

ing resources in accordance with local needs related to substance use disorders” for “as the State determines appropriate, related to addressing the opioid abuse crisis within the State”.

Subsec. (c). Pub. L. 115–271, § 7181(a)(6), substituted “subsection (b)” for “subsection (c)” in introductory provisions.

Pub. L. 115–271, § 7181(a)(3), redesignated subsec. (d) as (c). Former subsec. (c) redesignated (b).

Subsec. (d). Pub. L. 115–271, § 7181(a)(7)(A), substituted “subsection (h)” for “the authorization of appropriations under subsection (b)” in introductory provisions.

Pub. L. 115–271, § 7181(a)(3), redesignated subsec. (e) as (d). Former subsec. (d) redesignated (c).

Subsec. (d)(1). Pub. L. 115–271, § 7181(a)(7)(B), substituted “subsection (b)” for “subsection (c)”.

Subsecs. (e) to (i). Pub. L. 115–271, § 7181(a)(8), added subsec. (e) to (i). Former subsecs. (e) and (f) redesignated (d) and (j), respectively.

Subsec. (j). Pub. L. 115–271, § 7181(a)(4), redesignated subsec. (f) as (j).

§ 290ee–4. Mental and behavioral health outreach and education at institutions of higher education

(a) Purpose

It is the purpose of this section to increase access to, and reduce the stigma associated with, mental health services to ensure that students at institutions of higher education have the support necessary to successfully complete their studies.

(b) National public education campaign

The Secretary, acting through the Assistant Secretary and in collaboration with the Director of the Centers for Disease Control and Prevention, shall convene an interagency, public-private sector working group to plan, establish, and begin coordinating and evaluating a targeted public education campaign that is designed to focus on mental and behavioral health on the campuses of institutions of higher education. Such campaign shall be designed to—

- (1) improve the general understanding of mental health and mental disorders;
- (2) encourage help-seeking behaviors relating to the promotion of mental health, prevention of mental disorders, and treatment of such disorders;
- (3) make the connection between mental and behavioral health and academic success; and
- (4) assist the general public in identifying the early warning signs and reducing the stigma of mental illness.

(c) Composition

The working group convened under subsection (b) shall include—

- (1) mental health consumers, including students and family members;
- (2) representatives of institutions of higher education, including minority-serving institutions as described in section 1067q(a) of title 20 and community colleges;
- (3) representatives of national mental and behavioral health associations and associations of institutions of higher education;
- (4) representatives of health promotion and prevention organizations at institutions of higher education;
- (5) representatives of mental health providers, including community mental health centers; and

(6) representatives of private-sector and public-sector groups with experience in the development of effective public health education campaigns.

(d) Plan

The working group under subsection (b) shall develop a plan that—

- (1) targets promotional and educational efforts to the age population of students at institutions of higher education and individuals who are employed in settings of institutions of higher education, including through the use of roundtables;
- (2) develops and proposes the implementation of research-based public health messages and activities;
- (3) provides support for local efforts to reduce stigma by using the National Health Information Center as a primary point of contact for information, publications, and service program referrals; and
- (4) develops and proposes the implementation of a social marketing campaign that is targeted at the population of students attending institutions of higher education and individuals who are employed in settings of institutions of higher education.

(e) Definition

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

(f) Authorization of appropriations

To carry out this section, there are authorized to be appropriated \$1,000,000 for the period of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 549, as added Pub. L. 114–255, div. B, title IX, § 9033, Dec. 13, 2016, 130 Stat. 1261; amended Pub. L. 117–328, div. FF, title I, § 1424, Dec. 29, 2022, 136 Stat. 5704.)

Editorial Notes

AMENDMENTS

2022—Pub. L. 117–328, § 1424(1), substituted “at institutions of higher education” for “on college campuses” in section catchline.

Subsec. (c)(2). Pub. L. 117–328, § 1424(2), inserted “, including minority-serving institutions as described in section 1067q(a) of title 20 and community colleges” after “higher education”.

Subsec. (f). Pub. L. 117–328, § 1424(3), substituted “2023 through 2027” for “2018 through 2022”.

§ 290ee–5. National recovery housing best practices

(a) Best practices for operating recovery housing (1) In general

The Secretary, in consultation with the individuals and entities specified in paragraph (2), shall continue activities to identify, facilitate the development of, and periodically update consensus-based best practices, which may include model laws for implementing suggested minimum standards for operating, and promoting the availability of, high-quality recovery housing.

