

110TH CONGRESS
1ST SESSION

S. 1560

To amend the Public Health Service Act to improve the quality and availability of mental health services for children and adolescents.

IN THE SENATE OF THE UNITED STATES

JUNE 6, 2007

Mr. DODD (for himself, Mr. DOMENICI, and Mr. KENNEDY) 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 improve the quality and availability of mental health services for children and adolescents.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Child and Adolescent Mental Health Resiliency Act of
6 2007”.

7 (b) TABLE OF CONTENTS.—The table of contents of
8 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

TITLE I—STATE AND COMMUNITY ACTIVITIES CONCERNING THE
MENTAL HEALTH OF CHILDREN AND ADOLESCENTS

- Sec. 101. Grants concerning comprehensive state mental health plans.
 Sec. 102. Grants concerning early intervention and prevention.
 Sec. 103. Activities concerning mental health services in schools.
 Sec. 104. Activities concerning mental health services under the early and periodic screening, diagnostic, and treatment services program.
 Sec. 105. Activities concerning mental health services for at-risk mothers and their children.
 Sec. 106. Activities concerning interagency case management.
 Sec. 107. Grants concerning consumer and family participation.
 Sec. 108. Grants concerning information on child and adolescent mental health services.
 Sec. 109. Activities concerning public education of child and adolescent mental health disorders and services.
 Sec. 110. Technical assistance center concerning training and seclusion and restraints.
 Sec. 111. Technical assistance centers concerning consumer and family participation.
 Sec. 112. Comprehensive community mental health services for children and adolescents with serious emotional disturbances.
 Sec. 113. Community mental health services performance partnership block grant.
 Sec. 114. Community mental health services block grant program.
 Sec. 115. Grants for jail diversion programs.
 Sec. 116. Activities concerning mental health services for juvenile justice populations.

TITLE II—FEDERAL INTERAGENCY COLLABORATION AND
RELATED ACTIVITIES

- Sec. 201. Interagency coordinating committee concerning the mental health of children and adolescents.

TITLE III—RESEARCH ACTIVITIES CONCERNING THE MENTAL
HEALTH OF CHILDREN AND ADOLESCENTS

- Sec. 301. Activities concerning evidence-based or promising best practices.
 Sec. 302. Federal research concerning adolescent mental health.

1 SEC. 2. FINDINGS.

2 Congress makes the following findings:

- 3 (1) According to the Surgeon General's Con-
 4 ference on Children's Mental Health: A National Ac-
 5 tion Agenda, mental health is a critical component
 6 of children's learning and general health.

1 (2) According to the Surgeon General’s Con-
2 ference on Children’s Mental Health: A National Ac-
3 tion Agenda, 1 in 10 children and adolescents suffer
4 from mental illness severe enough to cause some
5 level of impairment.

6 (3) According to the Surgeon General’s Con-
7 ference on Children’s Mental Health: A National Ac-
8 tion Agenda, only 1 in 5 children and adolescents
9 who suffer from severe mental illness receive the
10 specialty mental health services they require.

11 (4) According to the World Health Organiza-
12 tion, childhood neuropsychiatric disorders will rise
13 by more than 50 percent by 2020, internationally, to
14 become 1 of the 5 most common causes of mor-
15 bidity, mortality, and disability among children.

16 (5) According to the Surgeon General’s Con-
17 ference on Children’s Mental Health: A National Ac-
18 tion Agenda, the burden of suffering experienced by
19 children with mental illness and their families has
20 created a health crisis in this country.

21 (6) According to the Surgeon General’s Con-
22 ference on Children’s Mental Health: A National Ac-
23 tion Agenda, there is broad evidence that the nation
24 lacks a unified infrastructure to help children suf-
25 fering from mental illness.

1 (7) According to the President’s New Freedom
2 Commission on Mental Health, President George
3 Bush identified 3 obstacles preventing Americans
4 with mental illness from getting the care they re-
5 quire: stigma that surrounds mental illness, unfair
6 treatment limitations and financial requirements
7 placed on mental health benefits in private health in-
8 surance, and the fragmented mental health service
9 delivery system.

10 (8) According to the Surgeon General’s Con-
11 ference on Children’s Mental Health: A National Ac-
12 tion Agenda, 1 way to ensure that the country’s
13 health system meets the mental health needs of chil-
14 dren is to move towards a community-based mental
15 health delivery system that balances health pro-
16 motion, disease prevention, early detection, and uni-
17 versal access to care.

18 (9) According to the President’s New Freedom
19 Commission on Mental Health, transforming the
20 country’s mental health delivery system rests on 2
21 principles: services and treatments must be con-
22 sumer and family-centered, and care must focus on
23 increasing a person’s ability to successfully cope with
24 life’s challenges, on facilitating recovery, and build-
25 ing resiliency.

1 (10) According to the Surgeon General’s Con-
2 ference on Children’s Mental Health: A National Ac-
3 tion Agenda, the mental health and resiliency of
4 children can be ensured by methods that promote
5 public awareness of children’s mental health issues
6 and reduce stigma associated with mental illness,
7 continue to develop, disseminate, and implement evi-
8 dence-based and promising prevention and treatment
9 services in the field of children’s mental health, im-
10 prove the assessment of and recognition of mental
11 health needs in children, eliminate racial, ethnic, and
12 socioeconomic disparities in access to mental
13 healthcare services, improve the infrastructure for
14 children’s mental health services, including support
15 for evidence-based and promising interventions
16 across professions, increase access to and coordina-
17 tion of quality mental healthcare services, train
18 frontline providers to recognize and manage mental
19 health issues and educate mental healthcare pro-
20 viders about evidence-based and promising preven-
21 tion and treatment services, and monitor the access
22 to and coordination of quality mental healthcare
23 services.

24 (11) According to the President’s New Freedom
25 Commission on Mental Health, the country’s mental

1 health delivery system can be successfully trans-
2 formed by methods that ensure Americans under-
3 stand that mental health is essential to overall
4 health, ensure mental health care is consumer and
5 family-driven, eliminate disparities in mental
6 healthcare services, ensure early mental health
7 screening, assessment, and referral services are com-
8 mon practices, ensure that excellent mental health
9 care is delivered and research is accelerated, and en-
10 sure that technology is used to access mental health
11 care and information.

12 **TITLE I—STATE AND COMMU-**
13 **NITY ACTIVITIES CON-**
14 **CERNING THE MENTAL**
15 **HEALTH OF CHILDREN AND**
16 **ADOLESCENTS**

17 **SEC. 101. GRANTS CONCERNING COMPREHENSIVE STATE**
18 **MENTAL HEALTH PLANS.**

19 Subpart 3 of part B of title V of the Public Health
20 Service Act (42 U.S.C. 290bb–31 et seq.) is amended by
21 inserting after section 520A, the following:

22 **“SEC. 520B. COMPREHENSIVE STATE MENTAL HEALTH**
23 **PLANS.**

24 “(a) GRANTS.—The Secretary, acting through the
25 Center for Mental Health Services, shall award a 1-year,

1 non-renewable grant to, or enter into a 1-year cooperative
2 agreement with, a State for the development and imple-
3 mentation by the State of a comprehensive State mental
4 health plan that exclusively meets the mental health needs
5 of children and adolescents, including providing for early
6 intervention, prevention, and recovery oriented services
7 and supports for children and adolescents, such as mental
8 and primary health care, education, transportation, and
9 housing.

10 “(b) APPLICATION.—To be eligible to receive a grant
11 or cooperative agreement under this section a State shall
12 submit to the Secretary an application at such time, in
13 such manner, and containing such information as the Sec-
14 retary may require, including—

15 “(1) a certification by the governor of the State
16 that the governor will be responsible for overseeing
17 the development and implementation of the com-
18 prehensive State mental health plan; and

19 “(2) the signature of the governor of the State.

20 “(c) REQUIREMENTS.—The Comprehensive State
21 Plan shall include the following:

22 “(1) An evaluation of all the components of the
23 current mental health system in the State, including
24 the estimated number of children and adolescents re-
25 quiring and receiving mental health services, as well

1 as support services such as primary health care,
2 education, and housing.

