

117TH CONGRESS  
2D SESSION

# S. 3696

To establish the position of Interagency Coordinator for Behavioral Health to coordinate the programs and activities of the Federal Government relating to mental health, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

FEBRUARY 17, 2022

Mr. WARNOCK (for himself, Mr. PADILLA, and Ms. STABENOW) introduced the following bill; which was read twice and referred to the Committee on Homeland Security and Governmental Affairs

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## A BILL

To establish the position of Interagency Coordinator for Behavioral Health to coordinate the programs and activities of the Federal Government relating to mental health, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Behavioral Health Co-  
5       ordination and Communication Act of 2022”.

6       **SEC. 2. INTERAGENCY COORDINATOR FOR BEHAVIORAL**  
7                               **HEALTH.**

8       (a) POSITION.—

1           (1) APPOINTMENT.—There is established in the  
2 Executive Office of the President an Interagency Co-  
3 ordinator for Behavioral Health (in this Act referred  
4 to as the “Interagency Coordinator”) who shall—

5                   (A) be appointed by the President, by and  
6 with the advice and consent of the Senate; and

7                   (B) report directly to the President.

8           (2) QUALIFICATIONS.—The Interagency Coordi-  
9 nator shall have—

10                   (A) expertise in mental health and sub-  
11 stance use disorders; and

12                   (B) administrative experience.

13           (3) TERM.—The Interagency Coordinator shall  
14 be appointed for a term of 5 years. The same indi-  
15 vidual may be reappointed to serve as the Inter-  
16 agency Coordinator for subsequent 5-year terms.

17           (4) RATE OF PAY.—To the extent or in the  
18 amounts provided in advance in appropriation Acts,  
19 the Interagency Coordinator shall be paid at a rate  
20 equal to the rate of basic pay for level I of the Exec-  
21 utive Schedule.

22           (b) PRINCIPAL RESPONSIBILITY.—

23                   (1) IN GENERAL.—The Interagency Coordi-  
24 nator shall coordinate the programs and activities of

1 the Federal Government relating to mental health  
2 and substance use disorders.

3 (2) CONSULTATION.—

4 (A) REQUIRED CONSULTATION.—In car-  
5 rying out paragraph (1) with respect to any  
6 program or activity, the Interagency Coordi-  
7 nator shall consult with—

8 (i) the Assistant Secretary of Defense  
9 for Health Affairs;

10 (ii) the Attorney General, the Admin-  
11 istrator of the Office of Juvenile Justice  
12 and Delinquency Prevention, and the Di-  
13 rector of the Bureau of Prisons;

14 (iii) the Director of National Drug  
15 Control Policy;

16 (iv) the Secretary of Education and  
17 the Assistant Secretary for Special Edu-  
18 cation and Rehabilitative Services;

19 (v) the Secretary of Health and  
20 Human Services, the Assistant Secretary  
21 for Health, the Assistant Secretary for the  
22 Administration for Children and Families,  
23 the Assistant Secretary for Mental Health  
24 and Substance Use, the Director of the In-

1           dian Health Service, and the Deputy As-  
2           sistant Secretary for Minority Health;

3           (vi) the Secretary of Homeland Secu-  
4           rity;

5           (vii) the Secretary of Housing and  
6           Urban Development;

7           (viii) the Secretary of Labor; and

8           (ix) the Secretary of Veterans Affairs.

9           (B) ADDITIONAL CONSULTATION.—In car-  
10          rying out paragraph (1) with respect to any  
11          program or activity, the Interagency Coordi-  
12          nator may consult with the Director of the Cen-  
13          ters for Disease Control and Prevention, the  
14          Commissioner of Food and Drugs, the Director  
15          of the National Institutes of Health, the Ad-  
16          ministrator of the Centers for Medicare & Med-  
17          icaid Services, and such additional Federal offi-  
18          cials as the Interagency Coordinator determines  
19          appropriate.

20          (c) OTHER RESPONSIBILITIES.—

21           (1) FRAMEWORK FOR MENTAL HEALTH AND  
22          SUBSTANCE USE DISORDERS.—The Interagency Co-  
23          ordinator shall work with Federal departments and  
24          agencies to create a framework within and across  
25          such departments and agencies to improve the provi-

1 sion of, and access to, mental health and substance  
2 use disorder services. Such framework shall include  
3 the following:

4 (A) Care coordination to better integrate  
5 mental health and substance use disorder care  
6 into health care settings and ensure seamless  
7 transitions for patients, including by—

8 (i) promoting mental health and sub-  
9 stance use disorder care earlier in the  
10 health care continuum, including preven-  
11 tion services;

12 (ii) focusing on providing mental  
13 health and substance use disorder care in  
14 more appropriate settings and locations;

15 (iii) promoting diversion to mental  
16 health and substance use disorder treat-  
17 ment programs instead of incarceration for  
18 mental health conditions and substance use  
19 disorders;

20 (iv) improving access to primary care  
21 and other medical services in community  
22 mental health and substance use disorder  
23 settings;

24 (v) promoting better treatment and  
25 services for mental health conditions and

1 substance use disorders while incarcerated;  
2 and

3 (vi) providing better coordination for  
4 wraparound services at every point in  
5 health care and the justice system for indi-  
6 viduals with mental health conditions and  
7 substance use disorders, including social  
8 supports, housing, education, and employ-  
9 ment.