(2) Consultation

In carrying out the activities described in paragraph (1), the Secretary shall consult with, as appropriate—

(A) officials representing the agencies described in subsection (e)(2);

(B) directors or commissioners, as applicable, of State health departments, Tribal health departments, State Medicaid programs, and State insurance agencies;

(C) representatives of health insurance issuers;

(D) national accrediting entities and reputable providers of, and analysts of, recovery housing services, including Indian Tribes, Tribal organizations, and Tribally designated housing entities that provide recovery housing services, as applicable;

(E) individuals with a history of substance use disorder; and

(F) other stakeholders identified by the Secretary.

(3) Availability

The best practices referred to in paragraph (1) shall be—

(A) made publicly available; and

(B) published on the public website of the Substance Abuse and Mental Health Services Administration.

(4) Exclusion of guideline on treatment services

In facilitating the development of best practices under paragraph (1), the Secretary may not include any best practices with respect to substance use disorder treatment services.

(b) Identification of fraudulent recovery housing operators

(1) In general

The Secretary, in consultation with the individuals and entities described in paragraph (2), shall identify or facilitate the development of common indicators that could be used to identify potentially fraudulent recovery housing operators.

(2) Consultation

In carrying out the activities described in paragraph (1), the Secretary shall consult with, as appropriate, the individuals and entities specified in subsection (a)(2) and the Attorney General of the United States.

(3) Requirements

(A) Practices for identification and reporting

In carrying out the activities described in paragraph (1), the Secretary shall consider how law enforcement, public and private payers, and the public can best identify and report fraudulent recovery housing operators.

(B) Factors to be considered

In carrying out the activities described in paragraph (1), the Secretary shall identify or develop indicators, which may include indicators related to—

(i) unusual billing practices;

(ii) average lengths of stays;

(iii) excessive levels of drug testing (in terms of cost or frequency); and

(iv) unusually high levels of recidivism.

(c) Dissemination

The Secretary shall, as appropriate, disseminate the best practices identified or developed

under subsection (a) and the common indicators identified or developed under subsection (b) to—

(1) State agencies, which may include the provision of technical assistance to State agencies seeking to adopt or implement such best practices;

(2) Indian Tribes, Tribal organizations, and tribally designated housing entities;

(3) the Attorney General of the United States;

(4) the Secretary of Labor;

(5) the Secretary of Housing and Urban Development;

(6) State and local law enforcement agencies;

(7) health insurance issuers;

(8) recovery housing entities; and

(9) the public.

(d) Requirements

In carrying out the activities described in subsections (a) and (b), the Secretary, in consultation with appropriate individuals and entities described in subsections (a)(2) and (b)(2), shall consider how recovery housing is able to support recovery and prevent relapse, recidivism, or overdose (including overdose death), including by improving access and adherence to treatment, including medication-assisted treatment.

(e) Coordination of Federal activities to promote the availability of housing for individuals experiencing homelessness, individuals with a mental illness, and individuals with a substance use disorder

(1) In general

The Secretary, acting through the Assistant Secretary, and the Secretary of Housing and Urban Development shall convene an interagency working group for the following purposes:

(A) To increase collaboration, cooperation, and consultation among the Department of Health and Human Services, the Department of Housing and Urban Development, and the Federal agencies listed in paragraph (2)(B), with respect to promoting the availability of housing, including high-quality recovery housing, for individuals experiencing homelessness, individuals with mental illnesses, and individuals with substance use disorder.

(B) To align the efforts of such agencies and avoid duplication of such efforts by such agencies.

(C) To develop objectives, priorities, and a long-term plan for supporting State, Tribal, and local efforts with respect to the operation of high-quality recovery housing that is consistent with the best practices developed under this section.

(D) To improve information on the quality of recovery housing.

(2) Composition

The interagency working group under paragraph (1) shall be composed of—

(A) the Secretary, acting through the Assistant Secretary, and the Secretary of Housing and Urban Development, who shall serve as the co-chairs; and

(B) representatives of each of the following Federal agencies:

- (i) The Centers for Medicare & Medicaid Services.
- (ii) The Substance Abuse and Mental Health Services Administration.
- (iii) The Health Resources and Services Administration.
- (iv) The Office of the Inspector General of the Department of Health and Human Services.
- (v) The Indian Health Service.
- (vi) The Department of Agriculture.
- (vii) The Department of Justice.
- (viii) The Office of National Drug Control Policy.
- (ix) The Bureau of Indian Affairs.
- (x) The Department of Labor.
- (xi) The Department of Veterans Affairs.
- (xii) Any other Federal agency as the co-chairs determine appropriate.

(3) Meetings

The working group shall meet on a quarterly basis.