3 “(2) A description of the long-term objectives of
4 the State for policies concerning children and adoles-
5 cents with mental disorders. Such objectives shall in-
6 clude—

7 “(A) the provision of early intervention
8 and prevention services to children and adoles-
9 cents with, or who are at risk for, mental health
10 disorders that are integrated with school sys-
11 tems, educational institutions, juvenile justice
12 systems, substance abuse programs, mental
13 health programs, primary care programs, foster
14 care systems, child welfare systems, and other
15 child and adolescent support organizations;

16 “(B) a demonstrated collaboration among
17 agencies that provide early intervention and
18 prevention services or a certification that enti-
19 ties will engage in such future collaboration;

20 “(C) implementing or providing for the
21 evaluation of children and adolescents mental
22 health services that are adapted to the local
23 community;

1 “(D) implementing collaborative activities
2 concerning child and adolescent mental health
3 early intervention and prevention services;

4 “(E) the provision of timely appropriate
5 community-based mental health care and treat-
6 ment of children and adolescents in child and
7 adolescent-serving settings and agencies;

8 “(F) the provision of adequate support and
9 information resources to families of children
10 and adolescents with, or who are at risk for,
11 mental health disorders;

12 “(G) the provision of adequate support and
13 information resources to advocacy organizations
14 that serve children and adolescents with, or who
15 are at risk for, mental health disorders, and
16 their families;

17 “(H) identifying and offering access to
18 services and care to children and adolescents
19 and their families with diverse linguistic and
20 cultural backgrounds;

21 “(I) identifying and offering equal access
22 to services in all geographic regions of the
23 State;

24 “(J) identifying and offering appropriate
25 access to services in geographical regions of the

1 State with above-average occurrences of child
2 and adolescent mental health disorders;

3 “(K) identifying and offering appropriate
4 access to services in geographical regions of the
5 State with above-average rates of children and
6 adolescents with co-occurring mental health and
7 substance abuse disorders;

8 “(L) offering continuous and up-to-date in-
9 formation to, and carrying out awareness cam-
10 paigns that target children and adolescents,
11 parents, legal guardians, family members, pri-
12 mary care professionals, mental health profes-
13 sionals, child care professionals, health care
14 providers, and the general public and that high-
15 light the risk factors associated with mental
16 health disorders and the life-saving help and
17 care available from early intervention and pre-
18 vention services;

19 “(M) ensuring that information and aware-
20 ness campaigns on mental health disorder risk
21 factors, and early intervention and prevention
22 services, use effective and culturally-appropriate
23 communication mechanisms that are targeted to
24 and reach children and adolescents, families,
25 schools, educational institutions, juvenile justice

1 systems, substance abuse programs, mental
2 health programs, primary care programs, foster
3 care systems, child welfare systems, and other
4 child and adolescent support organizations;

5 “(N) implementing a system to ensure that
6 primary care professionals, mental health pro-
7 fessionals, and school and child care profes-
8 sionals are properly trained in evidence-based
9 best practices in child and adolescent mental
10 health early intervention and prevention, treat-
11 ment and rehabilitation services and that those
12 professionals involved with providing early
13 intervention and prevention services are prop-
14 erly trained in effectively identifying children
15 and adolescents with or who are at risk for
16 mental health disorders;

17 “(O) the provision of continuous training
18 activities for primary care professionals, mental
19 health professionals, and school and child care
20 professionals on evidence-based or promising
21 best practices;

22 “(P) the provision of continuous training
23 activities for primary care professionals, mental
24 health professionals, and school and child care

1 professionals on family and consumer involve-
2 ment and participation;

3 “(Q) conducting annual self-evaluations of
4 all outcomes and activities, including consulting
5 with interested families and advocacy organiza-
6 tions for children and adolescents.

7 “(3) A cost-assessment relating to the develop-
8 ment and implementation of the State plan and a
9 description of how the State will measure perform-
10 ance and outcomes across relevant agencies and
11 service systems.

12 “(4) A timeline for achieving the objectives de-
13 scribed in paragraph (2).

14 “(5) An outline for achieving the sustainability
15 of the objectives described in paragraph (2).

16 “(d) APPLICATION OF OTHER REQUIREMENTS.—The
17 authorities and duties of State mental health planning
18 councils provided for under sections 1914 and 1915 with
19 respect to State mental health block grant planning shall
20 apply to the development and the implementation of the
21 comprehensive State mental health plan.

22 “(e) PARTICIPATION AND IMPLEMENTATION.—

23 “(1) PARTICIPATION.—In developing and imple-
24 menting the comprehensive State mental health plan
25 under a grant or cooperative agreement under this

1 section, the State shall ensure the participation of
2 the State agency heads responsible for child and ad-
3 olescent mental health, substance abuse, child wel-
4 fare, medicaid, public health, developmental disabil-
5 ities, social services, juvenile justice, housing, and
6 education.

7 “(2) CONSULTATION.—In developing and imple-
8 menting the comprehensive State mental health plan
9 under a grant or cooperative agreement under this
10 section, the State shall consult with—

11 “(A) the Federal interagency coordinating
12 committee established under section 401 of the
13 Child and Adolescent Mental Health Resiliency
14 Act of 2007;

15 “(B) State and local agencies, including
16 agencies responsible for child and adolescent
17 mental health care, early intervention and pre-
18 vention services under titles IV, V, and XIX of
19 the Social Security Act, and the State’s Chil-
20 dren’s Health Insurance Program under title
21 XXI of the Social Security Act;

22 “(C) State mental health planning councils
23 (described in section 1914);

24 “(D) national, State, and local advocacy
25 organizations that serve children and adoles-

1 cents with or who are at risk for mental health
2 disorders and their families;

3 “(E) relevant national medical and other
4 health professional and education specialty or-
5 ganizations;

6 “(F) children and adolescents with mental
7 health disorders and children and adolescents
8 who are currently receiving early intervention or
9 prevention services;

10 “(G) families and friends of children and
11 adolescents with mental health disorders and
12 children and adolescents who are currently re-
13 ceiving early intervention or prevention services;

14 “(H) families and friends of children and
15 adolescents who have attempted or completed
16 suicide;

17 “(I) qualified professionals who possess the
18 specialized knowledge, skills, experience, train-
19 ing, or relevant attributes needed to serve chil-
20 dren and adolescents with or who are at risk for
21 mental health disorders and their families; and

22 “(J) third-party payers, managed care or-
23 ganizations, and related employer and commer-
24 cial industries.

1 **“PART K—MISCELLANEOUS MENTAL HEALTH**
2 **PROVISIONS**
3 **“SEC. 597. GRANTS FOR MENTAL HEALTH ASSESSMENT**
4 **SERVICES.**

5 “(a) IN GENERAL.—The Secretary shall award 5-
6 year matching grants to, or enter into cooperative agree-
7 ments with, community health centers that receive assist-
8 ance under section 330 to enable such centers to provide
9 child and adolescent mental health early intervention and
10 prevention services to eligible children and adolescents,
11 and to provide referral services to, or early intervention
12 and prevention services in coordination with, community
13 mental health centers and other appropriately trained pro-
14 viders of care.

15 “(b) APPLICATION.—To be eligible to receive a grant
16 or cooperative agreement under subsection (a) an entity
17 shall—

18 “(1) be a community health center that receives
19 assistance under section 330;

20 “(2) prepare and submit to the Secretary an
21 application at such time, in such manner, and con-
22 taining such information as the Secretary may re-
23 quire;

24 “(3) provide assurances that the entity will
25 have appropriately qualified behavioral health profes-

1 sional staff to ensure prompt treatment or triage for
2 referral to a speciality agency or provider; and

3 “(4) provide assurances that the entity will en-
4 courage formal coordination with community mental
5 health centers and other appropriate providers to en-
6 sure continuity of care.

7 “(c) IDENTIFICATION.—In providing services with
8 amounts received under a grant or cooperative agreement
9 under this section, an entity shall ensure that appropriate
10 screening tools are used to identify at-risk children and
11 adolescents who are eligible to receive care from a commu-
12 nity health centers.

