

and 10 percent of all amounts appropriated for such fiscal year under such paragraph in excess of \$100,000,000, to carry out such section 300y of this title.

(July 1, 1944, ch. 373, title V, §520A, as added Pub. L. 100-690, title II, §2057(3), Nov. 18, 1988, 102 Stat. 4212; renumbered §520 and amended Pub. L. 101-93, §3(e), (g), Aug. 16, 1989, 103 Stat. 610, 611; Pub. L. 101-639, §2, Nov. 28, 1990, 104 Stat. 4600; renumbered §520A and amended Pub. L. 102-321, title I, §116, July 10, 1992, 106 Stat. 348; Pub. L. 106-310, div. B, title XXXII, §3201(a), Oct. 17, 2000, 114 Stat. 1189.)

CODIFICATION

Section was formerly classified to section 290cc-13 of this title prior to renumbering by Pub. L. 102-321.

AMENDMENTS

2000—Pub. L. 106-310 amended section catchline and text generally, substituting provisions relating to priority mental health needs of regional and national significance for provisions relating to establishment of grant programs for demonstration projects.

1992—Subsec. (a)(1), Pub. L. 102-321, §116(b)(1), substituted “Center for Mental Health Services” for “National Institute of Mental Health”.

Subsec. (c), Pub. L. 102-321, §116(b)(2), substituted “five” for “three”.

Subsec. (e)(1), Pub. L. 102-321, §116(b)(3), amended par. (1) generally. Prior to amendment, par. (1) read as follows: “For the purposes of carrying out this section, there are authorized to be appropriated \$40,000,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 and 1993.”

1990—Subsec. (a), Pub. L. 101-639, §2(a), amended subsec. (a) generally. Prior to amendment, subsec. (a) read as follows: “The Secretary, acting through the Director, may make grants to States, political subdivisions of States, and nonprofit private agencies—

“(1) for mental health services demonstration projects for the planning, coordination, and improvement of community services (including outreach and self-help services) for seriously mentally ill individuals, seriously emotionally disturbed children and youth, elderly individuals, and homeless seriously mentally ill individuals, and for the conduct of research concerning such services;

“(2) for demonstration projects for the prevention of youth suicide;

“(3) for demonstration projects for the improvement of the recognition, assessment, treatment, and clinical management of depressive disorders; and

“(4) for demonstration projects for treatment and prevention relating to sex offenses.”

Subsec. (e)(1), Pub. L. 101-639, §2(b), amended par. (1) generally. Prior to amendment, par. (1) read as follows: “For the purposes of carrying out this section, there are authorized to be appropriated \$60,000,000 for each of the fiscal years 1989 and 1990.”

1989—Pub. L. 101-93 substituted “programs” for “program” in section catchline and in subsec. (a) substituted “seriously mentally ill” for “chronically mentally ill” wherever appearing, redesignated par. (5) as (4), and inserted “for” before “demonstration” in pars. (2), (3), and (4).

EFFECTIVE DATE OF 1992 AMENDMENT

Amendment by Pub. L. 102-321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102-321, set out as a note under section 236 of this title.

COMMUNITY MENTAL HEALTH SERVICES DEMONSTRATION PROJECTS FOR HOMELESS INDIVIDUALS WHO ARE CHRONICALLY MENTALLY ILL

Pub. L. 100-77, title VI, §612, July 22, 1987, 101 Stat. 523, as amended by Pub. L. 100-607, title VIII, §821, Nov.

4, 1988, 102 Stat. 3171; Pub. L. 100-628, title VI, §621, Nov. 7, 1988, 102 Stat. 3244; Pub. L. 101-93, §5(t)(1), (2), Aug. 16, 1989, 103 Stat. 615; Pub. L. 101-645, title V, §521, Nov. 29, 1990, 104 Stat. 4734, which authorized to be appropriated for payments under this section such sums as may be necessary for each of the fiscal years 1991 through 1993, in addition to any other amounts authorized to be appropriated for such payments for each of such fiscal years with such additional amounts to be available only for the provision of community-based mental health services to homeless individuals who are chronically mentally ill, and amounts paid to grantees under subsection (a) of this section that remain unobligated at the end of the fiscal year in which the amounts were received to remain available to grantees during the succeeding fiscal year for the purposes for which the payments were made, was repealed by Pub. L. 106-310, div. B, title XXXII, §3201(b)(3), Oct. 17, 2000, 114 Stat. 1190.

