

110TH CONGRESS
1ST SESSION

S. 1572

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

JUNE 7, 2007

Mr. BINGAMAN (for himself, Ms. COLLINS, Mr. LEAHY, Mr. DURBIN, Mr. REED, Mr. HARKIN, Ms. STABENOW, Mr. DODD, and Mr. SANDERS) 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 2007”.

6 **SEC. 2. FINDINGS.**

7 The 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 70
16 million to more than 100 million 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, minority representation is
23 lacking in the mental health workforce. Although 12
24 percent of the United States population is African-
25 American, only 2 percent of psychologists, 2 percent

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

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 National Center for Men-
13 tal Health and Juvenile Justice, 70 percent of youth
14 involved in State and local juvenile justice systems
15 throughout the country suffer from mental dis-
16 orders, with at least 20 percent experiencing symp-
17 toms so severe that their ability to function is sig-
18 nificantly impaired.

19 **SEC. 3. LOAN REPAYMENTS, SCHOLARSHIPS, AND GRANTS**
20 **TO IMPROVE CHILD AND ADOLESCENT MEN-**
21 **TAL HEALTH CARE.**

22 Part E of title VII of the Public Health Service Act
23 (42 U.S.C. 294n et seq.) is amended by adding at the end
24 the following:

1 **“Subpart 3—Child and Adolescent Mental Health**
2 **Care**

3 **“SEC. 771. LOAN REPAYMENTS, SCHOLARSHIPS, AND**
4 **GRANTS TO IMPROVE CHILD AND ADOLES-**
5 **CENT MENTAL HEALTH CARE.**

6 “(a) LOAN REPAYMENTS FOR CHILD AND ADOLES-
7 CENT MENTAL HEALTH SERVICE PROFESSIONALS.—

8 “(1) ESTABLISHMENT.—The Secretary, acting
9 through the Administrator of the Health Resources
10 and Services Administration, may establish a pro-
11 gram of entering into contracts on a competitive
12 basis with eligible individuals under which—

13 “(A) the eligible individual agrees to be
14 employed full-time for a specified period (which
15 shall be at least 2 years) in providing mental
16 health services to children and adolescents; and

17 “(B) the Secretary agrees to make, during
18 not more than 3 years of the period of employ-
19 ment described in subparagraph (A), partial or
20 total payments on behalf of the individual on
21 the principal and interest due on the under-
22 graduate and graduate educational loans of the
23 eligible individual.

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

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

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

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

22 “(II) is a physician who graduated from
23 (but not before the end of the calendar year in
24 which this section is enacted) an accredited

1 child and adolescent psychiatry residency or fel-
2 lowship program in the United States.

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

7 “(A) the individual is a United States cit-
8 izen or a permanent legal United States resi-
9 dent; and

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

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

18 “(A) are or will be working with high-pri-
19 ority populations;

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

23 “(C) demonstrate financial need; and

24 “(D) are or will be working in the publicly
25 funded sector, particularly in community mental

1 health programs described in section
2 1913(b)(1).

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

11 “(6) AMOUNT.—

12 “(A) MAXIMUM.—For each year that the
13 Secretary agrees to make payments on behalf of
14 an individual under a contract entered into
15 under paragraph (1), the Secretary may agree
16 to pay not more than \$35,000 on behalf of the
17 individual.

18 “(B) CONSIDERATION.—In determining
19 the amount of payments to be made on behalf
20 of an eligible individual under a contract to be
21 entered into under paragraph (1), the Secretary
22 shall consider the eligible individual’s income
23 and debt load.

24 “(7) APPLICABILITY OF CERTAIN PROVI-
25 SIONS.—The provisions of sections 338E and 338F

1 shall apply to the program established under para-
2 graph (1) to the same extent and in the same man-
3 ner as such provisions apply to the National Health
4 Service Corps Loan Repayment Program established
5 in subpart III of part D of title III.

6 “(8) AUTHORIZATION OF APPROPRIATIONS.—
7 There is authorized to be appropriated to carry out
8 this subsection \$10,000,000 for each of fiscal years
9 2008 through 2012.

