PUBLIC LAW 102-321—JULY 10, 1992
106 STAT. 347

"Subpart 3—Center for Mental Health Services

"CENTER FOR MENTAL HEALTH SERVICES

"Sec. 520. (a) Establishment.—There is established in the Administration a Center for Mental Health Services (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 provision of mental health services or in the evaluation of mental health service systems.

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

"(1) design national goals and establish national priorities for—

"(A) the prevention of mental illness; and

"(B) the promotion of mental health;

"(2) encourage and assist local entities and State agencies to achieve the goals and priorities described in paragraph (1);

"(3) develop and coordinate Federal prevention policies and programs and to assure increased focus on the prevention of mental illness and the promotion of mental health;

"(4) develop improved methods of treating individuals with mental health problems and improved methods of assisting the families of such individuals;

"(5) administer the mental health services block grant program authorized in section 1911;

"(6) promote policies and programs at Federal, State, and local levels and in the private sector that foster independence and protect the legal rights of persons with mental illness, including carrying out the provisions of the Protection and Advocacy of Mentally Ill Individuals Act;

"(7) carry out the programs authorized under sections 520A and 521, including the Community Support Program and the Child and Adolescent Service System Programs;

"(8) carry out responsibilities for the Human Resource Development program, and programs of clinical training for professional and paraprofessional personnel pursuant to section 303;

"(9) conduct services-related assessments, including evaluations of the organization and financing of care, self-help and consumer-run programs, mental health economics, mental health service systems, rural mental health, and improve the capacity of State to conduct evaluations of publicly funded mental health programs;

"(10) establish a clearinghouse for mental health information to assure the widespread dissemination of such information to States, political subdivisions, educational agencies and institutions, treatment and prevention service providers, and the general public, including information concerning the practical application of research supported by the National Institute of Mental Health that is applicable to improving the delivery of services;

"(11) provide technical assistance to public and private entities that are providers of mental health services;

"(12) monitor and enforce obligations incurred by community mental health centers pursuant to the Community Mental Health Centers Act (as in effect prior to the repeal of such

"(13) conduct surveys with respect to mental health, such as the National Reporting Program; and

"(14) assist States in improving their mental health data collection.

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

(b) CONFORMING AMENDMENTS.—Section 303(a) of the Public Health Service Act (42 U.S.C. 242a(a)) is amended—

(1) by striking out "the Surgeon General is authorized" in the matter preceding paragraph (1);

(2) by inserting "the Secretary, acting through the Director of the Center for Mental Health Services, is authorized" after the paragraph designation in paragraph (1); and

(3) by inserting "the Surgeon General is authorized" after the paragraph designation in paragraph (2).

SEC. 116. GRANT PROGRAM FOR DEMONSTRATION PROJECTS.

(a) TRANSFER.—Section 520 of the Public Health Service Act (42 U.S.C. 290cc–13) as such section existed 1 day prior to the date of enactment of this Act—

(1) is transferred to subpart 3 of part B of title V of such Act;

(2) is redesignated as section 520A; and

(3) is inserted after section 520 (as added by section 115).

(b) AMENDMENTS.—Section 520A (as transferred and redesignated under subsection (a)) is amended—

(1) in subsection (a)(1), by striking out "National Institute of Mental Health" and inserting in lieu thereof "Center for Mental Health Services";

(2) in subsection (c), by striking out "three" and inserting in lieu thereof "five"; and

(3) in subsection (e)(1), to read as follows:

"(1) For the purposes of carrying out this section, there are authorized to be appropriated $50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994."

SEC. 117. NATIONAL MENTAL HEALTH EDUCATION.

Section 519 of the Public Health Service Act (42 U.S.C. 290cc–12) is repealed.

SEC. 118. DEMONSTRATION PROJECTS WITH RESPECT TO CERTAIN INDIVIDUALS.

(a) IN GENERAL.—Section 2441 of the Public Health Service Act (42 U.S.C. 300dd–41) is amended—

(1) is transferred to subpart 3 of part B of title V of such Act (as added by section 115);

(2) is redesignated as section 520B; and

(3) is inserted after section 520A (as added by section 116).

(b) CONFORMING AMENDMENTS.—The Public Health Service Act (as amended by subsection (a)), is amended—

(1) in part C of title XXIV—

(A) by striking out the heading for subpart I;

(B) in section 2432(a), by striking out "subpart" each place such term appears and inserting "part"; and
(C) by striking out the heading for subpart II; and
(2) in section 520B (as transferred and added by subsection
(a))—
(A) in subsection (a), in the matter preceding paragraph
(1), by inserting after "Secretary" the following: ", acting
through the Director of the Center for Mental Health Serv-
ces,"; and
(B) in subsection (j), by striking out "1991" and inserting
in lieu thereof "1994".

SEC. 119. CHILDHOOD MENTAL HEALTH.
Title V of the Public Health Service Act, as amended by the
preceding provisions of this title, is amended by adding at the
end the following new part:

"PART E—CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES

"SEC. 561. COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES
FOR CHILDREN WITH SERIOUS EMOTIONAL DISTUR-
BANCES.

"(a) GRANTS TO CERTAIN PUBLIC ENTITIES.—
"(1) IN GENERAL.—The Secretary, acting through the Director
of the Center for Mental Health Services, shall make grants
to public entities for the purpose of providing comprehensive
community mental health services to children with a serious
emotional disturbance.
"(2) DEFINITION OF PUBLIC ENTITY.—For purposes of this sub-
part, the term "public entity" means any State, any political
subdivision of a State, and any Indian tribe or tribal organiza-
tion (as defined in section 4(b) and section 4(c) of the Indian
Self-Determination and Education Assistance Act).

"(b) CONSIDERATIONS IN MAKING GRANTS.—
"(1) REQUIREMENT OF STATUS AS GRANTEE UNDER PART B
OF TITLE XIX.—The Secretary may make a grant under sub-
section (a) to a public entity only if—
(A) in the case of a public entity that is a State, the
State is a grantee under section 1911;
(B) in the case of a public entity that is a political
subdivision of a State, the State in which the political
subdivision is located is receiving such payments; and
(C) in the case of a public entity that is an Indian
tribe or tribal organization, the State in which the tribe
or tribal organization is located is receiving such payments.

"(2) REQUIREMENT OF STATUS AS MEDICAID PROVIDER.—
"(A) Subject to subparagraph (B), the Secretary may
make a grant under subsection (a) only if, in the case
of any service under such subsection that is covered in
the State plan approved under title XIX of the Social Secu-
rity Act for the State involved—
(i) the public entity involved will provide the service
directly, and the entity has entered into a participation
agreement under the State plan and is qualified to
receive payments under such plan; or
(ii) the public entity will enter into an agreement
with an organization under which the organization
will provide the service, and the organization has
entered into such a participation agreement and is qualified to receive such payments.

"(B)(i) In the case of an organization making an agreement under subparagraph (A)(ii) regarding the provision of services under subsection (a), the requirement established in such subparagraph regarding a participation agreement shall be waived by the Secretary if the organization does not, in providing health or mental health services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any Federal or State health benefits program.

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

"(3) CERTAIN CONSIDERATIONS.—In making grants under subsection (a), the Secretary shall—

"(A) equitably allocate such assistance among the principal geographic regions of the United States;

"(B) consider the extent to which the public entity involved has a need for the grant; and

"(C) in the case of any public entity that is a political subdivision of a State or that is an Indian tribe or tribal organization—

"(i) shall consider any comments regarding the application of the entity for such a grant that are received by the Secretary from the State in which the entity is located; and

"(ii) shall give special consideration to the entity if the State agrees to provide a portion of the non-Federal contributions required in subsection (c) regarding such a grant.

"(c) MATCHING FUNDS.—

"(1) IN GENERAL.—A funding agreement for a grant under subsection (a) is that the public entity involved will, with respect to the costs to be incurred by the entity in carrying out the purpose described in such subsection, 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 entity receives payments from a grant under such subsection, is not less than $1 for each $3 of Federal funds provided in the grant;

"(B) for any second or third such fiscal year, is not less than $1 for each $3 of Federal funds provided in the grant;

"(C) for any fourth such fiscal year, is not less than $1 for each $1 of Federal funds provided in the grant; and

"(D) for any fifth such fiscal year, is not less than $2 for each $1 of Federal funds provided in the grant.

"(2) DETERMINATION OF AMOUNT CONTRIBUTED.—

"(A) Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including

"SEC. 562. REQUIREMS.

"(a) SYSTEMS OF CARE.—

"(1) IN GENERAL.—

"(A) be the primary and principal means of delivering services to adults who have a mental health disorder;

"(B) be the principal additional means of delivering services to children under 18 years of age who have a mental health disorder;

"(C) be the principal means of delivering services to children under 18 years of age who have a disorder related to substance abuse;

"(D) correct any significant barriers where a State has not been able to develop or implement a system of care as required by paragraph (2); and

"(E) establish the geographic boundaries of the system and the system serving the community.

"(2) COLLABORATIVE AGREEMENT.—

"(A) Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including

"(b) LIMITATION ON SERVICES.—
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.