§ 290bb-33. National centers of excellence for depression

(a) Depressive disorder defined

In this section, the term “depressive disorder” means a mental or brain disorder relating to depression, including major depression, bipolar disorder, and related mood disorders.

(b) Grant program

(1) In general

The Secretary, acting through the Administrator, shall award grants on a competitive basis to eligible entities to establish national centers of excellence for depression (referred to in this section as “Centers”), which shall engage in activities related to the treatment of depressive disorders.

(2) Allocation of awards

If the funds authorized under subsection (f) are appropriated in the amounts provided for under such subsection, the Secretary shall allocate such amounts so that—

(A) not later than 1 year after March 23, 2010, not more than 20 Centers may be established; and

(B) not later than September 30, 2016, not more than 30 Centers may be established.

(3) Grant period

(A) In general

A grant awarded under this section shall be for a period of 5 years.

(B) Renewal

A grant awarded under subparagraph (A) may be renewed, on a competitive basis, for 1 additional 5-year period, at the discretion of the Secretary. In determining whether to renew a grant, the Secretary shall consider the report cards issued under subsection (e)(2).

(4) Use of funds

Grant funds awarded under this subsection shall be used for the establishment and ongoing activities of the recipient of such funds.

(5) Eligible entities

(A) Requirements

To be eligible to receive a grant under this section, an entity shall—

(i) be an institution of higher education or a public or private nonprofit research institution; and

(ii) submit an application to the Secretary at such time and in such manner as the Secretary may require, as described in subparagraph (B).

(B) Application

An application described in subparagraph (A)(ii) shall include—

(i) evidence that such entity—

(I) provides, or is capable of coordinating with other entities to provide, comprehensive health services with a focus on mental health services and subspecialty expertise for depressive disorders;

(II) collaborates with other mental health providers, as necessary, to address co-occurring mental illnesses;

(III) is capable of training health professionals about mental health; and

(ii) such other information, as the Secretary may require.

(C) Priorities

In awarding grants under this section, the Secretary shall give priority to eligible entities that meet 1 or more of the following criteria:

(i) Demonstrated capacity and expertise to serve the targeted population.

(ii) Existing infrastructure or expertise to provide appropriate, evidence-based and culturally and linguistically competent services.

(iii) A location in a geographic area with disproportionate numbers of underserved and at-risk populations in medically underserved areas and health professional shortage areas.

(iv) Proposed innovative approaches for outreach to initiate or expand services.

(v) Use of the most up-to-date science, practices, and interventions available.

(vi) Demonstrated capacity to establish cooperative and collaborative agreements with community mental health centers and other community entities to provide mental health, social, and human services to individuals with depressive disorders.

(6) National coordinating center

(A) In general

The Secretary, acting through the Administrator, shall designate 1 recipient of a grant under this section to be the coordinating center of excellence for depression (referred to in this section as the “coordinating center”). The Secretary shall select such coordinating center on a competitive basis, based upon the demonstrated capacity of such center to perform the duties described in subparagraph (C).

(B) Application

A Center that has been awarded a grant under paragraph (1) may apply for designation as the coordinating center by submitting an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(C) Duties

The coordinating center shall—

(i) develop, administer, and coordinate the network of Centers under this section;

(ii) oversee and coordinate the national database described in subsection (d);

(iii) lead a strategy to disseminate the findings and activities of the Centers through such database; and

(iv) serve as a liaison with the Administration, the National Registry of Evidence-based Programs and Practices of the Administration, and any Federal inter-agency or interagency forum on mental health.

(7) Matching funds

The Secretary may not award a grant or contract under this section to an entity unless the entity agrees that it will make available (directly or through contributions from other public or private entities) non-Federal contributions toward the activities to be carried out under the grant or contract in an amount equal to \$1 for each \$5 of Federal funds provided under the grant or contract. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

(c) Activities of the Centers

Each Center shall carry out the following activities:

(1) General activities

Each Center shall—

(A) integrate basic, clinical, or health services interdisciplinary research and practice in the development, implementation, and dissemination of evidence-based interventions;

(B) involve a broad cross-section of stakeholders, such as researchers, clinicians, consumers, families of consumers, and voluntary health organizations, to develop a research agenda and disseminate findings, and to provide support in the implementation of evidence-based practices;

(C) provide training and technical assistance to mental health professionals, and engage in and disseminate translational research with a focus on meeting the needs of individuals with depressive disorders; and

(D) educate policy makers, employers, community leaders, and the public about depressive disorders to reduce stigma and raise awareness of treatments.

