Sec. 145. Savings provisions.
Sec. 146. Transition.
Sec. 147. Peer review.
Sec. 148. Mergers.
Sec. 149. Conduct of multi-year research projects.
Sec. 150. Separability.
Sec. 151. Budgetary authority.

Subtitle E—References and Conforming Amendments
Sec. 161. References.
Sec. 162. Transition from homelessness.
Sec. 163. Conforming amendments.

Subtitle F—Employee Assistance Programs
Sec. 171. Program of grants under Center for Substance Abuse Treatment.

TITLE II—BLOCK GRANTS TO STATES REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE
Sec. 201. Establishment of separate block grant regarding mental health.
Sec. 202. Establishment of separate block grant regarding substance abuse.
Sec. 203. General provisions regarding block grants.
Sec. 204. Related programs.
Sec. 205. Temporary provisions regarding funding.

TITLE III—MODEL COMPREHENSIVE PROGRAM FOR TREATMENT OF SUBSTANCE ABUSE
Sec. 301. Demonstration program in national capital area.

TITLE IV—CHILDREN OF SUBSTANCE ABUSERS
Sec. 401. Establishment of program of services.

TITLE V—HOME-VISITING SERVICES FOR AT-RISK FAMILIES
Sec. 501. Statement of purpose.
Sec. 502. Establishment of program of grants.

TITLE VI—TRAUMA CENTERS AND DRUG-RELATED VIOLENCE
Sec. 601. Establishment of program of grants.
Sec. 602. Conforming amendments.

TITLE VII—STUDIES
Sec. 701. Report by the institute on medicine.
Sec. 702. Sense of the Senate.
Sec. 703. Provision of mental health services to individuals in correctional facilities.
Sec. 704. Study of barriers to insurance coverage of treatment for mental illness and substance abuse.
Sec. 705. Study on fetal alcohol effect and fetal alcohol syndrome.
Sec. 706. Study by National Academy of Sciences.
Sec. 708. Report by Substance Abuse and Mental Health Services Administration.

TITLE VIII—GENERAL PROVISIONS
Sec. 801. Effective dates.

TITLE I—REORGANIZATION OF ADMINISTRATION AND INSTITUTES

Subtitle A—Administration

SEC. 101. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.

(a) IN GENERAL.—Section 501 of the Public Health Service Act (42 U.S.C. 290aa) is amended to read as follows:

SEC. 501. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.

(a) ESTABLISHMENT OF ADMINISTRATION.—There is established the Substance Abuse and Mental Health Services Administration (in this section referred to as the ‘Administration’).

(b) AGENCIES, PROGRAMS, AND ACTIVITIES.—No provision of this Act shall be construed to prevent the transfer of any agency, program, or activity (other than the Center for Substance Abuse Treatment) of the Administration to a Federal department or agency by an Administrator in accordance with law. The Administrator shall coordinate the activities of the Administration.

(c) ADMINISTRATOR.—

"(1) AMONG OTHER THINGS, the Administrator shall—
"(i) exercise such Government-wide coordination, leadership, and policy development as may be necessary or appropriate to facilitate the comprehensive and effective use of the Nation’s resources for the regional prevention, treatment, and recovery of individuals with mental illness and substance abuse disorders;
"(ii) ensure the adequate level of research, demonstration, and dissemination of the effectiveness of treatment of mental illness and substance abuse, and associated health and economic consequences, and shall coordinate with the National Institutes of Health on such research, demonstration, and dissemination.
"(iii) promote the development of performance standards and quality improvement activities;
"(iv) ensure the development, promul-
"SEC. 501. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.

"(a) ESTABLISHMENT.—The Substance Abuse and Mental Health Services Administration (hereafter referred to in this title as the 'Administration') is an agency of the Service.

"(b) AGENCIES.—The following entities are agencies of the Administration:

"(1) The Center for Substance Abuse Treatment.

"(2) The Center for Substance Abuse Prevention.

"(3) The Center for Mental Health Services.

"(c) ADMINISTRATOR AND DEPUTY ADMINISTRATOR.—

"(1) ADMINISTRATOR.—The Administration shall be headed by an Administrator (hereinafter in this title referred to as the 'Administrator') who shall be appointed by the President, by and with the advice and consent of the Senate.

"(2) DEPUTY ADMINISTRATOR.—The Administrator, with the approval of the Secretary, may appoint a Deputy Administrator and may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the activities to be carried out through the Administration.

"(d) AUTHORITIES.—The Secretary, acting through the Administrator, shall—

"(1) supervise the functions of the agencies of the Administration in order to assure that the programs carried out through each such agency receive appropriate and equitable support and that there is cooperation among the agencies in the implementation of such programs;

"(2) establish and implement, through the respective agencies, a comprehensive program to improve the provision of treatment and related services to individuals with respect to substance abuse and mental illness and to improve prevention services, promote mental health and protect the legal rights of individuals with mental illnesses and individuals who are substance abusers;

"(3) carry out the administrative and financial management, policy development and planning, evaluation, knowledge dissemination, and public information functions that are required for the implementation of this title;

"(4) assure that the Administration conduct and coordinate demonstration projects, evaluations, and service system assessments and other activities necessary to improve the availability and quality of treatment, prevention and related services;

"(5) support activities that will improve the provision of treatment, prevention and related services, including the development of national mental health and substance abuse goals and model programs;

"(6) in cooperation with the National Institutes of Health, the Centers for Disease Control and the Health Resources and Services Administration develop educational materials and intervention strategies to reduce the risks of HIV or tuberculosis among substance abusers and individuals with mental illness and to develop appropriate mental health services for individuals with such illnesses;

"(7) coordinate Federal policy with respect to the provision of treatment services for substance abuse utilizing anti-addiction medications, including methadone;
"(8) conduct programs, and assure the coordination of such programs with activities of the National Institutes of Health and the Agency for Health Care Policy Research, as appropriate, to evaluate the process, outcomes and community impact of treatment and prevention services and systems of care in order to identify the manner in which such services can most effectively be provided;

"(9) collaborate with the Director of the National Institutes of Health in the development of a system by which the relevant research findings of the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, and, as appropriate, the Agency for Health Care Policy Research are disseminated to service providers in a manner designed to improve the delivery and effectiveness of treatment and prevention services;

"(10) encourage public and private entities that provide health insurance to provide benefits for substance abuse and mental health services;

"(11) promote the integration of substance abuse and mental health services into the mainstream of the health care delivery system of the United States;

"(12) monitor compliance by hospitals and other facilities with the requirements of sections 542 and 543;

"(13) with respect to grant programs authorized under this title, assure that—

"(A) all grants that are awarded for the provision of services are subject to performance and outcome evaluations; and

"(B) all grants that are awarded to entities other than States are awarded only after the State in which the entity intends to provide services—

"(i) is notified of the pending of the grant application; and

"(ii) is afforded an opportunity to comment on the merits of the application;

"(14) assure that services provided with amounts appropriated under this title are provided bilingually, if appropriate;

"(15) improve coordination among prevention programs, treatment facilities and nonhealth care systems such as employers, labor unions, and schools, and encourage the adoption of employee assistance programs and student assistance programs;

"(16) maintain a clearinghouse for substance abuse and mental health information to assure the widespread dissemination of such information to States, political subdivisions, educational agencies and institutions, treatment providers, and the general public;

"(17) in collaboration with the National Institute on Aging, and in consultation with the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism and the National Institute of Mental Health, as appropriate, promote and evaluate substance abuse services for older Americans in need of such services, and mental health services for older Americans who are seriously mentally ill; and

"(18) promote the coordination of service programs conducted by other departments, agencies, organizations and individuals that are or may be related to the problems of individuals suffering from substance abuse, alcoholism, and mental illness by liaisons with the Substance Abuse and Mental Health Services Administration, as well as the Department of Agriculture and other appropriate offices, as appropriate.