"(B) In making a determination of the amount of non-Federal contributions for purposes of subparagraph (A), the Secretary may include only non-Federal contributions in excess of the average amount of non-Federal contributions made by the public entity involved toward the purpose described in subsection (a) for the 2-year period preceding the first fiscal year for which the entity receives a grant under such section.

"SEC. 562. REQUIREMENTS WITH RESPECT TO CARRYING OUT PURPOSE OF GRANTS.

"(a) SYSTEMS OF COMPREHENSIVE CARE.—

"(1) IN GENERAL.—A funding agreement for a grant under section 561(a) is that, with respect to children with a serious emotional disturbance, the public entity involved will carry out the purpose described in such section only through establishing and operating 1 or more systems of care for making each of the mental health services specified in subsection (c) available to each child provided access to the system. In providing for such a system, the public entity may make grants to, and enter into contracts with, public and nonprofit private entities.

"(2) STRUCTURE OF SYSTEM.—A funding agreement for a grant under section 561(a) is that a system of care under paragraph (1) will—

"(A) be established in a community selected by the public entity involved;

"(B) consist of such public agencies and nonprofit private entities in the community as are necessary to ensure that each of the services specified in subsection (c) is available to each child provided access to the system;

"(C) be established pursuant to agreements that the public entity enters into with the agencies and entities described in subparagraph (B);

"(D) coordinate the provision of the services of the system; and

"(E) establish an office whose functions are to serve as the location through which children are provided access to the system, to coordinate the provision of services of the system, and to provide information to the public regarding the system.

"(3) COLLABORATION OF LOCAL PUBLIC ENTITIES.—A funding agreement for a grant under section 561(a) is that, for purposes of the establishment and operation of a system of care under paragraph (1), the public entity involved will seek collaboration among all public agencies that provide human services in the community in which the system is established, including but not limited to those providing mental health services, educational services, child welfare services, or juvenile justice services.

"(b) LIMITATION ON AGE OF CHILDREN PROVIDED ACCESS TO SYSTEM.—A funding agreement for a grant under section 561(a) is
that a system of care under subsection (a) will not provide an individual with access to the system if the individual is more than 21 years of age.

(c) REQUIRED MENTAL HEALTH SERVICES OF SYSTEM.—A funding agreement for a grant under section 561(a) is that mental health services provided by a system of care under subsection (a) will include, with respect to a serious emotional disturbance in a child—

(1) diagnostic and evaluation services;

(2) outpatient services provided in a clinic, office, school or other appropriate location, including individual, group or family counseling services, professional consultation, and review and management of medications;

(3) emergency services, available 24-hours a day, 7 days a week;

(4) intensive home-based services for children and their families when the child is at imminent risk of out-of-home placement;

(5) intensive day-treatment services;

(6) respite care;

(7) therapeutic foster care services, and services in therapeutic foster family homes or individual therapeutic residential homes, and groups homes caring for not more than 10 children; and

(8) assisting the child in making the transition from the services received as a child to the services to be received as an adult.

(d) REQUIRED ARRANGEMENTS REGARDING OTHER APPROPRIATE SERVICES—

(1) IN GENERAL.—A funding agreement for a grant under section 561(a) is that—

(A) a system of care under subsection (a) will enter into a memorandum of understanding with each of the providers specified in paragraph (2) in order to facilitate the availability of the services of the provider involved to each child provided access to the system; and

(B) the grant under such section 561(a), and the non-Federal contributions made with respect to the grant, will not be expended to pay the costs of providing such non-mental health services to any individual.

(2) SPECIFICATION OF NON-MENTAL HEALTH SERVICES.—The providers referred to in paragraph (1) are providers of medical services other than mental health services, providers of educational services, providers of vocational counseling and vocational rehabilitation services, and providers of protection and advocacy services with respect to mental health.

(3) FACILITATION OF SERVICES OF CERTAIN PROGRAMS.—A funding agreement for a grant under section 561(a) is that a system of care under subsection (a) will, for purposes of paragraph (1), enter into a memorandum of understanding regarding facilitation of—

(A) services available pursuant to title XIX of the Social Security Act, including services regarding early periodic screening, diagnosis, and treatment;

(B) services available under parts B and H of the Individuals with Disabilities Education Act; and

(C) services available under other appropriate programs, as identified by the Secretary.
that a system of care under subsection (a) will not provide an individual with access to the system if the individual is more than 21 years of age.

(c) Required Mental Health Services of System.—A funding agreement for a grant under section 561(a) is that mental health services provided by a system of care under subsection (a) will include, with respect to a serious emotional disturbance in a child—

"(1) diagnostic and evaluation services;

"(2) outpatient services provided in a clinic, office, school or other appropriate location, including individual, group and family counseling services, professional consultation, and review and management of medications;

"(3) emergency services, available 24-hours a day, 7 days a week;

"(4) intensive home-based services for children and their families when the child is at imminent risk of out-of-home placement;

"(5) intensive day-treatment services;

"(6) respite care;

"(7) therapeutic foster care services, and services in therapeutic foster family homes or individual therapeutic residential homes, and groups homes caring for not more than 10 children; and

"(8) assisting the child in making the transition from the services received as a child to the services to be received as an adult.

(d) Required Arrangements Regarding Other Appropriate Services.—

"(1) In General.—A funding agreement for a grant under section 561(a) is that—

"(A) a system of care under subsection (a) will enter into a memorandum of understanding with each of the providers specified in paragraph (2) in order to facilitate the availability of the services of the provider involved to each child provided access to the system; and

"(B) the grant under such section 561(a), and the non-Federal contributions made with respect to the grant, will not be expended to pay the costs of providing such non-mental health services to any individual.

"(2) Specification of Non-Mental Health Services.—The providers referred to in paragraph (1) are providers of medical services other than mental health services, providers of educational services, providers of vocational counseling and vocational rehabilitation services, and providers of protection and advocacy services with respect to mental health.

"(3) Facilitation of Services of Certain Programs.—A funding agreement for a grant under section 561(a) is that a system of care under subsection (a) will, for purposes of paragraph (1), enter into a memorandum of understanding regarding facilitation of—

"(A) services available pursuant to title XIX of the Social Security Act, including services regarding early periodic screening, diagnosis, and treatment;

"(B) services available under parts B and H of the Individuals with Disabilities Education Act; and

"(C) services available under other appropriate programs, as identified by the Secretary.
"(e) General Provisions Regarding Services of System.—

"(1) Case Management Services.—A funding agreement for a grant under section 561(a) is that a system of care under subsection (a) will provide for the case management of each child provided access to the system in order to ensure that—

"(A) the services provided through the system to the child are coordinated and that the need of each such child for the services is periodically reassessed;

"(B) information is provided to the family of the child on the extent of progress being made toward the objectives established for the child under the plan of services implemented for the child pursuant to section 563; and

"(C) the system provides assistance with respect to—

"(i) establishing the eligibility of the child, and the family of the child, for financial assistance and services under Federal, State, or local programs providing for health services, mental health services, educational services, social services, or other services; and

"(ii) seeking to ensure that the child receives appropriate services available under such programs.

"(2) Other Provisions.—A funding agreement for a grant under section 561(a) is that a system of care under subsection (a), in providing the services of the system, will—

"(A) provide the services of the system in the cultural context that is most appropriate for the child and family involved;

"(B) ensure that individuals providing such services to the child can effectively communicate with the child and family in the most direct manner;

"(C) provide the services without discriminating against the child or the family of the child on the basis of race, religion, national origin, sex, disability, or age;

"(D) seek to ensure that each child provided access to the system of care remains in the least restrictive, most normative environment that is clinically appropriate; and

"(E) provide outreach services to inform individuals, as appropriate, of the services available from the system, including identifying children with a serious emotional disturbance who are in the early stages of such disturbance.

"(3) Rule of Construction.—An agreement made under paragraph (2) may not be construed—

"(A) with respect to subparagraph (C) of such paragraph—

"(i) to prohibit a system of care under subsection (a) from requiring that, in housing provided by the grantee for purposes of residential treatment services authorized under subsection (c), males and females be segregated to the extent appropriate in the treatment of the children involved; or

"(ii) to prohibit the system of care from complying with the agreement made under subsection (b); or

"(B) with respect to subparagraph (D) of such paragraph, to authorize the system of care to expend the grant under section 561(a) (or the non-Federal contributions made with respect to the grant) to provide legal services or any service with respect to which expenditures regarding the grant are prohibited under subsection (d)(1)(B).
“(f) Restrictions on Use of Grant.—A funding agreement for a grant under section 561(a) is that the grant, and the non-Federal contributions made with respect to the grant, will not be expended—

“(1) to purchase or improve real property (including the construction or renovation of facilities);

“(2) to provide for room and board in residential programs serving 10 or fewer children;

“(3) to provide for room and board or other services or expenditures associated with care of children in residential treatment centers serving more than 10 children or in inpatient hospital settings, except intensive home-based services and other services provided on an ambulatory or outpatient basis; or

“(4) to provide for the training of any individual, except training authorized in section 564(a)(2) and training provided through any appropriate course in continuing education whose duration does not exceed 2 days.

