

113TH CONGRESS
2D SESSION

H. R. 4574

To maximize the access of individuals with mental illness to community-based services, to strengthen the impact of such services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 6, 2014

Mr. BARBER (for himself, Ms. DEGETTE, Mr. TONKO, Ms. MATSUI, and Mrs. NAPOLITANO) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, the Judiciary, Armed Services, Veterans' Affairs, Education and the Workforce, and Natural Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To maximize the access of individuals with mental illness to community-based services, to strengthen the impact of such services, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Strengthening Mental Health in Our Communities Act
6 of 2014”.

1 (b) TABLE OF CONTENTS.—The table of contents for
 2 this Act is as follows:

- Sec. 1. Short title; table of contents.
 Sec. 2. Purpose.

TITLE I—WHITE HOUSE OFFICE OF MENTAL HEALTH POLICY

- Sec. 101. White House Office of Mental Health Policy.
 Sec. 102. Appointment and duties of the Director.
 Sec. 103. National strategy for mental health.
 Sec. 104. Coordination with Federal departments and agencies.
 Sec. 105. National mental health advisory board.

TITLE II—STRENGTHENING AND INVESTING IN SAMHSA
 PROGRAMS

- Sec. 201. Community mental health services block grant reauthorization.
 Sec. 202. Reporting requirements for block grants regarding mental health and
 substance use disorders.
 Sec. 203. Garrett Lee Smith Memorial Act reauthorization.
 Sec. 204. Priority mental health needs of regional and national significance re-
 authorization.
 Sec. 205. Grants for jail diversion programs reauthorization.
 Sec. 206. Projects for assistance in transition from homelessness.
 Sec. 207. Comprehensive community mental health services for children with
 serious emotional disturbances.
 Sec. 208. Children’s recovery from trauma.
 Sec. 209. Protection and advocacy for individuals with mental illness reauthor-
 ization.
 Sec. 210. Mental health awareness training grants.
 Sec. 211. National media campaign to reduce the stigma associated with men-
 tal illness.
 Sec. 212. SAMHSA and HRSA integration of behavioral health services into
 primary care settings.
 Sec. 213. Geriatric mental health disorders.
 Sec. 214. Assessing barriers to behavioral health integration.
 Sec. 215. Acute care bed registry grant for States.
 Sec. 216. Awards for co-locating primary and specialty care in community-
 based mental health settings.
 Sec. 217. Grants for the benefit of homeless individuals.

TITLE III—IMPROVING MEDICAID AND MEDICARE MENTAL
 HEALTH SERVICES

- Sec. 301. Access to mental health prescription drugs under Medicare.
 Sec. 302. Medicaid coverage of mental health services and primary care services
 furnished on the same day.
 Sec. 303. Elimination of 190-day lifetime limit on inpatient psychiatric hospital
 services.
 Sec. 304. Expanding the Medicaid home and community-based services waiver
 to include youth in need of services provided in a psychiatric
 residential treatment facility.
 Sec. 305. Application of Rosa’s Law for individuals with intellectual disabilities.

- Sec. 306. Complete application of mental health and substance use parity rules under Medicaid and CHIP.
- Sec. 307. Coverage of marriage and family therapist services and mental health counselor services under part B of the Medicare program.

TITLE IV—DEVELOPING THE BEHAVIORAL HEALTH WORKFORCE

- Sec. 401. National health service corps scholarship and loan repayment funding for behavioral and mental health professionals.
- Sec. 402. Reauthorization of HRSA's mental and behavioral health education and training program.
- Sec. 403. SAMHSA grant program for development and implementation of curricula for continuing education on serious mental illness.
- Sec. 404. Demonstration grant program to recruit, train, deploy, and professionally support psychiatric physicians in Indian health programs.
- Sec. 405. Including occupational therapists as behavioral and mental health professionals for purposes of the National Health Service Corps.
- Sec. 406. Extension of certain health care workforce loan repayment programs through fiscal year 2019.

TITLE V—IMPROVING MENTAL HEALTH RESEARCH AND COORDINATION

- Sec. 501. National Institute of Mental Health research program on serious mental illness and suicide prevention.
- Sec. 502. Youth mental health research network.
- Sec. 503. National violent death reporting system.

TITLE VI—EDUCATION AND YOUTH

- Sec. 601. School-based mental health programs.
- Sec. 602. Examining mental health care for children.

TITLE VII—JUSTICE AND MENTAL HEALTH COLLABORATION

- Sec. 701. Assisting veterans.
- Sec. 702. Correctional facilities.
- Sec. 703. High utilizers.
- Sec. 704. Academy training.
- Sec. 705. Evidence-based practices.
- Sec. 706. Safe communities.
- Sec. 707. Reauthorization of appropriations.

TITLE VIII—BEHAVIORAL HEALTH INFORMATION TECHNOLOGY

- Sec. 801. Extension of health information technology assistance for behavioral and mental health and substance abuse.
- Sec. 802. Extension of eligibility for Medicare and Medicaid health information technology implementation assistance.

TITLE IX—SERVICEMEMBERS AND VETERANS MENTAL HEALTH

- Sec. 901. Preliminary mental health assessments.
- Sec. 902. Unlimited eligibility for health care for mental illnesses for veterans of combat service during certain periods of hostilities and war.
- Sec. 903. Timeline for implementing integrated electronic health records.

Sec. 904. Pilot program for repayment of educational loans for certain psychiatrists of Veterans Health Administration.

TITLE X—MAKING PARITY WORK

Sec. 1001. GAO study on mental health and substance use disorder parity enforcement efforts.

Sec. 1002. Report to Congress on Federal assistance to State insurance regulators regarding mental health parity enforcement.

Sec. 1003. Annual report to Congress by Secretaries of Labor and Health and Human Services.

1 **SEC. 2. PURPOSE.**

2 The purposes of this Act are—

3 (1) to improve the responsiveness, coordination,
4 accountability, accessibility, and integration of per-
5 son-centered behavioral health services to provide
6 timely and appropriate help to individuals, families,
7 and communities;

8 (2) to reduce mental health crises, homeless-
9 ness, and incarceration by strengthening community-
10 based services, including early intervention, out-
11 reach, engagement, prevention, crisis support, reha-
12 bilitation, and peer-run services for persons of all
13 ages;

14 (3) to ensure that all Americans with mental ill-
15 nesses and their families can—

16 (A) gain access to evidence-based and
17 emerging best practices based on the values and
18 principles of trauma-informed care and mental
19 health recovery, delivered in a culturally and
20 linguistically competent manner; and

1 (B) fully participate in the most integrated
2 settings within their chosen communities;

3 (4) to develop an integrated behavioral health
4 workforce through improved training and education,
5 recruitment, and retention to meet the needs of all
6 communities and populations;

7 (5) to increase mental health awareness and re-
8 duce stigma and discrimination through mental
9 health training, education, and literacy; and

10 (6) to ensure the full implementation and en-
11 forcement of mental health parity for all Americans.

12 **TITLE I—WHITE HOUSE OFFICE**
13 **OF MENTAL HEALTH POLICY**

14 **SEC. 101. WHITE HOUSE OFFICE OF MENTAL HEALTH POL-**
15 **ICY.**

16 (a) ESTABLISHMENT OF OFFICE.—There is estab-
17 lished in the Executive Office of the President the White
18 House Office of Mental Health Policy (hereafter referred
19 to as the “Office”), which shall—

20 (1) monitor Federal activities with respect to
21 mental health, serious mental illness, and serious
22 emotional disturbances;

23 (2) make recommendations to the Secretary of
24 Health and Human Services regarding any appro-
25 priate changes to such activities, including rec-

1 ommendations with respect to the national strategy
2 developed under paragraph (3);

3 (3) develop and annually update a National
4 Strategy for Mental Health to maximize the access
5 of individuals with mental illness to community-
6 based services, strengthen the impact of such serv-
7 ices, and meet the comprehensive needs of individ-
8 uals with mental illness;

9 (4) make recommendations to the Secretary of
10 Health and Human Services regarding public par-
11 ticipation in decisions relating to mental health, seri-
12 ous mental illness, and serious emotional disturb-
13 ances;

14 (5) review and make recommendations with re-
15 spect to the budgets for Federal mental health serv-
16 ices to ensure the adequacy of those budgets;

17 (6) submit to the Congress the national strat-
18 egy and any updates to such strategy;

19 (7) coordinate the mental health services pro-
20 vided by Federal departments and agencies and co-
21 ordinate Federal interagency mental health services;

22 (8) consult, coordinate with, facilitate joint ef-
23 forts among, and support State, local, and tribal
24 governments, nongovernmental entities, and individ-
25 uals with a mental illness, particularly individuals

1 with a serious mental illness and children and ado-
2 lescents with a serious emotional disturbance, with
3 respect to improving community-based and other
4 mental health services; and

5 (9) develop and annually update a summary of
6 advances in serious mental illness and serious emo-
7 tional disturbances research related to causes, pre-
8 vention, treatment, early screening, diagnosis or rule
9 out, intervention, and access to services and sup-
10 ports for individuals with serious mental illness and
11 children and adolescents with a serious emotional
12 disturbance.

13 (b) DIRECTOR.—There shall be a Director who shall
14 head the Office (hereafter referred to as the “Director”)
15 and who shall hold the same rank and status as the head
16 of an executive department listed in section 101 of title
17 5, United States Code.

18 (c) ACCESS BY CONGRESS.—The location of the Of-
19 fice in the Executive Office of the President shall not be
20 construed as affecting access by Congress, or any com-
21 mittee of the House of Representatives or the Senate, to
22 any—

23 (1) information, document, or study in the pos-
24 session of, or conducted by or at the direction of, the
25 Director; or

1 (2) personnel of the Office.

2 **SEC. 102. APPOINTMENT AND DUTIES OF THE DIRECTOR.**

3 (a) APPOINTMENT.—

4 (1) IN GENERAL.—The President shall appoint
5 the Director, by and with the advice and consent of
6 the Senate. The Director shall serve at the pleasure
7 of the President.

8 (2) PROHIBITION.—No person shall serve as
9 Director while serving in any other position in the
10 Federal Government or while employed in a full-time
11 position outside of the Federal Government.

12 (b) RESPONSIBILITIES.—The Director shall—

13 (1) assist the President—

14 (A) to establish policies, goals, objectives,
15 and priorities with respect to mental health,
16 particularly serious mental illness and serious
17 emotional disturbances;

18 (B) to maximize the access of individuals
19 with mental illness to community-based serv-
20 ices;

21 (C) to strengthen the impact of such serv-
22 ices; and

23 (D) to meet the comprehensive needs of in-
24 dividuals with mental illness;

- 1 (2) work with Federal departments and agen-
2 cies providing mental health services to strengthen
3 the coordination of mental health services in order to
4 maximize the access of individuals with a mental ill-
5 ness, particularly individuals with a serious mental
6 illness and children and adolescents with a serious
7 emotional disturbance, to community-based services,
8 strengthen the impact of services, and meet the com-
9 prehensive needs of individuals with a mental illness;
- 10 (3) coordinate and oversee the development, co-
11 ordination, implementation, and evaluation of the
12 National Strategy for Mental Health;
- 13 (4) promulgate the National Strategy for Men-
14 tal Health, ensuring its wide availability to govern-
15 ment officials and the public;
- 16 (5) make such recommendations to the Presi-
17 dent as the Director determines are appropriate with
18 respect to the organization, management, and budg-
19 ets of Federal departments and agencies providing
20 mental health services, including changes in the allo-
21 cation of personnel to and within those departments
22 and agencies to implement the policies, goals, objec-
23 tives, and priorities established under paragraph (1)
24 and the National Strategy for Mental Health;

1 (6) consult, coordinate with, facilitate joint ef-
2 forts among, and support State, local, and tribal
3 governments, nongovernmental entities, and individ-
4 uals with a mental illness, particularly individuals
5 with a serious mental illness and children and ado-
6 lescents with a serious emotional disturbance, with
7 respect to improving mental health services;

8 (7) appear before duly constituted committees
9 and subcommittees of the House of Representatives
10 and of the Senate to represent the policies of the
11 President related to mental health and serve as the
12 spokesperson of the President, if the President de-
13 termines it appropriate, on issues related to mental
14 health, and the National Strategy for Mental
15 Health;

16 (8) submit an annual report to Congress detail-
17 ing how the Director has consulted and coordinated
18 with the National Mental Health Council described
19 in section 104(d), the National Mental Health Advi-
20 sory Board described in section 105, State, local,
21 and tribal governments, nongovernmental entities,
22 and individuals with a mental illness, particularly in-
23 dividuals with a serious mental illness and children
24 and adolescents with a serious emotional disturb-
25 ance; and

1 (9) ensure the Office meets each of its respon-
2 sibilities under this title.

3 (c) BUDGET REVIEW AND RECOMMENDATIONS.—

4 (1) REVIEW OF BUDGET REQUESTS.—Each de-
5 partment or agency of the Federal Government pro-
6 viding mental health services and benefits shall
7 transmit each year to the Director a copy of the pro-
8 posed budget request of that department or agency
9 with respect to mental health services and benefits
10 at a time not later than that department or agency's
11 submitting of such budget request to the Office of
12 Management and Budget for preparation of the
13 budget of the President submitted to Congress
14 under section 1105(a) of title 31, United States
15 Code. The proposed budget request shall be trans-
16 mitted to the Director in such form as the Director,
17 in consultation with the Office of Management and
18 Budget, determines appropriate.

19 (2) RECOMMENDATIONS WITH RESPECT TO
20 BUDGET REQUESTS.—After the receipt of proposed
21 budget requests pursuant to paragraph (1), the Di-
22 rector shall provide budget recommendations with
23 respect to Federal mental health services and bene-
24 fits to the Director of the Office of Management and
25 Budget and to the President at a time that allows

1 such recommendations to be incorporated, as appro-
2 priate, into the budget of the President submitted to
3 Congress under section 1105(a) of title 31, United
4 States Code. The recommendations shall address
5 funding priorities developed in the National Strategy
6 for Mental Health and shall address future fiscal
7 projections as determined by the Director.

8 (d) POWERS OF THE DIRECTOR.—In carrying out
9 this title, the Director may—

10 (1) select, appoint, employ, and fix the com-
11 pensation of such officers and employees of the Of-
12 fice as may be necessary to carry out the functions
13 of the Office under this title;

14 (2) request the head of a department or agency
15 of the Federal Government to place department or
16 agency personnel who are engaged in activities with
17 respect to mental health, on temporary detail to an-
18 other department or agency in order to implement
19 the National Strategy for Mental Health, and the
20 head of such department or agency shall comply
21 with such request;

22 (3) use for administrative purposes, on a reim-
23 bursable basis, the available services, equipment,
24 personnel, and facilities of Federal, State, local, and
25 tribal departments and agencies;

1 (4) procure the services of experts and consult-
2 ants in accordance with section 3109 of title 5,
3 United States Code, relating to appointments in the
4 Federal Service, at rates of compensation for indi-
5 viduals not to exceed the daily equivalent of the rate
6 of pay payable under level IV of the Executive
7 Schedule under section 5311 of title 5, United
8 States Code;

9 (5) use the mails in the same manner as any
10 other department or agency of the executive branch;
11 and

12 (6) monitor implementation of the National
13 Strategy for Mental Health, including—

14 (A) conducting program and performance
15 audits and evaluations; and

16 (B) requesting assistance from the Inspec-
17 tor General of the relevant department or agen-
18 cy in such audits and evaluations.

19 **SEC. 103. NATIONAL STRATEGY FOR MENTAL HEALTH.**

20 (a) IN GENERAL.—Not later than February 1 of each
21 year, the Director shall submit to the President and Con-
22 gress and make available to the public a National Strategy
23 for Mental Health (in this title referred to as the “Na-
24 tional Strategy for Mental Health” or the “Strategy”) set-
25 ting forth a comprehensive plan to maximize the access

1 of individuals with mental illness to community-based
2 services, to strengthen the impact of such services, and
3 to meet the comprehensive needs of individuals with men-
4 tal illness.

5 (b) PROCESS.—In preparing the Strategy, the Direc-
6 tor shall actively consult and work in coordination with
7 the following:

8 (1) The heads of all Federal departments and
9 agencies that provide mental health services.

10 (2) The National Mental Health Council.

11 (3) The National Mental Health Advisory
12 Board.

13 (4) Existing Federal interagency efforts related
14 to mental health services, such as the Military and
15 Veterans Mental Health Interagency Task Force.

16 (5) State, local, and tribal governments.

17 (6) Nongovernmental entities.

18 (7) Individuals with mental illness, particularly
19 individuals with a serious mental illness and children
20 and adolescents with a serious emotional disturb-
21 ance.

22 (c) CONTENTS.—The Director shall ensure the Strat-
23 egy meets the following requirements:

24 (1) GOALS AND PERFORMANCE MEASURES.—

25 The Strategy shall contain comprehensive, research-

1 based goals and quantifiable performance measures
2 that shall serve as targets for the year with respect
3 to which the Strategy applies for—

4 (A) improving the outcomes of and accessi-
5 bility to evidence-based mental programs and
6 services;

7 (B) promoting community integration of
8 individuals with mental illness;

9 (C) increasing access to prevention and
10 early intervention services related to mental
11 health;

12 (D) promoting mental health awareness
13 and reducing stigma; and

14 (E) advancing mental health research.

15 (2) ACCOUNTABILITY FOR PAST PERFORMANCE
16 MEASURES.—The Strategy shall contain a report on
17 Federal effectiveness with respect to meeting those
18 performance measures set by the Strategy for the
19 preceding year, including an evaluation of whether
20 or not such performance measures were met and the
21 reasons therefore, including—

22 (A) the extent of coordination between
23 Federal departments and agencies providing
24 mental health services;

1 (B) the extent to which the objectives and
2 budgets of Federal departments and agencies
3 providing mental health services were consistent
4 with the recommendations of the Strategy for
5 the preceding year; and

6 (C) the efficiency and adequacy of Federal
7 programs and policies with respect to mental
8 health services.

9 (3) REPORTING ON AND IDENTIFYING GAPS IN
10 MENTAL HEALTH SERVICES.—The Strategy shall
11 contain a report on—

12 (A) the mental health diagnoses,
13 disaggregated by age, race, gender, geographic
14 distribution, population density, socioeconomic
15 status, and other target populations determined
16 necessary for inclusion by the Director;

17 (B) the quality and quantity of mental
18 health services, including community-based
19 services, for individuals with mental illness,
20 disaggregated by age, race, gender, geographic
21 distribution, population density, socioeconomic
22 status, and other target populations determined
23 necessary for inclusion by the Director; and

24 (C) the size and allocation of Federal re-
25 sources devoted to supporting individuals with

1 mental illness, particularly serious mental ill-
2 ness, and children and adolescents with a seri-
3 ous emotional disturbance, disaggregated by
4 age, race, gender, geographic distribution, pop-
5 ulation density, socioeconomic status, and other
6 target populations determined necessary for in-
7 clusion by the Director.

8 (4) COORDINATION EFFORTS.—The Strategy
9 shall contain a report on Federal efforts to consult,
10 coordinate with, facilitate joint efforts among, and
11 support State, local, and tribal governments, non-
12 governmental entities, and individuals with mental
13 illness, particularly serious mental illness, and chil-
14 dren and adolescents with a serious emotional dis-
15 turbance, including an evaluation of the effectiveness
16 of those efforts.

17 (5) GUIDANCE.—The Strategy shall contain re-
18 search-based guidance for assessing and improving
19 the quality of mental health services that is respon-
20 sive to gaps identified in community-based and other
21 mental health services, particularly for individuals
22 with a serious mental illness and children and ado-
23 lescents with a serious emotional disturbance.

24 (6) MENTAL HEALTH ADVOCATES AND PER-
25 SPECTIVES.—The Strategy shall contain the views

1 and perspectives of individuals with mental illness,
2 particularly individuals with serious mental illness
3 and children and adolescents with a serious emo-
4 tional disturbance, with respect to mental health
5 services as prepared by the National Mental Health
6 Advisory Board.

