

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

defined in section 4 of the Indian Self-Determination and Education Assistance Act [25 U.S.C. 5304]), acting directly or through agreements with other public or nonprofit entities, or a health facility or program operated by or in accordance with a contract or grant with the Indian Health Service, to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services.

(b) Administration

(1) Consultation

The Secretary shall consult with the Attorney General and any other appropriate officials in carrying out this section.

(2) Regulatory authority

The Secretary shall issue regulations and guidelines necessary to carry out this section, including methodologies and outcome measures for evaluating programs carried out by States, political subdivisions of States, Indian Tribes, and Tribal organizations receiving grants under subsection (a).

(c) Applications

(1) In general

To receive a grant under subsection (a), the chief executive of a State, chief executive of a subdivision of a State, an Indian Tribe or Tribal organization, a health facility or program described in subsection (a), or a public or nonprofit entity referred to in subsection (a) shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary shall reasonably require.

(2) Content

Such application shall—

(A) contain an assurance that—

(i) community-based mental health services will be available for the individuals who are diverted from the criminal justice system, and that such services are based on evidence-based practices, reflect current research findings, include case management, assertive community treatment, medication management and access, integrated mental health and co-occurring substance use disorder treatment, peer recovery support services, and psychiatric rehabilitation, and will be coordinated with social services, including life skills training, housing placement, vocational training, education job placement, and health care;

(ii) there has been relevant interagency collaboration between the appropriate criminal justice, mental health, and substance use disorder systems; and

(iii) the Federal support provided will be used to supplement, and not supplant, State, local, Indian Tribe, or Tribal organization sources of funding that would otherwise be available;

(B) demonstrate that the diversion program will be integrated with an existing system of care for those with mental illness;

(C) explain the applicant's inability to fund the program adequately without Federal assistance;

(D) specify plans for obtaining necessary support and continuing the proposed program following the conclusion of Federal support; and

(E) describe methodology and outcome measures that will be used in evaluating the program.

(d) Special consideration regarding veterans

In awarding grants under subsection (a), the Secretary shall, as appropriate, give special consideration to entities proposing to use grant funding to support jail diversion services for veterans.

(e) Use of funds

A State, political subdivision of a State, Indian Tribe, or Tribal organization that receives a grant under subsection (a) may use funds received under such grant to—

(1) integrate the diversion program into the existing system of care;

(2) create or expand community-based mental health and co-occurring mental illness and substance use disorder services to accommodate the diversion program;

(3) train professionals and paraprofessionals involved in the system of care, and law enforcement officers, attorneys, and judges;

(4) provide community outreach and crisis intervention; and

(5) develop programs to divert individuals prior to booking, arrest, or release.

(f) Federal share

(1) In general

The Secretary shall pay to a State, political subdivision of a State, Indian Tribe, or Tribal organization receiving a grant under subsection (a) the Federal share of the cost of activities described in the application.

(2) Federal share

The Federal share of a grant made under this section shall not exceed 75 percent of the total cost of the program carried out by the State, political subdivision of a State, Indian Tribe, or Tribal organization. Such share shall be used for new expenses of the program carried out by such State, political subdivision of a State, Indian Tribe, or Tribal organization.

(3) Non-Federal share

The non-Federal share of payments made under this section may be made in cash or in kind fairly evaluated, including planned equipment or services. The Secretary may waive the requirement of matching contributions.

(g) Geographic distribution

The Secretary shall ensure that such grants awarded under subsection (a) are equitably distributed among the geographical regions of the United States and between urban and rural populations.

(h) Training and technical assistance

Training and technical assistance may be provided by the Secretary to assist a State, political subdivision of a State, Indian Tribe, or Tribal organization receiving a grant under subsection (a) in establishing and operating a diversion program.

(i) Evaluations

The programs described in subsection (a) shall be evaluated not less than one time in every 12-month period using the methodology and outcome measures identified in the grant application.

(j) Authorization of appropriations

There are authorized to be appropriated to carry out this section \$14,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 520G, as added Pub. L. 106-310, div. B, title XXXII, § 3210, Oct. 17, 2000, 114 Stat. 1201; amended Pub. L. 114-255, div. B, title IX, § 9002, Dec. 13, 2016, 130 Stat. 1234; Pub. L. 117-328, div. FF, title I, § 1216, Dec. 29, 2022, 136 Stat. 5669.)

Editorial Notes

AMENDMENTS

2022—Subsec. (a). Pub. L. 117-328, § 1216(1), struck out “up to 125” before “grants” and substituted “Tribes and Tribal organizations” for “tribes and tribal organizations”.

Subsec. (b)(2). Pub. L. 117-328, § 1216(2), substituted “Tribes, and Tribal organizations” for “tribes, and tribal organizations”.

