

106TH CONGRESS  
2D SESSION

# S. 2639

To amend the Public Health Service Act to provide programs for the treatment of mental illness.

---

IN THE SENATE OF THE UNITED STATES

MAY 25, 2000

Mr. DOMENICI (for himself, Mr. KENNEDY, and Mr. WELLSTONE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

---

## A BILL

To amend the Public Health Service Act to provide programs for the treatment of mental illness.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Mental Health Early  
5       Intervention, Treatment, and Prevention Act of 2000”.

6       **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

8               (1) Almost 3 percent of the adult population or  
9       5 million individuals in the United States suffer  
10      from a severe and persistent mental illness.

1           (2) Twenty-five to 40 percent of the individuals  
2 who suffer from a mental illness in the United  
3 States will come into contact with the criminal jus-  
4 tice system each year.

5           (3) Sixteen percent of all individuals incarcer-  
6 ated in State and local jails suffer from a mental ill-  
7 ness.

8           (4) Suicide is currently a national public health  
9 crisis, with approximately 30,000 Americans com-  
10 mitting suicide every year, including 2,000 children  
11 and adolescents.

12           (5) The stigma associated with mental disorders  
13 often discourages individuals from seeking treat-  
14 ment, decreases such individuals' access to housing  
15 and employment, and interferes with such individ-  
16 uals' full participation in society.

17           (6) In industrialized countries, mental illness  
18 constitutes 4 of the 10 leading causes of disability  
19 for individuals who are 5 years of age or older. Such  
20 illnesses are, in the order of prevalence, depression,  
21 schizophrenia, bipolar disorder, and obsessive com-  
22 pulsive disorder.

23           (7) Presently, nearly 7,500,000 children and  
24 adolescents, or 12 percent of such population, suffer  
25 from 1 or more types of mental disorders.

1           (8) Of the almost 850,000 individuals who are  
2 homeless in the United States, approximately  $\frac{1}{3}$  or  
3 about 300,000 of such individuals suffer from a seri-  
4 ous mental illness.

5           (9) The majority of individuals with a mental  
6 illness can now be successfully treated.

7           (10) The primary care setting provides an im-  
8 portant opportunity for the recognition of mental  
9 disorders, especially in children, adolescents, and  
10 seniors.

11           (11) The first Surgeon General's Report on  
12 Mental Health, released in December 1999, de-  
13 scribes a vision for the future that includes 8 areas,  
14 being—

15                   (A) continuing to build the science base;

16                   (B) overcoming stigma;

17                   (C) improving public awareness of effective  
18 treatment;

19                   (D) ensuring the supply of mental health  
20 services and providers;

21                   (E) ensuring delivery of state-of-the-art  
22 treatments;

23                   (F) tailoring treatment to age, gender,  
24 race, and culture;

25                   (G) facilitating entry into treatment; and

1 (H) reducing financial barriers to treat-  
2 ment.

3 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**  
4 **ACT.**

5 Title V of the Public Health Service Act (42 U.S.C.  
6 290aa et seq.) is amended by adding at the end the fol-  
7 lowing:

8 **“PART G—PROGRAMS FOR TREATMENT OF**  
9 **MENTAL ILLNESS**

10 **“SEC. 581. ANTI-STIGMA AND SUICIDE PREVENTION CAM-**  
11 **PAIGN.**

12 “(a) IN GENERAL.—The Secretary shall carry out a  
13 national anti-stigma and suicide prevention campaign to  
14 reduce the stigma often associated with mental illness.

15 “(b) USE OF FUNDS.—The Secretary shall use funds  
16 authorized for the campaign described in subsection (a)—

17 “(1) to make public service announcements to  
18 reduce any stigma associated with mental illness;

19 “(2) to provide education regarding mental ill-  
20 ness, including education regarding the biology of  
21 mental illness, the effectiveness of treatment, and  
22 the resources that are available for individuals af-  
23 flicted with a mental illness and for families of such  
24 individuals;

1           “(3) to provide science-based education regard-  
2           ing suicide and suicide prevention, including edu-  
3           cation regarding recognition of the symptoms that  
4           indicate that thoughts of suicide are being consid-  
5           ered;

6           “(4) to provide education for parents regarding  
7           youth suicide and prevention;

8           “(5) to purchase media time and space;

9           “(6) to pay for out-of-pocket advertising pro-  
10          duction costs;

11          “(7) to test and evaluate advertising and edu-  
12          cational materials for effectiveness; and

13          “(8) to carry out other activities that the Sec-  
14          retary determines will reduce the stigma associated  
15          with mental illness.

16          “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
17          is authorized to be appropriated to carry out this section—

18               “(1) \$50,000,000 to carry out paragraphs (1),  
19               (2), (4), (5), (6), and (7) of subsection (b) for fiscal  
20               year 2001, and such sums as may be necessary for  
21               fiscal years 2002 through 2005; and

22               “(2) \$25,000,000 to carry out paragraph (3) of  
23               subsection (b) for fiscal year 2001, and such sums  
24               as may be necessary for fiscal years 2002 through  
25               2005.

1 **“SEC. 582. MENTAL ILLNESS AWARENESS TRAINING**  
2 **GRANTS FOR TEACHERS AND EMERGENCY**  
3 **SERVICES PERSONNEL.**

4 “(a) PROGRAM AUTHORIZED.—The Secretary shall  
5 award grants to States, political subdivisions of States, In-  
6 dian tribes, and tribal organizations to train teachers and  
7 other relevant school personnel to recognize symptoms of  
8 childhood and adolescent mental disorders, to refer family  
9 members to the appropriate mental health services if nec-  
10 essary, to train emergency services personnel to identify  
11 and appropriately respond to persons with a mental ill-  
12 ness, and to provide education to such teachers and per-  
13 sonnel regarding resources that are available in the com-  
14 munity for individuals with a mental illness.

15 “(b) EMERGENCY SERVICES PERSONNEL.—In this  
16 section, the term ‘emergency services personnel’ includes  
17 paramedics, firefighters, and emergency medical techni-  
18 cians.

19 “(c) DISTRIBUTION OF AWARDS.—The Secretary  
20 shall ensure that such grants awarded under subsection  
21 (a) are equitably distributed among the geographical re-  
22 gions of the United States and between urban and rural  
23 populations.

24 “(d) APPLICATION.—A State, political subdivision of  
25 a State, Indian tribe, or tribal organization that desires  
26 a grant under this section shall submit an application to

1 the Secretary at such time, in such manner, and con-  
2 taining such information as the Secretary may require, in-  
3 cluding a plan for the rigorous evaluation of activities that  
4 are carried out with funds received under a grant under  
5 this section.

6 “(e) USE OF FUNDS.—A State, political subdivision  
7 of a State, Indian tribe, or tribal organization receiving  
8 a grant under subsection (a) shall use funds from such  
9 grant to—

10 “(1) train teachers and other relevant school  
11 personnel to recognize symptoms of childhood and  
12 adolescent mental disorders and appropriately re-  
13 spond;

14 “(2) train emergency services personnel to iden-  
15 tify and appropriately respond to persons with a  
16 mental illness; and

17 “(3) provide education to such teachers and  
18 personnel regarding resources that are available in  
19 the community for individuals with a mental illness.