10 “(b) SCHOLARSHIPS FOR STUDENTS STUDYING TO
11 BECOME CHILD AND ADOLESCENT MENTAL HEALTH
12 SERVICE PROFESSIONALS.—

13 “(1) ESTABLISHMENT.—The Secretary, acting
14 through the Administrator of the Health Resources
15 and Services Administration, may establish a pro-
16 gram to award scholarships on a competitive basis to
17 eligible students who agree to enter into full-time
18 employment (as described in paragraph (4)(C)) as a
19 child and adolescent mental health service profes-
20 sional after graduation or completion of a residency
21 or fellowship.

22 “(2) ELIGIBLE STUDENT.—For purposes of
23 this subsection, the term ‘eligible student’ means a
24 United States citizen or a permanent legal United
25 States resident who—

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

11 “(B)(i) is enrolled or accepted to be en-
12 rolled in an accredited graduate training pro-
13 gram of allopathic or osteopathic medicine in
14 the United States and, if enrolled, has an ac-
15 ceptable level of academic standing (as deter-
16 mined by the Secretary); and

17 “(ii) intends to complete an accredited
18 residency or fellowship in child and adolescent
19 psychiatry or behavioral pediatrics.

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

22 “(A) highest priority to applicants who
23 previously received a scholarship under this
24 subsection and satisfy the criteria described in
25 subparagraph (B); and

1 “(B) second highest priority to applicants
2 who—

3 “(i) demonstrate a commitment to
4 working with high-priority populations;

5 “(ii) have familiarity with evidence-
6 based methods in child and adolescent
7 mental health services;

8 “(iii) demonstrate financial need; and

9 “(iv) are or will be working in the
10 publicly funded sector, particularly in com-
11 munity mental health programs described
12 in section 1913(b)(1).

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

16 “(A) to complete any graduate training
17 program, internship, residency, or fellowship
18 applicable to that eligible student under para-
19 graph (2);

20 “(B) to maintain an acceptable level of
21 academic standing (as determined by the Sec-
22 retary) during the completion of such graduate
23 training program, internship, residency, or fel-
24 lowship; and

1 “(C) to be employed full-time after gradua-
2 tion or completion of a residency or fellowship,
3 for at least the number of years for which a
4 scholarship is received by the eligible student
5 under this subsection, in providing mental
6 health services to children and adolescents.

7 “(5) USE OF SCHOLARSHIP FUNDS.—A scholar-
8 ship awarded to an eligible student for a school year
9 under this subsection may be used only to pay for
10 tuition expenses of the school year, other reasonable
11 educational expenses (including fees, books, and lab-
12 oratory expenses incurred by the eligible student in
13 the school year), and reasonable living expenses, as
14 such tuition expenses, reasonable educational ex-
15 penses, and reasonable living expenses are deter-
16 mined by the Secretary.

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

22 “(7) APPLICABILITY OF CERTAIN PROVI-
23 SIONS.—The provisions of sections 338E and 338F
24 shall apply to the program established under para-
25 graph (1) to the same extent and in the same man-

1 ner as such provisions apply to the National Health
2 Service Corps Scholarship Program established in
3 subpart III of part D of title III.

4 “(8) AUTHORIZATION OF APPROPRIATIONS.—
5 There is authorized to be appropriated to carry out
6 this subsection \$5,000,000 for each of fiscal years
7 2008 through 2012.

8 “(c) CLINICAL TRAINING GRANTS FOR PROFES-
9 SIONALS.—

10 “(1) ESTABLISHMENT.—The Secretary, acting
11 through the Administrator of the Health Resources
12 and Services Administration, in cooperation with the
13 Administrator of the Substance Abuse and Mental
14 Health Services Administration, may establish a pro-
15 gram to award grants on a competitive basis to ac-
16 credited institutions of higher education to establish
17 or expand internships or other field placement pro-
18 grams for students receiving specialized training or
19 clinical experience in child and adolescent mental
20 health in psychiatry, psychology, school psychology,
21 behavioral pediatrics, psychiatric nursing, social
22 work, school social work, marriage and family ther-
23 apy, school counseling, or professional counseling.

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

4 “(A) have demonstrated the ability to col-
5 lect data on the number of students trained in
6 child and adolescent mental health and the pop-
7 ulations served by such students after gradua-
8 tion;

9 “(B) have demonstrated familiarity with
10 evidence-based methods in child and adolescent
11 mental health services; and

12 “(C) have programs designed to increase
13 the number of professionals serving high-pri-
14 ority populations.

