(3) Restoration

The operations funds withheld pursuant to paragraph (2) may be restored, at the discretion of the Secretary, to the Office of the Director on achievement by that Office of compliance with this section.

(Pub. L. 94–437, title VI, § 604, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 604 of Pub. L. 94–437 is based on section 173 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111–148.

SUBCHAPTER V–A—BEHAVIORAL HEALTH PROGRAMS

Title VII of the Indian Health Care Improvement Act, comprising this subchapter, was originally enacted by Pub. L. 94–437, title VII, as added Pub. L. 102–573, title VII, § 702(a), Oct. 29, 1992, 106 Stat. 4572, and amended by Pub. L. 104–313, Oct. 19, 1996, 110 Stat. 3820; Pub. L. 105–244, Oct. 7, 1998, 112 Stat. 1581; Pub. L. 105–256, Oct. 14, 1998, 112 Stat. 1896; Pub. L. 110–315, Aug. 14, 2008, 122 Stat. 3078. Such title is shown herein, however, as having been added by Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935, without reference to such intervening amendments because of the extensive revision of the title's provisions by Pub. L. 111–148. A prior title VII was renumbered VIII by Pub. L. 102–573 and is classified to subchapter VI of this chapter.

PART A—GENERAL PROGRAMS

§ 1665. Definitions

In this part:

(1) Alcohol-related neurodevelopmental disorders; ARND

The term ''alcohol-related neurodevelopmental disorders'' or ''ARND'' means, with a history of maternal alcohol consumption during pregnancy, central nervous system abnormalities, which may range from minor intellectual deficits and developmental delays to mental retardation. ARND children may have behavioral problems, learning disabilities, problems with executive functioning, and attention disorders. The neurological defects of ARND may be as severe as FAS, but facial anomalies and other physical characteristics are not present in ARND, thus making diagnosis difficult.

(2) Assessment

The term ''assessment'' means the systematic collection, analysis, and dissemination of information on health status, health needs, and health problems.

(3) Behavioral health aftercare

The term ''behavioral health aftercare'' includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse, or mental health outpatient or outpatient treatment. The purpose is to help prevent or deal with relapse by ensuring that by the time a client or patient is discharged from a level of care, such as outpatient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as a community-based therapeutic group, transitional living facilities, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers.

(4) Dual diagnosis

The term ''dual diagnosis'' means coexisting substance abuse and mental illness conditions or diagnosis. Such clients are sometimes referred to as mentally ill chemical abusers (MICAs).

(5) Fetal alcohol spectrum disorders

(A) In general

The term ''fetal alcohol spectrum disorders'' includes a range of effects that can occur in an individual whose mother drank alcohol during pregnancy, including physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

(B) Inclusions

The term ''fetal alcohol spectrum disorders'' may include—

(i) fetal alcohol syndrome (FAS);

(ii) partial fetal alcohol syndrome (partial FAS);

(iii) alcohol-related birth defects (ARBD); and

(iv) alcohol-related neurodevelopmental disorders (ARND).

(6) FAS or fetal alcohol syndrome

The term ''FAS'' or ''fetal alcohol syndrome'' means a syndrome in which, with a history of maternal alcohol consumption during pregnancy, the following criteria are met:

(A) Central nervous system involvement, such as mental retardation, developmental delay, intellectual deficit, microencephaly, or neurological abnormalities.

(B) Craniofacial abnormalities with at least 2 of the following:

(i) Microophthalmia.

(ii) Short palpebral fissures.

(iii) Poorly developed philtrum.

(iv) Thin upper lip.

(v) Flat nasal bridge.

(vi) Short upturned nose.

(C) Prenatal or postnatal growth delay.

(7) Rehabilitation

The term ''rehabilitation'' means medical and health care services that—

(A) are recommended by a physician or licensed practitioner of the healing arts within the scope of their practice under applicable law;

(B) are furnished in a facility, home, or other setting in accordance with applicable standards; and

(C) have as their purpose any of the following:

(i) The maximum attainment of physical, mental, and developmental functioning.