13 “(d) MATCHING REQUIREMENT.—With respect to
14 the costs of the activities to be carried out by an entity
15 under a grant or cooperative agreement under this section,
16 an entity shall provide assurances that the entity will
17 make available (directly or through donations from public
18 or private entities) non-Federal contributions towards
19 such costs in an amount that is not less than \$1 for each
20 \$1 of Federal funds provided under the grant or coopera-
21 tive agreement.

1 **“SEC. 597A. GRANTS FOR PRIMARY CARE AND MENTAL**
2 **HEALTH EARLY INTERVENTION AND PREVEN-**
3 **TION SERVICES.**

4 “(a) IN GENERAL.—The Secretary shall award 5-
5 year matching grants to, or enter into cooperative agree-
6 ments with, States, political subdivisions of States, consor-
7 tium of political subdivisions, tribal organizations, public
8 organizations, or private nonprofit organizations to enable
9 such entities to provide assistance to mental health pro-
10 grams for early intervention and prevention services to
11 children and adolescents with, or who are at-risk of, men-
12 tal health disorders and that are in primary care settings.

13 “(b) APPLICATION.—To be eligible to receive a grant
14 or cooperative agreement under subsection (a) an entity
15 shall—

16 “(1) be a State, a political subdivision of a
17 State, a consortia of political subdivisions, a tribal
18 organization, a public organization, or private non-
19 profit organization; and

20 “(2) prepare and submit to the Secretary an
21 application at such time, in such manner, and con-
22 taining such information as the Secretary may re-
23 quire.

24 “(c) USE OF FUNDS.—An entity shall use amounts
25 received under a grant or cooperative agreement under
26 this section to—

1 “(1) provide appropriate child and adolescent
2 mental health early intervention and prevention as-
3 sessment services;

4 “(2) provide appropriate child and adolescent
5 mental health treatment services;

6 “(3) provide monitoring and referral for spe-
7 cialty treatment of medical or surgical conditions for
8 children and adolescents ; and

9 “(4) facilitate networking between primary care
10 professionals, mental health professionals, and child
11 care professionals for—

12 “(A) case management development;

13 “(B) professional mentoring; and

14 “(C) enhancing the provision of mental
15 health services in schools.

16 “(d) MATCHING REQUIREMENTS.—With respect to
17 the costs of the activities to be carried out by an entity
18 under a grant or cooperative agreement under this section,
19 an entity shall provide assurances that the entity will
20 make available (directly or through donations from public
21 or private entities) non-Federal contributions towards
22 such costs in an amount that is not less than \$1 for each
23 \$1 of Federal funds provided under the grant or coopera-
24 tive agreement.

1 **“SEC. 597B. GRANTS FOR MENTAL HEALTH AND PRIMARY**
2 **CARE EARLY INTERVENTION AND PREVEN-**
3 **TION SERVICES.**

4 “(a) IN GENERAL.—The Secretary shall award 5-
5 year matching grants to, or enter into cooperative agree-
6 ments with, States, political subdivisions of States, consor-
7 tium of political subdivisions, tribal organizations, public
8 organizations, or private nonprofit organizations to enable
9 such entities to provide assistance to primary care pro-
10 grams for children and adolescents with, or who are at
11 risk of, mental health disorders who are in mental health
12 settings.

13 “(b) APPLICATION.—To be eligible to receive a grant
14 or cooperative agreement under subsection (a) an entity
15 shall—

16 “(1) be a State, a political subdivision of a
17 State, a consortia of political subdivisions, a tribal
18 organization, or a private nonprofit organization;
19 and

20 “(2) prepare and submit to the Secretary an
21 application at such time, in such manner, and con-
22 taining such information as the Secretary may re-
23 quire.

24 “(c) USE OF FUNDS.—An entity shall use amounts
25 received under a grant or cooperative agreement under
26 this section to—

1 “(1) provide appropriate primary health care
2 services, including screening, routine treatment,
3 monitoring, and referral for specialty treatment of
4 medical or surgical conditions;

5 “(2) provide appropriate monitoring of medical
6 conditions of children and adolescents receiving men-
7 tal health services from the applicant and refer
8 them, as needed, for specialty treatment of medical
9 or surgical conditions; and

10 “(3) facilitate networking between primary care
11 professionals, mental health professionals and child
12 care professionals for—

13 “(A) case management development; and

14 “(B) professional mentoring.

15 “(d) MATCHING FUNDS.—With respect to the costs
16 of the activities to be carried out by an entity under a
17 grant or cooperative agreement under this section, an enti-
18 ty shall provide assurances that the entity will make avail-
19 able (directly or through donations from public or private
20 entities) non-Federal contributions towards such costs in
21 an amount that is not less than \$1 for each \$1 of Federal
22 funds provided under the grant or cooperative agreement.

23 **“SEC. 597C. AUTHORIZATION OF APPROPRIATIONS.**

24 “There is authorized to be appropriated to carry out
25 sections 597, 597A, and 597B, \$45,000,000 for fiscal year

1 2008 and such sums as may be necessary for each of fiscal
2 years 2009 through 2012.”.

3 **SEC. 103. ACTIVITIES CONCERNING MENTAL HEALTH SERV-**
4 **ICES IN SCHOOLS.**

5 (a) EFFORTS OF SECRETARY TO IMPROVE THE MEN-
6 TAL HEALTH OF STUDENTS.—The Secretary of Edu-
7 cation, in collaboration with the Secretary of Health and
8 Human Services, shall—

9 (1) encourage elementary and secondary schools
10 and educational institutions to address mental
11 health issues facing children and adolescents by—

12 (A) identifying children and adolescents
13 with, or who are at-risk for, mental health dis-
14 orders;

15 (B) providing or linking children and ado-
16 lescents to appropriate mental health services
17 and supports; and

18 (C) assisting families, including providing
19 families with resources on mental health serv-
20 ices for children and adolescents and a link to
21 relevant local and national advocacy and sup-
22 port organizations;

23 (2) collaborate on expanding and fostering a
24 mental health promotion and early intervention
25 strategy with respect to children and adolescents

1 that focuses on emotional well being and resiliency
2 and fosters academic achievement;

3 (3) encourage elementary and secondary schools
4 and educational institutions to use positive behav-
5 ioral support procedures and functional behavioral
6 assessments on a school-wide basis as an alternative
7 to suspending or expelling children and adolescents
8 with or who are at risk for mental health needs; and

9 (4) provide technical assistance to elementary
10 and secondary schools and educational institutions
11 to implement the provisions of paragraphs (1)
12 through (3).

13 (b) GRANTS.—

14 (1) IN GENERAL.—The Secretary of Education,
15 in collaboration with the Secretary of Health and
16 Human Services, shall award grants to, or enter into
17 cooperative agreements with, States, political sub-
18 divisions of States, consortium of political subdivi-
19 sions, tribal organizations, public organizations, pri-
20 vate nonprofit organizations, elementary and sec-
21 ondary schools, and other educational institutions to
22 provide directly or provide access to mental health
23 services and case management of services in elemen-
24 tary and secondary schools and other educational
25 settings.

1 (2) APPLICATION.—To be eligible to receive a
2 grant or cooperative agreement under paragraph (1)
3 an entity shall—

4 (A) be a State, a political subdivision of a
5 State, a consortia of political subdivisions, a
6 tribal organization, a public organization, a pri-
7 vate nonprofit organization, an elementary or
8 secondary school, or an educational institution;
9 and

10 (B) prepare and submit to the Secretary
11 an application at such time, in such manner,
12 and containing such information as the Sec-
13 retary may require, including an assurance that
14 the entity will—

15 (i) provide directly or provide access
16 to early intervention and prevention serv-
17 ices in settings with an above average rate
18 of children and adolescents with mental
19 health disorders;

20 (ii) provide directly or provide access
21 to early intervention and prevention serv-
22 ices in settings with an above average rate
23 of children and adolescents with co-occur-
24 ring mental health and substance abuse
25 disorders; and

1 (iii) demonstrate a broad collaboration
2 of parents, primary care professionals,
3 school and mental health professionals,
4 child care professionals including those in
5 educational settings, legal guardians, and
6 all relevant local agencies and organiza-
7 tions in the application for, and adminis-
8 tration of, the grant or cooperative agree-
9 ment.

