

1998—Subsec. (d)(2). Pub. L. 105-392 substituted “or cooperative agreement” for “cooperative agreement, or contract” wherever appearing in introductory provisions.

1992—Pub. L. 102-352 struck out “by regulation” after “Center for Mental Health Services, shall” in subsec. (a).

Pub. L. 102-321 amended section generally, substituting provisions relating to peer review of grants, cooperative agreements, and contracts administered through the Centers for Substance Abuse Treatment, Substance Abuse Prevention, and Mental Health Services for provisions relating to peer review of biomedical and behavioral research and development grants, cooperative agreements, and contracts administered through the National Institutes of Mental Health, Alcohol Abuse and Alcoholism, and Drug Abuse.

1986—Subsec. (b). Pub. L. 99-570, §4007, inserted “applications made for” before “grants, cooperative” in introductory text.

1985—Subsec. (e). Pub. L. 99-158 added subsec. (e).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENTS

Amendment by Pub. L. 102-352 effective immediately upon effectuation of amendment made by Pub. L. 102-321, see section 3(1) of Pub. L. 102-352, set out as a note under section 285n of this title.

Amendment by Pub. L. 102-321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102-321, set out as a note under section 236 of this title.

§ 290aa-3a. Transferred

Editorial Notes

CODIFICATION

Section, act July 1, 1944, ch. 373, title V, §505, as added Oct. 27, 1986, Pub. L. 99-570, title IV, §4004(a), 100 Stat. 3207-109, and amended, which related to advisory councils for the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, was re-numbered section 502 of act July 1, 1944, by Pub. L. 102-321, title I, §102(1), July 10, 1992, 106 Stat. 331, and transferred to section 290aa-1 of this title.

§ 290aa-4. Center for behavioral health statistics and quality

(a) In general

The Assistant Secretary shall maintain within the Administration a Center for Behavioral Health Statistics and Quality (in this section referred to as the “Center”). The Center shall be headed by a Director (in this section referred to as the “Director”) appointed by the Secretary from among individuals with extensive experience and academic qualifications in research and analysis in behavioral health care or related fields.

(b) Requirement of annual collection of data on mental illness and substance abuse

The Director shall—

(1) coordinate the Administration’s integrated data strategy, including by collecting data each year on—

(A) the national incidence and prevalence of the various forms of mental illness and substance abuse; and

(B) the incidence and prevalence of such various forms in major metropolitan areas selected by the Director.

(2) provide statistical and analytical support for activities of the Administration;

(3) recommend a core set of performance metrics to evaluate activities supported by the Administration; and

(4) coordinate with the Assistant Secretary, the Assistant Secretary for Planning and Evaluation, and the Chief Medical Officer appointed under section 290aa(g) of this title, as appropriate, to improve the quality of services provided by programs of the Administration and the evaluation of activities carried out by the Administration.

(c) Mental health

With respect to the activities of the Director under subsection (b)(1) relating to mental health, the Director shall ensure that such activities include, at a minimum, the collection of data on—

(1) the number and variety of public and nonprofit private treatment programs;

(2) the number and demographic characteristics of individuals receiving treatment through such programs;

(3) the type of care received by such individuals; and

(4) such other data as may be appropriate.

(d) Substance abuse

(1) In general

With respect to the activities of the Director under subsection (b)(1) relating to substance abuse, the Director shall ensure that such activities include, at a minimum, the collection of data on—

(A) the number of individuals admitted to the emergency rooms of hospitals as a result of the abuse of alcohol or other drugs;

(B) the number of deaths occurring as a result of substance abuse, as indicated in reports by coroners in coordination with the Centers for Disease Control and Prevention;

(C) the number and variety of public and private nonprofit treatment programs, including the number and type of patient slots available;

(D) the number of individuals seeking treatment through such programs, the number and demographic characteristics of individuals receiving such treatment, the percentage of individuals who complete such programs, and, with respect to individuals receiving such treatment, the length of time between an individual’s request for treatment and the commencement of treatment;

(E) the number of such individuals who return for treatment after the completion of a prior treatment in such programs and the method of treatment utilized during the prior treatment;

(F) the number of individuals receiving public assistance for such treatment programs;

(G) the costs of the different types of treatment modalities for drug and alcohol abuse and the aggregate relative costs of each such treatment modality provided within a State in each fiscal year;

(H) to the extent of available information, the number of individuals receiving treat-

ment for alcohol or drug abuse who have private insurance coverage for the costs of such treatment;

(I) the extent of alcohol and drug abuse among high school students and among the general population; and

(J) the number of alcohol and drug abuse counselors and other substance abuse treatment personnel employed in public and private treatment facilities.

