(A) enter into an arrangement with the National Academy of Sciences; or

(B) enter into a contract or cooperative agreement with an entity that—

(i) is not an agency of the Federal Government; and

(ii) is qualified to conduct and evaluate research pertaining to opioid use and abuse and draw conclusions about overall opioid use and abuse on the basis of that research.

(5) Exception

If a program described in paragraph (1)(A) is subject to an evaluation similar to the evaluation required under such paragraph pursuant to another provision of Federal law, the Secretary may opt not to conduct an evaluation under such paragraph with respect to such program.

(Pub. L. 114–198, title VII, §701(d), July 22, 2016, 130 Stat. 739.)

Editorial Notes

REFERENCES IN TEXT

This section, the first time appearing in par. (1)(A), is section 701 of Pub. L. 114–198, July 22, 2016, 130 Stat. 739, which enacted this section, section 290aa–15 of this title, sections 10706 and 10707 of Title 34, Crime Control and Law Enforcement, and provisions set out as a note under section 290aa–15 of this title.

This Act, referred to in par. (1)(A), is Pub. L. 114–198, July 22, 2016, 130 Stat. 695, known as the Comprehensive Addiction and Recovery Act of 2016. Section 703 of the Act is not classified to the Code, and sections 704 to 707 of the Act enacted section 1320a–7n of this title, amended sections 1395w–101, 1395w–104, 1395w–152, 1395ddd, 1395iii, 1396a, 1396r–8, 1396w–1, and 1397bb of this title, and enacted provisions set out as notes under sections 1395w–101 and 1396r–8 of this title. For complete classification of this Act to the Code, see Short Title of 2016 Amendment note set out under section 201 of this title and Tables.

CODIFICATION

Section was enacted as part of the Comprehensive Addiction and Recovery Act of 2016, and not as part of the Public Health Service Act which comprises this chapter.

§ 290aa–17. Assisted outpatient treatment grant program for individuals with serious mental illness

(a) In general

The Secretary shall establish a program to award not more than 50 grants each year to eligible entities for assisted outpatient treatment programs for individuals with serious mental illness.

(b) Consultation

The Secretary shall carry out this section in consultation with the Director of the National Institute of Mental Health, the Attorney General of the United States, the Administrator of the Administration for Community Living, and the Administrator of the Substance Abuse and Mental Health Services Administration.

(c) Selecting among applicants

The Secretary—

(1) may only award grants under this section to applicants that have not previously implemented an assisted outpatient treatment program; and

(2) shall evaluate applicants based on their potential to reduce hospitalization, homelessness, incarceration, and interaction with the criminal justice system while improving the health and social outcomes of the patient.

(d) Use of grant

An assisted outpatient treatment program funded with a grant awarded under this section shall include—

(1) evaluating the medical and social needs of the patients who are participating in the program;

(2) preparing and executing treatment plans for such patients that—

(A) include criteria for completion of court-ordered treatment; and

(B) provide for monitoring of the patient's compliance with the treatment plan, including compliance with medication and other treatment regimens;

(3) providing for such patients case management services that support the treatment plan;

(4) ensuring appropriate referrals to medical and social service providers;

(5) evaluating the process for implementing the program to ensure consistency with the patient's needs and State law; and

(6) measuring treatment outcomes, including health and social outcomes such as rates of incarceration, health care utilization, and homelessness.

(e) Report

Not later than the end of fiscal year 2023, and biennially thereafter, the Secretary shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives on the grant program under this section. Each such report shall include an evaluation of the following:

(1) Cost savings and public health outcomes such as mortality, suicide, substance abuse, hospitalization, and use of services.

(2) Rates of incarceration by patients.

(3) Rates of homelessness among patients.

(4) Patient and family satisfaction with program participation.

(5) Demographic information regarding participation of those served by the grant compared to demographic information in the population of the grant recipient.

(f) Definitions

In this section:

(1) The term ''assisted outpatient treatment'' means medically prescribed mental health treatment that a patient receives while living in a community under the terms of a law authorizing a State or local court to order such treatment.

(2) The term ''eligible entity'' means a county, city, mental health system, mental health court, or any other entity with authority under the law of the State in which the grantee is located to implement, monitor, and oversee assisted outpatient treatment programs.

(3) The term ''Secretary'' means the Secretary of Health and Human Services.

(g) Funding

(1) Amount of grants

A grant under this section shall be in an amount that is not more than $1,000,000 for each of fiscal years 2023 through 2027. Subject to the preceding sentence, the Secretary shall determine the amount of each grant based on the population of the area, including estimated patients, to be served under the grant.

(2) Authorization of appropriations

There is authorized to be appropriated to carry out this section $22,000,000 for each of fiscal years 2023 through 2027.

(Pub. L. 113–93, title II, § 224, Apr. 1, 2014, 128 Stat. 1083; Pub. L. 114–255, div. B, title IX, § 9014, Dec. 13, 2016, 130 Stat. 1245; Pub. L. 117–328, div. FF, title I, § 1123(b)(1), Dec. 29, 2022, 136 Stat. 5653.)

