2206, which is classified principally to subchapter I (§ 5321 et seq.) of chapter 46 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of this title and Tables.

### § 1621h. Mental health prevention and treatment services

#### (a) National plan for Indian Mental Health Services

(1) Not later than 120 days after November 28, 1990, the Secretary, acting through the Service, shall develop and publish in the Federal Register a final national plan for Indian Mental Health Services. The plan shall include—

(A) an assessment of the scope of the problem of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians, including—

(i) the number of Indians served by the Service who are directly or indirectly affected by such illness or behavior, and

(ii) an estimate of the financial and human cost attributable to such illness or behavior;

(B) an assessment of the existing and additional resources necessary for the prevention and treatment of such illness and behavior; and

(C) an estimate of the additional funding needed by the Service to meet its responsibilities under the plan.

(2) The Secretary shall submit a copy of the national plan to the Congress.

#### (b) Memorandum of agreement

Not later than 180 days after November 28, 1990, the Secretary and the Secretary of the Interior shall develop and enter into a memorandum of agreement under which the Secretaries shall, among other things—

(1) determine and define the scope and nature of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians;

(2) make an assessment of the existing Federal, tribal, State, local, and private services, resources, and programs available to provide mental health services for Indians;

(3) make an initial determination of the unmet need for additional services, resources, and programs necessary to meet the needs identified pursuant to paragraph (1);

(4)(A) ensure that Indians, as citizens of the United States and of the States in which they reside, have access to mental health services to which all citizens have access;

(B) determine the right of Indians to participate in, and receive the benefit of, such services; and

(C) take actions necessary to protect the exercise of such right;

(5) delineate the responsibilities of the Bureau of Indian Affairs and the Service, including mental health identification, prevention, education, referral, and treatment services (including services through multidisciplinary resource teams), at the central, area, and agency and service unit levels to address the problems identified in paragraph (1);

(6) provide a strategy for the comprehensive coordination of the mental health services provided by the Bureau of Indian Affairs and the Service to meet the needs identified pursuant to paragraph (1), including—

(A) the coordination of alcohol and substance abuse programs of the Service, the Bureau of Indian Affairs, and the various tribes (developed under the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 [25 U.S.C. 2401 et seq.]) with the mental health initiatives pursuant to this chapter, particularly with respect to the referral and treatment of dually-diagnosed individuals requiring mental health and substance abuse treatment; and

(B) ensuring that Bureau of Indian Affairs and Service programs and services (including multidisciplinary resource teams) addressing child abuse and family violence are coordinated with such non-Federal programs and services;

(7) direct appropriate officials of the Bureau of Indian Affairs and the Service, particularly at the agency and service unit levels, to cooperate fully with tribal requests made pursuant to subsection (d); and

(8) provide for an annual review of such agreement by the two Secretaries.

#### (c) Community mental health plan

(1) The governing body of any Indian tribe may, at its discretion, adopt a resolution for the establishment of a community mental health plan providing for the identification and coordination of available resources and programs to identify, prevent, or treat mental illness or dysfunctional and self-destructive behavior, including child abuse and family violence, among its members.

(2) In furtherance of a plan established pursuant to paragraph (1) and at the request of a tribe, the appropriate agency, service unit, or other officials of the Bureau of Indian Affairs and the Service shall cooperate with, and provide technical assistance to, the tribe in the development of such plan. Upon the establishment of such a plan and at the request of the tribe, such officials, as directed by the memorandum of agreement developed pursuant to subsection (c), shall cooperate with the tribe in the implementation of such plan.

(3) Two or more Indian tribes may form a coalition for the adoption of resolutions and the establishment and development of a joint community mental health plan under this subsection.

(4) The Secretary, acting through the Service, may make grants to Indian tribes adopting a resolution pursuant to paragraph (1) to obtain technical assistance for the development of a community mental health plan and to provide administrative support in the implementation of such plan.