20 “(f) EVALUATION.—A State, political subdivision of  
21 a State, Indian tribe, or tribal organization that receives  
22 a grant under this section shall prepare and submit an  
23 evaluation to the Secretary at such time, in such manner,  
24 and containing such information as the Secretary may rea-  
25 sonably require, including an evaluation of activities car-

1 ried out with funds received under the grant under this  
2 section and a process and outcome evaluation.

3 “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
4 is authorized to be appropriated to carry out this section,  
5 \$50,000,000 for fiscal year 2001 and such sums as may  
6 be necessary for each of fiscal years 2002 through 2005.

7 **“SEC. 583. GRANTS FOR EMERGENCY MENTAL HEALTH**  
8 **CENTERS.**

9 “(a) PROGRAM AUTHORIZED.—The Secretary shall  
10 award grants to States, political subdivisions of States, In-  
11 dian tribes, and tribal organizations to support the des-  
12 ignation of hospitals and health centers as Emergency  
13 Mental Health Centers.

14 “(b) HEALTH CENTER.—In this section, the term  
15 ‘health center’ has the meaning given such term in section  
16 330, and includes community health centers and commu-  
17 nity mental health centers.

18 “(c) DISTRIBUTION OF AWARDS.—The Secretary  
19 shall ensure that such grants awarded under subsection  
20 (a) are equitably distributed among the geographical re-  
21 gions of the United States, between urban and rural popu-  
22 lations, and between different settings of care including  
23 health centers, mental health centers, hospitals, and other  
24 psychiatric units or facilities.

1       “(d) APPLICATION.—A State, political subdivision of  
2 a State, Indian tribe, or tribal organization that desires  
3 a grant under subsection (a) shall submit an application  
4 to the Secretary at such time, in such manner, and con-  
5 taining such information as the Secretary may require, in-  
6 cluding a plan for the rigorous evaluation of activities car-  
7 ried out with funds received under this section.

8       “(e) USE OF FUNDS.—

9           “(1) IN GENERAL.—A State, political subdivi-  
10 sion of a State, Indian tribe, or tribal organization  
11 receiving a grant under subsection (a) shall use  
12 funds from such grant to establish or designate hos-  
13 pitals and health centers as Emergency Mental  
14 Health Centers.

15           “(2) EMERGENCY MENTAL HEALTH CEN-  
16 TERS.—Such Emergency Mental Health Centers de-  
17 scribed in paragraph (1)—

18           “(A) shall—

19           “(i) serve as a central receiving point  
20 in the community for individuals who may  
21 be in need of emergency mental health  
22 services;

23           “(ii) purchase, if needed, any equip-  
24 ment necessary to evaluate, diagnose and

1 stabilize an individual with a mental ill-  
2 ness;

3 “(iii) provide training, if needed, to  
4 the medical personnel staffing the Emer-  
5 gency Mental Health Center to evaluate,  
6 diagnose, stabilize, and treat an individual  
7 with a mental illness; and

8 “(iv) provide any treatment that is  
9 necessary for an individual with a mental  
10 illness or a referral for such individual to  
11 another facility where such treatment may  
12 be received; and

13 “(B) may establish and train a mobile cri-  
14 sis intervention team to respond to mental  
15 health emergencies within the community.

16 “(f) EVALUATION.—A State, political subdivision of  
17 a State, Indian tribe, or tribal organization that receives  
18 a grant under subsection (a) shall prepare and submit an  
19 evaluation to the Secretary at such time, in such manner,  
20 and containing such information as the Secretary may rea-  
21 sonably require, including an evaluation of activities car-  
22 ried out with funds received under this section and a proc-  
23 ess and outcomes evaluation.

24 “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
25 is authorized to be appropriated to carry out this section,

1 \$50,000,000 for fiscal year 2001 and such sums as may  
2 be necessary for each of the fiscal years 2002 through  
3 2005.

4 **“SEC. 584. GRANTS FOR JAIL DIVERSION PROGRAMS.**

5       “(a) PROGRAM AUTHORIZED.—The Secretary shall  
6 make up to 125 grants to States, political subdivisions of  
7 States, Indian tribes, and tribal organizations, acting di-  
8 rectly or through agreements with other public or non-  
9 profit entities, to develop and implement programs to di-  
10 vert individuals with a mental illness from the criminal  
11 justice system to community-based services.

12       “(b) ADMINISTRATION.—

13           “(1) CONSULTATION.—The Secretary shall con-  
14 sult with the Attorney General and any other appro-  
15 priate officials in carrying out this section.

16           “(2) REGULATORY AUTHORITY.—The Secretary  
17 shall issue regulations and guidelines necessary to  
18 carry out this section, including methodologies and  
19 outcome measures for evaluating programs carried  
20 out by States, political subdivisions of States, Indian  
21 tribes, and tribal organizations receiving grants  
22 under subsection (a).

23       “(c) APPLICATIONS.—

24           “(1) IN GENERAL.—To receive a grant under  
25 subsection (a), the chief executive of a State, chief

1 executive of a subdivision of a State, Indian tribe or  
2 tribal organization shall prepare and submit an ap-  
3 plication to the Secretary at such time, in such man-  
4 ner, and containing such information as the Sec-  
5 retary shall reasonably require.

6 “(2) CONTENT.—Such application shall—

7 “(A) contain an assurance that—

8 “(i) community-based mental health  
9 services will be available for the individuals  
10 who are diverted from the criminal justice  
11 system, and that such services are based  
12 on the best known practices, reflect current  
13 research findings, include case manage-  
14 ment, assertive community treatment,  
15 medication management and access, inte-  
16 grated mental health and co-occurring sub-  
17 stance abuse treatment, and psychiatric re-  
18 habilitation, and will be coordinated with  
19 social services, including life skills training,  
20 housing placement, vocational training,  
21 education job placement, and health care;

22 “(ii) there has been relevant inter-  
23 agency collaboration between the appro-  
24 priate criminal justice, mental health, and  
25 substance abuse systems; and

1           “(iii) the Federal support provided  
2           will be used to supplement, and not sup-  
3           plant, State, local, Indian tribe, or tribal  
4           organization sources of funding that would  
5           otherwise be available;

6           “(B) demonstrate that the diversion pro-  
7           gram will be integrated with an existing system  
8           of care for those with mental illness;

9           “(C) explain the applicant’s inability to  
10          fund the program adequately without Federal  
11          assistance;

12          “(D) specify plans for obtaining necessary  
13          support and continuing the proposed program  
14          following the conclusion of Federal support; and

15          “(E) describe methodology and outcome  
16          measures that will be used in evaluating the  
17          program.

18          “(d) USE OF FUNDS.—A State, political subdivision  
19          of a State, Indian tribe, or tribal organization that receives  
20          a grant under subsection (a) may use funds received under  
21          such grant to—

22                 “(1) integrate the diversion program into the  
23                 existing system of care;

24                 “(2) create or expand community-based mental  
25                 health and co-occurring mental illness and substance

1 abuse services to accommodate the diversion pro-  
2 gram;

3 “(3) train professionals involved in the system  
4 of care, and law enforcement officers, attorneys, and  
5 judges; and

6 “(4) provide community outreach and crisis  
7 intervention.

