

tiveness of the campaign implemented under subsection (a) towards meeting the measures and benchmarks established under subsection (f)(2).

“(h) DISSEMINATION OF INFORMATION THROUGH PROVIDERS.—The Secretary shall develop and implement a plan for the dissemination of information related to synthetic opioids, to health care providers who participate in Federal programs, including programs administered by the Department of Health and Human Services, the Indian Health Service, the Department of Veterans Affairs, the Department of Defense, and the Health Resources and Services Administration, the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), and the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.).

“(i) TRAINING GUIDE AND OUTREACH ON SYNTHETIC OPIOID EXPOSURE PREVENTION.—

“(1) TRAINING GUIDE.—Not later than 18 months after the date of enactment of this Act, the Secretary shall design, publish, and make publicly available on the internet website of the Department of Health and Human Services, a training guide and webinar for first responders and other individuals who also may be at high risk of exposure to synthetic opioids that details measures to prevent that exposure.

“(2) OUTREACH.—Not later than 18 months after the date of enactment of this Act, the Secretary shall also conduct outreach about the availability of the training guide and webinar published under paragraph (1) to—

- “(A) fire department staff;
- “(B) law enforcement officers;
- “(C) ambulance transport and other first responders;
- “(D) hospital emergency department personnel; and
- “(E) other high-risk occupations, as identified by the Secretary.”

INFORMATION MATERIALS AND RESOURCES TO PREVENT ADDICTION RELATED TO YOUTH SPORTS INJURIES

Pub. L. 114-198, title I, §104, July 22, 2016, 130 Stat. 700, provided that:

“(a) REPORT.—The Secretary of Health and Human Services (referred to in this section as the ‘Secretary’) shall, not later than 24 months after the date of the enactment of this section [July 22, 2016], make publicly available on the appropriate website of the Department of Health and Human Services a report determining the extent to which informational materials and resources described in subsection (c) are available to teenagers and adolescents who play youth sports, families of such teenagers and adolescents, nurses, youth sports groups, and relevant health care provider groups.

“(b) DEVELOPMENT OF INFORMATIONAL MATERIALS AND RESOURCES.—The Secretary may, for purposes of preventing substance use disorder in teenagers and adolescents who are injured playing youth sports and are subsequently prescribed an opioid, not later than 12 months after the report is made publicly available under subsection (a), and taking into consideration the findings of such report and in coordination with relevant health care provider groups, facilitate the development of informational materials and resources described in subsection (c) for teenagers and adolescents who play youth sports, families of such teenagers and adolescents, nurses, youth sports groups, and relevant health care provider groups.

“(c) MATERIALS AND RESOURCES DESCRIBED.—For purposes of this section, the informational materials and resources described in this subsection are informational materials and resources with respect to youth sports injuries for which opioids are potentially prescribed, including materials and resources focused on the risks associated with opioid use and misuse, treatment options for such injuries that do not involve the use of opioids, and how to seek treatment for addiction.

“(d) NO ADDITIONAL FUNDS.—No additional funds are authorized to be appropriated for the purpose of carrying out this section. This section shall be carried out using amounts otherwise available for such purpose.”

SUBPART 3—CENTER FOR MENTAL HEALTH SERVICES

§ 290bb-31. Center for Mental Health Services

(a) Establishment

There is established in the Administration a Center for Mental Health Services (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 provision of mental health services or in the evaluation of mental health service systems.

(b) Duties

The Director of the Center shall—

(1) design national goals and establish national priorities for—

- (A) the prevention of mental illness; and
- (B) the promotion of mental health;

(2) encourage and assist local entities and State agencies to achieve the goals and priorities described in paragraph (1);

(3) collaborate with the Director of the National Institute of Mental Health and the Chief Medical Officer, appointed under section 290aa(g) of this title, to ensure that, as appropriate, programs related to the prevention and treatment of mental illness and the promotion of mental health and recovery support are carried out in a manner that reflects the best available science and evidence-based practices, including culturally and linguistically appropriate services, as appropriate;

(4) collaborate with the Department of Education and the Department of Justice to develop programs to assist local communities in addressing violence among children and adolescents;

