(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

with a co-occurring substance use disorder; or

(2) an Indian Tribe, Tribal organization, Urban Indian organization, or consortium of Tribes or Tribal organizations.

(e) Authorization of appropriations

There is authorized to be appropriated to carry out this section $13,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 520H, as added Pub. L. 117–328, div. FF, title I, § 1151, Dec. 29, 2022, 136 Stat. 5658.)

Editorial Notes

PRIOR PROVISIONS

A prior section 290bb–39, act July 1, 1944, ch. 373, title V, § 520H, as added Pub. L. 106–310, div. B, title XXXII, § 3211, Oct. 17, 2000, 114 Stat. 1203, related to improving outcomes for children and adolescents through services integration between child welfare and mental health services, prior to repeal by Pub. L. 114–255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248.

§ 290bb–39a. Best practices for behavioral and mental health intervention teams

(a) In general

The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, and in consultation with the Secretary of Education, shall submit to the Health Education, Labor, and Pensions Committee of the Senate and the Energy and Commerce Committee of the House of Representatives a report that identifies best practices related to using behavioral and mental health intervention teams, which may be used to assist elementary schools, secondary schools, and institutions of higher education interested in voluntarily establishing and using such teams to support students exhibiting behaviors interfering with learning at school or who are at risk of harm to self or others.

(b) Elements

The report under subsection (a) shall assess evidence supporting such best practices and, as appropriate, include consideration of the following:

(1) How behavioral and mental health intervention teams might operate effectively from an evidence-based, objective perspective while protecting the constitutional and civil rights and privacy of individuals.

(2) The use of behavioral and mental health intervention teams—

(A) to identify and support students exhibiting behaviors interfering with learning or posing a risk of harm to self or others; and

(B) to implement evidence-based interventions to meet the behavioral and mental health needs of such students.

(3) How behavioral and mental health intervention teams can—

(A) access evidence-based professional development to support students described in paragraph (2)(A); and

(B) ensure that such teams—

(i) are composed of trained, diverse stakeholders with expertise in child and youth development, behavioral and mental health, and disability; and

(ii) use cross validation by a wide-range of individual perspectives on the team.

(4) How behavioral and mental health intervention teams can help mitigate inappropriate referral to mental health services or law enforcement by implementing evidence-based interventions that meet student needs.

(c) Consultation

In carrying out subsection (a), the Secretary shall consult with—

(1) the Secretary of Education;

(2) the Director of the National Threat Assessment Center of the United States Secret Service;

(3) the Attorney General;

(4) teachers (which shall include special education teachers), principals and other school leaders, school board members, behavioral and mental health professionals (including school-based mental health professionals), and parents of students;

(5) local law enforcement agencies and campus law enforcement administrators;

(6) privacy, disability, and civil rights experts; and

(7) other education and mental health professionals as the Secretary deems appropriate.

(d) Publication

The Secretary shall publish the report under subsection (a) in an accessible format on the internet website of the Department of Health and Human Services.

(e) Definitions

In this section:

(1) The term ''behavioral and mental health intervention team'' means a multidisciplinary team of trained individuals who—

(A) are trained to identify and assess the behavioral health needs of children and youth and who are responsible for identifying, supporting, and connecting students exhibiting behaviors interfering with learning at school, or who are at risk of harm to self or others, with appropriate behavioral health services; and

(B) develop and facilitate implementation of evidence-based interventions to—

(i) mitigate the threat of harm to self or others posed by a student described in subparagraph (A);

(ii) meet the mental and behavioral health needs of such students; and

(iii) support positive, safe, and supportive learning environments.

(2) The terms ''elementary school'', ''parent'', and ''secondary school'' have the meanings given to such terms in section 7801 of title 20.

(3) The term ''institution of higher education'' has the meaning given to such term in section 1002 of title 20.

(July 1, 1944, ch. 373, title V, § 520H–1, as added Pub. L. 117–328, div. FF, title I, § 1404, Dec. 29, 2022, 136 Stat. 5700.)