#### (d) Behavioral health training and community education programs

##### (1) Study; list

The Secretary, acting through the Service, and the Secretary of the Interior, in consultation with Indian tribes and tribal organizations, shall conduct a study and compile a list of the types of staff positions specified in paragraph (2) whose qualifications include, or

should include, training in the identification, prevention, education, referral, or treatment of mental illness, or dysfunctional and self destructive behavior.

**(2) Positions**

The positions referred to in paragraph (1) are—

(A) staff positions within the Bureau of Indian Affairs, including existing positions, in the fields of—

(i) elementary and secondary education;

(ii) social services and family and child welfare;

(iii) law enforcement and judicial services; and

(iv) alcohol and substance abuse;

(B) staff positions within the Service; and

(C) staff positions similar to those identified in subparagraphs (A) and (B) established and maintained by Indian tribes and tribal organizations (without regard to the funding source).

**(3) Training criteria**

**(A) In general**

The appropriate Secretary shall provide training criteria appropriate to each type of position identified in paragraphs (2)(A) and (2)(B) and ensure that appropriate training has been, or shall be provided to any individual in any such position. With respect to any such individual in a position identified pursuant to paragraph (2)(C), the respective Secretaries shall provide appropriate training to, or provide funds to, an Indian tribe or tribal organization for training of appropriate individuals. In the case of positions funded under a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.),[1] the appropriate Secretary shall ensure that such training costs are included in the contract or compact, as the Secretary determines necessary.

**(B) Position specific training criteria**

Position specific training criteria shall be culturally relevant to Indians and Indian tribes and shall ensure that appropriate information regarding traditional health care practices is provided.

**(4) Community education on mental illness**

The Service shall develop and implement, on request of an Indian tribe, tribal organization, or urban Indian organization, or assist the Indian tribe, tribal organization, or urban Indian organization to develop and implement, a program of community education on mental illness. In carrying out this paragraph, the Service shall, upon request of an Indian tribe, tribal organization, or urban Indian organization, provide technical assistance to the Indian tribe, tribal organization, or urban Indian organization to obtain and develop community educational materials on the identification, prevention, referral, and treatment of mental illness and dysfunctional and self-destructive behavior.

**(5) Plan**

Not later than 90 days after March 23, 2010, the Secretary shall develop a plan under which the Service will increase the health care staff providing behavioral health services by at least 500 positions within 5 years after March 23, 2010, with at least 200 of such positions devoted to child, adolescent, and family services. The plan developed under this paragraph shall be implemented under section 13 of this title.

**(e) Staffing**

(1) Within 90 days after November 28, 1990, the Secretary shall develop a plan under which the Service will increase the health care staff providing mental health services by at least 500 positions within five years after November 28, 1990, with at least 200 of such positions devoted to child, adolescent, and family services. Such additional staff shall be primarily assigned to the service unit level for services which shall include outpatient, emergency, aftercare and follow-up, and prevention and education services.

(2) The plan developed under paragraph (1) shall be implemented under section 13 of this title.

**(f) Staff recruitment and retention**

(1) The Secretary shall provide for the recruitment of the additional personnel required by subsection (f) and the retention of all Service personnel providing mental health services. In carrying out this subsection, the Secretary shall give priority to practitioners providing mental health services to children and adolescents with mental health problems.

(2) In carrying out paragraph (1), the Secretary shall develop a program providing for—

(A) the payment of bonuses (which shall not be more favorable than those provided for under sections 1616i and 1616j of this title) for service in hardship posts;

(B) the repayment of loans (for which the provisions of repayment contracts shall not be more favorable than the repayment contracts under section 1616a of this title) for health professions education as a recruitment incentive; and

(C) a system of postgraduate rotations as a retention incentive.

(3) This subsection shall be carried out in coordination with the recruitment and retention programs under subchapter I.