(5) develop and coordinate Federal prevention policies and programs and to assure increased focus on the prevention of mental illness and the promotion of mental health, including through programs that reduce risk and promote resiliency;

(6) in collaboration with the Director of the National Institute of Mental Health, develop improved methods of treating individuals with mental health problems and improved methods of assisting the families of such individuals;

(7) administer the mental health services block grant program authorized in section 300x of this title;

(8) promote policies and programs at Federal, State, and local levels and in the private sector that foster independence, increase meaningful participation of individuals with mental illness in programs and activities of the Administration, and protect the legal rights of persons with mental illness, including carrying out the provisions of the Protection and Advocacy of Mentally Ill Individuals Act¹ [42 U.S.C. 10801 et seq.];

¹ See References in Text note below.

(9) carry out the programs under part C; and
 (10) carry out responsibilities for the Human Resource Development programs;

(11) conduct services-related assessments, including evaluations of the organization and financing of care, self-help and consumer-run programs, mental health economics, mental health service systems, rural mental health and tele-mental health, and improve the capacity of State to conduct evaluations of publicly funded mental health programs;

(12) disseminate mental health information, including evidence-based practices, to States, political subdivisions, educational agencies and institutions, treatment and prevention service providers, and the general public, including information concerning the practical application of research supported by the National Institute of Mental Health that is applicable to improving the delivery of services;

(13) provide technical assistance to public and private entities that are providers of mental health services;

(14) monitor and enforce obligations incurred by community mental health centers pursuant to the Community Mental Health Centers Act (as in effect prior to the repeal of such Act on August 13, 1981, by section 902(e)(2)(B) of Public Law 97-35 (95 Stat. 560));

(15) conduct surveys with respect to mental health, such as the National Reporting Program;

(16) assist States in improving their mental health data collection; and

(17) ensure the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded.

(c) Grants and contracts

In carrying out the duties established in subsection (b), the Director may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities.

(July 1, 1944, ch. 373, title V, §520, as added Pub. L. 102-321, title I, §115(a), July 10, 1992, 106 Stat. 346; amended Pub. L. 106-310, div. B, title XXXI, §3112(c), Oct. 17, 2000, 114 Stat. 1188; Pub. L. 114-255, div. B, title VI, §6007(a), Dec. 13, 2016, 130 Stat. 1212.)

Editorial Notes

REFERENCES IN TEXT

The Protection and Advocacy of Mentally Ill Individuals Act, referred to in subsec. (b)(8), probably means the Protection and Advocacy for Mentally Ill Individuals Act of 1986, which was Pub. L. 99-319, May 23, 1986, 100 Stat. 478. Pub. L. 99-319 was renamed the Protection and Advocacy for Individuals with Mental Illness Act by Pub. L. 106-310, div. B, title XXXII, §3206(a), Oct. 17, 2000, 114 Stat. 1193, and is classified generally to chapter 114 (§10801 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 10801 of this title and Tables.

The Community Mental Health Centers Act, referred to in subsec. (b)(14), is title II of Pub. L. 88-164, as added by Pub. L. 94-63, title III, §303, July 29, 1975, 89 Stat. 309, and amended, which was classified principally to subchapter III (§2689 et seq.) of chapter 33 of this title prior to its repeal by Pub. L. 97-35, title IX, §902(e)(2)(B), Aug. 13, 1981, 95 Stat. 560.

PRIOR PROVISIONS

A prior section 520 of act July 1, 1944, which was classified to section 290cc-13 of this title, was renumbered section 520A of act July 1, 1944, by Pub. L. 102-321 and transferred to section 290bb-32 of this title.

Another prior section 520 of act July 1, 1944, was renumbered section 519 by Pub. L. 101-93 and classified to section 290cc-12 of this title, prior to repeal by Pub. L. 102-321, §117.

AMENDMENTS

2016—Subsec. (b)(3). Pub. L. 114-255, §6007(a)(2), added par. (3). Former par. (3) redesignated (4).

Subsec. (b)(4). Pub. L. 114-255, §6007(a)(1), redesignated par. (3) as (4). Former par. (4) redesignated (5).

