

states and tribal governments that request help in implementing their respective visions of sustainability.

In addition to minimizing some of the harmful impacts that unplanned development can have on local and regional ecosystems, good planning and design makes smart business sense. Planning and design help to create communities with character—places where people want to be. As more people are attracted to such places—both residents and tourists—local economies flourish.

CCA has garnered bipartisan support, as well as the endorsement of a broad array of organizations, including planners, conservationists, preservationists, and the National Association of Realtors.

Thank you again for your sponsorship of “The Community Character Act” and your continued commitment to enhancing more livable communities across America. I look forward to working with you to enact this legislation.

Sincerely,

NANCY C. SOMERVILLE,
Executive Director.

SMART GROWTH AMERICA,
Washington, DC, April 4, 2001.

Hon. EARL BLUMENAUER

Hon. WAYNE GILCREST,

House of Representatives,

Washington, DC.

DEAR REPRESENTATIVE BLUMENAUER AND REPRESENTATIVE GILCREST: Smart Growth America would like to commend you on the introduction of the Community Character Act of 2001. We support both the bill and your efforts to assist states, multi-state regions and tribal governments in their efforts to revise their land use planning legislation and develop comprehensive plans.

Planning for future growth and directing development so that it strengthens existing communities while building upon their physical, cultural historical assets is integral to smart growth. We applaud your foresight and willingness to help states, tribal government and regions in their ongoing efforts to achieve smart growth by coordinating transportation, housing and education infrastructure investments while conserving historic, scenic and natural resources.

The Community Character Act makes the federal government a partner in the ongoing efforts of states, regions and tribal governments that want to plan for future growth. We applaud your efforts and look forward to working with you to pass this timely legislation.

Sincerely,

DON CHEN,
Director,
Smart Growth America.

DISTRICT OF COLUMBIA COLLEGE
ACCESS ACT TECHNICAL COR-
RECTIONS ACT OF 2001

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA
IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 4, 2001

Ms. NORTON. Mr. Speaker, today, I am pleased to introduce the District of Columbia College Access Act Technical Corrections Act of 2001. I am particularly pleased and appreciative to be joined by my colleagues, D.C. Subcommittee Chair CONNIE MORELLA and former Chair TOM DAVIS, who are original cosponsors of this bill and were original cosponsors of the landmark College Access Act that has proved so successful.

This bill is necessary to correct three problems that have arisen in the administration of the District's Tuition Assistance Grant Program, authorized in 1999 with the passage of the District of Columbia College Access Act. The Act allows D.C. residents in-state tuition at public colleges and universities nationwide or a \$2500 stipend at private colleges and universities in the region.

First, the bill amends the College Access Act to remove a provision limiting the benefits of the Act to residents who graduated from high school before January 1, 1998. The bill would allow current college seniors and a smaller group of juniors who are presently excluded from the program, but are otherwise eligible for College Access Act benefits to receive those benefits. The arbitrary cutoff date, which was not included in the bill passed by the House, was put in the bill in the Senate out of concern that there might not be enough money to cover all eligible students. Fortunately, the evidence does not support this assumption, allowing the students eligible in the original House bill to be funded. The District has received over 3500 applications and placed over 1600 students at colleges and universities across the country. The program's \$17 million appropriation was originally derived with the assumption that current college juniors and seniors would indeed qualify, and the program currently has the funds to allow these students to participate. It is inherently unfair for D.C. residents who are college freshmen and sophomores to get the benefit, while students who are juniors and seniors do not.

Second, the bill removes the arbitrary three year deadline for college admission in order to be eligible for the benefits in the College Access Act. The bill as passed in the House never intended to deny in-state tuition to students who had to work after high school or who have decided to get a college degree later in life. The three year deadline language was also placed in the Act by the Senate to control the cost of the program. However, the District has done a study of the data and it is clear that it has the funds to include these students in the program. It is unfair to penalize otherwise eligible students because their life circumstances necessitated that they work before entering college. The Congress should applaud and encourage these students. The Department of Education, for example, does not place a similar constraint on its programs.

Third, the bill closes the loophole that currently allows foreign nationals who live in the District to receive the benefits of the Act. The congressional intent of the bill was to provide state university system-type higher education options to D.C. residents, not foreign nationals who happen to live in the District. Most of these students already have the option to take advantage of their own country's higher educational systems. The bill merely mirrors the Department of Education's own statutory requirements on this matter.

The positive impact of the College Access Act on the District of Columbia has been extraordinary. For the first time, D.C. students have the same higher educational choices available to them as residents of the fifty states. This bill seeks only to include those who were arbitrarily left out of the Act from receiving these benefits.