"(e) ASSOCIATE ADMINISTRATOR—

"(1) In general—

"(A) The Associate Administrator for Treatment Policy to whom the Office of Promoting Latino Health and the Prevention and Treatment Programs within the Center for Substance Abuse Prevention and Treatment of the Health Resources and Services Administration and the Office of Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration (and any related programs and functions) are transferred under section 300e-10 of the Public Health Service Act (42 U.S.C. 290f-10), shall, at the discretion of the Secretary of Health and Human Services, supervise such programs, and shall be responsible for ensuring that the programs are consistent with the Secretary’s policies.

"(B) The Associate Administrator for Treatment Policy shall, at the discretion of the Secretary of Health and Human Services, supervise such programs, and shall be responsible for ensuring that the programs are consistent with the Secretary’s policies.

"(C) The Associate Administrator for Treatment Policy shall, at the discretion of the Secretary of Health and Human Services, supervise such programs, and shall be responsible for ensuring that the programs are consistent with the Secretary’s policies.

"(f) ASSOCIATE ADMINISTRATOR—

"(1) In general—

"(A) The Associate Administrator for Treatment Policy to whom the Office of Promoting Latino Health and the Prevention and Treatment Programs within the Center for Substance Abuse Prevention and Treatment of the Health Resources and Services Administration and the Office of Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration (and any related programs and functions) are transferred under section 300e-10 of the Public Health Service Act (42 U.S.C. 290f-10), shall, at the discretion of the Secretary of Health and Human Services, supervise such programs, and shall be responsible for ensuring that the programs are consistent with the Secretary’s policies.

"(B) The Associate Administrator for Treatment Policy shall, at the discretion of the Secretary of Health and Human Services, supervise such programs, and shall be responsible for ensuring that the programs are consistent with the Secretary’s policies.

"(C) The Associate Administrator for Treatment Policy shall, at the discretion of the Secretary of Health and Human Services, supervise such programs, and shall be responsible for ensuring that the programs are consistent with the Secretary’s policies.
suffering from mental illness or substance abuse, including liaisons with the Social Security Administration, Health Care Financing Administration, and other programs of the Department, as well as liaisons with the Department of Education, Department of Justice, and other Federal Departments and offices, as appropriate.

"(e) ASSOCIATE ADMINISTRATOR FOR ALCOHOL PREVENTION AND TREATMENT POLICY.—

"(1) IN GENERAL.—There shall be in the Administration an Associate Administrator for Alcohol Prevention and Treatment Policy to whom the Administrator shall delegate the functions of promoting, monitoring, and evaluating service programs for the prevention and treatment of alcoholism and alcohol abuse within the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Center for Mental Health Services, and coordinating such programs among the Centers, and among the Centers and other public and private entities. The Associate Administrator also shall ensure that alcohol prevention, education, and policy strategies are integrated into all programs of the Centers that address substance abuse prevention, education, and policy, and that the Center for Substance Abuse Prevention addresses the Healthy People 2000 goals and the National Dietary Guidelines of the Department of Health and Human Services and the Department of Agriculture related to alcohol consumption.

"(2) PLAN.—

"(A) The Administrator, acting through the Associate Administrator for Alcohol Prevention and Treatment Policy, shall develop, and periodically review and as appropriate revise, a plan for programs and policies to treat and prevent alcoholism and alcohol abuse. The plan shall be developed (and reviewed and revised) in collaboration with the Directors of the Centers of the Administration and in consultation with members of other Federal agencies and public and private entities.

"(B) Not later than 1 year after the date of the enactment of the ADAMHA Reorganization Act, the Administrator shall submit to the Congress the first plan developed under subparagraph (A).

"(3) REPORT.—

"(A) Not less than once during each 2 years, the Administrator, acting through the Associate Administrator for Alcohol Prevention and Treatment Policy, shall prepare a report describing the alcoholism and alcohol abuse prevention and treatment programs undertaken by the Administration and its agencies, and the report shall include a detailed statement of the expenditures made for the activities reported on and the personnel used in connection with such activities.

"(B) Each report under subparagraph (A) shall include a description of any revisions in the plan under paragraph (2) made during the preceding 2 years.

"(C) Each report under subparagraph (A) shall be submitted to the Administrator for inclusion in the biennial report under subsection (k).

"(f) ASSOCIATE ADMINISTRATOR FOR WOMEN'S SERVICES.—
“(1) APPOINTMENT.—The Administrator, with the approval of the Secretary, shall appoint an Associate Administrator for Women's Services.

“(2) DUTIES.—The Associate Administrator appointed under paragraph (1) shall—

“(A) establish a committee to be known as the Coordinating Committee for Women's Services (hereafter in this subparagraph referred to as the ‘Coordinating Committee’), which shall be composed of the Directors of the agencies of the Administration (or the designees of the Directors);

“(B) acting through the Coordinating Committee, with respect to women's substance abuse and mental health services—

“(i) identify the need for such services, and make an estimate each fiscal year of the funds needed to adequately support the services;

“(ii) identify needs regarding the coordination of services;

“(iii) encourage the agencies of the Administration to support such services; and

“(iv) assure that the unique needs of minority women, including Native American, Hispanic, African-American and Asian women, are recognized and addressed within the activities of the Administration; and

“(C) establish an advisory committee to be known as the Advisory Committee for Women's Services, which shall be composed of not more than 10 individuals, a majority of whom shall be women, who are not officers or employees of the Federal Government, to be appointed by the Administrator from among physicians, practitioners, treatment providers, and other health professionals, whose clinical practice, specialization, or professional expertise includes a significant focus on women’s substance abuse and mental health conditions, that shall—

“(i) advise the Associate Administrator on appropriate activities to be undertaken by the agencies of the Administration with respect to women’s substance abuse and mental health services, including services which require a multidisciplinary approach;

“(ii) collect and review data, including information provided by the Secretary (including the material referred to in paragraph (3)), and report biennially to the Administrator regarding the extent to which women are represented among senior personnel, and make recommendations regarding improvement in the participation of women in the workforce of the Administration; and

“(iii) prepare, for inclusion in the biennial report required pursuant to subsection (k), a description of activities of the Committee, including findings made by the Committee regarding—

“(I) the extent of expenditures made for women’s substance abuse and mental health services by the agencies of the Administration; and
“(II) the estimated level of funding needed for substance abuse and mental health services to meet the needs of women;
“(D) improve the collection of data on women's health by—
“(i) reviewing the current data at the Administration to determine its uniformity and applicability;
“(ii) developing standards for all programs funded by the Administration so that data are, to the extent practicable, collected and reported using common reporting formats, linkages and definitions; and
“(iii) reporting to the Administrator a plan for incorporating the standards developed under clause (ii) in all Administration programs and a plan to assure that the data so collected are accessible to health professionals, providers, researchers, and members of the public; and
“(E) shall establish, maintain, and operate a program to provide information on women's substance abuse and mental health services.

