

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 2646
OFFERED BY M. _____**

Strike sections 101 and 102 and redesignate sections 103 and 104 as sections 105 and 106 (and make such conforming amendments as are necessary).

Insert before section 105, as so redesignated, the following (and make such conforming amendments as are necessary):

**1 SEC. 101. ASSISTANT SECRETARY FOR MENTAL HEALTH
2 AND SUBSTANCE USE DISORDERS.**

3 (a) IN GENERAL.—Section 501 of the Public Health
4 Service Act (42 U.S.C. 290aa) is amended—

**5 (1) in subsection (c)(1), by adding at the end
6 the following: “The Administrator shall be selected
7 from individuals who have appropriate education and
8 experience. The Administrator shall also be the As-
9 sistant Secretary for Mental Health and Substance
10 Abuse.”;**

11 (2) in subsection (d)—

1 (A) by striking “The Secretary” and all
2 that follows through “(1) supervise the func-
3 tions” and inserting the following:

4 “(1) SECRETARY’S AUTHORITIES.—The Sec-
5 retary, acting through the Administrator, shall—

6 “(A) supervise the functions”;

7 (B) by moving the indentation of each of
8 paragraphs (2) through (18) 2 ems to the right
9 and redesignating such paragraphs as subpara-
10 graphs (B) through (R), respectively; and

11 (3) by adding at the end the following:

12 “(2) ASSISTANT SECRETARY’S AUTHORITIES.—
13 The Assistant Secretary for Mental Health and Sub-
14 stance Abuse shall—

15 “(A) serve as the effective and visible advo-
16 cate for individuals with, or at risk for, mental
17 illness and substance use disorders within the
18 Department of Health and Human Services and
19 with other departments, agencies, and instru-
20 mentalities of the Federal Government;

21 “(B) assist the Secretary in all matters
22 pertaining to issues that impact the prevention,
23 treatment, and recovery of individuals with
24 mental illness or substance use disorders;

1 “(C) coordinate Federal programs and ac-
2 tivities related to promoting mental health and
3 preventing substance abuse;

4 “(D) coordinate activities with Federal en-
5 tities to implement and build awareness of pro-
6 grams providing benefits affecting individuals
7 with mental illness or substance use disorders;

8 “(E) promote and coordinate research,
9 treatment, and services across departments,
10 agencies, organizations, and individuals with re-
11 spect to prevention, treatment, and recovery
12 support research and programs for individuals
13 with, or at risk for, substance use disorders or
14 mental illness;

15 “(F) coordinate functions within the De-
16 partment of Health and Human Services—

17 “(i) to improve the treatment of, and
18 related services to, individuals with sub-
19 stance use disorders or mental illness;

20 “(ii) to improve substance misuse and
21 abuse prevention and mental health pro-
22 motion services;

23 “(iii) to ensure access to effective, evi-
24 dence-based treatment for individuals with

1 mental illnesses and individuals with a sub-
2 stance use disorder;

3 “(iv) to ensure that grant programs of
4 the Department adhere to scientific stand-
5 ards for individuals with mental illness or
6 substance use disorders; and

7 “(v) to support the development and
8 implementation of initiatives to encourage
9 individuals to pursue careers (especially in
10 underserved areas and populations) as psy-
11 chiatrists, psychologists, psychiatric nurse
12 practitioners, clinical social workers, physi-
13 cian assistants, and other licensed or cer-
14 tified mental health and substance abuse
15 professionals;

16 “(G) within the Department of Health and
17 Human Services, coordinate all programs and
18 activities relating to—

19 “(i) the prevention of, and treatment
20 and recovery for, mental health or sub-
21 stance use disorders; or

22 “(ii) the reduction of homelessness
23 among individuals with mental illness or
24 substance use disorders;

1 “(H) across the Federal Government, in
2 conjunction with the Interagency Serious Men-
3 tal Illness Coordinating Committee under sec-
4 tion 501A—

5 “(i) review all programs and activities
6 relating to the prevention of, or treatment
7 or rehabilitation for, mental illness or sub-
8 stance use disorders;

9 “(ii) identify any such programs and
10 activities that are duplicative;

11 “(iii) identify any such programs and
12 activities that are not evidence-based, ef-
13 fective, or efficient; and

14 “(iv) formulate recommendations for
15 expanding, coordinating, eliminating, and
16 improving programs and activities identi-
17 fied pursuant to subparagraph (B) or (C)
18 and merging such programs and activities
19 into other, successful programs and activi-
20 ties; and

21 “(I) identify evidence-based best practices
22 across the Federal Government for treatment
23 and services for those with mental health and
24 substance use disorders by reviewing practices

1 for efficiency, effectiveness, quality, coordina-
2 tion, and cost effectiveness.”.