7 (7) STRATEGIC PLAN.—The Strategy shall con-
8 tain a plan to achieve the goals and performance
9 measures set for the year with respect to which the
10 Strategy applies, including the following:

11 (A) Program and budget priorities nec-
12 essary to achieve the performance measures.

13 (B) Recommendations for improved Fed-
14 eral interagency coordination, such as shared
15 grant application processes, grantee reporting
16 requirements, training and technical assistance
17 efforts, definitions, recipient eligibility require-
18 ments, research, evaluation efforts, and data
19 collection, and recommendations for legislative
20 changes necessary to achieve such interagency
21 coordination and to facilitate the delivery of a
22 comprehensive array of mental health services.

23 (C) Recommendations for improved coordi-
24 nation between the Federal Government and
25 State, local, and tribal governments, nongovern-

1 mental entities, and individuals with mental ill-
2 ness, particularly individuals with serious men-
3 tal illness and children and adolescents with a
4 serious emotional disturbance.

5 (D) A strategic research, innovation, and
6 demonstration agenda to guide the use of Fed-
7 eral research spending with respect to mental
8 illness, particularly serious mental illness.

9 (E) Recommendations to promote commu-
10 nity integration of individuals with mental ill-
11 ness, consistent with the Americans with Dis-
12 abilities Act of 1990, section 504 of the Reha-
13 bilitation Act of 1973, and the Supreme Court’s
14 decision in *Olmstead v. L.C.*

15 (F) Recommendations to enhance preven-
16 tion and early intervention services for children
17 and adolescents with mental illness.

18 (G) Recommendations concerning ways to
19 ensure appropriate access to intensive commu-
20 nity-based services for Medicaid beneficiaries.

21 (8) ADDITIONAL REPORTS.—The Strategy shall
22 contain additional reports the Director determines
23 necessary, such as reports on the unmet needs of in-
24 dividuals with mental illness, international compari-
25 sons of mental health services and outcomes, or the

1 status of implementation and enforcement of mental
2 health parity.

3 **SEC. 104. COORDINATION WITH FEDERAL DEPARTMENTS**
4 **AND AGENCIES.**

5 (a) FEDERAL DEPARTMENT AND AGENCY COOPERA-
6 TION.—Each department or agency of the Federal Gov-
7 ernment providing mental health services shall—

8 (1) cooperate with the efforts of the Director
9 under this title;

10 (2) provide such assistance, statistics, studies,
11 reports, information, and advice as the Director may
12 request, to the extent permitted by law;

13 (3) adjust department or agency staff job de-
14 scriptions and performance measures to support col-
15 laboration and implementation of the Strategy; and

16 (4) assign department or agency liaisons to the
17 Office to oversee and implement interagency coordi-
18 nation.

19 (b) INTERAGENCY ALIGNMENT.—The Director, in
20 collaboration with the heads of Federal departments and
21 agencies providing mental health services, shall strengthen
22 the coordination of Federal mental health services in order
23 to maximize the access of individuals with mental illness,
24 particularly individuals with serious mental illness, to com-
25 munity-based mental health services, strengthen the im-

1 pact of mental health services, and meet the comprehen-
2 sive needs of individuals with mental illness, particularly
3 individuals with serious mental illness and children and
4 adolescents with a serious emotional disturbance, by,
5 where appropriate—

6 (1) facilitating the development of shared grant
7 application processes;

8 (2) offering joint training and technical assist-
9 ance efforts;

10 (3) improving opportunities for individuals with
11 mental illness to maintain services as they transition
12 from systems of care;

13 (4) aligning—

14 (A) grantee reporting requirements;

15 (B) definitions;

16 (C) eligibility requirements;

17 (D) research;

18 (E) evaluation efforts; and

19 (F) data collection;

20 (5) making recommendations with respect to
21 the legislative changes necessary to achieve the
22 interagency alignment and coordination necessary to
23 facilitate the delivery of a comprehensive array of
24 mental health services; and

1 (6) taking other steps necessary to improve col-
2 laboration between Federal departments and agen-
3 cies providing mental health services.

4 (c) JOINT FUNDING AND COORDINATION.—

5 (1) IN GENERAL.—The Director, in consulta-
6 tion with the heads of Federal departments and
7 agencies, may oversee the development and adminis-
8 tration of initiatives involving multiple Federal de-
9 partments and agencies, including initiatives that in-
10 volve the integration of funding from different Fed-
11 eral departments and agencies to the extent per-
12 mitted by law.

13 (2) ADMINISTRATION OF FUNDS.—With respect
14 to an initiative that involves the integration of fund-
15 ing from different Federal departments and agen-
16 cies, the Federal department or agency principally
17 involved in such an initiative, as determined by the
18 Director, may be designated by the Director to act
19 for all involved departments or agencies in admin-
20 istering funds for the initiative to the extent per-
21 mitted by law.

22 (3) NONGOVERNMENTAL ENTITIES.—Initiatives
23 developed under this subsection may involve non-
24 governmental entities to the extent permitted by law.

25 (d) NATIONAL MENTAL HEALTH COUNCIL.—

1 (1) ESTABLISHMENT.—There is established
2 within the Office the National Mental Health Coun-
3 cil (hereinafter referred to in this title as the “Coun-
4 cil”).

5 (2) MEMBERS AND TERMS.—The members of
6 the Council shall include—

7 (A) the President;

8 (B) the Director;

9 (C) the Secretary of Health and Human
10 Services;

11 (D) the Director of the National Institute
12 of Mental Health;

13 (E) the Attorney General of the United
14 States;

15 (F) the Secretary of Veterans Affairs;

16 (G) the Assistant Secretary—Indian Affairs
17 of the Department of the Interior;

18 (H) the Director of the Centers for Dis-
19 ease Control and Prevention;

20 (I) the Director of the National Institutes
21 of Health;

22 (J) the directors of such national research
23 institutes of the National Institutes of Health
24 as the Director determines appropriate;

1 (K) representatives, appointed by the Di-
2 rector, of Federal agencies that are outside of
3 the Department of Health and Human Services
4 and serve individuals with mental illness, such
5 as the Department of Education;

6 (L) the Administrator of Substance Abuse
7 and Mental Health Services Administration;

8 (M) the Secretary of Defense; and

9 (N) other Federal officials as directed by
10 the President.

11 (3) CHAIRPERSON.—The Chairperson of the
12 Council shall be the President.

13 (4) DESIGNEES.—Members of the Council may
14 select a designee to perform duties under this sub-
15 section, but it is the sense of Congress that such
16 members should refrain from doing so whenever pos-
17 sible.

18 (5) MEETINGS.—

19 (A) IN GENERAL.—The full membership of
20 the Council shall meet at the call of the Chair-
21 person, but at least once each year. The Chair-
22 person may call additional meetings composed
23 of less than the full membership of the Council
24 as needed.

1 (B) FIRST MEETING.—The first meeting of
2 the Council shall be not more than four months
3 after the date of the enactment of this title.

4 (C) INCLUSION OF THE NATIONAL MENTAL
5 HEALTH ADVISORY BOARD.—At least two meet-
6 ings of the Council each year shall be opened to
7 the participation of members of the National
8 Mental Health Advisory Board.

9 (6) RESPONSIBILITIES.—The Council shall—

10 (A) assist the Director to coordinate the
11 mental health services provided by Federal de-
12 partments and agencies and to coordinate Fed-
13 eral interagency mental health services;

14 (B) assist the Director in the development,
15 coordination, implementation, evaluation, and
16 promulgation of the Strategy;

17 (C) assist the Director in soliciting and
18 documenting ongoing input and recommenda-
19 tions with respect to mental health services and
20 mental health outcomes from State, local, and
21 tribal governments, nongovernmental entities,
22 and individuals with mental illness, particularly
23 individuals with serious mental illness and chil-
24 dren and adolescents with a serious emotional
25 disturbance; and

1 (D) ensure that members of the Council
2 oversee the implementation of those sections of
3 the Strategy for which each such member's de-
4 partment or agency is responsible, as deter-
5 mined by the Director, and to report to the Di-
6 rector on such implementation and the results
7 thereof.

8 **SEC. 105. NATIONAL MENTAL HEALTH ADVISORY BOARD.**

9 (a) ESTABLISHMENT.—There is established within
10 the Office the National Mental Health Advisory Board
11 (hereinafter referred to in this title as the “Board”).

12 (b) MEMBERS AND TERMS.—

13 (1) IN GENERAL.—Except as provided in para-
14 graph (3), each member shall serve a two-year term.
15 No member shall serve more than three terms. The
16 Board shall be composed of non-Federal public
17 members to be appointed by the Director, of
18 which—

19 (A) at least eight such members, or $\frac{1}{3}$ of
20 total membership, whichever is greater, shall be
21 individuals with a diagnosis of serious mental
22 illness;

23 (B) at least six such members, or $\frac{1}{4}$ of
24 total membership, whichever is greater, shall be
25 a parent or legal guardian of an individual with

1 a serious mental illness or a child or adolescent
2 with a serious emotional disturbance;

3 (C) at least one such member shall be a
4 representative of a leading research organiza-
5 tion for individuals with serious mental illness;

6 (D) at least one such member shall be a
7 representative of a leading advocacy organiza-
8 tion for individuals with serious mental illness;

9 (E) at least one such member shall be a
10 representative of a leading community service
11 organization for individuals with serious mental
12 illness;

13 (F) at least one member shall have served
14 in a senior position in a State mental health
15 system;

16 (G) at least one member shall have served
17 in a senior position in a local mental health sys-
18 tem;

19 (H) at least one member shall be a psy-
20 chiatrist;

21 (I) at least one member shall be a clinical
22 psychologist;

23 (J) at least one member shall be a law en-
24 forcement officer;

1 (K) at least one such member shall be a
2 representative of a leading veterans service or-
3 ganization; and

4 (L) at least one such member shall be a
5 child or adolescent psychiatrist.

6 (2) SELECTION PROCESS FOR THE INITIAL
7 MEMBERSHIP OF THE BOARD.—The Director shall
8 design an application and selection process to fill the
9 initial membership of the Board. Political affiliation
10 or views may not be taken into account in such ap-
11 plication and selection process and relatives of elect-
12 ed officials shall not be eligible for membership.

13 (3) SELECTION PROCESS FOR MEMBERSHIP OF
14 THE BOARD FOLLOWING THE INITIAL MEMBER-
15 SHIP.—The initial membership of the Board shall
16 design an application and selection process to fill the
17 membership of the Board for those terms following
18 the term of the initial membership. Such application
19 and selection process shall ensure that Board mem-
20 bers select the membership that will follow that
21 Board membership's term and, notwithstanding the
22 two-year term requirement in paragraph (1), such
23 application process shall ensure that not more than
24 half of the terms of Board members expire in a
25 given year.

1 (4) CHAIRPERSON.—The initial membership of
2 the Board shall elect two members as co-chairs of
3 the Board. Co-chairs shall serve a term of one year
4 and the Board shall elect new co-chairs as vacancies
5 arise.

6 (c) MEETINGS.—The Board shall meet in person not
7 fewer than four times each year. The Director shall re-
8 quest senior Federal Government officials to attend each
9 of the four meetings, including requesting that the Council
10 attend one of the four meetings. The co-chairs of the
11 Board may call additional meetings online and by tele-
12 phone as determined necessary by the co-chairs.

13 (d) DUTIES.—The Board shall—

14 (1) advise the President, the heads of Federal
15 departments and agencies providing mental health
16 services, and other senior Federal Government offi-
17 cials on proposed and pending legislation, budget ex-
18 penditures, and other policy matters with respect to
19 mental illness, particularly serious mental illness and
20 children and adolescents with a serious emotional
21 disturbance;

22 (2) work in partnership with local organizations
23 to solicit the views and perspectives of individuals
24 with mental illness, particularly individuals with se-
25 rious mental illness, and parents or legal guardians

1 of individuals with mental illness, with respect to
2 mental health services;

3 (3) prepare a section of the Strategy outlining
4 the views and perspectives of individuals with mental
5 illness, particularly individuals with serious mental
6 illness and children and adolescents with a serious
7 emotional disturbance, with respect to mental health
8 services; and

9 (4) provide the Director evaluations of the staff
10 support and training and technical assistance the
11 Board has received.

12 (e) PROCEDURES.—The membership of the Board
13 shall, in consultation with the Director, determine the pro-
14 cedures of the Board.

15 **TITLE II—STRENGTHENING AND**
16 **INVESTING IN SAMHSA PRO-**
17 **GRAMS**

18 **SEC. 201. COMMUNITY MENTAL HEALTH SERVICES BLOCK**
19 **GRANT REAUTHORIZATION.**

20 Section 1920(a) of the Public Health Service Act (42
21 U.S.C. 300x–9(a)) is amended by striking “\$450,000,000
22 for fiscal year 2001, and such sums as may be necessary
23 for each of the fiscal years 2002 and 2003” and inserting
24 “\$483,744,000 for fiscal year 2015 and such sums as may
25 be necessary for each of fiscal years 2016 through 2019”.

1 **SEC. 202. REPORTING REQUIREMENTS FOR BLOCK GRANTS**
2 **REGARDING MENTAL HEALTH AND SUB-**
3 **STANCE USE DISORDERS.**

4 Section 1942 of the Public Health Service Act (42
5 U.S.C. 300x-52) is amended to read as follows:

6 **“SEC. 1942. REQUIREMENT OF REPORTS AND AUDITS BY**
7 **STATES.**

8 “(a) ANNUAL REPORT.—A funding agreement for a
9 grant under section 1911 is that—

10 “(1) the State involved will prepare and submit
11 to the Secretary an annual report on the activities
12 funded through the grant; and

13 “(2) each such report shall be prepared by, or
14 in consultation with, the State agency responsible
15 for community mental health programs and activi-
16 ties.

17 “(b) STANDARDIZED FORM; CONTENTS.—In order to
18 properly evaluate and to compare the performance of dif-
19 ferent States assisted under section 1911, reports under
20 this section shall be in such standardized form and contain
21 such information as the Secretary determines (after con-
22 sultation with the States) to be necessary—

23 “(1) to secure an accurate description of the ac-
24 tivities funded through the grant under section
25 1911;

1 “(2) to determine the extent to which funds
2 were expended consistent with the State’s applica-
3 tion transmitted under section 1917(a); and

4 “(3) to describe the extent to which the State
5 has met the goals and objectives it set forth in its
6 State plan under section 1912(b).

7 “(c) MINIMUM CONTENTS.—Each report under this
8 section shall, at a minimum, include the following informa-
9 tion:

10 “(1)(A) The number of individuals served by
11 the State under subpart I (by class of individuals).

12 “(B) The proportion of each class of such indi-
13 viduals which has health coverage.

14 “(C) The types of services (as defined by the
15 Secretary) provided under subpart I to individuals
16 within each such class.

17 “(D) The amounts spent under subpart I on
18 each type of service (by class of individuals served).

19 “(2) Information on the status of mental health
20 in the State, including information (by county and
21 by racial and ethnic group) on each of the following:

22 “(A) The proportion of adolescents with
23 serious emotional disturbances.

24 “(B) The proportion of adults with serious
25 mental illness (including major depression).

1 “(C) The proportion of individuals with co-
2 occurring mental health and substance use dis-
3 orders.

4 “(D) The proportion of children and ado-
5 lescents with mental health disorders who seek
6 and receive treatment.

7 “(E) The proportion of adults with mental
8 health disorders who seek and receive treat-
9 ment.

10 “(F) The proportion of individuals with co-
11 occurring mental health and substance use dis-
12 orders who seek and receive treatment.

13 “(G) The proportion of homeless adults
14 with mental health disorders who receive treat-
15 ment.

16 “(H) The number of primary care facilities
17 that provide mental health screening and treat-
18 ment services onsite or by paid referral.

19 “(I) The number of primary care physician
20 office visits that include mental health screen-
21 ing services.

22 “(J) The number of juvenile residential fa-
23 cilities that screen admissions for mental health
24 disorders.

1 “(K) The number of deaths attributable to
2 suicide.

3 “(3) Information on the number and type of
4 health care practitioners licensed in the State and
5 providing mental health-related services.

6 “(d) AVAILABILITY OF REPORTS.—The Secretary
7 shall, upon request, provide a copy of any report under
8 this section to any interested public agency.”.

9 **SEC. 203. GARRETT LEE SMITH MEMORIAL ACT REAUTHOR-**
10 **IZATION.**

11 (a) SUICIDE PREVENTION TECHNICAL ASSISTANCE
12 CENTER.—Section 520C of the Public Health Service Act
13 (42 U.S.C. 290bb–34) is amended—

14 (1) in the section heading, by striking the sec-
15 tion heading and inserting “**SUICIDE PREVENTION**
16 **TECHNICAL ASSISTANCE CENTER.**”;

17 (2) in subsection (a), by striking “and in con-
18 sultation with” and all that follows through the pe-
19 riod at the end of paragraph (2) and inserting “shall
20 establish a research, training, and technical assist-
21 ance resource center to provide appropriate informa-
22 tion, training, and technical assistance to States, po-
23 litical subdivisions of States, federally recognized In-
24 dian tribes, tribal organizations, institutions of high-
25 er education, public organizations, or private non-

1 profit organizations regarding the prevention of sui-
2 cide among all ages, particularly among groups that
3 are at high risk for suicide.”;

4 (3) by striking subsections (b) and (c);

5 (4) by redesignating subsection (d) as sub-
6 section (b);

7 (5) in subsection (b), as so redesignated—

8 (A) by striking the subsection heading and
9 inserting “RESPONSIBILITIES OF THE CEN-
10 TER.”;

11 (B) in the matter preceding paragraph (1),
12 by striking “The additional research” and all
13 that follows through “nonprofit organizations
14 for” and inserting “The center established
15 under subsection (a) shall conduct activities for
16 the purpose of”;

17 (C) by striking “youth suicide” each place
18 such term appears and inserting “suicide”;

19 (D) in paragraph (1)—

20 (i) by striking “the development or
21 continuation of” and inserting “developing
22 and continuing”; and

23 (ii) by inserting “for all ages, particu-
24 larly among groups that are at high risk

1 for suicide” before the semicolon at the
2 end;

3 (E) in paragraph (2), by inserting “for all
4 ages, particularly among groups that are at
5 high risk for suicide” before the semicolon at
6 the end;

7 (F) in paragraph (3), by inserting “and
8 tribal” after “statewide”;

9 (G) in paragraph (5), by inserting “and
10 prevention” after “intervention”;

11 (H) in paragraph (8), by striking “in
12 youth”;

13 (I) in paragraph (9), by striking “and be-
14 havioral health” and inserting “health and sub-
15 stance use disorder”; and

16 (J) in paragraph (10), by inserting “con-
17 ducting” before “other”; and

18 (6) by striking subsection (e) and inserting the
19 following:

20 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the
21 purpose of carrying out this section, there are authorized
22 to be appropriated \$4,948,000 for each of fiscal years
23 2015 through 2019.”.

1 (b) YOUTH SUICIDE EARLY INTERVENTION AND
2 PREVENTION STRATEGIES.—Section 520E of the Public
3 Health Service Act (42 U.S.C. 290bb–36) is amended—

4 (1) in paragraph (1) of subsection (a) and in
5 subsection (c), by striking “substance abuse” each
6 place such term appears and inserting “substance
7 use disorder”;

8 (2) in subsection (b)(2)—

9 (A) by striking “each State is awarded
10 only 1 grant or cooperative agreement under
11 this section” and inserting “a State does not
12 receive more than 1 grant or cooperative agree-
13 ment under this section at any 1 time”; and

14 (B) by striking “been awarded” and insert-
15 ing “received”; and

16 (3) by striking subsection (m) and inserting the
17 following:

18 “(m) AUTHORIZATION OF APPROPRIATIONS.—For
19 the purpose of carrying out this section, there are author-
20 ized to be appropriated \$29,682,000 for each of fiscal
21 years 2015 through 2019.”.