“(3) Study.—
“(A) The Secretary, acting through the Assistant Secretary for Personnel, shall conduct a study to evaluate the extent to which women are represented among senior personnel at the Administration.
“(B) Not later than 90 days after the date of the enactment of the ADAMHA Reorganization Act, the Assistant Secretary for Personnel shall provide the Advisory Committee for Women's Services with a study plan, including the methodology of the study and any sampling frames. Not later than 180 days after such date of enactment, the Assistant Secretary shall prepare and submit directly to the Advisory Committee a report concerning the results of the study conducted under subparagraph (A).
“(C) The Secretary shall prepare and provide to the Advisory Committee for Women's Services any additional data as requested.

“(4) Definition.—For purposes of this subsection, the term ‘women's substance abuse and mental health conditions', with respect to women of all age, ethnic, and racial groups, means all aspects of substance abuse and mental illness—
“(A) unique to or more prevalent among women; or
“(B) with respect to which there have been insufficient services involving women or insufficient data.

“(g) Services of Experts.—
“(1) In General.—The Administrator may obtain (in accordance with section 3109 of title 5, United States Code, but without regard to the limitation in such section on the number of days or the period of service) the services of not more than 20 experts or consultants who have professional qualifications. Such experts and consultants shall be obtained for the Administration and for each of its agencies.
“(2) Compensation and Expenses.—
“(A) Experts and consultants whose services are obtained under paragraph (1) shall be paid or reimbursed for their expenses associated with traveling to and from their assign-
ment location in accordance with sections 5724, 5724a(a)(1), 5724a(a)(3), and 5726(c) of title 5, United States Code.

"(B) Expenses specified in subparagraph (A) may not be allowed in connection with the assignment of an expert or consultant whose services are obtained under paragraph (1), unless and until the expert or consultant agrees in writing to complete the entire period of assignment or one year, whichever is shorter, unless separated or reassigned for reasons beyond the control of the expert or consultant that are acceptable to the Secretary. If the expert or consultant violates the agreement, the money spent by the United States for the expenses specified in subparagraph (A) is recoverable from the expert or consultant as a debt of the United States. The Secretary may waive in whole or in part a right of recovery under this subparagraph.

"(h) PEER REVIEW GROUPS.—The Administrator shall, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title, relating to classification and General Schedule pay rates, establish such peer review groups and program advisory committees as are needed to carry out the requirements of this title and appoint and pay members of such groups, except that officers and employees of the United States shall not receive additional compensation for services as members of such groups. The Federal Advisory Committee Act shall not apply to the duration of a peer review group appointed under this subsection.

"(i) VOLUNTARY SERVICES.—The Administrator may accept voluntary and uncompensated services.

"(j) ADMINISTRATION.—The Administrator shall ensure that programs and activities assigned under this title to the Administration are fully administered by the respective Centers to which such programs and activities are assigned.

"(k) REPORT CONCERNING ACTIVITIES AND PROGRESS.—Not later than February 10, 1994, and once every 2 years thereafter, the Administrator shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, the report containing—

"(1) a description of the activities carried out by the Administration;

"(2) a description of any measurable progress made in improving the availability and quality of substance abuse and mental health services;

"(3) a description of the mechanisms by which relevant research findings of the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute of Mental Health have been disseminated to service providers or otherwise utilized by the Administration to further the purposes of this title; and

"(4) any report required in this title to be submitted to the Administrator for inclusion in the report under this subsection.

"(l) APPLICATIONS FOR GRANTS AND CONTRACTS.—With respect to awards of grants, cooperative agreements, and contracts under this title, the Administrator shall...

(b) REPEALS.—Section 303 of the Public Health Service Act (42 U.S.C. 294c) is repealed.

SEC. 102. ADVISORY COMMITTEE AND OTHERS.

Section 505 of the Public Health Service Act (42 U.S.C. 294a-3a) is amended—

(1) by redesignating paragraphs (1) through (4) as paragraphs (2) through (5), respectively;

"Sec. 502. (a) ARA-COUNCIL.

"(1) IN GENERAL.—The Administrator shall establish an ARA-Council for—

"(A) the Administration;

"(B) the Substance Abuse and Mental Health Services Administration;

"(C) the National Drug Control Program;

"(D) the National Institute on Drug Abuse.

Each such council shall—

"(2) make recommendations to the Administrator or Director or Secretary; and

"(3) review and evaluate the activities of the Administration, the Center, or the Agency.

"(ii) the Council established in subsection (a)(1) of section 102.
this title, the Administrator, or the Director of the Center involved, as the case may be, may not make such an award unless—

(1) an application for the award is submitted to the official involved;

(2) with respect to carrying out the purpose for which the award is to be provided, the application provides assurances of compliance satisfactory to such official; and

(3) the application is otherwise in such form, is made in such manner, and contains such agreements, assurances, and information as the official determines to be necessary to carry out the purpose for which the award is to be provided.

(m) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of providing grants, cooperative agreements, and contracts under this section, there are authorized to be appropriated $25,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

(b) REPEALS.—Sections 502, 503, and 504 of the Public Health Service Act (42 U.S.C. 290aa–1, 290aa–2, and 290aa–3) are repealed.

SEC. 102. ADVISORY COUNCILS.

Section 505 of the Public Health Service Act (42 U.S.C. 290aa–3a) is amended—

(1) by redesignating such section as section 502; and

(2) to read as follows:

"ADVISORY COUNCILS"

"SEC. 502. (a) APPOINTMENT.—

(1) IN GENERAL.—The Secretary shall appoint an advisory council for—

(A) the Substance Abuse and Mental Health Services Administration;

(B) the Center for Substance Abuse Treatment;

(C) the Center for Substance Abuse Prevention; and

(D) the Center for Mental Health Services.

Each such advisory council shall advise, consult with, and make recommendations to the Secretary and the Administrator or Director of the Administration or Center for which the advisory council is established concerning matters relating to the activities carried out by and through the Administration or Center and the policies respecting such activities.