10 (3) USE OF FUNDS.—An entity shall use
11 amounts received under a grant or cooperative
12 agreement under this subsection to provide—

13 (A) mental health identification services;

14 (B) early intervention and prevention serv-
15 ices to children and adolescents with or who are
16 at-risk of mental health disorders; and

17 (C) mental health-related training to pri-
18 mary care professionals, school and mental
19 health professionals, and child care profes-
20 sionals, including those in educational settings.

21 (c) COUNSELING AND BEHAVIORAL SUPPORT GUIDE-
22 LINES.—The Secretary of Education, in collaboration with
23 the Secretary of Health and Human Services, shall de-
24 velop and issue guidelines to elementary and secondary
25 schools and educational institutions that encourage such

1 schools and institutions to provide counseling and positive
2 behavioral supports, including referrals for needed early
3 intervention and prevention services, treatment, and reha-
4 bilitation to children and adolescents who are disruptive
5 or who use drugs and show signs or symptoms of mental
6 health disorders. Such schools and institutions shall be en-
7 couraged to provide such services to children and adoles-
8 cents in lieu of suspension, expulsion, or transfer to a juve-
9 nile justice system without any support referral services
10 or system of care.

11 (d) STUDY.—

12 (1) IN GENERAL.—The Government Account-
13 ability Office shall conduct a study to assess the sci-
14 entific validity of the Federal definition of a child or
15 adolescent with an “emotional disturbance” as pro-
16 vided for in the regulations of the Department of
17 Education under the Individuals with Disabilities
18 Education Act (20 U.S.C. 1400 et seq.), and wheth-
19 er, as written, such definition now excludes children
20 and adolescents inappropriately through a deter-
21 mination that those children and adolescents are
22 “socially maladjusted”.

23 (2) REPORT.—Not later than 1 year after the
24 date of enactment of this Act, the Government Ac-
25 countability Office shall submit to the appropriated

1 committees of Congress a report concerning the re-
2 sults of the study conducted under paragraph (1).

3 (e) RULE OF CONSTRUCTION.—Nothing in this sec-
4 tion shall be construed—

5 (1) to supercede the provisions of section 444
6 of the General Education Provisions Act (20 U.S.C.
7 1232g), including the requirement of prior parental
8 consent for the disclosure of any education records;
9 and

10 (2) to modify or affect the parental notification
11 requirements for programs authorized under the El-
12 elementary and Secondary Education Act of 1965 (20
13 U.S.C. 6301 et seq.).

14 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section
16 \$22,500,000 for fiscal year 2008, and such sums as may
17 be necessary for each of fiscal years 2009 through 2012.

18 **SEC. 104. ACTIVITIES CONCERNING MENTAL HEALTH SERV-**
19 **ICES UNDER THE EARLY AND PERIODIC**
20 **SCREENING, DIAGNOSTIC, AND TREATMENT**
21 **SERVICES PROGRAM.**

22 (a) NOTIFICATION.—The Secretary of Health and
23 Human Services, acting through the Director of the Cen-
24 ters for Medicare and Medicaid Services, shall notify State
25 Medicaid agencies of—

1 (1) obligations under section 1905(r) of the So-
2 cial Security Act with respect to the identification of
3 children and adolescents with mental health dis-
4 orders and of the availability of validated mecha-
5 nisms that aid pediatricians and other primary care
6 professionals to incorporate such activities; and

7 (2) information on financing mechanisms that
8 such agencies may use to reimburse primary care
9 professionals, mental health professionals, and child
10 care professionals who provide mental health services
11 as authorized under such definition of early and pe-
12 riod screening, diagnostic, and treatment services.

13 (b) REQUIREMENTS.—State Medicaid agencies who
14 receive funds for early and period screening, diagnostic,
15 and treatment services funding shall provide an annual re-
16 port to the Secretary of Health and Human Services
17 that—

18 (1) analyzes the rates of eligible children and
19 adolescents who receive mental health identification
20 services of the type described in subsection (a)(1)
21 under the medicaid program in the State;

22 (2) analyzes the ways in which such agency has
23 used financing mechanisms to reimburse primary
24 care professionals, mental health professionals, and

1 child care professionals who provide such mental
2 health services;

3 (3) identifies State program rules and funding
4 policies that may impede such agency from meeting
5 fully the Federal requirements with respect to such
6 services under the medicaid program; and

7 (4) makes recommendations on how to over-
8 come the impediments identified under paragraph
9 (3).

10 **SEC. 105. ACTIVITIES CONCERNING MENTAL HEALTH SERV-**
11 **ICES FOR AT-RISK MOTHERS AND THEIR**
12 **CHILDREN.**

13 Title V of the Social Security Act (42 U.S.C. 701
14 et seq.) is amended by adding at the end the following:

15 **“SEC. 511. ENHANCING MENTAL HEALTH SERVICES FOR AT-**
16 **RISK MOTHERS AND THEIR CHILDREN.**

17 “(a) GRANTS.—The Secretary shall award grants to,
18 or enter into cooperative agreements with, States, political
19 subdivisions of States, consortium of political subdivisions,
20 tribal organizations, public organizations, and private non-
21 profit organizations to provide appropriate mental health
22 promotion and mental health services to at-risk mothers,
23 grandmothers who are legal guardians, and their children.

1 “(b) APPLICATION.—To be eligible to receive a grant
2 or cooperative agreement under subsection (a) an entity
3 shall—

4 “(1) be a State, a political subdivision of a
5 State, a consortia of political subdivisions, a tribal
6 organization, a public organization, or a private non-
7 profit organization; and

8 “(2) prepare and submit to the Secretary an
9 application at such time, in such manner, and con-
10 taining such information as the Secretary may re-
11 quire.

12 “(c) USE OF FUNDS.—Amounts received under a
13 grant or cooperative agreement under this section shall be
14 used to—

15 “(1) provide mental health early intervention,
16 prevention, and case management services;

17 “(2) provide mental health treatment services;
18 and

19 “(3) provide monitoring and referral for spe-
20 cialty treatment of medical or surgical conditions.

21 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section,
23 \$20,000,000 for fiscal year 2008, and such sums as may
24 be necessary for each of fiscal years 2009 through 2012.”.

1 **SEC. 106. ACTIVITIES CONCERNING INTERAGENCY CASE**
2 **MANAGEMENT.**

3 Part L of title V of the Public Health Service Act,
4 as added by section 102, is amended by adding at the end
5 the following:

6 **“SEC. 597D. INTERAGENCY CASE MANAGEMENT.**

7 “(a) IN GENERAL.—The Secretary shall establish a
8 program to foster the ability of local case managers to
9 work across the mental health, substance abuse, child wel-
10 fare, education, and juvenile justice systems in a State.
11 As part of such program, the Secretary shall develop a
12 model system that—

13 “(1) establishes a training curriculum for pri-
14 mary care professionals, mental health professionals,
15 school and child care professionals, and social work-
16 ers who work as case managers;

17 “(2) establishes uniform standards for working
18 in multiple service systems; and

19 “(3) establishes a cross-system case manager
20 certification process.

21 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section
23 \$10,000,000 for fiscal year 2008, and such sums as may
24 be necessary for each of fiscal years 2009 through 2012.”.

1 **SEC. 107. GRANTS CONCERNING CONSUMER AND FAMILY**
2 **PARTICIPATION.**

3 Part K of title V of the Public Health Service Act,
4 as added by section 102 and amended by section 106, is
5 further amended by adding at the end the following:

6 **“SEC. 597E. CONSUMER AND FAMILY CONTROL IN CHILD**
7 **AND ADOLESCENT MENTAL HEALTH SERVICE**
8 **DECISIONS.**

9 “(a) GRANTS.—The Secretary shall award grants to,
10 or enter into cooperative agreements with, States, political
11 subdivisions of States, consortium of political subdivisions,
12 and tribal organizations for the development of policies
13 and mechanisms that enable consumers and families to
14 have increased control and choice over child and adoles-
15 cent mental health services received through a publicly-
16 funded mental health system.

17 “(b) APPLICATION.—To be eligible to receive a grant
18 or cooperative agreement under subsection (a) an entity
19 shall—

20 “(1) be a State, a political subdivision of a
21 State, a consortia of political subdivisions, or a tribal
22 organization; and

23 “(2) prepare and submit to the Secretary an
24 application at such time, in such manner, and con-
25 taining such information as the Secretary may re-
26 quire.

