Subsec. (b)(9). Pub. L. 114–255, §9008(a)(5)(I), substituted ''health and substance use disorder'' for ''and behavioral health''.

Subsec. (b)(10). Pub. L. 114–255, §9008(a)(5)(J), inserted ''conducting'' before ''other''.

Subsecs. (c) to (e). Pub. L. 114–255, §9008(a)(6), added subsecs. (c) and (d) and struck out subsec. (e) which authorized appropriations for prior fiscal years.

2004—Subsec. (a). Pub. L. 108–355, §3(a)(1), substituted dash for comma after ''National Institutes of Health'', designated remainder of existing provisions as par. (1), substituted ''; and'' for period, and added par. (2).

Subsec. (c). Pub. L. 108–355, §3(a)(2), substituted ''(a)(1)'' for ''(a)'' in introductory provisions.

Subsec. (d). Pub. L. 108–355, §3(a)(5), added subsec. (d). Former subsec. (d) redesignated (e).

Pub. L. 108–355, §3(a)(3), designated existing provisions as par. (1), substituted ''awarding grants or contracts under subsection (a)(1)'' for ''carrying out this section'', and added par. (2).

Subsec. (e). Pub. L. 108–355, §3(a)(4), redesignated subsec. (d) as (e).

§ 290bb–35. Repealed.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, §520D, as added Pub. L. 106–310, div. B, title XXXI, §3107, Oct. 17, 2000, 114 Stat. 1179, related to services for youth offenders.

§ 290bb–36. Youth suicide early intervention and prevention strategies

(a) In general

The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall award grants or cooperative agreements to eligible entities to—

(1) develop and implement State-sponsored statewide or Tribal youth suicide early intervention and prevention strategies in schools, educational institutions, juvenile justice systems, substance use disorder programs, mental health programs, foster care systems, pediatric health programs, and other child and youth support organizations;

(2) support public organizations and private nonprofit organizations actively involved in State-sponsored statewide or Tribal youth suicide early intervention and prevention strategies and in the development and continuation of State-sponsored statewide youth suicide early intervention and prevention strategies;

(3) provide grants to institutions of higher education to coordinate the implementation of State-sponsored statewide or Tribal youth suicide early intervention and prevention strategies;

(4) collect and analyze data on State-sponsored statewide or Tribal youth suicide early intervention and prevention services that can be used to monitor the effectiveness of such services and for research, technical assistance, and policy development; and

(5) assist eligible entities, through State-sponsored statewide or Tribal youth suicide early intervention and prevention strategies, in achieving targets for youth suicide reductions under title V of the Social Security Act [42 U.S.C. 701 et seq.].

(b) Eligible entity

(1) Definition

In this section, the term ''eligible entity'' means—

(A) a State;

(B) a public organization or private nonprofit organization designated by a State or Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act [25 U.S.C. 5304]) to develop or direct the State-sponsored statewide or Tribal youth suicide early intervention and prevention strategy; or

(C) a Federally recognized Indian Tribe or Tribal organization (as defined in the Indian Self-Determination and Education Assistance Act [25 U.S.C. 5301 et seq.]) or an urban Indian organization (as defined in the Indian Health Care Improvement Act [25 U.S.C. 1601 et seq.]) that is actively involved in the development and continuation of a Tribal youth suicide early intervention and prevention strategy.

(2) Limitation

In carrying out this section, the Secretary shall ensure that a State does not receive more than 1 grant or cooperative agreement under this section at any 1 time. For purposes of the preceding sentence, a State shall be considered to have received a grant or cooperative agreement if the eligible entity involved is the State or an entity designated by the State under paragraph (1)(B). Nothing in this paragraph shall be construed to apply to entities described in paragraph (1)(C).

(3) Consideration

In awarding grants under this section, the Secretary shall take into consideration the extent of the need of the applicant, including the incidence and prevalence of suicide in the State and among the populations of focus, including rates of suicide determined by the Centers for Disease Control and Prevention for the State or population of focus.

(4) Consultation

An entity described in paragraph (1)(A) or (1)(B) that applies for a grant or cooperative agreement under this section shall agree to consult or confer with entities described in paragraph (1)(C) and Native Hawaiian Health Care Systems, as applicable, in the applicable State with respect to the development and implementation of a statewide early intervention strategy.

