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2000—Pub. L. 106-310 amended section catchline and text generally, substituting present provisions for provisions, in subsec. (a), authorizing Secretary to make grants for benefit of homeless individuals through the Administrator of Substance Abuse and Mental Health Services Administration, in subsec. (b), relating to preferences for grants to entities providing integrated primary health, substance abuse, and mental health services, in subsec. (c), relating to services for certain individuals, in subsec. (d), relating to 5-year grants with renewals, and in subsec. (e), authorizing appropriations for fiscal years 1993 and 1994.

Subsec. (a). Pub. L. 106-400 made technical amendment to reference in original act which appears in text as reference to section 11311 of this title.

1992—Pub. L. 102-321 amended section generally, substituting provisions relating to grants for benefit of homeless individuals for provisions relating to alcohol abuse and alcoholism demonstration projects.

1987—Subsecs. (c), (d). Pub. L. 100–77 added subsec. (c), redesignated former subsec. (c) as (d), and substituted "subsection (a) or (c)" for "subsection (a)".

Statutory Notes and Related Subsidiaries

CHANGE OF NAME

Interagency Council on the Homeless changed to United States Interagency Council on Homelessness by Pub. L. 108-199, div. G, title II, §216, Jan. 23, 2004, 118 Stat. 394.

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.

§290aa–5a. Alcohol and drug prevention or treatment services for Indians and Native Alaskans

(a) In general

The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Native Alaskan entities and Indian tribes and tribal organizations, for the purpose of providing alcohol and drug prevention or treatment services for Indians and Native Alaskans.

(b) **Priority**

In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants that—

(1) propose to provide alcohol and drug prevention or treatment services on reservations;

(2) propose to employ culturally-appropriate approaches, as determined by the Secretary, in providing such services; and

(3) have provided prevention or treatment services to Native Alaskan entities and Indian tribes and tribal organizations for at least 1 year prior to applying for a grant under this section.

(c) Duration

The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for a period not to exceed 5 years.

(d) Application

An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

(e) Evaluation

An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate. The final evaluation submitted by such entity shall include a recommendation as to whether such project shall continue.

(f) Report

Not later than 3 years after October 17, 2000, and annually thereafter, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report describing the services provided pursuant to this section.

(g) Authorization of appropriations

There are authorized to be appropriated to carry out this section, \$15,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 and 2003.

(July 1, 1944, ch. 373, title V, §506A, as added Pub. L. 106-310, div. B, title XXXIII, §3306, Oct. 17, 2000, 114 Stat. 1215.)

§ 290aa-5b. Repealed. Pub. L. 114-255, div. B, title IX, § 9017, Dec. 13, 2016, 130 Stat. 1248

Section, act July 1, 1944, ch. 373, title V, §506B, as added Pub. L. 106-310, div. B, title XXXVI, §3665(a), Oct. 17, 2000, 114 Stat. 1244, related to grants for ecstasy and other club drugs abuse prevention.

§§ 290aa–6 to 290aa–8. Transferred

Editorial Notes

CODIFICATION

Section 290aa-6, act July 1, 1944, ch. 373, title V, \$508, as added Oct. 27, 1986, Pub. L. 99-570, title IV, \$4005(a), 100 Stat. 3207-111, and amended, which related to the Office of Substance Abuse Prevention, was renumbered section 515 of act July 1, 1944, by Pub. L. 102-321, title I, \$113(b), July 10, 1992, 106 Stat. 345, and transferred to section 290bb-21 of this title.

Section 290aa-7, act July 1, 1944, ch. 373, title V, \$509, as added Oct. 27, 1986, Pub. L. 99-570, title IV, \$4005(a), 100 Stat. 3207-112, which related to Alcohol and Drug Abuse Information Clearinghouse, was renumbered section 516 of act July 1, 1944, by Pub. L. 102-321, title I, \$113(f)(1)-(3), July 10, 1992, 106 Stat. 345, and transferred to section 290bb-22 of this title.

Section 290aa-8, act July 1, 1944, ch. 373, title V, §509A, as added Oct. 27, 1986, Pub. L. 99-570, title IV, §4005(a), 100 Stat. 3207-113, and amended, which related to alcohol and drug abuse prevention, treatment, and rehabilitation model projects for high risk youth, was renumbered section 517 of act July 1, 1944, by Pub. L. 102-321, title I, §114(a), July 10, 1992, 106 Stat. 346, transferred to section 290bb-23 of this title, and repealed by Pub. L. 114-255, div. B, title IX, §9017, Dec. 13, 2016, 130 Stat. 1248.

§§ 290aa-9, 290aa-10. Repealed. Pub. L. 102-321, title I, § 120(a), July 10, 1992, 106 Stat. 358

Section 290aa-9, act July 1, 1944, ch. 373, title V, §509B, as added Oct. 27, 1986, Pub. L. 99-570, title IV, §4006, 100 Stat. 3207-114; amended Oct. 27, 1992, Pub. L. 102-531, title III, §312(d)(11), 106 Stat. 3505, related to research on public health emergencies.