To amend the Public Health Service Act to establish a national center for public mental health emergency preparedness, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 22, 2007

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

A BILL

To amend the Public Health Service Act to establish a national center for public mental health emergency preparedness, and for other purposes.

1 Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,
3
SEC. 1. SHORT TITLE.

This Act may be cited as the “Public Mental Health

SEC. 2. NATIONAL CENTER FOR PUBLIC MENTAL HEALTH

EMERGENCY PREPAREDNESS.

(a) TECHNICAL AMENDMENTS.—The second part G

(relating to services provided through religious organiza-
tions) of title V of the Public Health Service Act (42 U.S.C. 290kk et seq.) is amended—

(1) by redesignating such part as part J; and
(2) by redesignating sections 581 through 584 as sections 596 through 596C, respectively.

(b) NATIONAL CENTER.—Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.), as amended by subsection (a), is further amended by adding at the end the following:

“PART K—NATIONAL CENTER FOR PUBLIC MENTAL HEALTH EMERGENCY PREPAREDNESS

“SEC. 599. NATIONAL CENTER FOR PUBLIC MENTAL HEALTH EMERGENCY PREPAREDNESS.

“(a) IN GENERAL.—

“(1) DEFINITION.—

“(A) IN GENERAL.—For purposes of this part, the term ‘emergency health professionals’ means—

“(i) mental health professionals, including psychiatrists, psychologists, social workers, counselors, psychiatric nurses, psychiatric aides and case managers, group home staff, and those mental health professionals with expertise in psychological trauma and issues related to vulnerable
populations such as children, older adults, caregivers, individuals with disabilities, pre-existing mental health and substance abuse disorders, and individuals living in poverty;

“(ii) public health and healthcare professionals, including skilled nursing and assisted living professionals; and

“(iii) emergency services personnel such as police, fire, and emergency medical services personnel.

“(B) COORDINATION.—In conducting activities under this part, emergency health professionals shall coordinate with—

“(i) county emergency managers;

“(ii) school personnel such as teachers, counselors, and other personnel;

“(iii) spiritual care professionals;

“(iv) other disaster relief personnel; and

“(v) State and local government officials that are responsible for emergency preparedness.

“(2) ESTABLISHMENT.—The Secretary, in consultation with the Director of the Centers for Dis-
ease Control and Prevention, shall establish the Na-
tional Center for Public Mental Health Emergency
Preparedness (referred to in this part as the
‘NCPMHEP’) to address mental health concerns
and coordinate and implement the development and
delivery of mental health services in conjunction with
the entities described in subsection (b)(2), in the
event of bioterrorism or other public health emer-
gency.

“(3) LOCATION; DIRECTOR.—

“(A) IN GENERAL.—The Secretary shall
offer to award a grant to an eligible institution
to provide the location of the NCPMHEP.

“(B) ELIGIBLE INSTITUTION.—To be an
eligible institution under subparagraph (A), an
institution shall—

“(i) be an academic medical center or
similar institution that has prior experi-
ence conducting statewide training, and
has a demonstrated record of leadership in
national and international forums, in pub-
lic mental health emergency preparedness,
which may include disaster mental health
preparedness; and
“(ii) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(C) DIRECTOR.—The NCPMHEP shall be headed by a Director, who shall be appointed by the Secretary (referred to in this part as the ‘Director’) from the eligible institution to which the Secretary awards a grant under subparagraph (A).

“(b) DUTIES.—The NCPMHEP shall—

“(1) prepare the Nation’s emergency health professionals to provide mental health services in the aftermath of catastrophic events, such as bioterrorism or other public health emergencies, that present psychological consequences for communities and individuals, including vulnerable populations such as children, individuals with disabilities, individuals with preexisting mental health problems (including substance-related disorders), older adults, caregivers, and individuals living in poverty;

“(2) coordinate with existing mental health preparedness and service delivery efforts of—

“(A) Federal agencies (such as the National Disaster Medical System, the Medical Re-
serve Corps, the Substance Abuse and Mental Health Services Administration (including the National Child Traumatic Stress Network), the Administration on Aging, the National Institute of Mental Health, the National Council on Disabilities, the Administration on Children and Families, the Department of Defense, the Department of Veterans Affairs (including the National Center for Post Traumatic Stress Disorder), and tribal nations);

