example, the charitable choice provision creates a disturbing new avenue for employment discrimination and proselytization in programs funded by the Substance Abuse and Mental Health Services Administration. Under current law, many religiously-affiliated nonprofit organizations already provide government-funded social services without employment discrimination and without proselytization. However, the legislation before us extends title VII's religious exemption to cover the hiring practices of organizations participating in SAMHSA funded programs. As the Majority's report language points out, even if the organization is solely funded by SAMHSA, it may ''make employment decisions based upon religious reasons.''

For example, a federally funded substance abuse treatment program run by a church could fire or refuse to hire an individual who has remarried without properly validating his or her second marriage in the eyes of that church—even if he or she is a well-trained and successful substance abuse counselor.

This is not an entirely hypothetical example. In *Little* v. *Wuerl,* 929 F.2d 944 (3d Circ. 1991) the Court held that ''Congress intended the explicit exemptions to title VII to enable religious organizations to create and maintain communities composed solely of individuals faithful to their doctrinal practices, whether or not every individual plays a direct role in the organization's religious activities.'' The Court concluded that ''the permission to employ persons 'of a particular religion' includes permission to employ only persons whose beliefs and conduct are consistent with the employer's religious precepts.'' This may be acceptable when the religious organization is using its own money, but when it is using federal funds, with explicit prohibitions against proselytization, this kind of discrimination is a cause of considerable concern.

During markup, Senator KENNEDY and I introduced an amendment that would have addressed this issue by including important safeguards and protections for beneficiaries and employees of SAMHSA funded programs.

The Reed-Kennedy amendment would have removed the bill's provision that allows religious organizations to require that employees hired for SAMHSA funded programs must subscribe to the organization's religious tenets and teachings. Since section 305 prohibits religious organizations from proselytizing in conjunction with the dissemination of social services under SAMHSA programs, it is contradictory to permit religious organizations to require that their employees subscribe to the organization's tenets and teachings. Second, the amendment would have eliminated the bill's provision that extends title VII's religious exemption to cover the hiring practices of organizations participating in SAMHSA funded programs.

Ultimately, the modest proposal would not have reduced the ability of religious groups to hire co-religionists or more actively participate in SAMHSA funded programs. It merely would have eliminated the explicit ability to discriminate in taxpayer funded employment and left to the courts the decision of whether employees who work on, or are paid through, government grants or contracts are exempt from the prohibition on religious employment discrimination. Unfortunately, the Majority chose to vote against including the important safeguards proposed in the Reed-Kennedy amendment.

For the last 30 years, federal civil rights laws have expanded employment opportunities and sought to counter discrimination in the workplace. I recognize that we need the assistance of religious organizations in the battle against substance abuse, but without a far more robust and informed debate must be far more circumspect of efforts to expand current exemptions to title VII.

Mr. President, I believe we should enlist the assistance of religious organizations without undermining constitutional principles and civil rights law. Accordingly, I am concerned that the charitable choice provision, though laudable in concept, would have disturbing practical and constitutional consequences. Mr. President, I ask unanimous consent that letters expressing the view of the Unitarian Universalist Association of Congregations and the American Jewish Committee be printed in the RECORD so my colleagues may become more aware of these organizations' views on this matter.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

OFFICE OF GOVERNMENT AND INTERNATIONAL AFFAIRS,
Washington, DC, November 2, 1999.

Hon. JACK REED,
U.S. Senate, 320 Hart Senate Office Building, Washington, DC.

DEAR SENATOR REED: I write on behalf of the American Jewish Committee, the nation's oldest human relations organization with more than 100,000 members and supporters, to urge you to place a hold on S. 976, the Substance Abuse Mental Health Reauthorization Act, which includes ''charitable choice'' provisions that are both constitutionally flawed and bad public policy.

The ''charitable choice'' provisions in S. 976 constitute an unacceptable breach in the separation of church and state that has played so crucial a role in ensuring the strength of religion in America, and places a risk the quality of healthcare services provided to individuals with chemical abuse and dependency behavioral disorders.