10 (B) A focus on adults, children, youth, and  
11 adolescents, and on communities of color, peo-  
12 ple with disabilities, and other marginalized  
13 groups.

14 (C) Creating and implementing a transi-  
15 tion plan for patients with mental health condi-  
16 tions or substance use disorders who transition  
17 between systems, departments, agencies, or  
18 services.

19 (2) INVENTORY.—Not later than 1 year after  
20 the date of enactment of this Act, the Interagency  
21 Coordinator shall—

22 (A) take an inventory of all positions, com-  
23 mittees, task forces, grants, and funding  
24 streams in the Federal Government that are re-

1           lated to mental health and substance use dis-  
2           orders; and

3                   (B) provide recommendations to the Presi-  
4           dent, Congress, and relevant Federal depart-  
5           ments and agencies on removing, restructuring,  
6           and reorganizing such positions, committees,  
7           task forces, grants, and funding streams.

8           (3) PUBLIC WEBSITE.—The Interagency Coor-  
9           dinator shall establish and maintain a public website  
10          that provides reliable information on mental health  
11          and substance use disorders, including insurance in-  
12          formation and navigation tools for the appeals proc-  
13          ess for insurance denials.

14          (4) BEST PRACTICES.—The Interagency Coor-  
15          dinator shall identify best practices for—

16                   (A) culturally competent and linguistically  
17           appropriate mental health and substance use  
18           disorder care;

19                   (B) comprehensive mental health and sub-  
20           stance use disorder care;

21                   (C) continuity of mental health and sub-  
22           stance use disorder care;

23                   (D) destigmatization of mental health con-  
24           ditions and substance use disorders; and

1 (E) public awareness campaigns on mental  
2 health and substance use disorders in a variety  
3 of settings that include—

4 (i) the full spectrum of education lev-  
5 els, ranging from prekindergarten through  
6 higher education;

7 (ii) a range of patient populations, in-  
8 cluding pediatric, adult, geriatric, veteran,  
9 racial and ethnic minority populations, and  
10 patient populations in the justice system;

11 (iii) a range of health care provider  
12 populations; and

13 (iv) a range of providers in the justice  
14 system.

15 (5) GUIDANCE ON MENTAL HEALTH AND SUB-  
16 STANCE USE DISORDER TELEHEALTH TREATMENT  
17 ACROSS STATE LINES.—Not later than 180 days  
18 after the date of enactment of this Act, the Inter-  
19 agency Coordinator shall issue guidance on collabo-  
20 ration among States to enable mental health and  
21 substance use disorder care professionals to treat  
22 patients across State lines through telehealth tech-  
23 nologies.

24 (6) ANNUAL REPORT ON ACTIVITIES AND  
25 GOALS.—Not later than one year after the date of



1 enactment of this Act, and annually thereafter, the  
2 Interagency Coordinator shall submit a public report  
3 to Congress and the President that includes—

4 (A) a description of the activities of the  
5 Interagency Coordinator over the reporting pe-  
6 riod;

7 (B) the strategic goals of the Interagency  
8 Coordinator over the next 5- and 10-year peri-  
9 ods; and

10 (C) an inventory of all Federal programs  
11 pertaining to mental health and substance use  
12 disorders.

13 (7) REPORT ON DISPARITIES AND DIVERSITY.—

14 Not later than one year after the date of enactment  
15 of this Act, the Interagency Coordinator shall submit  
16 a public report to Congress and the President—

17 (A) describing the racial, ethnic, disability,  
18 sex, and gender disparities within the mental  
19 health and substance use disorder workforce,  
20 describing how such disparities impact access to  
21 care, particularly for minority populations, and  
22 recommending how to address such disparities;

23 (B) projecting the diversity of mental  
24 health and substance use disorder care profes-

1           sionals in terms of race, ethnicity, sex, and gen-  
2           der in 5 and 10 years;

3           (C) describing the racial, ethnic, disability,  
4           sex, and gender disparities in education and  
5           training for mental health and substance use  
6           disorder care professionals, and recommending  
7           how to address such disparities;

8           (D) describing geographic racial, ethnic,  
9           disability, sex, and gender disparities of the  
10          mental health and substance use disorder work-  
11          force, and recommending how to address such  
12          disparities;

13          (E) recommending ways to include non-  
14          subjective mental health and substance use dis-  
15          order screenings as a vital sign;

16          (F) recommending ways to create a com-  
17          plexity index for mental health and substance  
18          use disorders; and

19          (G) assessing access to community-based  
20          mental health and substance use disorder serv-  
21          ices in underserved geographic areas and com-  
22          munities of color.