Editorial Notes

CODIFICATION

Section was formerly classified as a note under section 290aa of this title prior to editorial reclassification and renumbering as this section.

Section was enacted as part of the Protecting Access to Medicare Act of 2014, and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2022—Subsec. (a). Pub. L. 117–328, § 1123(b)(1)(A), struck out ''4-year pilot'' before ''program''.

Subsec. (e). Pub. L. 117–328, § 1123(b)(1)(B), in introductory provisions, substituted ''fiscal year 2023, and biennially thereafter'' for ''each of fiscal years 2016, 2017, 2018, 2019, 2020, 2021, and 2022'' and ''Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives'' for ''appropriate congressional committees''.

Subsec. (e)(5). Pub. L. 117–328, § 1123(b)(1)(C), added par. (5).

Subsec. (g)(1). Pub. L. 117–328, § 1123(b)(1)(D)(i), substituted ''2023 through 2027'' for ''2015 through 2022''.

Subsec. (g)(2). Pub. L. 117–328, § 1123(b)(1)(D)(ii), amended par. (2) generally. Prior to amendment, text read as follows: ''There are authorized to be appropriated to carry out this section $15,000,000 for each of fiscal years 2015 through 2017, $20,000,000 for fiscal year 2018, $19,000,000 for each of fiscal years 2019 and 2020, and $18,000,000 for each of fiscal years 2021 and 2022.''

2016—Subsec. (e). Pub. L. 114–255, § 9014(1), substituted ''2018, 2019, 2020, 2021, and 2022,'' for ''and 2018,'' in introductory provisions.

Subsec. (g)(1). Pub. L. 114–255, § 9014(2)(A), substituted ''2022'' for ''2018''.

Subsec. (g)(2). Pub. L. 114–255, § 9014(2)(B), substituted ''are authorized to be appropriated to carry out this section $15,000,000 for each of fiscal years 2015 through 2017, $20,000,000 for fiscal year 2018, $19,000,000 for each of fiscal years 2019 and 2020, and $18,000,000 for each of fiscal years 2021 and 2022'' for ''is authorized to be appropriated to carry out this section $15,000,000 for each of fiscal years 2015 through 2018''.

§ 290aa–18. Limitations on authority

In carrying out any program of the Substance Abuse and Mental Health Services Administration whose statutory authorization is enacted or amended by this title, the Secretary of Health and Human Services shall not allocate funding, or require award recipients to prioritize, dedicate, or allocate funding, without consideration of the incidence, prevalence, or determinants of mental health or substance use issues, unless such allocation or requirement is consistent with statute, regulation, or other Federal law.

(Pub. L. 117–328, div. FF, title I, § 1501, Dec. 29, 2022, 136 Stat. 5706.)

Editorial Notes

REFERENCES IN TEXT

This title, referred to in text, is title I of div. FF of Pub. L. 117–328, Dec. 29, 2022, 136 Stat. 5634. For complete classification of title I to the Code, see Tables.

CODIFICATION

Section was enacted as part of the Restoring Hope for Mental Health and Well-Being Act of 2022 and also as part of the Health Extenders, Improving Access to Medicare, Medicaid, and CHIP, and Strengthening Public Health Act of 2022, and not as part of the Public Health Service Act which comprises this chapter.

PART B—CENTERS AND PROGRAMS

SUBPART 1—CENTER FOR SUBSTANCE ABUSE TREATMENT

§ 290bb. Center for Substance Abuse Treatment

(a) Establishment

There is established in the Administration a Center for Substance Abuse Treatment (hereafter in this section referred to as the ''Center''). The Center shall be headed by a Director (hereafter in this section referred to as the ''Director'') appointed by the Secretary from among individuals with extensive experience or academic qualifications in the treatment of substance use disorders or in the evaluation of substance use disorder treatment systems.

(b) Duties

The Director of the Center shall—

(1) administer the substance use disorder treatment block grant program authorized in section 300x–21 of this title;

(2) ensure that emphasis is placed on children and adolescents in the development of treatment programs;

(3) collaborate with the Attorney General to develop programs to provide substance use disorder treatment services to individuals who have had contact with the Justice system, especially adolescents;

(4) collaborate with the Director of the Center for Substance Abuse Prevention in order to provide outreach services to identify individuals in need of treatment services, with emphasis on the provision of such services to pregnant and postpartum women and their infants and to individuals who illicitly use drugs intravenously;

(5) collaborate with the Director of the National Institute on Drug Abuse, with the Director of the National Institute on Alcohol Abuse and Alcoholism, and with the States to promote the study, dissemination, and implementation of research findings that will improve the delivery and effectiveness of treatment services;

(6) collaborate with the Administrator of the Health Resources and Services Administration and the Administrator of the Centers for Medi-