“SEC. 563. INDIVIDUALIZED PLAN FOR SERVICES.

“(a) In General.—A funding agreement for a grant under section 561(a) is that a system of care under section 562(a) will develop and carry out an individualized plan of services for each child provided access to the system, and that the plan will be developed and carried out with the participation of the family of the child and, unless clinically inappropriate, with the participation of the child.

“(b) Multidisciplinary Team.—A funding agreement for a grant under section 561(a) is that the plan required in subsection (a) will be developed, and reviewed and as appropriate revised not less than once each year, by a multidisciplinary team of appropriately qualified individuals who provide services through the system, including as appropriate mental health services, other health services, educational services, social services, and vocational counseling and rehabilitation;

“(c) Coordination With Services Under Individuals With Disabilities Education Act.—A funding agreement for a grant under section 561(a) is that, with respect to a plan under subsection (a) for a child, the multidisciplinary team required in subsection (b) will—

“(1) in developing, carrying out, reviewing, and revising the plan consider any individualized education program in effect for the child pursuant to part B of the Individuals With Disabilities Education Act;

“(2) ensure that the plan is consistent with such individualized education program and provides for coordinating services under the plan with services under such program; and

“(3) ensure that the memorandum of understanding entered into under section 562(d)(3)(B) regarding such Act includes provisions regarding compliance with this subsection.

“(d) Contents Of Plan.—A funding agreement for a grant under section 561(a) is that the plan required in subsection (a) for a child will—

“(1) identify and state the needs of the child for the services available pursuant to section 562 through the system;

“(2) provide for each of such services that is appropriate to the circumstances of the child, including, except in the case of children who are less than 14 years of age, the provision of appropriate transition services to individuals;

“(3) establish the child's needs, and

“(4) design the case management system that case management is part of the system.

“SEC. 564. ADDITIONAL OFFICE REQUIREMENTS.

“(a) OptionaL Services Provided to Children.—(1) The methods of subsection (c) of section 561(a) of such section provide for—

“(1) pretraining, if appropriate;

“(2) training, including training for the care, guidance, and education of the child;

“(3) retraining as appropriate;

“(4) such additional services for the development of the ICFMRs of children;

“(b) Comprehensive System.—A funding agreement for a grant under section 561(a) is that the public entity, and has had appropriate authority for children with disabilities, shall develop and implement a plan to develop a system which covers the full range of services under the law and any other related services and is designed to ensure that such services are available and accessible to the children and, to the extent practicable, that such services are coordinated and provided in the most appropriate setting for each child.

“(c) Limitations on Agreement For Children.—A funding agreement for a grant under section 561(a) is that the agreement is imposed for the payment of charges—

“(1) will not be made available until such time as the medical necessity for the services is determined;

“(2) will be provided in the home or community of the child;

“(3) will be provided on the basis of the income and resources of the family or the Office...
of appropriate vocational counseling and rehabilitation, and
transition services (as defined in section 602(a)(19) of the
Individuals with Disabilities Education Act);
“(3) establish objectives to be achieved regarding the needs
of the child and the methodology for achieving the objectives;
and
“(4) designate an individual to be responsible for providing
the case management required in section 562(e)(1) or certify
that case management services will be provided to the child
as part of the individualized education program of the child
under the Individuals with Disabilities Education Act.

“SEC. 564. ADDITIONAL PROVISIONS.

“(a) OPTIONAL SERVICES.—In addition to services described in
subsection (c) of section 562, a system of care under subsection
(a) of such section may, in expending a grant under section 561(a),
provide for—
“(1) preliminary assessments to determine whether a child
should be provided access to the system;
“(2) training in—
“(A) the administration of the system;
“(B) the provision of intensive home-based services under
paragraph (4) of section 562(c), intensive day treatment
under paragraph (5) of such section, and foster care or
group homes under paragraph (7) of such section; and
“(C) the development of individualized plans for purposes
of section 563;
“(3) recreational activities for children provided access to
the system; and
“(4) such other services as may be appropriate in providing
for the comprehensive needs with respect to mental health
of children with a serious emotional disturbance.

“(b) COMPREHENSIVE PLAN.—The Secretary may make a grant
under section 561(a) only if, with respect to the jurisdiction of
the public entity involved, the entity has submitted to the Secretary,
and has had approved by the Secretary, a plan for the development
of a jurisdiction-wide system of care for community-based services
for children with a serious emotional disturbance that specifies
the progress the public entity has made in developing the jurisdiction-wide
system, the extent of cooperation across agencies serving
children in the establishment of the system, the Federal and non-
Federal resources currently committed to the establishment of the
system, and the current gaps in community services and the manner
in which the grant under section 561(a) will be expended to address
such gaps and establish local systems of care.

“(c) LIMITATION ON IMPOSITION OF FEES FOR SERVICES.—A funding
agreement for a grant under section 561(a) is that, if a charge
is imposed for the provision of services under the grant, 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 family
of the child involved; and
“(3) will not be imposed on any child whose family has
income and resources of equal to or less than 100 percent
of the official poverty line, as established by the Director of
the Office of Management and Budget and revised by the

Public
information.
Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

"(d) RELATIONSHIP TO ITEMS AND SERVICES UNDER OTHER PROGRAMS.—A funding agreement for a grant under section 561(a) is that the grant, and the non-Federal contributions made with respect to the grant, will not be expended to make payment for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to such item or service—

"(1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

"(2) by an entity that provides health services on a prepaid basis.

"(e) LIMITATION ON ADMINISTRATIVE EXPENSES.—A funding agreement for a grant under section 561(a) is that not more than 2 percent of the grant will be expended for administrative expenses incurred with respect to the grant by the public entity involved.

"(f) REPORT TO SECRETARY.—A funding agreement for a grant under section 561(a) is that the public entity involved will annually submit to the Secretary a report on the activities of the entity under the grant that includes a description of the number of children provided access to systems of care operated pursuant to the grant, the demographic characteristics of the children, the types and costs of services provided pursuant to the grant, the availability and use of third-party reimbursements, estimates of the unmet need for such services in the jurisdiction of the entity, and the manner in which the grant has been expended toward the establishment of a jurisdiction-wide system of care for children with a serious emotional disturbance, and such other information as the Secretary may require with respect to the grant.

"(g) DESCRIPTION OF INTENDED USES OF GRANT.—The Secretary may make a grant under section 561(a) only if—

"(1) the public entity involved submits to the Secretary a description of the purposes for which the entity intends to spend the grant; and

"(2) the description identifies the populations, areas, and localities in the jurisdiction of the entity with a need for services under this section; and

"(3) the description provides information relating to the services and activities to be provided, including a description of the manner in which the services and activities will be coordinated with any similar services or activities of public or non-profit entities.

"(h) REQUIREMENT OF APPLICATION.—The Secretary may make a grant under section 561(a) only if an application for the grant is submitted to the Secretary, the application contains the description of intended uses required in subsection (g), and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

"SEC. 565. GENERAL PROVISIONS.

"(a) DURATION OF SUPPORT.—The period during which payments are made to a public entity from a grant under section 561(a) may not exceed 5 fiscal years.

"(b) TECHNICAL ASSISTANCE.—
“(1) IN GENERAL.—The Secretary shall, upon the request of a public entity receiving a grant under section 561(a)—

“(A) provide technical assistance to the entity regarding the process of submitting to the Secretary applications for grants under section 561(a); and

“(B) provide to the entity training and technical assistance with respect to the planning, development, and operation of systems of care pursuant to section 562.

“(2) AUTHORITY FOR GRANTS AND CONTRACTS.—The Secretary may provide technical assistance under subsection (a) directly or through grants to, or contracts with, public and nonprofit private entities.

“(c) EVALUATIONS AND REPORTS BY SECRETARY.—

“(1) IN GENERAL.—The Secretary shall, directly or through contracts with public or private entities, provide for annual evaluations of programs carried out pursuant to section 561(a). The evaluations shall assess the effectiveness of the systems of care operated pursuant to such section, including longitudinal studies of outcomes of services provided by such systems, other studies regarding such outcomes, the effect of activities under this subpart on the utilization of hospital and other institutional settings, the barriers to and achievements resulting from interagency collaboration in providing community-based services to children with a serious emotional disturbance, and assessments by parents of the effectiveness of the systems of care.

“(2) REPORT TO CONGRESS.—The Secretary shall, not later than 1 year after the date on which amounts are first appropriated under subsection (c), and annually thereafter, submit to the Congress a report summarizing evaluations carried out pursuant to paragraph (1) during the preceding fiscal year and making such recommendations for administrative and legislative initiatives with respect to this section as the Secretary determines to be appropriate.

“(d) DEFINITIONS.—For purposes of this subpart:

“(1) The term ‘child’ means an individual not more than 21 years of age.

“(2) The term ‘family’, with respect to a child provided access to a system of care under section 562(a), means—

“(A) the legal guardian of the child; and

“(B) as appropriate regarding mental health services for the child, the parents of the child (biological or adoptive, as the case may be) and any foster parents of the child.