The end of the current school year is rapidly approaching and current college seniors will begin to graduate in May. Because of the ne-

cessity for swift passage and the non-controversial nature of this bill, I am asking Chairwoman MORELLA to seek to have the bill placed on the suspension calendar as soon as we return from recess.

I urge all of my colleagues to support this important, noncontroversial measure.

ELEMENTARY AND SECONDARY
COUNSELING IMPROVEMENT ACT

HON. MARGE ROUKEMA

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 4, 2001

Mrs. ROUKEMA. Mr. Speaker, today I am introducing the Elementary and Secondary Counseling Improvement Act, legislation to provide for elementary and secondary school counseling programs. The epidemic of school shootings across the nation exemplifies the urgent need for school-based mental health services for our youth. Many youth who may be headed toward school violence or other tragedies can be helped if we identify their early symptoms.

The lack of mental health interventions can produce devastating results for children, including disrupted social and educational development, academic failure, substance abuse problems, or juvenile justice system involvement. The bottom line is that we need to identify and treat mental illness in youth at its earliest stages.

In January, Dr. David Satcher, the Surgeon General, released a National Action Agenda for Children's Mental Health, in which it was found that the nation is facing a public crisis in mental health for children and adolescents. According to the report, while one in ten children and adolescents suffer from mental illness severe enough to cause some level of impairment, fewer than one in five of these children receive needed treatment. Dr. Satcher urged that “we must educate all persons who are involved in the care of children on how to identify early indicators for potential mental health problems.”

According to Dr. Satcher, “the burden of suffering by children with mental health needs and their families has created a health crisis in this country. Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by the very institutions and systems that were created to take care of them.”

We must ensure that children with mental health needs are identified early and provided with the services they so desperately need to help them succeed in school and become healthy and contributing members of society.

Providing mental health services in schools is a wise long-term, cost-effective approach to reducing youth violence, developing a positive school environment, increasing student achievement and improving the overall well-being of our nation's youth. Schools provide a tremendous opportunity to identify potential mental health problems in children. Children spend a high percentage of their time in school, especially during their critical years of learning and development.

Teachers and other school professionals have the chance to identify potential problems and get children the help they need. Schools can provide underserved youth with or at-risk

of emotional or behavioral problems access to the mental health services they need. School-based mental health programs have decreased the number of suspensions and referrals to the principal's office, decreased the use of force, weapons, and threats, and helped students feel safer.

In a March Washington Post article, columnist Abigail Trafford asks, "How many school shootings will it take to focus the nation's attention on unmet mental health needs of children and adolescents?" This is exactly what I have been saying for some time.

The Surgeon General's Report on youth violence cites family connectedness, peer group relationships, and success in school as the three most significant factors influencing the likelihood of young people engaging violent behavior. The Surgeon General describes youth violence as an "epidemic." The report identifies effective programs as those that provide at-risk youngsters with the necessary physical and mental health resources, behavioral interventions, skills development, and academic supports.

Our schools should be equipped to provide early identification, assessment, and direct individual or group counseling services to its students. Teachers should be adequately trained in appropriate identification and intervention techniques. Other solutions being proposed, such as increasing the number of campus security personnel or installing metal detectors in the schools, are indeed important. However, these solutions are merely quick fixes and do not address the needs of the troubled child who contemplates bringing a gun to school. Similarly, I strongly support character education programs for all children. However, it is not enough to teach a child suffering from mental illness right from wrong. It is vital that the child's unmet medical needs also be addressed.

The Elementary School Counseling Demonstration Program (ESCDP) within Title X of the Elementary and Secondary Education Act directs much-needed federal resources for school-based mental health programs. Research shows school-based mental health services are effective in reducing school disruptions and violence. An evaluation of the program on which the ESCDP is modeled found that the number of referrals to the principal's office decreased by nearly half, the use of force, weapons, and threatening of others also decreased, school suspensions were reduced, and students felt safer.

With the increase of violence in our schools, we must reauthorize and expand the Elementary School Counseling Program. Our schools must be better equipped to identify and help youth possibly headed toward school violence or other tragedies.

I strongly urge my colleagues to support this important legislation which ensures that the mental health needs of our nation's children are appropriately addressed.

Mr. Speaker, I submit the text of an article by Abigail Trafford, which appeared in the Washington Post on March 7, 2001 concerning the need for school-based mental health services to address the problem of violence in our schools, to be included in the RECORD.

ANSWER THE WAKE-UP CALL FROM OUR CHILDREN

(By Abigail Trafford)

How many school shootings will it take to focus the nation's attention on unmet mental health needs of children and adolescents?