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

18 “(A) any internship or other field place-
19 ment program assisted under the grant will
20 prioritize cultural competency;

21 “(B) students benefitting from any assist-
22 ance under this subsection will be United States
23 citizens or permanent legal United States resi-
24 dents;

1 “(C) the institution will provide to the Sec-
2 retary such data, assurances, and information
3 as the Secretary may require; and

4 “(D) with respect to any violation of the
5 agreement between the Secretary and the insti-
6 tution, the institution will pay such liquidated
7 damages as prescribed by the Secretary by reg-
8 ulation.

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

14 “(5) AUTHORIZATION OF APPROPRIATIONS.—
15 There is authorized to be appropriated to carry out
16 this subsection \$10,000,000 for each of fiscal years
17 2008 through 2012.

18 “(d) PROGRESSIVE EDUCATION GRANTS FOR PARA-
19 PROFESSIONALS.—

20 “(1) ESTABLISHMENT.—The Secretary, acting
21 through the Administrator of the Health Resources
22 and Services Administration, in cooperation with the
23 Administrator of the Substance Abuse and Mental
24 Health Services Administration, may establish a pro-
25 gram to award grants on a competitive basis to

1 State-licensed mental health nonprofit and for-profit
2 organizations (including accredited institutions of
3 higher education) to enable such organizations to
4 pay for programs for preservice or in-service training
5 of paraprofessional child and adolescent mental
6 health workers.

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

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

16 “(A) have demonstrated the ability to col-
17 lect data on the number of paraprofessional
18 child and adolescent mental health workers
19 trained by the applicant and the populations
20 served by these workers after the completion of
21 the training;

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

1 “(C) have programs designed to increase
2 the number of paraprofessional child and ado-
3 lescent mental health workers serving high-pri-
4 ority populations; and

5 “(D) provide services through a community
6 mental health program described in section
7 1913(b)(1).

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

11 “(A) any training program assisted under
12 the grant will prioritize cultural competency;

13 “(B) the organization will provide to the
14 Secretary such data, assurances, and informa-
15 tion as the Secretary may require; and

16 “(C) with respect to any violation of the
17 agreement between the Secretary and the orga-
18 nization, the organization will pay such liq-
19 uidated damages as prescribed by the Secretary
20 by regulation.

21 “(5) APPLICATION.—The Secretary shall re-
22 quire that any application for a grant under this
23 subsection include a description of the applicant’s
24 experience working with paraprofessional child and
25 adolescent mental health workers.

1 “(6) AUTHORIZATION OF APPROPRIATIONS.—

2 There is authorized to be appropriated to carry out
3 this subsection \$5,000,000 for each of fiscal years
4 2008 through 2012.

5 “(e) CHILD AND ADOLESCENT MENTAL HEALTH
6 PROGRAM DEVELOPMENT GRANTS.—

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

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

20 “(A) demonstrate familiarity with the use
21 of evidence-based methods in child and adoles-
22 cent mental health services;

23 “(B) provide experience in and collabora-
24 tion with community-based child and adolescent
25 mental health services;

1 “(C) have included normal child develop-
2 ment curricula; and

3 “(D) demonstrate commitment to working
4 with high-priority populations.

5 “(3) USE OF FUNDS.—Funds received as a
6 grant under this subsection may be used to establish
7 or expand any accredited graduate child and adoles-
8 cent mental health program in any manner deemed
9 appropriate by the Secretary, including by improving
10 the course work, related field placements, or faculty
11 of such program.

12 “(4) REQUIREMENTS.—The Secretary may
13 award a grant to an accredited institution of higher
14 education under this subsection only if the institu-
15 tion agrees that—

16 “(A) any child and adolescent mental
17 health program assisted under the grant will
18 prioritize cultural competency;

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

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

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

3 “(5) AUTHORIZATION OF APPROPRIATIONS.—

4 There is authorized to be appropriated to carry out
5 this subsection \$15,000,000 for each of fiscal years
6 2008 through 2012.