“(3) The term ‘funding agreement’, with respect to a grant under section 561(a) to a public entity, means that the Secretary may make such a grant only if the public entity makes the agreement involved.

“(4) The term ‘serious emotional disturbance’ includes, with respect to a child, any child who has a serious emotional disorder, a serious behavioral disorder, or a serious mental disorder.

“(e) RULE OF CONSTRUCTION.—Nothing in this part shall be construed as limiting the rights of a child with a serious emotional disturbance under the Individuals with Disabilities Education Act.

“(f) FUNDING.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, there are authorized to be appro-
priated $100,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

“(2) SET-ASIDE REGARDING TECHNICAL ASSISTANCE.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall make available not less than $3,000,000 for the purpose of carrying out subsection (b).”.

SEC. 120. STRIKING OF CERTAIN PROVISIONS AND TECHNICAL AND CONFORMING AMENDMENTS.

(a) In General.—Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) as such title existed 1 day prior to the date of enactment of this Act, is amended by striking out sections 509B, 509C, 509E, 509F and 509G (42 U.S.C. 290aa–9, 290aa–10, 290aa–12, 290aa–13, and 290aa–14).

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

(1) in the heading for such title, to read as follows:

“TITLE V—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION”;

(2) in the heading for part A, to read as follows:

“PART A—ORGANIZATION AND GENERAL AUTHORITIES”; and

(3) by striking out section 518.

Subtitle B—Institutes

SEC. 121. ORGANIZATION OF NATIONAL INSTITUTES OF HEALTH.

(a) In General.—Section 401(b)(1) of the Public Health Service Act (42 U.S.C. 281(b)(1)) is amended by adding at the end thereof the following new subparagraphs:

"(N) The National Institute on Alcohol Abuse and Alcoholism.

"(O) The National Institute on Drug Abuse.

"(P) The National Institute of Mental Health.”.

(b) DEFINITION.—Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end thereof the following new section:

"DEFINITIONS

"SEC. 409. For purposes of this title, the term 'health services research' means research endeavors that study the impact of the organization, financing and management of health services on the quality, cost, access to and outcomes of care.”.

SEC. 122. NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM.

(a) Creation of Subpart.—Part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by adding at the end thereof the following new subpart:
“Subpart 14—National Institute on Alcohol Abuse and Alcoholism

“PURPOSE OF INSTITUTE

“SEC. 464H. (a) IN GENERAL.—The general purpose of the National Institute of Alcohol Abuse and Alcoholism (hereafter in this subpart referred to as the ‘Institute’) is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the prevention of alcohol abuse and the treatment of alcoholism.”

(b) ADDITIONAL PROVISIONS.—

(1) RESEARCH PROGRAM.—Subsection (b) of section 510 of the Public Health Service Act (42 U.S.C. 290bb and 290bb-1), as such section existed 1 day prior to the date of the enactment of this Act—

(A) is transferred to section 464H of the Public Health Service Act, as added by subsection (a) of this section; and

(B) is inserted after subsection (a) of such section 464H.

Such section 510, as so amended, is repealed.

(2) ADDITIONAL PROVISIONS.—Section 464H of the Public Health Service Act (as amended by paragraph (1)) is amended—

(A) in subsection (b)—

(i) in the matter preceding paragraph (1), by striking “(b) in carrying out the program” and all that follows through “Institute, is authorized” and inserting the following: “(b) RESEARCH PROGRAM.—The research program established under this subpart shall encompass the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of alcohol abuse and alcoholism.

In carrying out the program, the Director of the Institute is authorized”;

(ii) in paragraph (3)(H), by striking out the period and inserting in lieu thereof a semicolon; and

(B) by adding at the end the following subsections:

“(c) COLLABORATION.—The Director of the Institute shall collaborate with the Administrator of the Substance Abuse and Mental Health Services Administration in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.

“(d) FUNDING.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, there are authorized to be appropriated $300,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

“(2) ALLOCATION FOR HEALTH SERVICES RESEARCH.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Director shall obligate not less than 15 percent to carry out health services research relating to alcohol abuse and alcoholism.”

(c) ASSOCIATE DIRECTOR FOR PREVENTION.—Subpart 14 of part C of title IV (as added by subsection (a)) is amended by adding at the end thereof the following new section:
"SEC. 464L. (a) IN GENERAL.—The general purpose of the National Institute on Drug Abuse (hereafter in this subpart referred to as the 'Institute') is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the prevention of drug abuse and the treatment of drug abusers.

(b) RESEARCH PROGRAM.—The research program established under this subpart shall encompass the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of drug abuse. In carrying out the program, the Director of the Institute shall give special attention to projects relating to drug abuse among women (particularly with respect to pregnant women).

(c) COLLABORATION.—The Director of the Institute shall collaborate with the Substance Abuse and Mental Health Services Administration in focusing the services research activities of the
Institute and in disseminating the results of such research to health professionals and the general public.

"(d) FUNDING.—

"(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, there are authorized to be appropriated $440,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

"(2) ALLOCATION FOR HEALTH SERVICES RESEARCH.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Director shall obligate not less than 15 percent to carry out health services research relating to drug abuse."

(b) ADDITIONAL PROVISIONS.—Subpart 15 of part C of title IV of the Public Health Service Act (as added by subsection (a)) is amended by adding at the end thereof the following new sections:

"ASSOCIATE DIRECTOR FOR PREVENTION

"SEC. 464M. (a) IN GENERAL.—There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the prevention of drug abuse. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or expertise are experts in drug abuse and the prevention of such abuse.

"(b) REPORT.—The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 407 a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

"DRUG ABUSE RESEARCH CENTERS

"SEC. 464N. (a) AUTHORITY.—The Director of the Institute may designate National Drug Abuse Research Centers for the purpose of interdisciplinary research relating to drug abuse and other biomedical, behavioral, and social issues related to drug abuse. No entity may be designated as a Center unless an application therefore has been submitted to, and approved by, the Secretary. Such an application shall be submitted in such manner and contain such information as the Secretary may reasonably require. The Secretary may not approve such an application unless—

"(1) the application contains or is supported by reasonable assurances that—

"(A) the applicant has the experience, or capability, to conduct, through biomedical, behavioral, social, and related disciplines, long-term research on drug abuse and to provide coordination of such research among such disciplines;

"(B) the applicant has available to it sufficient facilities (including laboratory, reference, and data analysis facilities) to carry out the research plan contained in the application;

"(C) the applicant has facilities and personnel to provide training in the prevention and treatment of drug abuse;

"(D) the applicant has the capacity to train predoctoral and postdoctoral students for careers in research on drug abuse;

"(E) the applicant has the capacity to conduct courses on drug abuse problems and research on drug abuse for undergraduate and graduate students, and medical and
osteopathic, nursing, social work, and other specialized graduate students; and
“(F) the applicant has the capacity to conduct programs of
continuing education in such medical, legal, and social
services fields as the Secretary may require.
“(2) the application contains a detailed five-year plan for
research relating to drug abuse.
“(b) GRANTS.—The Director of the Institute shall, under such
conditions as the Secretary may reasonably require, make annual
grants to Centers which have been designated under this section.
No funds provided under a grant under this subsection may be
used for the purchase of any land or the purchase, construction,
preservation, or repair of any building. For the purposes of the
preceding sentence, the term ‘construction’ has the meaning given
that term by section 701(2).

“OFFICE ON AIDS

Establishment
42 USC 285o-a.

“SEC. 464O. The Director of the Institute shall establish within
the Institute an Office on AIDS. The Office shall be responsible
for the coordination of research and determining the direction of
the Institute with respect to AIDS research related to—
“(1) primary prevention of the spread of HIV, including trans-
mission via drug abuse;
“(2) drug abuse services research; and
“(3) other matters determined appropriate by the Director.

“MEDICATION DEVELOPMENT PROGRAM

42 USC 285o-d.

“SEC. 464P. (a) ESTABLISHMENT.—There is established in the
Institute a Medication Development Program through which the
Director of such Institute shall—
“(1) conduct periodic meetings with the Commissioner of Food
and Drugs to discuss measures that may facilitate the approval
process of drug abuse treatments;
“(2) encourage and promote (through grants, contracts, inter-
national collaboration, or otherwise) expanded research pro-
grams, investigations, experiments, community trials, and,
and, studies, into the development and use of medications to treat
drug addiction;
“(3) establish or provide for the establishment of research
facilities;
“(4) report on the activities of other relevant agencies relating to
the development and use of pharmacotherapeutic treatments
for drug addiction;
“(5) collect, analyze, and disseminate data useful in the develop-
ment and use of pharmacotherapeutic treatments for drug
addiction and collect, catalog, analyze, and disseminate through
international channels, the results of such research;
“(6) directly or through grants, contracts, or cooperative
agreements, support training in the fundamental sciences and
clinical disciplines related to the pharmacotherapeutic treat-
ment of drug abuse, including the use of training stipends,
fellowships, and awards where appropriate; and
“(7) coordinate the activities conducted under this section
with related activities conducted within the National Institute
on Alcohol Abuse and Alcoholism, the National Institute of
Mental Health, and other appropriate Federal agencies, and
other activities.
“(2) shall re-
deagreement to further the
“(3) may, in
construction, the
purposes of this
“(4) may ad-
“(5) may,
property, rec-
“(6) shall
for the dis-
and informa-
the other
and organize
“(c) REPORT.—
“(1) In or-
such
submit to the
under section
 describes the
under this sec-
“(2) Natio-
National Drug
or otherwise
the National
February 1
of 1988 (21 U.
“(d) DEFINITIONS.—The ‘pharmacotherapeutic treat-
ments and disease’ means—
“(1) block
“(2) reduce
“(3) modify
“(4) block
“(5) prevent
from drugs or
“(e) AUTHORIZ-
$85,000,000 for
1994.
(e) CONFORM-
the Public Health
existed 1 day pr
Mental Health, and other appropriate institutes and shall consult with the Directors of such Institutes.