(c) Preference

In providing assistance under a grant or cooperative agreement under this section, an eligible entity shall give preference to public organizations, private nonprofit organizations, political subdivisions, institutions of higher education, and Tribal organizations actively involved with the State-sponsored statewide or Tribal youth suicide early intervention and prevention strategy that—

(1) provide early intervention and assessment services, including screening programs, to youth who are at risk for mental or emotional disorders that may lead to a suicide attempt, and that are integrated with school systems, educational institutions, juvenile justice systems, substance use disorder programs, mental health programs, foster care

systems, pediatric health programs, and other child and youth support organizations;

(2) demonstrate collaboration among early intervention and prevention services or certify that entities will engage in future collaboration;

(3) employ or include in their applications a commitment to evaluate youth suicide early intervention and prevention practices and strategies adapted to the local community;

(4) provide timely referrals for appropriate community-based mental health care and treatment of youth who are at risk for suicide in child-serving settings and agencies;

(5) provide immediate support and information resources to families of youth who are at risk for suicide;

(6) offer access to services and care to youth with diverse linguistic and cultural backgrounds;

(7) offer appropriate postsuicide intervention services, care, and information to families, friends, schools, educational institutions, juvenile justice systems, substance use disorder programs, mental health programs, foster care systems, pediatric health programs, and other child and youth support organizations of youth who recently completed suicide;

(8) offer continuous and up-to-date information and awareness campaigns that target parents, family members, child care professionals, community care providers, and the general public and highlight the risk factors associated with youth suicide and the life-saving help and care available from early intervention and prevention services;

(9) ensure that information and awareness campaigns on youth suicide risk factors, and early intervention and prevention services, use effective communication mechanisms that are targeted to and reach youth, families, schools, educational institutions, pediatric health programs, and youth organizations;

(10) provide a timely response system to ensure that child-serving professionals and providers are properly trained in youth suicide early intervention and prevention strategies and that child-serving professionals and providers involved in early intervention and prevention services are properly trained in effectively identifying youth who are at risk for suicide;

(11) provide continuous training activities for child care professionals and community care providers on the latest youth suicide early intervention and prevention services practices and strategies;

(12) conduct annual self-evaluations of outcomes and activities, including consulting with interested families and advocacy organizations;

(13) provide services in areas or regions with rates of youth suicide that exceed the national average as determined by the Centers for Disease Control and Prevention;

(14) obtain informed written consent from a parent or legal guardian of an at-risk child before involving the child in a youth suicide early intervention and prevention program; and

(15) provide to parents, legal guardians, and family members of youth, supplies to securely store means commonly used in suicide, if applicable, within the household.

(d) Requirement for suicide prevention activities

Not less than 85 percent of grant funds received under this section shall be used to provide suicide prevention activities.

(e) Coordination and collaboration

(1) In general

In carrying out this section, the Secretary shall collaborate with relevant Federal agencies and suicide working groups responsible for early intervention and prevention services relating to youth suicide.

(2) Consultation

In carrying out this section, the Secretary shall consult with—

(A) State and local agencies, including agencies responsible for early intervention and prevention services under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.], the State Children's Health Insurance Program under title XXI of the Social Security Act [42 U.S.C. 1397aa et seq.], and programs funded by grants under title V of the Social Security Act [42 U.S.C. 701 et seq.];

(B) local and national organizations that serve youth at risk for suicide and their families;

(C) relevant national medical and other health and education specialty organizations;

(D) youth who are at risk for suicide, who have survived suicide attempts, or who are currently receiving care from early intervention services;

(E) families and friends of youth who are at risk for suicide, who have survived suicide attempts, who are currently receiving care from early intervention and prevention services, or who have completed suicide;

(F) qualified professionals who possess the specialized knowledge, skills, experience, and relevant attributes needed to serve youth at risk for suicide and their families; and

(G) third-party payers, managed care organizations, and related commercial industries.

(3) Policy development

In carrying out this section, the Secretary shall—

(A) coordinate and collaborate on policy development at the Federal level with the relevant Department of Health and Human Services agencies and suicide working groups and the Department of Education, as appropriate; and

(B) consult on policy development at the Federal level with the private sector, including consumer, medical, suicide prevention advocacy groups, and other health and education professional-based organizations, with respect to State-sponsored statewide or Tribal youth suicide early intervention and prevention strategies.

