

111TH CONGRESS
1ST SESSION

S. 999

To increase the number of well-trained mental health service professionals (including those based in schools) providing clinical mental health care to children and adolescents, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 7, 2009

Mr. BINGAMAN (for himself, Ms. COLLINS, and Ms. STABENOW) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To increase the number of well-trained mental health service professionals (including those based in schools) providing clinical mental health care to children and adolescents, 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 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Child Health Care Cri-
5 sis Relief Act of 2009”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) The Center for Mental Health Services esti-
2 mates that 20 percent or 13,700,000 of the Nation’s
3 children and adolescents have a diagnosable mental
4 disorder, and about $\frac{2}{3}$ of these children and adoles-
5 cents do not receive mental health care.

6 (2) According to “Mental Health: A Report of
7 the Surgeon General” in 1999, there are approxi-
8 mately 6,000,000 to 9,000,000 children and adoles-
9 cents in the United States (accounting for 9 to 13
10 percent of all children and adolescents in the United
11 States) who meet the definition for having a serious
12 emotional disturbance.

13 (3) According to the Center for Mental Health
14 Services, approximately 5 to 9 percent of United
15 States children and adolescents meet the definition
16 for extreme functional impairment.

17 (4) According to the Surgeon General’s Report,
18 there are particularly acute shortages in the num-
19 bers of mental health service professionals serving
20 children and adolescents with serious emotional dis-
21 orders.

22 (5) According to the National Center for Edu-
23 cation Statistics in the Department of Education,
24 there are approximately 479 students for each school
25 counselor in United States schools, which ratio is al-

1 most double the recommended ratio of 250 students
2 for each school counselor.

3 (6) According to the Bureau of Health Profes-
4 sions in 2000, the demand for the services of child
5 and adolescent psychiatry is projected to increase by
6 100 percent by 2020.

7 (7) The development and application of knowl-
8 edge about the impact of disasters on children, ado-
9 lescents, and their families has been impeded by crit-
10 ical shortages of qualified researchers and practi-
11 tioners specializing in this work.

12 (8) According to the Bureau of the Census, the
13 population of children and adolescents in the United
14 States under the age of 18 is projected to grow by
15 more than 40 percent in the next 50 years from
16 70,000,000 to more than 100,000,000 by 2050.

17 (9) There are approximately 7,000 child and
18 adolescent psychiatrists in the United States. Only
19 300 child and adolescent psychiatrists complete
20 training each year.

21 (10) According to the Department of Health
22 and Human Services, racial and ethnic minority rep-
23 resentation is lacking in the mental health work-
24 force. Although 12 percent of the United States pop-
25 ulation is African-American, only 2 percent of psy-

1 chologists, 2 percent of psychiatrists, and 4 percent
2 of social workers are African-American providers.
3 Moreover, there are only 29 Hispanic mental health
4 professionals for every 100,000 Hispanics in the
5 United States, compared with 173 non-Hispanic
6 White providers per 100,000.

7 (11) According to a 2006 study in the Journal
8 of the American Academy of Child and Adolescent
9 Psychiatry, the national shortage of child and ado-
10 lescent psychiatrists affects poor children and ado-
11 lescents living in rural areas the hardest.

12 (12) According to the Department of Health
13 and Human Services, the “U.S. mental health sys-
14 tem is not well equipped to meet the needs of racial
15 and ethnic minority populations.”. This is quite evi-
16 dent in access to care issues involving racial and eth-
17 nic minority children. Studies have shown that there
18 are striking racial and ethnic differences in the utili-
19 zation of mental health services among children and
20 youth. Overall, mental health services meet the
21 needs of 31 percent of non-minority children, but
22 only 13 percent of minority children.

23 (13) According to the National Center for Men-
24 tal Health and Juvenile Justice, 70 percent of youth
25 involved in State and local juvenile justice systems

1 throughout the country suffer from mental dis-
2 orders, with at least 20 percent experiencing symp-
3 toms so severe that their ability to function is sig-
4 nificantly impaired.

5 (14) The Institute of Medicine, in Improving
6 the Quality of Health Care for Mental and Sub-
7 stance-Use Disorders, Quality Chasm Series (2006)
8 recommended that clinicians and patients commu-
9 nicate effectively and share information to ensure
10 quality care, which is enhanced with education pro-
11 grams that allow families and consumers to share
12 information with mental health providers about the
13 lived experience of mental illness.

