biological disorders associated with psychological trauma), the Secretary shall give priority to universities, hospitals, mental health agencies, and other programs that have established clinical expertise and research experience in the field of trauma-related mental disorders.

(c) Child outcome data

The NCTSI coordinating center described in subsection (a)(1) shall collect, analyze, report, and make publicly available, as appropriate, NCTSI-wide child treatment process and outcome data regarding the early identification and delivery of evidence-based treatment and services for children and families served by the NCTSI grantees.

(d) Training

The NCTSI coordinating center shall facilitate the coordination of training initiatives in evidence-based and trauma-informed treatments, interventions, and practices offered to NCTSI grantees, providers, and partners.

(e) Dissemination and collaboration

The NCTSI coordinating center shall, as appropriate, collaborate with—

(1) the Secretary, in the dissemination of evidence-based and trauma-informed interventions, treatments, products, and other resources to appropriate stakeholders; and

(2) appropriate agencies that conduct or fund research within the Department of Health and Human Services, for purposes of sharing NCTSI expertise, evaluation data, and other activities, as appropriate.

(f) Review

The Secretary shall, consistent with the peer-review process, ensure that NCTSI applications are reviewed by appropriate experts in the field as part of a consensus-review process. The Secretary shall include review criteria related to expertise and experience in child trauma and evidence-based practices.

(g) Geographical distribution

The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) are distributed equitably among the regions of the United States and among urban and rural areas.

(h) 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.

(i) 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 shall not be less than 4 years, but shall not exceed 5 years. Such grants, contracts or agreements may be renewed.

(j) Authorization of appropriations

There is authorized to be appropriated to carry out this section, $46,887,000 for each of fiscal years 2018 through 2022.

(k) 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; Pub. L. 114–255, div. B, title X, §10004, Dec. 13, 2016, 130 Stat. 1265.)

CODIFICATION

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

AMENDMENTS

2016—Subsec. (a). Pub. L. 114–255, §10004(1), substituted ''developing and maintaining programs that provide for—'' and pars. (1) and (2) for ''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.''

Subsec. (b). Pub. L. 114–255, §10004(2), substituted ''subsection (a)(2) (related'' for ''subsection (a) related'', ''treating mental, behavioral, and biological disorders associated with psychological trauma)'' for ''treating disorders associated with psychological trauma'', and ''universities, hospitals, mental health agencies, and other programs that have established clinical expertise and research'' for ''mental health agencies and programs that have established clinical and basic research''.

Subsecs. (c) to (f). Pub. L. 114–255, §10004(4), added subsecs. (c) to (f). Former subsecs. (c) to (f) redesignated (g) to (j), respectively.

Subsec. (g). Pub. L. 114–255, §10004(3), (5), redesignated subsec. (c) as (g) and substituted ''are distributed equitably among the regions of the United States'' for ''with respect to centers of excellence are distributed equitably among the regions of the country''. Former subsec. (g) redesignated (k).

Subsec. (h). Pub. L. 114–255, §10004(3), redesignated subsec. (d) as (h).

Subsec. (i). Pub. L. 114–255, §10004(3), (6), redesignated subsec. (e) as (i) and substituted ''recipient shall not be less than 4 years, but shall not exceed 5 years'' for ''recipient may not exceed 5 years''.

Subsec. (j). Pub. L. 114–255, §10004(3), (7), redesignated subsec. (f) as (j) and substituted ''$46,887,000 for each of fiscal years 2018 through 2022'' for ''$50,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2003 through 2006''.

Subsec. (k). Pub. L. 114–255, §10004(3), redesignated subsec. (g) as (k).

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) 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[1] [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[1] (42 U.S.C. 10802(3)).

(July 1, 1944, ch. 373, title V, § 592, as added Pub. L. 106–310, div. B, title XXXII, § 3207, Oct. 17, 2000, 114 Stat. 1196.)

REFERENCES IN TEXT

The Protection and Advocacy for Mentally Ill Individuals Act of 1986, referred to in text, was Pub. L. 99–319, May 23, 1986, 100 Stat. 478, as amended. Pub. L. 99–319 was renamed the Protection and Advocacy for Individuals with Mental Illness Act by Pub. L. 106–310, div. B, title XXXII, § 3206(a), Oct. 17, 2000, 114 Stat. 1193, and is classified generally to chapter 114 (§ 10801 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 10801 of this title and Tables.

§ 290ii–2. Regulations and enforcement

(a) Training

Not later than 1 year after October 17, 2000, 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[1] (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 individ-

[1] See References in Text note below.

[1] See References in Text note below.