(f) Rule of construction; religious and moral accommodation

Nothing in this section shall be construed to require suicide assessment, early intervention,

or treatment services for youth whose parents or legal guardians object based on the parents' or legal guardians' religious beliefs or moral objections.

(g) Evaluations and report

(1) Evaluations by eligible entities

Not later than 24 months after receiving a grant or cooperative agreement under this section, an eligible entity shall submit to the Secretary the results of an evaluation to be conducted by the entity concerning the effectiveness of the activities carried out under the grant or agreement.

(2) Report

Not later than December 31, 2025, the Secretary shall submit to the appropriate committees of Congress a report concerning the results of—

(A) the evaluations conducted under paragraph (1); and

(B) an evaluation conducted by the Secretary to analyze the effectiveness and efficacy of the activities conducted with grants, collaborations, and consultations under this section.

(h) Rule of construction; student medication

Nothing in this section or section 290bb–36a of this title shall be construed to allow school personnel to require that a student obtain any medication as a condition of attending school or receiving services.

(i) Prohibition

Funds appropriated to carry out this section, section 290bb–34 of this title, section 290bb–36a of this title, or section 290bb–36b of this title shall not be used to pay for or refer for abortion.

(j) Parental consent

States and entities receiving funding under this section and section 290bb–36a of this title shall obtain prior written, informed consent from the child's parent or legal guardian for assessment services, school-sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools. The requirement of the preceding sentence does not apply in the following cases:

(1) In an emergency, where it is necessary to protect the immediate health and safety of the student or other students.

(2) Other instances, as defined by the State, where parental consent cannot reasonably be obtained.

(k) Relation to education provisions

Nothing in this section or section 290bb–36a of this title shall be construed to supersede section 1232g of title 20, including the requirement of prior parental consent for the disclosure of any education records. Nothing in this section or section 290bb–36a of this title shall be construed to modify or affect parental notification requirements for programs authorized under the Elementary and Secondary Education Act of 1965 [20 U.S.C. 6301 et seq.] (as amended by the No Child Left Behind Act of 2001; Public Law 107–110).

(*l*) Definitions

In this section:

(1) Early intervention

The term ''early intervention'' means a strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition.

(2) Educational institution; institution of higher education; school

The term—

(A) ''educational institution'' means a school or institution of higher education;

(B) ''institution of higher education'' has the meaning given such term in section 1001 of title 20; and

(C) ''school'' means an elementary school or secondary school (as such terms are defined in section 8101 of the Elementary and Secondary Education Act of 1965 [20 U.S.C. 7801]).

(3) Prevention

The term ''prevention'' means a strategy or approach that reduces the likelihood or risk of onset, or delays the onset, of adverse health problems that have been known to lead to suicide.

(4) Youth

The term ''youth'' means individuals who are up to 24 years of age.

(m) Authorization of appropriations

For the purpose of carrying out this section, there are authorized to be appropriated $40,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title V, § 520E, as added Pub. L. 108–355, § 3(c), Oct. 21, 2004, 118 Stat. 1409; amended Pub. L. 114–95, title IX, § 9215(kkk)(3), Dec. 10, 2015, 129 Stat. 2187; Pub. L. 114–255, div. B, title VI, § 6001(c)(1), title IX, § 9008(b), Dec. 13, 2016, 130 Stat. 1203, 1242; Pub. L. 116–260, div. BB, title III, § 315, Dec. 27, 2020, 134 Stat. 2932; Pub. L. 117–328, div. FF, title I, § 1422, Dec. 29, 2022, 136 Stat. 5702.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsecs. (a)(5) and (e)(2)(A), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles V, XIX, and XXI of the Act are classified generally to subchapters V (§ 701 et seq.), XIX (§ 1396 et seq.), and XXI (§ 1397aa et seq.), respectively, of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

The Indian Self-Determination and Education Assistance Act, referred to in subsec. (b)(1)(C), is Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2203, which is classified principally to chapter 46 (§ 5301 et seq.) of Title 25, Indians. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of Title 25 and Tables.