Subsec. (c)(1). Pub. L. 117-328, § 1216(3)(A), substituted “an Indian Tribe or Tribal organization, a health facility or program described in subsection (a), or a public or nonprofit entity referred to in subsection (a)” for “Indian tribe or tribal organization”.

Subsec. (c)(2)(A)(i). Pub. L. 117-328, § 1216(3)(B)(i), inserted “peer recovery support services,” after “disorder treatment.”

Subsec. (c)(2)(A)(iii). Pub. L. 117-328, § 1216(3)(B)(ii), substituted “Tribe, or Tribal organization” for “tribe, or tribal organization”.

Subsec. (e). Pub. L. 117-328, § 1216(4)(A), substituted “Tribe, or Tribal organization” for “tribe, or tribal organization” in introductory provisions.

Subsec. (e)(3). Pub. L. 117-328, § 1216(4)(B), inserted “and paraprofessionals” after “professionals”.

Subsec. (e)(5). Pub. L. 117-328, § 1216(4)(C), substituted “, arrest, or release” for “or arrest”.

Subsec. (f). Pub. L. 117-328, § 1216(5), substituted “Tribe, or Tribal organization” for “tribe, or tribal organization” wherever appearing.

Subsec. (h). Pub. L. 117-328, § 1216(6), substituted “Tribe, or Tribal organization” for “tribe, or tribal organization”.

Subsec. (j). Pub. L. 117-328, § 1216(7), substituted “\$14,000,000 for each of fiscal years 2023 through 2027” for “\$4,269,000 for each of fiscal years 2018 through 2022”.

2016—Subsec. (a). Pub. L. 114-255, § 9002(2), substituted “and Indian tribes and tribal organizations (as the terms ‘Indian tribes’ and ‘tribal organizations’ are defined in section 4 of the Indian Self-Determination and Education Assistance Act)” for “Indian tribes, and tribal organizations” and inserted “or a health facility or program operated by or in accordance with a contract or grant with the Indian Health Service,” after “entities.”

Subsec. (c)(2)(A)(i). Pub. L. 114-255, § 9002(1), (3), substituted “evidence-based” for “the best known” and “substance use disorder” for “substance abuse”.

Subsec. (c)(2)(A)(ii). Pub. L. 114-255, § 9002(1), substituted “substance use disorder” for “substance abuse”.

Subsec. (d). Pub. L. 114-255, § 9002(5), added subsec. (d). Former subsec. (d) redesignated (e).

Subsec. (e). Pub. L. 114-255, § 9002(4), redesignated subsec. (d) as (e). Former subsec. (e) redesignated (f).

Subsec. (e)(2). Pub. L. 114-255, § 9002(1), substituted “substance use disorder” for “substance abuse”.

Subsec. (e)(5). Pub. L. 114-255, § 9002(6), added par. (5). Subsecs. (f) to (i). Pub. L. 114-255, § 9002(4), redesignated subsecs. (e) to (h) as (f) to (i), respectively. Former subsec. (i) redesignated (j).

Subsec. (j). Pub. L. 114-255, § 9002(4), (7), redesignated subsec. (i) as (j) and substituted “\$4,269,000 for each of fiscal years 2018 through 2022” for “\$10,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 through 2003”.

§ 290bb-39. Peer-supported mental health services**(a) Grants authorized**

The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall award grants to eligible entities to enable such entities to develop, expand, and enhance access to mental health peer-delivered services.

(b) Use of funds

Grants awarded under subsection (a) shall be used to develop, expand, and enhance national, statewide, or community-focused programs, including virtual peer-support services and technology-related capabilities, including by—

(1) carrying out workforce development, recruitment, and retention activities, to train, recruit, and retain peer-support providers;

(2) building connections between mental health treatment programs, including between community organizations and peer-support networks, including virtual peer-support networks, and with other mental health support services;

(3) reducing stigma associated with mental health disorders;

(4) expanding and improving virtual peer mental health support services, including through the adoption of technologies and capabilities to expand access to virtual peer mental health support services, such as by acquiring equipment and software necessary to efficiently run virtual peer-support services; and

(5) conducting research on issues relating to mental illness and the impact peer-support has on resiliency, including identifying—

(A) the signs of mental illness;

(B) the resources available to individuals with mental illness and to their families; and

(C) the resources available to help support individuals living with mental illness.

(c) Special consideration

In carrying out this section, the Secretary shall give special consideration to the unique needs of rural areas.

(d) Definition

In this section, the term “eligible entity” means—

(1) a consumer-run nonprofit organization that—

(A) is principally governed by people living with a mental health condition; and

(B) mobilizes resources within and outside of the mental health community, which may include through peer-support networks, to increase the prevalence and quality of long-term wellness of individuals living with a mental health condition, including those