(2) Annual surveys; public availability of data

Annual surveys shall be carried out in the collection of data under this subsection. Summaries and analyses of the data collected shall be made available to the public.

(e) Consultation

After consultation with the States and with appropriate national organizations, the Assistant Secretary shall use existing standards and best practices to develop uniform criteria for the collection of data, using the best available technology, pursuant to this section.

(July 1, 1944, ch. 373, title V, §505, formerly §509D, as added Pub. L. 100-690, title II, §2052(a), Nov. 18, 1988, 102 Stat. 4207; amended Pub. L. 101-93, §3(b), Aug. 16, 1989, 103 Stat. 609; renumbered §505, Pub. L. 102-321, title I, §105, July 10, 1992, 106 Stat. 334; Pub. L. 103-43, title XX, §2010(b)(7), June 10, 1993, 107 Stat. 214; Pub. L. 114-255, div. B, title VI, §§6001(c)(2), 6004, Dec. 13, 2016, 130 Stat. 1203, 1207.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 290aa-11 of this title prior to renumbering by Pub. L. 102-321.

PRIOR PROVISIONS

A prior section 290aa-4, act July 1, 1944, ch. 373, title V, §506, formerly §505, as added Apr. 26, 1983, Pub. L. 98-24, §2(b)(7), 97 Stat. 178; renumbered §506, Oct. 27, 1986, Pub. L. 99-570, title IV, §4004(a), 100 Stat. 3207-109, which related to reports on alcoholism and alcohol and drug abuse, was renumbered section 503 of act July 1, 1944, by Pub. L. 102-321 and transferred to section 290aa-2 of this title.

A prior section 505 of act July 1, 1944, was renumbered section 502 by section 102 of Pub. L. 102-321 and is classified to section 290aa-1 of this title.

Another prior section 505 of act July 1, 1944, which was classified to section 223 of this title, was renumbered section 2105 of act July 1, 1944, by Pub. L. 98-24 and transferred to section 300aa-4 of this title, renumbered section 2305 of act July 1, 1944, by Pub. L. 99-660 and transferred to section 300cc-4 of this title, prior to repeal by Pub. L. 99-117, §12(f), Oct. 7, 1985, 99 Stat. 495.

AMENDMENTS

2016—Pub. L. 114-255, §6004(1), substituted “Center for behavioral health statistics and quality” for “Data collection” in section catchline.

Subsec. (a). Pub. L. 114-255, §6004(3), added subsec. (a). Former subsec. (a) redesignated (b).

Pub. L. 114-255, §6001(c)(2), substituted “Assistant Secretary” for “Administrator” in introductory provisions and in par. (2).

Subsec. (b). Pub. L. 114-255, §6004(4), substituted “The Director shall—” for “The Secretary, acting through the Assistant Secretary, shall collect data each year on—”, added par. (1), redesignated former pars. (1) and (2) as subpars. (A) and (B) of par. (1), respectively, substituted “Director” for “Assistant Secretary” in subpar. (B), and added pars. (2) to (4).

Pub. L. 114-255, §6004(2), redesignated subsec. (a) as (b). Former subsec. (b) redesignated (c).

Pub. L. 114-255, §6001(c)(2), substituted “Assistant Secretary” for “Administrator” in two places in introductory provisions.

Subsec. (c). Pub. L. 114-255, §6004(5), inserted heading and in introductory provisions substituted “subsection (b)(1)” for “subsection (a)” and “Director” for “Assistant Secretary” in two places.

Pub. L. 114-255, §6004(2), redesignated subsec. (b) as (c). Former subsec. (c) redesignated (d).

Subsec. (c)(1). Pub. L. 114-255, §6001(c)(2), substituted “Assistant Secretary” for “Administrator” in two places in introductory provisions.