3 (b) PRIORITIZATION OF INTEGRATION OF SERVICES,
4 EARLY DIAGNOSIS, INTERVENTION, AND WORKFORCE
5 DEVELOPMENT.—In carrying out the duties described in
6 section 501(d)(2) of the Public Health Service Act, as
7 added by subsection (a), the Assistant Secretary shall
8 prioritize—

9 (1) the integration of mental health, substance
10 use, and physical health services for the purpose of
11 diagnosing, preventing, treating, or providing reha-
12 bilitation for mental illness or substance use dis-
13 orders, including any such services provided through
14 the justice system (including departments of correc-
15 tion) or other entities other than the Department of
16 Health and Human Services;

17 (2) crisis intervention for, early diagnosis and
18 intervention services for the prevention of, and treat-
19 ment and rehabilitation for, serious mental illness or
20 substance use disorders; and

21 (3) workforce development for—

22 (A) appropriate treatment of serious men-
23 tal illness or substance use disorders; and

24 (B) research activities that advance sci-
25 entific and clinical understandings of these dis-

1 orders, including the development and imple-
2 mentation of a continuing nationwide strategy
3 to increase the psychiatric workforce with psy-
4 chiatrists, child and adolescent psychiatrists,
5 psychologists, psychiatric nurse practitioners,
6 clinical social workers, and peer support special-
7 ists.

8 (c) REQUIREMENTS AND RESTRICTIONS ON AUTHOR-
9 ITY TO AWARD GRANTS.—In awarding any grant or fi-
10 nancial assistance, the Administration of the Substance
11 Abuse and Mental Health Services Administration, and
12 any agency or official within such Administration, shall
13 comply with the following:

14 (1) Any program to be funded shall be dem-
15 onstrated—

16 (A) in the case of an ongoing program, to
17 be effective; and

18 (B) in the case of a new program, to have
19 the prospect of being effective.

20 (2) The programs and activities to be funded
21 shall, as appropriate, use evidence-based best prac-
22 tices or emerging evidence-based practices that are
23 translational and can be expanded or replicated to
24 other States, local communities, agencies, tribes, or

1 through the Medicaid program under title XIX of
2 the Social Security Act.

3 (3) An application for the grant or financial as-
4 sistance shall include, as applicable, a scientific jus-
5 tification based on previously demonstrated models,
6 the number of individuals to be served, the popu-
7 lation to be targeted, what objective outcomes meas-
8 ures will be used, and details on how the program
9 or activity to be funded can be replicated and by
10 whom.

11 (4) Applicants shall be evaluated and selected
12 through a blind, peer-review process by individuals
13 with expertise appropriate to the grant or other fi-
14 nancial assistance, such as health care providers
15 with professional experience in mental health or sub-
16 stance abuse research or treatment.

17 (5) The Secretary shall adopt a policy that en-
18 sures that any member of a peer review group does
19 not have a conflict of interest with respect to any
20 program or grant to be reviewed.

21 (6) Award recipients may be periodically re-
22 viewed and audited at the discretion of the Inspector
23 General of the Department of Health and Human
24 Services or the Comptroller General of the United
25 States to ensure that—

1 (A) the best scientific method for both
2 services and data collection is being followed;
3 and

4 (B) Federal funds are being used as re-
5 quired by the conditions of the award.

6 (7) Award recipients that fail an audit or fail
7 to provide information pursuant to an audit shall
8 have their awards terminated or shall be placed on
9 a corrective action plan to address the issues raised
10 in the audit findings.