Subsec. (b)(5). Pub. L. 114-255, §6007(a)(1), (3), redesignated par. (4) as (5) and inserted “, including through programs that reduce risk and promote resiliency” before semicolon. Former par. (5) redesignated (6).

Subsec. (b)(6). Pub. L. 114-255, §6007(a)(1), (4), redesignated par. (5) as (6) and inserted “in collaboration with the Director of the National Institute of Mental Health,” before “develop”. Former par. (6) redesignated (7).

Subsec. (b)(7). Pub. L. 114-255, §6007(a)(1), redesignated par. (6) as (7). Former par. (7) redesignated (8).

Subsec. (b)(8). Pub. L. 114-255, §6007(a)(1), (5), redesignated par. (7) as (8) and inserted “, increase meaningful participation of individuals with mental illness in programs and activities of the Administration,” before “and protect the legal”. Former par. (8) redesignated (9).

Subsec. (b)(9). Pub. L. 114-255, §6007(a)(1), redesignated par. (8) as (9). Former par. (9) redesignated (10).

Subsec. (b)(10). Pub. L. 114-255, §6007(a)(6), which directed substitution of “health paraprofessional personnel and health professionals” for “professional and paraprofessional personnel pursuant to section 242a of this title”, could not be executed because those words did not appear subsequent to amendment by Pub. L. 106-310, §3112(c)(4). See 2006 Amendment note below.

Pub. L. 114-255, §6007(a)(1), redesignated par. (9) as (10). Former par. (10) redesignated (11).

Subsec. (b)(11). Pub. L. 114-255, §6007(a)(1), (7), redesignated par. (10) as (11) and inserted “and tele-mental health” after “rural mental health”. Former par. (11) redesignated (12).

Subsec. (b)(12). Pub. L. 114-255, §6007(a)(1), (8), redesignated par. (11) as (12) and substituted “disseminate mental health information, including evidence-based practices,” for “establish a clearinghouse for mental health information to assure the widespread dissemination of such information”. Former par. (12) redesignated (13).

Subsec. (b)(13) to (16). Pub. L. 114-255, §6007(a)(1), redesignated pars. (12) to (15) as (13) to (16), respectively.

Subsec. (b)(17). Pub. L. 114-255, §6007(a)(9)–(11), added par. (17).

2000—Subsec. (b)(3) to (7). Pub. L. 106-310, §3112(c)(1), (2), added par. (3) and redesignated former pars. (3) to (6) as (4) to (7), respectively. Former par. (7) redesignated (8).

Subsec. (b)(8). Pub. L. 106-310, §3112(c)(1), (3), redesignated par. (7) as (8) and substituted “programs under part C” for “programs authorized under sections 290bb-32 and 290cc-21 of this title, including the Community Support Program and the Child and Adolescent Service System Programs”. Former par. (8) redesignated (9).

Subsec. (b)(9). Pub. L. 106-310, §3112(c)(4), which directed the amendment of par. (9) by substituting “programs” for “program and programs of clinical training for professional and paraprofessional personnel pursuant to section 242a of this title” was executed by making the substitution for the phrase which began with the words “program, and programs”, to reflect the probable intent of Congress.

Pub. L. 106-310, §3112(c)(1), redesignated par. (8) as (9). Former par. (9) redesignated (10).

Subsec. (b)(10) to (15). Pub. L. 106-310, §3112(c)(1), redesignated pars. (9) to (14) as (10) to (15), respectively.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

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

TASK FORCE ON MATERNAL MENTAL HEALTH

Pub. L. 117-328, div. FF, title I, §1113, Dec. 29, 2022, 136 Stat. 5644, provided that:

“(a) ESTABLISHMENT.—Not later than 180 days after the date of enactment of this Act [Dec. 29, 2022], the Secretary of Health and Human Services, for purposes of identifying, evaluating, and making recommendations to coordinate and improve Federal activities related to addressing maternal mental health conditions, shall—

“(1) establish a task force to be known as the Task Force on Maternal Mental Health (in this section referred to as the ‘Task Force’); or

“(2) incorporate the duties, public meetings, and reports specified in subsections (c) through (f) into existing relevant Federal committees or working groups, such as the Maternal Health Interagency Policy Committee and the Maternal Health Working Group, as appropriate.

