

templating suicide, and barriers to treatment of the youth; and

“(i) the development of model treatment programs for the youth;

“(C) include a pilot study of the outcomes of treatment for juvenile delinquents with mental health or substance abuse problems;

“(D) include a public education approach to combat the negative effects of the stigma of, and discrimination against individuals with, mental health and substance abuse problems; and

“(E) include a nationwide effort to develop, implement, and evaluate a mental health awareness program for schools, communities, and families;

“(3) although numerous symptoms, diagnoses, traits, characteristics, and psychosocial stressors of suicide have been investigated, no single factor or set of factors has ever come close to predicting suicide with accuracy;

“(4) research of United States youth, such as a 1994 study by Lewinsohn, Rohde, and Seeley, has shown predictors of suicide, such as a history of suicide attempts, current suicidal ideation and depression, a recent attempt or completed suicide by a friend, and low self-esteem; and

“(5) epidemiological data illustrate—

“(A) the trend of suicide at younger ages as well as increases in suicidal ideation among youth in the United States; and

“(B) distinct differences in approaches to suicide by gender, with—

“(i) 3 to 5 times as many females as males attempting suicide; and

“(ii) 3 to 5 times as many males as females completing suicide.

“(c) PURPOSE.—The purpose of this section is to provide for a study of predictors of suicide among at-risk and other youth, and barriers that prevent the youth from receiving treatment, to facilitate the development of model treatment programs and public education and awareness efforts.

“(d) STUDY.—Not later than 1 year after the date of the enactment of this Act [Oct. 28, 2000], the Secretary of Health and Human Services shall carry out, directly or by grant or contract, a study that is designed to identify—

“(1) the characteristics of at-risk and other youth age 13 through 21 who are contemplating suicide;

“(2) the characteristics of at-risk and other youth who are younger than age 13 and are contemplating suicide; and

“(3) the barriers that prevent youth described in paragraphs (1) and (2) from receiving treatment.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary.”

[For definition of “youth” as used in section 1602 of Pub. L. 106-386, set out above, see section 1002 of Pub. L. 106-386, set out as a note under section 10447 of Title 34, Crime Control and Law Enforcement.]

### § 290bb-36b. Mental health and substance use disorder services for students in higher education

#### (a) In general

The Secretary, acting through the Director of the Center for Mental Health Services and in consultation with the Secretary of Education, may award grants on a competitive basis to institutions of higher education to enhance services for students with mental health or substance use disorders that can lead to school failure, such as depression, substance use disorders, and suicide attempts, prevent mental and substance use disorders, reduce stigma, and improve the identification and treatment for students at risk, so that students will successfully complete their studies.

#### (b) Use of funds

The Secretary may not make a grant to an institution of higher education under this section unless the institution agrees to use the grant only for one or more of the following:

(1) Educating students, families, faculty, and staff to increase awareness of mental health and substance use disorders and promote resiliency.

(2) The operation of hotlines.

(3) Preparing informational material.

(4) Providing outreach services to notify students about available mental health and substance use disorder resources and services.

(5) Administering voluntary mental health and substance use disorder screenings and assessments.

(6) Supporting the training of students, faculty, and staff to recognize and respond effectively and appropriately to students experiencing mental health and substance use disorders.

(7) Creating a network infrastructure to link institutions of higher education with health care providers who treat mental health and substance use disorders.

(8) Providing mental health and substance use,<sup>1</sup> disorders prevention and treatment services to students, which may include recovery support services and programming and early intervention, treatment, and management, including through the use of telehealth services.

(9) Conducting research through a counseling or health center at the institution of higher education involved to improve the behavioral health of students through clinical services, outreach, prevention, promotion of mental health, or academic success, in a manner that is in compliance with all applicable personal privacy laws.

(10) Supporting student groups on campus, including athletic teams, that engage in activities to educate students, including activities to reduce stigma surrounding mental and behavioral health disorders, and promote mental health.

(11) Employing appropriately trained staff.

(12) Developing and supporting evidence-based and emerging best practices, including a focus on culturally and linguistically appropriate best practices, and trauma-informed practices.

#### (c) Eligible grant recipients

Any institution of higher education receiving a grant under this section may carry out activities under the grant through—

(1) college counseling centers;

(2) college and university psychological service centers;

(3) mental health centers;

(4) psychology training clinics; or

(5) institution of higher education supported, evidence-based, mental health and substance use disorder programs.

#### (d) Application

To be eligible to receive a grant under this section, an institution of higher education shall

<sup>1</sup> So in original.

prepare and submit an application to the Secretary at such time and in such manner as the Secretary may require. At a minimum, the application shall include the following:

(1) A description of the population to be targeted by the program carried out under the grant, including veterans whenever possible and appropriate, and of identified mental health and substance use disorder needs of students at the institution of higher education.

(2) A description of Federal, State, local, private, and institutional resources currently available to address the needs described in paragraph (1) at the institution of higher education, 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.

(3) A description of the outreach strategies of the institution of higher education for promoting mental health and access to services, including a proposed plan for reaching those students most in need of mental health services.

(4) A plan to evaluate program outcomes, including a description of the proposed use of funds, the program objectives, and how the objectives will be met.

(5) An assurance that the institution will submit a report to the Secretary each fiscal year on the activities carried out with the grant and the results achieved through those activities.

(6) An outline of the objectives of the program carried out under the grant.

(7) For an institution of higher education proposing to use the grant for an activity described in paragraph (8) or (9) of subsection (b), a description of the policies and procedures of the institution of higher education that are related to applicable laws regarding access to, and sharing of, treatment records of students at any campus-based mental health center or partner organization, including the policies and State laws governing when such records can be accessed and shared for non-treatment purposes and a description of the process used by the institution of higher education to notify students of these policies and procedures, including the extent to which written consent is required.