The Indian Health Care Improvement Act, referred to in subsec. (b)(1)(C), is Pub. L. 94–437, Sept. 30, 1976, 90 Stat. 1400, which is classified principally to chapter 18 (§ 1601 et seq.) of Title 25, Indians. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of Title 25 and Tables.

The Elementary and Secondary Education Act of 1965, referred to in subsec. (k), is Pub. L. 89–10, Apr. 11, 1965, 79 Stat. 27, which is classified generally to chapter 70 (§ 6301 et seq.) of Title 20, Education. For complete classification of this Act to the Code, see Short Title note set out under section 6301 of Title 20 and Tables.

The No Child Left Behind Act of 2001, referred to in subsec. (k), is Pub. L. 107–110, Jan. 8, 2002, 115 Stat. 1425. For complete classification of this Act to the Code, see Short Title of 2002 Amendment note set out under section 6301 of Title 20, Education, and Tables.

PRIOR PROVISIONS

A prior section 290bb–36, act July 1, 1944, ch. 373, title V, § 520E, as added Pub. L. 106–310, div. B, title XXXI, § 3111, Oct. 17, 2000, 114 Stat. 1186, and amended, which related to suicide prevention for children and adolescents, was renumbered section 520E–1 of act July 1, 1944, by Pub. L. 108–355, § 3(b)(2), Oct. 21, 2004, 118 Stat. 1409, and transferred to section 290bb–36a of this title.

AMENDMENTS

2022—Pub. L. 117–328, § 1422(2), substituted ''Tribal'' for ''tribal'' wherever appearing.

Subsec. (a)(1). Pub. L. 117–328, § 1422(3), inserted ''pediatric health programs,'' after ''foster care systems,''.

Subsec. (b)(1)(B). Pub. L. 117–328, § 1422(4), amended subpar. (B) generally. Prior to amendment, subpar. (B) read as follows: ''a public organization or private nonprofit organization designated by a State to develop or direct the State-sponsored statewide youth suicide early intervention and prevention strategy; or''.

Subsec. (b)(1)(C). Pub. L. 117–328, § 1422(1), substituted ''Tribe'' for ''tribe''.

Subsec. (c)(1). Pub. L. 117–328, § 1422(5)(A), inserted ''pediatric health programs,'' after ''foster care systems,''.

Subsec. (c)(7). Pub. L. 117–328, § 1422(5)(B), inserted ''pediatric health programs,'' after ''foster care systems,''.

Subsec. (c)(9). Pub. L. 117–328, § 1422(5)(C), inserted ''pediatric health programs,'' after ''educational institutions,''.

Subsec. (c)(15). Pub. L. 117–328, § 1422(5)(D)–(F), added par. (15).

Subsec. (d). Pub. L. 117–328, § 1422(6), substituted ''suicide prevention activities'' for ''direct services'' in heading and ''suicide prevention activities'' for ''direct services, of which not less than 5 percent shall be used for activities authorized under subsection (a)(3)'' in text.

Subsec. (e)(3)(A). Pub. L. 117–328, § 1422(7), inserted ''and the Department of Education, as appropriate'' after ''agencies and suicide working groups''.

Subsec. (g)(1). Pub. L. 117–328, § 1422(8)(A), substituted ''24'' for ''18''.

Subsec. (g)(2). Pub. L. 117–328, § 1422(8)(B), substituted ''December 31, 2025'' for ''2 years after December 13, 2016''.

Subsec. (*l*)(4). Pub. L. 117–328, § 1422(9), substituted ''up to 24 years of age'' for ''between 10 and 24 years of age''.

Subsec. (m). Pub. L. 117–328, § 1422(10), substituted ''$40,000,000 for each of fiscal years 2023 through 2027'' for ''$30,000,000 for each of fiscal years 2018 through 2022''.

2020—Subsec. (b)(4). Pub. L. 116–260 added par. (4).

2016—Subsec. (a). Pub. L. 114–255, § 6001(c)(1), substituted ''Assistant Secretary for Mental Health and Substance Use'' for ''Administrator of the Substance Abuse and Mental Health Services Administration'' in introductory provisions.