“(B) State agencies (such as the State mental health authority, office of substance abuse services, public health authority, department of aging, the office of mental retardation and developmental disabilities, agencies responsible rehabilitation services);

“(C) local agencies (such as county offices of mental health and substance abuse services, public health, child and family community-based services, law enforcement, fire, emergency medical services, school districts, Aging Services Network, county emergency management, and academic and community-based service centers affiliated with the National Child Traumatic Stress Network); and
“(D) other governmental and nongovernmental disaster relief organizations; and

“(3) coordinate with childcare centers, childcare providers, community-based youth serving programs (including local Center for Mental Health Services children’s systems of care grant sites), Head Start, the National Child Traumatic Stress Network, and school districts to provide—

“(A) support services to adults and their family members with mental health and substance-related disorders to facilitate access to mental health and substance-related treatment;

“(B) prevention and intervention services for mental health and substance-related disorders to youth of all ages that integrate the training curricula under section 599A; and

“(C) resources and consultation to address the psychological trauma needs of the families, caregivers, emergency health professionals; and all other professionals providing care in emergency situations.

“(c) PANEL OF EXPERTS.—

“(1) IN GENERAL.—The Director, in consultation with Federal (such as the National Association of State Mental Health Program Directors, National
Association of County and City Health Officials, and
the Association of State and Territorial Health Offi-
cials), State, and local mental health and public
health authorities, shall develop a mechanism to ap-
point a panel of experts for the NCPMHEP.

“(2) Membership.—

“(A) In general.—The panel of experts
appointed under paragraph (1) shall be com-
posed of individuals—

“(i) who are—

“(I) experts in their respective
fields with extensive experience in
public mental health emergency pre-
paredness or service delivery, such as
mental health professionals, research-
ers, spiritual care professionals, school
counselors, educators, and mental
health professionals who are emer-
gency health professionals (as defined
in subsection (a)(1)(A)) and who shall
coordinate with the individuals de-
scribed in subsection (a)(1)(B); and

“(II) recommended by their re-
spective national professional organi-
izations and universities to such a po-
sition; and

“(ii) who represent families with fam-
ily members who have mental health and
substance-related disorders.

“(B) TERMS.—The members of the panel
of experts appointed under paragraph (1)—

“(i) shall be appointed for a term of
3 years; and

“(ii) may be reappointed for an unlim-
ited number of terms.

“(C) BALANCE OF COMPOSITION.—The Di-
rector shall ensure that the membership com-
position of the panel of experts fairly represents
a balance of the type and number of experts de-
scribed under subparagraph (A).

“(D) VACANCIES.—

“(i) IN GENERAL.—A vacancy on the
panel of experts shall be filled in the man-
ner in which the original appointment was
made and shall be subject to conditions
which applied with respect to the original
appointment.

“(ii) FILLING UNEXPIRED TERM.—An
individual chosen to fill a vacancy shall be
appointed for the unexpired term of the
member replaced.

“(iii) Expiration of Terms.—The
term of any member shall not expire before
the date on which the member’s successor
takes office.

“SEC. 599A. TRAINING CURRICULA FOR EMERGENCY
HEALTH PROFESSIONALS.

“(a) Convening of Group.—

“(1) In General.—The Director shall convene
a Training Curricula Working Group from the panel
of experts described in section 599(c) to—

“(A) identify and review existing mental
health training curricula for emergency health
professionals;

“(B) approve any such training curricula
that are evidence-based or emerging best prac-
tices and that satisfy practice and service deliv-
ery standards determined by the Training Cur-
ricula Working Group; and

“(C) make recommendations for, and par-
ticipate in, the development of any additional
training curricula, as determined necessary by
the Training Curricula Working Group.
“(2) COLLABORATION.—The Training Curricula Working Group shall collaborate with appropriate organizations including the American Red Cross, the National Child Traumatic Stress Network, the National Center for Post Traumatic Stress Disorder, and the International Society for Traumatic Stress Studies.

“(b) PURPOSE OF TRAINING CURRICULA.—The Training Curricula Working Group shall ensure that the training curricula approved by the NCPMHEP—

“(1) provide the knowledge and skills necessary to respond effectively to the psychological needs of affected individuals, relief personnel, and communities in the event of bioterrorism or other public health emergency; and

“(2) is used to build a trained network of emergency health professionals at the State and local levels.