(8) An assurance that grant funds will be used to supplement and not supplant any other Federal, State, or local funds available to carry out activities of the type carried out under the grant.

**(e) Requirement of matching funds**

**(1) In general**

The Secretary may make a grant under this section to an institution of higher education only if the institution agrees to make available (directly or through donations from public or private entities) non-Federal contributions in an amount that is not less than \$1 for each \$1 of Federal funds provided in the grant, toward the costs of activities carried out with the grant (as described in subsection (b)) and other activities by the institution to reduce

student mental health and substance use disorders.

**(2) Determination of amount contributed**

Non-Federal contributions required under paragraph (1) may be in cash or in kind. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

**(3) Waiver**

The Secretary may waive the requirement established in paragraph (1) with respect to an institution of higher education if the Secretary determines that extraordinary need at the institution justifies the waiver.

**(f) Reports**

For each fiscal year that grants are awarded under this section, the Secretary shall conduct a study on the results of the grants and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on such results that includes the following:

(1) An evaluation of the grant program outcomes, including a summary of activities carried out with the grant and the results achieved through those activities.

(2) Recommendations on how to improve access to mental health and substance use disorder services at institutions of higher education, including through prevention, early detection, early intervention, and efforts to reduce the incidence of suicide and substance use disorders.

(3) An assessment of the mental health and substance use disorder needs of the populations served by recipients of grants under this section.

**(g) Definition**

In this section, the term “institution of higher education” has the meaning given such term in section 1001 of title 20.

**(h) Technical assistance**

The Secretary may provide technical assistance to grantees in carrying out this section.

**(i) Authorization of appropriations**

For the purpose of carrying out this section, there are authorized to be appropriated \$7,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, §520E-2, as added Pub. L. 108-355, §3(d), Oct. 21, 2004, 118 Stat. 1413; amended Pub. L. 114-255, div. B, title IX, §9031, Dec. 13, 2016, 130 Stat. 1257; Pub. L. 117-328, div. FF, title I, §1423, Dec. 29, 2022, 136 Stat. 5703.)

**Editorial Notes**

AMENDMENTS

2022—Pub. L. 117-328, §1423(1), substituted “for students in higher education” for “on campus” in section catchline.

Subsec. (b)(1). Pub. L. 117-328, §1423(2)(A), substituted “mental health and substance use disorders and promote resiliency” for “mental and substance use disorders”.

Subsec. (b)(4). Pub. L. 117-328, §1423(2)(B), substituted “mental health and substance use disorder resources and services.” for “mental and substance use disorder services.”

Subsec. (b)(5). Pub. L. 117-328, §1423(2)(C), substituted “mental health and substance use” for “mental and substance use”.

Subsec. (b)(6). Pub. L. 117-328, §1423(2)(D), substituted “staff to recognize and respond effectively and appropriately to students experiencing mental health and substance use disorders.” for “staff to respond effectively to students with mental and substance use disorders.”

Subsec. (b)(7). Pub. L. 117-328, §1423(2)(E), substituted “mental health and substance use” for “mental and substance use”.

Subsec. (b)(8). Pub. L. 117-328, §1423(2)(F), substituted “mental health and substance use.” for “mental and substance use”.

Subsec. (b)(9). Pub. L. 117-328, §1423(2)(G), substituted “to improve the behavioral health of students through clinical services, outreach, prevention, promotion of mental health, or” for “regarding improving the behavioral health of students through clinical services, outreach, prevention, or”.

Subsec. (b)(10). Pub. L. 117-328, §1423(2)(H), substituted “mental and behavioral health disorders,” for “mental and behavioral disorders.”

Subsec. (b)(12). Pub. L. 117-328, §1423(2)(I), substituted “best practices, and trauma-informed practices.” for “best practices.”

Subsec. (d)(1). Pub. L. 117-328, §1423(3)(A), substituted “mental health and substance use” for “mental and substance use”.

Subsec. (d)(3). Pub. L. 117-328, §1423(3)(B), substituted “promoting mental health and access to services,” for “promoting access to services.”

Subsec. (f). Pub. L. 117-328, §1423(4)(A), substituted “the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate” for “the Congress” in introductory provisions.

Subsec. (f)(2). Pub. L. 117-328, §1423(4)(B), substituted “including through prevention, early detection, early intervention, and efforts” for “including efforts”.

Subsec. (f)(3). Pub. L. 117-328, §1423(4)(C), added par. (3).

Subsec. (i). Pub. L. 117-328, §1423(5), substituted “2023 through 2027” for “2018 through 2022”.

2016—Pub. L. 114-255, §9031(1), substituted “health and substance use disorder” for “and behavioral health” in section catchline.

Subsec. (a). Pub. L. 114-255, §9031(2), substituted “Services and” for “Services,” “health or substance use disorders” for “and behavioral health problems”, and “substance use disorders, and” for “substance abuse, and”, and inserted “prevent mental and substance use disorders, reduce stigma, and improve the identification and treatment for students at risk,” after “suicide attempts.”

Subsec. (b). Pub. L. 114-255, §9031(3), substituted “for one or more of the following:” for “for—” in introductory provisions, added pars. (1) to (12), and struck out former pars. (1) to (6) which read as follows:

- “(1) educational seminars;
- “(2) the operation of hot lines;
- “(3) preparation of informational material;
- “(4) preparation of educational materials for families of students to increase awareness of potential mental and behavioral health issues of students enrolled at the institution of higher education;
- “(5) training programs for students and campus personnel to respond effectively to students with mental and behavioral health problems that can lead to school failure, such as depression, substance abuse, and suicide attempts; or
- “(6) the creation of a networking infrastructure to link colleges and universities that do not have mental health services with health care providers who can treat mental and behavioral health problems.”

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—