1 “(c) USE OF FUNDS.—An entity shall use amounts
2 received under a grant or cooperative agreement under
3 this section to carry out the activities described in sub-
4 section (a). Such activities may include—

5 “(1) the facilitation of mental health service
6 planning meetings by consumer and family advo-
7 cates, particularly peer advocates;

8 “(2) the development of consumer and family
9 cooperatives; and

10 “(3) the facilitation of national networking be-
11 tween State political subdivisions and tribal organi-
12 zations engaged in promoting increased consumer
13 and family participation in decisions regarding men-
14 tal health services for children and adolescents.

15 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this section,
17 \$10,000,000 for fiscal year 2008, and such sums as may
18 be necessary for each of fiscal years 2009 through 2012.”.

19 **SEC. 108. GRANTS CONCERNING INFORMATION ON CHILD**
20 **AND ADOLESCENT MENTAL HEALTH SERV-**
21 **ICES.**

22 Part K of title V of the Public Health Service Act,
23 as added by section 102 and amended by section 107, is
24 further amended by adding at the end the following:

1 **“SEC. 597F. INCREASED INFORMATION ON CHILD AND ADO-**
2 **LESCENT MENTAL HEALTH SERVICES.**

3 “(a) GRANTS.—The Secretary shall award grants to,
4 or enter into cooperative agreements with, private non-
5 profit organizations to enable such organizations to pro-
6 vide information on child and adolescent mental health
7 and services, consumer or parent-to-parent support serv-
8 ices, respite care, and other relevant support services to—

9 “(1) parents and legal guardians of children or
10 adolescents with or who are at risk for mental health
11 disorders; and

12 “(2) families of adolescents with or who are at
13 risk for mental health disorders.

14 “(b) APPLICATION.—To be eligible to receive a grant
15 or cooperative agreement under subsection (a) an entity
16 shall—

17 “(1) be a private, nonprofit organization; and

18 “(2) prepare and submit to the Secretary an
19 application at such time, in such manner, and con-
20 taining such information as the Secretary may re-
21 quire.

22 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
23 is authorized to be appropriated to carry out this section,
24 \$10,000,000 for fiscal year 2008, and such sums as may
25 be necessary for each of fiscal years 2009 through 2012.”.

1 **SEC. 109. ACTIVITIES CONCERNING PUBLIC EDUCATION OF**
2 **CHILD AND ADOLESCENT MENTAL HEALTH**
3 **DISORDERS AND SERVICES.**

4 Part K of title V of the Public Health Service Act,
5 as added by section 102 and amended by section 108, is
6 further amended by adding at the end the following:

7 **“SEC. 597G. ACTIVITIES CONCERNING PUBLIC EDUCATION**
8 **OF CHILD AND ADOLESCENT MENTAL**
9 **HEALTH DISORDERS AND SERVICES.**

10 “(a) **EDUCATIONAL CAMPAIGN.**—The Secretary shall
11 develop, coordinate, and implement an educational cam-
12 paign to increase public understanding of mental health
13 promotion, child and adolescent emotional well-being and
14 resiliency, and risk factors associated with mental health
15 disorders in children and adolescents.

16 “(b) **GRANTS.**—

17 “(1) **IN GENERAL.**—The Secretary shall award
18 grants to, or enter into cooperative agreements with,
19 public and private nonprofit organizations with
20 qualified experience in public education to build
21 community coalitions and increase public awareness
22 of mental health promotion, child and adolescent
23 emotional well-being and resiliency, and risk factors
24 associated with mental health disorders in children
25 and adolescents.

1 “(2) APPLICATION.—To be eligible to receive a
2 grant or cooperative agreement under paragraph (1),
3 an entity shall—

4 “(A) be a public or private nonprofit orga-
5 nization; and

6 “(B) prepare and submit to the Secretary
7 an application at such time, in such manner,
8 and containing such information as the Sec-
9 retary may require.

10 “(3) USE OF FUNDS.—Amounts received under
11 a grant or contract under this subsection shall be
12 used to—

13 “(A) develop community coalitions to sup-
14 port the purposes of paragraph (1); and

15 “(B) develop and implement public edu-
16 cation activities that compliment the activities
17 described in subsection (a) and support the pur-
18 poses of paragraph (1).

19 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
20 is authorized to be appropriated to carry out this section,
21 \$10,000,000 for fiscal year 2008, and such sums as may
22 be necessary for each of fiscal years 2009 through 2012.”.

1 **SEC. 110. TECHNICAL ASSISTANCE CENTER CONCERNING**
2 **TRAINING AND SECLUSION AND RESTRAINTS.**

3 Part K of title V of the Public Health Service Act,
4 as added by section 102 and amended by section 109, is
5 further amended by adding at the end the following:

6 **“SEC. 597H. TECHNICAL ASSISTANCE CENTER CON-**
7 **CERNING SECLUSION AND RESTRAINTS.**

8 “(a) SECLUSION AND RESTRAINTS.—Acting through
9 the technical assistance center established under sub-
10 section (b), the Secretary shall—

11 “(1) develop and disseminate educational mate-
12 rials that encourage ending the use of seclusion and
13 restraints in all facilities or programs in which a
14 child or adolescent resides or receives care or serv-
15 ices;

16 “(2) gather, analyze, and disseminate informa-
17 tion on best or promising best practices that can
18 minimize conflicts between parents, legal guardians,
19 primary care professionals, mental health profes-
20 sionals, school and child care professionals to create
21 a safe environment for children and adolescents with
22 mental health disorders; and

23 “(3) provide training for primary professionals,
24 mental health professionals, and school and child
25 care professionals on effective techniques or prac-
26 tices that serve as alternatives to coercive control

1 interventions, including techniques to reduce chal-
2 lenging, aggressive, and resistant behaviors, that re-
3 quire seclusion and restraints.

4 “(b) CONSULTATION.—In carrying out this section,
5 the Secretary shall consult with—

6 “(1) local and national advocacy organizations
7 that serve children and adolescents who may require
8 the use of seclusion and restraints, and their fami-
9 lies;

10 “(2) relevant national medical and other health
11 and education specialty organizations; and

12 “(3) qualified professionals who possess the
13 specialized knowledge, skills, experience, and rel-
14 evant attributes needed to serve children and adoles-
15 cents who may require the use of seclusion and re-
16 straints, and their families.

17 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
18 is authorized to be appropriated to carry out this section,
19 \$5,000,000 for fiscal year 2008, and such sums as may
20 be necessary for each of fiscal years 2009 through 2012.”.

21 **SEC. 111. TECHNICAL ASSISTANCE CENTERS CONCERNING**
22 **CONSUMER AND FAMILY PARTICIPATION.**

23 Part K of title V of the Public Health Service Act,
24 as added by section 102 and amended by section 110, is
25 further amended by adding at the end the following:

1 **“SEC. 597I. TECHNICAL ASSISTANCE CENTERS CON-**
2 **CERNING CONSUMER AND FAMILY PARTICI-**
3 **PATION.**

4 “(a) GRANTS.—The Secretary shall award 5-year
5 grants to, or enter into cooperative agreements with, pri-
6 vate nonprofit organizations for the development and im-
7 plementation of three technical assistance centers to sup-
8 port full consumer and family participation in decision-
9 making about mental health services for children and ado-
10 lescents.

11 “(b) APPLICATION.—To be eligible to receive a grant
12 or cooperative agreement under subsection (a) an entity
13 shall—

14 “(1) be a private, nonprofit organization that
15 demonstrates the ability to establish and maintain a
16 technical assistance center described in this section;
17 and

18 “(2) prepare and submit to the Secretary an
19 application at such time, in such manner, and con-
20 taining such information as the Secretary may re-
21 quire.

22 “(c) USE OF FUNDS.—An entity shall use amounts
23 received under a grant or cooperative agreement under
24 this section to establish a technical assistance center of
25 the type referred to in subsection (a). Through such cen-
26 ter, the entity shall—

1 “(1) collect and disseminate information on
2 mental health disorders and risk factors for mental
3 health disorders in children and adolescents;

4 “(2) collect and disseminate information on
5 available resources for specific mental health dis-
6 orders, including co-occurring mental health and
7 substance abuse disorders;

8 “(3) disseminate information to help consumers
9 and families engage in illness self management ac-
10 tivities and access services and resources on mental
11 health disorder self-management;

12 “(4) support the activities of self-help organiza-
13 tions;

14 “(5) support the training of peer specialists,
15 family specialists, primary care professionals, mental
16 health professionals, and child care professionals;

17 “(6) provide assistance to consumer and family-
18 delivered service programs and resources in meeting
19 their operational and programmatic needs; and

20 “(7) provide assistance to consumers and fami-
21 lies that participate in mental health system advi-
22 sory bodies, including state mental health planning
23 councils.

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

1 \$5,000,000 for fiscal year 2008, and such sums as may
2 be necessary for each of fiscal years 2009 through 2012.”.

3 **SEC. 112. COMPREHENSIVE COMMUNITY MENTAL HEALTH**
4 **SERVICES FOR CHILDREN AND ADOLES-**
5 **CENTS WITH SERIOUS EMOTIONAL DISTURB-**
6 **ANCES.**

7 Section 561 of the Public Health Service Act (42
8 U.S.C. 290ff) is amended—

9 (1) in subsection (b)(1)(A), by inserting before
10 the semicolon the following: “and provides assur-
11 ances that the State will use grant funds in accord-
12 ance with the comprehensive State mental health
13 plan submitted under section 520B”; and

14 (2) in subsection (b), by adding at the end the
15 following:

16 “(4) REVIEW OF POSSIBLE IMPEDIMENTS.—A
17 State may use amounts received under a grant
18 under this section to conduct an interagency review
19 of State mental health program rules and funding
20 policies that may impede the development of the
21 comprehensive State mental health plan submitted
22 under section 520B.”.

1 **SEC. 113. COMMUNITY MENTAL HEALTH SERVICES PER-**
2 **FORMANCE PARTNERSHIP BLOCK GRANT.**

3 Section 1912(b) of the Public Health Service Act (42
4 U.S.C. 300x-2(b)) is amended by adding at the end the
5 following:

6 “(6) PERFORMANCE MEASURES.—The plan re-
7 quires that performance measures be reported for
8 adults and children separately.

9 “(7) OTHER MENTAL HEALTH SERVICES.—In
10 addition to reporting on mental health services fund-
11 ed under a community mental health services per-
12 formance partnership block grant, States are encour-
13 aged to report on all mental health services provided
14 by the State mental health agency.”.

15 **SEC. 114. COMMUNITY MENTAL HEALTH SERVICES BLOCK**
16 **GRANT PROGRAM.**

17 (a) IN GENERAL.—Section 1912(b) of the Public
18 Health Service Act (42 U.S.C. 300x-2(b)) is amended by
19 adding at the end the following:

20 “(8) CO-OCCURRING TREATMENT SERVICES.—
21 The plan provides for a system of support for the
22 provision of co-occurring treatment services, includ-
23 ing early intervention and prevention, and integrated
24 mental health and substance abuse and services, for
25 children and adolescents with co-occurring mental
26 health and substance abuse disorders. Services shall

1 be provided through the system under this para-
2 graph in accordance with the Substance Abuse Pre-
3 vention Treatment Block Grant program under sub-
4 part II.”.

5 (b) GUIDELINES FOR INTEGRATED TREATMENT
6 SERVICES.—Section 1915 of the Public Health Service
7 Act (42 U.S.C. 300x-4) is amended by adding at the end
8 the following:

9 “(c) GUIDELINES FOR INTEGRATED TREATMENT
10 SERVICES.—The Secretary shall issue written policy
11 guidelines for use by States that describe how amounts
12 received under a grant under this subpart may be used
13 to fund integrated treatment services for children and ado-
14 lescents with mental health disorders and with co-occur-
15 ring mental health and substance abuse disorders.

16 “(d) MODEL SERVICE SYSTEMS FORUM.—The Sec-
17 retary, in consultation with the Attorney General, shall pe-
18 riodically convene forums to develop model service systems
19 and promote awareness of the needs of children and ado-
20 lescents with co-occurring mental health disorders and to
21 facilitate the development of policies to meet those
22 needs.”.

23 (e) SUBSTANCE ABUSE GRANTS.—Section 1928 of
24 the Public Health Service Act (42 U.S.C. 300x-28) is
25 amended by adding at the end the following:

1 “(e) CO-OCCURRING TREATMENT SERVICES.—A
 2 State may use amounts received under a grant under this
 3 subpart to provide a system of support for the provision
 4 of co-occurring treatment services, including early inter-
 5 vention and prevention, and integrated mental health and
 6 substance abuse services, for children and adolescents with
 7 co-occurring mental health and substance abuse disorders.
 8 Services shall be provided through the system under this
 9 paragraph in accordance with the Community Mental
 10 Health Services Block Grant program under subpart I.

11 “(f) GUIDELINES FOR INTEGRATED TREATMENT
 12 SERVICES.—The Secretary shall issue written policy
 13 guidelines, for use by States, that describe how amounts
 14 received under a grant under this section may be used to
 15 fund integrated treatment for children and adolescents
 16 with co-occurring substance abuse and mental health dis-
 17 orders, including the transitioning to adulthood.”.

18 **SEC. 115. GRANTS FOR JAIL DIVERSION PROGRAMS.**

19 Section 520G of the Public Health Service Act (42
 20 U.S.C. 290bb–38)—

21 (1) in subsection (a), by striking “up to 125”;

22 (2) in subsection (d)—

23 (A) in paragraph (3), by striking “and” at
 24 the end;

1 (B) in paragraph (4), by striking the pe-
2 riod and inserting a semicolon; and

3 (C) by adding at the end the following:

4 “(5) provide appropriate community-based men-
5 tal health and co-occurring mental illness and sub-
6 stance abuse services to children and adolescents de-
7 termined to be at risk of contact with the law; and

8 “(6) provide for the inclusion of emergency
9 mental health centers as part of jail diversion pro-
10 grams.”; and

11 (3) in subsection (h), by adding at the end the
12 following: “As part of such evaluations, the grantee
13 shall evaluate the effectiveness of activities carried
14 out under the grant and submit reports on such
15 evaluations to the Secretary.”.

16 **SEC. 116. ACTIVITIES CONCERNING MENTAL HEALTH SERV-**
17 **ICES FOR JUVENILE JUSTICE POPULATIONS.**

18 (a) GRANTS.—The Secretary shall award grants to,
19 or enter into cooperative agreements with, States, tribal
20 organizations, political subdivisions of States, consortia of
21 political subdivisions, public organizations, and private
22 nonprofit organizations to provide mental health pro-
23 motions and mental health services to children and adoles-
24 cents in juvenile justice systems.

1 (b) APPLICATION.—To be eligible to receive a grant
2 or cooperative agreement under subsection (a), an entity
3 shall—

4 (1) be a State, a tribal organization, a political
5 subdivision of a State, a consortia of political sub-
6 divisions, a public organization, or a private non-
7 profit organization; and

8 (2) prepare and submit to the Secretary an ap-
9 plication at such time, in such manner, and con-
10 taining such information as the Secretary may re-
11 quire.

12 (c) USE OF FUNDS.—Amounts received under a
13 grant or cooperative agreement under this section shall be
14 used to—

15 (1) provide mental health early intervention,
16 prevention, and case management services;

17 (2) provide mental health treatment services;
18 and

19 (3) provide monitoring and referral for specialty
20 treatment of medical or surgical conditions.

21 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
22 authorized to be appropriated to carry out this section,
23 \$10,000,000 for fiscal year 2008, and such sums as may
24 be necessary for each of fiscal years 2009 through 2012.

1 **TITLE II—FEDERAL INTER-**
2 **AGENCY COLLABORATION**
3 **AND RELATED ACTIVITIES**

4 **SEC. 201. INTERAGENCY COORDINATING COMMITTEE CON-**
5 **CERNING THE MENTAL HEALTH OF CHIL-**
6 **DREN AND ADOLESCENTS.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services (referred to in this section as the “Sec-
9 retary”), in collaboration with the Federal officials de-
10 scribed in subsection (b), shall establish an interagency
11 coordinating committee (referred to in this section as the
12 “Committee”) to carry out the activities described in this
13 section relating to the mental health of children and ado-
14 lescents.