22 (c) MENTAL HEALTH AND SUBSTANCE USE DIS-
23 ORDER SERVICES.—Section 520E–2 of the Public Health
24 Service Act (42 U.S.C. 290bb–36b) is amended—

1 (1) in the section heading, by striking “**AND**
2 **BEHAVIORAL HEALTH**” and inserting “**HEALTH**
3 **AND SUBSTANCE USE DISORDER SERVICES**”;

4 (2) in subsection (a)—

5 (A) by striking “Services,” and inserting
6 “Services and”;

7 (B) by striking “and behavioral health
8 problems” and inserting “health or substance
9 use disorders”; and

10 (C) by striking “substance abuse” and in-
11 serting “substance use disorders”;

12 (3) in subsection (b)—

13 (A) in the matter preceding paragraph (1),
14 by striking “for—” and inserting “for one or
15 more of the following:”; and

16 (B) by striking paragraphs (1) through (6)
17 and inserting the following:

18 “(1) Educating students, families, faculty, and
19 staff to increase awareness of mental health and
20 substance use disorders.

21 “(2) The operation of hotlines.

22 “(3) Preparing informational material.

23 “(4) Providing outreach services to notify stu-
24 dents about available mental health and substance
25 use disorder services.

1 “(5) Administering voluntary mental health and
2 substance use disorder screenings and assessments.

3 “(6) Supporting the training of students, fac-
4 ulty, and staff to respond effectively to students with
5 mental health and substance use disorders.

6 “(7) Creating a network infrastructure to link
7 colleges and universities with health care providers
8 who treat mental health and substance use dis-
9 orders.”;

10 (4) in subsection (c)(5), by striking “substance
11 abuse” and inserting “substance use disorder”;

12 (5) in subsection (d)—

13 (A) in the matter preceding paragraph (1),
14 by striking “An institution of higher education
15 desiring a grant under this section” and insert-
16 ing “To be eligible to receive a grant under this
17 section, an institution of higher education”;

18 (B) in paragraph (1)—

19 (i) by striking “and behavioral
20 health” and inserting “health and sub-
21 stance use disorder”; and

22 (ii) by inserting “, including veterans
23 whenever possible and appropriate,” after
24 “students”; and

1 (C) in paragraph (2), by inserting “, which
2 may include, as appropriate and in accordance
3 with subsection (b)(7), a plan to seek input
4 from relevant stakeholders in the community,
5 including appropriate public and private enti-
6 ties, in order to carry out the program under
7 the grant” before the period at the end;

8 (6) in subsection (e)(1), by striking “and behav-
9 ioral health problems” and inserting “health and
10 substance use disorders”;

11 (7) in subsection (f)(2)—

12 (A) by striking “and behavioral health”
13 and inserting “health and substance use dis-
14 order”; and

15 (B) by striking “suicide and substance
16 abuse” and inserting “suicide and substance
17 use disorders”; and

18 (8) in subsection (h), by striking “\$5,000,000
19 for fiscal year 2005” and all that follows through
20 the period at the end and inserting “\$4,858,000 for
21 each of fiscal years 2015 through 2019.”.

1 **SEC. 204. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL**
2 **AND NATIONAL SIGNIFICANCE REAUTHOR-**
3 **IZATION.**

4 Section 520A(f)(1) of the Public Health Service Act
5 (42 U.S.C. 290bb–32(f)(1)) is amended by striking
6 “\$300,000,000 for fiscal year 2001, and such sums as
7 may be necessary for each of the fiscal years 2002 and
8 2003” and inserting “\$216,632,000 for fiscal year 2015
9 and such sums as may be necessary for each of fiscal years
10 2016 through 2019”.

11 **SEC. 205. GRANTS FOR JAIL DIVERSION PROGRAMS REAU-**
12 **THORIZATION.**

13 Section 520G(i) of the Public Health Service Act (42
14 U.S.C. 290bb–38(i)) is amended by striking “\$10,000,000
15 for fiscal year 2001, and such sums as may be necessary
16 for fiscal years 2002 through 2003” and inserting
17 “\$4,280,000 for fiscal year 2015 and such sums as may
18 be necessary for each of fiscal years 2016 through 2019”.

19 **SEC. 206. PROJECTS FOR ASSISTANCE IN TRANSITION**
20 **FROM HOMELESSNESS.**

21 Section 535(a) of the Public Health Service Act (42
22 U.S.C. 29cc–35(a)) is amended by striking “\$75,000,000
23 for each of the fiscal years 2001 through 2003” and in-
24 serting “\$64,800,000 for fiscal year 2015 and such sums
25 as may be necessary for each of fiscal years 2016 through
26 2019”.

1 **SEC. 207. COMPREHENSIVE COMMUNITY MENTAL HEALTH**
2 **SERVICES FOR CHILDREN WITH SERIOUS**
3 **EMOTIONAL DISTURBANCES.**

4 Section 565 of the Public Health Service Act (42
5 U.S.C. 290ff-4) is amended—

6 (1) in subsection (b)(1), by striking “receiving
7 a grant under section 561(a)” and inserting “(irre-
8 spective of whether the public entity is in receipt of
9 a grant under section 561(a))”;

10 (2) in subsection (b)(1)(B), by striking “plan-
11 ning, development, and operation of systems of care
12 pursuant to section 562” and inserting “planning,
13 development, and operation of systems of care de-
14 scribed in section 562”; and

15 (3) in subsection (f)(1), by striking
16 “\$100,000,000 for fiscal year 2001, and such sums
17 as may be necessary for each of the fiscal years
18 2002 and 2003” and inserting “\$117,315,000 for
19 fiscal year 2015 and such sums as may be necessary
20 for each of fiscal years 2016 through 2019”.

21 **SEC. 208. CHILDREN’S RECOVERY FROM TRAUMA.**

22 Section 582 of the Public Health Service Act (42
23 U.S.C. 290hh-1) is amended—

24 (1) in subsection (a), by striking “developing
25 programs” and all that follows and inserting “devel-
26 oping and maintaining programs that provide for—

1 “(1) the continued operation of the National
2 Child Traumatic Stress Initiative (referred to in this
3 section as the ‘NCTSI’), which includes a coordi-
4 nating center, that focuses on the mental, behav-
5 ioral, and biological aspects of psychological trauma
6 response; and

7 “(2) the development of knowledge with regard
8 to evidence-based practices for identifying and treat-
9 ing mental, behavioral, and biological disorders of
10 children and youth resulting from witnessing or ex-
11periencing a traumatic event.”;

12 (2) in subsection (b)—

13 (A) by striking “subsection (a) related”
14 and inserting “subsection (a)(2) (related”;

15 (B) by striking “treating disorders associ-
16 ated with psychological trauma” and inserting
17 “treating mental, behavioral, and biological dis-
18 orders associated with psychological trauma”);
19 and

20 (C) by striking “mental health agencies
21 and programs that have established clinical and
22 basic research” and inserting “universities, hos-
23 pitals, mental health agencies, and other pro-
24 grams that have established clinical expertise
25 and research”;

1 (3) by redesignating subsections (c) through (g)
2 as subsections (g) through (k), respectively;

3 (4) by inserting after subsection (b), the fol-
4 lowing:

5 “(c) CHILD OUTCOME DATA.—The NCTSI coordi-
6 nating center shall collect, analyze, and report NCTSI-
7 wide child treatment process and outcome data regarding
8 the early identification and delivery of evidence-based
9 treatment and services for children and families served by
10 the NCTSI grantees.

11 “(d) TRAINING.—The NCTSI coordinating center
12 shall facilitate the coordination of training initiatives in
13 evidence-based and trauma-informed treatments, interven-
14 tions, and practices offered to NCTSI grantees, providers,
15 and partners.

16 “(e) DISSEMINATION.—The NCTSI coordinating
17 center shall, as appropriate, collaborate with the Secretary
18 in the dissemination of evidence-based and trauma-in-
19 formed interventions, treatments, products and other re-
20 sources to appropriate stakeholders.

21 “(f) REVIEW.—The Secretary shall, consistent with
22 the peer review process, ensure that NCTSI applications
23 are reviewed by appropriate experts in the field as part
24 of a consensus review process. The Secretary shall include

1 review criteria related to expertise and experience in child
2 trauma and evidence-based practices.”;

3 (5) in subsection (g) (as so redesignated), by
4 striking “with respect to centers of excellence are
5 distributed equitably among the regions of the coun-
6 try” and inserting “are distributed equitably among
7 the regions of the United States”;

8 (6) in subsection (i) (as so redesignated), by
9 striking “recipient may not exceed 5 years” and in-
10 sserting “recipient shall not be less than 4 years, but
11 shall not exceed 5 years”; and

12 (7) in subsection (j) (as so redesignated), by
13 striking “\$50,000,000” and all that follows through
14 “2006” and inserting “\$45,714,000 for each of fis-
15 cal years 2015 through 2019”.

16 **SEC. 209. PROTECTION AND ADVOCACY FOR INDIVIDUALS**
17 **WITH MENTAL ILLNESS REAUTHORIZATION.**

18 Section 117 of the Protection and Advocacy for Indi-
19 viduals with Mental Illness Act (42 U.S.C. 10827) is
20 amended by striking “\$19,500,000 for fiscal year 1992,
21 and such sums as may be necessary for each of the fiscal
22 years 1993 through 2003” and inserting “\$36,238,000 for
23 fiscal year 2015 and such sums as may be necessary for
24 each of fiscal years 2016 through 2019”.

1 **SEC. 210. MENTAL HEALTH AWARENESS TRAINING GRANTS.**

2 Section 520J of the Public Health Service Act (42
3 U.S.C. 290bb–41) is amended—

4 (1) in the section heading, by inserting “**MEN-**
5 **TAL HEALTH AWARENESS**” before “**TRAINING**”;
6 and

7 (2) in subsection (b)—

8 (A) in the subsection heading, by striking
9 “**ILLNESS**” and inserting “**HEALTH**”;

10 (B) in paragraph (1), by inserting “, and
11 other categories of individuals listed in para-
12 graph (2),” after “emergency services per-
13 sonnel”; and

14 (C) by striking paragraph (2) and insert-
15 ing the following:

16 “(2) CATEGORIES OF INDIVIDUALS TO BE
17 TRAINED.—The categories of individuals listed in
18 this paragraph are the following:

19 “(A) Emergency services personnel and
20 other first responders.

21 “(B) Police officers and other law enforce-
22 ment personnel.

23 “(C) Teachers and school administrators.

24 “(D) Human resources professionals.

25 “(E) Faith community leaders.

1 “(F) Nurses and other primary care per-
2 sonnel.

3 “(G) Students enrolled in an elementary
4 school, a secondary school, or an institution of
5 higher education.

6 “(H) The parents of students described in
7 subparagraph (G).

8 “(I) Veterans.

9 “(J) Other individuals, audiences, or train-
10 ing populations as determined appropriate by
11 the Secretary.”;

12 (D) in paragraph (5)—

13 (i) in the matter preceding subpara-
14 graph (A), by striking “to” and inserting
15 “for evidence-based programs for the pur-
16 pose of”; and

17 (ii) by striking subparagraphs (A)
18 through (C) and inserting the following:

19 “(A) recognizing the signs and symptoms
20 of mental illness; and

21 “(B)(i) providing education to personnel
22 regarding resources available in the community
23 for individuals with a mental illness and other
24 relevant resources; or

1 “(ii) the safe de-escalation of crisis situa-
2 tions involving individuals with a mental ill-
3 ness.”; and

4 (E) in paragraph (7), by striking “,
5 \$25,000,000” and all that follows through the
6 period at the end and inserting “\$20,000,000
7 for each of fiscal years 2014 through 2018”.

8 **SEC. 211. NATIONAL MEDIA CAMPAIGN TO REDUCE THE**
9 **STIGMA ASSOCIATED WITH MENTAL ILLNESS.**

10 Subpart 3 of part B of title V of the Public Health
11 Service Act (42 U.S.C. 290bb–31 et seq.) is amended by
12 adding at the end the following new section:

13 **“SEC. 520L. NATIONAL MEDIA CAMPAIGN TO REDUCE THE**
14 **STIGMA ASSOCIATED WITH MENTAL ILLNESS.**

15 “(a) SCOPE OF THE CAMPAIGN.—The Secretary, act-
16 ing through the Administrator of the Substance Abuse
17 and Mental Health Services Administration, shall provide
18 for the production, broadcasting, and evaluation of a na-
19 tional media public service campaign to reduce the stigma
20 associated with mental illness. Such campaign shall seek
21 to reach as wide and diverse an audience as possible and
22 shall particularly target the population between the ages
23 of 16 and 24 years of age.

24 “(b) REPORT.—The Secretary shall provide a report
25 to the Congress annually detailing—

1 “(1) the production, broadcasting, and evalua-
2 tion of the campaign under subsection (a); and

3 “(2) the effectiveness of the campaign in reduc-
4 ing the stigma associated with mental illness, as
5 measured using such methods as public attitude sur-
6 veys and mental health services utilization statistics.

7 “(c) CONSULTATION REQUIREMENT.—In carrying
8 out this section, the Secretary shall ensure that mental
9 health professionals and patient advocates are consulted
10 in carrying out the media campaign under this section.
11 The progress of this consultative process is to be covered
12 in the report under subsection (b).

13 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated to carry out this section,
15 \$10,000,000 for each of the fiscal years 2015 through
16 2019.”.

17 **SEC. 212. SAMHSA AND HRSA INTEGRATION OF BEHAV-**
18 **IORAL HEALTH SERVICES INTO PRIMARY**
19 **CARE SETTINGS.**

20 Title V of the Public Health Service Act is amended
21 by inserting after section 520K (42 U.S.C. 290bb–42) the
22 following:

1 **“SEC. 520K-1. AWARDS FOR CO-LOCATING BEHAVIORAL**
2 **HEALTH SERVICES IN PRIMARY CARE SET-**
3 **TINGS.**

4 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
5 through the Administrators of the Substance Abuse and
6 Mental Health Services Administration and the Health
7 Resources and Services Administration, shall award
8 grants, contracts, and cooperative agreements to eligible
9 entities for the provision of coordinated and integrated be-
10 havioral health services and primary health care.

11 “(b) ELIGIBLE ENTITIES.—To be eligible to seek a
12 grant, contract, or cooperative agreement this section, an
13 entity shall be a public or nonprofit entity.

14 “(c) USE OF FUNDS.—An eligible entity receiving an
15 award under this section shall use the award for the provi-
16 sion of coordinated and integrated behavioral health serv-
17 ices and primary health care through—

18 “(1) the co-location of behavioral health services
19 in primary care settings;

20 “(2) the use of care management services to fa-
21 cilitate coordination between behavioral health and
22 primary care providers;

23 “(3) the use of information technology (such as
24 telemedicine)—

25 “(A) to facilitate coordination between be-
26 havioral health and primary care providers; or

1 “(B) to expand the availability of behav-
2 ioral health services; or

3 “(4) the provision of training and technical as-
4 sistance to improve the delivery, effectiveness, and
5 integration of behavioral health services into primary
6 care settings.

7 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
8 carry out this section—

9 “(1) there are authorized to be appropriated
10 such sums as may be necessary for fiscal years 2015
11 through 2019; and

12 “(2) such sums as necessary are authorized to
13 be transferred from the Substance Abuse and Men-
14 tal Health Services Administration to the Health Re-
15 sources and Services Administration.”.

16 **SEC. 213. GERIATRIC MENTAL HEALTH DISORDERS.**

17 Section 520A(e) of the Public Health Service Act (42
18 U.S.C. 290bb–32(e)) is amended by adding at the end the
19 following:

20 “(3) GERIATRIC MENTAL HEALTH DIS-
21 ORDERS.—The Secretary shall, as appropriate, pro-
22 vide technical assistance to grantees regarding evi-
23 dence-based practices for the prevention and treat-
24 ment of geriatric mental health disorders, as well as
25 disseminate information about such evidence-based

1 practices to States and nongrantees throughout the
2 United States.”.

3 **SEC. 214. ASSESSING BARRIERS TO BEHAVIORAL HEALTH**
4 **INTEGRATION.**

5 (a) IN GENERAL.—Not later than 2 years after the
6 date of enactment of this Act, the Comptroller General
7 of the United States shall submit a report to the Com-
8 mittee on Health, Education, Labor, and Pensions of the
9 Senate and the Committee on Energy and Commerce of
10 the House of Representatives concerning Federal require-
11 ments that impact access to treatment of mental health
12 and substance use disorders related to integration with
13 primary care, administrative and regulatory issues, quality
14 measurement and accountability, and data sharing.

15 (b) CONTENTS.—The report submitted under sub-
16 section (a) shall include the following:

17 (1) An evaluation of the administrative or regu-
18 latory burden on behavioral health care providers.

19 (2) The identification of outcome and quality
20 measures relevant to integrated health care, evalua-
21 tion of the data collection burden on behavioral
22 health care providers, and any alternative methods
23 for evaluation.

24 (3) An analysis of the degree to which elec-
25 tronic data standards, including interoperability and

1 meaningful use includes behavioral health measures,
2 and an analysis of strategies to address barriers to
3 health information exchange posed by part 2 of title
4 42, Code of Federal Regulations.

5 (4) An analysis of the degree to which Federal
6 rules and regulations for behavioral and physical
7 health care are aligned, including recommendations
8 to address any identified barriers.

9 **SEC. 215. ACUTE CARE BED REGISTRY GRANT FOR STATES.**

10 (a) IN GENERAL.—The Secretary of Health and
11 Human Services, acting through Administrator of the
12 Substance Abuse and Mental Health Services Administra-
13 tion, shall award grants to State mental health agencies
14 to develop and administer a Web-based acute psychiatric
15 bed registry to collect, aggregate, and display information
16 about available acute beds in public and private inpatient
17 psychiatric facilities and public and private residential cri-
18 sis stabilization units to facilitate the identification and
19 designation of facilities for the temporary treatment of in-
20 dividuals in psychiatric crisis.

21 (b) REGISTRY REQUIREMENTS.—An acute psy-
22 chiatric bed registry funded under this section shall—

23 (1) include descriptive information for every
24 public and private inpatient psychiatric facility and
25 every public and private residential crisis stabiliza-

1 tion unit in the State involved, including contact in-
2 formation for the facility or unit;

3 (2) provide real-time information about the
4 number of beds available at each facility or unit and,
5 for each available bed, the type of patient that may
6 be admitted, the level of security provided, and any
7 other information that may be necessary to allow for
8 the proper identification of appropriate facilities for
9 treatment of individuals in psychiatric crisis; and

10 (3) allow employees and designees of commu-
11 nity mental health service providers, employees of in-
12 patient psychiatric facilities or public and private
13 residential crisis stabilization units, and health care
14 providers working in an emergency room of a hos-
15 pital or clinic or other facility rendering emergency
16 medical care to perform searches of the registry to
17 identify available beds that are appropriate for the
18 treatment of individuals in psychiatric crisis.

19 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
20 out this section, there are authorized to be appropriated
21 such sums as may be necessary for fiscal years 2015
22 through 2019.

1 **SEC. 216. AWARDS FOR CO-LOCATING PRIMARY AND SPE-**
2 **CIALTY CARE IN COMMUNITY-BASED MENTAL**
3 **HEALTH SETTINGS.**

4 Section 520K(f) of the Public Health Service Act (42
5 U.S.C. 290bb–42(f)) is amended by striking “\$50,000,000
6 for fiscal year 2010 and such sums as may be necessary
7 for each of fiscal years 2011 through 2014” and inserting
8 “\$50,000,000 for fiscal year 2015 and such sums as may
9 be necessary for each of fiscal years 2016 through 2019”.

10 **SEC. 217. GRANTS FOR THE BENEFIT OF HOMELESS INDI-**
11 **VIDUALS.**

12 Section 506(e) of the Public Health Service Act (42
13 U.S.C. 290aa–5(e)) is amended by striking “\$50,000,000
14 for fiscal year 2001, and such sums as may be necessary
15 for each of the fiscal years 2002 and 2003” and inserting
16 “\$_____ for fiscal year 2015 and such sums as may
17 be necessary for each of fiscal years 2016 through 2019”.

