

(f) Report on program outcomes

An eligible entity receiving a grant or cooperative agreement under this section shall submit an annual report to the Secretary that includes—

(1) the progress made to reduce barriers to integrated care as described in the entity's application under subsection (c); and

(2) a description of functional outcomes of special populations, including—

(A) with respect to adults with a serious mental illness, participation in supportive housing or independent living programs, attendance in social and rehabilitative programs, participation in job training opportunities, satisfactory performance in work settings, attendance at scheduled medical and mental health appointments, and compliance with prescribed medication regimes;

(B) with respect to individuals with co-occurring mental illness and physical health conditions and chronic diseases, attendance at scheduled medical and mental health appointments, compliance with prescribed medication regimes, and participation in learning opportunities related to improved health and lifestyle practices; and

(C) with respect to children and adolescents with a serious emotional disturbance who have co-occurring physical health conditions and chronic diseases, attendance at scheduled medical and mental health appointments, compliance with prescribed medication regimes, and participation in learning opportunities at school and extra-curricular activities.

(g) Technical assistance for primary-behavioral health care integration**(1) In general**

The Secretary may provide appropriate information, training, and technical assistance to eligible entities that receive a grant or cooperative agreement under this section, in order to help such entities meet the requirements of this section, including assistance with—

(A) development and selection of integrated care models;

(B) dissemination of evidence-based interventions in integrated care;

(C) establishment of organizational practices to support operational and administrative success; and

(D) other activities, as the Secretary determines appropriate.

(2) Additional dissemination of technical information

The information and resources provided by the Secretary under paragraph (1) shall, as appropriate, be made available to States, political subdivisions of States, Indian tribes or tribal organizations (as defined in section 5304 of title 25), outpatient mental health and addiction treatment centers, community mental health centers that meet the criteria under section 300x-2(c) of this title, certified community behavioral health clinics described in section 223 of the Protecting Access to Medicare Act of 2014, primary care organizations such as

Federally qualified health centers or rural health clinics as defined in section 1395x(aa) of this title, other community-based organizations, or other entities engaging in integrated care activities, as the Secretary determines appropriate.

(h) Authorization of appropriations

To carry out this section, there are authorized to be appropriated \$51,878,000 for each of fiscal years 2018 through 2022.

(July 1, 1944, ch.373, title V, §520K, as added Pub. L. 111-148, title V, §5604, Mar. 23, 2010, 124 Stat. 679; amended Pub. L. 114-255, div. B, title IX, §9003, Dec. 13, 2016, 130 Stat. 1235.)

REFERENCES IN TEXT

Section 223 of the Protecting Access to Medicare Act of 2014, referred to in subsec. (g)(2), is section 223 of Pub. L. 113-93, which is set out as a note under section 1396a of this title.

AMENDMENTS

2016—Pub. L. 114-255 amended section generally. Prior to amendment, section related to awards for co-locating primary and specialty care in community-based mental health settings.

§ 290bb-43. Adult suicide prevention**(a) Grants****(1) In general**

The Assistant Secretary shall award grants to eligible entities described in paragraph (2) to implement suicide prevention and intervention programs, for individuals who are 25 years of age or older, that are designed to raise awareness of suicide, establish referral processes, and improve care and outcomes for such individuals who are at risk of suicide.

(2) Eligible entities

To be eligible to receive a grant under this section, an entity shall be a community-based primary care or behavioral health care setting, an emergency department, a State mental health agency (or State health agency with mental or behavioral health functions), public health agency, a territory of the United States, or an Indian tribe or tribal organization (as the terms "Indian tribe" and "tribal organization" are defined in section 5304 of title 25).

(3) Use of funds

The grants awarded under paragraph (1) shall be used to implement programs, in accordance with such paragraph, that include one or more of the following components:

(A) Screening for suicide risk, suicide intervention services, and services for referral for treatment for individuals at risk for suicide.

(B) Implementing evidence-based practices to provide treatment for individuals at risk for suicide, including appropriate followup services.

(C) Raising awareness and reducing stigma of suicide.

(b) Evaluations and technical assistance

The Assistant Secretary shall—

(1) evaluate the activities supported by grants awarded under subsection (a), and dis-

seminate, as appropriate, the findings from the evaluation; and

(2) provide appropriate information, training, and technical assistance, as appropriate, to eligible entities that receive a grant under this section, in order to help such entities to meet the requirements of this section, including assistance with selection and implementation of evidence-based interventions and frameworks to prevent suicide.

(c) Duration

A grant under this section shall be for a period of not more than 5 years.

(d) Authorization of appropriations

There are authorized to be appropriated to carry out this section \$30,000,000 for the period of fiscal years 2018 through 2022.

(July 1, 1944, ch. 373, title V, § 520L, as added Pub. L. 114-255, div. B, title IX, § 9009, Dec. 13, 2016, 130 Stat. 1243.)

§ 290bb-44. Assertive community treatment grant program

(a) In general

The Assistant Secretary shall award grants to eligible entities—

(1) to establish assertive community treatment programs for adults with a serious mental illness; or

(2) to maintain or expand such programs.