15 (b) FEDERAL OFFICIALS.—The Federal officials de-
16 scribed in this subsection are the following:

17 (1) The Secretary of Education.

18 (2) The Attorney General.

19 (3) The Surgeon General.

20 (4) The Secretary of the Department of De-
21 fense.

22 (5) The Secretary of the Interior.

23 (6) The Commissioner of Social Security.

24 (7) Such other Federal officials as the Sec-
25 retary determines to be appropriate.

1 (c) CHAIRPERSON.—The Secretary shall serve as the
2 chairperson of the Committee.

3 (d) DUTIES.—The Committee shall be responsible for
4 policy development across the Federal Government with
5 respect to child and adolescent mental health.

6 (e) COLLABORATION AND CONSULTATION.—In car-
7 rying out the activities described in this Act, and the
8 amendments made by this Act, the Secretary shall collabo-
9 rate with the Committee (and the Committee shall collabo-
10 rate with relevant Federal agencies and mental health
11 working groups responsible for child and adolescent men-
12 tal health).

13 (f) CONSULTATION.—In carrying out the activities
14 described in this Act, and the amendments made by this
15 Act, the Secretary and the Committee shall consult with—

16 (1) State and local agencies, including agencies
17 responsible for child and adolescent mental health
18 care, early intervention and prevention services
19 under titles V and XIX of the Social Security Act,
20 and the State Children’s Health Insurance Program
21 under title XXI of the Social Security Act;

22 (2) State mental health planning councils (as
23 described in section 1914);

1 (3) local and national organizations that serve
2 children and adolescents with or who are at risk for
3 mental health disorders and their families;

4 (4) relevant national medical and other health
5 professional and education specialty organizations;

6 (5) children and adolescents with mental health
7 disorders and children and adolescents who are cur-
8 rently receiving early intervention or prevention serv-
9 ices;

10 (6) families and friends of children and adoles-
11 cents with mental health disorders and children and
12 adolescents who are currently receiving early inter-
13 vention or prevention services;

14 (7) families and friends of children and adoles-
15 cents who have attempted or completed suicide;

16 (8) qualified professionals who possess the spe-
17 cialized knowledge, skills, experience, training, or
18 relevant attributes needed to serve children and ado-
19 lescents with or who are at risk for mental health
20 disorders and their families; and

21 (9) third-party payers, managed care organiza-
22 tions, and related employer and commercial indus-
23 tries.

1 (g) POLICY DEVELOPMENT.—In carrying out the ac-
2 tivities described in this Act, and the amendments made
3 by this Act, the Secretary shall—

4 (1) coordinate and collaborate on policy devel-
5 opment at the Federal level with the Committee, rel-
6 evant Department of Health and Human Services,
7 Department of Education, and Department of Jus-
8 tice agencies, and child and adolescent mental health
9 working groups; and

10 (2) consult on policy development at the Fed-
11 eral level with the private sector, including con-
12 sumer, medical, mental health advocacy groups, and
13 other health and education professional-based orga-
14 nizations, with respect to child and adolescent men-
15 tal health early intervention and prevention services.

16 (h) REPORTS.—

17 (1) INITIAL REPORT.—Not later than 2 years
18 after the date of enactment of this Act, the Com-
19 mittee shall submit to the appropriate committees of
20 Congress a report that includes—

21 (A) the results of an evaluation to be con-
22 ducted by the Committee to analyze the effec-
23 tiveness and efficacy of current activities con-
24 cerning the mental health of children and ado-
25 lescents;

1 (B) the results of an evaluation to be con-
2 ducted by the Committee to analyze the effec-
3 tiveness and efficacy of the activities carried out
4 under grants, cooperative agreements, collabo-
5 rations, and consultations under this Act, the
6 amendments made by this Act, and carried out
7 by existing Federal agencies;

8 (C) the results of an evaluation to be con-
9 ducted by the Committee to analyze identified
10 problems and challenges, including—

11 (i) fragmented mental health service
12 delivery systems for children and adoles-
13 cents;

14 (ii) disparities between Federal agen-
15 cies in mental health service eligibility re-
16 quirements for children and adolescents;

17 (iii) disparities in regulatory policies
18 of Federal agencies concerning child and
19 adolescent mental health;

20 (iv) inflexibility of Federal finance
21 systems to support evidence-based child
22 and adolescent mental health;

23 (v) insufficient training of primary
24 care professionals, mental health profes-
25 sionals, and child care professionals;

1 (vi) disparities and fragmentation of
2 collection and dissemination of information
3 concerning child and adolescent mental
4 health services;

5 (vii) inability of State Medicaid agen-
6 cies to meet Federal requirements con-
7 cerning child and adolescent mental health
8 under the early and period screening,
9 diagnostics and treatment services require-
10 ments under the medicaid program under
11 title XIX of the Social Security Act; and

12 (viii) fractured Federal interagency
13 collaboration and consultation concerning
14 child and adolescent mental health;

15 (D) the recommendations of the Secretary
16 on models and methods with which to overcome
17 the problems and challenges described in sub-
18 paragraph (B).

19 (2) ANNUAL REPORT.—Not later than 1 year
20 after the date on which the initial report is sub-
21 mitted under paragraph (1), an annually thereafter,
22 the Committee shall submit to the appropriate com-
23 mittees of Congress a report concerning the results
24 of updated evaluations and recommendations de-
25 scribed in paragraph (1).

1 (i) FLEXIBLE JOINT-FUNDING PROGRAMS.—

2 (1) IN GENERAL.—In carrying out the activities
3 described in subsection (h), Federal officials partici-
4 pating in the Committee may, notwithstanding any
5 other law, enter into interagency agreements for the
6 purposes of establishing flexible joint-funding pro-
7 grams, and each official may allocate discretionary
8 funds appropriated to that agency to such flexible
9 joint-funding programs.

10 (2) PROGRAM PURPOSES.—Flexible joint fund-
11 ing programs as described in paragraph (1) may in-
12 clude demonstration projects that address and elimi-
13 nate the—

14 (A) fragmented mental health service deliv-
15 ery systems for children and adolescents;

16 (B) disparities between Federal agencies in
17 mental health service eligibility requirements for
18 children and adolescents;

19 (C) disparities in regulatory policies of
20 Federal agencies concerning child and adoles-
21 cent mental health;

22 (D) inflexibility of Federal finance systems
23 to support evidence-based child and adolescent
24 mental health;

1 (E) insufficient training of primary care
2 professionals, mental health professionals, and
3 child care professionals;

4 (F) disparities and fragmentation of collec-
5 tion and dissemination of information con-
6 cerning child and adolescent mental health serv-
7 ices; and

8 (G) inability of State Medicaid agencies to
9 meet Federal requirements concerning child and
10 adolescent mental health under the early and
11 period screening, diagnostics, and treatment
12 services requirements under the Medicaid pro-
13 gram under title XIX of the Social Security
14 Act.

15 (j) PERSONNEL MATTERS.—

16 (1) STAFF AND COMPENSATION.—Except as
17 provided in paragraph (2), the Secretary may em-
18 ploy, and fix the compensation of an executive direc-
19 tor and other personnel of the Committee without
20 regard to the provisions of chapter 51 and sub-
21 chapter III of chapter 53 of title 5, United States
22 Code, relating to classification of positions and Gen-
23 eral Schedule pay rates.

24 (2) MAXIMUM RATE OF PAY.—The maximum
25 rate of pay for the executive director and other per-

1 sonnel employed under paragraph (1) shall not ex-
 2 ceed the rate payable for level IV of the Executive
 3 Schedule under section 5316 of title 5, United
 4 States Code.

5 (k) AUTHORIZATION OF APPROPRIATIONS.—There is
 6 authorized to be appropriated to carry out this section,
 7 \$10,000,000 for fiscal year 2008, and such sums as may
 8 be necessary for each of fiscal years 2009 through 2012.