14 **SEC. 3. LOAN REPAYMENTS, SCHOLARSHIPS, AND GRANTS**
15 **TO IMPROVE CHILD AND ADOLESCENT MEN-**
16 **TAL HEALTH CARE.**

17 Part E of title VII of the Public Health Service Act
18 (42 U.S.C. 294n et seq.) is amended by adding at the end
19 the following:

1 “(2) ELIGIBLE INDIVIDUAL.—For purposes of
2 this section, the term ‘eligible individual’ means an
3 individual who—

4 “(A) is receiving specialized training or
5 clinical experience in child and adolescent men-
6 tal health in psychiatry, psychology, school psy-
7 chology, behavioral pediatrics, psychiatric nurs-
8 ing, social work, school social work, marriage
9 and family therapy, school counseling, or pro-
10 fessional counseling and has less than 1 year
11 remaining before completion of such training or
12 clinical experience; or

13 “(B)(i) has a license or certification in a
14 State to practice allopathic medicine, osteo-
15 pathic medicine, psychology, school psychology,
16 psychiatric nursing, social work, school social
17 work, marriage and family therapy, school
18 counseling, or professional counseling; and

19 “(ii)(I) is a mental health service profes-
20 sional who completed (but not before the end of
21 the calendar year in which this section is en-
22 acted) specialized training or clinical experience
23 in child and adolescent mental health described
24 in subparagraph (A); or

1 “(II) is a physician who graduated from
2 (but not before the end of the calendar year in
3 which this section is enacted) an accredited
4 child and adolescent psychiatry residency or fel-
5 lowship program in the United States.

6 “(3) ADDITIONAL ELIGIBILITY REQUIRE-
7 MENTS.—The Secretary may not enter into a con-
8 tract under this subsection with an eligible indi-
9 vidual unless—

10 “(A) the individual is a United States citi-
11 zen or a permanent legal United States resi-
12 dent; and

13 “(B) if the individual is enrolled in a grad-
14 uate program (including a medical residency or
15 fellowship), the program is accredited, and the
16 individual has an acceptable level of academic
17 standing (as determined by the Secretary).

18 “(4) PRIORITY.—In entering into contracts
19 under this subsection, the Secretary shall give pri-
20 ority to applicants who—

21 “(A) are or will be working with high-pri-
22 ority populations for mental health in a Health
23 Professional Shortage Area (HPSA), Medically
24 Underserved Area (MUA), or Medically Under-
25 served Population (MUP);

1 “(B) have familiarity with evidence-based
2 methods and cultural and linguistic competence
3 in child and adolescent mental health services;

4 “(C) demonstrate financial need; and

5 “(D) are or will be working in the publicly
6 funded sector, particularly in community mental
7 health programs described in section
8 1913(b)(1).

9 “(5) MEANINGFUL LOAN REPAYMENT.—If the
10 Secretary determines that funds appropriated for a
11 fiscal year to carry out this subsection are not suffi-
12 cient to allow a meaningful loan repayment to all ex-
13 pected applicants, the Secretary shall limit the num-
14 ber of contracts entered into under paragraph (1) to
15 ensure that each such contract provides for a mean-
16 ingful loan repayment.

17 “(6) AMOUNT.—

18 “(A) MAXIMUM.—For each year that the
19 Secretary agrees to make payments on behalf of
20 an individual under a contract entered into
21 under paragraph (1), the Secretary may agree
22 to pay not more than \$35,000 on behalf of the
23 individual.

24 “(B) CONSIDERATION.—In determining
25 the amount of payments to be made on behalf

1 of an eligible individual under a contract to be
2 entered into under paragraph (1), the Secretary
3 shall consider the eligible individual's income
4 and debt load.

5 “(7) APPLICABILITY OF CERTAIN PROVI-
6 SIONS.—The provisions of sections 338E and 338F
7 shall apply to the program established under para-
8 graph (1) to the same extent and in the same man-
9 ner as such provisions apply to the National Health
10 Service Corps Loan Repayment Program established
11 in subpart III of part D of title III.

12 “(8) AUTHORIZATION OF APPROPRIATIONS.—
13 There is authorized to be appropriated to carry out
14 this subsection \$10,000,000 for each of fiscal years
15 2010 through 2014.

