

to the Administration to maintain the Routing Service.

(July 1, 1944, ch. 373, title V, §520E-4, as added Pub. L. 114-255, div. B, title IX, §9006, Dec. 13, 2016, 130 Stat. 1239; amended Pub. L. 117-215, title I, §103(b)(3)(A), Dec. 2, 2022, 136 Stat. 2263; Pub. L. 117-328, div. FF, title I, §1262(b)(3), Dec. 29, 2022, 136 Stat. 5682.)

#### Editorial Notes

##### AMENDMENTS

2022—Subsec. (c). Pub. L. 117-328, which directed substitution of “information on any practitioner who prescribes narcotic drugs in schedule III, IV, or V of section 812 of title 21 for the purpose of maintenance or detoxification treatment” for “information on any qualified practitioner that is certified to prescribe medication for opioid dependency under section 823(g)(2)(B) of title 21”, was executed in introductory provisions by making the substitution for “information on any qualified practitioner that is certified to prescribe medication for opioid dependency under section 823(h)(2)(B) of title 21”, to reflect the probable intent of Congress and the intervening amendment by Pub. L. 117-215. See Amendment note below.

Pub. L. 117-215 substituted “823(h)(2)(B)” for “823(g)(2)(B)” in introductory provisions.

#### § 290bb-37. Mental health crisis response partnership pilot program

##### (a) In general

The Secretary shall establish a pilot program under which the Secretary will award competitive grants to States, localities, territories, Indian Tribes, and Tribal organizations to establish new, or enhance existing, mobile crisis response teams that divert the response for mental health and substance use disorder crises from law enforcement to mobile crisis teams, as described in subsection (b).

##### (b) Mobile crisis teams described

A mobile crisis team, for purposes of this section, is a team of individuals—

(1) that is available to respond to individuals in mental health and substance use disorder crises and provide immediate stabilization, referrals to community-based mental health and substance use disorder services and supports, and triage to a higher level of care if medically necessary;

(2) which may include licensed counselors, clinical social workers, physicians, paramedics, crisis workers, peer support specialists, or other qualified individuals; and

(3) which may provide support to divert mental health and substance use disorder crisis calls from the 9-1-1 system to the 9-8-8 system.

##### (c) Priority

In awarding grants under this section, the Secretary shall prioritize applications which account for the specific needs of the communities to be served, including children and families, veterans, rural and underserved populations, and other groups at increased risk of death from suicide or overdose.

##### (d) Report

###### (1) Initial report

Not later than September 30, 2024, the Secretary shall submit to Congress a report on

steps taken by States, localities, territories, Indian Tribes, and Tribal organizations prior to December 29, 2022, to strengthen the partnerships among mental health providers, substance use disorder treatment providers, primary care physicians, mental health and substance use disorder crisis teams, paramedics, law enforcement officers, and other first responders.

##### (2) Progress reports

Not later than one year after the date on which the first grant is awarded to carry out this section, and for each year thereafter, the Secretary shall submit to Congress a report on the grants made during the year covered by the report, which shall include—

(A) impact data on the teams and people served by such programs, including demographic information of individuals served, volume, and types of service utilization;

(B) outcomes of the number of linkages made to community-based resources or short-term crisis receiving and stabilization facilities, as applicable, and diversion from law enforcement or hospital emergency department settings;

(C) data consistent with the State block grant requirements for continuous evaluation and quality improvement, and other relevant data as determined by the Secretary;

(D) identification and, where appropriate, recommendations of best practices from States and localities providing mobile crisis response and stabilization services for youth and adults; and

(E) identification of any opportunities for improvements to the program established under this section.

##### (e) Authorization of appropriations

There are authorized to be appropriated to carry out this section, \$10,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, §520F, as added Pub. L. 106-310, div. B, title XXXII, §3209, Oct. 17, 2000, 114 Stat. 1200; amended Pub. L. 114-255, div. B, title IX, §9007, Dec. 13, 2016, 130 Stat. 1240; Pub. L. 117-328, div. FF, title I, §1122(a), Dec. 29, 2022, 136 Stat. 5650.)

#### Editorial Notes

##### AMENDMENTS

2022—Pub. L. 117-328 amended section generally. Prior to amendment, section provided for competitive grants to enhance community-based crisis response systems or to develop, maintain, or enhance a database of beds at mental health and substance use disorder treatment facilities.

2016—Pub. L. 114-255 amended section generally. Prior to amendment, section provided for grants to support the designation of hospitals and health centers as Emergency Mental Health Centers.

#### § 290bb-38. Grants for jail diversion programs

##### (a) Program authorized

The Secretary shall make grants to States, political subdivisions of States, and Indian Tribes and Tribal organizations (as the terms “Indian tribes” and “tribal organizations” are