“(b) MEMBERSHIP.—

“(1) COMPOSITION.—The Task Force shall be composed of—

“(A) the Federal members under paragraph (2); and

“(B) the non-Federal members under paragraph (3).

“(2) FEDERAL MEMBERS.—The Federal members of the Task Force shall consist of the following heads of Federal departments and agencies (or their designees):

“(A) The Assistant Secretary for Health of the Department of Health and Human Services and the Assistant Secretary for Mental Health and Substance Use, who shall serve as co-chairs.

“(B) The Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services.

“(C) The Assistant Secretary of the Administration for Children and Families.

“(D) The Director of the Centers for Disease Control and Prevention.

“(E) The Administrator of the Centers for Medicare & Medicaid Services.

“(F) The Administrator of the Health Resources and Services Administration.

“(G) The Director of the Indian Health Service.

“(H) Such other Federal departments and agencies as the Secretary determines appropriate that serve individuals with maternal mental health conditions.

“(3) NON-FEDERAL MEMBERS.—The non-Federal members of the Task Force shall—

“(A) compose not more than one-half, and not less than one-third, of the total membership of the Task Force;

“(B) be appointed by the Secretary; and

“(C) include—

“(i) representatives of professional medical societies, professional nursing societies, and relevant health paraprofessional societies with expertise in maternal or mental health;

“(ii) representatives of nonprofit organizations with expertise in maternal or mental health;

“(iii) relevant industry representatives; and

“(iv) other representatives, as appropriate.

“(4) DEADLINE FOR DESIGNATING DESIGNEES.—If the Assistant Secretary for Health, the Assistant Secretary for Mental Health and Substance Use, or the

head of a Federal department or agency serving as a member of the Task Force under paragraph (2), chooses to be represented on the Task Force by a designee, the Assistant Secretary for Health, the Assistant Secretary for Mental Health and Substance Use, or department or agency head shall designate such designee not later than 90 days after the date of the enactment of this section [Dec. 29, 2022].

“(c) DUTIES.—The Task Force shall—

“(1) prepare and regularly update a report that analyzes and evaluates the state of maternal mental health programs at the Federal level, and identifies best practices with respect to maternal mental health (which may include co-occurring substance use disorders), including—

“(A) a set of evidence-based, evidence-informed, and promising practices with respect to—

“(i) prevention strategies for maternal mental health conditions, including strategies and recommendations to reduce racial, ethnic, geographic, and other health disparities;

“(ii) the identification, screening, diagnosis, intervention, and treatment of maternal mental health conditions and affected families;

“(iii) the timely referral to supports, and implementation of practices, that prevent and mitigate the effects of a maternal mental health condition, including strategies and recommendations to eliminate racial and ethnic disparities that exist in maternal mental health; and

“(iv) community-based or multigenerational practices that provide support related to maternal mental health conditions, including support for affected families; and

“(B) Federal and State programs and activities that support prevention, screening, diagnosis, intervention, and treatment of maternal mental health conditions;

“(2) develop and regularly update a national strategy for maternal mental health, taking into consideration the findings of the report under paragraph (1), on how the Task Force and Federal departments and agencies represented on the Task Force may prioritize options for, and may improve coordination with respect to, addressing maternal mental health conditions, including by—

“(A) increasing prevention, screening, diagnosis, intervention, treatment, and access to maternal mental health care, including clinical and nonclinical care such as peer-support and community health workers, through the public and private sectors;

“(B) providing support relating to the prevention, screening, diagnosis, intervention, and treatment of maternal mental health conditions, including families, as appropriate;

“(C) reducing racial, ethnic, geographic, and other health disparities related to prevention, diagnosis, intervention, treatment, and access to maternal mental health care;

“(D) identifying opportunities to modify, strengthen, and better coordinate existing Federal infant and maternal health programs in order to improve screening, diagnosis, research, prevention, identification, intervention, and treatment with respect to maternal mental health; and

“(E) improving planning, coordination, and collaboration across Federal departments, agencies, offices, and programs;

“(3) solicit public comments, as appropriate, from stakeholders for the report under paragraph (1) and the national strategy under paragraph (2) in order to inform the activities and reports of the Task Force; and

“(4) consider the latest research related to maternal mental health in developing the strategy, including, as applicable and appropriate, data and information disaggregated by relevant factors, such as race, ethnicity, geographical location, age, socioeconomic level, and others, as appropriate.