**(g) Mental Health Technician program**

(1) Under the authority of section 13 of this title, the Secretary shall establish and maintain a Mental Health Technician program within the Service which—

(A) provides for the training of Indians as mental health technicians; and

(B) employs such technicians in the provision of community-based mental health care that includes identification, prevention, education, referral, and treatment services.

(2) In carrying out paragraph (1)(A), the Secretary shall provide high standard paraprofessional training in mental health care necessary to provide quality care to the Indian communities to be served. Such training shall be based upon a curriculum developed or approved by the

[1] See References in Text note below.

Secretary which combines education in the theory of mental health care with supervised practical experience in the provision of such care.

(3) The Secretary shall supervise and evaluate the mental health technicians in the training program.

(4) The Secretary shall ensure that the program established pursuant to this subsection involves the utilization and promotion of the traditional Indian health care and treatment practices of the Indian tribes to be served.

**(h) Mental health research**

The Secretary, acting through the Service and in consultation with the National Institute of Mental Health, shall enter into contracts with, or make grants to, appropriate institutions for the conduct of research on the incidence and prevalence of mental disorders among Indians on Indian reservations and in urban areas. Research priorities under this subsection shall include—

(1) the inter-relationship and inter-dependence of mental disorders with alcoholism, suicide, homicides, accidents, and the incidence of family violence, and

(2) the development of models of prevention techniques.

The effect of the inter-relationships and inter-dependencies referred to in paragraph (1) on children, and the development of prevention techniques under paragraph (2) applicable to children, shall be emphasized.

**(i) Facilities assessment**

Within one year after November 28, 1990, the Secretary, acting through the Service, shall make an assessment of the need for inpatient mental health care among Indians and the availability and cost of inpatient mental health facilities which can meet such need. In making such assessment, the Secretary shall consider the possible conversion of existing, under-utilized service hospital beds into psychiatric units to meet such need.

**(j) Annual report**

The Service shall develop methods for analyzing and evaluating the overall status of mental health programs and services for Indians and shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 1671 of this title, a report on the mental health status of Indians which shall describe the progress being made to address mental health problems of Indian communities.

**(k) Mental health demonstration grant program**

(1) The Secretary, acting through the Service, is authorized to make grants to Indian tribes and inter-tribal consortia to pay 75 percent of the cost of planning, developing, and implementing programs to deliver innovative community-based mental health services to Indians. The 25 percent tribal share of such cost may be provided in cash or through the provision of property or services.

(2) The Secretary may award a grant for a project under paragraph (1) to an Indian tribe or inter-tribal consortium which meets the following criteria:

(A) The project will address significant unmet mental health needs among Indians.

(B) The project will serve a significant number of Indians.

(C) The project has the potential to deliver services in an efficient and effective manner.

(D) The tribe or consortium has the administrative and financial capability to administer the project.

(E) The project will deliver services in a manner consistent with traditional Indian healing and treatment practices.

(F) The project is coordinated with, and avoids duplication of, existing services.

(3) For purposes of this subsection, the Secretary shall, in evaluating applications for grants for projects to be operated under any contract entered into with the Service under the Indian Self-Determination Act [25 U.S.C. 5321 et seq.], use the same criteria that the Secretary uses in evaluating any other application for such a grant.

(4) The Secretary may only award one grant under this subsection with respect to a service area until the Secretary has awarded grants for all service areas with respect to which the Secretary receives applications during the application period, as determined by the Secretary, which meet the criteria specified in paragraph (2).

(5) Not later than 180 days after the close of the term of the last grant awarded pursuant to this subsection, the Secretary shall submit to the Congress a report evaluating the effectiveness of the innovative community-based projects demonstrated pursuant to this subsection. Such report shall include findings and recommendations, if any, relating to the reorganization of the programs of the Service for delivery of mental health services to Indians.

(6) Grants made pursuant to this section may be expended over a period of three years and no grant may exceed $1,000,000 for the fiscal years involved.