"(b) DUTIES.—In carrying out the activities described in subsection (a), the Director of the Institute—

"(1) shall collect and disseminate through publications and other appropriate means, information pertaining to the research and other activities under this section;

"(2) shall make grants to or enter into contracts and cooperative agreements with individuals and public and private entities to further the goals of the program;

"(3) may, in accordance with section 496, and in consultation with the National Advisory Council on Drug Abuse, acquire, construct, improve, repair, operate, and maintain pharmacotherapeutic research centers, laboratories, and other necessary facilities and equipment, and such other real or personal property as the Director determines necessary, and may, in consultation with such Advisory Council, make grants for the construction or renovation of facilities to carry out the purposes of this section;

"(4) may accept voluntary and uncompensated services;

"(5) may accept gifts, or donations of services, money, or property, real, personal, or mixed, tangible or intangible; and

"(6) shall take necessary action to ensure that all channels for the dissemination and exchange of scientific knowledge and information are maintained between the Administration and the other scientific, medical, and biomedical disciplines and organizations nationally and internationally.

"(c) REPORT.—

"(1) IN GENERAL.—Not later than December 31, 1992, and each December 31 thereafter, the Director of the Institute shall submit to the Office of National Drug Control Policy established under section 1002 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1601) a report, in accordance with paragraph (3), that describes the objectives and activities of the program assisted under this section.

"(2) NATIONAL DRUG CONTROL STRATEGY.—The Director of National Drug Control Policy shall incorporate, by reference or otherwise, each report submitted under this subsection in the National Drug Control Strategy submitted the following February 1 under section 1005 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1504).

"(d) DEFINITION.—For purposes of this section, the term 'pharmacotherapeutics' means medications used to treat the symptoms and disease of drug abuse, including medications to—

"(1) block the effects of abused drugs;

"(2) reduce the craving for abused drugs;

"(3) moderate or eliminate withdrawal symptoms;

"(4) block or reverse the toxic effect of abused drugs; or

"(5) prevent relapse in persons who have been detoxified from drugs of abuse.

"(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $85,000,000 for fiscal year 1993, and $95,000,000 for fiscal year 1994."

(c) CONFORMING AMENDMENTS.—Section 515, 516, and 517 of the Public Health Service Act (42 U.S.C. 290cc) as such sections existed 1 day prior to the date of enactment of this Act are repealed.
SEC. 124. NATIONAL INSTITUTE OF MENTAL HEALTH.

(a) CREATION OF SUBPART.—Part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) (as amended by section 123) is further amended by adding at the end thereof the following new subpart:

"Subpart 16—National Institute of Mental Health

PURPOSE OF INSTITUTE

SEC. 464R. (a) IN GENERAL.—The general purpose of the National Institute of Mental Health (hereafter in this subpart referred to as the 'Institute') is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the causes, diagnosis, treatment, control and prevention of mental illness.

(b) RESEARCH PROGRAM.—The research program established under this subpart shall include support for biomedical and behavioral neuroscience and shall be designed to further the treatment and prevention of mental illness, the promotion of mental health, and the study of the psychological, social and legal factors that influence behavior.

(c) COLLABORATION.—The Director of the Institute shall collaborate with the Administrator of the Substance Abuse and Mental Health Services Administration in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.

(d) INFORMATION WITH RESPECT TO SUICIDE.—

"(1) IN GENERAL.—The Director of the Institute shall—

(A) develop and publish information with respect to the causes of suicide and the means of preventing suicide; and

(B) make such information generally available to the public and to health professionals.

"(2) YOUTH SUICIDE.—Information described in paragraph (1) shall especially relate to suicide among individuals under 24 years of age.

"(e) ASSOCIATE DIRECTOR FOR SPECIAL POPULATIONS.—

"(1) IN GENERAL.—The Director of the Institute shall designate an Associate Director for Special Populations.

"(2) DUTIES.—The Associate Director for Special Populations shall—

(A) develop and coordinate research policies and programs to assure increased emphasis on the mental health needs of women and minority populations;

(B) support programs of basic and applied social and behavioral research on the mental health problems of women and minority populations;

(C) study the effects of discrimination on institutions and individuals, including majority institutions and individuals;

(D) support and develop research designed to eliminate institutional discrimination; and

(E) provide increased emphasis on the concerns of women and minority populations in training programs, service delivery programs, and research endeavors of the Institute.

SEC. 124A. NATIONAL INSTITUTE OF MENTAL HEALTH—OFFICE OF THE DIRECTOR AND ASSOCIATES DIRECTOR FOR HUMAN SERVICES.

(a) OFFICE OF THE DIRECTOR.—The Institute shall have an Office of the Director.

The Office shall be headed by a Director, who shall be appointed by the President with the advice and consent of the Senate.

In consultation with the Director of the Office of the Director, the Director of the Office of the Director shall—

"(1) coordinate the activities of the Institute with the activities of the Department;

"(2) coordinate the activities of the Institute with the activities of other Federal agencies;

"(c) RESEARCH.—The Director shall conduct research in the fields of health of adults, including mental health, by—

"(1) conducting studies of the health status and health needs of adults;

"(2) conducting studies of the health status and health needs of children;

"(3) disseminating the results of such research.

"(d) AUTHORITY.—The Director may delegate such authority to the Director of the Office of the Director.
"(f) FUNDING.—

"(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart other than section 464P, there are authorized to be appropriated $675,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

"(2) ALLOCATION FOR HEALTH SERVICES RESEARCH.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Director shall obligate not less than 15 percent to carry out health services research relating to mental health."

(b) ADDITIONAL PROVISIONS.—Subpart 16 of part C of title IV (as added by subsection (a)) is further amended by adding at the end thereof the following new section:

"ASSOCIATE DIRECTOR FOR PREVENTION

"SEC. 464S. (a) IN GENERAL.—There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the prevention of mental disorder. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or expertise are experts in mental disorder and the prevention of such.

"(b) REPORT.—The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 407 a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

OFFICE OF RURAL MENTAL HEALTH RESEARCH

"SEC. 464T. (a) IN GENERAL.—There is established within the Institute an office to be known as the Office of Rural Mental Health Research (hereafter in this section referred to as the 'Office'). The office shall be headed by a director, who shall be appointed by the Director of such Institute from among individuals experienced or knowledgeable in the provision of mental health services in rural areas. The Secretary shall carry out the authorities established in this section acting through the Director of the Office.

"(b) COORDINATION OF ACTIVITIES.—The Director of the Office, in consultation with the Director of the Institute and with the Director of the Office of Rural Health Policy, shall—

"(1) coordinate the research activities of the Department of Health and Human Services as such activities relate to the mental health of residents of rural areas; and

"(2) coordinate the activities of the Office with similar activities of public and nonprofit private entities.

"(c) RESEARCH, DEMONSTRATIONS, EVALUATIONS, AND DISSEMINATION.—The Director of the Office may, with respect to the mental health of adults and children residing in rural areas—

"(1) conduct research on conditions that are unique to the residents of rural areas, or more serious or prevalent in such residents;

"(2) conduct research on improving the delivery of services in such areas; and

"(3) disseminate information to appropriate public and nonprofit private entities.

"(d) AUTHORITY REGARDING GRANTS AND CONTRACTS.—The Director of the Office may carry out the authorities established in sub-
section (c) directly and through grants, cooperative agreements, or contracts with public or nonprofit private entities.

"(e) REPORT TO CONGRESS.—Not later than February 1, 1993, and each fiscal year thereafter, the Director shall submit to the Subcommittee on Health and the Environment of 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 the activities of the Office during the preceding fiscal year, including a summary of the activities of demonstration projects and a summary of evaluations of the projects.

"OFFICE ON AIDS

42 USC 285p-3.

"SEC. 464U. The Director of the Institute shall establish within the Institute an Office on AIDS. The Office shall be responsible for the coordination of research and determining the direction of the Institute with respect to AIDS research related to—

"(1) primary prevention of the spread of HIV, including transmission via sexual behavior;

"(2) mental health services research; and

"(3) other matters determined appropriate by the Director."

SEC. 125. COLLABORATIVE USE OF CERTAIN HEALTH SERVICES RESEARCH FUNDS.