16 “(b) SCHOLARSHIPS FOR STUDENTS STUDYING TO
17 BECOME CHILD AND ADOLESCENT MENTAL HEALTH
18 SERVICE PROFESSIONALS.—

19 “(1) ESTABLISHMENT.—The Secretary, acting
20 through the Administrator of the Health Resources
21 and Services Administration, may establish a pro-
22 gram to award scholarships on a competitive basis to
23 eligible students who agree to enter into full-time
24 employment (as described in paragraph (4)(C)) as a
25 child and adolescent mental health service profes-

1 sional after graduation or completion of a residency
2 or fellowship.

3 “(2) ELIGIBLE STUDENT.—For purposes of
4 this subsection, the term ‘eligible student’ means a
5 United States citizen or a permanent legal United
6 States resident who—

7 “(A) is enrolled or accepted to be enrolled
8 in an accredited graduate program that in-
9 cludes specialized training or clinical experience
10 in child and adolescent mental health in psy-
11 chology, school psychology, psychiatric nursing,
12 behavioral pediatrics, social work, school social
13 work, marriage and family therapy, school
14 counseling, or professional counseling and, if
15 enrolled, has an acceptable level of academic
16 standing (as determined by the Secretary); or

17 “(B)(i) is enrolled or accepted to be en-
18 rolled in an accredited graduate training pro-
19 gram of allopathic or osteopathic medicine in
20 the United States and, if enrolled, has an ac-
21 ceptable level of academic standing (as deter-
22 mined by the Secretary); and

23 “(ii) intends to complete an accredited
24 residency or fellowship in child and adolescent
25 psychiatry or behavioral pediatrics.

1 “(3) PRIORITY.—In awarding scholarships
2 under this subsection, the Secretary shall give—

3 “(A) highest priority to applicants who
4 previously received a scholarship under this
5 subsection and satisfy the criteria described in
6 subparagraph (B); and

7 “(B) second highest priority to applicants
8 who—

9 “(i) demonstrate a commitment to
10 working with high-priority populations for
11 mental health in a Health Professional
12 Shortage Area (HPSA), Medically Under-
13 served Area (MUA), or Medically Under-
14 served Population (MUP) and to students
15 from high-priority populations;

16 “(ii) have familiarity with evidence-
17 based methods in child and adolescent
18 mental health services;

19 “(iii) demonstrate financial need; and

20 “(iv) are or will be working in the
21 publicly funded sector, particularly in com-
22 munity mental health programs described
23 in section 1913(b)(1).

1 “(4) REQUIREMENTS.—The Secretary may
2 award a scholarship to an eligible student under this
3 subsection only if the eligible student agrees—

4 “(A) to complete any graduate training
5 program, internship, residency, or fellowship
6 applicable to that eligible student under para-
7 graph (2);

8 “(B) to maintain an acceptable level of
9 academic standing (as determined by the Sec-
10 retary) during the completion of such graduate
11 training program, internship, residency, or fel-
12 lowship; and

13 “(C) to be employed full-time after gradua-
14 tion or completion of a residency or fellowship,
15 for not less than the number of years for which
16 a scholarship is received by the eligible student
17 under this subsection, in providing mental
18 health services to children and adolescents.

19 “(5) USE OF SCHOLARSHIP FUNDS.—A scholar-
20 ship awarded to an eligible student for a school year
21 under this subsection may be used only to pay for
22 tuition expenses of the school year, other reasonable
23 educational expenses (including fees, books, and lab-
24 oratory expenses incurred by the eligible student in
25 the school year), and reasonable living expenses, as

1 such tuition expenses, reasonable educational ex-
2 penses, and reasonable living expenses are deter-
3 mined by the Secretary.

4 “(6) AMOUNT.—The amount of a scholarship
5 under this subsection shall not exceed the total
6 amount of the tuition expenses, reasonable edu-
7 cational expenses, and reasonable living expenses de-
8 scribed in paragraph (5).

9 “(7) APPLICABILITY OF CERTAIN PROVI-
10 SIONS.—The provisions of sections 338E and 338F
11 shall apply to the program established under para-
12 graph (1) to the same extent and in the same man-
13 ner as such provisions apply to the National Health
14 Service Corps Scholarship Program established in
15 subpart III of part D of title III.

16 “(8) AUTHORIZATION OF APPROPRIATIONS.—
17 There is authorized to be appropriated to carry out
18 this subsection \$5,000,000 for each of fiscal years
19 2010 through 2014.