(2) Improved treatment standards, clinical guidelines, diagnostic protocols, and care coordination practice

Each Center shall collaborate with other Centers in the network to—

(A) develop and implement treatment standards, clinical guidelines, and protocols that emphasize primary prevention, early intervention, treatment for, and recovery from, depressive disorders;

(B) foster communication with other providers attending to co-occurring physical health conditions such as cardiovascular, diabetes, cancer, and substance abuse disorders;

(C) leverage available community resources, develop and implement improved self-management programs, and, when appropriate, involve family and other providers of social support in the development and implementation of care plans; and

(D) use electronic health records and telehealth technology to better coordinate and manage, and improve access to, care, as determined by the coordinating center.

(3) Translational research through collaboration of centers and community-based organizations

Each Center shall—

(A) demonstrate effective use of a public-private partnership to foster collaborations among members of the network and community-based organizations such as community mental health centers and other social and human services providers;

(B) expand interdisciplinary, translational, and patient-oriented research and treatment; and

(C) coordinate with accredited academic programs to provide ongoing opportunities for the professional and continuing education of mental health providers.

(d) National database

(1) In general

The coordinating center shall establish and maintain a national, publicly available database to improve prevention programs, evidence-based interventions, and disease management programs for depressive disorders, using data collected from the Centers, as described in paragraph (2).

(2) Data collection

Each Center shall submit data gathered at such center, as appropriate, to the coordinating center regarding—

(A) the prevalence and incidence of depressive disorders;

(B) the health and social outcomes of individuals with depressive disorders;

(C) the effectiveness of interventions designed, tested, and evaluated;

(D) other information, as the Secretary may require.

(3) Submission of data to the Administrator

The coordinating center shall submit to the Administrator the data and financial information gathered under paragraph (2).

(4) Publication using data from the database

A Center, or an individual affiliated with a Center, may publish findings using the data described in paragraph (2) only if such center submits such data to the coordinating center, as required under such paragraph.

(e) Establishment of standards; report cards and recommendations; third party review

(1) Establishment of standards

The Secretary, acting through the Administrator, shall establish performance standards for—

(A) each Center; and

(B) the network of Centers as a whole.

(2) Report cards

The Secretary, acting through the Administrator, shall—

(A) for each Center, not later than 3 years after the date on which such center of excellence is established and annually thereafter, issue a report card to the coordinating center to rate the performance of such Center; and

(B) not later than 3 years after the date on which the first grant is awarded under subsection (b)(1) and annually thereafter, issue a report card to Congress to rate the performance of the network of centers of excellence as a whole.

(3) Recommendations

Based upon the report cards described in paragraph (2), the Secretary shall, not later than September 30, 2015—

(A) make recommendations to the Centers regarding improvements such centers shall make; and

(B) make recommendations to Congress for expanding the Centers to serve individuals with other types of mental disorders.

(4) Third party review

Not later than 3 years after the date on which the first grant is awarded under subsection (b)(1) and annually thereafter, the Secretary shall arrange for an independent third party to conduct an evaluation of the network of Centers to ensure that such centers are meeting the goals of this section.

(f) Authorization of appropriations

(1) In general

To carry out this section, there are authorized to be appropriated—

(A) \$100,000,000 for each of the fiscal years 2011 through 2015; and

(B) \$150,000,000 for each of the fiscal years 2016 through 2020.

(2) Allocation of funds authorized

Of the amount appropriated under paragraph (1) for a fiscal year, the Secretary shall determine the allocation of each Center receiving a grant under this section, but in no case may the allocation be more than \$5,000,000, except that the Secretary may allocate not more than \$10,000,000 to the coordinating center.

(July 1, 1944, ch. 373, title V, §520B, as added Pub. L. 111-148, title X, §10410(b), Mar. 23, 2010, 124 Stat. 984.)

PRIOR PROVISIONS

A prior section 290bb-33, act July 1, 1944, ch. 373, title V, §520B, formerly title XXIV, §2441, as added Pub. L. 100-607, title II, §211, Nov. 4, 1988, 102 Stat. 3092; renumbered title V, §520B, and amended Pub. L. 102-321, title I, §118(a), (b)(2), July 10, 1992, 106 Stat. 348, 349, related to demonstration projects for individuals with positive test results, prior to repeal by Pub. L. 106-310, div. B, title XXXII, §3201(b)(2), Oct. 17, 2000, 114 Stat. 1190.

§ 290bb-34. Youth interagency research, training, and technical assistance centers

(a) Program authorized

The Secretary, acting through the Administrator of the Substance Abuse and Mental