(4) Reports to Congress

Not later than 4 years after December 29, 2022, the working group shall submit to the Committee on Health, Education, Labor, and Pensions, the Committee on Agriculture, Nutrition, and Forestry, and the Committee on Finance of the Senate and the Committee on Energy and Commerce, the Committee on Ways and Means, the Committee on Agriculture, and the Committee on Financial Services of the House of Representatives a report describing the work of the working group and any recommendations of the working group to improve Federal, State, and local coordination with respect to recovery housing and other housing resources and operations for individuals experiencing homelessness, individuals with a mental illness, and individuals with a substance use disorder.

(f) Grants for implementing national recovery housing best practices

(1) In general

The Secretary shall award grants to States (and political subdivisions thereof), Indian Tribes, and territories—

- (A) for the provision of technical assistance to implement the guidelines and recommendations developed under subsection (a); and
- (B) to promote—
 - (i) the availability of recovery housing for individuals with a substance use disorder; and
 - (ii) the maintenance of recovery housing in accordance with best practices developed under this section.

(2) State promotion plans

Not later than 90 days after receipt of a grant under paragraph (1), and every 2 years thereafter, each State (or political subdivisions thereof),¹ Indian Tribe, or territory receiving a grant under paragraph (1) shall submit to the Secretary, and publish on a pub-

licly accessible internet website of the State (or political subdivisions thereof), Indian Tribe, or territory—

(A) the plan of the State (or political subdivisions thereof), Indian Tribe, or territory, with respect to the promotion of recovery housing for individuals with a substance use disorder located within the jurisdiction of such State (or political subdivisions thereof), Indian Tribe, or territory; and

(B) a description of how such plan is consistent with the best practices developed under this section.

(g) Rule of construction

Nothing in this section shall be construed to provide the Secretary with the authority to require States to adhere to minimum standards in the State oversight of recovery housing.

(h) Definitions

In this section:

(1) The term “recovery housing” means a shared living environment free from alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery from substance use disorders.

(2) The terms “Indian Tribe” and “Tribal organization” have the meanings given those terms in section 5304 of title 25.

(3) The term “tribally designated housing entity” has the meaning given that term in section 4103 of title 25.

(i) Authorization of appropriations

To carry out this section, there is authorized to be appropriated \$5,000,000 for the period of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 550, as added Pub. L. 115-271, title VII, § 7031, Oct. 24, 2018, 132 Stat. 4014; amended Pub. L. 117-328, div. FF, title I, §§ 1232, 1233, 1235, 1236, Dec. 29, 2022, 136 Stat. 5674, 5676, 5677.)

Editorial Notes

REFERENCES IN TEXT

December 29, 2022, referred to in subsec. (e)(4), was in the original “the date of the enactment of this section”, and was translated as reading “the date of the enactment of this subsection”, meaning the date of enactment of Pub. L. 117-328, which enacted subsec. (e), to reflect the probable intent of Congress.

PRIOR PROVISIONS

A prior section 550 of act July 1, 1944, was renumbered section 550A of act July 1, 1944, and is classified to section 290ee-5a of this title.

AMENDMENTS

2022—Subsec. (a)(1). Pub. L. 117-328, § 1232(1), amended par. (1) generally. Prior to amendment, text read as follows: “The Secretary, in consultation with the individuals and entities specified in paragraph (2), shall identify or facilitate the development of best practices, which may include model laws for implementing suggested minimum standards, for operating recovery housing.”

Subsec. (a)(2)(A). Pub. L. 117-328, § 1232(2)(A), added subpar. (A) and struck out former subpar. (A) which read as follows: “relevant divisions of the Department of Health and Human Services, including the Substance Abuse and Mental Health Services Administration, the

¹ So in original. The comma probably should follow the closing parenthesis.

Office of Inspector General, the Indian Health Service, and the Centers for Medicare & Medicaid Services;”.

Subsec. (a)(2)(B). Pub. L. 117-328, §1232(2)(A)-(C), redesignated subpar. (C) as (B), substituted “Tribal” for “tribal”, and struck out former subpar. (B) which read as follows: “the Secretary of Housing and Urban Development;”.

Subsec. (a)(2)(C). Pub. L. 117-328, §1232(2)(B), redesignated subpar. (D) as (C). Former subpar. (C) redesignated (B).

Subsec. (a)(2)(D). Pub. L. 117-328, §1232(2)(B), (D), redesignated subpar. (E) as (D) and substituted “Tribes, Tribal organizations, and Tribally” for “tribes, tribal organizations, and tribally”. Former subpar. (D) redesignated (C).