7 “(f) DEFINITIONS.—In this section:

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

13 “(A) is part of or occurs after completion
14 of an accredited graduate program in the
15 United States for training mental health service
16 professionals;

17 “(B) consists of at least 500 hours of
18 training or clinical experience in treating chil-
19 dren and adolescents; and

20 “(C) is comprehensive, coordinated, devel-
21 opmentally appropriate, and of high quality to
22 address the unique ethnic and cultural diversity
23 of the United States population.

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

1 “(A) a population in which there is a sig-
2 nificantly greater incidence than the national
3 average of—

4 “(i) children who have serious emo-
5 tional disturbances; or

6 “(ii) children who are racial, ethnic,
7 or linguistic minorities; or

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

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

19 **SEC. 4. AMENDMENTS TO SOCIAL SECURITY ACT TO IM-**
20 **PROVE CHILD AND ADOLESCENT MENTAL**
21 **HEALTH CARE.**

22 (a) INCREASING NUMBER OF CHILD AND ADOLES-
23 CENT PSYCHIATRY RESIDENTS PERMITTED TO BE PAID
24 UNDER THE MEDICARE GRADUATE MEDICAL EDUCATION
25 PROGRAM.—Section 1886(h)(4)(F) of the Social Security

1 Act (42 U.S.C. 1395ww(h)(4)(F)) is amended by adding
 2 at the end the following new clause:

3 “(iii) INCREASE ALLOWED FOR TRAIN-
 4 ING IN CHILD AND ADOLESCENT PSYCHI-
 5 ATRY.—In applying clause (i), there shall
 6 not be taken into account such additional
 7 number of full-time equivalent residents in
 8 the field of allopathic or osteopathic medi-
 9 cine who are residents or fellows in child
 10 and adolescent psychiatry as the Secretary
 11 determines reasonable to meet the need for
 12 such physicians as demonstrated by the
 13 1999 report of the Department of Health
 14 and Human Services entitled ‘Mental
 15 Health: A Report of the Surgeon Gen-
 16 eral’.”.

17 (b) EXTENSION OF MEDICARE BOARD ELIGIBILITY
 18 PERIOD FOR RESIDENTS AND FELLOWS IN CHILD AND
 19 ADOLESCENT PSYCHIATRY.—Section 1886(h)(5)(G) of
 20 the Social Security Act (42 U.S.C. 1395ww(h)(5)(G)) is
 21 amended—

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

24 (2) by adding at the end the following new
 25 clause:

1 “(vi) CHILD AND ADOLESCENT PSY-
2 CHIATRY TRAINING PROGRAMS.—In the
3 case of an individual enrolled in a child
4 and adolescent psychiatry residency or fel-
5 lowship program approved by the Sec-
6 retary, the period of board eligibility and
7 the initial residency period shall be the pe-
8 riod of board eligibility for the specialty of
9 general psychiatry, plus 2 years for the
10 subspecialty of child and adolescent psychi-
11 atry.”.

12 (c) EFFECTIVE DATE.—The amendments made by
13 this section shall apply to residency training years begin-
14 ning on or after July 1, 2008.

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

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

20 (1) the distribution and need for child mental
21 health service professionals, including with respect to
22 specialty certifications, practice characteristics, pro-
23 fessional licensure, practice types, locations, edu-
24 cation, and training; and

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

4 (b) REPORT.—Not later than 2 years after the date
5 of the enactment of this Act, the Administrator shall sub-
6 mit to the Congress and make publicly available a report
7 on the results of the study required by subsection (a), in-
8 cluding with respect to findings and recommendations on
9 disparities among the States.

10 **SEC. 6. REPORTS.**

11 (a) TRANSMISSION.—The Secretary of Health and
12 Human Services shall transmit a report described in sub-
13 section (b) to the Congress—

14 (1) not later than 3 years after the date of the
15 enactment of this Act; and

16 (2) not later than 5 years after the date of the
17 enactment of this Act.

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

21 (1) The effectiveness of the amendments made
22 by, and the programs carried out under, this Act in
23 increasing the number of child and adolescent men-
24 tal health service professionals and paraprofessional
25 child and adolescent mental health workers.

1 (2) The demographics of the individuals served
2 by such increased number of child and adolescent
3 mental health service professionals and paraprofes-
4 sional child and adolescent mental health workers.

○