20 “(c) CLINICAL TRAINING GRANTS FOR PROFES-
21 SIONALS.—

22 “(1) ESTABLISHMENT.—The Secretary, acting
23 through the Administrator of the Health Resources
24 and Services Administration, in cooperation with the
25 Administrator of the Substance Abuse and Mental

1 Health Services Administration, may establish a pro-
2 gram to award grants on a competitive basis to ac-
3 credited institutions of higher education or accred-
4 ited professional training programs to establish or
5 expand internships or other field placement pro-
6 grams for students receiving specialized training or
7 clinical experience in child and adolescent mental
8 health in psychiatry, psychology, school psychology,
9 behavioral pediatrics, psychiatric nursing, social
10 work, school social work, marriage and family ther-
11 apy, school counseling, or professional counseling.

12 “(2) PRIORITY.—In awarding grants under this
13 subsection, the Secretary shall give priority to appli-
14 cants that—

15 “(A) have demonstrated the ability to col-
16 lect data on the number of students trained in
17 child and adolescent mental health and the pop-
18 ulations served by such students after gradua-
19 tion;

20 “(B) have demonstrated familiarity with
21 evidence-based methods in child and adolescent
22 mental health services;

23 “(C) have programs designed to increase
24 the number of professionals serving high-pri-
25 ority populations and to applicants who come

1 from high-priority communities and plan to
2 serve in Health Professional Shortage Areas
3 (HPSA), Medically Underserved Areas (MUA),
4 or Medically Underserved Populations (MUP);
5 and

6 “(D) offer curriculum taught collabo-
7 ratively with a family on the consumer and
8 family lived experience or the importance of
9 family-professional partnership.

10 “(3) REQUIREMENTS.—The Secretary may
11 award a grant to an applicant under this subsection
12 only if the applicant agrees that—

13 “(A) any internship or other field place-
14 ment program assisted under the grant will
15 prioritize cultural and linguistic competency;

16 “(B) students benefitting from any assist-
17 ance under this subsection will be United States
18 citizens or permanent legal United States resi-
19 dents;

20 “(C) the institution will provide to the Sec-
21 retary such data, assurances, and information
22 as the Secretary may require; and

23 “(D) with respect to any violation of the
24 agreement between the Secretary and the insti-
25 tution, the institution will pay such liquidated

1 damages as prescribed by the Secretary by reg-
2 ulation.

3 “(4) APPLICATION.—The Secretary shall re-
4 quire that any application for a grant under this
5 subsection include a description of the applicant’s
6 experience working with child and adolescent mental
7 health issues.

8 “(5) AUTHORIZATION OF APPROPRIATIONS.—
9 There is authorized to be appropriated to carry out
10 this subsection \$10,000,000 for each of fiscal years
11 2010 through 2014.

12 “(d) PROGRESSIVE EDUCATION GRANTS FOR PARA-
13 PROFESSIONALS.—

14 “(1) ESTABLISHMENT.—The Secretary, acting
15 through the Administrator of the Health Resources
16 and Services Administration, in cooperation with the
17 Administrator of the Substance Abuse and Mental
18 Health Services Administration, may establish a pro-
19 gram to award grants on a competitive basis to
20 State-licensed mental health nonprofit and for-profit
21 organizations (including accredited institutions of
22 higher education) to enable such organizations to
23 pay for programs for preservice or in-service training
24 of paraprofessional child and adolescent mental
25 health workers.

1 “(2) DEFINITION.—For purposes of this sub-
2 section, the term ‘paraprofessional child and adoles-
3 cent mental health worker’ means an individual who
4 is not a mental health service professional, but who
5 works at the first stage of contact with children and
6 families who are seeking mental health services.

7 “(3) PRIORITY.—In awarding grants under this
8 subsection, the Secretary shall give priority to appli-
9 cants that—

10 “(A) have demonstrated the ability to col-
11 lect data on the number of paraprofessional
12 child and adolescent mental health workers
13 trained by the applicant and the populations
14 served by these workers after the completion of
15 the training;

16 “(B) have familiarity with evidence-based
17 methods in child and adolescent mental health
18 services;

19 “(C) have programs designed to increase
20 the number of paraprofessional child and ado-
21 lescent mental health workers serving high-pri-
22 ority populations; and

23 “(D) provide services through a community
24 mental health program described in section
25 1913(b)(1).

