

**§ 290hh. 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) of this section, 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;
- (4) assist in the creation of community partnerships among law enforcement, education systems and mental health and substance abuse service systems; and
- (5) establish mechanisms for children and adolescents to report incidents of violence or plans by other children or adolescents to commit violence.

**(c) Requirements**

An application for a grant, contract or cooperative agreement under subsection (a) of this section shall demonstrate that—

- (1) the applicant will use amounts received to create a partnership described in subsection (b)(4) of this section 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) of this section 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) of this section, 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 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.

(July 1, 1944, ch. 373, title V, §581, as added Pub. L. 106-310, div. B, title XXXI, §3101, Oct. 17, 2000, 114 Stat. 1168.)

## CODIFICATION

Another section 581 of act July 1, 1944, is classified to section 290kk of this title.

**§ 290hh-1. 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 developing programs focusing on the behavioral and biological aspects of psychological trauma response and for developing knowledge with regard to evidence-based practices for treating psychiatric disorders of children and youth resulting from witnessing or experiencing a traumatic event.

**(b) Priorities**

In awarding grants, contracts or cooperative agreements under subsection (a) of this section related to the development of knowledge on evidence-based practices for treating disorders associated with psychological trauma, the Secretary shall give priority to mental health agencies and programs that have established clinical and basic research experience in the field of trauma-related mental disorders.

**(c) Geographical distribution**

The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) of this section 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) of this section 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) of this section, 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 2001, and such sums as may be necessary for each of fiscal years 2003 through 2006.

**(g) Short title**

This section may be cited as the “Donald J. Cohen National Child Traumatic Stress Initiative”.

(July 1, 1944, ch. 373, title V, § 582, as added Pub. L. 106-310, div. B, title XXXI, § 3101, Oct. 17, 2000, 114 Stat. 1169; amended Pub. L. 107-116, title II, § 218, Jan. 10, 2002, 115 Stat. 2201; Pub. L. 107-188, title I, § 155, June 12, 2002, 116 Stat. 633.)

CODIFICATION

Another section 582 of act July 1, 1944, is classified to section 290kk-1 of this title.

AMENDMENTS

2002—Subsec. (f). Pub. L. 107-188 substituted “2003 through 2006” for “2002 and 2003”.

Subsec. (g). Pub. L. 107-116 added subsec. (g).

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

**§ 290ii. Requirement relating to the rights of residents of certain facilities**

**(a) In general**

A public or private general hospital, nursing facility, intermediate care facility, 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) of this section 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 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) Current law**

This part shall not be construed to affect or impede any Federal or State law or regulations that provide greater protections than this part regarding seclusion and restraint.

**(d) 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 (such term does not include a physical escort); 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 a behavior control technique involving locked isolation. Such term does not include a time out.

**(3) Physical escort**

The term “physical escort” means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a resident who is acting out to walk to a safe location.

**(4) Time out**

The term “time out” means a behavior management technique that is part of an approved treatment program and may involve the separation of the resident from the group, in a non-locked setting, for the purpose of calming. Time out is not seclusion.

(July 1, 1944, ch. 373, title V, § 591, as added Pub. L. 106-310, div. B, title XXXII, § 3207, Oct. 17, 2000, 114 Stat. 1195.)

**§ 290ii-1. Reporting requirement**

**(a) In general**

Each facility to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986<sup>1</sup> [42 U.S.C. 10801 et seq.] 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<sup>1</sup> (42 U.S.C. 10802(3)).

<sup>1</sup> See References in Text note below.