***(l)* Licensing requirement for mental health care workers**

Any person employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health care services to Indians in a clinical setting under the authority of this chapter or through a contract pursuant to the Indian Self-Determination Act [25 U.S.C. 5321 et seq.] shall—

(1) in the case of a person employed as a psychologist, be licensed as a clinical psychologist or working under the direct supervision of a licensed clinical psychologist;

(2) in the case of a person employed as a social worker, be licensed as a social worker or working under the direct supervision of a licensed social worker; or

(3) in the case of a person employed as a marriage and family therapist, be licensed as a marriage and family therapist or working under the direct supervision of a licensed marriage and family therapist.

**(m) Intermediate adolescent mental health services**

(1) The Secretary, acting through the Service, may make grants to Indian tribes and tribal or-

ganizations to provide intermediate mental health services to Indian children and adolescents, including—

(A) inpatient and outpatient services;

(B) emergency care;

(C) suicide prevention and crisis intervention; and

(D) prevention and treatment of mental illness, and dysfunctional and self-destructive behavior, including child abuse and family violence.

(2) Funds provided under this subsection may be used—

(A) to construct or renovate an existing health facility to provide intermediate mental health services;

(B) to hire mental health professionals;

(C) to staff, operate, and maintain an intermediate mental health facility, group home, or youth shelter where intermediate mental health services are being provided; and

(D) to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units.

(3) Funds provided under this subsection may not be used for the purposes described in section 1621*o*(b)(1) of this title.

(4) An Indian tribe or tribal organization receiving a grant under this subsection shall ensure that intermediate adolescent mental health services are coordinated with other tribal, Service, and Bureau of Indian Affairs mental health, alcohol and substance abuse, and social services programs on the reservation of such tribe or tribal organization.

(5) The Secretary shall establish criteria for the review and approval of applications for grants made pursuant to this subsection.

(Pub. L. 94–437, title II, §209, as added Pub. L. 101–630, title V, §503(b), Nov. 28, 1990, 104 Stat. 4557; amended Pub. L. 102–573, title II, §§205, 217(b)(4), title IX, §902(3), Oct. 29, 1992, 106 Stat. 4547, 4559, 4591; Pub. L. 111–148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986, referred to in subsec. (b)(6)(A), is subtitle C of title IV of Pub. L. 99–570, Oct. 27, 1986, 100 Stat. 3207–137, as amended, which is classified generally to chapter 26 (§2401 et seq.) of this title. For complete classification of subtitle C to the Code, see Short Title note set out under section 2401 of this title and Tables.

This chapter, referred to in subsecs. (b)(6)(A) and (*l*), was in the original ''this Act'', meaning Pub. L. 94–437, Sept. 30, 1976, 90 Stat. 1400, known as the Indian Health Care Improvement Act, which is classified principally to this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of this title and Tables.

The Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), referred to in subsec. (d)(3)(A), is Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2203, which was classified principally to subchapter II (§450 et seq.) of chapter 14 of this title prior to editorial reclassification as chapter 46 (§5301 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of this title and Tables.

The Indian Self-Determination Act, referred to in subsecs. (k)(3) and (*l*), is title I of Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2206, which is classified principally to subchapter I (§5321 et seq.) of chapter 46 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of this title and Tables.

CODIFICATION

Amendment by Pub. L. 111–148 is based on sections 101(b)(2) and 127 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which were enacted into law by section 10221(a) of Pub. L. 111–148.

AMENDMENTS

2010—Subsec. (d). Pub. L. 111–148 added subsec. (d) and struck out former subsec. (d) which related to mental health training and community education programs.

Subsec. (m)(6). Pub. L. 111–148 struck out par. (6) which authorized appropriations for fiscal years 1993 to 2000.

1992—Pub. L. 102–573, §902(3)(A), made technical amendment to section catchline.