8 “(e) FEDERAL SHARE.—

9 “(1) IN GENERAL.—The Secretary shall pay to  
10 a State, political subdivision of a State, Indian tribe,  
11 or tribal organization receiving a grant under sub-  
12 section (a) the Federal share of the cost of activities  
13 described in the application.

14 “(2) FEDERAL SHARE.—The Federal share of a  
15 grant made under this section shall not exceed 75  
16 percent of the total cost of the program carried out  
17 by the State, political subdivision of a State, Indian  
18 tribe, or tribal organization. Such share shall be  
19 used for new expenses of the program carried out by  
20 such State, political subdivision of a State, Indian  
21 tribe, or tribal organization.

22 “(3) NON-FEDERAL SHARE.—The non-Federal  
23 share of payments made under this section may be  
24 made in cash or in kind fairly evaluated, including



1 litical subdivisions of States, Indian tribes, tribal organiza-  
2 tions, and private nonprofit organizations to establish pro-  
3 grams to reduce suicide deaths in the United States.

4 “(b) DURATION.—With respect to a grant, contract,  
5 or cooperative agreement awarded under subsection (a),  
6 the period during which payments under such award may  
7 be made to the recipient may not exceed 5 years.

8 “(c) SPECIAL POPULATIONS.—In awarding grants,  
9 contracts, and cooperative agreements under subsection  
10 (a), the Secretary shall ensure that a portion of such  
11 awards are made in a manner that will focus on the needs  
12 of populations who experience high or rapidly rising rates  
13 of suicide.

14 “(d) COLLABORATION.—In carrying out subsection  
15 (a), the Secretary shall ensure that activities under this  
16 section are coordinated with activities carried out by the  
17 relevant institutes at the National Institutes of Health,  
18 the Health Resources and Services Administration, the  
19 Centers for Disease Control and Prevention, the Adminis-  
20 tration on Children and Families, and the Administration  
21 on Aging.

22 “(e) REQUIREMENTS.—A State, political subdivision  
23 of a State, Indian tribe, tribal organization, or private  
24 nonprofit organization desiring a grant, contract, or coop-

1 erative agreement under subsection (a) shall demonstrate  
2 that the program such entity proposes will—

3 “(1) provide for the timely assessment and  
4 treatment of individuals at risk for suicide;

5 “(2) use evidence-based strategies;

6 “(3) be based on best practices that are adapt-  
7 ed to the local community;

8 “(4) integrate its program into the existing  
9 health care system in the community, including pri-  
10 mary health care, mental health services, and sub-  
11 stance abuse services;

12 “(5) be integrated into other systems in the  
13 community that address the needs of individuals, in-  
14 cluding the educational system, juvenile justice sys-  
15 tem, prisons, welfare and child protection systems,  
16 and community youth support organizations;

17 “(6) use primary prevention methods to educate  
18 and raise awareness in the local community by dis-  
19 seminating information about suicide prevention;

20 “(7) include services for the families and  
21 friends of individuals who completed suicide;

22 “(8) provide linguistically appropriate and cul-  
23 turally competent services;

1           “(9) provide a plan for the evaluation of out-  
2           comes and activities at the local level and agree to  
3           participate in a National evaluation;

4           “(10) provide or ensure adequate provision of  
5           mental health and substance abuse services, either  
6           through provision of direct services or referral; and

7           “(11) ensure that staff used in the program are  
8           trained in suicide prevention and that professionals  
9           involved in the system of care are given training in  
10          identifying persons at risk of suicide.

11          “(f) APPLICATION.—A State, political subdivision of  
12          a State, Indian tribe, tribal organization, or private non-  
13          profit organization receiving a grant, cooperative agree-  
14          ment, or contract under subsection (a) shall prepare and  
15          submit an application to the Secretary at such time, in  
16          such manner, and containing such information as the Sec-  
17          retary may reasonably require. Such application shall in-  
18          clude a plan for the rigorous evaluation of activities fund-  
19          ed under the grant, cooperative agreement, or contract,  
20          including a process and outcomes evaluation.

21          “(g) DISTRIBUTION OF AWARDS.—In awarding  
22          grants, contracts, and cooperative agreements under sub-  
23          section (a), the Secretary shall ensure that such awards  
24          are equitably distributed among the geographical regions

1 of the United States and between urban and rural popu-  
2 lations.

3 “(h) EVALUATION.—A State, political subdivision of  
4 a State, Indian tribe, tribal organization, or private non-  
5 profit organization receiving a grant, cooperative agree-  
6 ment, or contract under subsection (a) shall prepare and  
7 submit to the Secretary at the end of the program period,  
8 an evaluation of all activities funded under this section.

9 “(i) DISSEMINATION AND EDUCATION.—The Sec-  
10 retary shall ensure that findings derived from activities  
11 carried out under this section are disseminated to State,  
12 county, and local governmental agencies and nonprofit or-  
13 ganizations active in promoting suicide prevention and  
14 family support activities.

15 “(j) AUTHORIZATION OF APPROPRIATION.—There  
16 are authorized to be appropriated to carry out this section  
17 \$75,000,000 for fiscal year 2001, and such sums as may  
18 be necessary for fiscal years 2002 through 2005.

19 **“SEC. 586. MENTAL ILLNESS OUTREACH SCREENING PRO-**  
20 **GRAMS.**

21 “(a) IN GENERAL.—The Secretary shall award  
22 grants, cooperative agreements, or contracts to States, po-  
23 litical subdivisions of States, Indian tribes, tribal organiza-  
24 tions, and private nonprofit organizations to conduct out-  
25 reach screening programs to identify children, adolescents,

1 and adults with a mental illness or a mental illness and  
2 co-occurring substance abuse disorder and to provide re-  
3 ferrals for such children, adolescents, and adults.

4 “(b) DURATION.—The Secretary shall award grants,  
5 cooperative agreements, or contracts under subsection (a)  
6 for a period of not more than 5 years.

7 “(c) APPLICATION.—A State, political subdivision of  
8 a State, Indian tribe, tribal organization, or private non-  
9 profit organization desiring a grant, cooperative agree-  
10 ment, or contract under subsection (a) shall prepare and  
11 submit an application to the Secretary at such time, in  
12 such manner, and containing such information as the Sec-  
13 retary may require, including—

14 “(1) a plan for the rigorous evaluation of activi-  
15 ties funded under the grant, including a process and  
16 outcomes evaluation; and

17 “(2) provide or ensure adequate provision of  
18 mental health and substance abuse services, either  
19 through provision of direct services or referral.

20 “(d) USE OF FUNDS.—A State, political subdivision  
21 of a State, Indian tribe, tribal organization, or private  
22 nonprofit organization receiving a grant, cooperative  
23 agreement, or contract under subsection (a) shall use  
24 funds received under such grant—

1           “(1) to provide screening and referrals for chil-  
2           dren, adolescents, and adults with a mental illness,  
3           especially for underserved populations and groups  
4           historically less likely to seek mental health and sub-  
5           stance abuse services;

6           “(2) to ensure that appropriate referrals are  
7           provided for children, adolescents, and adults in  
8           need of mental health services or in need of inte-  
9           grated services relating to a co-occurring mental ill-  
10          ness and substance abuse disorder;

11          “(3) to utilize evidence-based and cost-effective  
12          screening tools; and

13          “(4) to utilize existing, or to develop if nec-  
14          essary, linguistically appropriate and culturally com-  
15          petent screening tools.