“(c) CONTENT OF TRAINING CURRICULA.—

“(1) IN GENERAL.—The Training Curricula Working Group shall ensure that the training curricula approved by the NCPMHEP—

“(A) prepares emergency health professionals, in the event of bioterrorism or other public health emergency, for identifying symp-
s of psychological trauma, supplying immediate relief to keep affected persons safe, recognizing when to refer affected persons for further mental healthcare or substance abuse treatment, understanding how and where to refer for such care, and other components as determined by the Director in consultation with the Training Curricula Working Group;

“(B) includes training or informational material designed to educate and prepare State and local government officials, in the event of bioterrorism or other public health emergency, in coordinating and deploying mental health resources and services and in addressing other mental health needs, as determined by the Director in consultation with the Training Curricula Working Group;

“(C) meets the diverse training needs of the range of emergency health professionals;

“(D) is culturally and linguistically competent.

“(2) REVIEW OF CURRICULA.—The Training Curricula Working Group shall routinely review existing training curricula and participate in the revi-
sion of the training curricula described under this
section as necessary, taking into consideration rec-
ommendations made by the participants of the an-
nual national forum under section 599D and the As-
essment Working Group described under section
599E.

“(d) TRAINING INDIVIDUALS.—

“(1) FIELD TRAINERS.—The Director, in con-
sultation with the Training Curricula Working
Group, shall develop a mechanism through which
qualified individuals trained through the curricula
approved by the NCPMHEP return to their commu-
nities to recruit and train others in their respective
fields to serve on local emergency response teams.

“(2) FIELD LEADERS.—The Director, in con-
sultation with the Training Curricula Working
Group, shall develop a mechanism through which
qualified individuals trained in curricula approved by
the NCPMHEP return to their communities to pro-
vide expertise to State and local government agen-
cies to mobilize the mental health infrastructure of
such State or local agencies, including ensuring that
mental health is a component of emergency pre-
paredness and service delivery of such agencies.
“(3) Qualifications.—The individuals selected under paragraph (1) or (2) shall—

“(A) pass a designated evaluation, as developed by the Director in consultation with the Training Curricula Working Group; and

“(B) meet other qualifications as determined by the Director in consultation with the Training Curricula Working Group.

“Sec. 599b. Use of Registries to Track Trained Emergency Health Professionals.

“(a) In general.—The Director, in consultation with the mental and public health authorities of each State and appropriate organizations (including the National Child Traumatic Stress Network), shall coordinate the use of existing emergency registries (including the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR–VHP)) established to track medical and mental health volunteers across all fields and specifically to track the individuals in the State who have been trained using the curricula approved by the NCPMHEP under section 599A. The Director shall ensure that the data available through such registries and used to track such trained individuals will be recoverable and available in the event that such registries become inoperable.
“(b) USE OF REGISTRY.—The tracking procedure under subsection (a) shall be used by the Secretary, the Secretary of Homeland Security, and the Governor of each State, for the recruitment and deployment of trained emergency health professionals in the event of bioterrorism or other public health emergency.

“SEC. 599C. CLEARINGHOUSE FOR PUBLIC MENTAL HEALTH EMERGENCY PREPAREDNESS AND SERVICE DELIVERY.

“(a) IN GENERAL.—The Director shall establish and maintain a central clearinghouse of educational materials, guidelines, information, strategies, resources, and research on public mental health emergency preparedness and service delivery.

“(b) DUTIES.—The Director shall ensure that the clearinghouse—

“(1) enables emergency health professionals and other members of the public to increase their awareness and knowledge of public mental health emergency preparedness and service delivery, particularly for vulnerable populations such as children, individuals with disabilities, individuals with pre-existing mental health problems (including substance-related disorders), older adults, caregivers, and individuals living in poverty; and
“(2) provides such users with access to a range of public mental health emergency resources and strategies to address their community’s unique circumstances and to improve their skills and capacities for addressing mental health problems in the event of bioterrorism or other public health emergency.