18 **TITLE III—IMPROVING MED-**
19 **ICAID AND MEDICARE MEN-**
20 **TAL HEALTH SERVICES**

21 **SEC. 301. ACCESS TO MENTAL HEALTH PRESCRIPTION**
22 **DRUGS UNDER MEDICARE.**

23 Section 1860D–4(b)(3)(G)(ii)(I) of the Social Secu-
24 rity Act (42 U.S.C. 1395w–104(b)(3)(G)(ii)(I)) is amend-
25 ed by adding at the end the following: “Notwithstanding
26 the previous sentence, categories and classes of drugs

1 specified in subclauses (II) and (IV) of clause (iv) shall
2 be identified under this subclause.”.

3 **SEC. 302. MEDICAID COVERAGE OF MENTAL HEALTH SERV-**
4 **ICES AND PRIMARY CARE SERVICES FUR-**
5 **NISHED ON THE SAME DAY.**

6 (a) IN GENERAL.—Not later than one year after the
7 date of the enactment of this Act, the Secretary of Health
8 and Human Services shall issue guidance to clarify that
9 payment under a State plan is not prohibited for a mental
10 health service or primary care service furnished to an indi-
11 vidual at a community mental health center that meets
12 the criteria specified in section 1913(c) of the Public
13 Health Service Act (42 U.S.C. 300x–2(c)) or a federally
14 qualified health center (as defined in section 1861(aa)(3)
15 of the Social Security Act (42 U.S.C. 1395x(aa)(3))) for
16 which payment would otherwise be payable under the plan,
17 with respect to such individual, if such service were not
18 a same-day qualifying service.

19 (b) SAME-DAY QUALIFYING SERVICE DEFINED.—In
20 this section, the term “same-day qualifying service”
21 means—

22 (1) a primary care service furnished to an indi-
23 vidual by a provider at a facility on the same day
24 a mental health service is furnished to such indi-

1 vidual by such provider (or another provider) at the
2 facility; and

3 (2) a mental health service furnished to an indi-
4 vidual by a provider at a facility on the same day
5 a primary care service is furnished to such individual
6 by such provider (or another provider) at the facil-
7 ity.

8 **SEC. 303. ELIMINATION OF 190-DAY LIFETIME LIMIT ON IN-**
9 **PATIENT PSYCHIATRIC HOSPITAL SERVICES.**

10 (a) IN GENERAL.—Section 1812 of the Social Secu-
11 rity Act (42 U.S.C. 1395d) is amended—

12 (1) in subsection (b)—

13 (A) in paragraph (1), by adding “or” at
14 the end;

15 (B) in paragraph (2), by striking “; or” at
16 the end and inserting a period; and

17 (C) by striking paragraph (3); and

18 (2) in subsection (c), by striking “or in deter-
19 mining the 190-day limit under subsection (b)(3)”.

20 (b) EFFECTIVE DATE.—The amendments made by
21 subsection (a) shall apply to items and services furnished
22 on or after January 1, 2016.

1 **SEC. 304. EXPANDING THE MEDICAID HOME AND COMMU-**
2 **NITY-BASED SERVICES WAIVER TO INCLUDE**
3 **YOUTH IN NEED OF SERVICES PROVIDED IN**
4 **A PSYCHIATRIC RESIDENTIAL TREATMENT**
5 **FACILITY.**

6 (a) IN GENERAL.—Section 1915(c) of the Social Se-
7 curity Act (42 U.S.C. 1396n(c)) is amended—

8 (1) in paragraph (1)—

9 (A) by striking “a hospital or a nursing fa-
10 cility or intermediate care facility for the men-
11 tally retarded” and inserting “a hospital, a
12 nursing facility, an intermediate care facility for
13 the intellectually disabled, or a psychiatric resi-
14 dential treatment facility,”; and

15 (B) by striking “a hospital, nursing facil-
16 ity, or intermediate care facility for the men-
17 tally retarded” and inserting “a hospital, nurs-
18 ing facility, intermediate care facility for the in-
19 tellectually disabled, or psychiatric residential
20 treatment facility”;

21 (2) in paragraph (2)(B), by striking “or serv-
22 ices in an intermediate care facility for the mentally
23 retarded” each place it appears and inserting “serv-
24 ices in an intermediate care facility for the intellec-
25 tually disabled, or services in a psychiatric residen-
26 tial treatment facility”;

1 (3) in paragraph (2)(C)—

2 (A) by striking “or intermediate care facil-
3 ity for the mentally retarded” and inserting
4 “intermediate care facility for the intellectually
5 disabled, or psychiatric residential treatment fa-
6 cility”; and

7 (B) by striking “or services in an inter-
8 mediate care facility for the mentally retarded”
9 and inserting “services in an intermediate care
10 facility for the intellectually disabled, or services
11 in a psychiatric residential treatment facility”;

12 (4) in paragraph (7)(A), by striking “or inter-
13 mediate care facilities for the mentally retarded,”
14 and inserting “intermediate care facilities for the in-
15 tellectually disabled, or psychiatric residential treat-
16 ment facilities,”; and

17 (5) by adding at the end the following new
18 paragraph:

19 “(11) For purposes of this subsection, the term ‘psy-
20 chiatric residential treatment facility’ means a facility
21 other than a hospital that is certified as meeting the re-
22 quirements specified in regulations promulgated for such
23 facilities under section 1905(h)(1) and that provides psy-
24 chiatric services in an inpatient setting to individuals

1 under age 21 for which medical assistance is available
2 under a State plan under this title.”.

3 (b) WAIVER LIMITATION.—Section 1915(c) of such
4 Act, as amended by subsection (a), is further amended—

5 (1) in paragraph (2)—

6 (A) in subparagraph (D), by striking “;
7 and” and inserting a semicolon;

8 (B) in subparagraph (E), by striking the
9 period at the end and inserting a semicolon;
10 and

11 (C) by adding at the end the following new
12 subparagraphs:

13 “(F) under the waiver, the total number of
14 Medicaid inpatient bed days at psychiatric residen-
15 tial treatment facilities during each fiscal year with-
16 in the waiver period will not exceed the total number
17 of Medicaid inpatient bed days at such facilities for
18 the previous fiscal year as increased by the esti-
19 mated percentage increase (if any) in the population
20 of individuals under age 21 residing in the State
21 over the preceding 12-month period; and

22 “(G) the State will provide to the Secretary an-
23 nually, subject to such requirements as the Sec-
24 retary determines appropriate, relevant information
25 and evidence as to the manner in which the State

1 will satisfy the requirements described in subpara-
2 graph (F).”; and

3 (2) by adding at the end the following new
4 paragraph:

5 “(12) For purposes of paragraph (2)(F), an indi-
6 vidual who is under age 21 and is an inpatient in a bed
7 in a psychiatric residential treatment facility for a single
8 day shall be counted as one inpatient bed day.”.

9 **SEC. 305. APPLICATION OF ROSA’S LAW FOR INDIVIDUALS**
10 **WITH INTELLECTUAL DISABILITIES.**

11 (a) REFERENCES IN THE SOCIAL SECURITY ACT.—

12 (1) IN GENERAL.—With the exception of sec-
13 tion 1930(b) of the Social Security Act (42 U.S.C.
14 1396u(b)), as amended by section 305, such Act is
15 further amended—

16 (A) by striking, wherever it appears,
17 “State mental retardation or developmental dis-
18 ability authority” and inserting “State intellec-
19 tual disability or developmental disability au-
20 thority”;

21 (B) by striking, wherever it appears,
22 “mental retardation” and inserting “intellectual
23 disabilities”; and

1 (C) by striking, wherever it appears, “men-
2 tally retarded” and inserting “intellectually dis-
3 abled”.

4 (2) CONFORMING AMENDMENT.—

5 (A) IN GENERAL.—Section 1902(e)(14)(F)
6 of such Act is amended by striking “mentally
7 retarded” and inserting “intellectually dis-
8 abled”.

9 (B) EFFECTIVE DATE.—The amendment
10 made under subparagraph (A) shall take effect
11 on January 2, 2015.

12 (b) REFERENCES.—

13 (1) IN GENERAL.—For purposes of each provi-
14 sion amended by this section, issuing or amending
15 regulations to carry out a provision amended by this
16 section, or issuing any publication or other official
17 communication in regards to any provision of the
18 Social Security Act—

19 (A) a reference to an intellectual disability
20 shall mean a condition previously referred to as
21 mental retardation, or a variation of such term,
22 and shall have the same meaning with respect
23 to programs, or qualifications for such pro-
24 grams, for individuals with such a condition;

1 (B) a reference to an individual who is in-
2 tellectually disabled shall mean an individual
3 who was previously referred to as an individual
4 who is mentally retarded, an individual with
5 mental retardation, or variations of such terms;

6 (C) a reference to an intermediate care fa-
7 cility for the intellectually disabled shall mean
8 a facility that was previously referred to as an
9 intermediate care facility for the mentally re-
10 tarded; and

11 (D) a reference to a State intellectual dis-
12 ability or developmental disability authority
13 shall mean an entity that was previously re-
14 ferred to as a State mental retardation or de-
15 velopmental disability authority.

16 (2) REGULATIONS.—For purposes of amending
17 regulations to carry out this section, a Federal agen-
18 cy shall ensure that the regulations clearly state—

19 (A) that an intellectual disability was for-
20 merly termed mental retardation;

21 (B) that individuals with intellectual dis-
22 abilities were formerly termed individuals who
23 are mentally retarded;

24 (C) that an intermediate care facility for
25 the intellectually disabled was formerly termed

1 an intermediate care facility for the mentally
2 retarded; and

3 (D) that a State intellectual disability or
4 developmental disability authority was formerly
5 termed a State mental retardation or develop-
6 mental disability authority.

7 (c) **RULE OF CONSTRUCTION.**—This section shall be
8 construed to make amendments to provisions of Federal
9 law to substitute the term “intellectual disability” for
10 “mental retardation” or any variation of such term with-
11 out any intent to—

12 (1) change the coverage, eligibility, rights, re-
13 sponsibilities, or definitions referred to in the
14 amended provisions; or

15 (2) compel States to change terminology in
16 State laws for individuals covered by a provision
17 amended by this section.

18 **SEC. 306. COMPLETE APPLICATION OF MENTAL HEALTH**
19 **AND SUBSTANCE USE PARITY RULES UNDER**
20 **MEDICAID AND CHIP.**

21 Not later than January 1, 2015, the Secretary of
22 Health and Human Services shall issue a final rule to
23 carry out the following provisions of law:

24 (1) Section 1932(b)(8) of the Social Security
25 Act (42 U.S.C. 1396u–2(b)(8)) (requiring Medicaid

1 managed care organizations to comply with the men-
2 tal health and substance use requirements under
3 certain provisions of part A of title XXVII of the
4 Public Health Service Act (42 U.S.C. 300gg et
5 seq.)).

6 (2) Section 1937(b)(6) of such Act (42 U.S.C.
7 1396u-7(b)(6)) (requiring benchmark benefit pack-
8 ages or benchmark equivalent coverage to comply
9 with the mental health and substance use parity re-
10 quirements under section 2705(a) of the Public
11 Health Service Act (42 U.S.C. 300gg-4)).

12 (3) Section 2103(c)(6) of such Act (42 U.S.C.
13 1937cc(c)(6)) (requiring State child health plans to
14 comply with mental health and substance use parity
15 requirements under section 2705(a) of the Public
16 Health Service Act (42 U.S.C. 300gg-4)).

17 **SEC. 307. COVERAGE OF MARRIAGE AND FAMILY THERA-**
18 **PIST SERVICES AND MENTAL HEALTH COUN-**
19 **SELOR SERVICES UNDER PART B OF THE**
20 **MEDICARE PROGRAM.**

21 (a) COVERAGE OF SERVICES.—

22 (1) IN GENERAL.—Section 1861(s)(2) of the
23 Social Security Act (42 U.S.C. 1395x(s)(2)) is
24 amended—

1 (A) in subparagraph (EE), by striking
2 “and” after the semicolon at the end;

3 (B) in subparagraph (FF), by inserting
4 “and” after the semicolon at the end; and

5 (C) by adding at the end the following new
6 subparagraph:

7 “(GG) marriage and family therapist services
8 (as defined in subsection (iii)(1)) and mental health
9 counselor services (as defined in subsection
10 (iii)(3));”.

11 (2) DEFINITIONS.—Section 1861 of the Social
12 Security Act (42 U.S.C. 1395x) is amended by add-
13 ing at the end the following new subsection:

14 “Marriage and Family Therapist Services; Marriage and
15 Family Therapist; Mental Health Counselor Serv-
16 ices; Mental Health Counselor

17 “(iii)(1) The term ‘marriage and family therapist
18 services’ means services performed by a marriage and
19 family therapist (as defined in paragraph (2)) for the diag-
20 nosis and treatment of mental illnesses, which the mar-
21 riage and family therapist is legally authorized to perform
22 under State law (or the State regulatory mechanism pro-
23 vided by State law) of the State in which such services
24 are performed, as would otherwise be covered if furnished
25 by a physician or as an incident to a physician’s profes-

1 sional service, but only if no facility or other provider
2 charges or is paid any amounts with respect to the fur-
3 nishing of such services.

4 “(2) The term ‘marriage and family therapist’ means
5 an individual who—

6 “(A) possesses a master’s or doctoral degree
7 which qualifies for licensure or certification as a
8 marriage and family therapist pursuant to State
9 law;

10 “(B) after obtaining such degree has performed
11 at least 2 years of clinical supervised experience in
12 marriage and family therapy; and

13 “(C) is licensed or certified as a marriage and
14 family therapist in the State in which marriage and
15 family therapist services are performed.

16 “(3) The term ‘mental health counselor services’
17 means services performed by a mental health counselor (as
18 defined in paragraph (4)) for the diagnosis and treatment
19 of mental illnesses which the mental health counselor is
20 legally authorized to perform under State law (or the
21 State regulatory mechanism provided by the State law) of
22 the State in which such services are performed, as would
23 otherwise be covered if furnished by a physician or as inci-
24 dent to a physician’s professional service, but only if no

1 facility or other provider charges or is paid any amounts
2 with respect to the furnishing of such services.

3 “(4) The term ‘mental health counselor’ means an
4 individual who—

5 “(A) possesses a master’s or doctoral degree in
6 mental health counseling or a related field;

7 “(B) after obtaining such a degree has per-
8 formed at least 2 years of supervised mental health
9 counselor practice; and

10 “(C) in the case of an individual performing
11 services in a State that provides for licensure or cer-
12 tification of mental health counselors or professional
13 counselors, is licensed or certified as a mental health
14 counselor or professional counselor in such State.”.

15 (3) PROVISION FOR PAYMENT UNDER PART
16 B.—Section 1832(a)(2)(B) of the Social Security
17 Act (42 U.S.C. 1395k(a)(2)(B)) is amended by add-
18 ing at the end the following new clause:

19 “(v) marriage and family therapist
20 services (as defined in section 1861(iii)(1))
21 and mental health counselor services (as
22 defined in section 1861(iii)(3));”.

23 (4) AMOUNT OF PAYMENT.—

1 (A) IN GENERAL.—Section 1833(a)(1) of
2 the Social Security Act (42 U.S.C. 1395l(a)(1))
3 is amended—

4 (i) by striking “and (Z)” and insert-
5 ing “(Z)”; and

6 (ii) by inserting before the semicolon
7 at the end the following: “, and (AA) with
8 respect to marriage and family therapist
9 services and mental health counselor serv-
10 ices under section 1861(s)(2)(GG), the
11 amounts paid shall be 80 percent of the
12 lesser of the actual charge for the services
13 or 75 percent of the amount determined
14 for payment of a psychologist under sub-
15 paragraph (L)”.

16 (B) DEVELOPMENT OF CRITERIA WITH RE-
17 SPECT TO CONSULTATION WITH A HEALTH
18 CARE PROFESSIONAL.—The Secretary of Health
19 and Human Services shall, taking into consider-
20 ation concerns for patient confidentiality, de-
21 velop criteria with respect to payment for mar-
22 riage and family therapist services for which
23 payment may be made directly to the marriage
24 and family therapist under part B of title
25 XVIII of the Social Security Act (42 U.S.C.

1 1395j et seq.) under which such a therapist
2 must agree to consult with a patient’s attending
3 or primary care physician or nurse practitioner
4 in accordance with such criteria.

5 (5) EXCLUSION OF MARRIAGE AND FAMILY
6 THERAPIST SERVICES AND MENTAL HEALTH COUN-
7 SELOR SERVICES FROM SKILLED NURSING FACILITY
8 PROSPECTIVE PAYMENT SYSTEM.—Section
9 1888(e)(2)(A)(ii) of the Social Security Act (42
10 U.S.C. 1395yy(e)(2)(A)(ii)) is amended by inserting
11 “marriage and family therapist services (as defined
12 in section 1861(iii)(1)), mental health counselor
13 services (as defined in section 1861(iii)(3)),” after
14 “qualified psychologist services.”.

15 (6) INCLUSION OF MARRIAGE AND FAMILY
16 THERAPISTS AND MENTAL HEALTH COUNSELORS AS
17 PRACTITIONERS FOR ASSIGNMENT OF CLAIMS.—Sec-
18 tion 1842(b)(18)(C) of the Social Security Act (42
19 U.S.C. 1395u(b)(18)(C)) is amended by adding at
20 the end the following new clauses:

21 “(vii) A marriage and family therapist (as de-
22 fined in section 1861(iii)(2)).

23 “(viii) A mental health counselor (as defined in
24 section 1861(iii)(4)).”.

1 (b) COVERAGE OF CERTAIN MENTAL HEALTH SERV-
2 ICES PROVIDED IN CERTAIN SETTINGS.—

3 (1) RURAL HEALTH CLINICS AND FEDERALLY
4 QUALIFIED HEALTH CENTERS.—Section
5 1861(aa)(1)(B) of the Social Security Act (42
6 U.S.C. 1395x(aa)(1)(B)) is amended by striking “or
7 by a clinical social worker (as defined in subsection
8 (hh)(1))” and inserting “, by a clinical social worker
9 (as defined in subsection (hh)(1)), by a marriage
10 and family therapist (as defined in subsection
11 (iii)(2)), or by a mental health counselor (as defined
12 in subsection (iii)(4))”.

13 (2) HOSPICE PROGRAMS.—Section
14 1861(dd)(2)(B)(i)(III) of the Social Security Act (42
15 U.S.C. 1395x(dd)(2)(B)(i)(III)) is amended by in-
16 serting “(and may, in addition, include a marriage
17 and family therapist and mental health counselor)”
18 after “social worker”.

19 (c) AUTHORIZATION OF MARRIAGE AND FAMILY
20 THERAPISTS AND MENTAL HEALTH COUNSELORS TO
21 DEVELOP DISCHARGE PLANS FOR POST-HOSPITAL SERV-
22 ICES.—Section 1861(ee)(2)(G) of the Social Security Act
23 (42 U.S.C. 1395x(ee)(2)(G)) is amended by inserting “,
24 including a marriage and family therapist and a mental

1 health counselor who meets qualification standards estab-
2 lished by the Secretary” before the period at the end.

3 (d) EFFECTIVE DATE.—The amendments made by
4 this section shall apply with respect to services furnished
5 on or after the date that is one year after the date of
6 the enactment of this Act.

7 **TITLE IV—DEVELOPING THE BE-**
8 **HAVIORAL HEALTH WORK-**
9 **FORCE**

10 **SEC. 401. NATIONAL HEALTH SERVICE CORPS SCHOLAR-**
11 **SHIP AND LOAN REPAYMENT FUNDING FOR**
12 **BEHAVIORAL AND MENTAL HEALTH PROFES-**
13 **SIONALS.**

14 Section 338H of the Public Health Service Act (42
15 U.S.C. 254q) is amended—

16 (1) by redesignating subsections (b) and (c) as
17 subsections (c) and (d), respectively; and

18 (2) by inserting after subsection (a) the fol-
19 lowing:

20 “(b) ADDITIONAL FUNDING FOR BEHAVIORAL AND
21 MENTAL HEALTH PROFESSIONALS.—In addition to the
22 amounts authorized to be appropriated under subsection
23 (a), and in addition to the amounts appropriated under
24 section 10503 of Public Law 111–148, there are author-
25 ized to be appropriated such sums as may be necessary

1 for fiscal years 2015 through 2019 for scholarships and
2 loan repayments under this subpart for ensuring, as de-
3 scribed in sections 338A(a) and 338B(a), an adequate
4 supply of behavioral and mental health professionals.”.