Subsec. (d). Pub. L. 114-255, §6004(6), inserted heading, in par. (1) inserted heading and in introductory provisions substituted “subsection (b)(1)” for “subsection (a)” and “Director” for “Assistant Secretary” in two places, in par. (1)(B) inserted “in coordination with the Centers for Disease Control and Prevention” before semicolon at end, and in par. (2) inserted heading.

Pub. L. 114-255, §6004(2), redesignated subsec. (c) as (d). Former subsec. (d) redesignated (e)

Pub. L. 114-255, §6001(c)(2), substituted “Assistant Secretary” for “Administrator”.

Subsec. (e). Pub. L. 114-255, §6004(7), inserted heading and substituted “Assistant Secretary shall use existing standards and best practices to develop” for “Assistant Secretary shall develop”.

Pub. L. 114-255, §6004(2), redesignated subsec. (d) as (e).

1993—Pub. L. 103-43, §2010(b)(7), which directed the substitution of “section 238 of this title” for “section 300aaa of this title” in section 505(a)(2) of act July 1, 1944 (this section), could not be executed because the language did not appear. Amendment was probably intended for prior section 505 which was renumbered section 502 and amended generally by Pub. L. 102-321. §102, which is classified to section 290aa-1 of this title.

1989—Subsec. (c)(1)(A). Pub. L. 101-93, §3(b)(1), substituted “alcohol or” for “alcohol and”.

Subsec. (c)(2). Pub. L. 101-93, §3(b)(2), substituted “this subsection” for “this section”.

Statutory Notes and Related Subsidiaries

NATIONAL SURVEY ON DRUG USE AND HEALTH

Pub. L. 108-358, §5, Oct. 22, 2004, 118 Stat. 1664, provided that:

“(a) IN GENERAL.—The Secretary of Health and Human Services shall ensure that the National Survey on Drug Use and Health includes questions concerning the use of anabolic steroids.

“(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$1,000,000 for each of fiscal years 2005 through 2010.”

REPORTS ON CONSUMPTION OF METHAMPHETAMINE AND OTHER ILLICIT DRUGS

Pub. L. 106-310, div. B, title XXXVI, §3641, Oct. 17, 2000, 114 Stat. 1237, provided that: “The Secretary of Health and Human Services shall include in each National Household Survey on Drug Abuse appropriate prevalence data and information on the consumption of methamphetamine and other illicit drugs in rural areas, metropolitan areas, and consolidated metropolitan areas.”

PUBLIC HEALTH MONITORING OF METHAMPHETAMINE ABUSE

Pub. L. 104-237, title V, §502, Oct. 3, 1996, 110 Stat. 3112, provided that: “The Secretary of Health and Human Services shall develop a public health monitoring program to monitor methamphetamine abuse in the United States. The program shall include the collection and dissemination of data related to methamphetamine abuse which can be used by public health officials in policy development.”

§ 290aa-5. Grants for the benefit of homeless individuals

(a) In general

The Secretary shall award grants, contracts and cooperative agreements to community-based public and private nonprofit entities for the purposes of providing mental health and substance use disorder services for homeless individuals. In carrying out this section, the Secretary shall consult with the Interagency Council on the Homeless¹, established under section 11311 of this title.

(b) Preferences

In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall give a preference to—

- (1) entities that provide integrated primary health, substance use disorder, and mental health services to homeless individuals;
- (2) entities that demonstrate effectiveness in serving runaway, homeless, and street youth;
- (3) entities that have experience in providing substance use disorder and mental health services to homeless individuals;
- (4) entities that demonstrate experience in providing housing for individuals in treatment for or in recovery from mental illness or a substance use disorder; and
- (5) entities that demonstrate effectiveness in serving homeless veterans.

(c) Services for certain individuals

In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall not—

- (1) prohibit the provision of services under such subsection to homeless individuals who are suffering from a substance use disorder and are not suffering from a mental health disorder; and
- (2) make payments under subsection (a) to any entity that has a policy of—
 - (A) excluding individuals from mental health services due to the existence or suspicion of a substance use disorder; or
 - (B) has a policy of excluding individuals from substance use disorder services due to the existence or suspicion of mental illness.

(d) Term of the awards

No entity may receive a grant, contract, or cooperative agreement under subsection (a) for more than 5 years.