16          “(e) DISTRIBUTION OF AWARDS.—The Secretary  
17          shall ensure that such grants, cooperative agreements, and  
18          contracts awarded under subsection (a) are equitably dis-  
19          tributed among the geographical regions of the United  
20          States and between urban and rural populations.

21          “(f) EVALUATION.—A State, political subdivision of  
22          a State, Indian tribe, tribal organization, or private non-  
23          profit organization that receives a grant, cooperative  
24          agreement, or contract under subsection (a) shall prepare  
25          and submit to the Secretary an evaluation at the end of

1 the program period regarding activities funded under the  
2 grant.

3 “(g) PUBLIC INFORMATION.—The Secretary shall en-  
4 sure that the evaluations submitted under subsection (f)  
5 are available and disseminated to State, county and local  
6 governmental agencies, and to private providers of mental  
7 health and substance abuse services.

8 “(h) AUTHORIZATION OF APPROPRIATION.—There is  
9 authorized to be appropriated to carry out this section,  
10 \$15,000,000 for fiscal year 2001, and such sums as may  
11 be necessary for fiscal years 2002 through 2005.

12 **“SEC. 587. GRANTS FOR MENTAL ILLNESS TREATMENT**  
13 **SERVICES.**

14 “(a) GRANTS FOR THE EXPANSION OF MENTAL  
15 HEALTH SERVICES.—

16 “(1) IN GENERAL.—The Secretary shall award  
17 grants, contracts, or cooperative agreements to  
18 States, political subdivisions of States, Indian tribes,  
19 tribal organizations, and private nonprofit organiza-  
20 tions for the purpose of expanding community-based  
21 mental health services to meet emerging or urgent  
22 mental health service needs in local communities.

23 “(2) PRIORITY.—The Secretary shall give pri-  
24 ority in making awards under paragraph (1) to  
25 States, political subdivisions of States, Indian tribes,

1 tribal organizations, and private nonprofit organiza-  
2 tions that—

3 “(A) have an integrated system of care or  
4 are committed to developing such system of  
5 care;

6 “(B) have a significant need for mental  
7 health services as shown by a needs assessment  
8 and a lack of funds for providing the needed  
9 services; and

10 “(C) will work with—

11 “(i) adults who have a history of re-  
12 peated psychiatric hospitalizations, have a  
13 history of interactions with law enforce-  
14 ment or the criminal justice system, or are  
15 homeless; or

16 “(ii) children or adolescents who are  
17 at risk for suicide, parental relinquishment  
18 of custody, encounters with the juvenile  
19 justice system, behavior dangerous to  
20 themselves or others, or being homeless.

21 “(3) USE OF FUNDS.—A State, political sub-  
22 division of a State, Indian tribe, tribal organization,  
23 or private nonprofit organization receiving a grant,  
24 contract, or cooperative agreement under paragraph

1 (1) may use the funds received under such grant,  
2 contract, or cooperative agreement to—

3 “(A) develop an integrated system of care  
4 for the provision of services for children with a  
5 serious emotional disturbance or adults with a  
6 serious mental illness;

7 “(B) expand community-based mental  
8 health services, which may include assertive  
9 community treatment, intensive case manage-  
10 ment, psychiatric rehabilitation, peer support  
11 services, comprehensive wraparound services,  
12 and day treatment programs;

13 “(C) ensure continuity of care for children,  
14 adolescents, and adults discharged from the  
15 hospital and returning to the community; and

16 “(D) provide outreach to children, adoles-  
17 cents, and adults in the community in need of  
18 mental health services, including individuals  
19 who are homeless.

20 “(b) GRANTS FOR THE INTEGRATED TREATMENT OF  
21 SERIOUS MENTAL ILLNESS AND CO-OCCURRING SUB-  
22 STANCE ABUSE.—

23 “(1) IN GENERAL.—The Secretary shall award  
24 grants, contracts, or cooperative agreements to  
25 States, political subdivisions of States, Indian tribes,

1 tribal organizations, and private nonprofit organiza-  
2 tions for the development or expansion of programs  
3 to provide integrated treatment services for individ-  
4 uals with a serious mental illness and a co-occurring  
5 substance abuse disorder.

6 “(2) PRIORITY.—In awarding grants, contracts,  
7 and cooperative agreements under paragraph (1),  
8 the Secretary shall give priority to applicants that  
9 emphasize the provision of services for individuals  
10 with a serious mental illness and a co-occurring sub-  
11 stance abuse disorder who—

12 “(A) have a history of interactions with  
13 law enforcement or the criminal justice system;

14 “(B) have recently been released from in-  
15 carceration;

16 “(C) have a history of unsuccessful treat-  
17 ment in either an inpatient or outpatient set-  
18 ting;

19 “(D) have never followed through with out-  
20 patient services despite repeated referrals; or

21 “(E) are homeless.

22 “(3) USE OF FUNDS.—A State, political sub-  
23 division of a State, Indian tribe, tribal organization,  
24 or private nonprofit organization that receives a  
25 grant, contract, or cooperative agreement under

1 paragraph (1) shall use funds received under such  
2 grant—

3 “(A) to provide fully integrated services  
4 rather than serial or parallel services;

5 “(B) to employ staff that are cross-trained  
6 in the diagnosis and treatment of both serious  
7 mental illness and substance abuse;

8 “(C) to provide integrated mental health  
9 and substance abuse services at the same loca-  
10 tion;

11 “(D) to provide services that are linguis-  
12 tically appropriate and culturally competent;

13 “(E) to provide at least 10 programs for  
14 integrated treatment of both mental illness and  
15 substance abuse at sites that previously pro-  
16 vided only mental health services or only sub-  
17 stance abuse services; and

18 “(F) to provide services in coordination  
19 with other existing public and private commu-  
20 nity programs.

21 “(4) CONDITION.—The Secretary shall ensure  
22 that a State, political subdivision of a State, Indian  
23 tribe, tribal organization, or private nonprofit orga-  
24 nization that receives a grant, contract, or coopera-  
25 tive agreement under paragraph (1) maintains the

1 level of effort necessary to sustain existing mental  
2 health and substance abuse programs for other pop-  
3 ulations served by mental health systems in the com-  
4 munity.

5 “(5) DISTRIBUTION OF AWARDS.—The Sec-  
6 retary shall ensure that grants, contracts, or cooper-  
7 ative agreements awarded under paragraph (1) are  
8 equitably distributed among the geographical regions  
9 of the United States and between urban and rural  
10 populations.

11 “(c) DURATION.—The Secretary shall award grants,  
12 contract, or cooperative agreements under subsections (a)  
13 and (b) for a period of not more than 5 years.

14 “(d) APPLICATION.—A State, political subdivision of  
15 a State, Indian tribe, tribal organization, or private non-  
16 profit organization that desires a grant, contract, or coop-  
17 erative agreement under subsection (a) or (b) shall pre-  
18 pare and submit an application to the Secretary at such  
19 time, in such manner, and containing such information as  
20 the Secretary may require. Such application shall include  
21 a plan for the rigorous evaluation of activities funded with  
22 an award under such subsections, including a process and  
23 outcomes evaluation.

