

(5) establish mechanisms for children and adolescents to report incidents of violence or plans by other children or adolescents to commit violence.

(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 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.

(July 1, 1944, ch. 373, title V, § 581, as added Pub. L. 106–310, div. B, title XXXI, § 3101, Oct. 17, 2000, 114 Stat. 1168.)

Editorial Notes

CODIFICATION

Another section 581 of act July 1, 1944, is classified to section 290kk of this title.

§ 290hh–1. 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 developing and maintaining programs that provide for—

- (1) the continued operation of the National Child Traumatic Stress Initiative (referred to in this section as the “NCTSI”), which includes a cooperative agreement with a coordinating center, that focuses on the mental, behavioral, and biological aspects of psychological trauma response, prevention of the long-term consequences of child trauma, and early intervention services and treatment to address the long-term consequences of child trauma; and
- (2) the development of knowledge with regard to evidence-based practices for identifying and treating mental, behavioral, and biological disorders of children and youth resulting from witnessing or experiencing a traumatic event.

(b) Priorities

In awarding grants, contracts or cooperative agreements under subsection (a)(2) (related to the development of knowledge on evidence-based practices for treating mental, behavioral, and biological disorders associated with psychological trauma), the Secretary shall give priority to universities, hospitals, mental health agencies, and other programs that have established clinical expertise and research experience in the field of trauma-related mental disorders.

(c) Child outcome data

The NCTSI coordinating center described in subsection (a)(1) shall collect, analyze, report, and make publicly available, as appropriate, NCTSI-wide child treatment process and outcome data regarding the early identification and delivery of evidence-based treatment and services for children and families served by the NCTSI grantees.

(d) Training

The NCTSI coordinating center shall facilitate the coordination of training initiatives in evidence-based and trauma-informed treatments, interventions, and practices offered to NCTSI grantees, providers, and partners.

(e) Dissemination and collaboration

The NCTSI coordinating center shall, as appropriate, collaborate with—

- (1) the Secretary, in the dissemination of evidence-based and trauma-informed interventions, treatments, products, and other resources to appropriate stakeholders; and
- (2) appropriate agencies that conduct or fund research within the Department of Health and Human Services, for purposes of sharing NCTSI expertise, evaluation data, and other activities, as appropriate.

(f) Review

The Secretary shall, consistent with the peer-review process, ensure that NCTSI applications

are reviewed by appropriate experts in the field as part of a consensus-review process. The Secretary shall include review criteria related to expertise and experience in child trauma and evidence-based practices.

(g) Geographical distribution

The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) are distributed equitably among the regions of the United States and among urban and rural areas.

(h) 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.

(i) 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 shall not be less than 4 years, but shall not exceed 5 years. Such grants, contracts or agreements may be renewed.

(j) Authorization of appropriations

There is authorized to be appropriated to carry out this section, \$63,887,000 for each of fiscal years 2019 through 2023.

(k) Short title

This section may be cited as the “Donald J. Cohen National Child Traumatic Stress Initiative”.

(July 1, 1944, ch. 373, title V, § 582, as added Pub. L. 106-310, div. B, title XXXI, § 3101, Oct. 17, 2000, 114 Stat. 1169; amended Pub. L. 107-116, title II, § 218, Jan. 10, 2002, 115 Stat. 2201; Pub. L. 107-188, title I, § 155, June 12, 2002, 116 Stat. 633; Pub. L. 114-255, div. B, title X, § 10004, Dec. 13, 2016, 130 Stat. 1265; Pub. L. 115-271, title VII, § 7133, Oct. 24, 2018, 132 Stat. 4051.)

Editorial Notes

CODIFICATION

Another section 582 of act July 1, 1944, is classified to section 290kk-1 of this title.

AMENDMENTS

2018—Subsec. (j). Pub. L. 115-271 substituted “\$63,887,000 for each of fiscal years 2019 through 2023” for “\$46,887,000 for each of fiscal years 2018 through 2022”.

2016—Subsec. (a). Pub. L. 114-255, § 10004(1), substituted “developing and maintaining programs that provide for—” and pars. (1) and (2) for “developing programs focusing on the behavioral and biological aspects of psychological trauma response and for developing knowledge with regard to evidence-based practices for treating psychiatric disorders of children and youth resulting from witnessing or experiencing a traumatic event.”

Subsec. (b). Pub. L. 114-255, § 10004(2), substituted “subsection (a)(2) (related)” for “subsection (a) related”, “treating mental, behavioral, and biological

disorders associated with psychological trauma)” for “treating disorders associated with psychological trauma”, and “universities, hospitals, mental health agencies, and other programs that have established clinical expertise and research” for “mental health agencies and programs that have established clinical and basic research”.

Subsecs. (c) to (f). Pub. L. 114-255, § 10004(4), added subsecs. (c) to (f). Former subsecs. (c) to (f) redesignated (g) to (j), respectively.

Subsec. (g). Pub. L. 114-255, § 10004(3), (5), redesignated subsec. (c) as (g) and substituted “are distributed equitably among the regions of the United States” for “with respect to centers of excellence are distributed equitably among the regions of the country”. Former subsec. (g) redesignated (k).

Subsec. (h). Pub. L. 114-255, § 10004(3), redesignated subsec. (d) as (h).

Subsec. (i). Pub. L. 114-255, § 10004(3), (6), redesignated subsec. (e) as (i) and substituted “recipient shall not be less than 4 years, but shall not exceed 5 years” for “recipient may not exceed 5 years”.

Subsec. (j). Pub. L. 114-255, § 10004(3), (7), redesignated subsec. (f) as (j) and substituted “\$46,887,000 for each of fiscal years 2018 through 2022” for “\$50,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2003 through 2006”.

Subsec. (k). Pub. L. 114-255, § 10004(3), redesignated subsec. (g) as (k).

2002—Subsec. (f). Pub. L. 107-188 substituted “2003 through 2006” for “2002 and 2003”.

Subsec. (g). Pub. L. 107-116 added subsec. (g).

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

§ 290ii. Requirement relating to the rights of residents of certain facilities

(a) In general

A public or private general hospital, nursing facility, intermediate care facility, 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 restraints or involuntary seclusions imposed for purposes of discipline or convenience.

(b) Requirements

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 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) Current law

This part shall not be construed to affect or impede any Federal or State law or regulations that provide greater protections than this part regarding seclusion and restraint.

(d) Definitions

In this section: