

Gilner. These policemen were two of Cobb County's, and indeed America's, finest. Unfortunately, in a tragic incident earlier this year, they were killed in the line of duty.

These men dutifully served and protected the great citizens of Georgia up until the last moments of their lives, when on July 23, 1999, these heroes were struck down by gunfire.

Colleagues described Stephen Gilner as a wonderful human being who had never been happier than when, after seven years in the Marine Corps, he was handed his police uniform and could make a career out of helping people. In 1999, Officer Gilner was nominated for the Officer of the Year award after saving a man from a burning van. He died last summer trying to save the life of a fellow officer. Officer Gilner leaves behind his wife Elisa and their daughter Nicole.

Sergeant Reeves had been with the Cobb County Police Department for fourteen years. Fellow officers remember Reeves for his sense of humor and his ability to remain calm under pressure. Just two months before the tragic shooting claimed his life, Steve Reeves had been promoted to Sergeant. The beloved hero was twice decorated—once for saving the life of a fellow officer during a struggle with an armed suspect and again for rescuing a family from their burning house while he was off-duty. Sergeant Reeves is survived by his wife, Beth, and two sons, Clint and Chris.

The selfless bravery and public service displayed by these heroes are in the finest tradition of the United States. I am sure my colleagues in the Senate will join me as I extend my thoughts and prayers to Elisa, Nicole, Beth, Clint and Chris. This tragic incident is the first of its kind in more than thirty five years where two police officers were killed in the same incident in the Atlanta Metro area. Our prayers are sent up to these men in heaven who made the ultimate sacrifice for their fellow citizens.●

TRIBUTE TO DANIEL JACOB MILLER

● Mr. ABRAHAM. Mr. President, I rise today to show appreciation and honor to Daniel Jacob Miller as he receives the Heroism Award presented by the Boy Scouts of America. Daniel is a true hero, good Samaritan and model citizen. On December 31, 1998, there was a tragic and massive automobile pile-up in Northern Michigan. The lone police officer on the scene needed help and that is when Dan stepped up. The officer asked if anyone had medical training and Dan, who had learned first aid training through the Boy Scouts, immediately offered his assistance. Dan's unselfish acts, putting his own life at risk helped save the lives of a mother and her children and enabled the police officer to tend to the many other seriously injured motorists.

What is most exceptional about Dan is that he genuinely cares about all people and their well being. After the devastating tornados which struck Oklahoma last May, Dan instigated and helped organize a trip to aid in the disaster clean-up. Dan's leadership was also apparent when he taught fellow Boy Scouts how to operate a Ham Radio and assisted them in getting certified in Ham Radio operations in case of a disaster.

Dan is described as a quiet and reserved person who enjoys doing his good deeds in secret and throughout his life he has continually put others' needs before his own. Daniel Miller is an exemplary person, Boy Scout and citizen. Time and time again his devotion and good will have blessed the lives of numerous people. It is my hope that many more people follow the path that Dan has set himself on and continue to make the state of Michigan and our nation a better place.

I would also like to take this opportunity to commend the Boy Scouts of America for their dedication to teaching young people the skills they need to assist in life-saving situations. The Boy Scout leaders who so unselfishly give of their time to help young men could never understand the far reaches of their work. Daniel Miller gives us one incredible example of the importance of the training young men get through the Boy Scouts of America.●

YOUTH DRUG AND MENTAL HEALTH SERVICES ACT

On November 3, 1999, the Senate passed S. 976, as follows:

S. 976

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Youth Drug and Mental Health Services Act".

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

Sec. 1. Short title; table of contents.

TITLE I—PROVISIONS RELATING TO SERVICES FOR CHILDREN AND ADOLESCENTS

Sec. 101. Children and violence.

Sec. 102. Emergency response.

Sec. 103. High risk youth reauthorization.

Sec. 104. Substance abuse treatment services for children and adolescents.

Sec. 105. Comprehensive community services for children with serious emotional disturbance.

Sec. 106. Services for children of substance abusers.

Sec. 107. Services for youth offenders.

Sec. 108. Grants for strengthening families through community partnerships.

Sec. 109. General provisions.

TITLE II—PROVISIONS RELATING TO MENTAL HEALTH

Sec. 201. Priority mental health needs of regional and national significance.

Sec. 202. Grants for the benefit of homeless individuals.

Sec. 203. Projects for assistance in transition from homelessness.

Sec. 204. Community mental health services performance partnership block grant.

Sec. 205. Determination of allotment.

Sec. 206. Protection and Advocacy for Mentally Ill Individuals Act of 1986.

Sec. 207. Requirement relating to the rights of residents of certain facilities.

TITLE III—PROVISIONS RELATING TO SUBSTANCE ABUSE

Sec. 301. Priority substance abuse treatment needs of regional and national significance.

Sec. 302. Priority substance abuse prevention needs of regional and national significance.

Sec. 303. Substance abuse prevention and treatment performance partnership block grant.

Sec. 304. Determination of allotments.

Sec. 305. Nondiscrimination and institutional safeguards for religious providers.

Sec. 306. Alcohol and drug prevention or treatment services for Indians and Native Alaskans.

TITLE IV—PROVISIONS RELATING TO FLEXIBILITY AND ACCOUNTABILITY

Sec. 401. General authorities and peer review.

Sec. 402. Advisory councils.

Sec. 403. General provisions for the performance partnership block grants.

Sec. 404. Data infrastructure projects.

Sec. 405. Repeal of obsolete addict referral provisions.

Sec. 406. Individuals with co-occurring disorders.

Sec. 407. Services for individuals with co-occurring disorders.

TITLE I—PROVISIONS RELATING TO SERVICES FOR CHILDREN AND ADOLESCENTS

SEC. 101. CHILDREN AND VIOLENCE.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following:

"PART G—PROJECTS FOR CHILDREN AND VIOLENCE

"SEC. 581. CHILDREN AND VIOLENCE.

"(a) IN GENERAL.—The Secretary, in consultation with the Secretary of Education and the Attorney General, shall carry out directly or through grants, contracts or cooperative agreements with public entities a program to assist local communities in developing ways to assist children in dealing with violence.

"(b) ACTIVITIES.—Under the program under subsection (a), the Secretary may—

"(1) provide financial support to enable local communities to implement programs to foster the health and development of children;

"(2) provide technical assistance to local communities with respect to the development of programs described in paragraph (1);

"(3) provide assistance to local communities in the development of policies to address violence when and if it occurs; and

"(4) assist in the creation of community partnerships among law enforcement, education systems and mental health and substance abuse service systems.

"(c) REQUIREMENTS.—An application for a grant, contract or cooperative agreement

under subsection (a) shall demonstrate that—

“(1) the applicant will use amounts received to create a partnership described in subsection (b)(4) to address issues of violence in schools;

“(2) the activities carried out by the applicant will provide a comprehensive method for addressing violence, that will include—

“(A) security;

“(B) educational reform;

“(C) the review and updating of school policies;

“(D) alcohol and drug abuse prevention and early intervention services;

“(E) mental health prevention and treatment services; and

“(F) early childhood development and psychosocial services; and

“(3) the applicant will use amounts received only for the services described in subparagraphs (D), (E), and (F) of paragraph (2).

“(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

“(e) DURATION OF AWARDS.—With respect to a grant, contract or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient may not exceed 5 years.

“(f) EVALUATION.—The Secretary shall conduct an evaluation of each project carried out under this section and shall disseminate the results of such evaluations to appropriate public and private entities.

“(g) INFORMATION AND EDUCATION.—The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application under this section to the general public and to health care professionals.

“(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$100,000,000 for fiscal year 2000, and such sums as may be necessary for each of fiscal years 2001 and 2002.

“SEC. 582. GRANTS TO ADDRESS THE PROBLEMS OF PERSONS WHO EXPERIENCE VIOLENCE RELATED STRESS.

“(a) IN GENERAL.—The Secretary shall award grants, contracts or cooperative agreements to public and nonprofit private entities, as well as to Indian tribes and tribal organizations, for the purpose of establishing a national and regional centers of excellence on psychological trauma response and for developing knowledge with regard to evidence-based practices for treating psychiatric disorders resulting from witnessing or experiencing such stress.

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

“(c) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) with respect to centers of excellence are distributed equitably among the regions of the country and among urban and rural areas.

“(d) EVALUATION.—The Secretary, as part of the application process, shall require that each applicant for a grant, contract or cooperative agreement under subsection (a) submit a plan for the rigorous evaluation of the activities funded under the grant, contract

or agreement, including both process and outcomes evaluation, and the submission of an evaluation at the end of the project period.

“(e) DURATION OF AWARDS.—With respect to a grant, contract or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient may not exceed 5 years. Such grants, contracts or agreements may be renewed.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$50,000,000 for fiscal year 2000, and such sums as may be necessary for each of fiscal years 2001 and 2002.”.

SEC. 102. EMERGENCY RESPONSE.

Section 501 of the Public Health Service Act (42 U.S.C. 290aa) is amended—

(1) by redesignating subsection (m) as subsection (o);

(2) by inserting after subsection (l) the following:

“(m) EMERGENCY RESPONSE.—

“(1) IN GENERAL.—Notwithstanding section 504 and except as provided in paragraph (2), the Secretary may use not to exceed 3 percent of all amounts appropriated under this title for a fiscal year to make noncompetitive grants, contracts or cooperative agreements to public entities to enable such entities to address emergency substance abuse or mental health needs in local communities.

“(2) EXCEPTIONS.—Amounts appropriated under part C shall not be subject to paragraph (1).

“(3) EMERGENCIES.—The Secretary shall establish criteria for determining that a substance abuse or mental health emergency exists and publish such criteria in the Federal Register prior to providing funds under this subsection.

“(n) LIMITATION ON THE USE OF CERTAIN INFORMATION.—No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under this title may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose. Such information may not be published or released in other form if the person who supplied the information or who is described in it is identifiable unless such person has consented (as determined under regulations of the Secretary) to its publication or release in other form.”; and

(3) in subsection (o) (as so redesignated), by striking “1993” and all that follows through the period and inserting “2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.”.

SEC. 103. HIGH RISK YOUTH REAUTHORIZATION.

Section 517(h) of the Public Health Service Act (42 U.S.C. 290bb-23(h)) is amended by striking “\$70,000,000” and all that follows through “1994” and inserting “such sums as may be necessary for each of the fiscal years 2000 through 2002”.

SEC. 104. SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN AND ADOLESCENTS.

Subpart 1 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is amended by adding at the end the following:

“SEC. 514. SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN AND ADOLESCENTS.

“(a) IN GENERAL.—The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Native Alaskan entities and Indian tribes and tribal organizations, for the purpose of providing substance abuse treatment services for children and adolescents.

“(b) PRIORITY.—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants who propose to—

“(1) apply evidenced-based and cost effective methods for the treatment of substance abuse among children and adolescents;

“(2) coordinate the provision of treatment services with other social service agencies in the community, including educational, juvenile justice, child welfare, and mental health agencies;

“(3) provide a continuum of integrated treatment services, including case management, for children and adolescents with substance abuse disorders and their families;

“(4) provide treatment that is gender-specific and culturally appropriate;

“(5) involve and work with families of children and adolescents receiving treatment;

“(6) provide aftercare services for children and adolescents and their families after completion of substance abuse treatment; and

“(7) address the relationship between substance abuse and violence.

“(c) DURATION OF GRANTS.—The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for periods not to exceed 5 fiscal years.

“(d) APPLICATION.—An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

“(e) EVALUATION.—An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, contract, or cooperative agreement, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$40,000,000 for fiscal year 2000, and such sums as may be necessary for fiscal years 2001 and 2002.

“SEC. 514A. EARLY INTERVENTION SERVICES FOR CHILDREN AND ADOLESCENTS.

“(a) IN GENERAL.—The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including local educational agencies (as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)), for the purpose of providing early intervention substance abuse services for children and adolescents.

“(b) PRIORITY.—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants who demonstrate an ability to—

“(1) screen for and assess substance use and abuse by children and adolescents;

“(2) make appropriate referrals for children and adolescents who are in need of treatment for substance abuse;

“(3) provide early intervention services, including counseling and ancillary services, that are designed to meet the developmental needs of children and adolescents who are at risk for substance abuse; and

“(4) develop networks with the educational, juvenile justice, social services, and other agencies and organizations in the State or local community involved that will work to identify children and adolescents who are in need of substance abuse treatment services.

“(c) CONDITION.—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall ensure that

such grants, contracts, or cooperative agreements are allocated, subject to the availability of qualified applicants, among the principal geographic regions of the United States, to Indian tribes and tribal organizations, and to urban and rural areas.

“(d) DURATION OF GRANTS.—The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for periods not to exceed 5 fiscal years.

“(e) APPLICATION.—An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

“(f) EVALUATION.—An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, contract, or cooperative agreement, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$20,000,000 for fiscal year 2000, and such sums as may be necessary for fiscal years 2001 and 2002.

“SEC. 514B. YOUTH INTERAGENCY RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE CENTERS.

“(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, and in consultation with the Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Director of the Bureau of Justice Assistance and the Director of the National Institutes of Health, shall award grants or contracts to public or nonprofit private entities to establish not more than 4 research, training, and technical assistance centers to carry out the activities described in subsection (c).

“(b) APPLICATION.—A public or private nonprofit entity desiring a grant or contract under subsection (a) shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

“(c) AUTHORIZED ACTIVITIES.—A center established under a grant or contract under subsection (a) shall—

“(1) provide training with respect to state-of-the-art mental health and justice-related services and successful mental health and substance abuse-justice collaborations that focus on children and adolescents, to public policymakers, law enforcement administrators, public defenders, police, probation officers, judges, parole officials, jail administrators and mental health and substance abuse providers and administrators;

“(2) engage in research and evaluations concerning State and local justice and mental health systems, including system redesign initiatives, and disseminate information concerning the results of such evaluations;

“(3) provide direct technical assistance, including assistance provided through toll-free telephone numbers, concerning issues such as how to accommodate individuals who are being processed through the courts under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), what types of mental health or substance abuse service approaches are effective within the judicial system, and how community-based mental health or substance abuse services can be more effective, including relevant regional, ethnic, and gender-related considerations; and

“(4) provide information, training, and technical assistance to State and local gov-

ernmental officials to enhance the capacity of such officials to provide appropriate services relating to mental health or substance abuse.

“(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$4,000,000 for fiscal year 2000, and such sums as may be necessary for fiscal years 2001 and 2002.

“SEC. 514C. PREVENTION OF METHAMPHETAMINE AND INHALANT ABUSE AND ADDICTION.

“(a) GRANTS.—The Director of the Center for Substance Abuse Prevention (referred to in this section as the ‘Director’) may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities to enable such entities—

“(1) to carry out school-based programs concerning the dangers of methamphetamine or inhalant abuse and addiction, using methods that are effective and evidence-based, including initiatives that give students the responsibility to create their own anti-drug abuse education programs for their schools; and

“(2) to carry out community-based methamphetamine or inhalant abuse and addiction prevention programs that are effective and evidence-based.

“(b) USE OF FUNDS.—Amounts made available under a grant, contract or cooperative agreement under subsection (a) shall be used for planning, establishing, or administering methamphetamine or inhalant prevention programs in accordance with subsection (c).

“(c) PREVENTION PROGRAMS AND ACTIVITIES.—

“(1) IN GENERAL.—Amounts provided under this section may be used—

“(A) to carry out school-based programs that are focused on those districts with high or increasing rates of methamphetamine or inhalant abuse and addiction and targeted at populations which are most at risk to start methamphetamine or inhalant abuse;

“(B) to carry out community-based prevention programs that are focused on those populations within the community that are most at-risk for methamphetamine or inhalant abuse and addiction;

“(C) to assist local government entities to conduct appropriate methamphetamine or inhalant prevention activities;

“(D) to train and educate State and local law enforcement officials, prevention and education officials, members of community anti-drug coalitions and parents on the signs of methamphetamine or inhalant abuse and addiction and the options for treatment and prevention;

“(E) for planning, administration, and educational activities related to the prevention of methamphetamine or inhalant abuse and addiction;

“(F) for the monitoring and evaluation of methamphetamine or inhalant prevention activities, and reporting and disseminating resulting information to the public; and

“(G) for targeted pilot programs with evaluation components to encourage innovation and experimentation with new methodologies.

“(2) PRIORITY.—The Director shall give priority in making grants under this section to rural and urban areas that are experiencing a high rate or rapid increases in methamphetamine or inhalant abuse and addiction.

“(d) ANALYSES AND EVALUATION.—

“(1) IN GENERAL.—Up to \$500,000 of the amount available in each fiscal year to carry out this section shall be made available to the Director, acting in consultation with other Federal agencies, to support and conduct periodic analyses and evaluations of effective prevention programs for meth-

amphetamine or inhalant abuse and addiction and the development of appropriate strategies for disseminating information about and implementing these programs.

“(2) ANNUAL REPORTS.—The Director shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Commerce and Committee on Appropriations of the House of Representatives, an annual report with the results of the analyses and evaluation under paragraph (1).

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out subsection (a), \$10,000,000 for fiscal year 2000, and such sums as may be necessary for each of fiscal years 2001 and 2002.”

SEC. 105. COMPREHENSIVE COMMUNITY SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE.

(a) MATCHING FUNDS.—Section 561(c)(1)(D) of the Public Health Service Act (42 U.S.C. 290ff(c)(1)(D)) is amended by striking “fifth” and inserting “fifth and sixth”.

(b) FLEXIBILITY FOR INDIAN TRIBES AND TERRITORIES.—Section 562 of the Public Health Service Act (42 U.S.C. 290ff-1) is amended by adding at the end the following:

“(g) WAIVERS.—The Secretary may waive 1 or more of the requirements of subsection (c) for a public entity that is an Indian Tribe or tribal organization, or American Samoa, Guam, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, or the United States Virgin Islands if the Secretary determines, after peer review, that the system of care is family-centered and uses the least restrictive environment that is clinically appropriate.”

(c) DURATION OF GRANTS.—Section 565(a) of the Public Health Service Act (42 U.S.C. 290ff-4(a)) is amended by striking “5 fiscal” and inserting “6 fiscal”.

(d) AUTHORIZATION OF APPROPRIATIONS.—Section 565(f)(1) of the Public Health Service Act (42 U.S.C. 290ff-4(f)(1)) is amended by striking “1993” and all that follows and inserting “2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.”

(e) CURRENT GRANTEES.—

(1) IN GENERAL.—Entities with active grants under section 561 of the Public Health Service Act (42 U.S.C. 290ff) on the date of enactment of this Act shall be eligible to receive a 6th year of funding under the grant in an amount not to exceed the amount that such grantee received in the 5th year of funding under such grant. Such 6th year may be funded without requiring peer and Advisory Council review as required under section 504 of such Act (42 U.S.C. 290aa-3).

(2) LIMITATION.—Paragraph (1) shall apply with respect to a grantee only if the grantee agrees to comply with the provisions of section 561 as amended by subsection (a).

SEC. 106. SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.

(a) ADMINISTRATION AND ACTIVITIES.—

(1) ADMINISTRATION.—Section 399D(a) of the Public Health Service Act (42 U.S.C. 280d(a)(1)) is amended—

(A) in paragraph (1), by striking “Administrator” and all that follows through “Administration” and insert “Administrator of the Substance Abuse and Mental Health Services Administration”; and

(B) in paragraph (2), by striking “Administrator of the Substance Abuse and Mental Health Services Administration” and inserting “Administrator of the Health Resources and Services Administration”.

(2) ACTIVITIES.—Section 399D(a)(1) of the Public Health Service Act (42 U.S.C. 280d(a)(1)) is amended—

(A) in subparagraph (B), by striking “and” at the end;

(B) in subparagraph (C), by striking the period and inserting the following: "through youth service agencies, family social services, child care providers, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, health, substance abuse and mental health providers through screenings conducted during regular childhood examinations and other examinations, self and family member referrals, substance abuse treatment services, and other providers of services to children and families; and"; and

(C) by adding at the end the following:

"(D) to provide education and training to health, substance abuse and mental health professionals, and other providers of services to children and families through youth service agencies, family social services, child care, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, and other providers of services to children and families."

(3) IDENTIFICATION OF CERTAIN CHILDREN.—Section 399D(a)(3)(A) of the Public Health Service Act (42 U.S.C. 280d(a)(3)(A)) is amended—

(A) in clause (i), by striking "(i) the entity" and inserting "(i)(I) the entity";

(B) in clause (ii)—

(i) by striking "(ii) the entity" and inserting "(II) the entity"; and

(ii) by striking the period and inserting "; and"; and

(C) by adding at the end the following:

"(ii) the entity will identify children who may be eligible for medical assistance under a State program under title XIX or XXI of the Social Security Act."

(b) SERVICES FOR CHILDREN.—Section 399D(b) of the Public Health Service Act (42 U.S.C. 280d(b)) is amended—

(1) in paragraph (1), by inserting "alcohol and drug," after "psychological,";

(2) by striking paragraph (5) and inserting the following:

"(5) Developmentally and age-appropriate drug and alcohol early intervention, treatment and prevention services.";

(3) by inserting after paragraph (8), the following:

"Services shall be provided under paragraphs (2) through (8) by a public health nurse, social worker, or similar professional, or by a trained worker from the community who is supervised by a professional, or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements."

(c) SERVICES FOR AFFECTED FAMILIES.—Section 399D(c) of the Public Health Service Act (42 U.S.C. 280d(c)) is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A), by inserting before the colon the following: "; or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements"; and

(B) by adding at the end the following:

"(D) Aggressive outreach to family members with substance abuse problems."

"(E) Inclusion of consumer in the development, implementation, and monitoring of Family Services Plan.";

(2) in paragraph (2)—

(A) by striking subparagraph (A) and inserting the following:

"(A) Alcohol and drug treatment services, including screening and assessment, diag-

nosis, detoxification, individual, group and family counseling, relapse prevention, pharmacotherapy treatment, after-care services, and case management.";

(B) in subparagraph (C), by striking "including educational and career planning" and inserting "and counseling on the human immunodeficiency virus and acquired immune deficiency syndrome";

(C) in subparagraph (D), by striking "conflict and"; and

(D) in subparagraph (E), by striking "Remedial" and inserting "Career planning and"; and

(3) in paragraph (3)(D), by inserting "which include child abuse and neglect prevention techniques" before the period.

(d) ELIGIBLE ENTITIES.—Section 399D(d) of the Public Health Service Act (42 U.S.C. 280d(d)) is amended—

(1) by striking the matter preceding paragraph (1) and inserting:

"(d) ELIGIBLE ENTITIES.—The Secretary shall distribute the grants through the following types of entities:";

(2) in paragraph (1), by striking "drug treatment" and inserting "drug early intervention, prevention or treatment; and

(3) in paragraph (2)—

(A) in subparagraph (A), by striking "; and" and inserting "; or"; and

(B) in subparagraph (B), by inserting "or pediatric health or mental health providers and family mental health providers" before the period.

(e) SUBMISSION OF INFORMATION.—Section 399D(h) of the Public Health Service Act (42 U.S.C. 280d(h)) is amended—

(1) in paragraph (2)—

(A) by inserting "including maternal and child health" before "mental";

(B) by striking "treatment programs"; and

(C) by striking "and the State agency responsible for administering public maternal and child health services" and inserting "the State agency responsible for administering alcohol and drug programs, the State lead agency, and the State Interagency Coordinating Council under part H of the Individuals with Disabilities Education Act; and"; and

(2) by striking paragraph (3) and redesignating paragraph (4) as paragraph (3).

(f) REPORTS TO THE SECRETARY.—Section 399D(i)(6) of the Public Health Service Act (42 U.S.C. 280d(i)(6)) is amended—

(1) in subparagraph (B), by adding "and" at the end; and

(2) by striking subparagraphs (C), (D), and (E) and inserting the following:

"(C) the number of case workers or other professionals trained to identify and address substance abuse issues."

(g) EVALUATIONS.—Section 399D(l) of the Public Health Service Act (42 U.S.C. 280d(l)) is amended—

(1) in paragraph (3), by adding "and" at the end;

(2) in paragraph (4), by striking the semicolon and inserting the following: "; including increased participation in work or employment-related activities and decreased participation in welfare programs."; and

(3) by striking paragraphs (5) and (6).

(h) REPORT TO CONGRESS.—Section 399D(m) of the Public Health Service Act (42 U.S.C. 280d(m)) is amended—

(1) in paragraph (2), by adding "and" at the end;

(2) in paragraph (3)—

(A) in subparagraph (A), by adding "and" at the end;

(B) in subparagraph (B), by striking the semicolon and inserting a period; and

(C) by striking subparagraphs (C), (D), and (E); and

(3) by striking paragraphs (4) and (5).

(i) DATA COLLECTION.—Section 399D(n) of the Public Health Service Act (42 U.S.C.

280d(n)) is amended by adding at the end the following: "The periodic report shall include a quantitative estimate of the prevalence of alcohol and drug problems in families involved in the child welfare system, the barriers to treatment and prevention services facing these families, and policy recommendations for removing the identified barriers, including training for child welfare workers."

(j) DEFINITION.—Section 399D(o)(2)(B) of the Public Health Service Act (42 U.S.C. 280d(o)(2)(B)) is amended by striking "dangerous".

(k) AUTHORIZATION OF APPROPRIATIONS.—Section 399D(p) of the Public Health Service Act (42 U.S.C. 280d(p)) is amended to read as follows:

"(p) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$50,000,000 for fiscal year 2000, and such sums as may be necessary for each of fiscal years 2001 and 2002."

(l) GRANTS FOR TRAINING AND CONFORMING AMENDMENTS.—Section 399D of the Public Health Service Act (42 U.S.C. 280d) is amended—

(1) by striking subsection (f);

(2) by striking subsection (k);

(3) by redesignating subsections (d), (e), (g), (h), (i), (j), (l), (m), (n), (o), and (p) as subsections (e) through (o), respectively;

(4) by inserting after subsection (c), the following:

"(d) TRAINING FOR PROVIDERS OF SERVICES TO CHILDREN AND FAMILIES.—The Secretary may make a grant under subsection (a) for the training of health, substance abuse and mental health professionals and other providers of services to children and families through youth service agencies, family social services, child care providers, Head Start, schools and after-school programs, early childhood development programs, community-based family resource centers, the criminal justice system, and other providers of services to children and families. Such training shall be to assist professionals in recognizing the drug and alcohol problems of their clients and to enhance their skills in identifying and understanding the nature of substance abuse, and obtaining substance abuse early intervention, prevention and treatment resources.";

(5) in subsection (k)(2) (as so redesignated), by striking "(h)" and inserting "(i)"; and

(6) in paragraphs (3)(E) and (5) of subsection (m) (as so redesignated), by striking "(d)" and inserting "(e)".

(m) TRANSFER AND REDESIGNATION.—Section 399D of the Public Health Service Act (42 U.S.C. 280d), as amended by this section—

(1) is transferred to title V;

(2) is redesignated as section 519; and

(3) is inserted after section 518.

(n) CONFORMING AMENDMENT.—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by striking the heading of part L.

SEC. 107. SERVICES FOR YOUTH OFFENDERS.

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb-31 et seq.) is amended by adding at the end the following:

"SEC. 520C. SERVICES FOR YOUTH OFFENDERS.

"(a) IN GENERAL.—The Secretary, acting through the Director of the Center for Mental Health Services, and in consultation with the Director of the Center for Substance Abuse Treatment, the Administrator of the Office of Juvenile Justice and Delinquency Prevention, and the Director of the Special Education Programs, shall award grants on a competitive basis to State or local juvenile justice agencies to enable such agencies to provide aftercare services for youth offenders who have been discharged from facilities

in the juvenile or criminal justice system and have serious emotional disturbances or are at risk of developing such disturbances.

“(b) USE OF FUNDS.—A State or local juvenile justice agency receiving a grant under subsection (a) shall use the amounts provided under the grant—

“(1) to develop a plan describing the manner in which the agency will provide services for each youth offender who has a serious emotional disturbance and has been detained or incarcerated in facilities within the juvenile or criminal justice system;

“(2) to provide a network of core or aftercare services or access to such services for each youth offender, including diagnostic and evaluation services, substance abuse treatment services, outpatient mental health care services, medication management services, intensive home-based therapy, intensive day treatment services, respite care, and therapeutic foster care;

“(3) to establish a program that coordinates with other State and local agencies providing recreational, social, educational, vocational, or operational services for youth, to enable the agency receiving a grant under this section to provide community-based system of care services for each youth offender that addresses the special needs of the youth and helps the youth access all of the aforementioned services; and

“(4) using not more than 20 percent of funds received, to provide planning and transition services as described in paragraph (3) for youth offenders while such youth are incarcerated or detained.

“(c) APPLICATION.—A State or local juvenile justice agency that desires a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

“(d) REPORT.—Not later than 3 years after the date of enactment of this section and annually thereafter, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report that describes the services provided pursuant to this section.

“(e) DEFINITIONS.—In this section:

“(1) SERIOUS EMOTIONAL DISTURBANCE.—The term ‘serious emotional disturbance’ with respect to a youth offender means an offender who currently, or at any time within the 1-year period ending on the day on which services are sought under this section, has a diagnosable mental, behavioral, or emotional disorder that functionally impairs the offender’s life by substantially limiting the offender’s role in family, school, or community activities, and interfering with the offender’s ability to achieve or maintain 1 or more developmentally-appropriate social, behavior, cognitive, communicative, or adaptive skills.

“(2) COMMUNITY-BASED SYSTEM OF CARE.—The term ‘community-based system of care’ means the provision of services for the youth offender by various State or local agencies that in an interagency fashion or operating as a network addresses the recreational, social, educational, vocational, mental health, substance abuse, and operational needs of the youth offender.

“(3) YOUTH OFFENDER.—The term ‘youth offender’ means an individual who is 21 years of age or younger who has been discharged from a State or local juvenile or criminal justice system, except that if the individual is between the ages of 18 and 21 years, such individual has had contact with the State or local juvenile or criminal justice system prior to attaining 18 years of age and is

under the jurisdiction of such a system at the time services are sought.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$40,000,000 for fiscal year 2000, and such sums as may be necessary for each of fiscal years 2001 and 2002.”.

SEC. 108. GRANTS FOR STRENGTHENING FAMILIES THROUGH COMMUNITY PARTNERSHIPS.

Subpart 2 of part B of Title V of the Public Health Service Act (42 U.S.C. 290bb-21 et seq) is amended by adding at the end the following:

“SEC. 519A. GRANTS FOR STRENGTHENING FAMILIES.

“(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Director of the Prevention Center, may make grants to public and nonprofit private entities to develop and implement model substance abuse prevention programs to provide early intervention and substance abuse prevention services for individuals of high-risk families and the communities in which such individuals reside.

“(b) PRIORITY.—In awarding grants under subsection (a), the Secretary shall give priority to applicants that—

“(1) have proven experience in preventing substance abuse by individuals of high-risk families and reducing substance abuse in communities of such individuals;

“(2) have demonstrated the capacity to implement community-based partnership initiatives that are sensitive to the diverse backgrounds of individuals of high-risk families and the communities of such individuals;

“(3) have experience in providing technical assistance to support substance abuse prevention programs that are community-based;

“(4) have demonstrated the capacity to implement research-based substance abuse prevention strategies; and

“(5) have implemented programs that involve families, residents, community agencies, and institutions in the implementation and design of such programs.

“(c) DURATION OF GRANTS.—The Secretary shall award grants under subsection (a) for a period not to exceed 5 years.

“(d) USE OF FUNDS.—An applicant that is awarded a grant under subsection (a) shall—

“(1) in the first fiscal year that such funds are received under the grant, use such funds to develop a model substance abuse prevention program; and

“(2) in the fiscal year following the first fiscal year that such funds are received, use such funds to implement the program developed under paragraph (1) to provide early intervention and substance abuse prevention services to—

“(A) strengthen the environment of children of high risk families by targeting interventions at the families of such children and the communities in which such children reside;

“(B) strengthen protective factors, such as—

“(i) positive adult role models;

“(ii) messages that oppose substance abuse;

“(iii) community actions designed to reduce accessibility to and use of illegal substances; and

“(iv) willingness of individuals of families in which substance abuse occurs to seek treatment for substance abuse;

“(C) reduce family and community risks, such as family violence, alcohol or drug abuse, crime, and other behaviors that may effect healthy child development and increase the likelihood of substance abuse; and

“(D) build collaborative and formal partnerships between community agencies, institutions, and businesses to ensure that comprehensive high quality services are pro-

vided, such as early childhood education, health care, family support programs, parent education programs, and home visits for infants.

“(e) APPLICATION.—To be eligible to receive a grant under subsection (a), an applicant shall prepare and submit to the Secretary an application that—

“(1) describes a model substance abuse prevention program that such applicant will establish;

“(2) describes the manner in which the services described in subsection (d)(2) will be provided; and

“(3) describe in as much detail as possible the results that the entity expects to achieve in implementing such a program.

“(f) MATCHING FUNDING.—The Secretary may not make a grant to a entity under subsection (a) unless that entity agrees that, with respect to the costs to be incurred by the entity in carrying out the program for which the grant was awarded, the entity will make available non-Federal contributions in an amount that is not less than 40 percent of the amount provided under the grant.

“(g) REPORT TO SECRETARY.—An applicant that is awarded a grant under subsection (a) shall prepare and submit to the Secretary a report in such form and containing such information as the Secretary may require, including an assessment of the efficacy of the model substance abuse prevention program implemented by the applicant and the short, intermediate, and long term results of such program.

“(h) EVALUATIONS.—The Secretary shall conduct evaluations, based in part on the reports submitted under subsection (g), to determine the effectiveness of the programs funded under subsection (a) in reducing substance use in high-risk families and in making communities in which such families reside in stronger. The Secretary shall submit such evaluations to the appropriate committees of Congress.

“(i) HIGH-RISK FAMILIES.—In this section, the term ‘high-risk family’ means a family in which the individuals of such family are at a significant risk of using or abusing alcohol or any illegal substance.

“(j) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$3,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.”.

SEC. 109. GENERAL PROVISIONS.

(a) DUTIES OF THE CENTER FOR SUBSTANCE ABUSE TREATMENT.—Section 507(b) of the Public Health Service Act (42 U.S.C. 290bb(b)) is amended—

(1) by redesignating paragraphs (2) through (12) as paragraphs (4) through (14), respectively;

(2) by inserting after paragraph (1), the following:

“(2) ensure that emphasis is placed on children and adolescents in the development of treatment programs;

“(3) collaborate with the Attorney General to develop programs to provide substance abuse treatment services to individuals who have had contact with the Justice system, especially adolescents;”;

(3) in paragraph 14 (as so redesignated), by striking “paragraph (11)” and inserting “paragraph (13)”.

(b) OFFICE FOR SUBSTANCE ABUSE PREVENTION.—Section 515(b) of the Public Health Service Act (42 U.S.C. 290bb-21(b)) is amended—

(1) by redesignating paragraphs (9) and (10) as (10) and (11);

(2) by inserting after paragraph (8), the following:

“(9) collaborate with the Attorney General of the Department of Justice to develop programs to prevent drug abuse among high risk youth;”;

(3) in paragraph (10) (as so redesignated), by striking "public concerning" and inserting "public, especially adolescent audiences, concerning".

(c) DUTIES OF THE CENTER FOR MENTAL HEALTH SERVICES.—Section 520(b) of the Public Health Service Act (42 U.S.C. 290bb-3(b)) is amended—

(1) by redesignating paragraphs (3) through (14) as paragraphs (4) through (15), respectively; and

(2) by inserting after paragraph (2), the following:

"(3) collaborate with the Department of Education and the Department of Justice to develop programs to assist local communities in addressing violence among children and adolescents;"

TITLE II—PROVISIONS RELATING TO MENTAL HEALTH

SEC. 201. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

(a) IN GENERAL.—Section 520A of the Public Health Service Act (42 U.S.C. 290bb-32) is amended to read as follows:

"SEC. 520A. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

"(a) PROJECTS.—The Secretary shall address priority mental health needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

"(1) knowledge development and application projects for prevention, treatment, and rehabilitation, and the conduct or support of evaluations of such projects;

"(2) training and technical assistance programs;

"(3) targeted capacity response programs; and

"(4) systems change grants including statewide family network grants and client-oriented and consumer run self-help activities. The Secretary may carry out the activities described in this subsection directly or through grants, contracts, or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, other public or private nonprofit entities.

"(b) PRIORITY MENTAL HEALTH NEEDS.—

"(1) DETERMINATION OF NEEDS.—Priority mental health needs of regional and national significance shall be determined by the Secretary in consultation with States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

"(2) SPECIAL CONSIDERATION.—In developing program priorities described in paragraph (1), the Secretary, in conjunction with the Director of the Center for Mental Health Services, the Director of the Center for Substance Abuse Treatment, and the Administrator of the Health Resources and Services Administration, shall give special consideration to promoting the integration of mental health services into primary health care systems.

"(c) REQUIREMENTS.—

"(1) IN GENERAL.—Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

"(2) DURATION OF AWARD.—With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

"(3) MATCHING FUNDS.—The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under

this section provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

"(4) MAINTENANCE OF EFFORT.—With respect to activities for which a grant, contract or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

"(d) EVALUATION.—The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

"(e) INFORMATION AND EDUCATION.—The Secretary shall establish information and education programs to disseminate and apply the findings of the knowledge development and application, training, and technical assistance programs, and targeted capacity response programs, under this section to the general public, to health care professionals, and to interested groups. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out mental health services.

"(f) AUTHORIZATION OF APPROPRIATION.—

"(1) IN GENERAL.—There are authorized to be appropriated to carry out this section, \$300,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.

"(2) DATA INFRASTRUCTURE.—If amounts are not appropriated for a fiscal year to carry out section 1971 with respect to mental health, then the Secretary shall make available, from the amounts appropriated for such fiscal year under paragraph (1), an amount equal to the sum of \$6,000,000 and 10 percent of all amounts appropriated for such fiscal year under such paragraph in excess of \$100,000,000, to carry out such section 1971."

(b) CONFORMING AMENDMENTS.—

(1) Section 303 of the Public Health Service Act (42 U.S.C. 242a) is repealed.

(2) Section 520B of the Public Health Service Act (42 U.S.C. 290bb-33) is repealed.

(3) Section 612 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 290aa-3 note) is repealed.

SEC. 202. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.

Section 506 of the Public Health Service Act (42 U.S.C. 290aa-5) is amended to read as follows:

"SEC. 506. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.

"(a) IN GENERAL.—The Secretary shall award grants, contracts and cooperative agreements to community-based public and private nonprofit entities for the purposes of providing mental health and substance abuse services for homeless individuals. In carrying out this section, the Secretary shall consult with the Interagency Council on the Homeless, established under section 201 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11311).

"(b) PREFERENCES.—In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall give a preference to—

"(1) entities that provide integrated primary health, substance abuse, and mental health services to homeless individuals;

"(2) entities that demonstrate effectiveness in serving runaway, homeless, and street youth;

"(3) entities that have experience in providing substance abuse and mental health services to homeless individuals;

"(4) entities that demonstrate experience in providing housing for individuals in treatment for or in recovery from mental illness or substance abuse; and

"(5) entities that demonstrate effectiveness in serving homeless veterans.

"(c) SERVICES FOR CERTAIN INDIVIDUALS.—In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall not—

"(1) prohibit the provision of services under such subsection to homeless individuals who are suffering from a substance abuse disorder and are not suffering from a mental health disorder; and

"(2) make payments under subsection (a) to any entity that has a policy of—

"(A) excluding individuals from mental health services due to the existence or suspicion of substance abuse; or

"(B) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

"(d) TERM OF THE AWARDS.—No entity may receive a grant, contract, or cooperative agreement under subsection (a) for more than 5 years.

"(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$50,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002."

SEC. 203. PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS.

(a) WAIVERS FOR TERRITORIES.—Section 522 of the Public Health Service Act (42 U.S.C. 290cc-22) is amended by adding at the end the following:

"(i) WAIVER FOR TERRITORIES.—With respect to the United States Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands, the Secretary may waive the provisions of this part that the Secretary determines to be appropriate."

(b) AUTHORIZATION OF APPROPRIATION.—Section 535(a) of the Public Health Service Act (42 U.S.C. 290cc-35(a)) is amended by striking "1991 through 1994" and inserting "2000 through 2002".

SEC. 204. COMMUNITY MENTAL HEALTH SERVICES PERFORMANCE PARTNERSHIP BLOCK GRANT.

(a) CRITERIA FOR PLAN.—Section 1912(b) of the Public Health Service Act (42 U.S.C. 300x-2(b)) is amended by striking paragraphs (1) through (12) and inserting the following:

"(1) COMPREHENSIVE COMMUNITY-BASED MENTAL HEALTH SYSTEMS.—The plan provides for an organized community-based system of care for individuals with mental illness and describes available services and resources in a comprehensive system of care, including services for dually diagnosed individuals. The description of the system of care shall include health and mental health services, rehabilitation services, employment services, housing services, educational services, substance abuse services, medical and dental care, and other support services to be provided to individuals with Federal, State and local public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities, including services to be provided by local school systems under the Individuals with Disabilities Education Act. The plan shall include a separate description of case management services and provide for activities leading to reduction of hospitalization.

“(2) MENTAL HEALTH SYSTEM DATA AND EPIDEMIOLOGY.—The plan contains an estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children and presents quantitative targets to be achieved in the implementation of the system described in paragraph (1).

“(3) CHILDREN’S SERVICES.—In the case of children with serious emotional disturbance, the plan—

“(A) subject to subparagraph (B), provides for a system of integrated social services, educational services, juvenile services, and substance abuse services that, together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs (such system to include services provided under the Individuals with Disabilities Education Act);

“(B) provides that the grant under section 1911 for the fiscal year involved will not be expended to provide any service under such system other than comprehensive community mental health services; and

“(C) provides for the establishment of a defined geographic area for the provision of the services of such system.

“(4) TARGETED SERVICES TO RURAL AND HOMELESS POPULATIONS.—The plan describes the State’s outreach to and services for individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.

“(5) MANAGEMENT SYSTEMS.—The plan describes the financial resources, staffing and training for mental health providers that is necessary to implement the plan, and provides for the training of providers of emergency health services regarding mental health. The plan further describes the manner in which the State intends to expend the grant under section 1911 for the fiscal year involved.

Except as provided for in paragraph (3), the State plan shall contain the information required under this subsection with respect to both adults with serious mental illness and children with serious emotional disturbance.”

(b) REVIEW OF PLANNING COUNCIL OF STATE’S REPORT.—Section 1915(a) of the Public Health Service Act (42 U.S.C. 300x-4(a)) is amended—

(1) in paragraph (1), by inserting “and the report of the State under section 1942(a) concerning the preceding fiscal year” after “to the grant”; and

(2) in paragraph (2), by inserting before the period “and any comments concerning the annual report”.

(c) MAINTENANCE OF EFFORT.—Section 1915(b) of the Public Health Service Act (42 U.S.C. 300x-4(b)) is amended—

(1) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively; and

(2) by inserting after paragraph (1), the following:

“(2) EXCLUSION OF CERTAIN FUNDS.—The Secretary may exclude from the aggregate State expenditures under subsection (a), funds appropriated to the principle agency for authorized activities which are of a non-recurring nature and for a specific purpose.”

(d) APPLICATION FOR GRANTS.—Section 1917(a)(1) of the Public Health Service Act (42 U.S.C. 300x-6(a)(1)) is amended to read as follows:

“(1) the plan is received by the Secretary not later than September 1 of the fiscal year prior to the fiscal year for which a State is seeking funds, and the report from the previous fiscal year as required under section 1941 is received by December 1 of the fiscal year of the grant;”

(e) WAIVERS FOR TERRITORIES.—Section 1917(b) of the Public Health Service Act (42

U.S.C. 300x-6(b)) is amended by striking “whose allotment under section 1911 for the fiscal year is the amount specified in section 1918(c)(2)(B)” and inserting in its place “except Puerto Rico”.

(f) AUTHORIZATION OF APPROPRIATION.—Section 1920 of the Public Health Service Act (42 U.S.C. 300x-9) is amended—

(1) in subsection (a), by striking “\$450,000,000” and all that follows through the end and inserting “\$450,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.”; and

(2) in subsection (b)(2), by striking “section 505” and inserting “sections 505 and 1971”.

SEC. 205. DETERMINATION OF ALLOTMENT.

Section 1918(b) of the Public Health Service Act (42 U.S.C. 300x-7(b)) is amended to read as follows:

“(b) MINIMUM ALLOTMENTS FOR STATES.—With respect to fiscal year 2000, and subsequent fiscal years, the amount of the allotment of a State under section 1911 shall not be less than the amount the State received under such section for fiscal year 1998.”

SEC. 206. PROTECTION AND ADVOCACY FOR MENTALLY ILL INDIVIDUALS ACT OF 1986.

(a) SHORT TITLE.—The first section of the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (Public Law 99-319) is amended to read as follows:

“SECTION 1. SHORT TITLE.

“This Act may be cited as the ‘Protection and Advocacy for Individuals with Mental Illness Act’.”

(b) DEFINITIONS.—Section 102 of the Protection and Advocacy for Individuals with Mental Illness Act (as amended by subsection (a)) (42 U.S.C. 10802) is amended—

(1) in paragraph (4)—

(A) in the matter preceding subparagraph (A), by inserting “, except as provided in section 104(d),” after “means”; and

(B) in subparagraph (B)—

(i) by striking “(i)” who” and inserting “(i)(I) who”; and

(ii) by redesignating clauses (ii) and (iii) as subclauses (II) and (III);

(iii) in subclause (III) (as so redesignated), by striking the period and inserting “; or”; and

(iv) by adding at the end the following:

“(ii) who satisfies the requirements of subparagraph (A) and lives in a community setting, including their own home.”; and

(2) by adding at the end the following:

“(8) The term ‘American Indian consortium’ means a consortium established under part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6042 et seq.).”

(c) USE OF ALLOTMENTS.—Section 104 of the Protection and Advocacy for Individuals with Mental Illness Act (as amended by subsection (a)) (42 U.S.C. 10804) is amended by adding at the end the following:

“(d) The definition of ‘individual with a mental illness’ contained in section 102(4)(B)(iii) shall apply, and thus an eligible system may use its allotment under this title to provide representation to such individuals, only if the total allotment under this title for any fiscal year is \$30,000,000 or more, and in such case, an eligible system must give priority to representing persons with mental illness as defined in subparagraphs (A) and (B)(i) of section 102(4).”

(d) MINIMUM AMOUNT.—Paragraph (2) of section 112(a) of the Protection and Advocacy for Individuals with Mental Illness Act (as amended by subsection (a)) (42 U.S.C. 10822(a)(2)) is amended to read as follows:

“(2)(A) The minimum amount of the allotment of an eligible system shall be the product (rounded to the nearest \$100) of the ap-

propriate base amount determined under subparagraph (B) and the factor specified in subparagraph (C).

“(B) For purposes of subparagraph (A), the appropriate base amount—

“(i) for American Samoa, Guam, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, and the Virgin Islands, is \$139,300; and

“(ii) for any other State, is \$260,000.

“(C) The factor specified in this subparagraph is the ratio of the amount appropriated under section 117 for the fiscal year for which the allotment is being made to the amount appropriated under such section for fiscal year 1995.

“(D) If the total amount appropriated for a fiscal year is at least \$25,000,000, the Secretary shall make an allotment in accordance with subparagraph (A) to the eligible system serving the American Indian consortium.”

(e) TECHNICAL AMENDMENTS.—Section 112(a) of the Protection and Advocacy for Individuals with Mental Illness Act (as amended by subsection (a)) (42 U.S.C. 10822(a)) is amended—

(1) in paragraph (1)(B), by striking “Trust Territory of the Pacific Islands” and inserting “Marshall Islands, the Federated States of Micronesia, the Republic of Palau”; and

(2) by striking paragraph (3).

(f) REAUTHORIZATION.—Section 117 of the Protection and Advocacy for Individuals with Mental Illness Act (as amended by subsection (a)) (42 U.S.C. 10827) is amended by striking “1995” and inserting “2002”.

SEC. 207. REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following:

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

“SEC. 591. REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES.

“(a) IN GENERAL.—A public or private general hospital, nursing facility, intermediate care facility, residential treatment center, or other health care facility, that receives support in any form from any program supported in whole or in part with funds appropriated to any Federal department or agency shall protect and promote the rights of each resident of the facility, including the right to be free from physical or mental abuse, corporal punishment, and any restraints or involuntary seclusions imposed for purposes of discipline or convenience.

“(b) REQUIREMENTS.—Restraints and seclusion may only be imposed on a resident of a facility described in subsection (a) if—

“(1) the restraints or seclusion are imposed to ensure the physical safety of the resident, a staff member, or others; and

“(2) the restraints or seclusion are imposed only upon the written order of a physician, or other licensed independent practitioner permitted by the State and the facility to order such restraint or seclusion, that specifies the duration and circumstances under which the restraints are to be used (except in emergency circumstances specified by the Secretary until such an order could reasonably be obtained).

“(c) DEFINITIONS.—In this section:

“(1) RESTRAINTS.—The term ‘restraints’ means—

“(A) any physical restraint that is a mechanical or personal restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely, not including devices, such as orthopedically

prescribed devices, surgical dressings or bandages, protective helmets, or any other methods that involves the physical holding of a resident for the purpose of conducting routine physical examinations or tests or to protect the resident from falling out of bed or to permit the resident to participate in activities without the risk of physical harm to the resident; and

“(B) a drug or medication that is used as a restraint to control behavior or restrict the resident’s freedom of movement that is not a standard treatment for the resident’s medical or psychiatric condition.

“(2) SECLUSION.—The term ‘seclusion’ means any separation of the resident from the general population of the facility that prevents the resident from returning to such population if he or she desires.

“SEC. 592. REPORTING REQUIREMENT.

“(a) IN GENERAL.—Each facility to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986 applies shall notify the appropriate agency, as determined by the Secretary, of each death that occurs at each such facility while a patient is restrained or in seclusion, of each death occurring within 24 hours after the patient has been removed from restraints and seclusion, or where it is reasonable to assume that a patient’s death is a result of such seclusion or restraint. A notification under this section shall include the name of the resident and shall be provided not later than 7 days after the date of the death of the individual involved.

“(b) FACILITY.—In this section, the term ‘facility’ has the meaning given the term ‘facilities’ in section 102(3) of the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10802(3)).”

“SEC. 593. REGULATIONS AND ENFORCEMENT.

“(a) TRAINING.—Not later than 1 year after the date of enactment of this part, the Secretary, after consultation with appropriate State and local protection and advocacy organizations, physicians, facilities, and other health care professionals and patients, shall promulgate regulations that require facilities to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.) applies, to meet the requirements of subsection (b).

“(b) REQUIREMENTS.—The regulations promulgated under subsection (a) shall require that—

“(1) facilities described in subsection (a) ensure that there is an adequate number of qualified professional and supportive staff to evaluate patients, formulate written individualized, comprehensive treatment plans, and to provide active treatment measures;

“(2) appropriate training be provided for the staff of such facilities in the use of restraints and any alternatives to the use of restraints; and

“(3) such facilities provide complete and accurate notification of deaths, as required under section 592(a).

“(c) ENFORCEMENT.—A facility to which this part applies that fails to comply with any requirement of this part, including a failure to provide appropriate training, shall not be eligible for participation in any program supported in whole or in part by funds appropriated to any Federal department or agency.”

TITLE III—PROVISIONS RELATING TO SUBSTANCE ABUSE

SEC. 301. PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

(a) RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN.—Section 508(r) of the Public Health Service Act (42 U.S.C. 290bb-1(r)) is amended to read as follows:

“(r) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section,

there are authorized to be appropriated such sums as may be necessary to fiscal years 2000 through 2002.”

(b) PRIORITY SUBSTANCE ABUSE TREATMENT.—Section 509 of the Public Health Service Act (42 U.S.C. 290bb-1) is amended to read as follows:

“SEC. 509. PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

“(a) PROJECTS.—The Secretary shall address priority substance abuse treatment needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

“(1) knowledge development and application projects for treatment and rehabilitation and the conduct or support of evaluations of such projects;

“(2) training and technical assistance; and

“(3) targeted capacity response programs.

The Secretary may carry out the activities described in this section directly or through grants, contracts, or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, other public or nonprofit private entities.

“(b) PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS.—

“(1) IN GENERAL.—Priority substance abuse treatment needs of regional and national significance shall be determined by the Secretary after consultation with States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

“(2) SPECIAL CONSIDERATION.—In developing program priorities under paragraph (1), the Secretary, in conjunction with the Director of the Center for Substance Abuse Treatment, the Director of the Center for Mental Health Services, and the Administrator of the Health Resources and Services Administration, shall give special consideration to promoting the integration of substance abuse treatment services into primary health care systems.

“(c) REQUIREMENTS.—

“(1) IN GENERAL.—Recipients of grants, contracts, or cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

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

“(3) MATCHING FUNDS.—The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under that project provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

“(4) MAINTENANCE OF EFFORT.—With respect to activities for which a grant, contract, or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

“(d) EVALUATION.—The Secretary shall evaluate each project carried out under sub-

section (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

“(e) INFORMATION AND EDUCATION.—The Secretary shall establish comprehensive information and education programs to disseminate and apply the findings of the knowledge development and application, training and technical assistance programs, and targeted capacity response programs under this section to the general public, to health professionals and other interested groups. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out substance abuse prevention and treatment programs.

“(f) AUTHORIZATION OF APPROPRIATION.—There are authorized to be appropriated to carry out this section, \$300,000,000 for fiscal year 2000 and such sums as may be necessary for each of the fiscal years 2001 and 2002.”

(c) CONFORMING AMENDMENTS.—The following sections of the Public Health Service Act are repealed:

(1) Section 510 (42 U.S.C. 290bb-3).

(2) Section 511 (42 U.S.C. 290bb-4).

(3) Section 512 (42 U.S.C. 290bb-5).

(4) Section 571 (42 U.S.C. 290gg).

SEC. 302. PRIORITY SUBSTANCE ABUSE PREVENTION NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

(a) IN GENERAL.—Section 516 of the Public Health Service Act (42 U.S.C. 290bb-1) is amended to read as follows:

“SEC. 516. PRIORITY SUBSTANCE ABUSE PREVENTION NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

“(a) PROJECTS.—The Secretary shall address priority substance abuse prevention needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

“(1) knowledge development and application projects for prevention and the conduct or support of evaluations of such projects;

“(2) training and technical assistance; and

“(3) targeted capacity response programs.

The Secretary may carry out the activities described in this section directly or through grants, contracts, or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, or other public or nonprofit private entities.

“(b) PRIORITY SUBSTANCE ABUSE PREVENTION NEEDS.—

“(1) IN GENERAL.—Priority substance abuse prevention needs of regional and national significance shall be determined by the Secretary in consultation with the States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

“(2) SPECIAL CONSIDERATION.—In developing program priorities under paragraph (1), the Secretary shall give special consideration to—

“(A) applying the most promising strategies and research-based primary prevention approaches; and

“(B) promoting the integration of substance abuse prevention information and activities into primary health care systems.

“(c) REQUIREMENTS.—

“(1) IN GENERAL.—Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

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

“(3) MATCHING FUNDS.—The Secretary may, for projects carried out under subsection (a),

require that entities that apply for grants, contracts, or cooperative agreements under that project provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

“(4) MAINTENANCE OF EFFORT.—With respect to activities for which a grant, contract, or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

“(d) EVALUATION.—The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

“(e) INFORMATION AND EDUCATION.—The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application, training and technical assistance programs, and targeted capacity response programs under this section to the general public and to health professionals. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out substance abuse prevention and treatment programs.

“(f) AUTHORIZATION OF APPROPRIATION.—There are authorized to be appropriated to carry out this section, \$300,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.”

(b) CONFORMING AMENDMENTS.—Section 518 of the Public Health Service Act (42 U.S.C. 290bb-24) is repealed.

SEC. 303. SUBSTANCE ABUSE PREVENTION AND TREATMENT PERFORMANCE PARTNERSHIP BLOCK GRANT.

(a) ALLOCATION REGARDING ALCOHOL AND OTHER DRUGS.—Section 1922 of the Public Health Service Act (42 U.S.C. 300x-22) is amended by—

(1) striking subsection (a); and
(2) redesignating subsections (b) and (c) as subsections (a) and (b).

(b) GROUP HOMES FOR RECOVERING SUBSTANCE ABUSERS.—Section 1925(a) of the Public Health Service Act (42 U.S.C. 300x-25(a)) is amended by striking “For fiscal year 1993” and all that follows through the colon and inserting the following: “A State, using funds available under section 1921, may establish and maintain the ongoing operation of a revolving fund in accordance with this section to support group homes for recovering substance abusers as follows:”

(c) MAINTENANCE OF EFFORT.—Section 1930 of the Public Health Service Act (42 U.S.C. 300x-30) is amended—

(1) by redesignating subsections (b) and (c) as subsections (c) and (d) respectively; and

(2) by inserting after subsection (a), the following:

“(b) EXCLUSION OF CERTAIN FUNDS.—The Secretary may exclude from the aggregate State expenditures under subsection (a), funds appropriated to the principle agency for authorized activities which are of a non-recurring nature and for a specific purpose.”

(d) APPLICATIONS FOR GRANTS.—Section 1932(a)(1) of the Public Health Service Act (42 U.S.C. 300x-32(a)(1)) is amended to read as follows:

“(1) the application is received by the Secretary not later than October 1 of the fiscal year for which the State is seeking funds;”

(e) WAIVER FOR TERRITORIES.—Section 1932(c) of the Public Health Service Act (42 U.S.C. 300x-32(c)) is amended by striking “whose allotment under section 1921 for the fiscal year is the amount specified in section 1933(c)(2)(B)” and inserting “except Puerto Rico”.

(f) WAIVER AUTHORITY FOR CERTAIN REQUIREMENTS.—

(1) IN GENERAL.—Section 1932 of the Public Health Service Act (42 U.S.C. 300x-32) is amended by adding at the end the following:

“(e) WAIVER AUTHORITY FOR CERTAIN REQUIREMENTS.—

“(1) IN GENERAL.—Upon the request of a State, the Secretary may waive the requirements of all or part of the sections described in paragraph (2) using objective criteria established by the Secretary by regulation after consultation with the States and other interested parties including consumers and providers.

“(2) SECTIONS.—The sections described in paragraph (1) are sections 1922(c), 1923, 1924 and 1928.

“(3) DATE CERTAIN FOR ACTING UPON REQUEST.—The Secretary shall approve or deny a request for a waiver under paragraph (1) and inform the State of that decision not later than 120 days after the date on which the request and all the information needed to support the request are submitted.

“(4) ANNUAL REPORTING REQUIREMENT.—The Secretary shall annually report to the general public on the States that receive a waiver under this subsection.”

(2) CONFORMING AMENDMENTS.—Effective upon the publication of the regulations developed in accordance with section 1932(e)(1) of the Public Health Service Act (42 U.S.C. 300x-32(d))—

(A) section 1922(c) of the Public Health Service Act (42 U.S.C. 300x-22(c)) is amended by—

(i) striking paragraph (2); and
(ii) redesignating paragraph (3) as paragraph (2); and

(B) section 1928(d) of the Public Health Service Act (42 U.S.C. 300x-28(d)) is repealed.

(g) AUTHORIZATION OF APPROPRIATION.—Section 1935 of the Public Health Service Act (42 U.S.C. 300x-35) is amended—

(1) in subsection (a), by striking “\$1,500,000,000” and all that follows through the end and inserting “\$2,000,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.”;

(2) in subsection (b)(1), by striking “section 505” and inserting “sections 505 and 1971”;

(3) in subsection (b)(2), by striking “1949(a)” and inserting “1948(a)”;

(4) in subsection (b), by adding at the end the following:

“(3) CORE DATA SET.—A State that receives a new grant, contract, or cooperative agreement from amounts available to the Secretary under paragraph (1), for the purposes of improving the data collection, analysis and reporting capabilities of the State, shall be required, as a condition of receipt of funds, to collect, analyze, and report to the Secretary for each fiscal year subsequent to receiving such funds a core data set to be determined by the Secretary in conjunction with the States.”

SEC. 304. DETERMINATION OF ALLOTMENTS.

Section 1933(b) of the Public Health Service Act (42 U.S.C. 300x-33(b)) is amended to read as follows:

“(b) MINIMUM ALLOTMENTS FOR STATES.—

“(1) IN GENERAL.—With respect to fiscal year 2000, and each subsequent fiscal year, the amount of the allotment of a State under section 1921 shall not be less than the

amount the State received under such section for the previous fiscal year increased by an amount equal to 30.65 percent of the percentage by which the aggregate amount allotted to all States for such fiscal year exceeds the aggregate amount allotted to all States for the previous fiscal year.

“(2) LIMITATIONS.—

“(A) IN GENERAL.—Except as provided in subparagraph (B), a State shall not receive an allotment under section 1921 for a fiscal year in an amount that is less than an amount equal to 0.375 percent of the amount appropriated under section 1935(a) for such fiscal year.

“(B) EXCEPTION.—In applying subparagraph (A), the Secretary shall ensure that no State receives an increase in its allotment under section 1921 for a fiscal year (as compared to the amount allotted to the State in the prior fiscal year) that is in excess of an amount equal to 300 percent of the percentage by which the amount appropriated under section 1935(a) for such fiscal year exceeds the amount appropriated for the prior fiscal year.

“(3) DECREASE IN OR EQUAL APPROPRIATIONS.—If the amount appropriated under section 1935(a) for a fiscal year is equal to or less than the amount appropriated under such section for the prior fiscal year, the amount of the State allotment under section 1921 shall be equal to the amount that the State received under section 1921 in the prior fiscal year decreased by the percentage by which the amount appropriated for such fiscal year is less than the amount appropriated or such section for the prior fiscal year.”

SEC. 305. NONDISCRIMINATION AND INSTITUTIONAL SAFEGUARDS FOR RELIGIOUS PROVIDERS.

Subpart III of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x-51 et seq.) is amended by adding at the end the following:

“SEC. 1955. SERVICES PROVIDED BY NON-GOVERNMENTAL ORGANIZATIONS.

“(a) PURPOSES.—The purposes of this section are—

“(1) to prohibit discrimination against nongovernmental organizations and certain individuals on the basis of religion in the distribution of government funds to provide substance abuse services under this title and title V, and the receipt of services under such titles; and

“(2) to allow the organizations to accept the funds to provide the services to the individuals without impairing the religious character of the organizations or the religious freedom of the individuals.

“(b) RELIGIOUS ORGANIZATIONS INCLUDED AS NONGOVERNMENTAL PROVIDERS.—

“(1) IN GENERAL.—A State may administer and provide substance abuse services under any program under this title or title V through grants, contracts, or cooperative agreements to provide assistance to beneficiaries under such titles with nongovernmental organizations.

“(2) REQUIREMENT.—A State that elects to utilize nongovernmental organizations as provided for under paragraph (1) shall consider, on the same basis as other nongovernmental organizations, religious organizations to provide services under substance abuse programs under this title or title V, so long as the programs under such titles are implemented in a manner consistent with the Establishment Clause of the first amendment to the Constitution. Neither the Federal Government nor a State or local government receiving funds under such programs shall discriminate against an organization that provides services under, or applies to provide services under, such programs, on

the basis that the organization has a religious character.

“(c) RELIGIOUS CHARACTER AND INDEPENDENCE.—

“(1) IN GENERAL.—A religious organization that provides services under any substance abuse program under this title or title V shall retain its independence from Federal, State, and local governments, including such organization's control over the definition, development, practice, and expression of its religious beliefs.

“(2) ADDITIONAL SAFEGUARDS.—Neither the Federal Government nor a State or local government shall require a religious organization—

“(A) to alter its form of internal governance; or

“(B) to remove religious art, icons, scripture, or other symbols;

in order to be eligible to provide services under any substance abuse program under this title or title V.

“(d) EMPLOYMENT PRACTICES.—

“(1) SUBSTANCE ABUSE.—A religious organization that provides services under any substance abuse program under this title or title V may require that its employees providing services under such program adhere to rules forbidding the use of drugs or alcohol.

“(2) TITLE VII EXEMPTION.—The exemption of a religious organization provided under section 702 or 703(e)(2) of the Civil Rights Act of 1964 (42 U.S.C. 2000e-1, 2000e-2(e)(2)) regarding employment practices shall not be affected by the religious organization's provision of services under, or receipt of funds from, any substance abuse program under this title or title V.

“(e) RIGHTS OF BENEFICIARIES OF ASSISTANCE.—

“(1) IN GENERAL.—If an individual described in paragraph (3) has an objection to the religious character of the organization from which the individual receives, or would receive, services funded under any substance abuse program under this title or title V, the appropriate Federal, State, or local governmental entity shall provide to such individual (if otherwise eligible for such services) within a reasonable period of time after the date of such objection, services that—

“(A) are from an alternative provider that is accessible to the individual; and

“(B) have a value that is not less than the value of the services that the individual would have received from such organization.

“(2) NOTICE.—The appropriate Federal, State, or local governmental entity shall ensure that notice is provided to individuals described in paragraph (3) of the rights of such individuals under this section.

“(3) INDIVIDUAL DESCRIBED.—An individual described in this paragraph is an individual who receives or applies for services under any substance abuse program under this title or title V.

“(f) NONDISCRIMINATION AGAINST BENEFICIARIES.—A religious organization providing services through a grant, contract, or cooperative agreement under any substance abuse program under this title or title V shall not discriminate, in carrying out such program, against an individual described in subsection (e)(3) on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

“(g) FISCAL ACCOUNTABILITY.—

“(1) IN GENERAL.—Except as provided in paragraph (2), any religious organization providing services under any substance abuse program under this title or title V shall be subject to the same regulations as other nongovernmental organizations to account in accord with generally accepted accounting principles for the use of such funds provided under such program.

“(2) LIMITED AUDIT.—Such organization shall segregate government funds provided under such substance abuse program into a separate account. Only the government funds shall be subject to audit by the government.

“(h) COMPLIANCE.—Any party that seeks to enforce such party's rights under this section may assert a civil action for injunctive relief exclusively in an appropriate Federal or State court against the entity, agency or official that allegedly commits such violation.

“(i) LIMITATIONS ON USE OF FUNDS FOR CERTAIN PURPOSES.—No funds provided through a grant or contract to a religious organization to provide services under any substance abuse program under this title or title V shall be expended for sectarian worship, instruction, or proselytization.

“(j) EFFECT ON STATE AND LOCAL FUNDS.—If a State or local government contributes State or local funds to carry out any substance abuse program under this title or title V, the State or local government may segregate the State or local funds from the Federal funds provided to carry out the program or may commingle the State or local funds with the Federal funds. If the State or local government commingles the State or local funds, the provisions of this section shall apply to the commingled funds in the same manner, and to the same extent, as the provisions apply to the Federal funds.

“(k) TREATMENT OF INTERMEDIATE CONTRACTORS.—If a nongovernmental organization (referred to in this subsection as an ‘intermediate organization’), acting under a contract or other agreement with the Federal Government or a State or local government, is given the authority under the contract or agreement to select nongovernmental organizations to provide services under any substance abuse program under this title or title V, the intermediate organization shall have the same duties under this section as the government but shall retain all other rights of a nongovernmental organization under this section.”

SEC. 306. ALCOHOL AND DRUG PREVENTION OR TREATMENT SERVICES FOR INDIANS AND NATIVE ALASKANS.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by adding at the end the following:

“SEC. 544. ALCOHOL AND DRUG PREVENTION OR TREATMENT SERVICES FOR INDIANS AND NATIVE ALASKANS.

“(a) IN GENERAL.—The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Native Alaskan entities and Indian tribes and tribal organizations, for the purpose of providing alcohol and drug prevention or treatment services for Indians and Native Alaskans.

“(b) PRIORITY.—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants that—

“(1) propose to provide alcohol and drug prevention or treatment services on reservations;

“(2) propose to employ culturally-appropriate approaches, as determined by the Secretary, in providing such services; and

“(3) have provided prevention or treatment services to Native Alaskan entities and Indian tribes and tribal organizations for at least 1 year prior to applying for a grant under this section.

“(c) DURATION.—The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for a period not to exceed 5 years.

“(d) APPLICATION.—An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an applica-

tion to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

“(e) EVALUATION.—An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate. The final evaluation submitted by such entity shall include a recommendation as to whether such project shall continue.

“(f) REPORT.—Not later than 3 years after the date of enactment of this section and annually thereafter, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report describing the services provided pursuant to this section.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$15,000,000 for fiscal year 2000, and such sums as may be necessary for fiscal years 2001 and 2002.

“SEC. 545. ESTABLISHMENT OF COMMISSION.

“(a) IN GENERAL.—There is established a commission to be known as the Commission on Indian and Native Alaskan Health Care that shall examine the health concerns of Indians and Native Alaskans who reside on reservations and tribal lands (hereafter in this section referred to as the ‘Commission’).

“(b) MEMBERSHIP.—

“(1) IN GENERAL.—The Commission established under subsection (a) shall consist of—

“(A) the Secretary;

“(B) 15 members who are experts in the health care field and issues that the Commission is established to examine; and

“(C) the Director of the Indian Health Service and the Commissioner of Indian Affairs, who shall be nonvoting members.

“(2) APPOINTING AUTHORITY.—Of the 15 members of the Commission described in paragraph (1)(B)—

“(A) 2 shall be appointed by the Speaker of the House of Representatives;

“(B) 2 shall be appointed by the Minority Leader of the House of Representatives;

“(C) 2 shall be appointed by the Majority Leader of the Senate;

“(D) 2 shall be appointed by the Minority Leader of the Senate; and

“(E) 7 shall be appointed by the Secretary.

“(3) LIMITATION.—Not fewer than 10 of the members appointed to the Commission shall be Indians or Native Alaskans.

“(4) CHAIRPERSON.—The Secretary shall serve as the Chairperson of the Commission.

“(5) EXPERTS.—The Commission may seek the expertise of any expert in the health care field to carry out its duties.

“(c) PERIOD OF APPOINTMENT.—Members shall be appointed for the life of the Commission. Any vacancy in the Commission shall not affect its powers, but shall be filled in the same manner as the original appointment.

“(d) DUTIES OF THE COMMISSION.—The Commission shall—

“(1) study the health concerns of Indians and Native Alaskans; and

“(2) prepare the reports described in subsection (i).

“(e) POWERS OF THE COMMISSION.—

“(1) HEARINGS.—The Commission may hold such hearings, including hearings on reservations, sit and act at such times and places, take such testimony, and receive such information as the Commission considers advisable to carry out the purpose for which the Commission was established.

“(2) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any Federal department or agency such information as the Commission considers necessary to carry out the purpose for which the Commission was established. Upon request of the Chairperson of the Commission, the head of such department or agency shall furnish such information to the Commission.

“(f) COMPENSATION OF MEMBERS.—

“(1) IN GENERAL.—Except as provided in subparagraph (B), each member of the Commission may be compensated at a rate not to exceed the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time), during which that member is engaged in the actual performance of the duties of the Commission.

“(2) LIMITATION.—Members of the Commission who are officers or employees of the United States shall receive no additional pay on account of their service on the Commission.

“(g) TRAVEL EXPENSES OF MEMBERS.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under section 5703 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

“(h) COMMISSION PERSONNEL MATTERS.—

“(1) IN GENERAL.—The Secretary, in accordance with rules established by the Commission, may select and appoint a staff director and other personnel necessary to enable the Commission to carry out its duties.

“(2) COMPENSATION OF PERSONNEL.—The Secretary, in accordance with rules established by the Commission, may set the amount of compensation to be paid to the staff director and any other personnel that serve the Commission.

“(3) DETAIL OF GOVERNMENT EMPLOYEES.—Any Federal Government employee may be detailed to the Commission without reimbursement, and the detail shall be without interruption or loss of civil service status or privilege.

“(4) CONSULTANT SERVICES.—The Chairperson of the Commission is authorized to procure the temporary and intermittent services of experts and consultants in accordance with section 3109 of title 5, United States Code, at rates not to exceed the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of such title.

“(i) REPORT.—

“(1) IN GENERAL.—Not later than 3 years after the date of enactment of the Youth Drug and Mental Health Services Act, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report that shall—

“(A) detail the health problems faced by Indians and Native Alaskans who reside on reservations;

“(B) examine and explain the causes of such problems;

“(C) describe the health care services available to Indians and Native Alaskans who reside on reservations and the adequacy of such services;

“(D) identify the reasons for the provision of inadequate health care services for Indians and Native Alaskans who reside on reservations, including the availability of resources;

“(E) develop measures for tracking the health status of Indians and Native Americans who reside on reservations; and

“(F) make recommendations for improvements in the health care services provided for Indians and Native Alaskans who reside

on reservations, including recommendations for legislative change.

“(2) EXCEPTION.—In addition to the report required under paragraph (1), not later than 2 years after the date of enactment of the Youth Drug and Mental Health Services Act, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report that describes any alcohol and drug abuse among Indians and Native Alaskans who reside on reservations.

“(j) PERMANENT COMMISSION.—Section 14 of the Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Commission.

“(k) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$5,000,000 for fiscal year 2000, and such sums as may be necessary for fiscal years 2001 and 2002.”

TITLE IV—PROVISIONS RELATING TO FLEXIBILITY AND ACCOUNTABILITY

SEC. 401. GENERAL AUTHORITIES AND PEER REVIEW.

(a) GENERAL AUTHORITIES.—Paragraph (1) of section 501(e) of the Public Health Service Act (42 U.S.C. 290aa(e)) is amended to read as follows:

“(1) IN GENERAL.—There may be in the Administration an Associate Administrator for Alcohol Prevention and Treatment Policy to whom the Administrator may delegate the functions of promoting, monitoring, and evaluating service programs for the prevention and treatment of alcoholism and alcohol abuse within the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment and the Center for Mental Health Services, and coordinating such programs among the Centers, and among the Centers and other public and private entities. The Associate Administrator also may ensure that alcohol prevention, education, and policy strategies are integrated into all programs of the Centers that address substance abuse prevention, education, and policy, and that the Center for Substance Abuse Prevention addresses the Healthy People 2010 goals and the National Dietary Guidelines of the Department of Health and Human Services and the Department of Agriculture related to alcohol consumption.”

(b) PEER REVIEW.—Section 504 of the Public Health Service Act (42 U.S.C. 290aa-3) is amended as follows:

“SEC. 504. PEER REVIEW.