(2) FUNCTION AND ACTIVITIES.—An advisory council—

(A)(i) may on the basis of the materials provided by the organization respecting activities conducted at the organization, make recommendations to the Administrator or Director of the Administration or Center for which it was established respecting such activities;

(ii) shall review applications submitted for grants and cooperative agreements for activities for which advisory council approval is required under section 504(d)(2) and recommend for approval applications for projects that show promise of making valuable contributions to the Administration's mission; and

(iii) may review any grant, contract, or cooperative agreement proposed to be made or entered into by the organization;
(B) may collect, by correspondence or by personal investigation, information as to studies and services that are being carried on in the United States or any other country as to the diseases, disorders, or other aspects of human health with respect to which the organization was established and with the approval of the Administrator or Director, whichever is appropriate, make such information available through appropriate publications for the benefit of public and private health entities and health professions personnel and for the information of the general public; and

(C) may appoint subcommittees and convene workshops and conferences.

(b) Membership.—

(1) IN GENERAL.—Each advisory council shall consist of nonvoting ex officio members and not more than 12 members to be appointed by the Secretary under paragraph (3).

(2) EX OFFICIO MEMBERS.—The ex officio members of an advisory council shall consist of—

(A) the Secretary;

(B) the Administrator;

(C) the Director of the Center for which the council is established;

(D) the Chief Medical Director of the Veterans Administration;

(E) the Assistant Secretary for Defense for Health Affairs (or the designates of such officers); and

(F) such additional officers or employees of the United States as the Secretary determines necessary for the advisory council to effectively carry out its functions.

(3) APPOINTED MEMBERS.—Individuals shall be appointed to an advisory council under paragraph (1) as follows:

(A) Nine of the members shall be appointed by the Secretary from among the leading representatives of the health disciplines (including public health and behavioral and social sciences) relevant to the activities of the Administration or Center for which the advisory council is established.

(B) Three of the members shall be appointed by the Secretary from the general public and shall include leaders in fields of public policy, public relations, law, health policy, economics, and management.

(4) COMPENSATION.—Members of an advisory council who are officers or employees of the United States shall not receive any compensation for service on the advisory council. The remaining members of an advisory council shall receive, for each day (including travel time) they are engaged in the performance of the functions of the advisory council, compensation at rates not to exceed the daily equivalent to the annual rate in effect for grade GS-18 of the General Schedule.

(c) Terms of Office.—

(1) IN GENERAL.—The term of office of a member of an advisory council appointed under subsection (b) shall be 4 years, except that any member appointed to fill a vacancy for an unexpired term shall serve for the remainder of such term. The Secretary shall make appointments to an advisory council in such a manner as to ensure that the terms of the members not all expire on the same day.

(2) REAPPOINTMENT.—Any member may be reappointed to an advisory council, beginning on the 90th day after the end of such term, by the Secretary, provided that no member may serve more than two consecutive terms.

(3) Time of Committees.—An advisory council may meet on 90 days from the date of its appointment.

(d) Chair.—The Council to serve as Chair of the council to serve as Chair of the advisory council.

(e) Meetings.—The chairperson or a member selected by the Administrator, if the council is established, by the council shall be subject to the advice of the Administrator.

(f) Executive Director.—The Director of the organization is the executive director of the advisory council established to serve as a council. The Administrator shall appoint the executive director of the advisory council, and such director shall perform the functions of the executive director.

SEC. 103. REPORT TO CONGRESS ON ABUSE.

Section 506 of title 42, United States Code, is amended by

SEC. 104. PEER REVIEW.

Section 507 of title 42, United States Code, is amended—

(1) by redesignating subsection (b) as (c); and

(2) by inserting before such subsection—

"Sec. 504. (a) The Center for Mental Health Services, with the Director, shall establish a peer review organization to perform the functions of the Secretary under subsection (a).

(b) Members of the peer review organization shall be selected by the Administrator from among professionals who have received national recognition in their field and who by virtue of their training and experience, shall be qualified and able to perform the functions of the Secretary under subsection (a)."

"Sec. 504."
not all expire in the same year. A member of an advisory council may serve after the expiration of such member's term until a successor has been appointed and taken office.

"(2) REAPPOINTMENTS.—A member who has been appointed to an advisory council for a term of 4 years may not be reappointed to an advisory council during the 2-year period beginning on the date on which such 4-year term expired.

"(3) TIME FOR APPOINTMENT.—If a vacancy occurs in an advisory council among the members under subsection (b), the Secretary shall make an appointment to fill such vacancy within 90 days from the date the vacancy occurs.

"(d) CHAIR.—The Secretary shall select a member of an advisory council to serve as the chair of the council. The Secretary may so select an individual from among the appointed members, or may select the Administrator or the Director of the Center involved. The term of office of the chair shall be 2 years.

"(e) MEETINGS.—An advisory council shall meet at the call of the chairperson or upon the request of the Administrator or Director of the Administration or Center for which the advisory council is established, but in no event less than 3 times during each fiscal year. The location of the meetings of each advisory council shall be subject to the approval of the Administrator or Director of Administration or Center for which the council was established.

"(f) EXECUTIVE SECRETARY AND STAFF.—The Administrator or Director of the Administration or Center for which the advisory council is established shall designate a member of the staff of the Administration or Center for which the advisory council is established to serve as the Executive Secretary of the advisory council. The Administrator or Director shall make available to the advisory council such staff, information, and other assistance as it may require to carry out its functions. The Administrator or Director shall provide orientation and training for new members of the advisory council to provide for their effective participation in the functions of the advisory council.”.

SEC. 103. REPORTS ON ALCOHOLISM, ALCOHOL ABUSE, AND DRUG ABUSE.

Section 506 of the Public Health Service Act (42 U.S.C. 290aa-4) is amended by redesignating such section as section 503.

SEC. 104. PEER REVIEW.

Section 507 of the Public Health Service Act (42 U.S.C. 290aa-5) is amended—

(1) by redesignating such section as section 504; and

(2) to read as follows:

"PEER REVIEW

"SEC. 504. (a) IN GENERAL.—The Secretary, after consultation with the Directors of the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, and the Center for Mental Health Services, shall by regulation require appropriate peer review of grants, cooperative agreements, and contracts to be administered through such Centers.

"(b) MEMBERS.—The members of any peer review group established under regulations under subsection (a) shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group. Not more than one-
fourth of the members of any peer review group established under such regulation shall be officers or employees of the United States.

(c) REQUIREMENTS.—Regulations promulgated pursuant to subsection (a)—

“(1) shall require that the reviewing entity be provided a written description of the matter to be reviewed;

“(2) shall require that the reviewing entity provide the advisory council of the Center involved with such description and the results of the review by the entity; and

“(3) may specify the conditions under which limited exceptions may be granted to the limitations contained in the last sentence of subsection (b) and subsection (d).

“(d) RECOMMENDATIONS.—

“(1) IN GENERAL.—If the direct cost of a grant, cooperative agreement, or contract (described in subsection (a)) to be made does not exceed $50,000, the Secretary may make such grant, cooperative agreement, or contract only if such grant, cooperative agreement, or contract is recommended after peer review required by regulations under subsection (a).

“(2) BY APPROPRIATE ADVISORY COUNCIL.—If the direct cost of a grant, cooperative agreement, or contract (described in subsection (a)) to be made exceeds $50,000, the Secretary may make such grant, cooperative agreement, or contract only if such grant, cooperative agreement, or contract is recommended—

“(A) after peer review required by regulations under subsection (a), and

“(B) by the appropriate advisory council.”.