“(d) MEETINGS.—The Task Force shall—

“(1) meet not less than two times each year; and

“(2) convene public meetings, as appropriate, to fulfill its duties under this section.

“(e) REPORTS TO PUBLIC AND FEDERAL LEADERS.—The Task Force shall make publicly available and submit to the heads of relevant Federal departments and agencies, the Committee on Energy and Commerce of the House of Representatives, the Committee on Health, Education, Labor, and Pensions of the Senate, and other relevant congressional committees, the following:

“(1) Not later than 1 year after the first meeting of the Task Force, an initial report under subsection (c)(1).

“(2) Not later than 2 years after the first meeting of the Task Force, an initial national strategy under subsection (c)(2).

“(3) Each year thereafter—

“(A) an updated report under subsection (c)(1);

“(B) an updated national strategy under subsection (c)(2); or

“(C) if no update is made under subsection (c)(1) or (c)(2), a report summarizing the activities of the Task Force.

“(f) REPORTS TO GOVERNORS.—Upon finalizing the initial national strategy under subsection (c)(2), and upon making relevant updates to such strategy, the Task Force shall submit a report to the Governors of all States describing any opportunities for local- and State-level partnerships identified under subsection (c)(2).

“(g) SUNSET.—The Task Force shall terminate on September 30, 2027.

“(h) NONDUPLICATION OF FEDERAL EFFORTS.—The Secretary may relieve the Task Force, in carrying out subsections (c) through (f), from responsibility for carrying out such activities as may be specified by the Secretary as duplicative of other activities carried out by the Department of Health and Human Services.”

MENTAL HEALTH SERVICES FOR INDIVIDUALS IN CORRECTIONAL FACILITIES

Pub. L. 102–321, title VII, § 703, July 10, 1992, 106 Stat. 437, directed Secretary of Health and Human Services, acting through Director of Center for Mental Health Services, not later than July 10, 1992, to prepare and submit to Congress a report concerning most effective methods for providing mental health services to individuals who come into contact with the criminal justice system, including those individuals incarcerated in correctional facilities (including local jails and detention facilities), and the obstacles to providing such services, with such study to be carried out in consultation with the National Institute of Mental Health, the Department of Justice, and other appropriate public and private entities.

Executive Documents

EXECUTIVE ORDER NO. 13263

Ex. Ord. No. 13263, Apr. 29, 2002, 67 F.R. 22337, which established President’s New Freedom Commission on Mental Health, was revoked by Ex. Ord. No. 13316, § 3(g), Sept. 17, 2003, 68 F.R. 55256, eff. Sept. 30, 2003.

§ 290bb–32. Priority mental health needs of regional and national significance

(a) Projects

The Secretary shall address priority mental health needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

(1) knowledge development and application projects for prevention, treatment, and rehabilitation, and the conduct or support of evaluations of such projects;

(2) training and technical assistance programs;

(3) targeted capacity response programs; and

(4) systems change grants including statewide family network grants and client-oriented and consumer run self-help activities, which may include technical assistance centers.

The Secretary may carry out the activities described in this subsection directly or through grants, contracts, or cooperative agreements with States, political subdivisions of States, Indian Tribes or Tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or,¹ other public or private nonprofit entities.

(b) Priority mental health needs

(1) Determination of needs

Priority mental health needs of regional and national significance shall be determined by the Secretary in consultation with States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

(2) Special consideration

In developing program priorities described in paragraph (1), the Secretary shall give special consideration to promoting the integration of mental health services into primary health care systems.

(c) Requirements

(1) In general

Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

(2) Duration of award

With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

(3) Matching funds

The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under this section provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

(4) Maintenance of effort

With respect to activities for which a grant, contract or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under sub-

¹ So in original. The comma probably should not appear.