Subsec. (b). Pub. L. 102–573, §902(3)(B), redesignated subsec. (c) as (b). Prior to amendment, no subsec. (b) had been enacted.

Subsec. (c). Pub. L. 102–573, §§217(b)(4)(A), 902(3)(B), redesignated subsec. (d) as (c) and struck out par. (5) which authorized appropriations of $500,000 for fiscal year 1991 and $1,000,000 for fiscal year 1992 to carry out this subsec. Former subsec. (c) redesignated (b).

Subsec. (d). Pub. L. 102–573, §§217(b)(4)(A), (D), 902(3)(B), redesignated subsec. (e) as (d), substituted ''this section'' for ''this subsection'' in par. (3)(B), and struck out par. (6) which authorized appropriations of $500,000 for fiscal year 1991 and $5,000,000 for fiscal year 1992 to carry out this subsec., with certain amounts to be allocated for community education. Former subsec. (d) redesignated (c).

Subsec. (e). Pub. L. 102–573, §902(3)(B), redesignated subsec. (f) as (e). Former subsec. (e) redesignated (d).

Subsec. (f). Pub. L. 102–573, §§217(b)(4)(A), 902(3)(B), redesignated subsec. (g) as (f) and struck out par. (4) which appropriated $1,200,000 for fiscal year 1992 to carry out this subsec. Former subsec. (f) redesignated (e).

Subsec. (g). Pub. L. 102–573, §§217(b)(4)(A), 902(3)(B), redesignated subsec. (h) as (g) and struck out par. (5) which authorized appropriation of $1,000,000 for fiscal year 1992 for purposes of providing training required under this subsec. Former subsec. (g) redesignated (f).

Subsec. (h). Pub. L. 102–573, §§217(b)(4)(B), 902(3)(B), redesignated subsec. (i) as (h), struck out par. (1) designation before ''The Secretary, acting'', redesignated subpars. (A) and (B) as pars. (1) and (2), respectively, substituted ''paragraph (1)'' and ''paragraph (2)'' for ''subparagraph (A)'' and ''subparagraph (B)'', respectively, in closing provisions, and struck out former par. (2) which authorized appropriation of $2,000,000 for fiscal year 1992 to carry out this subsec., to remain available until expended. Former subsec. (h) redesignated (g).

Subsec. (i). Pub. L. 102–573, §§217(b)(4)(C), 902(3)(B), redesignated subsec. (j) as (i), struck out par. (1) designation before ''Within one year'', and struck out par. (2) which authorized appropriation of $500,000 for fiscal year 1992 to make the assessment required by this subsec. Former subsec. (i) redesignated (h).

Subsec. (j). Pub. L. 102–573, §§205(1), 902(3)(B), redesignated subsec. (k) as (j) and substituted ''submit to the President, for inclusion in each report required to be transmitted to the Congress under section 1671 of this title, a report'' for ''submit to the Congress an annual report''. Former subsec. (j) redesignated (i).

Subsec. (k). Pub. L. 102–573, §§217(b)(4)(E), 902(3)(B), redesignated subsec. (*l*) as (k), and in par. (6) substituted ''section'' for ''subsection'' in second sentence and struck out first sentence which authorized appropriations of $2,000,000 for fiscal year 1991 and $3,000,000 for fiscal year 1992 to carry out purposes of this subsec. Former subsec. (k) redesignated (j).

Subsecs. (*l*), (m). Pub. L. 102–573, § 205(2), added subsecs. (*l*) and (m). Former subsec. (*l*) redesignated (k).

