

(Pub. L. 94-437, title VI, § 603, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Section 603 of Pub. L. 94-437 is based on section 172 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 was enacted into law by section 10221(a) of Pub. L. 111-148.

PRIOR PROVISIONS

A prior section 1663, Pub. L. 94-437, title VI, § 603, as added Pub. L. 102-573, title VI, § 603, Oct. 29, 1992, 106 Stat. 4571, authorized appropriations through fiscal year 2000 to carry out this subchapter, prior to repeal by Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935. The repeal is based on section 101(b)(10) 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 was enacted into law by section 10221(a) of Pub. L. 111-148.

§ 1663a. Nevada Area Office

(a) In general

Not later than 1 year after March 23, 2010, in a manner consistent with the tribal consultation policy of the Service, the Secretary shall submit to Congress a plan describing the manner and schedule by which an area office, separate and distinct from the Phoenix Area Office of the Service, can be established in the State of Nevada.

(b) Failure to submit plan

(1) Definition of operations funds

In this subsection, the term “operations funds” means only the funds used for—

(A) the administration of services, including functional expenses such as overtime, personnel salaries, and associated benefits; or

(B) related tasks that directly affect the operations described in subparagraph (A).

(2) Withholding of funds

If the Secretary fails to submit a plan in accordance with subsection (a), the Secretary shall withhold the operations funds reserved for the Office of the Director, subject to the condition that the withholding shall not adversely impact the capacity of the Service to deliver health care services.

(3) Restoration

The operations funds withheld pursuant to paragraph (2) may be restored, at the discretion of the Secretary, to the Office of the Director on achievement by that Office of compliance with this section.

(Pub. L. 94-437, title VI, § 604, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Section 604 of Pub. L. 94-437 is based on section 173 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 was enacted into law by section 10221(a) of Pub. L. 111-148.

SUBCHAPTER V—A—BEHAVIORAL HEALTH PROGRAMS

Editorial Notes

CODIFICATION

Title VII of the Indian Health Care Improvement Act, comprising this subchapter, was originally enacted by Pub. L. 94-437, title VII, as added Pub. L. 102-573, title VII, § 702(a), Oct. 29, 1992, 106 Stat. 4572, and amended by Pub. L. 104-313, Oct. 19, 1996, 110 Stat. 3820; Pub. L. 105-244, Oct. 7, 1998, 112 Stat. 1581; Pub. L. 105-256, Oct. 14, 1998, 112 Stat. 1896; Pub. L. 110-315, Aug. 14, 2008, 122 Stat. 3078. Such title is shown herein, however, as having been added by Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935, without reference to such intervening amendments because of the extensive revision of the title’s provisions by Pub. L. 111-148. A prior title VII was renumbered VIII by Pub. L. 102-573 and is classified to subchapter VI of this chapter.

PART A—GENERAL PROGRAMS

§ 1665. Definitions

In this part:

(1) Alcohol-related neurodevelopmental disorders; ARND

The term “alcohol-related neurodevelopmental disorders” or “ARND” means, with a history of maternal alcohol consumption during pregnancy, central nervous system abnormalities, which may range from minor intellectual deficits and developmental delays to mental retardation. ARND children may have behavioral problems, learning disabilities, problems with executive functioning, and attention disorders. The neurological defects of ARND may be as severe as FAS, but facial anomalies and other physical characteristics are not present in ARND, thus making diagnosis difficult.

(2) Assessment

The term “assessment” means the systematic collection, analysis, and dissemination of information on health status, health needs, and health problems.

(3) Behavioral health aftercare

The term “behavioral health aftercare” includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse, or mental health outpatient or outpatient treatment. The purpose is to help prevent or deal with relapse by ensuring that by the time a client or patient is discharged from a level of care, such as outpatient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as a community-based therapeutic group, transitional living facilities, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers.

(4) Dual diagnosis

The term “dual diagnosis” means coexisting substance abuse and mental illness conditions or diagnosis. Such clients are sometimes referred to as mentally ill chemical abusers (MICAs).