9 **TITLE III—RESEARCH ACTIVITIES CONCERNING THE MEN-**
 10 **TAL HEALTH OF CHILDREN**
 11 **AND ADOLESCENTS**

13 **SEC. 301. ACTIVITIES CONCERNING EVIDENCE-BASED OR**
 14 **PROMISING BEST PRACTICES.**

15 Part K of title V of the Public Health Service Act,
 16 as added by section 102 and amended by section 111, is
 17 further amended by adding at the end the following:

18 **“SEC. 597J. ACTIVITIES CONCERNING EVIDENCE-BASED OR**
 19 **PROMISING BEST PRACTICES.**

20 “(a) GRANTS.—

21 “(1) IN GENERAL.—The Secretary shall award
 22 grants to, and enter into cooperative agreements
 23 with, States, political subdivisions of States, con-
 24 sortia of political subdivisions, tribal organizations,
 25 institutions of higher education, or private nonprofit

1 organizations for the development of child and ado-
2 lescent mental health services and support systems
3 that address widespread and critical gaps in a need-
4 ed continuum of mental health service-delivery with
5 a specific focus on encouraging the implementation
6 of evidence-based or promising best practices.

7 “(2) APPLICATION.—To be eligible to receive a
8 grant or cooperative agreement under paragraph (1)
9 an entity shall—

10 “(A) be a State, a political subdivision of
11 a State, a consortia of political subdivisions, a
12 tribal organization, an institution of higher edu-
13 cation, or a private nonprofit organization; and

14 “(B) prepare and submit to the Secretary
15 an application at such time, in such manner,
16 and containing such information as the Sec-
17 retary may require.

18 “(3) USE OF FUNDS.—Amounts received under
19 a grant or cooperative agreement under this sub-
20 section shall be used to provide for the development
21 and dissemination of mental health supports and
22 services described in paragraph (1), including—

23 “(A) early intervention and prevention
24 services, treatment and rehabilitation particu-
25 larly for children and adolescents with co-occur-

1 ring mental health and substance abuse dis-
2 orders;

3 “(B) referral services;

4 “(C) integrated treatment services, includ-
5 ing family therapy, particularly for children and
6 adolescents with co-occurring mental health and
7 substance abuse disorders;

8 “(D) colocating primary care and mental
9 health services in rural and urban areas;

10 “(E) mentoring and other support services;

11 “(F) transition services;

12 “(G) respite care for parents, legal guard-
13 ians, and families; and

14 “(H) home-based care.

15 “(b) TECHNICAL ASSISTANCE CENTER.—The Sec-
16 retary shall establish a technical assistance center to assist
17 entities that receive a grant or cooperative agreement
18 under subsection (a) in—

19 “(1) identifying widespread and critical gaps in
20 a needed continuum of child and adolescent mental
21 health service-delivery;

22 “(2) identifying and evaluating existing evi-
23 dence-based or promising best practices with respect
24 to child and adolescent mental health services and
25 supports;

1 “(3) improving the child and adolescent mental
2 health service-delivery system by implementing evi-
3 dence-based or promising best practices;

4 “(4) training primary care professionals, mental
5 health professionals, and child care professionals on
6 evidence-based or promising best practices;

7 “(5) informing children and adolescents, par-
8 ents, legal guardians, families, advocacy organiza-
9 tions, and other interested consumer organizations
10 on such evidence-based or promising best practices;
11 and

12 “(6) identifying financing structures to support
13 the implementation of evidence-based or promising
14 best practices and providing assistance on how to
15 build appropriate financing structures to support
16 those services.

17 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
18 is authorized to be appropriated to carry out this section,
19 \$12,500,000 for fiscal year 2008, and such sums as may
20 be necessary for each of fiscal years 2009 through 2012.”.

21 **SEC. 302. FEDERAL RESEARCH CONCERNING ADOLESCENT**
22 **MENTAL HEALTH.**

23 Part K of title V of the Public Health Service Act,
24 as added by section 201 and amended by section 301, is
25 further amended by adding at the end the following:

1 **“SEC. 597K. FEDERAL RESEARCH CONCERNING ADOLES-**
2 **CENT MENTAL HEALTH.**

3 “(a) BEST PRACTICES.—The Secretary shall provide
4 for the conduct of research leading to the identification
5 and evaluation of evidence-based or promising best prac-
6 tices, including—

7 “(1) early intervention and prevention mental
8 health services and systems, particularly for children
9 and adolescents with co-occurring mental health and
10 substance abuse disorders;

11 “(2) mental health referral services;

12 “(3) integrated mental health treatment serv-
13 ices, particularly for children and adolescents with
14 co-occurring mental health and substance abuse dis-
15 orders;

16 “(4) mentoring and other support services;

17 “(5) transition services; and

18 “(6) respite care for parents, legal guardians,
19 and families of children and adolescents.

20 “(b) IDENTIFICATION OF EXISTING DISPARITIES.—
21 The Secretary shall provide for the conduct of research
22 leading to the identification of factors contributing to the
23 existing disparities in children and adolescents mental
24 health care in areas including—

1 “(1) evidence-based early intervention and pre-
2 vention, diagnosis, referral, treatment, and moni-
3 toring services;

4 “(2) psychiatric and psychological epidemiology
5 in racial and ethnic minority populations;

6 “(3) therapeutic interventions in racial and eth-
7 nic minority populations;

8 “(4) psychopharmacology;

9 “(5) mental health promotion and child and ad-
10 olescent emotional well-being and resiliency;

11 “(6) lack of adequate service delivery systems
12 in urban and rural regions; and

13 “(7) lack of adequate reimbursement rates for
14 evidence-based early intervention and prevention, di-
15 agnosis, referral, treatment, and monitoring services.

16 “(c) PSYCHOTROPIC MEDICATIONS.—The Secretary
17 shall provide for the conduct of research leading to the
18 identification of the long-term effects of psychotropic
19 medications and SSRIs and other psychotropic medica-
20 tions for children and adolescents.

21 “(d) TRAUMA.—The Secretary shall provide for the
22 conduct of research leading to the identification of the
23 long-term effects of trauma on the mental health of chil-
24 dren and adolescents, including the effects of—

25 “(1) violent crime, particularly sexual abuse;

1 “(2) physical or medical trauma;

2 “(3) post-traumatic stress disorders; and

3 “(4) terrorism and natural disasters.

4 “(e) ACUTE CARE.—The Secretary shall provide for
5 the conduct of research leading to the identification of fac-
6 tors contributing to problems in acute care. Such research
7 shall address—

8 “(1) synthesizing the acute care knowledge data
9 base;

10 “(2) assessing existing capacities and shortages
11 in acute care;

12 “(3) reviewing existing model programs that
13 exist to ensure appropriate and effective acute care;

14 “(4) developing new models when appropriate;
15 and

16 “(5) proposing workable solutions to enhance
17 the delivery of acute care and crisis intervention
18 services.

19 “(f) RECOVERY AND REHABILITATION.—The Sec-
20 retary shall provide for the conduct of research leading
21 to the identification of methods and models to enhance
22 the recovery and rehabilitation of children and adolescents
23 with mental health disorders.

24 “(g) CO-OCCURRING DISORDERS.—The Secretary
25 shall provide for the conduct of research leading to the

1 identification of methods and models to enhance services
2 and supports for children and adolescents with co-occur-
3 ring mental health and substance abuse and disorders.

4 “(h) COST OF UNTREATED MENTAL HEALTH DIS-
5 ORDERS.—The Secretary shall provide for the conduct of
6 research assessing long-term financial costs of mental
7 health disorders left untreated in children and adolescents.

8 “(i) RESEARCH COLLABORATION.—The Secretary
9 shall provide for the conduct of research that reviews ex-
10 isting scientific literature on the relationship between
11 mental and physical health, particularly identifying new
12 methods and models to enhance the balance between men-
13 tal and physical health in children and adolescents.

14 “(j) COLLABORATION.—In carrying out the activities
15 under this section, the Secretary shall collaborate with the
16 Federal interagency coordinating committee established
17 under section 201 of the Child and Adolescent Mental
18 Health Resiliency Act of 2007, and relevant Federal agen-
19 cies and mental health working groups responsible for
20 child and adolescent mental health.

21 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section,
23 \$12,500,000 for fiscal year 2008, and such sums as may
24 be necessary for each of fiscal years 2009 through 2012.”.

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