

“(A) Identification of resources for referral and enrollment in continuing mental health, substance use, or other human services relevant for the individual in crisis where necessary.

“(B) A description of access and entry points to services within the crisis response continuum.

“(C) Identification, as appropriate and consistent with State laws, of any protocols and agreements for the transfer and receipt of individuals to and from other segments of the crisis response continuum segments as needed, and from outside referrals, including health care providers, first responders (including law enforcement, paramedics, and firefighters), education institutions, and community-based organizations.

“(D) Description of the qualifications of the range of crisis services staff, including roles for physicians, licensed clinicians, case managers, and peers (in accordance with State licensing requirements or requirements applicable to Tribal health professionals).

“(E) The convening of collaborative meetings of relevant crisis response system partners, such as crisis response service providers, first responders (including law enforcement, paramedics, and firefighters), and community partners (including the National Suicide Prevention Lifeline or 9-8-8 call centers, 9-1-1 public service answering points, and local mental health and substance use disorder treatment providers), operating in a common region for the discussion of case management, best practices, and general performance improvement.

“(3) SERVICE CAPACITY AND QUALITY BEST PRACTICES.—The best practices under subsection (a) may include recommendations on—

“(A) the volume of services to meet population need;

“(B) appropriate timely response; and

“(C) capacity to meet the needs of different patient populations that may experience a mental health or substance use crisis, including children, families, and all age groups, racial and ethnic minorities, veterans, individuals with co-occurring mental health and substance use disorders, individuals with disabilities, and individuals with chronic illness.

“(4) IMPLEMENTATION TIMEFRAME.—The Secretary shall—

“(A) not later than 1 year after the date of enactment of this section [Dec. 29, 2022], publish and maintain the best practices required by subsection (a); and

“(B) after 3 years, facilitate the identification of any updates to such best practices, as appropriate.

“(5) EVALUATIONS.—Not later than 3 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, an assessment of relevant programs related to mental health and substance use disorder crises authorized under title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) in order to assess the extent to which such programs meet objectives and performance metrics, as determined by the Secretary. Such evaluation may, as appropriate, include data on—

“(A) the type and variety of services provided when responding to mental health and substance use-related crises;

“(B) the impact on emergency department facility use and length of stay, including for patients who require further psychiatric care;

“(C) the impact on access to crisis care centers and crisis bed services;

“(D) the impact on linkage to appropriate post-crisis care; and

“(E) the use of best practices and recommendations identified under this section.”

§ 290aa-0b. Interdepartmental Serious Mental Illness Coordinating Committee

(a) Establishment

(1) In general

The Secretary, or the designee of the Secretary, shall establish a committee to be known as the Interdepartmental Serious Mental Illness Coordinating Committee (in this section referred to as the “Committee”).

(2) Federal Advisory Committee Act

Except as provided in this section, the provisions of the Federal Advisory Committee Act (5 U.S.C. App.)¹ shall apply to the Committee.

(b) Meetings

The Committee shall meet not fewer than 2 times each year.

(c) Responsibilities

Not later than each of 1 year and 5 years after December 29, 2022, the Committee shall submit to Congress and any other relevant Federal department or agency a report including—

(1) a summary of advances in serious mental illness and serious emotional disturbance research related to the prevention of, diagnosis of, intervention in, and treatment and recovery of serious mental illnesses, serious emotional disturbances, and advances in access to services and support for adults with a serious mental illness or children with a serious emotional disturbance;

(2) an evaluation of the effect Federal programs related to serious mental illness have on public health, including outcomes such as—

(A) rates of suicide, suicide attempts, incidence and prevalence of serious mental illnesses, serious emotional disturbances, and substance use disorders, overdose, overdose deaths, emergency hospitalizations, emergency department boarding, preventable emergency department visits, interaction with the criminal justice system, homelessness, and unemployment;

(B) increased rates of employment and enrollment in educational and vocational programs;

(C) quality of mental and substance use disorders treatment services; or

(D) any other criteria as may be determined by the Secretary; and

(3) specific recommendations for actions that agencies can take to better coordinate the administration of mental health services for adults with a serious mental illness or children with a serious emotional disturbance.