5 **SEC. 402. REAUTHORIZATION OF HRSA’S MENTAL AND BE-**
6 **HAVIORAL HEALTH EDUCATION AND TRAIN-**
7 **ING PROGRAM.**

8 Subsection (e) of section 756 of the Public Health
9 Service Act (42 U.S.C. 294e–1) is amended to read as
10 follows:

11 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
12 carry out this section, there are authorized to be appro-
13 priated such sums as may be necessary for fiscal years
14 2015 through 2019.”.

15 **SEC. 403. SAMHSA GRANT PROGRAM FOR DEVELOPMENT**
16 **AND IMPLEMENTATION OF CURRICULA FOR**
17 **CONTINUING EDUCATION ON SERIOUS MEN-**
18 **TAL ILLNESS.**

19 Title V of the Public Health Service Act is amended
20 by inserting after section 520I (42 U.S.C. 290bb–40) the
21 following:

22 **“SEC. 520I-1. CURRICULA FOR CONTINUING EDUCATION ON**
23 **SERIOUS MENTAL ILLNESS.**

24 “(a) GRANTS.—The Secretary may award grants to
25 eligible entities for the development and implementation

1 of curricula for providing continuing education and train-
2 ing to health care professionals on identifying, referring,
3 and treating individuals with serious mental illness.

4 “(b) ELIGIBLE ENTITIES.—To be eligible to seek a
5 grant under this section, an entity shall be a public or
6 nonprofit entity that—

7 “(1) provides continuing education or training
8 to health care professionals; or

9 “(2) applies for the grant in partnership with
10 another entity that provides such education and
11 training.

12 “(c) PREFERENCE.—In awarding grants under this
13 section, the Secretary shall give preference to eligible enti-
14 ties proposing to develop and implement curricula for pro-
15 viding continuing education and training to—

16 “(1) health care professionals in primary care
17 specialties; or

18 “(2) health care professionals who are required,
19 as a condition of State licensure, to participate in
20 continuing education or training specific to mental
21 health.

22 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
23 carry out this section, there are authorized to be appro-
24 priated such sums as may be necessary for fiscal years
25 2015 through 2019.”.

1 **SEC. 404. DEMONSTRATION GRANT PROGRAM TO RECRUIT,**
2 **TRAIN, DEPLOY, AND PROFESSIONALLY SUP-**
3 **PORT PSYCHIATRIC PHYSICIANS IN INDIAN**
4 **HEALTH PROGRAMS.**

5 (a) SHORT TITLE.—This section may be cited as the
6 “Native American Psychiatric and Mental Health Care
7 Improvement Act”.

8 (b) DEMONSTRATION GRANT PROGRAM TO RECRUIT,
9 TRAIN, DEPLOY, AND PROFESSIONALLY SUPPORT PSY-
10 CHIATRIC PHYSICIANS IN INDIAN HEALTH PROGRAMS.—

11 (1) ESTABLISHMENT.—The Secretary of Health
12 and Human Services (in this subsection referred to
13 as the “Secretary”), in consultation with the Direc-
14 tor of the Indian Health Service and demonstration
15 programs established under section 123 of the In-
16 dian Health Care Improvement Act (25 U.S.C.
17 1616p), shall award one 5-year grant to one eligible
18 entity to carry out a demonstration program (in this
19 Act referred to as the “Program”) under which the
20 eligible entity shall carry out the activities described
21 in paragraph (2).

22 (2) ACTIVITIES TO BE CARRIED OUT BY RECIPI-
23 ENT OF GRANT UNDER PROGRAM.—Under the Pro-
24 gram, the grant recipient shall—

25 (A) create a nationally replicable workforce
26 model that identifies and incorporates best

1 practices for recruiting, training, deploying, and
2 professionally supporting Native American and
3 non-Native American psychiatric physicians to
4 be fully integrated into medical, mental, and be-
5 havioral health systems in Indian health pro-
6 grams;

7 (B) recruit to participate in the Program
8 Native American and non-Native American psy-
9 chiatric physicians who demonstrate interest in
10 providing specialty health care services (as de-
11 fined in section 313(a)(3) of the Indian Health
12 Care Improvement Act (25 U.S.C.
13 1638g(a)(3))) and primary care services to
14 American Indians and Alaska Natives;

15 (C) provide such psychiatric physicians
16 participating in the Program with not more
17 than 1 year of supplemental clinical and cul-
18 tural competency training to enable such physi-
19 cians to provide such specialty health care serv-
20 ices and primary care services in Indian health
21 programs;

22 (D) with respect to such psychiatric physi-
23 cians who are participating in the Program and
24 trained under subparagraph (C), deploy such
25 physicians to practice specialty care or primary

1 care in Indian health programs for a period of
2 not less than 2 years and professionally support
3 such physicians for such period with respect to
4 practicing such care in such programs; and

5 (E) not later than 1 year after the last day
6 of the 5-year period for which the grant is
7 awarded under paragraph (1), submit to the
8 Secretary and to the appropriate committees of
9 Congress a report that shall include—

10 (i) the workforce model created under
11 subparagraph (A);

12 (ii) strategies for disseminating the
13 workforce model to other entities with the
14 capability of adopting it; and

15 (iii) recommendations for the Sec-
16 retary and Congress with respect to sup-
17 porting an effective and stable psychiatric
18 and mental health workforce that serves
19 American Indians and Alaska Natives.

20 (3) ELIGIBLE ENTITIES.—

21 (A) REQUIREMENTS.—To be eligible to re-
22 ceive the grant under this section, an entity
23 shall—

24 (i) submit to the Secretary an applica-
25 tion at such time, in such manner, and

1 containing such information as the Sec-
2 retary may require;

3 (ii) be a department of psychiatry
4 within a medical school in the United
5 States that is accredited by the Liaison
6 Committee on Medical Education or a pub-
7 lic or private nonprofit entity affiliated
8 with a medical school in the United States
9 that is accredited by the Liaison Com-
10 mittee on Medical Education; and

11 (iii) have in existence, as of the time
12 of submission of the application under sub-
13 paragraph (A), a relationship with Indian
14 health programs in at least two States with
15 a demonstrated need for psychiatric physi-
16 cians and provide assurances that the
17 grant will be used to serve rural and non-
18 rural American Indian and Alaska Native
19 populations in at least two States.

20 (B) PRIORITY IN SELECTING GRANT RE-
21 CIPIENT.—In awarding the grant under this
22 section, the Secretary shall give priority to an
23 eligible entity that satisfies each of the fol-
24 lowing:

1 (i) Demonstrates sufficient infrastruc-
2 ture in size, scope, and capacity to under-
3 take the supplemental clinical and cultural
4 competency training of a minimum of 5
5 psychiatric physicians, and to provide on-
6 going professional support to psychiatric
7 physicians during the deployment period to
8 an Indian health program.

9 (ii) Demonstrates a record in success-
10 fully recruiting, training, and deploying
11 physicians who are American Indians and
12 Alaska Natives.

13 (iii) Demonstrates the ability to estab-
14 lish a program advisory board, which may
15 be primarily composed of representatives of
16 federally recognized tribes, Alaska Natives,
17 and Indian health programs to be served
18 by the Program.

19 (4) ELIGIBILITY OF PSYCHIATRIC PHYSICIANS
20 TO PARTICIPATE IN THE PROGRAM.—

21 (A) IN GENERAL.—To be eligible to par-
22 ticipate in the Program, as described in para-
23 graph (2), a psychiatric physician shall—

24 (i) be licensed or eligible for licensure
25 to practice in the State to which the physi-

1 cian is to be deployed under paragraph
2 (2)(D); and

3 (ii) demonstrate a commitment be-
4 yond the one year of training described in
5 paragraph (2)(C) and two years of deploy-
6 ment described in paragraph (2)(D) to a
7 career as a specialty care physician or pri-
8 mary care physician providing mental
9 health services in Indian health programs.

10 (B) PREFERENCE.—In selecting physicians
11 to participate under the Program, as described
12 in paragraph (2)(B), the grant recipient shall
13 give preference to physicians who are American
14 Indians and Alaska Natives.

15 (5) LOAN FORGIVENESS.—Under the Program,
16 any psychiatric physician accepted to participate in
17 the Program shall, notwithstanding the provisions of
18 subsection (b) of section 108 of the Indian Health
19 Care Improvement Act (25 U.S.C. 1616a) and upon
20 acceptance into the Program, be deemed eligible and
21 enrolled to participate in the Indian Health Service
22 Loan Repayment Program under such section 108.
23 Under such Loan Repayment Program, the Sec-
24 retary shall pay on behalf of the physician for each
25 year of deployment under the Program under this

1 section up to \$35,000 for loans described in sub-
2 section (g)(1) of such section 108.

3 (6) DEFERRAL OF CERTAIN SERVICE.—The
4 starting date of required service of individuals in the
5 National Health Service Corps Service Program
6 under title II of the Public Health Service Act (42
7 U.S.C. 202 et seq.) who are psychiatric physicians
8 participating under the Program under this section
9 shall be deferred until the date that is 30 days after
10 the date of completion of the participation of such
11 a physician in the Program under this section.

12 (7) DEFINITIONS.—For purposes of this Act:

13 (A) AMERICAN INDIANS AND ALASKA NA-
14 TIVES.—The term “American Indians and Alas-
15 ka Natives” has the meaning given the term
16 “Indian” in section 447.50(b)(1) of title 42,
17 Code of Federal Regulations, as in existence as
18 of the date of the enactment of this Act.

19 (B) INDIAN HEALTH PROGRAM.—The term
20 “Indian health program” has the meaning given
21 such term in section 104(12) of the Indian
22 Health Care Improvement Act (25 U.S.C.
23 1603(12)).

24 (C) PROFESSIONALLY SUPPORT.—The
25 term “professionally support” means, with re-

1 spect to psychiatric physicians participating in
2 the Program and deployed to practice specialty
3 care or primary care in Indian health programs,
4 the provision of compensation to such physi-
5 cians for the provision of such care during such
6 deployment and may include the provision, dis-
7 semination, or sharing of best practices, field
8 training, and other activities deemed appro-
9 priate by the recipient of the grant under this
10 section.

11 (D) PSYCHIATRIC PHYSICIAN.—The term
12 “psychiatric physician” means a medical doctor
13 or doctor of osteopathy in good standing who
14 has successfully completed four-year psychiatric
15 residency training or who is enrolled in four-
16 year psychiatric residency training in a resi-
17 dency program accredited by the Accreditation
18 Council for Graduate Medical Education.

19 (8) AUTHORIZATION OF APPROPRIATIONS.—
20 There is authorized to be appropriated to carry out
21 this section \$1,000,000 for each of the fiscal years
22 2015 through 2019.

1 **SEC. 405. INCLUDING OCCUPATIONAL THERAPISTS AS BE-**
2 **HAVIORAL AND MENTAL HEALTH PROFES-**
3 **SIONALS FOR PURPOSES OF THE NATIONAL**
4 **HEALTH SERVICE CORPS.**

5 (a) INCLUSION OF OCCUPATIONAL THERAPIST.—
6 Section 331(a)(3)(E)(i) of the Public Health Service Act
7 (42 U.S.C. 254d(a)(3)(E)(i)) is amended by inserting
8 “subject to section 405(b)(2) of the Strengthening Mental
9 Health in Our Communities Act of 2014, occupational
10 therapists,” after “psychiatric nurse specialists;”.

11 (b) EFFECTIVE DATE; CONTINGENT IMPLEMENTA-
12 TION.—

13 (1) EFFECTIVE DATE.—Subject to paragraph
14 (2), the amendment made by subsection (a) shall
15 apply beginning on October 1, 2014.

16 (2) CONTINGENT IMPLEMENTATION.—The
17 amendment made by subsection (a) shall apply with
18 respect to obligations entered into for a fiscal year
19 after fiscal year 2014 only if the total amount made
20 available for the purpose of carrying out subparts II
21 and III of part D of title III of the Public Health
22 Service Act (42 U.S.C. 254d et seq.) for such fiscal
23 year is greater than the total amount made available
24 for such purpose for fiscal year 2014.

1 **SEC. 406. EXTENSION OF CERTAIN HEALTH CARE WORK-**
2 **FORCE LOAN REPAYMENT PROGRAMS**
3 **THROUGH FISCAL YEAR 2019.**

4 Section 775(e) of the Public Health Service Act (42
5 U.S.C. 295f(e)) is amended—

6 (1) by striking “2014” and inserting “2019”;

7 and

8 (2) by striking “2013” and inserting “2019”.

9 **TITLE V—IMPROVING MENTAL**
10 **HEALTH RESEARCH AND CO-**
11 **ORDINATION**

12 **SEC. 501. NATIONAL INSTITUTE OF MENTAL HEALTH RE-**
13 **SEARCH PROGRAM ON SERIOUS MENTAL ILL-**
14 **NESS AND SUICIDE PREVENTION.**

15 (a) **PURPOSE OF INSTITUTE.**—Section 464R(a) of
16 the Public Health Service Act (42 U.S.C. 285p(a)) is
17 amended by inserting “serious mental illness research,”
18 after “biomedical and behavioral research,”.

19 (b) **RESEARCH PROGRAM.**—Section 464R(b) of the
20 Public Health Service Act (42 U.S.C. 285p(b)) is amend-
21 ed—

22 (1) by striking “The research program” and in-
23 serting the following:

24 “(1) **IN GENERAL.**—The research program”;

25 (2) by striking “to further the treatment and
26 prevention of mental illness” and inserting “to fur-

1 ther the treatment and prevention of mental illness
2 (including serious mental illness)”; and

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

4 “(2) RESEARCH WITH RESPECT TO SERIOUS
5 MENTAL ILLNESS.—As part of the research program
6 established under this subpart, the Director of the
7 Institute shall conduct or support research on seri-
8 ous mental illness, including with respect to—

9 “(A) the causes, prevention, and treatment
10 of serious mental illness; and

11 “(B) interventions to improve early identi-
12 fication of individuals with serious mental ill-
13 ness.

14 “(3) RESEARCH WITH RESPECT TO VIOLENCE
15 ASSOCIATED WITH MENTAL ILLNESS.—As part of
16 the research program established under this subpart,
17 the Director of the Institute shall conduct or support
18 research on self-directed and other-directed violence
19 associated with mental illness, including with respect
20 to—

21 “(A) the causes of such violence; and

22 “(B) interventions to reduce the risk of
23 self-harm, suicide, and interpersonal violence,
24 including in rural and other underserved com-
25 munities.”.

1 (c) BIENNIAL REPORT.—Section 403(a)(5) of the
2 Public Health Service Act (42 U.S.C. 283(a)(5)) is
3 amended—

4 (1) by redesignating subparagraph (L) as sub-
5 paragraph (M); and

6 (2) by inserting after subparagraph (K) the fol-
7 lowing:

8 “(L) Serious mental illness.”.

9 (d) AUTHORIZATION OF APPROPRIATIONS.—Section
10 464R of the Public Health Service Act (42 U.S.C. 285p)
11 is amended by adding at the end the following:

12 “(f) AUTHORIZATION OF APPROPRIATIONS.—In addi-
13 tion to amounts otherwise made available to the National
14 Institute of Mental Health, including amounts appro-
15 priated pursuant to section 402A(a), there are authorized
16 to be appropriated to such Institute \$40,000,000 for each
17 of fiscal years 2015 through 2019 to carry out subsection
18 (b)(3) (relating to research with respect to violence associ-
19 ated with mental illness).”.

20 **SEC. 502. YOUTH MENTAL HEALTH RESEARCH NETWORK.**

21 (a) YOUTH MENTAL HEALTH RESEARCH NET-
22 WORK.—

23 (1) NETWORK.—The Director of the National
24 Institutes of Health may provide for the establish-

1 ment of a Youth Mental Health Research Network
2 for the conduct or support of—

3 (A) youth mental health research; and

4 (B) youth mental health intervention serv-
5 ices.

6 (2) COLLABORATION BY INSTITUTES AND CEN-
7 TERS.—The Director of NIH shall carry out this
8 Act acting—

9 (A) through the Director of the National
10 Institute of Mental Health; and

11 (B) in collaboration with other appropriate
12 national research institutes and national centers
13 that carry out activities involving youth mental
14 health research.

15 (3) MENTAL HEALTH RESEARCH.—

16 (A) IN GENERAL.—In carrying out para-
17 graph (1), the Director of NIH may award co-
18 operative agreements, grants, and contracts to
19 State, local, and tribal governments and private
20 nonprofit entities for—

21 (i) conducting, or entering into con-
22 sortia with other entities to conduct—

23 (I) basic, clinical, behavioral, or
24 translational research to meet unmet

1 needs for youth mental health re-
2 search; or

3 (II) training for researchers in
4 youth mental health research tech-
5 niques;

6 (ii) providing, or partnering with non-
7 research institutions or community-based
8 groups with existing connections to youth
9 to provide, youth mental health interven-
10 tion services; and

11 (iii) collaborating with the National
12 Institute of Mental Health to make use of,
13 and build on, the scientific findings and
14 clinical techniques of the Institute's earlier
15 programs, studies, and demonstration
16 projects.

17 (B) RESEARCH.—The Director of NIH
18 shall ensure that—

19 (i) each recipient of an award under
20 subparagraph (A)(i) conducts or supports
21 at least one category of research described
22 in subparagraph (A)(i)(I) and collectively
23 such recipients conduct or support all such
24 categories of research; and

1 (ii) one or more such recipients pro-
2 vide training described in subparagraph
3 (A)(i)(II).

4 (C) NUMBER OF AWARD RECIPIENTS.—
5 The Director of NIH may make awards under
6 this paragraph for not more than 70 entities.

7 (D) SUPPLEMENT, NOT SUPPLANT.—Any
8 support received by an entity under subpara-
9 graph (A) shall be used to supplement, and not
10 supplant, other public or private support for ac-
11 tivities authorized to be supported under this
12 paragraph.

13 (E) DURATION OF SUPPORT.—Support of
14 an entity under subparagraph (A) may be for a
15 period of not to exceed 5 years. Such period
16 may be extended by the Director of NIH for
17 additional periods of not more than 5 years.

18 (4) COORDINATION.—The Director of NIH
19 shall—

20 (A) as appropriate, provide for the coordi-
21 nation of activities (including the exchange of
22 information and regular communication) among
23 the recipients of awards under this subsection;
24 and

1 (B) require the periodic preparation and
2 submission to the Director of reports on the ac-
3 tivities of each such recipient.

4 (b) INTERVENTION SERVICES FOR, AND RESEARCH
5 ON, SERIOUS EMOTIONAL DISTURBANCE.—

6 (1) IN GENERAL.—In making awards under
7 subsection (a)(3), the Director of NIH shall ensure
8 that an appropriate number of such awards are
9 awarded to entities that agree to—

10 (A) focus primarily on the early detection
11 of and interventions for serious emotional dis-
12 turbances in children and adolescents;

13 (B) conduct or coordinate one or more
14 multisite clinical trials of therapies for, or ap-
15 proaches to, the prevention, diagnosis, or treat-
16 ment of early serious emotional disturbance in
17 a community setting;

18 (C) rapidly and efficiently disseminate sci-
19 entific findings resulting from such trials; and

20 (D) adhere to the guidelines, protocols,
21 and practices used in the North American Pro-
22 drome Longitudinal Study (NAPLS) and the
23 Recovery After an Initial Schizophrenia Episode
24 (RAISE) initiative.

25 (2) DATA COORDINATING CENTER.—

1 (A) ESTABLISHMENT.—In connection with
2 awards to entities described in paragraph (1),
3 the Director of NIH shall establish a data co-
4 ordinating center for the following purposes:

5 (i) To distribute the scientific findings
6 referred to in paragraph (1)(C).