24 “(e) EVALUATION.—A State, political subdivision of  
25 a State, Indian tribe, tribal organization, or private non-

1 profit organization that receives a grant, contract, or coop-  
2 erative agreement under subsections (a)(1) and (b)(1)  
3 shall prepare and submit a plan for the rigorous evalua-  
4 tion of the program funded under such grant, contract,  
5 or agreement, including both process and outcomes eval-  
6 uation, and the submission of an evaluation at the end  
7 of the project period.

8 “(f) AUTHORIZATION OF APPROPRIATION.—There is  
9 authorized to be appropriated to carry out this section—

10 “(1) \$50,000,000 for subsection (a) for fiscal  
11 year 2001, and such sums as may be necessary for  
12 fiscal years 2002 through 2005; and

13 “(2) \$50,000,000 for subsection (b) for fiscal  
14 year 2001, and such sums as may be necessary for  
15 fiscal years 2002 through 2005.

16 **“SEC. 588. CENTERS OF EXCELLENCE FOR POST TRAU-**  
17 **MATIC STRESS AND RELATED DISORDERS.**

18 “(a) IN GENERAL.—The Secretary shall award  
19 grants, contracts, or cooperative agreements to public and  
20 nonprofit private entities for the purpose of establishing  
21 national and regional centers of excellence on psycho-  
22 logical trauma response and for developing knowledge with  
23 regard to evidence-based practices for treating psychiatric  
24 disorders resulting from witnessing or experiencing a trau-  
25 matic event.

1       “(b) PRIORITIES.—In awarding grants, contracts, or  
2 cooperative agreements under subsection (a) related to the  
3 development of knowledge on evidence-based practices for  
4 treating disorders associated with psychological trauma,  
5 the Secretary shall give priority to entities proposing pro-  
6 grams that work with children, adolescents, adults, and  
7 families who are survivors and witnesses of domestic,  
8 school, and community violence and terrorism.

9       “(c) GEOGRAPHICAL DISTRIBUTION.—The Secretary  
10 shall ensure that grants, contracts, or cooperative agree-  
11 ments under subsection (a) with respect to centers of ex-  
12 cellence are distributed equitably among the regions of the  
13 country and among urban and rural areas.

14       “(d) APPLICATION.—A public or nonprofit private  
15 entity desiring a grant, contract, or cooperative agreement  
16 under subsection (a) shall prepare and submit an applica-  
17 tion to the Secretary at such time, in such manner, and  
18 containing such information as the Secretary may reason-  
19 ably require.

20       “(e) EVALUATION.—The Secretary, as part of the ap-  
21 plication process, shall require that each applicant for a  
22 grant, contract, or cooperative agreement under sub-  
23 section (a) submit a plan for the rigorous evaluation of  
24 the activities funded under the grant, contract, or agree-  
25 ment, including both process and outcomes evaluation,

1 and the submission of an evaluation at the end of the  
2 project period.

3 “(f) DURATION OF AWARDS.—With respect to a  
4 grant, contract or cooperative agreement awarded under  
5 subsection (a), the period during which payments under  
6 such an award will be made to the recipient may not ex-  
7 ceed 5 years. Such grants, contracts, or agreements may  
8 be renewed.

9 “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
10 is authorized to be appropriated to carry out this section,  
11 \$50,000,000 for fiscal year 2001, and such sums as may  
12 be necessary for each of the fiscal years 2002 through  
13 2005.

14 **“SEC. 589. MENTAL ILLNESS TREATMENT COMPLIANCE INI-**  
15 **TIATIVE.**

16 “(a) IN GENERAL.—The Secretary, acting through  
17 the Director of the National Institute of Mental Health,  
18 shall establish a research program to determine factors  
19 contributing to noncompliance with outpatient treatment  
20 plans, and to design innovative, community-based pro-  
21 grams that use noncoercive methods to enhance compli-  
22 ance.

23 “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
24 are authorized to be appropriated to carry out this section  
25 such sums as may be necessary.

1 **“SEC. 590. CENTERS OF EXCELLENCE FOR TRANSLATIONAL**  
2 **RESEARCH.**

3 “(a) IN GENERAL.—The Director of the National In-  
4 stitute of Mental Health shall establish Centers for Excel-  
5 lence in Translational Research to speed knowledge from  
6 basic scientific findings to clinical application.

7 “(b) PURPOSE.—Such centers shall—

8 “(1) engage in basic and clinical research and  
9 training of clinicians in the neuroscience of mental  
10 health; and

11 “(2) develop model curricula for the teaching of  
12 basic neuroscience to medical students, residents,  
13 and post doctoral fellows in clinical psychiatry and  
14 psychology.

15 “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
16 are authorized to be appropriated to carry out this section  
17 such sums as may be necessary.

18 **“SEC. 591. INCENTIVES TO INCREASE THE SUPPLY OF**  
19 **BASIC AND CLINICAL MENTAL HEALTH RE-**  
20 **SEARCHERS.**

21 “(a) IN GENERAL.—The Secretary, acting through  
22 the Director of National Institute of Mental Health, shall  
23 develop and implement a program to increase the supply  
24 of basic researchers and clinical researchers in the mental  
25 health field. Such program may include loan forgiveness,  
26 scholarships, and fellowships with both stipends and funds

1 for laboratory investigation. Such program, in part, shall  
2 be designed to attract both female and under-represented  
3 minority psychiatrists and psychologists into laboratory  
4 research in the neuroscience of mental health and mental  
5 illness.

6 “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
7 are authorized to be appropriated to carry out this section  
8 such sums as may be necessary.

9 **“SEC. 592. IMPROVING OUTCOMES FOR CHILDREN AND**  
10 **ADOLESCENTS THROUGH SERVICES INTE-**  
11 **GRATION BETWEEN CHILD WELFARE AND**  
12 **MENTAL HEALTH SERVICES.**

13 “(a) IN GENERAL.—The Secretary shall award  
14 grants, contracts or cooperative agreements to States, po-  
15 litical subdivisions of States, Indian tribes, and tribal or-  
16 ganizations to provide integrated child welfare and mental  
17 health services for children and adolescents under 19 years  
18 of age in the child welfare system or at risk for becoming  
19 part of the system, and parents or caregivers with a men-  
20 tal illness or a mental illness and a co-occurring substance  
21 abuse disorder.

22 “(b) DURATION.—With respect to a grant, contract  
23 or cooperative agreement awarded under this section, the  
24 period during which payments under such award are made  
25 to the recipient may not exceed 5 years.

1 “(c) APPLICATION.—

2 “(1) IN GENERAL.—To be eligible to receive an  
3 award under subsection (a), a State, political sub-  
4 division of a State, Indian tribe, or tribal organiza-  
5 tion shall submit an application to the Secretary at  
6 such time, in such manner, and accompanied by  
7 such information as the Secretary may reasonably  
8 require.

9 “(2) CONTENT.—An application submitted  
10 under paragraph (1) shall—

11 “(A) describe the program to be funded  
12 under the grant, contract or cooperative agree-  
13 ment;

14 “(B) explain how such program reflects  
15 best practices in the provision of child welfare  
16 and mental health services; and

17 “(C) provide assurances that—

18 “(i) persons providing services under  
19 the grant, contract or cooperative agree-  
20 ment are adequately trained to provide  
21 such services; and

22 “(ii) the services will be provided in  
23 accordance with subsection (d).