To be sure, the history of social services in this country began with religious institutions, and the partnership between religiously affiliated institutions and government in the provision of those services is a venerable one. Catholic Charities, not to mention many Jewish agencies across this land, have engaged in such partnerships for many years. Far from objecting to that partnership, the American Jewish Committee, in its 1990 Report on Sectarian Social Services and Public Funding, termed the involvement of the religious sector in publicly-funded social service provision as ''desirable to the extent it is consistent with the Establishment Clause. It creates options for those who wish to receive the services, involves agencies and individuals motivated to provide the services, and helps to avoid making the government the sole provider of social benefits.''

What is new in the ''charitable choice'' arena is not the notion of a partnership of faith-based organizations and government. Rather the innovation of a ''charitable choice'' as a structure that seeks to ignore binding constitutional law, not to mention sound public policy, by permitting pervasively religious institutions, such as churches and other houses of worship, to receive taxpayer dollars for programs that have not been made discrete and institutionally separate. In so doing, and in failing to include other appropriate church-state safeguards, ''charitable choice'' opens the door to publicly funded programs in which recipients of social services may be proselytized. ''Charitable choice'' also creates a real possibility of creating rifts among the various faith groups as they compete for public funding and allows religious providers to engage in religious discrimination against employers who are paid with taxpayers dollars. (Although religious institutions are permitted to hire co-religionists in the contest of private religious activity, it is simply improper for taxpayer dollars to be used to fund religious discrimination.)

There is yet another aspect of the ''charitable choice'' initiative that is cause for concern. With government dollars comes government oversight. But this kind of intrusion into the affairs of religious organizations, at least in the case of pervasively sectarian organizations, is exactly the type of entangelememt of religious and state against which the Constitution guards. Such intrusion can have no effect but to undermine the distinctiveness, indeed the very mission, of religious institutions.

In addition to the foregoing, we are greatly concerned by the portion of S. 976's ''charitable choice'' provisions that allow sectarian providers of treatment for chronic substance abuse conditions, such as alcoholism, and

drug addiction, to avoid clinically based certification and licensure standards. This legislation should not be allowed to go forward without necessary improvements to the bill to provide essential church-state protections, and without closer examination of the consequences of allowing sectarian care providers to avoid compliance with applicable state education, training and credentialing standards.

Thank you for your consideration of our views on this very important matter.

Sincerely,

RICHARD T. FOLTIN,
Legislative Director and Counsel.

UNITARIAN UNIVERSALIST
ASSOCIATION OF CONGREGATIONS,
Washington, DC, November 2, 1999.

STATEMENT OF THE UNITARIAN UNIVERSALIST ASSOCIATION OF CONGREGATIONS OPPOSITION TO THE ''CHARITABLE CHOICE'' PROVISIONS OF S. 976

The Unitarian Universalist Association of Congregations has a long, proud record of support for both religious freedom and the separation of church and state. Our General Assembly has issued 10 resolutions since 1961 to this effect. It is thus with little hesitation that we voice our strong opposition to the ''Charitable Choice'' provisions of S. 976, SAMHSA, the Youth, Drug, and Mental Health Services Act.

These and other similar Charitable Choice provisions undermine the separation of church and state by (1) promoting excessive entanglement between church and state; and (2) privileging certain religions and religious institutions above others.

It does this in the fellowing ways:

By channeling government money into ''pervasively sectarian'' institutions. The Supreme Court has already clearly ruled that the government cannot fund ''pervasively sectarian'' institutions.

By fostering inappropriate competition among religious groups for government money. With limited funding available for any one service, governments will be required to decide which religious institutions will receive funding and which will not. This necessarily puts those governments in the wholly un-Constitutional position of discriminating among religious groups.

By allowing government-funded institutions to discriminate in their employment on the basis of religion. This amounts to federally-funded employment discrimination, thus violating myriad employment and civil rights laws.

By subjecting service-recipients to government-sanctioned proselytization and religious oppression. Individuals receiving government services should not have ''religious strings'' attached to those services.

By encouraging religious institutions to ''follow the dollars'' when deciding what type of social services to provide. As a result, it may encourage these organizations to move away from their historic commitment to providing social services designed to meet basic human needs. We believe that religious groups are better suited to address these urgent human needs than they are to deal with the more complex mental and other health services that require trained professionals. These services are best left to government agencies or institutions closely regulated by governments.