Subsec. (a)(2)(E) to (G). Pub. L. 117-328, §1232(2)(B), redesignated subpars. (F) and (G) as (E) and (F), respectively. Former subpar. (E) redesignated (D).

Subsec. (a)(3), (4). Pub. L. 117-328, §1232(3), added pars. (3) and (4).

Subsec. (c)(2). Pub. L. 117-328, §1233(2), substituted “Indian Tribes, Tribal” for “Indian tribes, tribal”.

Subsec. (e). Pub. L. 117-328, §1233(4), added subsec. (e). Former subsec. (e) redesignated (g).

Subsec. (f). Pub. L. 117-328, §1235, added subsec. (f). Former subsec. (f) redesignated (h).

Subsec. (g). Pub. L. 117-328, §1233(1), redesignated subsec. (e) as (g). Former subsec. (g) redesignated (i).

Subsec. (h). Pub. L. 117-328, §1233(1), redesignated subsec. (f) as (h).

Subsec. (h)(2). Pub. L. 117-328, §1233(3), substituted “Indian Tribe” for “Indian tribe” and “Tribal organization” for “tribal organization”.

Subsec. (i). Pub. L. 117-328, §1236, substituted “\$5,000,000 for the period of fiscal years 2023 through 2027” for “\$3,000,000 for the period of fiscal years 2019 through 2021”.

Pub. L. 117-328, §1233(1), redesignated subsec. (g) as (i).

§ 290ee-5a. Sobriety treatment and recovery teams

(a) In general

The Secretary may make grants to States, units of local government, or tribal governments to establish or expand Sobriety Treatment And Recovery Team (referred to in this section as “START”) or other similar programs to determine the effectiveness of pairing social workers or mentors with families that are struggling with a substance use disorder and child abuse or neglect in order to help provide peer support, intensive treatment, and child welfare services to such families.

(b) Allowable uses

A grant awarded under this section may be used for one or more of the following activities:

- (1) Training eligible staff, including social workers, social services coordinators, child welfare specialists, substance use disorder treatment professionals, and mentors.
- (2) Expanding access to substance use disorder treatment services and drug testing.
- (3) Enhancing data sharing with law enforcement agencies, child welfare agencies, substance use disorder treatment providers, judges, and court personnel.
- (4) Program evaluation and technical assistance.

(c) Program requirements

A State, unit of local government, or tribal government receiving a grant under this section shall—

(1) serve only families for which—

(A) there is an open record with the child welfare agency; and

(B) substance use disorder was a reason for the record or finding described in paragraph (1);¹ and

(2) coordinate any grants awarded under this section with any grant awarded under section 629g(f) of this title focused on improving outcomes for children affected by substance abuse.

(d) Technical assistance

The Secretary may reserve not more than 5 percent of funds provided under this section to provide technical assistance on the establishment or expansion of programs funded under this section from the National Center on Substance Abuse and Child Welfare.

(July 1, 1944, ch. 373, title V, §550A, formerly §550, as added Pub. L. 115-271, title VIII, §8214, Oct. 24, 2018, 132 Stat. 4116; renumbered §550A, Pub. L. 117-328, div. FF, title I, §1237, Dec. 29, 2022, 136 Stat. 5677.)

Editorial Notes

CODIFICATION

Section was formerly classified to section 290ee-10 of this title prior to renumbering by Pub. L. 117-328.

§ 290ee-6. Regional Centers of Excellence in Substance Use Disorder Education

(a) In general

The Secretary, in consultation with appropriate agencies, shall award cooperative agreements to eligible entities for the designation of such entities as Regional Centers of Excellence in Substance Use Disorder Education for purposes of improving health professional training resources with respect to substance use disorder prevention, treatment, and recovery.

(b) Eligibility

To be eligible to receive a cooperative agreement under subsection (a), an entity shall—

(1) be an accredited entity that offers education to students in various health professions, which may include—

(A) a teaching hospital;

(B) a medical school;

(C) a certified behavioral health clinic; or

(D) any other health professions school, school of public health, or Cooperative Extension Program at institutions of higher education, as defined in section 1001 of title 20, engaged in the prevention, treatment, or recovery of substance use disorders;

(2) demonstrate community engagement and partnerships with community stakeholders, including entities that train health professionals, mental health counselors, social workers, peer recovery specialists, substance use treatment programs, community health centers, physician offices, certified behavioral health clinics, research institutions, and law enforcement; and

(3) submit to the Secretary an application containing such information, at such time,

¹ So in original. Probably should be “subparagraph (A)”.