24 “(d) USE OF FUNDS.—A State, political subdivision  
25 of a State, Indian tribe, or tribal organization that receives

1 a grant, contract, or cooperative agreement under sub-  
2 section (a) shall use amounts made available through such  
3 grant, contract or cooperative agreement to—

4           “(1) provide family-centered, comprehensive,  
5 and coordinated child welfare and mental health  
6 services, including prevention, early intervention and  
7 treatment services for children and adolescents, and  
8 for their parents or caregivers;

9           “(2) ensure a single point of access for such co-  
10 ordinated services;

11           “(3) provide integrated mental health and sub-  
12 stance abuse treatment for children, adolescents,  
13 and parents or caregivers with a mental illness and  
14 a co-occurring substance abuse disorder;

15           “(4) provide training for the child welfare, men-  
16 tal health and substance abuse professionals who  
17 will participate in the program carried out under  
18 this section;

19           “(5) provide technical assistance to child wel-  
20 fare and mental health agencies;

21           “(6) develop cooperative efforts with other serv-  
22 ice entities in the community, including education,  
23 social services, juvenile justice, and primary health  
24 care agencies;

1           “(7) coordinate services with services provided  
2           under the medicaid program and the State Chil-  
3           dren’s Health Insurance Program under titles XIX  
4           and XXI of the Social Security Act;

5           “(8) provide linguistically appropriate and cul-  
6           turally competent services; and

7           “(9) evaluate the effectiveness and cost-effi-  
8           ciency of the integrated services that measure the  
9           level of coordination, outcome measures for parents  
10          or caregivers with a mental illness or a mental ill-  
11          ness and a co-occurring substance abuse disorder,  
12          and outcome measures for children.

13          “(e) DISTRIBUTION OF AWARDS.—The Secretary  
14          shall ensure that grants, contracts, and cooperative agree-  
15          ments awarded under subsection (a) are equitably distrib-  
16          uted among the geographical regions of the United States  
17          and between urban and rural populations.

18          “(f) EVALUATION.—The Secretary shall evaluate  
19          each program carried out by a State, political subdivision  
20          of a State, Indian tribe, or tribal organization under sub-  
21          section (a) and shall disseminate the findings with respect  
22          to each such evaluation to appropriate public and private  
23          entities.

24          “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
25          is authorized to be appropriated to carry out this section,

1 \$20,000,000 for fiscal year 2001, and such sums as may  
2 be necessary for each of fiscal years 2002 and 2005.”.

3 **“SEC. 593. PRIMARY CARE RESIDENCY TRAINING GRANTS.**

4 “(a) IN GENERAL.—The Secretary shall award  
5 grants to institutions with accredited residency training  
6 programs that provide residency training in primary care  
7 to provide training to identify individuals with a mental  
8 illness and to refer such individuals for treatment to men-  
9 tal health professionals when appropriate.

10 “(b) PRIMARY CARE.—In this section, the term ‘pri-  
11 mary care’ includes family practice, internal medicine, pe-  
12 diatrics, obstetrics and gynecology, geriatrics, and emer-  
13 gency medicine.

14 “(c) DISTRIBUTION OF AWARDS.—The Secretary  
15 shall ensure that such grants awarded under subsection  
16 (a) are equitably distributed among the geographical re-  
17 gions of the United States and between urban and rural  
18 populations.

19 “(d) ELIGIBILITY.—In order to be eligible to receive  
20 a grant under this section, an institution with a residency  
21 training program shall require residents to demonstrate  
22 core competencies in the diagnosis, treatment, options and  
23 referral for treatment for individuals with a mental illness.

24 “(e) APPLICATION.—An institution with a residency  
25 training program desiring a grant under subsection (a)

1 shall prepare and submit an application to the Secretary  
2 at such time, in such manner, and containing such infor-  
3 mation as the Secretary may require.

4 “(f) USE OF FUNDS.—An institution with a residency  
5 training program that receives a grant under subsection  
6 (a) shall use funds received under such grant to—

7 “(1) provide training for the diagnosis and  
8 treatment of mental illness, and for appropriate re-  
9 ferrals to mental health professionals; and

10 “(2) develop model curricula or expand existing  
11 model curricula to teach primary care residents the  
12 relationship between physical illness and the mind  
13 and to effectively diagnose and treat mental illnesses  
14 and make appropriate referrals to mental health pro-  
15 fessionals which shall include—

16 “(A) the development of core competencies  
17 in the diagnosis, treatment, options and referral  
18 of individuals with a mental illness;

19 “(B) a testing component to ensure that  
20 residents demonstrate a proficiency in such core  
21 competencies; and

22 “(C) model curricula regarding neuro-  
23 science and behavior to enhance the under-  
24 standing of mental illness.



1 gions of the United States and between urban and rural  
2 populations.

3       “(c) APPLICATION.—An academic health center, com-  
4 munity hospital, or out-patient clinic, including a commu-  
5 nity health center and a community mental health center,  
6 desiring a grant under subsection (a) shall prepare and  
7 submit an application to the Secretary at such time, in  
8 such manner, and containing such information as the Sec-  
9 retary may require, including a plan for the rigorous eval-  
10 uation of activities carried out with funds received under  
11 this section, including a process and outcomes evaluation.

12       “(d) USE OF FUNDS.—An academic health center,  
13 community hospital, or out-patient clinic, including a com-  
14 munity health center and a community mental health cen-  
15 ter, that receives a grant under this section shall use funds  
16 received under such grant for the continuing education of  
17 primary care providers in the diagnosis, treatment, options  
18 and appropriate referrals of children, adolescents, and  
19 adults with a mental illness to mental health professionals,  
20 and for the education of primary care providers in the de-  
21 livery of effective medical care to such children, adoles-  
22 cents, and adults.

23       “(e) EVALUATION.—An academic health center, com-  
24 munity hospital, or out-patient clinic, including a commu-  
25 nity health center and a community mental health center,

1 that receives a grant under this section shall prepare and  
2 submit an evaluation to the Secretary that describes ac-  
3 tivities carried out with funds received under this section.

4 “(f) DEFINITIONS.—In this section:

5 “(1) HEALTH CENTER.—The term ‘health cen-  
6 ter’ has the meaning given such term in section 330,  
7 and includes community mental health centers.

8 “(2) PRIMARY CARE.—The term ‘primary care’  
9 includes family practice, internal medicine, pediat-  
10 rics, obstetrics and gynecology, geriatrics, and emer-  
11 gency medicine.

12 “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
13 is authorized to be appropriated to carry out this section,  
14 \$20,000,000 for fiscal year 2001 and such sums as may  
15 be necessary for each of fiscal years 2002 through 2005.

16 **“SEC. 595. COMMISSION.**

17 “(a) COMMISSION.—There is established a Commis-  
18 sion that shall study issues regarding the diagnosis, treat-  
19 ment, rehabilitation, and hospitalization of individuals  
20 with a mental illness, make recommendations regarding  
21 the findings of such research, and develop model State leg-  
22 islation based on the results of such research if appro-  
23 priate.

