

Subsec. (c)(5). Pub. L. 114–255, §9031(4), substituted “substance use disorder” for “substance abuse”.

Subsec. (d). Pub. L. 114–255, §9031(5)(A), in introductory provisions, substituted “To be eligible to receive a grant under this section, an institution of higher education” for “An institution of higher education desiring a grant under this section”.

Subsec. (d)(1). Pub. L. 114–255, §9031(5)(B), added par. (1) and struck out former par. (1) which read as follows: “A description of identified mental and behavioral health needs of students at the institution of higher education.”

Subsec. (d)(2). Pub. L. 114–255, §9031(5)(C), inserted “, which may include, as appropriate and in accordance with subsection (b)(7), a plan to seek input from relevant stakeholders in the community, including appropriate public and private entities, in order to carry out the program under the grant” before period at end.

Subsec. (d)(6) to (8). Pub. L. 114–255, §9031(5)(D), added pars. (6) to (8).

Subsec. (e)(1). Pub. L. 114–255, §9031(6), substituted “health and substance use disorders” for “and behavioral health problems”.

Subsec. (f)(2). Pub. L. 114–255, §9031(7), substituted “health and substance use disorder” for “and behavioral health” and “suicide and substance use disorders” for “suicide and substance abuse”.

Subsec. (h). Pub. L. 114–255, §9031(9), added subsec. (h). Former subsec. (h) redesignated (i).

Subsec. (i). Pub. L. 114–255, §9031(8), (10), redesignated subsec. (h) as (i) and substituted “\$7,000,000 for each of fiscal years 2018 through 2022.” for “\$5,000,000 for fiscal year 2005, \$5,000,000 for fiscal year 2006, and \$5,000,000 for fiscal year 2007.”

Statutory Notes and Related Subsidiaries

INTERAGENCY WORKING GROUP ON COLLEGE MENTAL HEALTH

Pub. L. 114–255, div. B, title IX, §9032, Dec. 13, 2016, 130 Stat. 1259, provided that:

“(a) PURPOSE.—It is the purpose of this section to provide for the establishment of a College Campus Task Force to discuss mental and behavioral health concerns on campuses of institutions of higher education.

“(b) ESTABLISHMENT.—The Secretary of Health and Human Services (referred to in this section as the ‘Secretary’) shall establish a College Campus Task Force (referred to in this section as the ‘Task Force’) to discuss mental and behavioral health concerns on campuses of institutions of higher education.

“(c) MEMBERSHIP.—The Task Force shall be composed of a representative from each Federal agency (as appointed by the head of the agency) that has jurisdiction over, or is affected by, mental health and education policies and projects, including—

- “(1) the Department of Education;
- “(2) the Department of Health and Human Services;
- “(3) the Department of Veterans Affairs; and
- “(4) such other Federal agencies as the Assistant Secretary for Mental Health and Substance Use, in consultation with the Secretary, determines to be appropriate.

“(d) DUTIES.—The Task Force shall—

“(1) serve as a centralized mechanism to coordinate a national effort to—

“(A) discuss and evaluate evidence and knowledge on mental and behavioral health services available to, and the prevalence of mental illness among, the age population of students attending institutions of higher education in the United States;

“(B) determine the range of effective, feasible, and comprehensive actions to improve mental and behavioral health on campuses of institutions of higher education;

“(C) examine and better address the needs of the age population of students attending institutions of higher education dealing with mental illness;

“(D) survey Federal agencies to determine which policies are effective in encouraging, and how best

to facilitate outreach without duplicating, efforts relating to mental and behavioral health promotion;

“(E) establish specific goals within and across Federal agencies for mental health promotion, including determinations of accountability for reaching those goals;

“(F) develop a strategy for allocating responsibilities and ensuring participation in mental and behavioral health promotion, particularly in the case of competing agency priorities;

“(G) coordinate plans to communicate research results relating to mental and behavioral health amongst the age population of students attending institutions of higher education to enable reporting and outreach activities to produce more useful and timely information;

“(H) provide a description of evidence-based practices, model programs, effective guidelines, and other strategies for promoting mental and behavioral health on campuses of institutions of higher education;

“(I) make recommendations to improve Federal efforts relating to mental and behavioral health promotion on campuses of institutions of higher education and to ensure Federal efforts are consistent with available standards, evidence, and other programs in existence as of the date of enactment of this Act [Dec. 13, 2016];

“(J) monitor Federal progress in meeting specific mental and behavioral health promotion goals as they relate to settings of institutions of higher education; and

“(K) examine and disseminate best practices related to intracampus sharing of treatment records;

“(2) consult with national organizations with expertise in mental and behavioral health, especially those organizations working with the age population of students attending institutions of higher education; and

“(3) consult with and seek input from mental health professionals working on campuses of institutions of higher education as appropriate.

“(e) MEETINGS.—

“(1) IN GENERAL.—The Task Force shall meet not fewer than three times each year.