(b) Eligible entities

To be eligible to receive a grant under this section, an entity shall be a State, political subdivision of a State, Indian tribe or tribal organization (as such terms are defined in section 5304 of title 25), mental health system, health care facility, or any other entity the Assistant Secretary deems appropriate.

(c) Special consideration

In selecting among applicants for a grant under this section, the Assistant Secretary may give special consideration to the potential of the applicant's program to reduce hospitalization, homelessness, and involvement with the criminal justice system while improving the health and social outcomes of the patient.

(d) Additional activities

The Assistant Secretary shall—

(1) not later than the end of fiscal year 2021, submit a report to the appropriate congressional committees on the grant program under this section, including an evaluation of—

(A) any cost savings and public health outcomes such as mortality, suicide, substance use disorders, hospitalization, and use of services;

(B) rates of involvement with the criminal justice system of patients;

(C) rates of homelessness among patients; and

(D) patient and family satisfaction with program participation; and

(2) provide appropriate information, training, and technical assistance to grant recipients under this section to help such recipients to establish, maintain, or expand their assertive community treatment programs.

(e) Authorization of appropriations

(1) In general

To carry out this section, there is authorized to be appropriated \$5,000,000 for the period of fiscal years 2018 through 2022.

(2) Use of certain funds

Of the funds appropriated to carry out this section in any fiscal year, not more than 5 percent shall be available to the Assistant Secretary for carrying out subsection (d).

(July 1, 1944, ch. 373, title V, § 520M, as added Pub. L. 114-255, div. B, title IX, § 9015, Dec. 13, 2016, 130 Stat. 1245.)

§§ 290cc to 290cc-12. Repealed. Pub. L. 102-321, title I, §§ 117, 120(b)(3), 123(c), July 10, 1992, 106 Stat. 348, 358, 363

Section 290cc, act July 1, 1944, ch. 373, title V, § 515, formerly Pub. L. 92-255, title V, § 503, as added Pub. L. 94-237, § 13(a), Mar. 19, 1976, 90 Stat. 248; amended Pub. L. 95-461, § 2(c), Oct. 14, 1978, 92 Stat. 1268; Pub. L. 96-181, § 12, Jan. 2, 1980, 93 Stat. 1315; Pub. L. 97-35, title IX, § 972(a), (b), Aug. 13, 1981, 95 Stat. 597; renumbered § 515 of act July 1, 1944, and amended Apr. 26, 1983, Pub. L. 98-24, § 2(b)(11), 97 Stat. 180; Oct. 19, 1984, Pub. L. 98-509, title II, §§ 205(a)(2), 206(c)(2), 207(b), 98 Stat. 2361-2363; Oct. 27, 1986, Pub. L. 99-570, title IV, § 4009, 100 Stat. 3207-115; Nov. 18, 1988, Pub. L. 100-690, title II, § 2058(a)(3), 102 Stat. 4214, related to encouraging drug abuse research.

Section 290cc-1, act July 1, 1944, ch. 373, title V, § 516, as added Oct. 19, 1984, Pub. L. 98-509, title II, § 206(b), 98 Stat. 2362; amended Nov. 18, 1988, Pub. L. 100-690, title II, § 2058(a)(4), 102 Stat. 4214, related to drug abuse demonstration projects.

Section 290cc-2, act July 1, 1944, ch. 373, title V, § 517, as added Oct. 19, 1984, Pub. L. 98-509, title II, § 207(b), 98 Stat. 2363; amended Oct. 27, 1986, Pub. L. 99-570, title IV, § 4010(b), 100 Stat. 3207-115; Nov. 18, 1988, Pub. L. 100-690, title II, § 2056(b), 102 Stat. 4211; Aug. 15, 1990, Pub. L. 101-374, § 3(a), 104 Stat. 457, authorized appropriations for drug abuse research.

Section 290cc-11, act July 1, 1944, ch. 373, title V, § 518, formerly § 519, as added Nov. 18, 1988, Pub. L. 100-690, title II, § 2057(3), 102 Stat. 4212; renumbered § 518, Aug. 16, 1989, Pub. L. 101-93, § 3(e)(1)(A), 103 Stat. 610, related to establishment of a mental health research program.

Section 290cc-12, act July 1, 1944, ch. 373, title V, § 519, formerly § 520, as added Nov. 18, 1988, Pub. L. 100-690, title II, § 2057(3), 102 Stat. 4212; renumbered § 519, Aug. 16, 1989, Pub. L. 101-93, § 3(e)(1)(A), 103 Stat. 610, related to National Mental Health Education Program.

EFFECTIVE DATE OF REPEAL

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

§ 290cc-13. Transferred

CODIFICATION

Section, act July 1, 1944, ch. 373, title V, § 520, formerly § 520A, as added Nov. 18, 1988, Pub. L. 100-690, title II, § 2057(3), 102 Stat. 4212, and amended, which related to establishment of grant programs for demonstration projects for drug abuse research, was renumbered section 520A of act July 1, 1944 by Pub. L. 102-321, title I, § 116(a), July 10, 1992, 106 Stat. 348, and transferred to section 290bb-32 of this title.

PART C—PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

§ 290cc-21. Formula grants to States

For the purpose of carrying out section 290cc-22 of this title, the Secretary, acting