(ii) Averting deterioration in physical or mental functional status.

(iii) The maintenance of physical or mental health functional status.

(8) Substance abuse

The term ''substance abuse'' includes inhalant abuse.

(Pub. L. 94–437, title VII, § 701, as added Pub. L. 111–148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 701 of Pub. L. 94–437 is based on section 181 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111–148.

PRIOR PROVISIONS

A prior section 1665, Pub. L. 94–437, title VII, § 701, as added Pub. L. 102–573, title VII, § 702(a), Oct. 29, 1992, 106 Stat. 4572, related to responsibilities of Indian Health Service for alcohol and substance abuse prevention and treatment, prior to the general amendment of this subchapter by Pub. L. 111–148.

§ 1665a. Behavioral health prevention and treatment services

(a) Purposes

The purposes of this section are as follows:

(1) To authorize and direct the Secretary, acting through the Service, Indian tribes, and tribal organizations, to develop a comprehensive behavioral health prevention and treatment program which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs.

(2) To provide information, direction, and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State, and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement, and judicial services.

(3) To assist Indian tribes to identify services and resources available to address mental illness and dysfunctional and self-destructive behavior.

(4) To provide authority and opportunities for Indian tribes and tribal organizations to develop, implement, and coordinate with community-based programs which include identification, prevention, education, referral, and treatment services, including through multidisciplinary resource teams.

(5) To ensure that Indians, as citizens of the United States and of the States in which they reside, have the same access to behavioral health services to which all citizens have access.

(6) To modify or supplement existing programs and authorities in the areas identified in paragraph (2).

(b) Plans

(1) Development

The Secretary, acting through the Service, Indian tribes, and tribal organizations, shall encourage Indian tribes and tribal organizations to develop tribal plans, and urban Indian organizations to develop local plans, and for all such groups to participate in developing areawide plans for Indian Behavioral Health Services. The plans shall include, to the extent feasible, the following components:

(A) An assessment of the scope of alcohol or other substance abuse, mental illness, and dysfunctional and self-destructive behavior, including suicide, child abuse, and family violence, among Indians, including—

(i) the number of Indians served who are directly or indirectly affected by such illness or behavior; or

(ii) an estimate of the financial and human cost attributable to such illness or behavior.

(B) An assessment of the existing and additional resources necessary for the prevention and treatment of such illness and behavior, including an assessment of the progress toward achieving the availability of the full continuum of care described in subsection (c).

(C) An estimate of the additional funding needed by the Service, Indian tribes, tribal organizations, and urban Indian organizations to meet their responsibilities under the plans.

(2) National clearinghouse

The Secretary, acting through the Service, shall coordinate with existing national clearinghouses and information centers to include at the clearinghouses and centers plans and reports on the outcomes of such plans developed by Indian tribes, tribal organizations, urban Indian organizations, and Service areas relating to behavioral health. The Secretary shall ensure access to these plans and outcomes by any Indian tribe, tribal organization, urban Indian organization, or the Service.

(3) Technical assistance

The Secretary shall provide technical assistance to Indian tribes, tribal organizations, and urban Indian organizations in preparation of plans under this section and in developing standards of care that may be used and adopted locally.

(c) Programs

The Secretary, acting through the Service, shall provide, to the extent feasible and if funding is available, programs including the following:

(1) Comprehensive care

A comprehensive continuum of behavioral health care which provides—

(A) community-based prevention, intervention, outpatient, and behavioral health aftercare;

(B) detoxification (social and medical);

(C) acute hospitalization;

(D) intensive outpatient/day treatment;

(E) residential treatment;

(F) transitional living for those needing a temporary, stable living environment that is supportive of treatment and recovery goals;

(G) emergency shelter;

(H) intensive case management;

(I) diagnostic services; and

(J) promotion of healthy approaches to risk and safety issues, including injury prevention.

(2) Child care

Behavioral health services for Indians from birth through age 17, including—