STATEMENT OF PURPOSES

Pub. L. 101–630, title V, § 503(a), Nov. 28, 1990, 104 Stat. 4556, provided that: ''The purposes of this section [enacting this section] are to—

''(1) authorize and direct the Indian Health Service to develop a comprehensive mental health prevention and treatment program;

''(2) provide direction and guidance relating to mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State, and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement, and judicial services;

''(3) assist Indian tribes to identify services and resources available to address mental illness and dysfunctional and self-destructive behavior;

''(4) provide authority and opportunities for Indian tribes to develop and implement, and coordinate with, community-based mental health programs which include identification, prevention, education, referral, and treatment services, including through multidisciplinary resource teams;

''(5) ensure that Indians, as citizens of the United States and of the States in which they reside, have the same access to mental health services to which all such citizens have access; and

''(6) modify or supplement existing programs and authorities in the areas identified in paragraph (2).''

### § 1621i. Managed care feasibility study

(a) The Secretary, acting through the Service, shall conduct a study to assess the feasibility of allowing an Indian tribe to purchase, directly or through the Service, managed care coverage for all members of the tribe from—

(1) a tribally owned and operated managed care plan; or

(2) a State licensed managed care plan.

(b) Not later than the date which is 12 months after October 29, 1992, the Secretary shall transmit to the Congress a report containing—

(1) a detailed description of the study conducted pursuant to this section; and

(2) a discussion of the findings and conclusions of such study.

(Pub. L. 94–437, title II, § 210, as added Pub. L. 102–573, title II, § 206(b), Oct. 29, 1992, 106 Stat. 4549.)

### § 1621j. California contract health services demonstration program

#### (a) Establishment

The Secretary shall establish a demonstration program to evaluate the use of a contract care intermediary to improve the accessibility of health services to California Indians.

#### (b) Agreement with California Rural Indian Health Board

(1) In establishing such program, the Secretary shall enter into an agreement with the California Rural Indian Health Board to reimburse the Board for costs (including reasonable administrative costs) incurred, during the period of the demonstration program, in providing medical treatment under contract to California Indians described in section 1679(b)[1] of this title throughout the California contract health services delivery area described in section 1680 of this title with respect to high-cost contract care cases.

(2) Not more than 5 percent of the amounts provided to the Board under this section for any fiscal year may be for reimbursement for administrative expenses incurred by the Board during such fiscal year.

(3) No payment may be made for treatment provided under the demonstration program to the extent payment may be made for such treatment under the Catastrophic Health Emergency Fund described in section 1621a of this title or from amounts appropriated or otherwise made available to the California contract health service delivery area for a fiscal year.

#### (c) Advisory board

There is hereby established an advisory board which shall advise the California Rural Indian Health Board in carrying out the demonstration pursuant to this section. The advisory board shall be composed of representatives, selected by the California Rural Indian Health Board, from not less than 8 tribal health programs serving California Indians covered under such demonstration, at least one half of whom are not affiliated with the California Rural Indian Health Board.

#### (d) Commencement and termination dates

The demonstration program described in this section shall begin on January 1, 1993, and shall terminate on September 30, 1997.

#### (e) Report

Not later than July 1, 1998, the California Rural Indian Health Board shall submit to the Secretary a report on the demonstration program carried out under this section, including a statement of its findings regarding the impact of using a contract care intermediary on—

(1) access to needed health services;

(2) waiting periods for receiving such services; and

(3) the efficient management of high-cost contract care cases.

#### (f) "High-cost contract care cases" defined

For the purposes of this section, the term ''high-cost contract care cases'' means those cases in which the cost of the medical treatment provided to an individual—

(1) would otherwise be eligible for reimbursement from the Catastrophic Health Emergency Fund established under section 1621a of this title, except that the cost of such treatment does not meet the threshold cost requirement established pursuant to section 1621a(b)(2)[1] of this title; and

(2) exceeds $1,000.

(Pub. L. 94–437, title II, § 211, as added Pub. L. 102–573, title II, § 206(c), Oct. 29, 1992, 106 Stat. 4549; amended Pub. L. 104–313, § 2(c), Oct. 19, 1996, 110 Stat. 3822; Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

Section 1679 of this title, referred to in subsec. (b)(1), was repealed and a new section 1679 was enacted by Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat.

[1] See References in Text note below.