(e) Authorization of appropriations

There is authorized to be appropriated to carry out this section \$41,304,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 506, formerly § 512, as added Pub. L. 98-509, title II, § 206(a), Oct. 19, 1984, 98 Stat. 2361; amended Pub. L. 100-77, title VI, § 613(a), (b), July 22, 1987, 101 Stat. 524; renumbered § 506 and amended Pub. L. 102-321, title I, § 106, July 10, 1992, 106 Stat. 334; Pub. L. 106-310, div. B, title XXXII, § 3202, Oct. 17, 2000, 114 Stat. 1190; Pub. L. 106-400, § 2, Oct. 30, 2000, 114 Stat. 1675; Pub. L. 114-255, div. B, title IX, § 9001, Dec. 13, 2016, 130 Stat. 1234; Pub. L. 117-328,

div. FF, title I, § 1211, Dec. 29, 2022, 136 Stat. 5661.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 290bb-1a of this title prior to renumbering by Pub. L. 102-321.

PRIOR PROVISIONS

A prior section 290aa-5, act July 1, 1944, ch. 373, title V, § 507, formerly § 506, as added Apr. 26, 1983, Pub. L. 98-24, § 2(b)(7), 97 Stat. 178; amended Nov. 20, 1985, Pub. L. 99-158, § 3(c), 99 Stat. 879; renumbered § 507 and amended Oct. 27, 1986, Pub. L. 99-570, title IV, §§ 4004(a), 4007, 100 Stat. 3207-109, 3207-115, which related to peer review of biomedical and behavioral research and development grants, was renumbered section 504 of act July 1, 1944, by Pub. L. 102-321 and transferred to section 290aa-3 of this title.

A prior section 506 of act July 1, 1944, which was classified to section 224 of this title, was successively renumbered by subsequent acts, and transferred, see section 238c of this title.

AMENDMENTS

2022—Subsec. (e). Pub. L. 117-328 substituted “2023 through 2027” for “2018 through 2022”.

2016—Subsec. (a). Pub. L. 114-255, § 9001(1), substituted “substance use disorder” for “substance abuse”.

Subsec. (b)(1), (3). Pub. L. 114-255, § 9001(2)(A), substituted “substance use disorder” for “substance abuse”.

Subsec. (b)(4). Pub. L. 114-255, § 9001(2)(B), substituted “a substance use disorder” for “substance abuse”.

Subsec. (c)(1). Pub. L. 114-255, § 9001(3)(A), substituted “substance use disorder” for “substance abuse disorder”.

Subsec. (c)(2)(A). Pub. L. 114-255, § 9001(3)(B)(i), substituted “a substance use disorder” for “substance abuse”.

Subsec. (c)(2)(B). Pub. L. 114-255, § 9001(3)(B)(ii), substituted “substance use disorder” for “substance abuse”.

Subsec. (e). Pub. L. 114-255, § 9001(4), substituted “\$41,304,000 for each of fiscal years 2018 through 2022” for “, \$50,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003”.

2000—Pub. L. 106-310 amended section catchline and text generally, substituting present provisions for provisions, in subsec. (a), authorizing Secretary to make grants for benefit of homeless individuals through the Administrator of Substance Abuse and Mental Health Services Administration, in subsec. (b), relating to preferences for grants to entities providing integrated primary health, substance abuse, and mental health services, in subsec. (c), relating to services for certain individuals, in subsec. (d), relating to 5-year grants with renewals, and in subsec. (e), authorizing appropriations for fiscal years 1993 and 1994.

Subsec. (a). Pub. L. 106-400 made technical amendment to reference in original act which appears in text as reference to section 11311 of this title.

1992—Pub. L. 102-321 amended section generally, substituting provisions relating to grants for benefit of homeless individuals for provisions relating to alcohol abuse and alcoholism demonstration projects.

1987—Subsecs. (c), (d). Pub. L. 100-77 added subsec. (c), redesignated former subsec. (c) as (d), and substituted “subsection (a) or (c)” for “subsection (a)”.

Statutory Notes and Related Subsidiaries

CHANGE OF NAME

Interagency Council on the Homeless changed to United States Interagency Council on Homelessness by Pub. L. 108-199, div. G, title II, § 216, Jan. 23, 2004, 118 Stat. 394.

¹ See Change of Name note below.