7 (ii) To provide assistance in the de-
8 sign and conduct of collaborative research
9 projects and the management, analysis,
10 and storage of data associated with such
11 projects.

12 (iii) To organize and conduct multisite
13 monitoring activities.

14 (iv) To provide assistance to the Cen-
15 ters for Disease Control and Prevention in
16 the establishment of patient registries.

17 (B) REPORTING.—The Director of NIH
18 shall—

19 (i) require the data coordinating cen-
20 ter established under subparagraph (A) to
21 provide regular reports to the Director of
22 NIH on research conducted by entities de-
23 scribed in paragraph (1), including infor-
24 mation on enrollment in clinical trials and

1 the allocation of resources with respect to
2 such research; and

3 (ii) as appropriate, incorporate infor-
4 mation reported under clause (i) into the
5 Director’s biennial reports under section
6 403 of the Public Health Service Act (42
7 U.S.C. 283).

8 (c) DEFINITIONS.—In this Act, the terms “Director
9 of NIH”, “national center”, and “national research insti-
10 tute” have the meanings given to such terms in section
11 401 of the Public Health Service Act (42 U.S.C. 281).

12 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
13 out this Act, there is authorized to be appropriated
14 \$25,000,000 for each of fiscal years 2015 through 2019.

15 **SEC. 503. NATIONAL VIOLENT DEATH REPORTING SYSTEM.**

16 The Secretary of Health and Human Services, acting
17 through the Director of the Centers for Disease Control
18 and Prevention, shall improve, particularly through the in-
19 clusion of additional States, the National Violent Death
20 Reporting System, as authorized by title III of the Public
21 Health Service Act (42 U.S.C. 241 et seq.). Participation
22 in the system by the States shall be voluntary.

1 **TITLE VI—EDUCATION AND**
2 **YOUTH**

3 **SEC. 601. SCHOOL-BASED MENTAL HEALTH PROGRAMS.**

4 (a) **PURPOSES.**—It is the purpose of this section to—

5 (1) revise, increase funding for, and expand the
6 scope of the Safe Schools-Healthy Students program
7 in order to provide access to more comprehensive
8 school-based mental health services and supports;

9 (2) increase access to school employed mental
10 health professionals;

11 (3) provide for comprehensive staff development
12 for school and community service personnel working
13 in the school; and

14 (4) provide for comprehensive training for chil-
15 dren with mental health disorders, for parents, sib-
16 lings, and other family members of such children,
17 and for concerned members of the community.

18 (b) **AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
19 **ACT.**—

20 (1) **TECHNICAL AMENDMENTS.**—The second
21 part G (relating to services provided through reli-
22 gious organizations) of title V of the Public Health
23 Service Act (42 U.S.C. 290kk et seq.) is amended—

24 (A) by redesignating such part as part J;

25 and

1 (B) by redesignating sections 581 through
2 584 as sections 596 through 596C, respectively.

3 (2) SCHOOL-BASED MENTAL HEALTH AND
4 CHILDREN AND VIOLENCE.—Section 581 of the Pub-
5 lic Health Service Act (42 U.S.C. 290hh) is amend-
6 ed to read as follows:

7 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHIL-**
8 **DREN AND VIOLENCE.**

9 “(a) IN GENERAL.—The Secretary, in collaboration
10 with the Secretary of Education and in consultation with
11 the Attorney General, shall, directly or through grants,
12 contracts, or cooperative agreements awarded to States,
13 assist local communities and schools in applying a public
14 health approach to mental health services both in schools
15 and in the community. Such an approach should provide
16 comprehensive, age-appropriate services and supports, be
17 linguistically and culturally appropriate, be trauma-in-
18 formed, and incorporate age appropriate strategies of posi-
19 tive behavioral interventions and supports.

20 “(b) ACTIVITIES.—Under the program under sub-
21 section (a), the Secretary may—

22 “(1) provide financial support to enable local
23 communities to implement a comprehensive cul-
24 turally and linguistically appropriate, trauma-in-
25 formed, and age-appropriate, school mental health

1 program that incorporates positive behavioral inter-
2 ventions, client treatment, and supports to foster the
3 health and development of children;

4 “(2) provide technical assistance to local com-
5 munities with respect to the development of pro-
6 grams described in paragraph (1);

7 “(3) provide assistance to local communities in
8 the development of policies to address child and ado-
9 lescent trauma and mental health issues and violence
10 when and if it occurs;

11 “(4) facilitate community partnerships among
12 families, students, law enforcement agencies, edu-
13 cation systems, school-based health centers, mental
14 health and substance use disorder service systems,
15 family-based mental health service systems, welfare
16 agencies, health care service systems (including phy-
17 sicians), faith-based programs, trauma networks,
18 and other community-based systems; and

19 “(5) establish mechanisms for children and ado-
20 lescents to report incidents of violence or plans by
21 other children, adolescents, or adults to commit vio-
22 lence.

23 “(c) REQUIREMENTS.—

1 “(1) IN GENERAL.—To be eligible for a grant,
2 contract, or cooperative agreement under subsection
3 (a), an entity shall—

4 “(A) be a State, in partnership with at
5 least three local education agencies; and

6 “(B) submit an application, that is en-
7 dorsed by all members of the partnership, that
8 contains the assurances described in paragraph
9 (2).

10 “(2) REQUIRED ASSURANCES.—An application
11 under paragraph (1) shall contain assurances as fol-
12 lows:

13 “(A) That the applicant will ensure that,
14 in carrying out activities under this section, the
15 local educational agency involved will enter into
16 a memorandum of understanding—

17 “(i) with, at least one, public or pri-
18 vate mental health entity, health care enti-
19 ty, law enforcement or juvenile justice enti-
20 ty, child welfare agency, family-based men-
21 tal health entity, family or family organiza-
22 tion, trauma network, or other community-
23 based entity; and

24 “(ii) that clearly states—

1 “(I) how school employed mental
2 health professionals will be utilized for
3 carrying out such responsibilities;

4 “(II) the responsibilities of each
5 partner with respect to the activities
6 to be carried out;

7 “(III) how each such partner will
8 be accountable for carrying out such
9 responsibilities; and

10 “(IV) the amount of non-Federal
11 funding or in-kind contributions that
12 each such partner will contribute in
13 order to sustain the program.

14 “(B) That the comprehensive school-based
15 mental health program carried out under this
16 section supports the flexible use of funds to ad-
17 dress—

18 “(i) the promotion of the social, emo-
19 tional, and behavioral health of all students
20 in an environment that is conducive to
21 learning;

22 “(ii) the reduction in the likelihood of
23 at-risk students developing social, emo-
24 tional, behavioral health problems, or sub-
25 stance use disorders;

1 “(iii) the early identification of social,
2 emotional, behavioral problems, or sub-
3 stance use disorders and the provision of
4 early intervention services;

5 “(iv) the treatment or referral for
6 treatment of students with existing social,
7 emotional, behavioral health problems, or
8 substance use disorders; and

9 “(v) the development and implementa-
10 tion of programs to assist children in deal-
11 ing with trauma and violence.

12 “(C) That the comprehensive school-based
13 mental health program carried out under this
14 section will provide for in-service training of all
15 school personnel, including ancillary staff and
16 volunteers, in—

17 “(i) the techniques and supports need-
18 ed to identify early children with trauma
19 histories and children with, or at risk of,
20 mental illness;

21 “(ii) the use of referral mechanisms
22 that effectively link such children to appro-
23 priate treatment and intervention services
24 in the school and in the community and to
25 follow up when services are not available;

1 “(iii) strategies that promote a school-
2 wide positive environment;

3 “(iv) strategies for promoting the so-
4 cial, emotional, mental, and behavioral
5 health of all students; and

6 “(v) strategies to increase the knowl-
7 edge and skills of school and community
8 leaders about the impact of trauma and vi-
9 olence and on the application of a public
10 health approach to comprehensive school-
11 based mental health programs.

12 “(D) That the comprehensive school-based
13 mental health program carried out under this
14 section will include comprehensive training for
15 parents, siblings, and other family members of
16 children with mental health disorders, and for
17 concerned members of the community in—

18 “(i) the techniques and supports need-
19 ed to identify early children with trauma
20 histories, and children with, or at risk of,
21 mental illness;

22 “(ii) the use of referral mechanisms
23 that effectively link such children to appro-
24 priate treatment and intervention services
25 in the school and in the community and

1 follow up when such services are not avail-
2 able; and

3 “(iii) strategies that promote a school-
4 wide positive environment.

5 “(E) That the comprehensive school-based
6 mental health program carried out under this
7 section will demonstrate the measures to be
8 taken to sustain the program after funding
9 under this section terminates.

10 “(F) That the local educational agency
11 partnership involved is supported by the State
12 educational and mental health system to ensure
13 that the sustainability of the program is estab-
14 lished after funding under this section termi-
15 nates.

16 “(G) That the comprehensive school-based
17 mental health program carried out under this
18 section will be based on trauma-informed and
19 evidence-based practices.

20 “(H) That the comprehensive school-based
21 mental health program carried out under this
22 section will be coordinated with early inter-
23 venting activities carried out under the Individ-
24 uals with Disabilities Education Act.

1 “(I) That the comprehensive school-based
2 mental health program carried out under this
3 section will be trauma-informed and culturally
4 and linguistically appropriate.

5 “(J) That the comprehensive school-based
6 mental health program carried out under this
7 section will include a broad needs assessment of
8 youth who drop out of school due to policies of
9 ‘zero tolerance’ with respect to drugs, alcohol,
10 or weapons and an inability to obtain appro-
11 priate services.

12 “(K) That the mental health services pro-
13 vided through the comprehensive school-based
14 mental health program carried out under this
15 section will be provided by qualified mental and
16 behavioral health professionals who are certified
17 or licensed by the State involved and practicing
18 within their area of expertise.

19 “(3) COORDINATOR.—Any entity that is a
20 member of a partnership described in paragraph
21 (1)(A) may serve as the coordinator of funding and
22 activities under the grant if all members of the part-
23 nership agree.

24 “(4) COMPLIANCE WITH HIPAA.—A grantee
25 under this section shall be deemed to be a covered

1 entity for purposes of compliance with the regula-
2 tions promulgated under section 264(c) of the
3 Health Insurance Portability and Accountability Act
4 of 1996 with respect to any patient records devel-
5 oped through activities under the grant.

6 “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
7 shall ensure that grants, contracts, or cooperative agree-
8 ments under subsection (a) will be distributed equitably
9 among the regions of the country and among urban and
10 rural areas.

11 “(e) DURATION OF AWARDS.—With respect to a
12 grant, contract, or cooperative agreement under sub-
13 section (a), the period during which payments under such
14 an award will be made to the recipient shall be 6 years.
15 An entity may receive only one award under this section,
16 except that an entity that is providing services and sup-
17 ports on a regional basis may receive additional funding
18 after the expiration of the preceding grant period.

19 “(f) EVALUATION AND MEASURES OF OUTCOMES.—

20 “(1) DEVELOPMENT OF PROCESS.—The Ad-
21 ministrator shall develop a fiscally appropriate proc-
22 ess for evaluating activities carried out under this
23 section. Such process shall include—

1 “(A) the development of guidelines for the
2 submission of program data by grant, contract,
3 or cooperative agreement recipients;

4 “(B) the development of measures of out-
5 comes (in accordance with paragraph (2)) to be
6 applied by such recipients in evaluating pro-
7 grams carried out under this section; and

8 “(C) the submission of annual reports by
9 such recipients concerning the effectiveness of
10 programs carried out under this section.

11 “(2) MEASURES OF OUTCOMES.—

12 “(A) IN GENERAL.—The Administrator
13 shall develop measures of outcomes to be ap-
14 plied by recipients of assistance under this sec-
15 tion, and the Administrator, in evaluating the
16 effectiveness of programs carried out under this
17 section. Such measures shall include student
18 and family measures as provided for in sub-
19 paragraph (B) and local educational measures
20 as provided for under subparagraph (C).

21 “(B) STUDENT AND FAMILY MEASURES OF
22 OUTCOMES.—The measures of outcomes devel-
23 oped under paragraph (1)(B) relating to stu-
24 dents and families shall, with respect to activi-
25 ties carried out under a program under this

1 section, at a minimum include provisions to
2 evaluate whether the program is effective in—
3 “(i) increasing social and emotional
4 competency;
5 “(ii) increasing academic competency
6 (as defined by Secretary);
7 “(iii) reducing disruptive and aggres-
8 sive behaviors;
9 “(iv) improving child functioning;
10 “(v) reducing substance use disorders;
11 “(vi) reducing suspensions, truancy,
12 expulsions and violence;
13 “(vii) increasing graduation rates (as
14 defined in section 1111(b)(2)(C)(vi) of the
15 Elementary and Secondary Education Act
16 of 1965); and
17 “(viii) improving access to care for
18 mental health disorders.
19 “(C) LOCAL EDUCATIONAL OUTCOMES.—
20 The outcome measures developed under para-
21 graph (1)(B) relating to local educational sys-
22 tems shall, with respect to activities carried out
23 under a program under this section, at a min-
24 imum include provisions to evaluate—

1 “(i) the effectiveness of comprehensive
2 school mental health programs established
3 under this section;

4 “(ii) the effectiveness of formal part-
5 nership linkages among child and family
6 serving institutions, community support
7 systems, and the educational system;

8 “(iii) the progress made in sustaining
9 the program once funding under the grant
10 has expired;

11 “(iv) the effectiveness of training and
12 professional development programs for all
13 school personnel that incorporate indica-
14 tors that measure cultural and linguistic
15 competencies under the program in a man-
16 ner that incorporates appropriate cultural
17 and linguistic training;

18 “(v) the improvement in perception of
19 a safe and supportive learning environment
20 among school staff, students, and parents;

21 “(vi) the improvement in case-finding
22 of students in need of more intensive serv-
23 ices and referral of identified students to
24 early intervention and clinical services;

1 “(vii) the improvement in the imme-
2 diate availability of clinical assessment and
3 treatment services within the context of
4 the local community to students posing a
5 danger to themselves or others;

6 “(viii) the increased successful matric-
7 ulation to postsecondary school; and

8 “(ix) reduced referrals to juvenile jus-
9 tice.

10 “(3) SUBMISSION OF ANNUAL DATA.—An entity
11 that receives a grant, contract, or cooperative agree-
12 ment under this section shall annually submit to the
13 Administrator a report that includes data to evalu-
14 ate the success of the program carried out by the en-
15 tity based on whether such program is achieving the
16 purposes of the program. Such reports shall utilize
17 the measures of outcomes under paragraph (2) in a
18 reasonable manner to demonstrate the progress of
19 the program in achieving such purposes.

20 “(4) EVALUATION BY ADMINISTRATOR.—Based
21 on the data submitted under paragraph (3), the Ad-
22 ministrator shall annually submit to Congress a re-
23 port concerning the results and effectiveness of the
24 programs carried out with assistance received under
25 this section.

1 “(5) LIMITATION.—A grantee shall use not to
2 exceed 10 percent of amounts received under a grant
3 under this section to carry out evaluation activities
4 under this subsection.

5 “(g) INFORMATION AND EDUCATION.—The Sec-
6 retary shall establish comprehensive information and edu-
7 cation programs to disseminate the findings of the knowl-
8 edge development and application under this section to the
9 general public and to health care professionals.

10 “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF
11 APPROPRIATIONS.—

12 “(1) AMOUNT OF GRANTS.—A grant under this
13 section shall be in an amount that is not more than
14 \$1,000,000 for each of grant years 2015 through
15 2019. The Secretary shall determine the amount of
16 each such grant based on the population of children
17 up to age 21 of the area to be served under the
18 grant.

19 “(2) AUTHORIZATION OF APPROPRIATIONS.—
20 There is authorized to be appropriated to carry out
21 this section, \$200,000,000 for each of fiscal years
22 2015 through 2019.”.

23 “(3) CONFORMING AMENDMENT.—Part G of title
24 V of the Public Health Service Act (42 U.S.C.
25 290hh et seq.), as amended by this section, is fur-

1 ther amended by striking the part heading and in-
2 serting the following:

3 **“PART G—SCHOOL-BASED MENTAL HEALTH”.**

4 **SEC. 602. EXAMINING MENTAL HEALTH CARE FOR CHIL-**
5 **DREN.**

6 (a) IN GENERAL.—Not later than 1 year after the
7 date of enactment of this Act, the Comptroller General
8 of the United States shall conduct an independent evalua-
9 tion, and submit to the Committee on Health, Education,
10 Labor, and Pensions of the Senate and the Committee on
11 Energy and Commerce of the House of Representatives,
12 a report concerning the utilization of mental health serv-
13 ices for children, including the usage of psychotropic medi-
14 cations.

15 (b) CONTENT.—The report submitted under sub-
16 section (a) shall review and assess—

17 (1) the ways in which children access mental
18 health care, including information on whether chil-
19 dren are screened and treated by primary care or
20 specialty physicians or other health care providers,
21 what types of referrals for additional care are rec-
22 ommended, and any barriers to accessing this care;

23 (2) the extent to which children prescribed psy-
24 chotropic medications in the United States face bar-

1 riers to more comprehensive or other mental health
2 services, interventions, and treatments;

3 (3) the extent to which children are prescribed
4 psychotropic medications in the United States in-
5 cluding the frequency of concurrent medication
6 usage; and

7 (4) the tools, assessments, and medications that
8 are available and used to diagnose and treat children
9 with mental health disorders.

10 **TITLE VII—JUSTICE AND MEN-**
11 **TAL HEALTH COLLABORA-**
12 **TION**

13 **SEC. 701. ASSISTING VETERANS.**

14 (a) REDESIGNATION.—Section 2991 of the Omnibus
15 Crime Control and Safe Streets Act of 1968 (42 U.S.C.
16 3797aa) is amended by redesignating subsection (i) as
17 subsection (l).

18 (b) ASSISTING VETERANS.—Section 2991 of the Om-
19 nibus Crime Control and Safe Streets Act of 1968 (42
20 U.S.C. 3797aa) is amended by inserting after subsection
21 (h) the following:

22 “(i) ASSISTING VETERANS.—

23 “(1) DEFINITIONS.—In this subsection:

24 “(A) PEER-TO-PEER SERVICES OR PRO-
25 GRAMS.—The term ‘peer-to-peer services or pro-

1 grams’ means services or programs that connect
2 qualified veterans with other veterans for the
3 purpose of providing support and mentorship to
4 assist qualified veterans in obtaining treatment,
5 recovery, stabilization, or rehabilitation.

6 “(B) QUALIFIED VETERAN.—The term
7 ‘qualified veteran’ means a preliminarily quali-
8 fied offender who—

9 “(i) has served on active duty in any
10 branch of the Armed Forces, including the
11 National Guard and reserve components;
12 and

13 “(ii) was discharged or released from
14 such service under conditions other than
15 dishonorable.

16 “(C) VETERANS TREATMENT COURT PRO-
17 GRAM.—The term ‘veterans treatment court
18 program’ means a court program involving col-
19 laboration among criminal justice, veterans, and
20 mental health and substance abuse agencies
21 that provides qualified veterans with—

22 “(i) intensive judicial supervision and
23 case management, which may include ran-
24 dom and frequent drug testing where ap-
25 propriate;

1 “(ii) a full continuum of treatment
2 services, including mental health services,
3 substance abuse services, medical services,
4 and services to address trauma;

5 “(iii) alternatives to incarceration;
6 and

7 “(iv) other appropriate services, in-
8 cluding housing, transportation, mentoring,
9 employment, job training, education, and
10 assistance in applying for and obtaining
11 available benefits.