Part G of title IV of the Public Health Service Act is amended by inserting after section 494 (42 U.S.C. 289c) the following new section:

"COLLABORATIVE USE OF CERTAIN HEALTH SERVICES RESEARCH FUNDS

42 USC 289c-1.

"SEC. 494A. (a) IN GENERAL.—The Secretary shall ensure that amounts made available under subparts 14, 15 and 16 of part C for health services research relating to alcohol abuse and alcoholism, drug abuse and mental health be used collaboratively, as appropriate, and in consultation with the Agency for Health Care Policy Research.

"(b) REPORT.—Not later than May 3, 1993, and annually thereafter, the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate, a report concerning the activities carried out with the amounts referred to in subsection (a)."

Subtitle C—Miscellaneous Provisions Relating to Substance Abuse and Mental Health

SEC. 131. MISCELLANEOUS PROVISIONS RELATING TO SUBSTANCE ABUSE AND MENTAL HEALTH.

42 USC 290dd-3, 290ee—290ee-3.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended to read as follows:
SEC. 541. SUBSTANCE ABUSE AMONG GOVERNMENT AND OTHER EMPLOYEES.

(a) Programs and Services.—

(1) Development.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall be responsible for fostering substance abuse prevention and treatment programs and services in State and local governments and in private industry.

(2) Model Programs.—

(A) In general.—Consistent with the responsibilities described in paragraph (1), the Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall develop a variety of model programs suitable for replication on a cost-effective basis in different types of business concerns and State and local governmental entities.

(B) Dissemination of Information.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall disseminate information and materials relative to such model programs to the State agencies responsible for the administration of substance abuse prevention, treatment, and rehabilitation activities and shall, to the extent feasible, provide technical assistance to such agencies as requested.

(b) Deprivation of Employment.—

(1) Prohibition.—No person may be denied or deprived of Federal civilian employment or a Federal professional or other license or right solely on the grounds of prior substance abuse.

(2) Application.—This subsection shall not apply to employment in—

(A) the Central Intelligence Agency;

(B) the Federal Bureau of Investigation;

(C) the National Security Agency;

(D) any other department or agency of the Federal Government designated for purposes of national security by the President; or

(E) in any position in any department or agency of the Federal Government, not referred to in subparagraphs (A) through (D), which position is determined pursuant to regulations prescribed by the head of such agency or department to be a sensitive position.

(3) Rehabilitation Act.—The inapplicability of the prohibition described in paragraph (1) to the employment described in paragraph (2) shall not be construed to reflect on the applicability of the Rehabilitation Act of 1973 or other anti-discrimination laws to such employment.

(c) Construction.—This section shall not be construed to prohibit the dismissal from employment of a Federal civilian employee who cannot properly function in his employment.
SEC. 542. ADMISSION OF SUBSTANCE ABUSERS TO PRIVATE AND PUBLIC HOSPITALS AND OUTPATIENT FACILITIES.

(a) Nondiscrimination.—Substance abusers who are suffering from medical conditions shall not be discriminated against in admission or treatment, solely because of their substance abuse, by any private or public general hospital, or outpatient facility (as defined in section 1624(a)) which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency.

(b) Regulations.—

(1) In general.—The Secretary shall issue regulations for the enforcement of the policy of subsection (a) with respect to the admission and treatment of substance abusers in hospitals and outpatient facilities which receive support of any kind from any program administered by the Secretary. Such regulations shall include procedures for determining (after opportunity for a hearing if requested) if a violation of subsection (a) has occurred, notification of failure to comply with such subsection, and opportunity for a violator to comply with such subsection. If the Secretary determines that a hospital or outpatient facility subject to such regulations has violated subsection (a) and such violation continues after an opportunity has been afforded for compliance, the Secretary may suspend or revoke, after opportunity for a hearing, all or part of any support of any kind received by such hospital from any program administered by the Secretary. The Secretary may consult with the officials responsible for the administration of any other Federal program from which such hospital or outpatient facility receives support of any kind, with respect to the suspension or revocation of such other Federal support for such hospital or outpatient facility.

(2) Department of Veterans Affairs.—The Secretary of Veterans Affairs, acting through the Chief Medical Director, shall, to the maximum feasible extent consistent with their responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations prescribed by the Secretary under paragraph (1) to the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from substance abuse. In prescribing and implementing regulations pursuant to this paragraph, the Secretary shall, from time to time, consult with the Secretary of Health and Human Services in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.

SEC. 543. CONFIDENTIALITY OF RECORDS.

(a) Requirement.—Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e), be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b).

(b) Permitted Disclosure.—

42 USC 290dd-1.
“(1) Consent.—The content of any record referred to in subsection (a) may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g).

“(2) Method for disclosure.—Whether or not the patient, with respect to whom any given record referred to in subsection (a) is maintained, gives written consent, the content of such record may be disclosed as follows:

“(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

“(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

“(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor, including the need to avert a substantial risk of death or serious bodily harm. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

“(c) Use of records in criminal proceedings.—Except as authorized by a court order granted under subsection (b)(2)(C), no record referred to in subsection (a) may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

“(d) Application.—The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when such individual ceases to be a patient.

“(e) Nonapplicability.—The prohibitions of this section do not apply to any interchange of records—

“(1) within the Armed Forces or within those components of the Department of Veterans Affairs furnishing health care to veterans; or

“(2) between such components and the Armed Forces.

The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

“(f) Penalties.—Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined in accordance with title 18, United States Code.

“(g) Regulations.—Except as provided in subsection (h), the Secretary shall prescribe regulations to carry out the purposes of this section. Such regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C), as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section, to prevent
circumvention or evasion thereof, or to facilitate compliance therewith.

"(b) APPLICATION TO DEPARTMENT OF VETERANS AFFAIRS.—The Secretary of Veterans Affairs, acting through the Chief Medical Director, shall, to the maximum feasible extent consistent with their responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations prescribed by the Secretary of Health and Human Services under subsection (g) of this section to records maintained in connection with the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from substance abuse. In prescribing and implementing regulations pursuant to this subsection, the Secretary of Veterans Affairs shall, from time to time, consult with the Secretary of Health and Human Services in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe."

Subtitle D—Transfer Provisions

SEC. 141. TRANSFERS.

(a) SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.—Except as specifically provided otherwise in this Act or in an amendment made by this Act, there are transferred to the Administrator of the Substance Abuse and Mental Health Services Administration all service related functions which the Administrator of the Alcohol, Drug Abuse and Mental Health Administration, or the Director of any entity within the Alcohol, Drug Abuse and Mental Health Administration, exercised before the date of the enactment of this Act and all related functions of any officer or employee of the Alcohol, Drug Abuse and Mental Health Administration.

(b) NATIONAL INSTITUTES.—Except as specifically provided otherwise in this Act or in an amendment made by this Act, there are transferred to the appropriate Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health, through the Director of the National Institutes of Health, all research related functions which the Administrator of the Alcohol, Drug Abuse and Mental Health Administration exercised before the date of the enactment of this Act and all related functions of any officer or employee of the Alcohol, Drug Abuse, and Mental Health Administration.

(c) ADEQUATE PERSONNEL AND RESOURCES.—The transfers required under this subtitle shall be effectuated in a manner that ensures that the Substance Abuse and Mental Health Services Administration has adequate personnel and resources to carry out its statutory responsibilities and that the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health have adequate personnel and resources to enable such institutes to carry out their respective statutory responsibilities.

SEC. 142. TRANSFER AND ALLOCATIONS OF APPROPRIATIONS AND PERSONNEL.

(a) SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.—Except as otherwise provided in the Public Health Serv-
ice Act, all personnel employed in connection with, and all assets, liabilities, contracts, property, records, and unexpended balances of appropriations, authorizations, allocations, and other funds employed, used, held, arising from, available to, or to be made available in connection with the functions transferred to the Administrator of the Substance Abuse and Mental Health Services Administration by this subtitle, subject to section 1531 of title 31, United States Code, shall be transferred to the Substance Abuse and Mental Health Services Administration. Unexpended funds transferred pursuant to this subsection shall be used only for the purposes for which the funds were originally authorized and appropriated.

(b) NATIONAL INSTITUTES.—Except as otherwise provided in the Public Health Service Act, all personnel employed in connection with, and all assets, liabilities, contracts, property, records, and unexpended balances of appropriations, authorizations, allocations, and other funds employed, used, held, arising from, available to, or to be made available in connection with the functions transferred to the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health by this subtitle, subject to section 1531 of title 31, United States Code, shall be transferred to the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health. Unexpended funds transferred pursuant to this subsection shall be used only for the purposes for which the funds were originally authorized and appropriated.

(c) CUSTODY OF BALANCES.—The actual transfer of custody of obligation balances is not required in order to implement this section.

SEC. 143. INCIDENTAL TRANSFERS.

Prior to October 1, 1992, the Secretary of Health and Human Services is authorized to make such determinations as may be necessary with regard to the functions transferred by this subtitle, and to make such additional incidental dispositions of personnel, assets, liabilities, grants, contracts, property, records, and unexpended balances of appropriations, authorizations, allocations, and other funds held, used, arising from, available to, or to be made available in connection with such functions, as may be necessary to carry out the provisions of this subtitle and the Public Health Service Act. Such Secretary shall provide for the termination of the affairs of all entities terminated by this subtitle and for such further measures and dispositions as may be necessary to effectuate the purposes of this subtitle.