23       (d) TEAM.—

24           (1) IN GENERAL.—The Interagency Coordi-  
25          nator may appoint such personnel (in this Act re-

1       ferred to as the “team”) as the Interagency Coordi-  
2       nator considers appropriate.

3               (2) COMPOSITION.—The Interagency Coordi-  
4       nator shall ensure that the team, collectively, has the  
5       following experience:

6               (A) Working in an adult mental health set-  
7       ting.

8               (B) Working in a geriatric mental health  
9       setting.

10              (C) Working in a child mental health set-  
11       ting.

12              (D) Working in an adult substance use dis-  
13       order setting.

14              (E) Working in a child substance use dis-  
15       order setting.

16              (F) Working in the adult justice system  
17       with a focus on mental health and substance  
18       use disorders.

19              (G) Working in the juvenile justice system  
20       with a focus on mental health and substance  
21       use disorders.

22              (H) Working in a school or college cam-  
23       pus-based setting with a focus on mental health  
24       and substance use disorders.

1 (I) Working in a health care facility of the  
2 Department of Veterans Affairs with a focus on  
3 mental health and substance use disorders.

4 (J) Working in a foster care setting.

5 (K) Working in an integrated care setting.

6 (L) Receiving mental health and substance  
7 use disorder care as an adult.

8 (M) Receiving mental health and substance  
9 use disorder care as a child.

10 (N) Having been incarcerated in the adult  
11 justice system while suffering from a mental ill-  
12 ness or substance use disorder.

13 (O) Having been detained in the juvenile  
14 justice system while suffering from a mental ill-  
15 ness or substance use disorder.

16 (P) Having been placed in a foster care  
17 setting.

18 (Q) Providing mental health or substance  
19 use disorder care in minority and underserved  
20 communities.

21 (3) DUTIES OF THE TEAM.—The team shall  
22 conduct such activities as the Interagency Coordi-  
23 nator determines appropriate, including—

1 (A) assisting appropriate entities in using  
2 the framework developed under subsection  
3 (c)(1);

4 (B) identifying Federal, State, Tribal, and  
5 local partnerships between the public and pri-  
6 vate sectors for improving mental health and  
7 substance use disorders; and

8 (C) otherwise assisting the Interagency Co-  
9 ordinator with implementation of this Act.

10 (4) APPLICABILITY OF CERTAIN CIVIL SERVICE  
11 LAWS.—The team may be appointed without regard  
12 to the provisions of title 5, United States Code, gov-  
13 erning appointments in the competitive service, and  
14 may be paid without regard to the provisions of  
15 chapter 51 and subchapter III of chapter 53 of such  
16 title 5 relating to classification and General Sched-  
17 ule pay rates, except that an individual so appointed  
18 may not receive pay in excess of the annual rate of  
19 basic pay for GS–15 of the General Schedule.

20 (5) EXPERTS AND CONSULTANTS.—The Inter-  
21 agency Coordinator may procure temporary and  
22 intermittent services under section 3109(b) of title  
23 5, United States Code, but at rates for individuals  
24 not to exceed the daily equivalent of the annual rate  
25 of basic pay for GS–15 of the General Schedule.

1           (6) STAFF OF FEDERAL AGENCIES.—Upon re-  
2           quest of the Interagency Coordinator, the head of  
3           any Federal department or agency may detail, on a  
4           reimbursable basis, any of the personnel of that de-  
5           partment or agency to the Interagency Coordinator  
6           to assist it in carrying out the responsibilities under  
7           this Act.

8           (e) POWERS.—

9           (1) HEARINGS AND SESSIONS.—The Inter-  
10          agency Coordinator may, for the purpose of carrying  
11          out this Act, hold hearings, sit and act at times and  
12          places, take testimony, and receive evidence as the  
13          Interagency Coordinator considers appropriate.

14          (2) POWERS OF TEAM AND AGENTS.—Any  
15          member of the team or agent of the Interagency Co-  
16          ordinator may, if authorized by the Interagency Co-  
17          ordinator, take any action which such Coordinator is  
18          authorized to take by this section.