Subsec. (a)(1). Pub. L. 114–255, § 9008(b)(1), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (b)(2). Pub. L. 114–255, § 9008(b)(2)(A), substituted ''ensure that a State does not receive more than 1 grant or cooperative agreement under this section at any 1 time'' for ''ensure that each State is awarded only 1 grant or cooperative agreement under this section'' and ''received'' for ''been awarded''.

Subsec. (b)(3). Pub. L. 114–255, § 9008(b)(2)(B), added par. (3).

Subsec. (c)(1), (7). Pub. L. 114–255, § 9008(b)(1), substituted ''substance use disorder'' for ''substance abuse''.

Subsec. (g)(2). Pub. L. 114–255, § 9008(b)(3), substituted ''2 years after December 13, 2016,'' for ''2 years after October 21, 2004,''.

Subsec. (m). Pub. L. 114–255, § 9008(b)(4), added subsec. (m) and struck out former subsec. (m) which authorized appropriations for fiscal years 2005 to 2007 and provided that the Secretary should give preference to certain States if less than $3,500,000 was appropriated for any fiscal year.

2015—Subsec. (*l*)(2)(C). Pub. L. 114–95 substituted ''elementary school or secondary school (as such terms are defined in section 8101 of the Elementary and Secondary Education Act of 1965)'' for ''elementary or secondary school (as such terms are defined in section 9101 of the Elementary and Secondary Education Act of 1965)''.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2015 AMENDMENT

Amendment by Pub. L. 114–95 effective Dec. 10, 2015, except with respect to certain noncompetitive programs and competitive programs, see section 5 of Pub. L. 114–95, set out as a note under section 6301 of Title 20, Education.

CONGRESSIONAL FINDINGS

Pub. L. 108–355, § 2, Oct. 21, 2004, 118 Stat. 1404, provided that: ''Congress makes the following findings:

''(1) More children and young adults die from suicide each year than from cancer, heart disease, AIDS, birth defects, stroke, and chronic lung disease combined.

''(2) Over 4,000 children and young adults tragically take their lives every year, making suicide the third overall cause of death between the ages of 10 and 24. According to the Centers for Disease Control and Prevention, suicide is the third overall cause of death among college-age students.

''(3) According to the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention, children and young adults accounted for 15 percent of all suicides completed in 2000.

''(4) From 1952 to 1995, the rate of suicide in children and young adults tripled.

''(5) From 1980 to 1997, the rate of suicide among young adults ages 15 to 19 increased 11 percent.

''(6) From 1980 to 1997, the rate of suicide among children ages 10 to 14 increased 109 percent.

''(7) According to the National Center of Health Statistics, suicide rates among Native Americans range from 1.5 to 3 times the national average for other groups, with young people ages 15 to 34 making up 64 percent of all suicides.

''(8) Congress has recognized that youth suicide is a public health tragedy linked to underlying mental health problems and that youth suicide early intervention and prevention activities are national priorities.

''(9) Youth suicide early intervention and prevention have been listed as urgent public health priorities by the President's New Freedom Commission in [probably should be ''on''] Mental Health (2002), the Institute of Medicine's Reducing Suicide: A National Imperative (2002), the National Strategy for Suicide Prevention: Goals and Objectives for Action (2001), and the Surgeon General's Call to Action To Prevent Suicide (1999).

''(10) Many States have already developed comprehensive statewide youth suicide early intervention and prevention strategies that seek to provide effective early intervention and prevention services.

''(11) In a recent report, a startling 85 percent of college counseling centers revealed an increase in the number of students they see with psychological problems. Furthermore, the American College Health Association found that 61 percent of college students reported feeling hopeless, 45 percent said they felt so depressed they could barely function, and 9 percent felt suicidal.

''(12) There is clear evidence of an increased incidence of depression among college students. Accord-

ing to a survey described in the Chronicle of Higher Education (February 1, 2002), depression among freshmen has nearly doubled (from 8.2 percent to 16.3 percent). Without treatment, researchers recently noted that 'depressed adolescents are at risk for school failure, social isolation, promiscuity, self-medication with drugs and alcohol, and suicide—now the third leading cause of death among 10–24 year olds.'.

