

(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.

(d) Allocation of funds for urban Indian organizations

20 percent of the funds appropriated pursuant to this section shall be used to make grants to urban Indian organizations.

(Pub. L. 94-437, title VII, §707, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes**CODIFICATION**

Section 707 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 1665f, Pub. L. 94-437, title VII, §707, as added Pub. L. 102-573, title VII, §702(a), Oct. 29, 1992, 106 Stat. 4577, related to compilation of data and preparation of reports on cases of alcohol or substance abuse in which Indian Health Service personnel or services were involved, prior to the general amendment of this subchapter by Pub. L. 111-148.

§ 1665g. Indian youth program**(a) Detoxification and rehabilitation**

The Secretary, acting through the Service, consistent with section 1665a of this title, shall develop and implement a program for acute detoxification and treatment for Indian youths, including behavioral health services. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis and programs developed and implemented by Indian tribes or tribal organizations at the local level under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).¹ Regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community.

(b) Alcohol and substance abuse treatment centers or facilities**(1) Establishment****(A) In general**

The Secretary, acting through the Service, shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, at least 1 youth regional treatment center or treatment network in each area under the jurisdiction of an area office.

(B) Area office in California

For the purposes of this subsection, the area office in California shall be considered to be 2 area offices, 1 office whose jurisdiction shall be considered to encompass the northern area of the State of California, and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California for the purpose of implementing California treatment networks.

(2) Funding

For the purpose of staffing and operating such centers or facilities, funding shall be pursuant to section 13 of this title.

(3) Location

A youth treatment center constructed or purchased under this subsection shall be constructed or purchased at a location within the area described in paragraph (1) agreed upon (by appropriate tribal resolution) by a majority of the Indian tribes to be served by such center.

(4) Specific provision of funds**(A) In general**

Notwithstanding any other provision of this subchapter, the Secretary may, from amounts authorized to be appropriated for the purposes of carrying out this section, make funds available to—

- (i) the Tanana Chiefs Conference, Incorporated, for the purpose of leasing, constructing, renovating, operating, and maintaining a residential youth treatment facility in Fairbanks, Alaska; and
- (ii) the Southeast Alaska Regional Health Corporation to staff and operate a residential youth treatment facility without regard to the proviso set forth in section 4(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(l)).¹

(B) Provision of services to eligible youths

Until additional residential youth treatment facilities are established in Alaska pursuant to this section, the facilities specified in subparagraph (A) shall make every effort to provide services to all eligible Indian youths residing in Alaska.

(c) Intermediate adolescent behavioral health services**(1) In general**

The Secretary, acting through the Service, may provide intermediate behavioral health services, which may, if feasible and appropriate, incorporate systems of care, to Indian children and adolescents, including—

- (A) pretreatment assistance;
- (B) inpatient, outpatient, and aftercare services;
- (C) emergency care;
- (D) suicide prevention and crisis intervention; and
- (E) prevention and treatment of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence.

(2) Use of funds

Funds provided under this subsection may be used—

- (A) to construct or renovate an existing health facility to provide intermediate behavioral health services;
- (B) to hire behavioral health professionals;
- (C) to staff, operate, and maintain an intermediate mental health facility, group home, sober housing, transitional housing or similar facilities, or youth shelter where intermediate behavioral health services are being provided;
- (D) to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units; and

¹ See References in Text note below.