SEC. 105. DATA COLLECTION.

Section 509D of the Public Health Service Act (42 U.S.C. 290cc–11)—

(1) is transferred to part A of title V of such Act;
(2) is redesignated as section 505; and
(3) is inserted after section 504 (as redesignated by section 104).

SEC. 106. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.

(a) TRANSFER.—Section 512 of the Public Health Service Act (42 U.S.C. 290bb–1b)—

(1) is transferred to part A of title V of such Act;
(2) is redesignated as section 506; and
(3) is inserted after section 505 (as redesignated by section 105).

(b) AMENDMENTS.—Section 506 of the Public Health Service Act (as transferred and redesignated under subsection (a)) is amended to read as follows:

“GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS

“SEC. 506. (a) GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.—The Secretary, acting through the Administrator, may make grants to, and enter into contracts and cooperative agreements with, community-based public and private nonprofit entities for the purpose of developing and expanding mental health and substance abuse treatment services for homeless individuals. In carrying out this subsection, the Administrator shall consult with the Administrator of the Health Resources and Services Administration,
the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, and the Commissioner of the Administration for Children, Youth and Families.

"(b) PREFERENCE.—In awarding grants under subsection (a), the Secretary shall give preference to entities that provide integrated primary health care, substance abuse and mental health services to homeless individuals.

"(c) SERVICES FOR CERTAIN INDIVIDUALS.—In making awards under subsection (a), the Secretary may not prohibit the provision of services under such subsection to homeless individuals who have a primary diagnosis of substance abuse and are not suffering from mental illness.

"(d) TERM OF GRANT.—No entity may receive grants under subsection (a) for more than 5 years although such grants may be renewed.

"(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.”

SEC. 107. CENTER FOR SUBSTANCE ABUSE TREATMENT.

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

(1) by striking the heading for part B and each subpart heading in such part; and

(2) by inserting after section 506 (as transferred and redesignated by section 106) the following new part:

"PART B—CENTERS AND PROGRAMS

"Subpart 1—Center for Substance Abuse Treatment

"CENTER FOR SUBSTANCE ABUSE TREATMENT

"SEC. 507. (a) ESTABLISHMENT.—There is established in the Administration a Center for Substance Abuse Treatment (hereafter in this section referred to as the ‘Center’). The Center shall be headed by a Director (hereafter in this section referred to as the ‘Director’) appointed by the Secretary from among individuals with extensive experience or academic qualifications in the treatment of substance abuse or in the evaluation of substance abuse treatment systems.

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

"(1) administer the substance abuse treatment block grant program authorized in section 1921;

"(2) collaborate with the Director of the Center for Substance Abuse Prevention in order to provide outreach services to identify individuals in need of treatment services, with emphasis on the provision of such services to pregnant and postpartum women and their infants and to individuals who abuse drugs intravenously;

"(3) collaborate with the Director of the National Institute on Drug Abuse, with the Director of the National Institute on Alcohol Abuse and Alcoholism, and with the States to promote the study, dissemination, and implementation of research findings that will improve the delivery and effectiveness of treatment services;
“(4) collaborate with the Administrator of the Health Resources and Services Administration and the Administrator of the Health Care Financing Administration to promote the increased integration into the mainstream of the health care system of the United States of programs for providing treatment services;

“(5) evaluate plans submitted by the States pursuant to section 1932(a)(6) in order to determine whether the plans adequately provide for the availability, allocation, and effectiveness of treatment services, and monitor the use of revolving loan funds pursuant to section 1925;

“(6) sponsor regional workshops on improving the quality and availability of treatment services;

“(7) provide technical assistance to public and nonprofit private entities that provide treatment services, including technical assistance with respect to the process of submitting to the Director applications for any program of grants or contracts carried out by the Director;

“(8) encourage the States to expand the availability (relative to fiscal year 1992) of programs providing treatment services through self-run, self-supported recovery based on the programs of housing operated pursuant to section 1925;

“(9) carry out activities to educate individuals on the need for establishing treatment facilities within their communities;

“(10) encourage public and private entities that provide health insurance to provide benefits for outpatient treatment services and other nonhospital-based treatment services;

“(11) evaluate treatment programs to determine the quality and appropriateness of various forms of treatment, including the effect of living in housing provided by programs established under section 1925, which shall be carried out through grants, contracts, or cooperative agreements provided to public or nonprofit private entities; and

“(12) in carrying out paragraph (11), assess the quality, appropriateness, and costs of various treatment forms for specific patient groups.

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

SEC. 108. PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN.

(a) In General.—Subpart 1 of part B of title V (as added by section 107) is amended by adding at the end thereof the following new sections:

“RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN

“Sec. 508. (a) In General.—The Director of the Center for Substance Abuse Treatment shall provide awards of grants, cooperative agreement, or contracts to public and nonprofit private entities for the purpose of providing to pregnant and postpartum women treatment for substance abuse through programs in which, during the course of receiving treatment—

“(1) the women reside in facilities provided by the programs;

“(2) the minor children of the women reside with the women in such facilities, if the women so request; and
“(3) the services described in subsection (d) are available to or on behalf of the women.

“(b) Availability of Services for Each Participant.—A funding agreement for an award under subsection (a) for an applicant is that, in the program operated pursuant to such subsection—

“(1) treatment services and each supplemental service will be available through the applicant, either directly or through agreements with other public or nonprofit private entities; and

“(2) the services will be made available to each woman admitted to the program.

“(c) Individualized Plan of Services.—A funding agreement for an award under subsection (a) for an applicant is that—

“(1) in providing authorized services for an eligible woman pursuant to such subsection, the applicant will, in consultation with the women, prepare an individualized plan for the provision to the woman of the services; and

“(2) treatment services under the plan will include—

“(A) individual, group, and family counseling, as appropriate, regarding substance abuse; and

“(B) follow-up services to assist the woman in preventing a relapse into such abuse.

“(d) Required Supplemental Services.—In the case of an eligible woman, the services referred to in subsection (a)(3) are as follows:

“(1) Prenatal and postpartum health care.

“(2) Referrals for necessary hospital services.

“(3) For the infants and children of the woman—

“(A) pediatric health care, including treatment for any perinatal effects of maternal substance abuse and including screenings regarding the physical and mental development of the infants and children;

“(B) counseling and other mental health services, in the case of children; and

“(C) comprehensive social services.

“(4) Providing supervision of children during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities.

“(5) Training in parenting.

“(6) Counseling on the human immunodeficiency virus and on acquired immune deficiency syndrome.

“(7) Counseling on domestic violence and sexual abuse.

“(8) Counseling on obtaining employment, including the importance of graduating from a secondary school.

“(9) Reasonable efforts to preserve and support the family units of the women, including promoting the appropriate involvement of parents and others, and counseling the children of the women.

“(10) Planning for and counseling to assist reentry into society, both before and after discharge, including referrals to any public or nonprofit private entities in the community involved that provide services appropriate for the women and the children of the women.