SEC. 144. EFFECT ON PERSONNEL.

(a) IN GENERAL.—Except as otherwise provided by this subtitle and the Public Health Service Act, the transfer pursuant to this subtitle of full-time personnel (except special Government employees) and part-time personnel holding permanent positions shall not cause any such employee to be separated or reduced in grade or compensation for one year after the date of transfer of such employee under this subtitle.

(b) EXECUTIVE SCHEDULE POSITIONS.—Any person who, on the day preceding the effective date of this Act, held a position compensated in accordance with the Executive Schedule prescribed in chapter 53 of title 5, United States Code, and who, without
a break in service, is appointed in the Substance Abuse and Mental Health Services Administration to a position having duties comparable to the duties performed immediately preceding such appointment shall continue to be compensated in such new position at not less than the rate provided for such previous position, for the duration of the service of such person in such new position.

SEC. 145. SAYINGS PROVISIONS.

(a) EFFECT ON PREVIOUS DETERMINATIONS.—All orders, determinations, rules, regulations, permits, contracts, certificates, licenses, and privileges that—

(1) have been issued, made, granted, or allowed to become effective by the President, any Federal agency or official thereof, or by a court of competent jurisdiction, in the performance of functions which are transferred by this subtitle; and

(2) are in effect on the date of enactment of this Act;

shall continue in effect according to their terms until modified, terminated, superseded, set aside, or revoked in accordance with law by the President, the Director of the National Institutes of Health, or the Administrator of the Substance Abuse and Mental Health Services Administration, as appropriate, a court of competent jurisdiction, or by operation of law.

(b) CONTINUATION OF PROCEEDINGS.—

(1) IN GENERAL.—The provisions of this subtitle shall not affect any proceedings, including notices of proposed rule making, or any application for any license, permit, certificate, or financial assistance pending on the date of enactment of this Act before the Department of Health and Human Services, which relates to the Alcohol, Drug Abuse and Mental Health Administration or the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, or the National Institute of Mental Health, or any office thereof with respect to functions transferred by this subtitle. Such proceedings or applications, to the extent that they relate to functions transferred, shall be continued. Orders shall be issued in such proceedings, appeals shall be taken therefrom, and payments shall be made under such orders, as if this subtitle had not been enacted, and orders issued in any such proceedings shall continue in effect until modified, terminated, superseded, or revoked by the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health by a court of competent jurisdiction, or by operation of law. Nothing in this subsection prohibits the discontinuance or modification of any such proceeding under the same terms and conditions and to the same extent that such proceeding could have been discontinued or modified if this subtitle had not been enacted.

(2) REGULATIONS.—The Secretary of Health and Human Services is authorized to issue regulations providing for the orderly transfer of proceedings continued under paragraph (1).

(c) EFFECT ON LEGAL ACTIONS.—Except as provided in subsection

(e)—

(1) the provisions of this subtitle do not affect actions commenced prior to the date of enactment of this Act; and

(2) in all suits, actions, or other proceedings before an administrative agency or other proceeding before a court of record, the Secretary of Health and Human Services with respect to actions under this subtitle shall be continued as if this subtitle had not been enacted.

(d) NO ABATEMENT.—No action, suit, or other proceeding may be abated by or against any officer, employee, or agency of the Substance Abuse and Mental Health Services Administration, or the National Institute on Alcohol Abuse and Alcoholism, or any other agency or official, or for or by any person, by reason of the enactment of this Act, with respect to any proceeding which may at any time, before the date of enactment of this Act, be filed, commenced, or pending in any court of record.
(2) in all such actions, proceedings shall be had, appeals taken, and judgments rendered in the same manner and effect as if this Act had not been enacted.

(d) No abatement of actions or proceedings.—No action or other proceeding commenced by or against any officer in his official capacity as an officer of the Department of Health and Human Services with respect to functions transferred by this subtitle shall abate by reason of the enactment of this Act. No cause of action by or against the Department of Health and Human Services with respect to functions transferred by this subtitle, or by or against any officer thereof in his official capacity, shall abate by reason of the enactment of this Act. Causes of action and actions with respect to a function transferred by this subtitle, or other proceedings may be asserted by or against the United States or the Administrator of the Alcohol, Drug Abuse and Mental Health Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, as may be appropriate, and, in an action pending when this Act takes effect, the court may at any time, on its own motion or that of any party, enter an order which will give effect to the provisions of this subsection.

(e) Substitution.—If, before the date of enactment of this Act, the Department of Health and Human Services, or any officer thereof in the official capacity of such officer, is a party to an action, and under this subtitle any function of such Department, Office, or officer is transferred to the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health, then such action shall be continued with the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health, as the case may be, substituted or added as a party.

(f) Judicial review.—Orders and actions of the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health in the exercise of functions transferred to the Directors by this subtitle shall be subject to judicial review to the same extent and in the same manner as if such orders and actions had been by the Administrator of the Alcohol, Drug Abuse and Mental Health Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, or any office or officer thereof, in the exercise of such functions immediately preceding their transfer. Any statutory requirements relating to notice, hearings, action upon the record, or administrative review that apply to any function transferred by this subtitle shall apply to the exercise of such function by the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors.

SEC. 146. Transition.

With the consent of the Secretary of Health and Human Services, the Administrator of the Substance Abuse and Mental Health Serv-
ices Administration and the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health are authorized to utilize—

(1) the services of such officers, employees, and other personnel of the Department with respect to functions transferred to the Administrator of the Substance Abuse and Mental Health Services Administration and the Director of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health by this subtitle; and

(2) funds appropriated to such functions for such period of time as may reasonably be needed to facilitate the orderly implementation of this subtitle.

SEC. 147. PEER REVIEW.

With respect to fiscal years 1993 through 1996, the peer review systems, advisory councils and scientific advisory committees utilized, or approved for utilization, by the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health prior to the transfer of such institutes to the National Institute of Health shall be utilized by such institutes.

SEC. 148. MERGERS.

Notwithstanding the provisions of section 401(c)(2) of the Public Health Service Act (42 U.S.C. 281(c)(2)), the Secretary of Health and Human Services may not merge the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse or the National Institute of Mental Health with any other institute or entity (or with each other) within the National Institutes of Health for a 5-year period beginning on the date of enactment of this Act.

SEC. 149. CONDUCT OF MULTI-YEAR RESEARCH PROJECTS.

With respect to multi-year grants awarded prior to fiscal year 1993 by the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health with amounts received under section 1911(b), as such section existed one day prior to the date of enactment of this Act, such grants shall be continued for the entire period of the grant through the utilization of funds made available pursuant to sections 464I, 464O, or 464T, as appropriate, subject to satisfactory performance.

SEC. 150. SEPARABILITY.

If a provision of this subtitle or its application to any person or circumstance is held invalid, neither the remainder of this Act nor the application of the provision to other persons or circumstances shall be affected.

SEC. 151. BUDGETARY AUTHORITY.

With respect to fiscal years 1994 and 1995, the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health shall notwithstanding section 405(a), prepare and submit, directly to the President for review and transmittal to Congress, an annual budget estimate (including an estimate of

Subtitle E—

SEC. 161. REFERENCE.

Reference in any delegation, or to the Alcohol, Drug Abuse and Mental Health Administration or to the Administrator of the Substance Abuse and Mental Health Administration.

SEC. 162. TRANSITION

Part C of title V—

(a) TITLE V—The amendments—

(1) in section 511(b) of the National Institute on Alcohol Abuse and Alcoholism, the Administrator of the National Institute on Alcohol Abuse and Alcoholism, the Administrator of the National Institute on Drug Abuse, and the Administrator of the National Institute of Mental Health, in lieu thereof “Administrator of the National Institute on Alcohol Abuse and Alcoholism”,

(2) in section 514 (a) and (b) by striking out “Substance Abuse and Mental Health Service Administration” and inserting “National Institute on Drug Abuse”,

(3) in section 514 (c)(2) by striking out “Substance Abuse and Mental Health Service Administration” and inserting “National Institute on Drug Abuse”.

(b) GENERAL PUBLIC HEALTH SERVICE ACT.
the number and type of personnel needs for the Institute) for their respective Institutes, after reasonable opportunity for comment (but without change) by the Secretary of Health and Human Services, the Director of the National Institutes of Health, and the Institute’s advisory council.

Subtitle E—References and Conforming Amendments

SEC. 161. REFERENCES.

Reference in any other Federal law, Executive order, rule, regulation, or delegation of authority, or any document of or pertaining to the Alcohol, Drug Abuse and Mental Health Administration or to the Administrator of the Alcohol, Drug Abuse and Mental Health Administration shall be deemed to refer to the Substance Abuse and Mental Health Services Administration or to the Administrator of the Substance Abuse and Mental Health Services Administration.

SEC. 162. TRANSITION FROM HOMELESSNESS.