12 “(2) VETERANS ASSISTANCE PROGRAM.—

13 “(A) IN GENERAL.—The Attorney General,
14 in consultation with the Secretary of Veterans
15 Affairs, may award grants under this sub-
16 section to applicants to establish or expand—

17 “(i) veterans treatment court pro-
18 grams;

19 “(ii) peer-to-peer services or programs
20 for qualified veterans;

21 “(iii) practices that identify and pro-
22 vide treatment, rehabilitation, legal, transi-
23 tional, and other appropriate services to
24 qualified veterans who have been incarcer-
25 ated; and

1 “(iv) training programs to teach
2 criminal justice, law enforcement, correc-
3 tions, mental health, and substance abuse
4 personnel how to identify and appro-
5 priately respond to incidents involving
6 qualified veterans.

7 “(B) PRIORITY.—In awarding grants
8 under this subsection, the Attorney General
9 shall give priority to applications that—

10 “(i) demonstrate collaboration be-
11 tween and joint investments by criminal
12 justice, mental health, substance abuse,
13 and veterans service agencies;

14 “(ii) promote effective strategies to
15 identify and reduce the risk of harm to
16 qualified veterans and public safety; and

17 “(iii) propose interventions with em-
18 pirical support to improve outcomes for
19 qualified veterans.”.

20 **SEC. 702. CORRECTIONAL FACILITIES.**

21 Section 2991 of the Omnibus Crime Control and Safe
22 Streets Act of 1968 (42 U.S.C. 3797aa) is amended by
23 inserting after subsection (i), as so added by section 701,
24 the following:

25 “(j) CORRECTIONAL FACILITIES.—

1 “(1) DEFINITIONS.—

2 “(A) CORRECTIONAL FACILITY.—The term
3 ‘correctional facility’ means a jail, prison, or
4 other detention facility used to house people
5 who have been arrested, detained, held, or con-
6 victed by a criminal justice agency or a court.

7 “(B) ELIGIBLE INMATE.—The term ‘eligi-
8 ble inmate’ means an individual who—

9 “(i) is being held, detained, or incar-
10 cerated in a correctional facility; and

11 “(ii) manifests obvious signs of a
12 mental illness or has been diagnosed by a
13 qualified mental health professional as hav-
14 ing a mental illness.

15 “(2) CORRECTIONAL FACILITY GRANTS.—The
16 Attorney General may award grants to applicants to
17 enhance the capabilities of a correctional facility—

18 “(A) to identify and screen for eligible in-
19 mates;

20 “(B) to plan and provide—

21 “(i) initial and periodic assessments of
22 the clinical, medical, and social needs of in-
23 mates; and

1 “(ii) appropriate treatment and serv-
2 ices that address the mental health and
3 substance abuse needs of inmates;

4 “(C) to develop, implement, and enhance—

5 “(i) post-release transition plans for
6 eligible inmates that, in a comprehensive
7 manner, coordinate health, housing, med-
8 ical, employment, and other appropriate
9 services and public benefits;

10 “(ii) the availability of mental health
11 care services and substance abuse treat-
12 ment services; and

13 “(iii) alternatives to solitary confine-
14 ment and segregated housing and mental
15 health screening and treatment for inmates
16 placed in solitary confinement or seg-
17 regated housing; and

18 “(D) to train each employee of the correc-
19 tional facility to identify and appropriately re-
20 spond to incidents involving inmates with men-
21 tal health or co-occurring mental health and
22 substance abuse disorders.”.

23 **SEC. 703. HIGH UTILIZERS.**

24 Section 2991 of the Omnibus Crime Control and Safe
25 Streets Act of 1968 (42 U.S.C. 3797aa) is amended by

1 inserting after subsection (j), as added by section 702, the
2 following:

3 “(k) DEMONSTRATION GRANTS RESPONDING TO
4 HIGH UTILIZERS.—

5 “(1) DEFINITION.—In this subsection, the term
6 ‘high utilizer’ means an individual who—

7 “(A) manifests obvious signs of mental ill-
8 ness or has been diagnosed by a qualified men-
9 tal health professional as having a mental ill-
10 ness; and

11 “(B) consumes a significantly dispropor-
12 tionate quantity of public resources, such as
13 emergency, housing, judicial, corrections, and
14 law enforcement services.

15 “(2) DEMONSTRATION GRANTS RESPONDING TO
16 HIGH UTILIZERS.—

17 “(A) IN GENERAL.—The Attorney General
18 may award not more than 6 grants per year
19 under this subsection to applicants for the pur-
20 pose of reducing the use of public services by
21 high utilizers.

22 “(B) USE OF GRANTS.—A recipient of a
23 grant awarded under this subsection may use
24 the grant—

1 “(i) to develop or support multidisci-
2 plinary teams that coordinate, implement,
3 and administer community-based crisis re-
4 sponses and long-term plans for high uti-
5 lizers;

6 “(ii) to provide training on how to re-
7 spond appropriately to the unique issues
8 involving high utilizers for public service
9 personnel, including criminal justice, men-
10 tal health, substance abuse, emergency
11 room, health care, law enforcement, correc-
12 tions, and housing personnel;

13 “(iii) to develop or support alter-
14 natives to hospital and jail admissions for
15 high utilizers that provide treatment, sta-
16 bilization, and other appropriate supports
17 in the least restrictive, yet appropriate, en-
18 vironment; or

19 “(iv) to develop protocols and systems
20 among law enforcement, mental health,
21 substance abuse, housing, corrections, and
22 emergency medical service operations to
23 provide coordinated assistance to high uti-
24 lizers.

1 “(C) REPORT.—Not later than the last
2 day of the first year following the fiscal year in
3 which a grant is awarded under this subsection,
4 the recipient of the grant shall submit to the
5 Attorney General a report that—

6 “(i) measures the performance of the
7 grant recipient in reducing the use of pub-
8 lic services by high utilizers; and

9 “(ii) provides a model set of practices,
10 systems, or procedures that other jurisdic-
11 tions can adopt to reduce the use of public
12 services by high utilizers.”.

13 **SEC. 704. ACADEMY TRAINING.**

14 Section 2991(h) of the Omnibus Crime Control and
15 Safe Streets Act of 1968 (42 U.S.C. 3797aa(h)) is amend-
16 ed—

17 (1) in paragraph (1), by adding at the end the
18 following:

19 “(F) ACADEMY TRAINING.—To provide
20 support for academy curricula, law enforcement
21 officer orientation programs, continuing edu-
22 cation training, and other programs that teach
23 law enforcement personnel how to identify and
24 respond to incidents involving individuals with

1 mental illness or co-occurring mental illness and
2 substance abuse disorders.”; and

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

4 “(4) PRIORITY CONSIDERATION.—The Attorney
5 General, in awarding grants under this subsection,
6 shall give priority to programs that law enforcement
7 personnel and members of the mental health and
8 substance abuse professions develop and administer
9 cooperatively.”.

10 **SEC. 705. EVIDENCE-BASED PRACTICES.**

11 Section 2991(e) of the Omnibus Crime Control and
12 Safe Streets Act of 1968 (42 U.S.C. 3797aa(e)) is amend-
13 ed—

14 (1) in paragraph (3), by striking “or” at the
15 end;

16 (2) by redesignating paragraph (4) as para-
17 graph (6); and

18 (3) by inserting after paragraph (3), the fol-
19 lowing:

20 “(4) propose interventions that have been
21 shown by empirical evidence to reduce recidivism;

22 “(5) when appropriate, use validated assess-
23 ment tools to target preliminarily qualified offenders
24 with a moderate or high risk of recidivism and a
25 need for treatment and services; or”.

1 **SEC. 706. SAFE COMMUNITIES.**

2 (a) IN GENERAL.—Section 2991(a) of the Omnibus
3 Crime Control and Safe Streets Act of 1968 (42 U.S.C.
4 3797aa(a)) is amended by striking paragraph (9) and in-
5 serting the following:

6 “(9) PRELIMINARILY QUALIFIED OFFENDER.—

7 “(A) IN GENERAL.—The term ‘prelimi-
8 narily qualified offender’ means an adult or ju-
9 venile accused of an offense who—

10 “(i)(I) previously or currently has
11 been diagnosed by a qualified mental
12 health professional as having a mental ill-
13 ness or co-occurring mental illness and
14 substance abuse disorders;

15 “(II) manifests obvious signs of men-
16 tal illness or co-occurring mental illness
17 and substance abuse disorders during ar-
18 rest or confinement or before any court; or

19 “(III) in the case of a veterans treat-
20 ment court provided under subsection (i),
21 has been diagnosed with, or manifests ob-
22 vious signs of, mental illness or a sub-
23 stance abuse disorder or co-occurring men-
24 tal illness and substance abuse disorder;
25 and

1 “(ii) has been unanimously approved
2 for participation in a program funded
3 under this section by, when appropriate,
4 the relevant—

5 “(I) prosecuting attorney;

6 “(II) defense attorney;

7 “(III) probation or corrections
8 official;

9 “(IV) judge; and

10 “(V) a representative from the
11 relevant mental health agency de-
12 scribed in subsection (b)(5)(B)(i).

13 “(B) DETERMINATION.—In determining
14 whether to designate an individual as a prelimi-
15 narily qualified offender, the relevant pros-
16 ecuting attorney, defense attorney, probation or
17 corrections official, judge, and mental health or
18 substance abuse agency representative shall
19 take into account—

20 “(i) whether the participation of the
21 individual in the program would pose a
22 substantial risk of violence to the commu-
23 nity;

1 “(ii) the criminal history of the indi-
2 vidual and the nature and severity of the
3 offense for which the individual is charged;

4 “(iii) the views of any relevant victims
5 to the offense;

6 “(iv) the extent to which the indi-
7 vidual would benefit from participation in
8 the program;

9 “(v) the extent to which the commu-
10 nity would realize cost savings because of
11 the individual’s participation in the pro-
12 gram; and

13 “(vi) whether the individual satisfies
14 the eligibility criteria for program partici-
15 pation unanimously established by the rel-
16 evant prosecuting attorney, defense attor-
17 ney, probation or corrections official, judge
18 and mental health or substance abuse
19 agency representative.”.

20 (b) TECHNICAL AND CONFORMING AMENDMENT.—
21 Section 2927(2) of the Omnibus Crime Control and Safe
22 Streets Act of 1968 (42 U.S.C. 3797s–6(2)) is amended
23 by striking “has the meaning given that term in section
24 2991(a).” and inserting “means an offense that—

1 “(A) does not have as an element the use,
2 attempted use, or threatened use of physical
3 force against the person or property of another;
4 or

5 “(B) is not a felony that by its nature in-
6 volves a substantial risk that physical force
7 against the person or property of another may
8 be used in the course of committing the of-
9 fense.”.

10 **SEC. 707. REAUTHORIZATION OF APPROPRIATIONS.**

11 Subsection (l) of section 2991 of the Omnibus Crime
12 Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa),
13 as redesignated in section 701(a), is amended—

14 (1) in paragraph (1)—

15 (A) in subparagraph (B), by striking
16 “and” at the end;

17 (B) in subparagraph (C), by striking the
18 period and inserting “; and”; and

19 (C) by adding at the end the following:

20 “(D) \$40,000,000 for each of fiscal years
21 2015 through 2019.”; and

22 (2) by adding at the end the following:

23 “(3) LIMITATION.—Not more than 20 percent
24 of the funds authorized to be appropriated under

1 this section may be used for purposes described in
 2 subsection (i) (relating to veterans).”.

3 **TITLE VIII—BEHAVIORAL**
 4 **HEALTH INFORMATION TECH-**
 5 **NOLOGY**

6 **SEC. 801. EXTENSION OF HEALTH INFORMATION TECH-**
 7 **NOLOGY ASSISTANCE FOR BEHAVIORAL AND**
 8 **MENTAL HEALTH AND SUBSTANCE ABUSE.**

9 Section 3000(3) of the Public Health Service Act (42
 10 U.S.C. 300jj(3)) is amended by inserting before “and any
 11 other category” the following: “behavioral and mental
 12 health professionals (as defined in section
 13 331(a)(3)(E)(i)), a substance abuse professional, a psy-
 14 chiatric hospital (as defined in section 1861(f) of the So-
 15 cial Security Act), a community mental health center
 16 meeting the criteria specified in section 1913(c), a residen-
 17 tial or outpatient mental health or substance abuse treat-
 18 ment facility,”.

19 **SEC. 802. EXTENSION OF ELIGIBILITY FOR MEDICARE AND**
 20 **MEDICAID HEALTH INFORMATION TECH-**
 21 **NOLOGY IMPLEMENTATION ASSISTANCE.**

22 (a) PAYMENT INCENTIVES FOR ELIGIBLE PROFES-
 23 SIONALS UNDER MEDICARE.—Section 1848 of the Social
 24 Security Act (42 U.S.C. 1395w-4) is amended—

25 (1) in subsection (a)(7)—

1 (A) in subparagraph (E), by adding at the
2 end the following new clause:

3 “(iv) ADDITIONAL ELIGIBLE PROFES-
4 SIONAL.—The term ‘additional eligible pro-
5 fessional’ means a clinical psychologist pro-
6 viding qualified psychologist services (as
7 defined in section 1861(ii)).”; and

8 (B) by adding at the end the following new
9 subparagraph:

10 “(F) APPLICATION TO ADDITIONAL ELIGI-
11 BLE PROFESSIONALS.—The Secretary shall
12 apply the provisions of this paragraph with re-
13 spect to an additional eligible professional in
14 the same manner as such provisions apply to an
15 eligible professional, except in applying sub-
16 paragraph (A)—

17 “(i) in clause (i), the reference to
18 2015 shall be deemed a reference to 2019;

19 “(ii) in clause (ii), the references to
20 2015, 2016, and 2017 shall be deemed ref-
21 erences to 2019, 2020, and 2021, respec-
22 tively; and

23 “(iii) in clause (iii), the reference to
24 2018 shall be deemed a reference to
25 2022.”; and

1 (2) in subsection (o)—

2 (A) in paragraph (5), by adding at the end
3 the following new subparagraph:

4 “(D) ADDITIONAL ELIGIBLE PROFES-
5 SIONAL.—The term ‘additional eligible profes-
6 sional’ means a clinical psychologist providing
7 qualified psychologist services (as defined in
8 section 1861(ii)).”; and

9 (B) by adding at the end the following new
10 paragraph:

11 “(6) APPLICATION TO ADDITIONAL ELIGIBLE
12 PROFESSIONALS.—The Secretary shall apply the
13 provisions of this subsection with respect to an addi-
14 tional eligible professional in the same manner as
15 such provisions apply to an eligible professional, ex-
16 cept in applying—

17 “(A) paragraph (1)(A)(ii), the reference to
18 2016 shall be deemed a reference to 2020;

19 “(B) paragraph (1)(B)(ii), the references
20 to 2011 and 2012 shall be deemed references to
21 2015 and 2016, respectively;

22 “(C) paragraph (1)(B)(iii), the references
23 to 2013 shall be deemed references to 2017;

1 “(D) paragraph (1)(B)(v), the references
2 to 2014 shall be deemed references to 2018;
3 and

4 “(E) paragraph (1)(E), the reference to
5 2011 shall be deemed a reference to 2015.”.

6 (b) ELIGIBLE HOSPITALS.—Section 1886 of the So-
7 cial Security Act (42 U.S.C. 1395ww) is amended—

8 (1) in subsection (b)(3)(B)(ix), by adding at the
9 end the following new subclause:

10 “(V) The Secretary shall apply
11 the provisions of this subsection with
12 respect to an additional eligible hos-
13 pital (as defined in subsection
14 (n)(6)(C)) in the same manner as
15 such provisions apply to an eligible
16 hospital, except in applying—

17 “(aa) subclause (I), the ref-
18 erences to 2015, 2016, and 2017
19 shall be deemed references to
20 2019, 2020, and 2021, respec-
21 tively; and

22 “(bb) subclause (III), the
23 reference to 2015 shall be
24 deemed a reference to 2019.”;
25 and

1 (2) in subsection (n)—

2 (A) in paragraph (6), by adding at the end
3 the following new subparagraph:

4 “(C) ADDITIONAL ELIGIBLE HOSPITAL.—
5 The term ‘additional eligible hospital’ means an
6 inpatient hospital that is a psychiatric hospital
7 (as defined in section 1861(f)).”; and

8 (B) by adding at the end the following new
9 paragraph:

10 “(7) APPLICATION TO ADDITIONAL ELIGIBLE
11 HOSPITALS.—The Secretary shall apply the provi-
12 sions of this subsection with respect to an additional
13 eligible hospital in the same manner as such provi-
14 sions apply to an eligible hospital, except in applying
15 paragraph (2)—

16 “(A) the Secretary shall adjust the base
17 amount specified in subparagraph (B) of such
18 paragraph, in a manner specified by the Sec-
19 retary, to reflect the smaller size of such addi-
20 tional eligible hospitals relative to eligible hos-
21 pitals;

22 “(B) the Secretary shall adjust the dis-
23 charge related amount specified in subpara-
24 graph (C) of such paragraph for each 12-month
25 period selected by the Secretary under such

1 subparagraph, in a manner specified by the
2 Secretary, to reflect the smaller size such addi-
3 tional hospitals relative to eligible hospitals, in-
4 cluding by adjusting the ranges of discharges
5 specified in such subparagraph and the amount
6 specified in such subparagraph for each dis-
7 charge within such a specified range;

8 “(C) the references in subparagraph
9 (E)(ii) of such paragraph to 2013 and 2015
10 shall be deemed references to 2017 and 2019,
11 respectively; and

12 “(D) the reference in subparagraph (G)(i)
13 of such paragraph to 2011 shall be deemed a
14 reference to 2015.”.

15 (c) MEDICAID PROVIDERS.—Section 1903(t) of the
16 Social Security Act (42 U.S.C. 1396b(t)) is amended—

17 (1) in paragraph (2)(B)—

18 (A) in clause (i), by striking “, or” and in-
19 serting a semicolon;

20 (B) in clause (ii), by striking the period
21 and inserting a semicolon; and

22 (C) by adding after clause (ii) the following
23 new clauses:

1 “(iii) a public hospital that is prin-
2 cipally a psychiatric hospital (as defined in
3 section 1861(f));

4 “(iv) a private hospital that is prin-
5 cipally a psychiatric hospital (as defined in
6 section 1861(f)) and that has at least 10
7 percent of its patient volume (as estimated
8 in accordance with a methodology estab-
9 lished by the Secretary) attributable to in-
10 dividuals receiving medical assistance
11 under this title;

12 “(v) a community mental health cen-
13 ter meeting the criteria specified in section
14 1913(c) of the Public Health Service Act;
15 or

16 “(vi) a residential or outpatient men-
17 tal health or substance abuse treatment fa-
18 cility that—

19 “(I) is accredited by the Joint
20 Commission on Accreditation of
21 Healthcare Organizations, the Com-
22 mission on Accreditation of Rehabili-
23 tation Facilities, the Council on Ac-
24 creditation, or any other national ac-

1 crediting agency recognized by the
2 Secretary; and

3 “(II) has at least 10 percent of
4 its patient volume (as estimated in ac-
5 cordance with a methodology estab-
6 lished by the Secretary) attributable
7 to individuals receiving medical assist-
8 ance under this title.”;

9 (2) in paragraph (3)(B)—

10 (A) in clause (iv), by striking “and” after
11 the semicolon;

12 (B) in clause (v), by striking the period
13 and inserting “; and”; and

14 (C) by adding at the end the following new
15 clause:

16 “(vi) clinical psychologist providing
17 qualified psychologist services (as defined
18 in section 1861(ii)), if such clinical psy-
19 chologist is practicing in an outpatient
20 clinic that—

21 “(I) is led by a clinical psycholo-
22 gist; and

23 “(II) is not otherwise receiving
24 payment under paragraph (1) as a

1 Medicaid provider described in para-
2 graph (2)(B).”; and

3 (3) in paragraph (5)(B), by adding at the end
4 the following new sentence: “For purposes of this
5 subparagraph in computing the amounts under sec-
6 tion 1886(n)(2)(C) for payment years after 2015,
7 with respect to a Medicaid provider described in
8 clause (iii), (iv), (v), or (vi) of paragraph (2)(B), in
9 order to reflect the smaller size of Medicaid pro-
10 viders described in such clauses relative to Medicaid
11 providers described in clauses (i) and (ii) of such
12 paragraph (2)(B), the Secretary shall, in a manner
13 specified by the Secretary, adjust the base amount
14 specified in subparagraph (B) of section 1886(n)(2)
15 and the discharge related amount calculated under
16 subparagraph (C) of such section, including by ad-
17 justing the ranges of discharges specified in such
18 subparagraph (C) and the amount specified in such
19 subparagraph (C) for each discharge within such a
20 specified range.”.