“(c) AVAILABILITY.—The Director shall ensure that the clearinghouse—

“(1) is available on the Internet;

“(2) includes an interactive forum through which users’ questions are addressed;

“(3) is fully versed in resources available from additional Government-sponsored or other relevant websites that supply information on public mental health emergency preparedness and service delivery; and

“(4) includes the training curricula approved by the NCPMHEP under section 599A.

“(d) CLEARINGHOUSE WORKING GROUP.—

“(1) IN GENERAL.—The Director shall convene a Clearinghouse Working Group from the panel of experts described under section 599(c) to—

“(A) evaluate the educational materials, guidelines, information, strategies, resources
and research maintained in the clearinghouse to ensure empirical validity; and

“(B) offer technical assistance to users of the clearinghouse with respect to finding and selecting the information and resources available through the clearinghouse that would most effectively serve their community’s needs in preparing for, and delivering mental health services during, bioterrorism or other public health emergencies.

“(2) TECHNICAL ASSISTANCE.—The technical assistance described under paragraph (1) shall include the use of information from the clearinghouse to provide consultation, direction, and guidance to State and local governments and public and private agencies on the development of public mental health emergency plans for activities involving preparedness, mitigation, response, recovery, and evaluation.

“SEC. 599D. ANNUAL NATIONAL FORUM FOR PUBLIC MENTAL HEALTH EMERGENCY PREPAREDNESS AND SERVICE DELIVERY.

“(a) IN GENERAL.—The Director shall organize an annual national forum to address public mental health emergency preparedness and service delivery for emergency health professionals, researchers, scientists, experts
in public mental health emergency preparedness and service delivery, and mental health professionals (including those with expertise in psychological trauma and issues related to vulnerable populations such as children, older adults, caregivers, individuals with disabilities, pre-existing mental health and substance abuse disorders, and individuals living in poverty), as well as personnel from relevant Federal (including the National Center for Post Traumatic Stress Disorder), State, and local agencies (including academic and community-based service centers affiliated with the National Child Traumatic Stress Network), and other governmental and nongovernmental organizations.

“(b) PURPOSE OF FORUM.—The national forum shall provide the framework for bringing such individuals together, based on evidence-based or emerging best practices research and practice, identify and address gaps in science, practice, policy, and education, make recommendations for the revision of training curricula and for the enhancement of mental health interventions, as appropriate, and make other recommendations as necessary.
“SEC. 599E. EVALUATION OF THE EFFECTIVENESS OF PUBLIC MENTAL HEALTH EMERGENCY PREPAREDNESS AND SERVICE DELIVERY EFFORTS.

“(a) IN GENERAL.—The Director shall convene an Assessment Working Group from the panel of experts described in section 599(c), who shall be independent from those individuals who have developed the NCPMHEP, to evaluate the effectiveness of the NCPMHEP’s efforts and those across the Federal Government in building the Nation’s public mental health emergency preparedness and service delivery capacity. Such group shall include individuals who have expertise on how to assess the effectiveness of the NCPMHEP’s efforts on vulnerable populations (such as children, older adults, caregivers, individuals with disabilities, pre-existing mental health and substance abuse disorders, and individuals living in poverty).

“(b) DUTIES OF THE ASSESSMENT WORKING GROUP.—The Assessment Working Group shall—

“(1) evaluate—

“(A) the effectiveness of each component of the NCPMHEP, including the identification and development of training curricula, the clearinghouse, and the annual national forum;

“(B) the effects of the training curricula on the skills, knowledge, and attitudes of emer-
gency health professionals and on their delivery
of mental health services in the event of bioterrorism or other public health emergency;

“(C) the effects of the NCPMHEP on the
capacities of State and local government agen-
cies to coordinate, mobilize, and deploy re-
sources and to deliver mental health services in
the event of bioterrorism or other public health
emergency; and

“(D) other issues as determined by the
Secretary, in consultation with the Assessment
Working Group; and

“(2) submit the annual report required under
subsection (c).

“(c) ANNUAL REPORT AND INFORMATION.—

“(1) ANNUAL REPORT.—On an annual basis,
the Assessment Working Group shall—

“(A) report to the Secretary and appro-
priate committees of Congress the results of the
evaluation by the Assessment Working Group
under this section; and

“(B) publish and disseminate the results of
such evaluation on as wide a basis as is prac-
ticable, including through the NCPMHEP
clearinghouse website under section 599C.
“(2) INFORMATION.—The results of the evaluation under paragraph (1) shall be displayed on the Internet websites of all entities with representatives participating in the Assessment Working Group under this section, including the Federal agencies responsible for funding the Working Group.