19          (3) OBTAINING OFFICIAL DATA.—The Inter-  
20          agency Coordinator may secure directly from any de-  
21          partment or agency of the United States information  
22          necessary to enable the Interagency Coordinator to  
23          carry out this Act. Upon request of the Interagency  
24          Coordinator, the head of that department or agency  
25          shall, within 30 days of receiving the request, fur-

1 nish that information to the Interagency Coordi-  
2 nator, in a manner that protects personal privacy,  
3 consistent with applicable Federal and State privacy  
4 law.

5 (4) **MAILS.**—The Interagency Coordinator may  
6 use the United States mails in the same manner and  
7 under the same conditions as other departments and  
8 agencies of the United States.

9 (5) **ADMINISTRATIVE SUPPORT SERVICES.**—  
10 Upon the request of the Interagency Coordinator,  
11 the Administrator of General Services shall provide  
12 to the Interagency Coordinator, on a reimbursable  
13 basis, the administrative support services necessary  
14 for the Interagency Coordinator to carry out the re-  
15 sponsibilities under this Act.

16 (6) **CONTRACT AUTHORITY.**—To the extent or  
17 in the amounts provided in advance in appropriation  
18 Acts, the Interagency Coordinator may contract with  
19 and compensate government and private agencies or  
20 persons for supplies and services.

21 (f) **DEFINITION.**—In this section, the term “cul-  
22 turally competent” means consistent with preferred cul-  
23 tural values, beliefs, worldview, language, and practices.

1 **SEC. 3. COOPERATION BY OTHER FEDERAL AGENCIES.**

2 The head of each Federal department or agency seek-  
3 ing to commence development or implementation of a pol-  
4 icy, including through rulemaking or guidance, that is di-  
5 rectly related to mental health or substance use disorder  
6 care shall—

7 (1) give notice of the policy to the Interagency  
8 Coordinator;

9 (2) in accordance with section 2(e)(3), share  
10 such information relating to the policy as the Inter-  
11 agency Coordinator may request; and

12 (3) participate in such discussions and meetings  
13 regarding the policy as the Interagency Coordinator  
14 may request for purposes of coordination pursuant  
15 to section 2(b).

16 **SEC. 4. STUDY ON REIMBURSEMENT OF MENTAL HEALTH  
17 AND SUBSTANCE USE DISORDER SERVICES  
18 FOR JUVENILES.**

19 (a) REIMBURSEMENT OF MENTAL HEALTH AND  
20 SUBSTANCE USE DISORDER SERVICES PROVIDED IN  
21 PRESCHOOL, ELEMENTARY SCHOOL, AND SECONDARY  
22 SCHOOL SETTINGS.—Not later than 2 years after the date  
23 of enactment of this Act, the Comptroller General of the  
24 United States shall—

25 (1) complete a study and develop recommenda-  
26 tions on the reimbursement of mental health and



1 substance use disorder care professionals for services  
2 provided in preschool, elementary school, and sec-  
3 ondary school settings; and

4 (2) submit a public report to Congress and the  
5 President on the findings, conclusions, and rec-  
6 ommendations resulting from such study.

7 (b) SERVICES AVAILABLE TO JUSTICE INVOLVED JU-  
8 VENILES.—Not later than 2 years after the date of enact-  
9 ment of this Act, the Comptroller General of the United  
10 States shall—

11 (1) complete a study to determine the percent-  
12 age of the budget of the Federal Government and  
13 each State government, disaggregated by agency,  
14 used to support mental health and substance use  
15 disorder services for juveniles who are arrested or  
16 become part of the juvenile or criminal justice sys-  
17 tems; and

18 (2) submit a public report to Congress and the  
19 President on the findings, conclusions, and rec-  
20 ommendations resulting from such study, including  
21 recommendations on—

22 (A) whether the amount expended by each  
23 Federal and State agency on mental health and  
24 substance use disorder services for such juve-  
25 niles needs to be adjusted; and

1 (B) any gaps in community-based services  
2 for juveniles with mental health conditions or  
3 substance use disorders that should be available  
4 to prevent such juveniles from becoming part of  
5 the juvenile or criminal justice systems.

6 **SEC. 5. REPORT ON INTERAGENCY COORDINATOR'S ACTIVI-**  
7 **TIES.**

8 Not later than 5 years after the date of enactment  
9 of this Act, the Comptroller General of the United States  
10 shall submit a report to Congress and the President on  
11 the role of the Interagency Coordinator and the Inter-  
12 agency Coordinator's team in programs, decisions, and  
13 changes relating to mental and behavioral health. In such  
14 report, the Comptroller General shall include rec-  
15 ommendations on—

16 (1) ways to improve such involvement of the  
17 Interagency Coordinator and the Interagency Coor-  
18 dinator's team; and

19 (2) addressing any identified gaps in the role of  
20 the Interagency Coordinator.

○