“(11) Case management services, including—

“(A) assessing the extent to which authorized services are appropriate for the women and their children;
“(B) in the case of the services that are appropriate, ensuring that the services are provided in a coordinated manner; and

“(C) assistance in establishing eligibility for assistance under Federal, State, and local programs providing health services, mental health services, housing services, employment services, educational services, or social services.

“(e) MINIMUM QUALIFICATIONS FOR RECEIPT OF AWARD.—

“(1) CERTIFICATION BY RELEVANT STATE AGENCY.—With respect to the principal agency of the State involved that administers programs relating to substance abuse, the Director may make an award under subsection (a) to an applicant only if the agency has certified to the Director that—

“(A) the applicant has the capacity to carry out a program described in subsection (a);

“(B) the plans of the applicant for such a program are consistent with the policies of such agency regarding the treatment of substance abuse; and

“(C) the applicant, or any entity through which the applicant will provide authorized services, meets all applicable State licensure or certification requirements regarding the provision of the services involved.

“(2) STATUS AS MEDICAID PROVIDER.—

“(A) Subject to subparagraphs (B) and (C), the Director may make an award under subsection (a) only if, in the case of any authorized service that is available pursuant to the State plan approved under title XIX of the Social Security Act for the State involved—

“(i) the applicant for the award will provide the service directly, and the applicant has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

“(ii) the applicant will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, and the entity has entered into such a participation agreement plan and is qualified to receive such payments.

“(B)(i) In the case of an entity making an agreement pursuant to subparagraph (A)(ii) regarding the provision of services, the requirement established in such subparagraph regarding a participation agreement shall be waived by the Director if the entity does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits plan.

“(ii) A determination by the Director of whether an entity referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the entity accepts voluntary donations regarding the provision of services to the public.

“(C) With respect to any authorized service that is available pursuant to the State plan described in subparagraph (A), the requirements established in such subparagraph shall not apply to the provision of any such service by an institution for mental diseases to an individual who has attained 21 years of age and who has not attained
65 years of age. For purposes of the preceding sentence, the term 'institution for mental diseases' has the meaning given such term in section 1905(i) of the Social Security Act.

"(f) REQUIREMENT OF MATCHING FUNDS.—

"(1) IN GENERAL.—With respect to the costs of the program to be carried out by an applicant pursuant to subsection (a), a funding agreement for an award under such subsection is that the applicant will make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that—

"(A) for the first fiscal year for which the applicant receives payments under an award under such subsection, is not less than $1 for each $9 of Federal funds provided in the award;

"(B) for any second such fiscal year, is not less than $1 for each $9 of Federal funds provided in the award; and

"(C) for any subsequent such fiscal year, is not less than $1 for each $3 of Federal funds provided in the award.

"(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

"(g) OUTREACH.—A funding agreement for an award under subsection (a) for an applicant is that the applicant will provide outreach services in the community involved to identify women who are engaging in substance abuse and to encourage the women to undergo treatment for such abuse.

"(h) ACCESSIBILITY OF PROGRAM; CULTURAL CONTEXT OF SERVICES.—A funding agreement for an award under subsection (a) for an applicant is that—

"(1) the program operated pursuant to such subsection will be operated at a location that is accessible to low-income pregnant and postpartum women; and

"(2) authorized services will be provided in the language and the cultural context that is most appropriate.

"(i) CONTINUING EDUCATION.—A funding agreement for an award under subsection (a) is that the applicant involved will provide for continuing education in treatment services for the individuals who will provide treatment in the program to be operated by the applicant pursuant to such subsection.

"(j) IMPOSITION OF CHARGES.—A funding agreement for an award under subsection (a) for an applicant is that, if a charge is imposed for the provision of authorized services to on behalf of an eligible woman, such charge—

"(1) will be made according to a schedule of charges that is made available to the public;

"(2) will be adjusted to reflect the income of the woman involved; and

"(3) will not be imposed on any such woman with an income of less than 185 percent of the official poverty line, as established by the Director of the Office for Management and Budget.
and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

"(k) REPORTS TO DIRECTOR.—A funding agreement for an award under subsection (a) is that the applicant involved will submit to the Director a report—

"(1) describing the utilization and costs of services provided under the award;

"(2) specifying the number of women served, the number of infants served, and the type and costs of services provided; and

"(3) providing such other information as the Director determines to be appropriate.

"(l) REQUIREMENT OF APPLICATION.—The Director may make an award under subsection (a) only if an application for the award is submitted to the Director containing such agreements, and the application is in such form, is made in such manner, and contains such other agreements and such assurances and information as the Director determines to be necessary to carry out this section.

"(m) EQUITABLE ALLOCATION OF AWARDS.—In making awards under subsection (a), the Director shall ensure that the awards are equitably allocated among the principal geographic regions of the United States, subject to the availability of qualified applicants for the awards.

"(n) DURATION OF AWARD.—The period during which payments are made to an entity from an award under subsection (a) may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Director of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This subsection may not be construed to establish a limitation on the number of awards under such subsection that may be made to an entity.

"(o) EVALUATIONS; DISSEMINATION OF FINDINGS.—The Director shall, directly or through contract, provide for the conduct of evaluations of programs carried out pursuant to subsection (a). The Director shall disseminate to the States the findings made as a result of the evaluations.

"(p) REPORTS TO CONGRESS.—Not later than October 1, 1994, the Director shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing programs carried out pursuant to this section. Every 2 years thereafter, the Director shall prepare a report describing such programs carried out during the preceding 2 years, and shall submit the report to the Administrator for inclusion in the biennial report under section 501(k). Each report under this subsection shall include a summary of any evaluations conducted under subsection (m) during the period with respect to which the report is prepared.

"(q) DEFINITIONS.—For purposes of this section:

"(1) The term ‘authorized services’ means treatment services and supplemental services.

"(2) The term ‘eligible woman’ means a woman who has been admitted to a program operated pursuant to subsection (a).

"(3) The term ‘funding agreement under subsection (a)’ with respect to an award under subsection (a), means that the Director may make the award only if the applicant makes the agreement involved.

"(4) The term ‘substance abuse, inpatient, and postpartum patient’ involves the infants of such

"(5) The term ‘substance abuse, inpatient, and postpartum patient’ involves the infants of such

"(r) AUTHORIZATION OF APPROPRIATIONS.—

"(1) IN GENERAL.—Veterans and sections 508 and 509 of the Omnibus Budget Reconciliation Act of 1987, for expenditures for fiscal year 1993 and any subsequent fiscal year, to which this subsection pertains, to be appropriated for West and such funds as the Director determines to be necessary for fiscal year 1993, of the Director, and $100,000,000 for fiscal year 1994, and such sums as may be necessary for the purposes of this section.

"(2) Rule of Construction.—Nothing in this subsection shall be construed to restrict the amounts that are appropriate for the purposes for which sums are appropriated for the purposes of this section.