“(a) IN GENERAL.—The Secretary, after consultation with the Administrator, shall require appropriate peer review of grants, cooperative agreements, and contracts to be administered through the agency which exceed the simple acquisition threshold as defined in section 4(11) of the Office of Federal Procurement Policy Act.

“(b) MEMBERS.—The members of any peer review group established under subsection (a) shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group. Not more than ¼ of the members of any such peer review group shall be officers or employees of the United States.

“(c) ADVISORY COUNCIL REVIEW.—If the direct cost of a grant or cooperative agreement (described in subsection (a)) exceeds the simple acquisition threshold as defined by section 4(11) of the Office of Federal Procurement Policy Act, the Secretary may make such a grant or cooperative agreement only if such grant or cooperative agreement is recommended—

“(1) after peer review required under subsection (a); and

“(2) by the appropriate advisory council.

“(d) CONDITIONS.—The Secretary may establish limited exceptions to the limitations

contained in this section regarding participation of Federal employees and advisory council approval. The circumstances under which the Secretary may make such an exception shall be made public.”

SEC. 402. ADVISORY COUNCILS.

Section 502(e) of the Public Health Service Act (42 U.S.C. 290aa-1(e)) is amended in the first sentence by striking “3 times” and inserting “2 times”.

SEC. 403. GENERAL PROVISIONS FOR THE PERFORMANCE PARTNERSHIP BLOCK GRANTS.

(a) PLANS FOR PERFORMANCE PARTNERSHIPS.—Section 1949 of the Public Health Service Act (42 U.S.C. 300x-59) is amended as follows:

“SEC. 1949. PLANS FOR PERFORMANCE PARTNERSHIPS.

“(a) DEVELOPMENT.—The Secretary in conjunction with States and other interested groups shall develop separate plans for the programs authorized under subparts I and II for creating more flexibility for States and accountability based on outcome and other performance measures. The plans shall each include—

“(1) a description of the flexibility that would be given to the States under the plan;

“(2) the common set of performance measures that would be used for accountability, including measures that would be used for the program under subpart II for pregnant addicts, HIV transmission, tuberculosis, and those with a co-occurring substance abuse and mental disorders, and for programs under subpart I for children with serious emotional disturbance and adults with serious mental illness and for individuals with co-occurring mental health and substance abuse disorders;

“(3) the definitions for the data elements to be used under the plan;

“(4) the obstacles to implementation of the plan and the manner in which such obstacles would be resolved;

“(5) the resources needed to implement the performance partnerships under the plan; and

“(6) an implementation strategy complete with recommendations for any necessary legislation.

“(b) SUBMISSION.—Not later than 2 years after the date of enactment of this Act, the plans developed under subsection (a) shall be submitted to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives.

“(c) INFORMATION.—As the elements of the plans described in subsection (a) are developed, States are encouraged to provide information to the Secretary on a voluntary basis.

“(d) PARTICIPANTS.—The Secretary shall include among those interested groups that participate in the development of the plan consumers of mental health or substance abuse services, providers, representatives of political divisions of States, and representatives of racial and ethnic groups including Native Americans.”

(b) AVAILABILITY TO STATES OF GRANT PROGRAMS.—Section 1952 of the Public Health Service Act (42 U.S.C. 300x-62) is amended as follows:

“SEC. 1952. AVAILABILITY TO STATES OF GRANT PAYMENTS.

“Any amounts paid to a State for a fiscal year under section 1911 or 1921 shall be available for obligation and expenditure until the end of the fiscal year following the fiscal year for which the amounts were paid.”

SEC. 404. DATA INFRASTRUCTURE PROJECTS.

Part C of title XIX of the Public Health Service Act (42 U.S.C. 300y et seq.) is amended—

(1) by striking the headings for part C and subpart I and inserting the following:

“PART C—CERTAIN PROGRAMS REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE

“Subpart I—Data Infrastructure Development”;

(2) by striking section 1971 (42 U.S.C. 300y) and inserting the following:

“SEC. 1971. DATA INFRASTRUCTURE DEVELOPMENT.

“(a) IN GENERAL.—The Secretary may make grants to, and enter into contracts or cooperative agreements with States for the purpose of developing and operating mental health or substance abuse data collection, analysis, and reporting systems with regard to performance measures including capacity, process, and outcomes measures.

“(b) PROJECTS.—The Secretary shall establish criteria to ensure that services will be available under this section to States that have a fundamental basis for the collection, analysis, and reporting of mental health and substance abuse performance measures and States that do not have such basis. The Secretary will establish criteria for determining whether a State has a fundamental basis for the collection, analysis, and reporting of data.

“(c) CONDITION OF RECEIPT OF FUNDS.—As a condition of the receipt of an award under this section a State shall agree to collect, analyze, and report to the Secretary within 2 years of the date of the award on a core set of performance measures to be determined by the Secretary in conjunction with the States.

“(d) DURATION OF SUPPORT.—The period during which payments may be made for a project under subsection (a) may be not less than 3 years nor more than 5 years.

“(e) AUTHORIZATION OF APPROPRIATION.—

“(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2000, 2001 and 2002.

“(2) ALLOCATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, 50 percent shall be expended to support data infrastructure development for mental health and 50 percent shall be expended to support data infrastructure development for substance abuse.”.

SEC. 405. REPEAL OF OBSOLETE ADDICT REFERRAL PROVISIONS.

(a) REPEAL OF OBSOLETE PUBLIC HEALTH SERVICE ACT AUTHORITIES.—Part E of title III (42 U.S.C. 257 et seq.) is repealed.

(b) REPEAL OF OBSOLETE NARA AUTHORITIES.—Titles III and IV of the Narcotic Addict Rehabilitation Act of 1966 (Public Law 89-793) are repealed.

(c) REPEAL OF OBSOLETE TITLE 28 AUTHORITIES.—

(1) IN GENERAL.—Chapter 175 of title 28, United States Code, is repealed.

(2) TABLE OF CONTENTS.—The table of contents to part VI of title 28, United States Code, is amended by striking the items relating to chapter 175.

SEC. 406. INDIVIDUALS WITH CO-OCCURRING DISORDERS.

The Public Health Service Act is amended by inserting after section 503 (42 U.S.C. 290aa-2) the following:

“SEC. 503A. REPORT ON INDIVIDUALS WITH CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE ABUSE DISORDERS.

“(a) IN GENERAL.—Not later than 2 years after the date of enactment of this section, the Secretary shall, after consultation with organizations representing States, mental health and substance abuse treatment providers, prevention specialists, individuals receiving treatment services, and family mem-

bers of such individuals, prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report on prevention and treatment services for individuals who have co-occurring mental illness and substance abuse disorders.

“(b) REPORT CONTENT.—The report under subsection (a) shall be based on data collected from existing Federal and State surveys regarding the treatment of co-occurring mental illness and substance abuse disorders and shall include—

“(1) a summary of the manner in which individuals with co-occurring disorders are receiving treatment, including the most up-to-date information available regarding the number of children and adults with co-occurring mental illness and substance abuse disorders and the manner in which funds provided under sections 1911 and 1921 are being utilized, including the number of such children and adults served with such funds;

“(2) a summary of improvements necessary to ensure that individuals with co-occurring mental illness and substance abuse disorders receive the services they need;

“(3) a summary of practices for preventing substance abuse among individuals who have a mental illness and are at risk of having or acquiring a substance abuse disorder; and

“(4) a summary of evidenced-based practices for treating individuals with co-occurring mental illness and substance abuse disorders and recommendations for implementing such practices.

“(c) FUNDS FOR REPORT.—The Secretary may obligate funds to carry out this section with such appropriations as are available.”.

SEC. 407. SERVICES FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS.

Subpart III of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x-51 et seq.) (as amended by section 305) is further amended by adding at the end the following:

“SEC. 1956. SERVICES FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS.

“States may use funds available for treatment under sections 1911 and 1921 to treat persons with co-occurring substance abuse and mental disorders as long as funds available under such sections are used for the purposes for which they were authorized by law and can be tracked for accounting purposes.”.

MEASURE READ THE FIRST TIME—S.J. RES. 37

Mr. GRASSLEY. There is a joint resolution at the desk which was introduced earlier by Senator SMITH of New Hampshire, and I ask for its first reading.

The PRESIDING OFFICER. The clerk will report the joint resolution by title.

The legislative clerk read as follows:

A joint resolution (S.J. Res. 37) urging the President to negotiate a new base rights agreement with the Government of Panama in order for United States Armed Forces to be stationed in Panama after December 31, 1999.

Mr. GRASSLEY. I now ask for its second reading, and I object to my own request.

The PRESIDING OFFICER. Under the rule, the bill will receive its second reading on the next legislative day.

JOHN H. CHAFEE COASTAL BARRIER RESOURCES SYSTEM ACT

Mr. GRASSLEY. Mr. President, I ask unanimous consent that the Senate now proceed to the immediate consideration of S. 1866, introduced earlier today by Senator SMITH of New Hampshire and others.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1866) to redesignate the Coastal Barrier Resources System as the “John H. Chafee Coastal Barrier Resources System”.

There being no objection, the Senate proceeded to consider the bill.

Mr. SMITH of New Hampshire. Mr. President, this bill would redesignate the Coastal Barrier Resources System as the “John H. Chafee Coastal Barrier Resources System.”

As you all know, my friend, the late Senator John Chafee, worked tirelessly to ensure that the natural resources of this nation are protected. I can think of no tribute that is more fitting than to rename the Coastal Resources System after him. Whenever we discussed the Coastal Barrier Resources Act it was not unusual for Senator Chafee to comment that “There are times around here that we all do things right, and this is one of them.”

Senator Chafee is considered the father of the Coastal Barrier Resources Act, and it epitomizes the common sense approach he took in protecting our environment. When Senator Chafee introduced this legislation in 1990 he recognized that the federal government didn't have the financial resources to buy this land, as well as recognizing the need for Congress to find a unique and different way to protect our sensitive coastal barriers.

The Coastal Barrier Resources Act does just that. The act prohibits the Federal government from subsidizing flood insurance, and restricts other federal expenditures and financial assistance, such as beach replenishment, that encourage the development of our coastal barriers. All to often taxpayers are asked to subsidize the rebuilding of homes in these sensitive storm and flood prone areas not just once, but two, three, even four times. Restricting funding for Federal programs will minimize loss of human life, reduce wasteful expenditure of Federal funds, and protect the natural resources associated with coastal barriers.

As I said last week on the floor, this act is vintage Chafee: balanced, fiscally prudent, and environmentally protective.

The Coastal Barrier Resources System protects approximately 3 million acres and 2,500 shoreline miles from development subsidized by the federal government. Development of coastal barrier land decreases their ability to absorb the force of storms, buffer the mainland, and provide critical habitat to numerous plant and animal species. The devastating floods of Hurricane Floyd are yet another reminder of the susceptibility of coastal development to the power of nature.