“(d) RECOMMENDATIONS.—

“(1) IN GENERAL.—Based on the annual report, the Director, in consultation with the Assessment Working Group, shall make recommendations to the Secretary—

“(A) for improving—

“(i) the training curricula identified and approved by the NCPMHEP;

“(ii) the NCPMHEP clearinghouse; and

“(iii) the annual forum of the NCPMHEP; and

“(B) regarding any other matter related to improving mental health preparedness and service delivery in the event of bioterrorism or other public health emergency in the United States through the NCPMHEP.

“(2) ACTION BY SECRETARY.—Based on the recommendations provided under paragraph (1), the
Secretary shall submit recommendations to Congress for any legislative changes necessary to implement such recommendations.

"SEC. 599F. SUBSTANCE ABUSE.

"For purposes of this part, where ever there is a reference to providing treatment, having expertise, or provide training with respect to mental health, such reference shall include providing treatment, having expertise, or providing training relating to substance abuse, if determined appropriate by the Secretary.

"SEC. 599G. AUTHORIZATION OF APPROPRIATIONS.

"There are authorized to be appropriated to carry out this part—

"(1) $15,000,000 for fiscal year 2007; and

"(2) such sums as may be necessary for fiscal years 2008 through 2011.").

SEC. 3. DISASTER MEDICAL ASSISTANCE TEAMS.

Section 2812(a) of the Public Health Service Act (42 U.S.C. 300hh–11(a)) is amended by adding at the end the following:

"(4) DISASTER MEDICAL ASSISTANCE TEAMS AND MENTAL HEALTH PROFESSIONALS.—

"(A) INCLUSION OF MENTAL HEALTH PROFESSIONALS.—
“(i) IN GENERAL.—The National Disaster Medical System, in consultation with the National Center for Public Mental Health Emergency Preparedness (established under section 599) and the Emergency Management Assistance Compact, shall—

“(I) identify licensed mental health professionals with expertise in treating vulnerable populations, as identified under section 599(b)(1); and

“(II) ensure that licensed mental health professionals identified under subclause (I) are available in local communities for deployment with Disaster Medical Assistance Teams (including specialty mental health teams).

“(ii) COORDINATION.—The National Disaster Medical System shall ensure that licensed mental health professionals are included in the leadership of the National Disaster Medical System, in coordination with the National Center for Public Mental
Health Emergency, to provide appropriate leadership support for behavioral programs and personnel within the Disaster Medical Assistance Teams.

“(B) DUTIES.—The principal duties of the licensed mental health professionals identified and utilized under this paragraph shall be to assist Disaster Medical Assistance Teams in carrying out—

“(i) rapid psychological triage during an event of bioterrorism or other public health emergency;

“(ii) crisis intervention prior to and during an event of bioterrorism or other public health emergency;

“(iii) information dissemination and referral to specialty care for survivors of an event of bioterrorism or other public health emergency;

“(iv) data collection; and

“(v) follow-up consultations.

“(C) TRAINING.—The National Disaster Medical System shall coordinate with the National Center for Public Mental Health Emergency Preparedness to ensure that, as part of
their training, Disaster Medical Assistance Teams include the training curricula for emergency health professionals established under section 599A.

“(D) DEFINITIONS.—In this paragraph:

“(i) DISASTER MEDICAL ASSISTANCE TEAMS.—The term ‘Disaster Medical Assistance Teams’ means teams of professional medical personnel that provide emergency medical care during a disaster or public health emergency.

“(ii) RAPID PSYCHOLOGICAL TRIAGE.—The term ‘rapid psychological triage’ means the accurate and rapid identification of individuals at varied levels of risk in the aftermath of a public health emergency, in order to provide the appropriate, acute intervention for those affected individuals.

“(iii) DATA COLLECTION.—The term ‘data collection’ means the use of standardized, consistent, and accurate methods to report evidence-based or emerging best practices, triage mental health data ob-
tained from survivors of an event of bioterrorism or other public health emergency.”