“(2) ANNUAL CONFERENCE.—The Secretary shall sponsor an annual conference on mental and behavioral health in settings of institutions of higher education to enhance coordination, build partnerships, and share best practices in mental and behavioral health promotion, data collection, analysis, and services.

“(f) DEFINITION.—In this section, the term ‘institution of higher education’ has the meaning given such term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

“(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated \$1,000,000 for the period of fiscal years 2018 through 2022.”

§ 290bb–36c. National Suicide Prevention Lifeline program

(a) In general

The Secretary, acting through the Assistant Secretary, shall maintain the National Suicide Prevention Lifeline program (referred to in this section as the “program”), authorized under section 290bb–32 of this title and in effect prior to December 13, 2016.

(b) Activities

In maintaining the program, the activities of the Secretary shall include—

(1) supporting and coordinating a network of crisis centers across the United States for providing suicide prevention and mental health

crisis intervention services, including appropriate follow-up services, to individuals seeking help at any time, day or night;

(2) maintaining a suicide prevention hotline to link callers to local emergency, mental health, and social services resources;

(3) consulting with the Secretary of Veterans Affairs to ensure that veterans calling the suicide prevention hotline have access to a specialized veterans' suicide prevention hotline;

(4) improving awareness of the program for suicide prevention and mental health crisis intervention services, including by conducting an awareness initiative and ongoing outreach to the public; and

(5) improving the collection and analysis of demographic information, in a manner that protects personal privacy, consistent with applicable Federal and State privacy laws, in order to understand disparities in access to the program among individuals who are seeking help.

(c) Plan

(1) In general

For purposes of supporting the crisis centers under subsection (b)(1) and maintaining the suicide prevention hotline under subsection (b)(2), the Secretary shall develop and implement a plan to ensure the provision of high-quality services.

(2) Contents

The plan required by paragraph (1) shall include the following:

(A) Program evaluation, including performance measures to assess progress toward the goals and objectives of the program and to improve the responsiveness and performance of the hotline, including at all backup call centers.

(B) Requirements that crisis centers and backup centers must meet—

(i) to participate in the network under subsection (b)(1); and

(ii) to ensure that each telephone call and applicable other communication received by the hotline, including at backup call centers, is answered in a timely manner, consistent with evidence-based guidance or other guidance or best practices, as appropriate.

(C) Specific recommendations and strategies for implementing evidence-based practices, including with respect to followup and communicating the availability of resources in the community for individuals in need.

(D) Criteria for carrying out periodic testing of the hotline during each fiscal year, including at crisis centers and backup centers, to identify and address any problems in a timely manner.

(3) Consultation

In developing requirements under paragraph (2)(B), the Secretary shall consult with State departments of health, local governments, Indian Tribes, and Tribal organizations.

(4) Initial plan; updates

The Secretary shall—

(A) not later than 1 year after December 29, 2022, complete development of the initial plan under paragraph (1) and make such plan publicly available; and

(B) periodically thereafter, update such plan and make the updated plan publicly available.

(d) Improving epidemiological data

The Secretary shall, as appropriate, formalize and strengthen agreements between the Suicide Prevention Lifeline program and the Centers for Disease Control and Prevention with respect to the secure sharing of de-identified epidemiological data. Such agreements shall include appropriate privacy and security protections that meet the requirements of applicable Federal law, at a minimum.

(e) Data to assist State and local suicide prevention activities

The Secretary shall ensure that the aggregated information collected and any applicable analyses conducted under subsection (b)(5), including from local call centers, as applicable, are made available in a usable format to State and local agencies in order to inform suicide prevention activities.

(f) Authorization of appropriations

To carry out this section, there are authorized to be appropriated \$101,621,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 520E-3, as added Pub. L. 114-255, div. B, title IX, § 9005, Dec. 13, 2016, 130 Stat. 1239; amended Pub. L. 117-328, div. FF, title I, § 1103(a), Dec. 29, 2022, 136 Stat. 5637.)

Editorial Notes

AMENDMENTS

2022—Subsec. (b)(1). Pub. L. 117-328, § 1103(a)(1)(A), inserted “supporting and” before “coordinating” and substituted “mental health crisis intervention services, including appropriate follow-up services,” for “crisis intervention services”.

Subsec. (b)(4), (5). Pub. L. 117-328, § 1103(a)(1)(B)–(D), added pars. (4) and (5).

Subsec. (c). Pub. L. 117-328, § 1103(a)(2)(B), added subsec. (c). Former subsec. (c) redesignated (f).

Subsecs. (d), (e). Pub. L. 117-328, § 1103(a)(3), added subsecs. (d) and (e).

Subsec. (f). Pub. L. 117-328, § 1103(a)(4), amended subsec. (f) generally. Prior to amendment, text read as follows: “To carry out this section, there are authorized to be appropriated \$7,198,000 for each of fiscal years 2018 through 2022.”

Pub. L. 117-328, § 1103(a)(2)(A), redesignated subsec. (c) as (f).