No one knows what drove 15-year-old Andy Williams on Monday to allegedly fire 30 rounds from a .22 caliber longbarrel revolver, killing two students and injuring 13 others in Santee, CA. Or why an eighth-grade girl in Williamsport, Pa., pulled out a gun and wounded her classmate today. But in many instances of juvenile violence, the primary cause is undetected and untreated mental illness. To be sure, there are other factors in this level of violence, such as easy access to guns. And most kids with mental health needs do not become murderers.

But after the headlines fade and the tragedy at Santana High School in Santee becomes another statistic next to Columbine—after the calls from parents and neighbors are met to put in more metal detectors in schools and establish hot lines to report threats and weird behavior—where is the long-term commitment to protecting the mental health and emotional development of children?

"You can make a case that youth mental health is the most neglected area in health care," says clinical psychologist Mark Weist, who directs the Center for School Mental Health Assistance at the University of Maryland School of Medicine. "There's a huge gap between their mental health needs and the resources and services that are available to them."

For starters many people still deny that mental illness can occur in children, which increases the stigma. There also aren't enough mental health professionals for young people. Between 12 and 15 million children and adolescents in the United States are in need of mental health services, according to the Surgeon General's Report on Mental Health. There are only about 8,000 child and adolescent psychiatrists in the country. One estimate of the need called for at least 30,000 psychiatrists for this population. There is also a shortage of psychologists, social workers and other mental health workers who are trained to address the emotional and developmental needs of the young.

Services in many parts of the country are fragmented and under-funded. Since the Columbine shootings, the demand for mental health care for children has skyrocketed. With heightened concerns about violence, many schools have adopted a zero-tolerance policy toward disruptive students. In some cities, a typical scenario goes like this: A student makes a threat and is sent by ambulance to a hospital emergency room. There he—usually it's a boy—is diagnosed with a psychiatric disorder but there is no space available in the appropriate level of care whether it's a hospital bed or placement in a special school or residential facility. Either the student "boards" at the hospital until a bed in a mental health unit is found, or he is sent home to wait for outpatient services.

With the move toward zero-tolerance policies, many needy kids are also expelled from school for long periods of time. This often exacerbates their problems and jeopardizes their academic development.

Yet, the most effective arena for providing mental health services for children is the school. A decade of research into school-based health centers suggests that children are more likely to have a problem detected at a school center than in a doctor's office or outpatient clinic. Advocates of comprehensive mental health services in schools point out that such programs can help promote

emotional growth as well as detect psychiatric problems early and monitor treatment with medications or therapy.

"There's enough data to suggest that this makes a difference. At the federal level we should look at school-based mental health as routinely as curriculum requirements," says pediatric psychiatrist Richard D'Alli, who directs child and adolescent community programs for the Johns Hopkins Children's Center.

In fact, mental health counseling is the leading reason for visits by students to school-based health centers, according to surveys of users of these centers.

The trouble is that most schools do not have a health center. There are only about 1,400 schoolbased health centers in a country with more than 110,000 schools. About 40 percent of these centers have no mental health services.

These statistics underscore the general lack of psychiatric help for children. Overall, only about a third of kids with a mental illness get any treatment—and only 10 percent get adequate treatment, according to the Surgeon General's report.

It's time to address these needs and not wait for the next shooting. A national commitment to bolster mental health care for children cannot guarantee that there will never be another tragedy like Santana and Columbine. As D'Alli says: "What sets these kids apart? Why are they murderers? We may not have the answer any time soon."

But detecting and treating mental illness in children is one way to reduce the risks of school violence. Researchers know that psychiatric disorders in children arise from a complex mix of factors—genetic vulnerability, social environment, history of traumatic experiences, level of psychological and cognitive strength. They also know that intervention as early as elementary school can protect at-risk children.

"These are troubled kids," continues D'Alli. "The whole concept is to treat [the problem] early. If you don't, you're not sure where it will lead." So why isn't there a louder outcry from parents and teachers for mental health services in schools? Part of the answer is money. Good mental health services are labor-intensive and costly. The other part is leadership.

President Bush was quick to express his sorrow. "When America teaches their children right from wrong . . . our country will be better off," he said. But this problem is not just a moral problem. It's a medical one. And he can do something about it.

ATMOSPHERE OF TRUST MISSING IN BELARUS

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 4, 2001

Mr. SMITH of New Jersey. Mr. Speaker, this fall, the Belarusian Government is planning to hold their second presidential elections since independence. Judging by the continuing actions of the repressive regime of Aleksandr Lukashenka, free, fair, and transparent elections—consistent with Belarus' freely undertaken OSCE commitments—will be very difficult to achieve. Democratic elections require an all-encompassing atmosphere of trust and a respect for basic human rights. Unfortunately, recent actions in Belarus do nothing to encourage such trust.

Most recently, on March 25, Belarusian authorities cracked down on participants of the