1 “(4) REQUIREMENTS.—The Secretary may
2 award a grant to an organization under this sub-
3 section only if the organization agrees that—

4 “(A) any training program assisted under
5 the grant will prioritize cultural and linguistic
6 competency;

7 “(B) the organization will provide to the
8 Secretary such data, assurances, and informa-
9 tion as the Secretary may require; and

10 “(C) with respect to any violation of the
11 agreement between the Secretary and the orga-
12 nization, the organization will pay such liq-
13 uidated damages as prescribed by the Secretary
14 by regulation.

15 “(5) APPLICATION.—The Secretary shall re-
16 quire that any application for a grant under this
17 subsection include a description of the applicant’s
18 experience working with paraprofessional child and
19 adolescent mental health workers.

20 “(6) AUTHORIZATION OF APPROPRIATIONS.—
21 There is authorized to be appropriated to carry out
22 this subsection \$5,000,000 for each of fiscal years
23 2010 through 2014.

24 “(e) CHILD AND ADOLESCENT MENTAL HEALTH
25 PROGRAM DEVELOPMENT GRANTS.—

1 “(1) ESTABLISHMENT.—The Secretary, acting
2 through the Administrator of the Health Resources
3 and Services Administration, may establish a pro-
4 gram to increase the number of well-trained child
5 and adolescent mental health service professionals in
6 the United States by awarding grants on a competi-
7 tive basis to accredited institutions of higher edu-
8 cation to enable the institutions to establish or ex-
9 pand accredited graduate child and adolescent men-
10 tal health programs.

11 “(2) PRIORITY.—In awarding grants under this
12 subsection, the Secretary shall give priority to appli-
13 cants that—

14 “(A) demonstrate familiarity with the use
15 of evidence-based methods in child and adoles-
16 cent mental health services;

17 “(B) provide experience in and collabora-
18 tion with community-based child and adolescent
19 mental health services;

20 “(C) have included normal child develop-
21 ment curricula; and

22 “(D) demonstrate commitment to working
23 with high-priority populations.

24 “(3) USE OF FUNDS.—Funds received as a
25 grant under this subsection may be used to establish

1 or expand any accredited graduate child and adoles-
2 cent mental health program in any manner deemed
3 appropriate by the Secretary, including by improving
4 the course work, related field placements, or faculty
5 of such program.

6 “(4) REQUIREMENTS.—The Secretary may
7 award a grant to an accredited institution of higher
8 education under this subsection only if the institu-
9 tion agrees that—

10 “(A) any child and adolescent mental
11 health program assisted under the grant will
12 prioritize cultural and linguistic competency;

13 “(B) the institution will provide to the Sec-
14 retary such data, assurances, and information
15 as the Secretary may require; and

16 “(C) with respect to any violation of the
17 agreement between the Secretary and the insti-
18 tution, the institution will pay such liquidated
19 damages as prescribed by the Secretary by reg-
20 ulation.

21 “(5) AUTHORIZATION OF APPROPRIATIONS.—
22 There is authorized to be appropriated to carry out
23 this subsection \$15,000,000 for each of fiscal years
24 2010 through 2014.

25 “(f) DEFINITIONS.—In this section:

1 “(1) SPECIALIZED TRAINING OR CLINICAL EX-
2 PERIENCE IN CHILD AND ADOLESCENT MENTAL
3 HEALTH.—The term ‘specialized training or clinical
4 experience in child and adolescent mental health’
5 means training and clinical experience that—

6 “(A) is part of or occurs after completion
7 of an accredited graduate program in the
8 United States for training mental health service
9 professionals;

10 “(B) consists of not less than 500 hours of
11 training or clinical experience in treating chil-
12 dren and adolescents; and

13 “(C) is comprehensive, coordinated, devel-
14 opmentally appropriate, and of high quality to
15 address the unique ethnic and cultural diversity
16 of the United States population.

17 “(2) HIGH-PRIORITY POPULATION.—The term
18 ‘high-priority population’ means—

19 “(A) a population in which there is a sig-
20 nificantly greater incidence than the national
21 average of—

22 “(i) children who have serious emo-
23 tional disturbances; or

24 “(ii) children who are racial, ethnic,
25 or linguistic minorities; or

1 “(B) a population consisting of individuals
2 living in a high-poverty urban or rural area.