We in the faith community speak often of ''right relationship.'' We strive for ''right relationship'' in the world on many levels, both personal (such as between worshipper and God) and political (such as between church and state). To the Unitarian Universalist Association of Congregations, Charitable Choice legislation violates the right relationship between church and state.

In our vision of ''right'' church-state relations, ''pervasively sectarian'' institutions have the freedom to provide whatever services they chose with their own financial resources. ''Religiously affiliated'' institutions can accept government funding to provide basic human needs services, so long as they do so with no ''religious strings'' attached.

If mental and other health-related human needs are not being met by government agencies, than those agencies should adopt new strategies and approaches. Rather than throwing money at religious groups—who are not situated to handle such needs—adequate freedom and resources should be given to the relevant government agencies so that they may innovate and expand in the necessary ways.

Many Americans struggle with disease, drug addiction, hunger, and poverty. Both religious groups and the government have a responsibility to help those in need. Each is best suited to provide a particular kind of service. Rather than blurring the lines of responsibility, each should re-examine how it can do better what it is better suited to do.

The information available now indicates that very few religious institutions are pursuing funding under the ''Charitable Choice'' provisions of the 1996 Welfare Reform Law. Wisely, they are wary of the problems associated with government funding of religious institutions. Congress should take this as a clear sign that ''Charitable Choice'' is not an appropriate answer to the problems of adequate service provision.

Like others in the religious world, the Unitarian Universalist Association of Congregations is fully committed to helping those in need. We are concerned, however, that the public policies relating to these issues are good ones—appropriate and responsible—that fully respect both the needs and rights of those people receiving services. For the reasons stated above, we do not believe that ''Charitable Choice'' provisions are appropriate or responsible policy.

The Unitarian Universalist Association of Congregations opposes ''Charitable Choice'' and urges Congress to do the same.

Sincerely,

ROB CAVENAUGH,
Legislative Director.

Mr. GRAMM. Mr. President, I ask unanimous consent the amendment be agreed to, the committee substitute be agreed to, the bill be read a third time and passed as amended, the motion to reconsider be laid upon the table, and that any statement relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 2507) was agreed to.

The committee substitute amendment was agreed to.

The bill (S. 976), as amended, was read the third time and passed.

(The bill will be printed in a future edition of the RECORD.)

CELEBRATING 50TH ANNIVERSARY OF GENEVA CONVENTIONS OF 1949

Mr. GRAMM. Mr. President, I ask unanimous consent that H. Con. Res. 102 be discharged from the Judiciary Committee and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the concurrent resolution by title.

The legislative clerk read as follows:

A concurrent resolution (H. Con. Res. 102) celebrating the 50th anniversary of the Geneva Conventions of 1949 and recognizing humanitarian safeguards these treaties provide in times of armed conflict.

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. GRAMM. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motion to reconsider be laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (H. Con. Res. 102) was agreed to.

The preamble was agreed to.

FEDERAL ERRONEOUS RETIREMENT COVERAGE CORRECTIONS ACT

Mr. GRAMM. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 309, S. 1232.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1232) to provide for the correction of retirement coverage errors under chapters 83 and 84 of title 5, United States Code.

There being no objection, the Senate proceeded to consider the bill.

AMENDMENT NO. 2508

(Purpose: To provide for the correction of retirement coverage errors under chapters 83 and 84 of title 5, United States Code)

Mr. GRAMM. Mr. President, Senators COCHRAN and AKAKA have a substitute amendment at the desk, and I ask for its consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Texas [Mr. GRAMM] for Mr. COCHRAN, for himself and Mr. AKAKA, proposes an amendment numbered 2508.

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

Mr. GRAMM. Mr. President, I ask unanimous consent that the amendment be agreed to.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 2508) was agreed to.

The PRESIDING OFFICER. Mr. President, I ask unanimous consent that the bill be read a third time and passed, as amended, the motion to reconsider be laid upon the table, and any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 1232), as amended, was read the third time and passed, as follows:

S. 1232

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Federal Erroneous Retirement Coverage Corrections Act''.