"OUTPATIENT SERVICES

"SEC. 509. (a) The Administrator shall carry out the provisions of the Treatment, Preven-

"(1) SAVING PROVISIONS.—

"(A) Subject to approval by the Secretary, the Administrator for fiscal year 1993 and for any subsequent fiscal year, to which this subsection pertains, to be appropriated for the purposes of this section.

"(B) Subject to approval by the Secretary, the Administrator may perform a grant under this section.

"(2) LIMITATION.—No funds under this section may be used in contravention of the current section 509F of the Omnibus Budget Reconciliation Act of 1987.
“(4) The term ‘treatment services’ means treatment for substance abuse, including the counseling and services described in subsection (c)(2).

“(5) The term ‘supplemental services’ means the services described in subsection (d).

“(r) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For the purpose of carrying out this section and section 509, there are authorized to be appropriated $100,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

“(2) TRANSFER.—For the purpose described in paragraph (1), in addition to the amounts authorized in such paragraph to be appropriated for a fiscal year, there is authorized to be appropriated for the fiscal year from the special forfeiture fund of the Director of the Office of National Drug Control Policy such sums as may be necessary.

“(3) RULE OF CONSTRUCTION.—The amounts authorized in this subsection to be appropriated are in addition to any other amounts that are authorized to be appropriated and are available for the purpose described in paragraph (1).

“OUTPATIENT TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN

“SEC. 509. (a) GRANTS.—The Secretary, acting through the Director of the Treatment Center, shall make grants to establish projects for the outpatient treatment of substance abuse among pregnant and postpartum women, and in the case of conditions arising in the infants of such women as a result of such abuse by the women, the outpatient treatment of the infants for such conditions.

“(b) PREVENTION.—Entities receiving grants under this section shall engage in activities to prevent substance abuse among pregnant and postpartum women.

“(c) EVALUATION.—The Secretary shall evaluate projects carried out under subsection (a) and shall disseminate to appropriate public and private entities information on effective projects.”.

(b) TRANSITIONAL AND SAVINGS PROVISIONS.—

(1) SAVINGS PROVISION FOR COMPLETION OF CURRENT PROJECTS:

“(A) Subject to paragraph (2), in the case of any project for which a grant under former section 509F was provided for fiscal year 1992, the Secretary of Health and Human Services may continue in effect the grant for fiscal year 1993 and subsequent fiscal years, subject to the duration of any such grant not exceeding the period determined by the Secretary in first approving the grant. Subject to approval by the Administrator, such grants may be administered by the Center for Substance Abuse Prevention.

(B) Subparagraph (A) shall apply with respect to a project notwithstanding that the project is not eligible to receive a grant under current section 508 or 509.

(2) LIMITATION ON FUNDING FOR CERTAIN PROJECTS.—With respect to the amounts appropriated for any fiscal year under current section 508, any such amounts appropriated in excess of the amount appropriated for fiscal year 1992 under former section 509F shall be available only for grants under current section 508.
(3) DEFINITIONS.—For purposes of this subsection:
(A) The term “former section 509F” means section 509F of the Public Health Service Act, as in effect for fiscal year 1992.
(B) The term “current section 508” means section 508 of the Public Health Service Act, as in effect for fiscal year 1993 and subsequent fiscal years.
(C) The term “current section 509” means section 509 of the Public Health Service Act, as in effect for fiscal year 1993 and subsequent fiscal years.

SEC. 109. DEMONSTRATION PROJECTS OF NATIONAL SIGNIFICANCE.

Subpart 1 of part B of title V (as amended by section 108) is further amended by adding at the end thereof the following new section:

"DEMONSTRATION PROJECTS OF NATIONAL SIGNIFICANCE"

"SEC. 510. (a) GRANTS FOR TREATMENT IMPROVEMENT.—The Director of the Center for Substance Abuse Treatment shall provide grants to public and nonprofit private entities for the purpose of establishing demonstration projects that will improve the provision of treatment services for substance abuse.
(b) NATURE OF PROJECTS.—Grants under subsection (a) shall be awarded to—
(1) projects that provide treatment to adolescents, female addicts and their children, racial and ethnic minorities, or individuals in rural areas, with preference given to such projects that provide treatment for substance abuse to women with dependent children, which treatment is provided in settings in which both primary health services for the women and pediatric care are available;
(2) projects that provide treatment in exchange for public service;
(3) projects that provide treatment services and which are operated by public and nonprofit private entities receiving grants under section 329, 330, 340, 340A, or other public or nonprofit private entities that provide primary health services;
(4) ‘treatment campus’ projects that—
(A) serve a significant number of individuals simultaneously;
(B) provide residential, non-community based drug treatment;
(C) provide patients with ancillary social services and referrals to community-based aftercare; and
(D) provide services on a voluntary basis;
(5) projects in large metropolitan areas to identify individuals in need of treatment services and to improve the availability and delivery of such services in the areas;
(6) in the case of drug abusers who are at risk of HIV infection, projects to conduct outreach activities to the individuals regarding the prevention of exposure to and the transmission of the human immunodeficiency virus, and to encourage the individuals to seek treatment for such abuse; and
(7) projects to determine the long-term efficacy of the projects described in this section and to disseminate to appropriate public and private entities information on the projects that have been effective.

SEC. 110. GRANTS FOR SUBSTATE AND LOCAL AGENCIES.

Subpart 1 of part B of title V (as amended by section 108) is further amended by adding at the end thereof the following new section:

"GRANTS FOR SUBSTATE AND LOCAL AGENCIES"

"SEC. 511. (a) The Director of the Center for Substance Abuse Treatment shall provide grants to public and nonprofit private entities, or the other public or nonprofit private entities described in subsection (b) to fund projects to—
(b) ELIGIBILITY.—The Director shall make grants only to individuals under the following standards:
(1) priority—The Director shall give priority to individuals who are incarcerated, parolees, or probationers; and
(2) project criteria—The Director shall give priority to individuals who are not in need of treatment services, with the following:
(a) the extent to which the individual is in need of treatment services, with other public and private entities.
“(c) PREFERENCES IN MAKING GRANTS.—In awarding grants under subsection (a), the Director of the Treatment Center shall give preference to projects that—

“(1) demonstrate a comprehensive approach to the problems associated with substance abuse and provide evidence of broad community involvement and support; or

“(2) initiate and expand programs for the provision of treatment services (including renovation of facilities, but not construction) in localities in which, and among populations for which, there is a public health crisis as a result of the inadequate availability of such services and a substantial rate of substance abuse.

“(d) DURATION OF GRANTS.—The period during which payments are made under a grant under subsection (a) may not exceed 5 years.

“(e) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated $175,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994. The amounts so authorized are in addition to any other amounts that are authorized to be appropriated and available for such purpose.

“(2) ALLOCATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Director of the Treatment Center shall reserve not less than 5 percent for carrying out projects described in subsections (b)(2) and (b)(3).”.

SEC. 110. GRANTS FOR SUBSTANCE ABUSE TREATMENT IN STATE AND LOCAL CRIMINAL JUSTICE SYSTEMS.