3 “(3) MENTAL HEALTH SERVICE PROFES-
4 SIONAL.—The term ‘mental health service profes-
5 sional’ means an individual with a graduate or post-
6 graduate degree from an accredited institution of
7 higher education in psychiatry, psychology, school
8 psychology, behavioral pediatrics, psychiatric nurs-
9 ing, social work, school social work, marriage and
10 family counseling, school counseling, or professional
11 counseling.”.

12 **SEC. 4. AMENDMENTS TO SOCIAL SECURITY ACT TO IM-**
13 **PROVE CHILD AND ADOLESCENT MENTAL**
14 **HEALTH CARE.**

15 (a) INCREASING NUMBER OF CHILD AND ADOLES-
16 CENT PSYCHIATRY RESIDENTS PERMITTED TO BE PAID
17 UNDER THE MEDICARE GRADUATE MEDICAL EDUCATION
18 PROGRAM.—Section 1886(h)(4)(F) of the Social Security
19 Act (42 U.S.C. 1395ww(h)(4)(F)) is amended by adding
20 at the end the following new clause:

21 “(iii) INCREASE ALLOWED FOR TRAIN-
22 ING IN CHILD AND ADOLESCENT PSYCHI-
23 ATRY.—In applying clause (i), there shall
24 not be taken into account such additional
25 number of full-time equivalent residents in

1 the field of allopathic or osteopathic medi-
2 cine who are residents or fellows in child
3 and adolescent psychiatry as the Secretary
4 determines reasonable to meet the need for
5 such physicians as demonstrated by the
6 1999 report of the Department of Health
7 and Human Services entitled ‘Mental
8 Health: A Report of the Surgeon Gen-
9 eral’.”.

10 (b) EXTENSION OF MEDICARE BOARD ELIGIBILITY
11 PERIOD FOR RESIDENTS AND FELLOWS IN CHILD AND
12 ADOLESCENT PSYCHIATRY.—Section 1886(h)(5)(G) of
13 the Social Security Act (42 U.S.C. 1395ww(h)(5)(G)) is
14 amended—

15 (1) in clause (i), by striking “and (v)” and in-
16 serting “(v), and (vi)”; and

17 (2) by adding at the end the following new
18 clause:

19 “(vi) CHILD AND ADOLESCENT PSY-
20 CHIATRY TRAINING PROGRAMS.—In the
21 case of an individual enrolled in a child
22 and adolescent psychiatry residency or fel-
23 lowship program approved by the Sec-
24 retary, the period of board eligibility and
25 the initial residency period shall be the pe-

1 riod of board eligibility for the specialty of
2 general psychiatry, plus 2 years for the
3 subspecialty of child and adolescent psychi-
4 atry.”.

5 (c) EFFECTIVE DATE.—The amendments made by
6 this section shall apply to residency training years begin-
7 ning on or after July 1, 2010.

8 **SEC. 5. CHILD MENTAL HEALTH PROFESSIONAL REPORT.**

9 (a) STUDY.—The Administrator of the Health Re-
10 sources and Services Administration (in this section re-
11 ferred to as the “Administrator”) shall study and make
12 findings and recommendations on—

13 (1) the distribution and need for child mental
14 health service professionals, including with respect to
15 specialty certifications, practice characteristics, pro-
16 fessional licensure, racial and ethnic background,
17 practice types, locations, education, and training;
18 and

19 (2) a comparison of such distribution and need,
20 including identification of disparities, on a State-by-
21 State basis.

22 (b) REPORT.—Not later than 2 years after the date
23 of enactment of this Act, the Administrator shall submit
24 to the Congress and make publicly available a report on
25 the results of the study required by subsection (a), includ-

1 ing with respect to findings and recommendations on dis-
2 parities among the States.

3 **SEC. 6. REPORTS.**

4 (a) TRANSMISSION.—The Secretary of Health and
5 Human Services shall transmit a report described in sub-
6 section (b) to Congress—

7 (1) not later than 3 years after the date of en-
8 actment of this Act; and

9 (2) not later than 5 years after the date of en-
10 actment of this Act.

11 (b) CONTENTS.—The reports transmitted to Con-
12 gress under subsection (a) shall address each of the fol-
13 lowing:

14 (1) The effectiveness of the amendments made
15 by, and the programs carried out under, this Act in
16 increasing the number of child and adolescent men-
17 tal health service professionals and paraprofessional
18 child and adolescent mental health workers.

19 (2) The demographics of the individuals served
20 by such increased number of child and adolescent
21 mental health service professionals and paraprofes-
22 sional child and adolescent mental health workers.

○