Part C of title V of the Public Health Service Act is amended—

(1) in section 521 (42 U.S.C. 290cc–21), by striking out “National Institute of Mental Health” and inserting in lieu thereof “Center for Mental Health Services”; and

(2) in section 530 (42 U.S.C. 290cc–30), by striking out “through the National” and all that follows through “Abuse” and inserting in lieu thereof “through the agencies of the Administration”.

SEC. 163. CONFORMING AMENDMENTS.

(a) TITLE V.—Title V of the Public Health Service Act is amended—

(1) in section 521 (42 U.S.C. 290cc–21), by striking “Director of the National Institute of Mental Health” and inserting in lieu thereof “Administrator of the Substance Abuse and Mental Health Services Administration”;

(2) in section 526 (42 U.S.C. 290cc–26)—

(A) by striking “the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse” and inserting in lieu thereof “and the Administrator of the Substance Abuse and Mental Health Services Administration” in subsection (a); and

(B) by striking “National Institute of Mental Health” and inserting in lieu thereof “Administrator of the Substance Abuse and Mental Health Services Administration” in subsection (c); and

(3) in section 530 (42 U.S.C. 290cc–30), by striking “the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse” and inserting in lieu thereof “the Administrator of the Substance Abuse and Mental Health Services Administration”.

(b) GENERAL PUBLIC HEALTH SERVICE ACT AMENDMENTS.—The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(1) in section 227 (42 U.S.C. 236)
(A) by striking out “, and the Alcohol, Drug Abuse, and Mental Health Administration” in subsection (c)(2); (B) by striking out “, the Alcohol, Drug Abuse, and Mental Health Administration,” in subsection (c)(3); (C) by striking out “and the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration” in subsection (e); and (D) by striking out “and the Alcohol, Drug Abuse, and Mental Health Administration” each place such term appears in subsection (e); (2) in section 319(a) (42 U.S.C. 247d(a))— (A) by striking out “the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration” and inserting in lieu thereof “the Administrator of the Substance Abuse and Mental Health Services Administration”; and (B) by striking out “Director, Administrator” in the matter following paragraph (2) and inserting in lieu thereof “Directors, Administrator”; (3) in section 402(d)(1) (42 U.S.C. 282(d)(1)), by striking out “two hundred” and inserting in lieu thereof “220”; (4) in section 487(a)(1) (42 U.S.C. 288(a)(1))— (A) by striking out “and the Alcohol, Drug Abuse, and Mental Health Administration” in subparagraph (A)(i); and (B) by striking out “or the Alcohol, Drug Abuse, and Mental Health Administration” in the matter immediately following subparagraph (B); (5) in section 489(a)(2) (42 U.S.C. 288b(a)(2)), by striking out “and institutes under the Alcohol, Drug Abuse, and Mental Health Administration”; (6) in section 499A(g)(9) (42 U.S.C. 290b(g)(9))— (A) by striking out “the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration”; and (B) by striking out “and the Alcohol, Drug Abuse, and Mental Health Administration”; and (7) in section 2303 (42 U.S.C. 300cc-2)— (A) by striking out “Administrator of the Alcohol, Drug Abuse, and Mental Health Administration” in subsection (b), and inserting in lieu thereof “Administrator of the Substance Abuse and Mental Health Services Administration”; and (B) by striking out “Administrator of the Alcohol, Drug Abuse, and Mental Health Administration” in subsection (c), and inserting in lieu thereof “Administrator of the Substance Abuse and Mental Health Services Administration”. (c) OTHER LAWS.— (1) Section 4 of the Orphan Drug Amendments of 1985 (42 U.S.C. 236 note) is amended— (A) in subsection (b), by striking out “the Alcohol, Drug Abuse, and Mental Health Administration,”; (B) in subsection (c)— (i) by striking out “the Alcohol, Drug Abuse, and Mental Health Administration,” in the matter preceding paragraph (1); and

### Subtitle F—

**SEC. 171. PROGRAMS TO ADDRESS THE NEEDS OF THE ELDERLY, INDIGENT, AND VETERANS WITH SUBSTANCE USE DISORDERS.

Title V of the Public Health Act (42 U.S.C. 300j-1 et seq.) is amended as follows:

**"SEC. 515. EMPLOYMENT.

(a) In GENERAL—

make grants to public or private organizations to assist in the development and operation of assistance programs to assist organizations in the development and operation of assistance programs for the purposes of facilitating the employment of individuals with substance use disorders and veterans with substance use disorders.

(b) CERTAIN REASONS FOR WHICH Assistance Programs May Be Authorized—

be assisted under such programs:"

...
(ii) by striking out “the institutes of the Alcohol, Drug Abuse, and Mental Health Administration,” in paragraph (7); and
(C) in subsection (d)—
(i) by striking out paragraph (3) and inserting in lieu thereof the following new paragraph:
“(3) Four nonvoting members shall be appointed for the directors of the national research institutes of the National Institutes of Health which the Secretary determines are involved with rare diseases.”; and
(ii) by striking out “or an institute of the Alcohol, Drug Abuse, and Mental Health Administration” in the matter immediately following paragraph (3).
(2) The Older Americans Act of 1965 (42 U.S.C. 3001 et seq.) is amended—
(A) in section 202(b)(1) (42 U.S.C. 3012(b)(1)), by striking out “the Alcohol, Drug Abuse, and Mental Health Administration” and inserting in lieu thereof “the Substance Abuse and Mental Health Services Administration”;
(B) in section 301(b)(2) (42 U.S.C. 3021(b)(2)), by striking out “the Alcohol, Drug Abuse, and Mental Health Administration” and inserting in lieu thereof “the Substance Abuse and Mental Health Services Administration”; and
(C) in section 402(b) (42 U.S.C. 3030bb(b)), by striking out “the Alcohol, Drug Abuse, and Mental Health Administration” and inserting in lieu thereof “the Substance Abuse and Mental Health Services Administration”.
(3) The Protection and Advocacy for Mentally Ill Individuals Act of 1986 is amended—
(A) in section 111(c) (42 U.S.C. 10821(c)), by striking out “3-year” each place that such appears and inserting in lieu thereof “4-year”; and
(B) in section 116 (42 U.S.C. 10826), by striking out “the Alcohol, Drug Abuse, and Mental Health Administration” and inserting in lieu thereof “the Substance Abuse and Mental Health Services Administration”.

Subtitle F—Employee Assistance Programs

SEC. 171. PROGRAM OF GRANTS UNDER CENTER FOR SUBSTANCE ABUSE PREVENTION.

Title V of the Public Health Service Act (as amended by section 114 and 120) is amended by adding at the end of subpart 2 of part B the following new section:

*SEC. 518. EMPLOYEE ASSISTANCE PROGRAMS.

“(a) IN GENERAL.—The Director of the Prevention Center may make grants to public and nonprofit private entities for the purpose of assisting business organizations in establishing employee assistance programs to provide appropriate services for employees of the organizations regarding substance abuse, including education and prevention services and referrals for treatment.

“(b) CERTAIN REQUIREMENTS.—A business organization may not be assisted under subsection (a) if the organization has an employee assistance program in operation. The organization may receive such
assistance only if the organization lacks the financial resources for operating such a program.

"(c) SPECIAL CONSIDERATION FOR CERTAIN SMALL BUSINESSES.—In making grants under subsection (a), the Director of the Prevention Office shall give special consideration to business organizations with 50 or fewer employers.

"(d) CONSULTATION AND TECHNICAL ASSISTANCE.—In the case of small businesses being assisted under subsection (a), the Secretary shall consult with the entities and organizations involved and provide technical assistance and training with respect to establishing and operating employee assistance programs in accordance with this subtitle. Such assistance shall include technical assistance in establishing workplace substance abuse programs.

"(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $3,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.”

TITLE II—BLOCK GRANTS TO STATES REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE

SEC. 201. ESTABLISHMENT OF SEPARATE BLOCK GRANT REGARDING MENTAL HEALTH.

Part B of title XIX of the Public Health Service Act (42 U.S.C. 300x et seq.) is amended—

(1) by amending the heading for the part to read as follows:

"PART B—BLOCK GRANTS REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE”;

and

(2) by striking subparts 1 and 2 and inserting the following:

"Subpart I—Block Grants for Community Mental Health Services

SEC. 1911. FORMULA GRANTS TO STATES.

"(a) IN GENERAL.—For the purpose described in subsection (b), the Secretary, acting through the Director of the Center for Mental Health Services, shall make an allotment each fiscal year for each State in an amount determined in accordance with section 1918. The Secretary shall make a grant to the State of the allotment made for the State for the fiscal year if the State submits to the Secretary an application in accordance with section 1917.

"(b) PURPOSE OF GRANTS.—A funding agreement for a grant under subsection (a) is that, subject to section 1916, the State involved will expend the grant only for the purpose of—

"(1) carrying out the plan submitted under section 1912(a) by the State for the fiscal year involved;

"(2) evaluating programs and services carried out under the plan; and

"(3) planning, administration, and educational activities related to providing services under the plan.

"(7) A subject grant—service of the State to a State for a disability who has a serious emotional disturbance who is not subject grant;

"(8) The plan for the hospitalization of a person with a disturbance who is not subject grant;

"(9) In the case of a plan—