Statutory Notes and Related Subsidiaries

PILOT PROGRAM ON INNOVATIVE TECHNOLOGIES

Pub. L. 117-328, div. FF, title I, § 1103(b), (e), Dec. 29, 2022, 136 Stat. 5639, 5640, provided that:

“(b) Pilot Program on Innovative Technologies.—

“(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall, as appropriate, carry out a pilot program to research, analyze, and employ various technologies and platforms of communication (including social media platforms, texting platforms, and email platforms) for suicide prevention in addition to the telephone and online chat service provided by the Suicide Prevention Lifeline.

“(2) REPORT.—Not later than 24 months after the date on which the pilot program under paragraph (1) commences, the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall submit to the Congress a report on the pilot program. With respect to each platform of communication employed pursuant to the pilot program, the report shall include—

“(A) a full description of the program;

“(B) the number of individuals served by the program;

“(C) the average wait time for each individual to receive a response;

“(D) the cost of the program, including the cost per individual served; and

“(E) any other information the Secretary determines appropriate.

“(e) DEFINITION.—In this section, the term ‘Suicide Prevention Lifeline’ means the suicide prevention hotline maintained pursuant to section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c).”

§ 290bb–36d. Treatment Referral Routing Service

(a) In general

The Secretary, acting through the Assistant Secretary, shall maintain the National Treatment Referral Routing Service (referred to in this section as the “Routing Service”) to assist individuals and families in locating mental and substance use disorders treatment providers.

(b) Activities of the Secretary

To maintain the Routing Service, the activities of the Assistant Secretary shall include administering—

(1) a nationwide, telephone number providing year-round access to information that is updated on a regular basis regarding local behavioral health providers and community-based organizations in a manner that is confidential, without requiring individuals to identify themselves, is in languages that include at least English and Spanish, and is at no cost to the individual using the Routing Service; and

(2) an Internet website to provide a searchable, online treatment services locator of behavioral health treatment providers and community-based organizations, which shall include information on the name, location, contact information, and basic services provided by such providers and organizations.

(c) Removing practitioner contact information

In the event that the Internet website described in subsection (b)(2) contains information on any practitioner who prescribes narcotic drugs in schedule III, IV, or V of section 812 of title 21 for the purpose of maintenance or detoxification treatment, the Assistant Secretary—

(1) shall provide an opportunity to such practitioner to have the contact information of the practitioner removed from the website at the request of the practitioner; and

(2) may evaluate other methods to periodically update the information displayed on such website.

(d) Rule of construction

Nothing in this section shall be construed to prevent the Assistant Secretary from using any unobligated amounts otherwise made available

to the Administration to maintain the Routing Service.

(July 1, 1944, ch. 373, title V, §520E–4, as added Pub. L. 114–255, div. B, title IX, §9006, Dec. 13, 2016, 130 Stat. 1239; amended Pub. L. 117–215, title I, §103(b)(3)(A), Dec. 2, 2022, 136 Stat. 2263; Pub. L. 117–328, div. FF, title I, §1262(b)(3), Dec. 29, 2022, 136 Stat. 5682.)

Editorial Notes

AMENDMENTS

2022—Subsec. (c). Pub. L. 117–328, which directed substitution of “information on any practitioner who prescribes narcotic drugs in schedule III, IV, or V of section 812 of title 21 for the purpose of maintenance or detoxification treatment” for “information on any qualified practitioner that is certified to prescribe medication for opioid dependency under section 823(g)(2)(B) of title 21”, was executed in introductory provisions by making the substitution for “information on any qualified practitioner that is certified to prescribe medication for opioid dependency under section 823(h)(2)(B) of title 21”, to reflect the probable intent of Congress and the intervening amendment by Pub. L. 117–215. See Amendment note below.

Pub. L. 117–215 substituted “823(h)(2)(B)” for “823(g)(2)(B)” in introductory provisions.

§ 290bb–37. Mental health crisis response partnership pilot program

(a) In general

The Secretary shall establish a pilot program under which the Secretary will award competitive grants to States, localities, territories, Indian Tribes, and Tribal organizations to establish new, or enhance existing, mobile crisis response teams that divert the response for mental health and substance use disorder crises from law enforcement to mobile crisis teams, as described in subsection (b).

(b) Mobile crisis teams described

A mobile crisis team, for purposes of this section, is a team of individuals—

(1) that is available to respond to individuals in mental health and substance use disorder crises and provide immediate stabilization, referrals to community-based mental health and substance use disorder services and supports, and triage to a higher level of care if medically necessary;

(2) which may include licensed counselors, clinical social workers, physicians, paramedics, crisis workers, peer support specialists, or other qualified individuals; and

(3) which may provide support to divert mental health and substance use disorder crisis calls from the 9–1–1 system to the 9–8–8 system.

(c) Priority

In awarding grants under this section, the Secretary shall prioritize applications which account for the specific needs of the communities to be served, including children and families, veterans, rural and underserved populations, and other groups at increased risk of death from suicide or overdose.

(d) Report

(1) Initial report

Not later than September 30, 2024, the Secretary shall submit to Congress a report on