(d) Membership

(1) Federal members

The Committee shall be composed of the following Federal representatives, or the designees of such representatives—

(A) the Secretary of Health and Human Services, who shall serve as the Chair of the Committee;

(B) the Assistant Secretary for Mental Health and Substance Use;

¹ See References in Text note below.

- (C) the Attorney General;
- (D) the Secretary of Veterans Affairs;
- (E) the Secretary of Defense;
- (F) the Secretary of Housing and Urban Development;
- (G) the Secretary of Education;
- (H) the Secretary of Labor;
- (I) the Administrator of the Centers for Medicare & Medicaid Services;
- (J) the Administrator of the Administration for Community Living; and
- (K) the Commissioner of Social Security.

(2) Non-Federal members

The Committee shall also include not less than 14 non-Federal public members appointed by the Secretary of Health and Human Services, of which—

- (A) at least 2 members shall be an individual who has received treatment for a diagnosis of a serious mental illness;
- (B) at least 1 member shall be a parent or legal guardian of an adult with a history of a serious mental illness or a child with a history of a serious emotional disturbance;
- (C) at least 1 member shall be a representative of a leading research, advocacy, or service organization for adults with a serious mental illness;
- (D) at least 2 members shall be—
 - (i) a licensed psychiatrist with experience in treating serious mental illnesses;
 - (ii) a licensed psychologist with experience in treating serious mental illnesses or serious emotional disturbances;
 - (iii) a licensed clinical social worker with experience treating serious mental illnesses or serious emotional disturbances; or
 - (iv) a licensed psychiatric nurse, nurse practitioner, or physician assistant with experience in treating serious mental illnesses or serious emotional disturbances;
- (E) at least 1 member shall be a licensed mental health professional with a specialty in treating children and adolescents with a serious emotional disturbance;
- (F) at least 1 member shall be a mental health professional who has research or clinical mental health experience in working with minorities;
- (G) at least 1 member shall be a mental health professional who has research or clinical mental health experience in working with medically underserved populations;
- (H) at least 1 member shall be a State certified mental health peer support specialist;
- (I) at least 1 member shall be a judge with experience in adjudicating cases related to criminal justice or serious mental illness;
- (J) at least 1 member shall be a law enforcement officer or corrections officer with extensive experience in interfacing with adults with a serious mental illness, children with a serious emotional disturbance, or individuals in a mental health crisis; and
- (K) at least 1 member shall have experience providing services for homeless individuals and working with adults with a serious mental illness, children with a serious emotional disturbance, or individuals in a mental health crisis.

(3) Terms

A member of the Committee appointed under paragraph (2) shall serve for a term of 3 years, and may be reappointed for 1 or more additional 3-year terms. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has been appointed.

(e) Working groups

In carrying out its functions, the Committee may establish working groups. Such working groups shall be composed of Committee members, or their designees, and may hold such meetings as are necessary.

(f) Sunset

The Committee shall terminate on September 30, 2027.

(July 1, 1944, ch. 373, title V, §501C, as added Pub. L. 117-328, div. FF, title I, §1121(c)(1), Dec. 29, 2022, 136 Stat. 5648.)

Editorial Notes

REFERENCES IN TEXT

The Federal Advisory Committee Act, referred to in subsec. (a)(2), is Pub. L. 92-463, Oct. 6, 1972, 86 Stat. 770, which was set out in the Appendix to Title 5, Government Organization and Employees, and was substantially repealed and restated in chapter 10 (§1001 et seq.) of Title 5 by Pub. L. 117-286, §§3(a), 7, Dec. 27, 2022, 136 Stat. 4197, 4361. For disposition of sections of the Act into chapter 10 of Title 5, see Disposition Table preceding section 101 of Title 5.

§ 290aa-1. Advisory councils

(a) Appointment

(1) In general

The Secretary shall appoint an advisory council for—

- (A) the Substance Abuse and Mental Health Services Administration;
- (B) the Center for Substance Abuse Treatment;
- (C) the Center for Substance Abuse Prevention; and
- (D) the Center for Mental Health Services.

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

(2) Function and activities

An advisory council—

- (A)(i) may on the basis of the materials provided by the organization respecting activities conducted at the organization, make recommendations to the Assistant Secretary or Director of the Administration or Center for which it was established respecting such activities;
- (ii) shall review applications submitted for grants and cooperative agreements for ac-