11 (d) DEFINITION.—In this Act, except as inconsistent
12 with the provisions of this Act, the term “Assistant Sec-
13 retary” means the Assistant Secretary for Mental Health
14 and Substance Use Disorders.

15 **SEC. 102. OFFICE OF CHIEF MEDICAL OFFICER.**

16 (a) IN GENERAL.—Section 501 of the Public Health
17 Service Act (42 U.S.C. 290aa) is amended—

18 (1) by redesignating subsections (g) through (o)
19 as subsections (h) through (p), respectively; and

20 (2) by inserting after subsection (f) the fol-
21 lowing:

22 “(g) CHIEF MEDICAL OFFICE.—The Administrator
23 shall establish within the Administration a Chief Medical
24 Office, to be headed by a Chief Medical Officer. The Chief

1 Medical Office shall be staffed by mental health and sub-
2 stance abuse providers.”.

3 (b) CONFORMING CHANGES.—Title V of the Public
4 Health Service Act (42 U.S.C. 290aa et seq.) is amend-
5 ed—

6 (1) in subsections (e)(3)(C) and (f)(2)(C)(iii) of
7 section 501, by striking “subsection (k)” and insert-
8 ing “subsection (l)”; and

9 (2) in section 508(p), by striking “501(k)” and
10 inserting “501(l)”.

11 **SEC. 103. INDEPENDENT AUDIT OF SAMHSA.**

12 (a) IN GENERAL.— The Secretary shall enter into an
13 contract or cooperative agreement with an external, inde-
14 pendent entity to conduct a full assessment and review of
15 the Substance Abuse and Mental Health Services Admin-
16 istration (in this section referred to as “SAMHSA”).

17 (b) REPORT.—The contract or cooperative agreement
18 under subsection (a) shall require that, not later than 18
19 months after the date of enactment of this Act, the exter-
20 nal, independent entity will submit to the Energy and
21 Commerce Committee of the House of Representatives
22 and the Health, Education, Labor and Pensions Com-
23 mittee of the Senate a report on the findings and conclu-
24 sion of the assessment and review.

1 (c) TOPICS.—The assessment and review conducted
2 pursuant to subsection (a), and the report submitted pur-
3 suant to subsection (b), shall address each of the fol-
4 lowing:

5 (1) Whether the mission of SAMHSA is appro-
6 priate.

7 (2) Whether the program authority of
8 SAMHSA is appropriate.

9 (3) Whether SAMHSA has adequate staffing,
10 including technical expertise, to fulfill its mission.

11 (4) Whether SAMHSA is funded appropriately.

12 (5) The efficacy of the programs funded by
13 SAMHSA.

14 (6) Whether funding is being spent in a way
15 that effectively supports and promotes the authori-
16 ties vested by section 501(d) of the Public Health
17 Service Act, as amended by section 101 of this Act.

18 (7) Whether SAMHSA's focus on recovery is
19 appropriate.

20 (8) Additional steps SAMHSA can take to ful-
21 fill its charge of leading public health efforts to ad-
22 vance the behavioral health of the Nation and reduce
23 the impact of substance abuse and mental illness on
24 the Nation's communities.

1 (9) Whether standards for SAMHSA’s grant
2 programs are effective.

3 (10) Whether standards for SAMHSA’s ap-
4 pointment of peer-review panels to evaluate grant
5 applications is appropriate.

6 (11) How SAMHSA serves individuals with
7 mental illness, serious mental illness, substance use
8 disorders, and individuals with co-occurring condi-
9 tions.

10 **SEC. 104. CENTER FOR BEHAVIORAL HEALTH STATISTICS**
11 **AND QUALITY.**

12 Title V of the Public Health Service Act (42 U.S.C.
13 290aa et seq.) is amended—

14 (1) in section 501(b) (42 U.S.C. 290aa(b)), by
15 adding at the end the following:

16 “(4) The Center for Behavioral Health Statis-
17 tics and Quality.”;

18 (2) in section 502(a)(1) (42 U.S.C. 290aa-
19 1(a)(1))—

20 (A) in subparagraph (C), by striking
21 “and” at the end;

22 (B) in subparagraph (D), by striking the
23 period at the end and inserting “and”; and

24 (C) by inserting after subparagraph (D)
25 the following:

1 “(E) the Center for Behavioral Health
2 Statistics and Quality.”; and

3 (3) in part B (42 U.S.C. 290bb et seq.) by add-
4 ing at the end the following new subpart:

5 **“Subpart 4—Center for Behavioral Health Statistics**
6 **and Quality**

7 **“SEC. 520L. CENTER FOR BEHAVIORAL HEALTH STATISTICS**
8 **AND QUALITY.**

9 “(a) ESTABLISHMENT.—There is established in the
10 Administration a Center for Behavioral Health Statistics
11 and Quality (in this section referred to as the ‘Center’).
12 The Center shall be headed by a Director (in this section
13 referred to as the ‘Director’) appointed by the Secretary
14 from among individuals with extensive experience and aca-
15 demic qualifications in research and analysis in behavioral
16 health care or related fields.

17 “(b) DUTIES.—The Director of the Center shall—

18 “(1) coordinate the Administration’s integrated
19 data strategy by coordinating—

20 “(A) surveillance and data collection (in-
21 cluding that authorized by section 505);

22 “(B) evaluation;

23 “(C) statistical and analytic support;

24 “(D) service systems research; and

1 “(E) performance and quality information
2 systems;

3 “(2) maintain operation of the National Reg-
4 istry of Evidence-Based Programs and Practices to
5 provide for the evaluation and dissemination to the
6 Administration of the evidence-based practices and
7 services delivery models of grantees and other inter-
8 ested parties;

9 “(3) recommend a core set of measurement
10 standards for grant programs administered by the
11 Administration; and

12 “(4) lead evaluation efforts for the grant pro-
13 grams, contracts, and collaborative agreements of
14 the Administration.

15 “(c) BIENNIAL REPORT TO CONGRESS.—Not later
16 than 2 years after the date of enactment of this section,
17 and every 2 years thereafter, the Director of the Center
18 shall submit to Congress a report on the quality of services
19 furnished through grant programs of the Administration,
20 including applicable measures of outcomes for individuals
21 and public outcomes such as—

22 “(1) the number of patients screened positive
23 for unhealthy alcohol use who receive brief coun-
24 seling as appropriate; the number of patients
25 screened positive for tobacco use and receiving

1 smoking cessation interventions; the number of pa-
2 tients with a new diagnosis of major depressive epi-
3 sode who are assessed for suicide risk; the number
4 of patients screened positive for clinical depression
5 with a documented follow-up plan; and the number
6 of patients with a documented pain assessment that
7 have a follow-up treatment plan when pain is
8 present; and satisfaction with care;

9 “(2) the incidence and prevalence of substance
10 use and mental disorders; the number of suicide at-
11 tempts and suicide completions; overdoses seen in
12 emergency rooms resulting from alcohol and drug
13 use; emergency room boarding; overdose deaths;
14 emergency psychiatric hospitalizations; new criminal
15 justice involvement while in treatment; stable hous-
16 ing; and rates of involvement in employment, edu-
17 cation, and training; and

18 “(3) such other measures for outcomes of serv-
19 ices as the Director may determine.

20 “(d) STAFFING COMPOSITION.—The staff of the Cen-
21 ter may include individuals with advanced degrees and
22 field expertise as well as clinical and research experience
23 in mental and substance use disorders such as—

1 “(1) professionals with clinical and research ex-
2 pertise in the prevention and treatment of, and re-
3 covery from, substance use and mental disorders;

4 “(2) professionals with training and expertise in
5 statistics or research and survey design and meth-
6 odologies; and

7 “(3) other related fields in the social and behav-
8 ioral sciences, as specified by relevant position de-
9 scriptions.

10 “(e) GRANTS AND CONTRACTS.—In carrying out the
11 duties established in subsection (b), the Director may
12 make grants to and enter into contracts and cooperative
13 agreements with public and nonprofit private entities.

14 “(f) DEFINITION.—In this section, the term ‘emer-
15 gency room boarding’ means the practice of admitting pa-
16 tients to an emergency department and holding such pa-
17 tients in the department until inpatient psychiatric beds
18 become available.”.

Strike section 201 (and make such conforming
changes as are necessary).