''(13) Researchers who conducted the study 'Changes in Counseling Center Client Problems Across 13 Years' (1989–2001) at Kansas State University stated that 'students are experiencing more stress, more anxiety, more depression than they were a decade ago.' (The Chronicle of Higher Education, February 14, 2003).

''(14) According to the 2001 National Household Survey on Drug Abuse, 20 percent of full-time undergraduate college students use illicit drugs.

''(15) The 2001 National Household Survey on Drug Abuse also reported that 18.4 percent of adults aged 18 to 24 are dependent on or abusing illicit drugs or alcohol. In addition, the study found that 'serious mental illness is highly correlated with substance dependence or abuse. Among adults with serious mental illness in 2001, 20.3 percent were dependent on or abused alcohol or illicit drugs, while the rate among adults without serious mental illness was only 6.3 percent.'.

''(16) A 2003 Gallagher's Survey of Counseling Center Directors found that 81 percent were concerned about the increasing number of students with more serious psychological problems, 67 percent reported a need for more psychiatric services, and 63 percent reported problems with growing demand for services without an appropriate increase in resources.

''(17) The International Association of Counseling Services accreditation standards recommend 1 counselor per 1,000 to 1,500 students. According to the 2003 Gallagher's Survey of Counseling Center Directors, the ratio of counselors to students is as high as 1 counselor per 2,400 students at institutions of higher education with more than 15,000 students.''

§ 290bb–36a. Suicide prevention for youth

(a) In general

The Secretary shall award grants or cooperative agreements to public organizations, private nonprofit organizations, political subdivisions, consortia of political subdivisions, consortia of States, or Federally recognized Indian tribes or tribal organizations to design early intervention and prevention strategies that will complement the State-sponsored statewide or tribal youth suicide early intervention and prevention strategies developed pursuant to section 290bb–36 of this title.

(b) Collaboration

In carrying out subsection (a), the Secretary shall ensure that activities under this section are coordinated with the relevant Department of Health and Human Services agencies and suicide working groups.

(c) Requirements

A public organization, private nonprofit organization, political subdivision, consortium of political subdivisions, consortium of States, or federally recognized Indian tribe or tribal organization desiring a grant, contract, or cooperative agreement under this section shall demonstrate that the suicide prevention program such entity proposes will—

(1)(A) comply with the State-sponsored statewide early intervention and prevention strategy as developed under section 290bb–36 of this title; and

(B) in the case of a consortium of States, receive the support of all States involved;

(2) provide for the timely assessment, treatment, or referral for mental health or substance abuse services of youth at risk for suicide;

(3) be based on suicide prevention practices and strategies that are adapted to the local community;

(4) integrate its suicide prevention program into the existing health care system in the community including general, mental, and behavioral health services, and substance abuse services;

(5) be integrated into other systems in the community that address the needs of youth including the school systems, educational institutions, juvenile justice system, substance abuse programs, mental health programs, foster care systems, and community child and youth support organizations;

(6) use primary prevention methods to educate and raise awareness in the local community by disseminating evidence-based information about suicide prevention;

(7) include suicide prevention, mental health, and related information and services for the families and friends of those who completed suicide, as needed;

(8) offer access to services and care to youth with diverse linguistic and cultural backgrounds;

(9) conduct annual self-evaluations of outcomes and activities, including consulting with interested families and advocacy organizations;[1]

(10) ensure that staff used in the program are trained in suicide prevention and that professionals involved in the system of care have received training in identifying persons at risk of suicide.

(d) Use of funds

Amounts provided under a grant or cooperative agreement under this section shall be used to supplement, and not supplant, Federal and non-Federal funds available for carrying out the activities described in this section. Applicants shall provide financial information to demonstrate compliance with this section.

(e) Condition

An applicant for a grant or cooperative agreement under subsection (a) shall demonstrate to the Secretary that the application complies with the State-sponsored statewide early intervention and prevention strategy as developed under section 290bb–36 of this title and the applicant has the support of the local community and relevant public health officials.

(f) Special populations

In awarding grants and cooperative agreements under subsection (a), the Secretary shall ensure that such awards are made in a manner that will focus on the needs of communities or groups that experience high or rapidly rising rates of suicide.

(g) Application

A public organization, private nonprofit organization, political subdivision, consortium of po-

[1] So in original. Probably should be followed by ''and''.