

clude specific provisions pursuant to which the Service shall assume responsibility for—

(1) the determination of the scope of the problem of alcohol and substance abuse among Indians, including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost;

(2) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse; and

(3) an estimate of the funding necessary to adequately support a program of prevention of alcohol and substance abuse and treatment of Indians affected by alcohol and substance abuse.

(c) Publication

Each memorandum of agreement entered into or renewed (and amendments or modifications thereto) under subsection (a) shall be published in the Federal Register. At the same time as publication in the Federal Register, the Secretary shall provide a copy of such memoranda, amendment, or modification to each Indian tribe, tribal organization, and urban Indian organization.

(Pub. L. 94-437, title VII, §703, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

REFERENCES IN TEXT

The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986, referred to in subsec. (a)(6)(A), is subtitle C of title IV of Pub. L. 99-570, Oct. 27, 1986, 100 Stat. 3207-137, which is classified generally to chapter 26 (§2401 et seq.) of this title. For complete classification of subtitle C to the Code, see Short Title note set out under section 2401 of this title and Tables.

This chapter, referred to in subsec. (a)(6)(A), was in the original “this Act”, meaning Pub. L. 94-437, Sept. 30, 1976, 90 Stat. 1400, known as the Indian Health Care Improvement Act, which is classified principally to this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of this title and Tables.

CODIFICATION

Section 703 of Pub. L. 94-437 is based on section 181 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

PRIOR PROVISIONS

A prior section 1665b, Pub. L. 94-437, title VII, §703, as added Pub. L. 102-573, title VII, §702(a), Oct. 29, 1992, 106 Stat. 4573, related to Indian women treatment programs, prior to the general amendment of this subchapter by Pub. L. 111-148. See section 1665f of this title.

§ 1665c. Comprehensive behavioral health prevention and treatment program

(a) Establishment

(1) In general

The Secretary, acting through the Service, shall provide a program of comprehensive be-

havioral health, prevention, treatment, and aftercare, which may include, if feasible and appropriate, systems of care, and shall include—

(A) prevention, through educational intervention, in Indian communities;

(B) acute detoxification, psychiatric hospitalization, residential, and intensive outpatient treatment;

(C) community-based rehabilitation and aftercare;

(D) community education and involvement, including extensive training of health care, educational, and community-based personnel;

(E) specialized residential treatment programs for high-risk populations, including pregnant and postpartum women and their children; and

(F) diagnostic services.

(2) Target populations

The target population of such programs shall be members of Indian tribes. Efforts to train and educate key members of the Indian community shall also target employees of health, education, judicial, law enforcement, legal, and social service programs.

(b) Contract health services

(1) In general

The Secretary, acting through the Service, may enter into contracts with public or private providers of behavioral health treatment services for the purpose of carrying out the program required under subsection (a).

(2) Provision of assistance

In carrying out this subsection, the Secretary shall provide assistance to Indian tribes and tribal organizations to develop criteria for the certification of behavioral health service providers and accreditation of service facilities which meet minimum standards for such services and facilities.

(Pub. L. 94-437, title VII, §704, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Section 704 of Pub. L. 94-437 is based on section 181 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

PRIOR PROVISIONS

A prior section 1665c, Pub. L. 94-437, title VII, §704, as added Pub. L. 102-573, title VII, §702(a), Oct. 29, 1992, 106 Stat. 4574, provided for Indian Health Service program of alcohol and substance abuse detoxification and rehabilitation for Indian youth, prior to the general amendment of this subchapter by Pub. L. 111-148.

§ 1665d. Mental health technician program

(a) In general

Pursuant to section 13 of this title, the Secretary shall establish and maintain a mental health technician program within the Service which—

(1) provides for the training of Indians as mental health technicians; and

(2) employs such technicians in the provision of community-based mental health care that includes identification, prevention, education, referral, and treatment services.

(b) Paraprofessional training

In carrying out subsection (a), the Secretary, acting through the Service, shall provide high-standard paraprofessional training in mental health care necessary to provide quality care to the Indian communities to be served. Such training shall be based upon a curriculum developed or approved by the Secretary which combines education in the theory of mental health care with supervised practical experience in the provision of such care.

(c) Supervision and evaluation of technicians

The Secretary, acting through the Service, shall supervise and evaluate the mental health technicians in the training program.

(d) Traditional health care practices

The Secretary, acting through the Service, shall ensure that the program established pursuant to this section involves the use and promotion of the traditional health care practices of the Indian tribes to be served.

(Pub. L. 94-437, title VII, §705, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Section 705 of Pub. L. 94-437 is based on section 181 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

PRIOR PROVISIONS

A prior section 1665d, Pub. L. 94-437, title VII, §705, as added Pub. L. 102-573, title VII, §702(a), Oct. 29, 1992, 106 Stat. 4576, provided for program of training and community education about alcohol and substance abuse, prior to the general amendment of this subchapter by Pub. L. 111-148.

§ 1665e. Licensing requirement for mental health care workers

(a) In general

Subject to section 1621t of this title, and except as provided in subsection (b), any individual employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health care services to Indians in a clinical setting under this chapter is required to be licensed as a psychologist, social worker, or marriage and family therapist, respectively.

(b) Trainees

An individual may be employed as a trainee in psychology, social work, or marriage and family therapy to provide mental health care services described in subsection (a) if such individual—

(1) works under the direct supervision of a licensed psychologist, social worker, or marriage and family therapist, respectively;

(2) is enrolled in or has completed at least 2 years of course work at a post-secondary, accredited education program for psychology, social work, marriage and family therapy, or counseling; and

(3) meets such other training, supervision, and quality review requirements as the Secretary may establish.

(Pub. L. 94-437, title VII, §706, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

REFERENCES IN TEXT

This chapter, referred to in subsec. (a), was in the original “this Act”, meaning Pub. L. 94-437, Sept. 30, 1976, 90 Stat. 1400, known as the Indian Health Care Improvement Act, which is classified principally to this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of this title and Tables.

CODIFICATION

Section 706 of Pub. L. 94-437 is based on section 181 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

PRIOR PROVISIONS

A prior section 1665e, Pub. L. 94-437, title VII, §706, as added Pub. L. 102-573, title VII, §702(a), Oct. 29, 1992, 106 Stat. 4576; amended Pub. L. 104-313, §2(e), Oct. 19, 1996, 110 Stat. 3822, provided for establishment of an alcohol and substance abuse residential treatment center in Gallup, New Mexico, prior to the general amendment of this subchapter by Pub. L. 111-148.

§ 1665f. Indian women treatment programs

(a) Grants

The Secretary, consistent with section 1665a of this title, may make grants to Indian tribes, tribal organizations, and urban Indian organizations to develop and implement a comprehensive behavioral health program of prevention, intervention, treatment, and relapse prevention services that specifically addresses the cultural, historical, social, and child care needs of Indian women, regardless of age.

(b) Use of grant funds

A grant made pursuant to this section may be used—

(1) to develop and provide community training, education, and prevention programs for Indian women relating to behavioral health issues, including fetal alcohol spectrum disorders;

(2) to identify and provide psychological services, counseling, advocacy, support, and relapse prevention to Indian women and their families; and

(3) to develop prevention and intervention models for Indian women which incorporate traditional health care practices, cultural values, and community and family involvement.

(c) Criteria

The Secretary, in consultation with Indian tribes and tribal organizations, shall establish criteria for the review and approval of applications and proposals for funding under this section.