Subpart 1 of part B of title V (as amended by section 109) is further amended by adding at the end thereof the following new section:

“GRANTS FOR SUBSTANCE ABUSE TREATMENT IN STATE AND LOCAL CRIMINAL JUSTICE SYSTEMS

“SEC. 511. (a) IN GENERAL.—The Director of the Center for Substance Abuse Treatment shall provide grants to public and nonprofit private entities that provide treatment for substance abuse to individuals under criminal justice supervision.

“(b) ELIGIBILITY.—In awarding grants under subsection (a), the Director shall ensure that the grants are reasonably distributed among—

“(1) projects that provide treatment services to individuals who are incarcerated in prisons, jails, or community correctional settings; and

“(2) projects that provide treatment services to individuals who are not incarcerated, but who are under criminal justice supervision because of their status as pretrial releasees, posttrial releasees, probationers, parolees, or supervised releasees.

“(c) PRIORITY.—In awarding grants under subsection (a), the Director shall give priority to programs commensurate with the extent to which such programs provide, directly or in conjunction with other public or private nonprofit entities, one or more of the following:

“(1) a continuum of offender management services as individuals enter, proceed through, and leave the criminal justice system, including identification and assessment, substance
(b) AMENDMENTS.—
   (1) Section 513(a) of the Public Health Service Act (as transferred and redesignated under subsection (a)) is amended by striking out "NATIONAL INSTITUTE ON DRUG ABUSE.—The Director of the National Institute on Drug Abuse" and inserting in lieu thereof "CENTER FOR SUBSTANCE ABUSE TREATMENT.—The Director of the Center for Substance Abuse Treatment".
   (2) Part E of title V of the Public Health Service Act (42 U.S.C. 290ff) is amended by striking out the part heading.

SEC. 113. CENTER FOR SUBSTANCE ABUSE PREVENTION.

(a) IN GENERAL.—Part B of title V of the Public Health Service Act (as amended by section 112) is amended by inserting after section 513 the following new subpart:

   "Subpart 2—Center for Substance Abuse Prevention".

(b) TRANSFER.—Section 508 of the Public Health Service Act (42 U.S.C. 290aa-6), as such section existed 1 day prior to the date of enactment of this Act—
   (1) is transferred to subpart 2 of part B of title V;
   (2) is redesignated as section 515; and
   (3) is inserted after the subpart heading (as added by subsection (a)).

(c) AMENDMENTS.—Section 515(b) of the Public Health Service Act (as transferred and redesignated by subsection (b)) is amended—
   (1) in paragraph (5), by striking "and intervention";
   (2) by striking paragraphs (10) and (11); 
   (3) by redesignating paragraph (12) as paragraph (10); and
   (4) in paragraph (9), by adding "and" after the semicolon at the end.

(d) NATIONAL DATA BASE.—Section 515 of the Public Health Service Act (as amended by subsection (c)) is amended by amending subsection (d) to read as follows:
   "(d) The Director of the Prevention Center shall establish a national data base providing information on programs for the prevention of substance abuse. The data base shall contain information appropriate for use by public entities and information appropriate for use by nonprofit private entities.".

(e) REFERENCES.—Section 515 of the Public Health Service Act (as amended by subsection (e)) is amended—
   (1) in subsection (a), in the first sentence, by striking "(hereafter and all that follows and inserting "(hereafter referred to in this part as the 'Prevention Center')", and
   (2) in subsection (b), in the matter preceding paragraph (1), by striking "Office" and inserting "Prevention Center".

(f) COMMUNITY PROGRAMS.—Section 509 of the Public Health Service Act (42 U.S.C. 290aa-7) as such section existed 1 day prior to the date of enactment of this Act—
   (1) is transferred to subpart 2 of part B of title V of such Act (as added by subsection (a));
   (2) is redesignated as section 516;
   (3) is inserted after section 515 (as transferred and redesignated by subsection (b)); and
   (4) is amended to read as follows:
"COMMUNITY PROGRAMS"

"SEC. 516. (a) IN GENERAL.—The Secretary, acting through the Director of the Prevention Center, shall—
(1) provide assistance to communities to develop comprehensive long-term strategies for the prevention of substance abuse; and
(2) evaluate the success of different community approaches toward the prevention of such abuse.

"SEC. 520. (a) Administration and oversight. This section referred to in paragraph (2) is administered by a Director (hereinafter referred to in this section as "the Director") appointed by the Secretary on the basis of experience or actual experience in the field of mental health services or programs.

"(b) DUTIES.—The Director—
"(1) designates for—
(A) the Community Health Center; and
(B) the Prevention Center—
"(2) encourages and assists in the efforts of the Director of the Health Center and the Prevention Center to achieve the purposes of this section;
"(3) develops and prepares in consultation with Federal, State, and local mental health authorities plans for programs and activities to improve the care and treatment of citizens suffering from mental illness or retardation;
"(4) develops an inventory of Federal, State, and local mental health facilities, including those operated and supported by the Federal Government;
"(5) administers such Federal, State, and local mental health facilities, including those operated and supported by the Federal Government;
"(6) promotes and coordinates efforts of local levels of government in the provision of needed mental health services, including efforts to ensure the establishment of adequate mental health services at State and local levels; and
"(7) carries out the purposes of paragraphs (2) through (6) in coordination with the Advocacy of Mental Health, the Mental Health Research Institute, and the National Institute of Mental Health.

"(c) Authorization of appropriations. The Secretary shall—
"(1) make all necessary arrangements for the actual performance of the functions of the Director and the Director of the Prevention Center;
"(2) carry out the provisions of paragraphs (1) through (6) in coordination with the President's Council on Mental Health and the National Institute of Mental Health;
"(3) carry out the purposes of this section in coordination with the President's Council on Mental Health and the National Institute of Mental Health;
"(4) carry out the purposes of this section in coordination with the President's Council on Mental Health and the National Institute of Mental Health;
"(5) carry out the purposes of this section in coordination with the President's Council on Mental Health and the National Institute of Mental Health;
"(6) carry out the purposes of this section in coordination with the President's Council on Mental Health and the National Institute of Mental Health;
"(7) carry out the purposes of this section in coordination with the President's Council on Mental Health and the National Institute of Mental Health;
"(8) carry out the purposes of this section in coordination with the President's Council on Mental Health and the National Institute of Mental Health;
"(9) carry out the purposes of this section in coordination with the President's Council on Mental Health and the National Institute of Mental Health;
"(10) carry out the purposes of this section in coordination with the President's Council on Mental Health and the National Institute of Mental Health;
"(11) carry out the purposes of this section in coordination with the President's Council on Mental Health and the National Institute of Mental Health;
"(12) carry out the purposes of this section in coordination with the President's Council on Mental Health and the National Institute of Mental Health; and
"(13) carry out the purposes of this section in coordination with the President's Council on Mental Health and the National Institute of Mental Health.

SEC. 530. CENTER FOR MENTAL HEALTH SERVICES.

(a) IN GENERAL.—Part B of title V of the Public Health Service Act (as amended by section 114) is amended by inserting after section 517 the following new section:

42 USC
290bb-23.