24 “(b) DUTIES.—The Commission established under  
25 subsection (a) shall—

1           “(1) study issues regarding the screening, diag-  
2           nosis, and treatment of individuals with a mental ill-  
3           ness in both an outpatient and inpatient setting;

4           “(2) study the effectiveness and results of out-  
5           patient and inpatient involuntary treatment of indi-  
6           viduals with a mental illness, review existing laws  
7           governing outpatient involuntary treatment of indi-  
8           viduals with a mental illness, and if appropriate,  
9           propose model State legislation to regulate such in-  
10          voluntary treatment;

11          “(3) study the effectiveness and results of pro-  
12          moting the inclusion of individuals with a mental ill-  
13          ness in their treatment decisions and the use of psy-  
14          chiatric advance directives, and if appropriate, pro-  
15          pose model State legislation;

16          “(4) review the report ‘Mental Health: A Re-  
17          port of the Surgeon General’ and develop policy rec-  
18          ommendations for Federal, State, and local govern-  
19          ments to guide the development of public policy, im-  
20          plement the findings of the Surgeon General;

21          “(5) develop mental health proposals, based on  
22          the supplemental report of the Surgeon General on  
23          mental health and race, culture, and ethnicity, to  
24          improve the diagnosis, treatment, rehabilitation, and  
25          hospitalization of individuals with a mental illness,

1 and the utilization of services for such individuals  
2 among diverse populations;

3 “(6) study the coordination of services between  
4 the health care system, social services system, and  
5 the criminal justice system for individuals with a  
6 mental illness;

7 “(7) study the adequacy of current treatment  
8 services for mental illness; and

9 “(8) study issues regarding the mental illness  
10 of incarcerated individuals in the criminal justice  
11 system and develop recommendations for programs  
12 to identify, diagnose, and treat such individuals.

13 “(c) MEMBERS OF THE COMMISSION.—

14 “(1) IN GENERAL.—The Commission estab-  
15 lished under subsection (a) shall be composed of—

16 “(A) the Director of the National Institute  
17 of Mental Health;

18 “(B) the Director of the Center for Mental  
19 Health Services; and

20 “(C) a representative from a State or local  
21 mental health agency;

22 “(D) a judge;

23 “(E) a prosecutor;

24 “(F) a criminal defense attorney;

25 “(G) a constitutional law scholar;

1           “(H) a law enforcement official;

2           “(I) a county corrections official;

3           “(J) a board certified psychiatrist;

4           “(K) a psychologist;

5           “(L) a medical ethicist;

6           “(M) 2 mental health advocates, 1 of

7           which shall be a consumer of mental health

8           services; and

9           “(N) a family member of an individual

10          with a mental illness.

11          “(2) SELECTION.—Members of the Commission

12          established under subsection (a) shall be selected in

13          the following manner:

14                 “(A) The Majority Leader of the Senate,

15                 in consultation with the Minority Leader of the

16                 Senate, shall select 5 members of the Commis-

17                 sion, with not more than 3 of such members

18                 being of the same political party.

19                 “(B) The Speaker of the House of Rep-

20                 resentatives, in consultation with the Minority

21                 Leader of the House of Representatives, shall

22                 select 5 members of the Commission, with not

23                 more than 3 of such members being of the same

24                 political party.

1           “(C) The President shall select 5 members  
2           of the Commission, 2 of which shall be the Di-  
3           rector of the National Institute of Mental  
4           Health and the Director of the Center for Men-  
5           tal Health Services.

6           “(d) REPORT.—

7           “(1) INTERIM REPORT.—Not later than 10  
8           months after the date of enactment of this section,  
9           the Commission shall prepare and submit to Con-  
10          gress a report that describes the progress of the  
11          Commission regarding issues described in para-  
12          graphs (2) and (3) of subsection (b) and rec-  
13          ommends the value of developing model State legis-  
14          lation.

15          “(2) FINAL REPORT.—Not later than 18  
16          months after the date of enactment of this section,  
17          the Commission shall prepare and submit to the  
18          President and Congress a report that describes the  
19          findings of the Commission, and the recommenda-  
20          tions and model legislation created by such Commis-  
21          sion.

22          “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
23          is authorized to be appropriated to carry out this section,  
24          \$1,500,000.”.

1 **SEC. 4. LAW ENFORCEMENT MENTAL HEALTH GRANT PRO-**  
 2 **GRAMS.**

3 (a) IN GENERAL.—Title I of the Omnibus Crime  
 4 Control and Safe Streets Act of 1968 is amended by in-  
 5 serting after part U (42 U.S.C. 3796hh et seq.) the fol-  
 6 lowing:

7 **“PART V—MENTAL HEALTH GRANT PROGRAMS**

8 **“Subpart 1—Mental Health Court Grant Program**

9 **“SEC. 2201. GRANT AUTHORITY.**

10 “(a) PROGRAM AUTHORIZED.—The Attorney General  
 11 shall make grants to States, State courts, local courts,  
 12 units of local government, and Indian tribal governments,  
 13 acting directly or through agreements with other public  
 14 or nonprofit entities, for up to 125 Mental Health Court  
 15 grant programs.

16 “(b) PURPOSE.—Such Mental Health Court grant  
 17 programs described in subsection (a) shall involve—

18 “(1) the specialized training of law enforcement  
 19 and judicial personnel, including prosecutors and  
 20 public defenders, to identify and address the unique  
 21 needs of individuals with a mental illness who come  
 22 in contact with the criminal justice system; and

23 “(2) the coordination of criminal adjudication,  
 24 continuing judicial supervision, and the delivery of  
 25 mental health treatment and related services for pre-  
 26 liminarily qualified individuals, including—

1           “(A) voluntary outpatient or inpatient  
2           mental health treatment, in the least restrictive  
3           manner appropriate as determined by the court,  
4           that carries with it the possibility of dismissal  
5           of charges or reduced sentencing upon success-  
6           ful completion of treatment; and

7           “(B) centralized case management involv-  
8           ing the consolidation of cases, including viola-  
9           tions of probation, and the coordination of all  
10          mental health treatment plans and social serv-  
11          ices, including substance abuse treatment where  
12          co-occurring disorders are present, life skills  
13          training, housing placement, vocational train-  
14          ing, education, job placement, health care, and  
15          relapse prevention for each participant who re-  
16          quires such services.

17          “(c) CONSTRUCTION.—Nothing in this subpart shall  
18          preclude States from implementing a system to divert pre-  
19          liminarily qualified individuals in law enforcement custody  
20          for nonviolent or misdemeanor offenses out of the criminal  
21          justice system and into appropriate treatment programs.

22          **“SEC. 2202. DEFINITION.**

23          “‘In this subpart, subject to the requirements of sec-  
24          tion 2204(b)(8), the term, ‘preliminarily qualified indi-  
25          vidual’ means a person in law enforcement custody who—

1           “(1)(A) previously or currently has been diag-  
2           nosed by a qualified mental health professional as  
3           having a mental illness, mental retardation, or a co-  
4           occurring mental illness and substance abuse dis-  
5           order; or

6           “(B) manifests obvious signs of having a men-  
7           tal illness, mental retardation, or a co-occurring  
8           mental illness and substance abuse disorder during  
9           arrest or confinement or before any court; and

10           “(2) is deemed eligible by a designated judge.

11 **“SEC. 2203. ADMINISTRATION.**

12           “(a) CONSULTATION.—The Attorney General shall  
13           consult with the Secretary and any other appropriate offi-  
14           cials in carrying out this subpart.

15           “(b) USE OF COMPONENTS.—The Attorney General  
16           may utilize any component or components of the Depart-  
17           ment of Justice in carrying out this subpart.

18           “(c) REGULATORY AUTHORITY.—The Attorney Gen-  
19           eral shall issue regulations and guidelines necessary to  
20           carry out this subpart which shall include the methodolo-  
21           gies and outcome measures proposed for evaluating each  
22           applicant program.

23 **“SEC. 2204. APPLICATIONS.**

24           “(a) IN GENERAL.—To request funds under this sub-  
25           part, the chief executive of a State, a unit of local govern-

1 ment, or an Indian tribal government shall submit an ap-  
2 plication to the Attorney General in such form and con-  
3 taining such information as the Attorney General may rea-  
4 sonably require.

5 “(b) CONTENTS.—In addition to any other require-  
6 ment the Attorney General may specify under subsection  
7 (a), an application for a grant under this subpart shall—

8 “(1) identify related governmental or commu-  
9 nity initiatives which complement or will be coordi-  
10 nated with the proposal;

11 “(2) include a plan for the coordination of men-  
12 tal health treatment and social service programs for  
13 individuals needing such services, including life skills  
14 training, such as housing placement, vocational  
15 training, education, job placement, health care, re-  
16 lapse prevention, and substance abuse treatment  
17 where co-occurring disorders are present;

18 “(3) contain an assurance that—

19 “(A) there has been appropriate consulta-  
20 tion with all affected mental health and social  
21 service agencies and programs in the develop-  
22 ment of the plan and that there will be suffi-  
23 cient ongoing coordination with the affected  
24 agencies and programs during implementation

1 to ensure that they will have adequate capacity  
2 to provide the services;

3 “(B) the Mental Health Court program  
4 will provide continuing supervision of treatment  
5 plan compliance for a term not to exceed the  
6 maximum allowable sentence or probation for  
7 the charged or relevant offense and continuity  
8 of psychiatric care at the end of the supervised  
9 period;

10 “(C) individuals referred to a Mental  
11 Health Court will receive a full mental health  
12 evaluation by a qualified professional;

13 “(D) the Federal support provided will be  
14 used to supplement, and not supplant, State,  
15 Indian tribal, and local sources of funding that  
16 would otherwise be available; and

17 “(E) the program will be evaluated no less  
18 than once every 12 months using the method-  
19 ology and outcome measures identified in the  
20 grant application;

21 “(4) include a long-term strategy and detailed  
22 implementation plan;

23 “(5) explain the applicant’s inability to fund the  
24 program adequately without Federal assistance;

1           “(6) specify plans for obtaining necessary sup-  
2           port and continuing the proposed program following  
3           the conclusion of Federal support;

4           “(7) describe the methodology and outcome  
5           measures that will be used in evaluating the pro-  
6           gram; and

7           “(8) identify plans to ensure that individuals  
8           charged with serious violent felonies, including mur-  
9           der, rape, crimes involving the use of a firearm or  
10          explosive device, and any other crimes identified by  
11          the applicant, will not be referred to the Mental  
12          Health Court.

13   **“SEC. 2205. FEDERAL SHARE.**

14          “The Federal share of a grant made under this sub-  
15          part may not exceed 75 percent of the total costs of the  
16          program described in the application submitted under sec-  
17          tion 2204 for the fiscal year for which the program re-  
18          ceives assistance under this subpart, unless the Attorney  
19          General waives, wholly or in part, the requirement of a  
20          matching contribution under this section. The use of the  
21          Federal share of a grant made under this subpart shall  
22          be limited to new expenses necessitated by the proposed  
23          program, including the development of treatment services  
24          and the hiring and training of personnel. In-kind contribu-

1 tions may constitute a portion of the non-Federal share  
2 of a grant.

3 **“SEC. 2206. GEOGRAPHIC DISTRIBUTION.**

4 “The Attorney General shall ensure that, to the ex-  
5 tent practicable, an equitable geographic distribution of  
6 grant awards is made that considers the special needs of  
7 rural communities, Indian tribes, and Alaska Natives.

8 **“SEC. 2207. REPORT.**

9 “A State, State court, local court, unit of local gov-  
10 ernment, or Indian tribal government that receives funds  
11 under this subpart during a fiscal year shall submit to  
12 the Attorney General a report in March of the following  
13 year regarding the effectiveness of this subpart.

14 **“Subpart 2—Mental Health Screening and Treatment**  
15 **Grant Program in Jails and Prisons**

16 **“SEC. 2221. GRANT AUTHORITY.**

17 “The Attorney General shall carry out a pilot pro-  
18 gram under which the Attorney General shall make a  
19 grant to 10 States selected by the Attorney General for  
20 use in accordance with this subpart.

21 **“SEC. 2222. USE OF GRANT AMOUNTS.**

22 “Amounts made available under a grant awarded  
23 under this subpart—

24 “(1) shall be used for mental health screening,  
25 evaluation, and treatment of individuals detained or

1 incarcerated in State and local correctional institu-  
2 tions; and

3 “(2) may be used to incorporate mental health  
4 screening and treatment into the State and local  
5 probation and parole systems.

6 **“SEC. 2223. MINIMUM GRANT AMOUNT.**

7 “The amount of a grant awarded to a State under  
8 this subpart for any fiscal year shall not be less than 2.5  
9 percent of the total amount made available to carry out  
10 this subpart for that fiscal year.

11 **“SEC. 2224. STATE AND LOCAL ALLOCATION.**

12 “Of the amount made available under a grant award-  
13 ed to a State under this subpart—

14 “(1) 25 percent shall be used by the State in  
15 accordance with section 2222; and

16 “(2) 75 percent shall be distributed to units of  
17 local government within the State for use in accord-  
18 ance with section 2222.

19 **“SEC. 2225. REPORT.**

20 “A State that receives funds under this subpart dur-  
21 ing a fiscal year shall submit to the Attorney General a  
22 report in March of the following year regarding the effec-  
23 tiveness of this subpart.



1           (c) AUTHORIZATION OF APPROPRIATIONS.—Section  
2 1001(a) of the Omnibus Crime Control and Safe Streets  
3 Act of 1968 (42 U.S.C. 3793(a)) is amended by inserting  
4 after paragraph (19) the following:

5           “(20) There are authorized to be appropriated—

6                   “(A) to carry out subpart 1 of part V,  
7                   \$10,000,000 for fiscal year 2001 and such  
8                   sums as may be necessary for each of fiscal  
9                   years 2002 through 2005;

10                   “(B) to carry out subpart 2 of part V,  
11                   \$50,000,000 for fiscal year 2001 and such  
12                   sums as may be necessary for each of fiscal  
13                   years 2002 through 2005; and

14                   “(C) to carry out subpart 3 of part V,  
15                   \$50,000,000 for fiscal year 2001 and such  
16                   sums as may be necessary for each fiscal years  
17                   2002 through 2005.”.

○