21 (d) MEDICARE ADVANTAGE ORGANIZATIONS.—Sec-
22 tion 1853 of the Social Security Act (42 U.S.C. 1395w-
23 23) is amended—

24 (1) in subsection (l)—

25 (A) in paragraph (1)—

1 (i) by inserting “or additional eligible
2 professionals (as described in paragraph
3 (9))” after “paragraph (2)”; and

4 (ii) by inserting “and additional eligi-
5 ble professionals” before “under such sec-
6 tions”;

7 (B) in paragraph (3)(B)—

8 (i) in clause (i) in the matter pre-
9 ceding subclause (I), by inserting “or an
10 additional eligible professional described in
11 paragraph (9)” after “paragraph (2)”; and

12 (ii) in clause (ii)—

13 (I) in the matter preceding sub-
14 clause (I), by inserting “or an addi-
15 tional eligible professional described in
16 paragraph (9)” after “paragraph
17 (2)”; and

18 (II) in subclause (I), by inserting
19 “or an additional eligible professional,
20 respectively,” after “eligible profes-
21 sional”;

22 (C) in paragraph (3)(C), by inserting “and
23 additional eligible professionals” after “all eligi-
24 ble professionals”;

1 (D) in paragraph (4)(D), by adding at the
2 end the following new sentence: “In the case
3 that a qualifying MA organization attests that
4 not all additional eligible professionals of the
5 organization are meaningful EHR users with
6 respect to an applicable year, the Secretary
7 shall apply the payment adjustment under this
8 paragraph based on the proportion of all such
9 additional eligible professionals of the organiza-
10 tion that are not meaningful EHR users for
11 such year.”;

12 (E) in paragraph (6)(A), by inserting
13 “and, as applicable, each additional eligible pro-
14 fessional described in paragraph (9)” after
15 “paragraph (2)”;

16 (F) in paragraph (6)(B), by inserting
17 “and, as applicable, each additional eligible hos-
18 pital described in paragraph (9)” after “sub-
19 section (m)(1)”;

20 (G) in paragraph (7)(A), by inserting
21 “and, as applicable, additional eligible profes-
22 sionals” after “eligible professionals”;

23 (H) in paragraph (7)(B), by inserting
24 “and, as applicable, additional eligible profes-
25 sionals” after “eligible professionals”;

1 (I) in paragraph (8)(B), by inserting “and
2 additional eligible professionals described in
3 paragraph (9)” after “paragraph (2)”; and

4 (J) by adding at the end the following new
5 paragraph:

6 “(9) ADDITIONAL ELIGIBLE PROFESSIONAL DE-
7 SCRIBED.—With respect to a qualifying MA organi-
8 zation, an additional eligible professional described
9 in this paragraph is an additional eligible profes-
10 sional (as defined for purposes of section 1848(o))
11 who—

12 “(A)(i) is employed by the organization; or

13 “(ii)(I) is employed by, or is a partner of,
14 an entity that through contract with the organi-
15 zation furnishes at least 80 percent of the enti-
16 ty’s Medicare patient care services to enrollees
17 of such organization; and

18 “(II) furnishes at least 80 percent of the
19 professional services of the additional eligible
20 professional covered under this title to enrollees
21 of the organization; and

22 “(B) furnishes, on average, at least 20
23 hours per week of patient care services.”; and

24 (2) in subsection (m)—

25 (A) in paragraph (1)—

1 (i) by inserting “or additional eligible
2 hospitals (as described in paragraph (7))”
3 after “paragraph (2)”; and

4 (ii) by inserting “and additional eligi-
5 ble hospitals” before “under such sec-
6 tions”;

7 (B) in paragraph (3)(A)(i), by inserting
8 “or additional eligible hospital” after “eligible
9 hospital”;

10 (C) in paragraph (3)(A)(ii), by inserting
11 “or an additional eligible hospital” after “eligi-
12 ble hospital” in each place it occurs;

13 (D) in paragraph (3)(B)—

14 (i) in clause (i), by inserting “or an
15 additional eligible hospital described in
16 paragraph (7)” after “paragraph (2)”; and

17 (ii) in clause (ii)—

18 (I) in the matter preceding sub-
19 clause (I), by inserting “or an addi-
20 tional eligible hospital described in
21 paragraph (7)” after “paragraph
22 (2)”; and

23 (II) in subclause (I), by inserting
24 “or an additional eligible hospital, re-
25 spectively,” after “eligible hospital”;

1 (E) in paragraph (4)(A), by inserting “or
2 one or more additional eligible hospitals (as de-
3 fined in section 1886(n)), as appropriate,” after
4 “section 1886(n)(6)(A)”;

5 (F) in paragraph (4)(D), by adding at the
6 end the following new sentence: “In the case
7 that a qualifying MA organization attests that
8 not all additional eligible hospitals of the orga-
9 nization are meaningful EHR users with re-
10 spect to an applicable period, the Secretary
11 shall apply the payment adjustment under this
12 paragraph based on the methodology specified
13 by the Secretary, taking into account the pro-
14 portion of such additional eligible hospitals, or
15 discharges from such hospitals, that are not
16 meaningful EHR users for such period.”;

17 (G) in paragraph (5)(A), by inserting
18 “and, as applicable, each additional eligible hos-
19 pital described in paragraph (7)” after “para-
20 graph (2)”;

21 (H) in paragraph (5)(B), by inserting
22 “and additional eligible hospitals, as applica-
23 ble,” after “eligible hospitals”;

1 (I) in paragraph (6)(B), by inserting “and
 2 additional eligible hospitals described in para-
 3 graph (7)” after “paragraph (2)”; and

4 (J) by adding at the end the following new
 5 paragraph:

6 “(7) ADDITIONAL ELIGIBLE HOSPITAL DE-
 7 SCRIBED.—With respect to a qualifying MA organi-
 8 zation, an additional eligible hospital described in
 9 this paragraph is an additional eligible hospital (as
 10 defined in section 1886(n)(6)(C)) that is under com-
 11 mon corporate governance with such organization
 12 and serves individuals enrolled under an MA plan of-
 13 fered by such organization.”.

14 **TITLE IX—SERVICEMEMBERS**
 15 **AND VETERANS MENTAL**
 16 **HEALTH**

17 **SEC. 901. PRELIMINARY MENTAL HEALTH ASSESSMENTS.**

18 (a) IN GENERAL.—Chapter 31 of title 10, United
 19 States Code, is amended by adding at the end the fol-
 20 lowing new section:

21 **“SEC. 520d. PRELIMINARY MENTAL HEALTH ASSESSMENTS.**

22 “(a) PROVISION OF MENTAL HEALTH ASSESS-
 23 MENT.—Before any individual enlists in an Armed Force
 24 or is commissioned as an officer in an Armed Force, the
 25 Secretary concerned shall provide the individual with a

1 mental health assessment. The Secretary shall use such
2 results as a baseline for any subsequent mental health ex-
3 aminations, including such examinations provided under
4 sections 1074f and 1074m of this title.

5 “(b) USE OF ASSESSMENT.—The Secretary may not
6 consider the results of a mental health assessment con-
7 ducted under subsection (a) in determining the assign-
8 ment or promotion of a member of the Armed Forces.

9 “(c) APPLICATION OF PRIVACY LAWS.—With respect
10 to applicable laws and regulations relating to the privacy
11 of information, the Secretary shall treat a mental health
12 assessment conducted under subsection (a) in the same
13 manner as the medical records of a member of the Armed
14 Forces.”.

15 (b) CLERICAL AMENDMENT.—The table of sections
16 at the beginning of such chapter is amended by adding
17 after the item relating to section 520c the following new
18 item:

“520d. Preliminary mental health assessments.”.

19 (c) REPORT.—

20 (1) IN GENERAL.—Not later than 180 days
21 after the date of the enactment of this Act, the Sec-
22 retary of Defense shall submit to Congress a report
23 on preliminary mental health assessments of mem-
24 bers of the Armed Forces.

1 (2) MATTERS INCLUDED.—The report under
2 paragraph (1) shall include the following:

3 (A) Recommendations with respect to es-
4 tablishing a preliminary mental health assess-
5 ment of members of the Armed Forces to bring
6 mental health screenings to parity with physical
7 screenings of members.

8 (B) Recommendations with respect to the
9 composition of the mental health assessment,
10 best practices, and how to track assessment
11 changes relating to traumatic brain injuries,
12 post-traumatic stress disorder, and other condi-
13 tions.

14 (3) COORDINATION.—The Secretary shall carry
15 out paragraph (1) in coordination with the Secretary
16 of Veterans Affairs, the Uniformed Services Univer-
17 sity of the Health Sciences, the surgeons general of
18 the military departments, and other relevant experts.

19 **SEC. 902. UNLIMITED ELIGIBILITY FOR HEALTH CARE FOR**
20 **MENTAL ILLNESSES FOR VETERANS OF COM-**
21 **BAT SERVICE DURING CERTAIN PERIODS OF**
22 **HOSTILITIES AND WAR.**

23 (a) ELIGIBILITY.—Section 1710(e)(1) of title 38,
24 United States Code, is amended by adding at the end the
25 following new subparagraph:

1 “(G) Notwithstanding paragraphs (2) and
2 (3), a veteran who served on active duty in a
3 theater of combat operations (as determined by
4 the Secretary in consultation with the Secretary
5 of Defense) during World War II, the Korean
6 conflict, the Vietnam Era, the Persian Gulf
7 war, Operation Iraqi Freedom, Operation En-
8 during Freedom, or any other period of war
9 after the Persian Gulf war, or in combat
10 against a hostile force during a period of hos-
11 tilities (as defined in section 1712A(a)(2)(B) of
12 this title), is eligible for hospital care, medical
13 services, and nursing home care under sub-
14 section (a)(2)(F) for any mental illness, not-
15 withstanding that there is insufficient medical
16 evidence to conclude that such illness is attrib-
17 utable to such service.”.

18 (b) EFFECTIVE DATE.—Subparagraph (G) of section
19 1710(e)(1) of title 38, United States Code, as added by
20 subsection (a), shall apply with respect to hospital care,
21 medical services, and nursing home care provided on or
22 after the date of the enactment of this Act.

1 **SEC. 903. TIMELINE FOR IMPLEMENTING INTEGRATED**
2 **ELECTRONIC HEALTH RECORDS.**

3 (a) ESTABLISHMENT OF TIMELINE.—Section 1635
4 of the Wounded Warrior Act (10 U.S.C. 1071 note) is
5 amended by adding at the end the following new sub-
6 section:

7 “(k) TIMELINE.—In carrying out this section, the
8 Secretary of Defense and the Secretary of Veterans Af-
9 fairs shall ensure that—

10 “(1) the creation of a health data authoritative
11 source is achieved by not later than 180 days after
12 the date of the enactment of this subsection;

13 “(2) the ability of patients of both the Depart-
14 ment of Defense and the Department of Veterans
15 Affairs to download the medical records of the pa-
16 tient (commonly referred to as the ‘Blue Button Ini-
17 tiative’) is achieved by not later than 365 days after
18 the date of the enactment of this subsection;

19 “(3) the seamless integration of personal health
20 care information between the Departments is
21 achieved by not later than 365 days after the date
22 of the enactment of this subsection;

23 “(4) the standardization of health care data of
24 the Departments is achieved by not later than 365
25 days after the date of the enactment of this sub-
26 section;

1 “(5) the acceleration of the exchange of real-
2 time data between the Departments is achieved by
3 not later than 365 days after the date of the enact-
4 ment of this subsection;

5 “(6) the upgrade of the graphical user interface
6 to display the new standardized health care data of
7 the Departments is achieved by not later than 365
8 days after the date of the enactment of this sub-
9 section;

10 “(7) each incoming member of the Armed
11 Forces and the dependent of such a member may
12 elect to receive an electronic copy of the health care
13 record of the individual beginning not later than Oc-
14 tober 1, 2014; and

15 “(8) each current member of the Armed Forces
16 and the dependent of such a member may elect to
17 receive an electronic copy of the health care record
18 of the individual beginning not later than October 1,
19 2015.”.

20 (b) CLOUD STORAGE.—Section 1635 of such Act is
21 further amended by adding at the end the following new
22 subsection:

23 “(1) CLOUD STORAGE.—The Secretary of Defense
24 and the Secretary of Veterans Affairs shall study the fea-
25 sibility of establishing a secure, remote, network-accessible

1 computer storage system (commonly referred to as ‘cloud
2 storage’) to—

3 “(1) provide members of the Armed Forces and
4 veterans the ability to upload the health care records
5 of the member or veteran if the member or veteran
6 elects to do so; and

7 “(2) allow medical providers of the Department
8 of Defense and the Department of Veterans Affairs
9 to access such records in the course of providing
10 care to the member or veteran.”.

11 (c) CONFORMING AMENDMENTS.—Section 1635 of
12 such Act is further amended—

13 (1) in subsection (a), by striking “The Sec-
14 retary” and inserting “In accordance with the
15 timeline described in subsection (k), the Secretary”;
16 and

17 (2) in the matter preceding paragraph (1) of
18 subsection (e), by inserting “in accordance with sub-
19 section (k)” after “under this section”.

20 **SEC. 904. PILOT PROGRAM FOR REPAYMENT OF EDU-**
21 **CATIONAL LOANS FOR CERTAIN PSYCHIA-**
22 **TRISTS OF VETERANS HEALTH ADMINISTRA-**
23 **TION.**

24 (a) PILOT PROGRAM.—

1 (1) ESTABLISHMENT.—The Secretary of Vet-
2 erans Affairs shall carry out a pilot program to
3 repay a loan of an individual described in paragraph
4 (2) that—

5 (A) was used by the individual to finance
6 education regarding psychiatric medicine, in-
7 cluding education leading to an undergraduate
8 degree and education leading to the degree of
9 doctor of medicine or of doctor of osteopathy;
10 and

11 (B) was obtained from a governmental en-
12 tity, private financial institution, school, or
13 other authorized entity, as determined by the
14 Secretary.

15 (2) ELIGIBLE INDIVIDUALS.—To be eligible to
16 obtain a loan repayment under this subsection, an
17 individual shall—

18 (A) either—

19 (i) be licensed or eligible for licensure
20 to practice psychiatric medicine in the Vet-
21 erans Health Administration of the De-
22 partment of Veterans Affairs; or

23 (ii) be enrolled in the final year of a
24 residency program leading to a specialty
25 qualification in psychiatric medicine that is

1 approved by the Accreditation Council for
2 Graduate Medical Education; and

3 (B) as determined appropriate by the Sec-
4 retary, demonstrate a commitment to a long-
5 term career as a psychiatrist in the Veterans
6 Health Administration, including by requiring a
7 set number of years of obligated service.

8 (3) SELECTION.—The Secretary shall select not
9 less than 10 individuals described in paragraph (2)
10 to participate in the pilot program for each year in
11 which the Secretary carries out the pilot program.

12 (4) LOAN REPAYMENTS.—

13 (A) AMOUNTS.—Subject to the limits es-
14 tablished by subparagraph (B), a loan repay-
15 ment under this subsection may consist of pay-
16 ment of the principal, interest, and related ex-
17 penses of a loan obtained by an individual de-
18 scribed in paragraph (2) for all educational ex-
19 penses (including tuition, fees, books, and lab-
20 oratory expenses) relating to a degree described
21 in paragraph (1)(A).

22 (B) LIMIT.—For each year of obligated
23 service that an individual agrees to serve in an
24 agreement described in paragraph (2)(B), the

1 Secretary may pay not more than \$60,000 on
2 behalf of the individual.

3 (5) BREACH.—

4 (A) LIABILITY.—An individual who partici-
5 pates in the pilot program under paragraph (1)
6 who fails to satisfy the commitment described
7 in paragraph (2)(B) shall be liable to the
8 United States, in lieu of any service obligation
9 arising from such participation, for the amount
10 which has been paid or is payable to or on be-
11 half of the individual under the program, re-
12 duced by the proportion that the number of
13 days served for completion of the service obliga-
14 tion bears to the total number of days in the
15 period of obligated service of the individual.

16 (B) REPAYMENT PERIOD.—Any amount of
17 damages which the United States is entitled to
18 recover under this paragraph shall be paid to
19 the United States within the one-year period
20 beginning on the date of the breach of the
21 agreement.

22 (6) PROHIBITION ON SIMULTANEOUS ELIGI-
23 BILITY.—An individual who is participating in any
24 other program of the Federal Government that re-
25 pays the educational loans of the individual may not

1 participate in the pilot program under paragraph
2 (1).

3 (7) REPORT.—Not later than 90 days after the
4 date on which the pilot program terminates under
5 paragraph (7), the Secretary shall submit to the
6 Committees on Veterans' Affairs of the House of
7 Representatives and the Senate a report on the pilot
8 program. The report shall include the overall effect
9 of the pilot program on the psychiatric workforce
10 shortage of the Veterans Health Administration, the
11 long-term stability of such workforce, and overall
12 workforce strategies of the Veterans Health Admin-
13 istration that seek to promote the physical and men-
14 tal resiliency of all veterans.

15 (8) REGULATIONS.—The Secretary shall pre-
16 scribe regulations to carry out this subsection, in-
17 cluding standards for qualified loans and authorized
18 payees and other terms and conditions for the mak-
19 ing of loan repayments.

20 (9) TERMINATION.—The authority to carry out
21 the pilot program shall expire on the date that is
22 three years after the date on which the Secretary
23 commences the pilot program.

1 (b) COMPTROLLER GENERAL STUDY ON PAY DIS-
2 PARITIES OF PSYCHIATRISTS OF VETERANS HEALTH AD-
3 MINISTRATION.—

4 (1) STUDY.—Not later than one year after the
5 date of the enactment of this Act, the Comptroller
6 General of the United States shall conduct a study
7 of pay disparities among psychiatrists of the Vet-
8 erans Health Administration of the Department of
9 Veterans Affairs. The study shall include—

10 (A) an examination of laws, regulations,
11 practices, and policies, including salary flexibili-
12 ties, that contribute to such disparities; and

13 (B) recommendations with respect to legis-
14 lative or regulatory actions to improve equity in
15 pay among such psychiatrists.

16 (2) REPORT.—Not later than one year after the
17 date on which the Comptroller General completes the
18 study under paragraph (1), the Comptroller General
19 shall submit to the Committees on Veterans' Affairs
20 of the House of Representatives and the Senate a
21 report containing the results of the study.

1 **TITLE X—MAKING PARITY WORK**

2 **SEC. 1001. GAO STUDY ON MENTAL HEALTH AND SUB-**
3 **STANCE USE DISORDER PARITY ENFORCE-**
4 **MENT EFFORTS.**

5 Not later than one year after the date of enactment
6 of this Act, the Comptroller General of the United States,
7 in consultation with the Secretary of Health and Human
8 Services and the Secretary of Labor, shall submit to Con-
9 gress a report detailing the enforcement efforts of the re-
10 sponsible departments and agencies in implementing the
11 Paul Wellstone and Pete Domenici Mental Health Parity
12 and Addiction Equity Act (subtitle B of title V of division
13 C of Public Law 110–343), including—

14 (1) the number of investigations that have been
15 conducted into potential parity violations; and

16 (2) details on the investigation or enforcement
17 action that was carried out as a result of such inves-
18 tigation that would not identify the subject of such
19 investigation or enforcement.

1 **SEC. 1002. REPORT TO CONGRESS ON FEDERAL ASSIST-**
2 **ANCE TO STATE INSURANCE REGULATORS**
3 **REGARDING MENTAL HEALTH PARITY EN-**
4 **FORCEMENT.**

5 Not later than one year after the date of enactment
6 of this Act, the Secretary of Health and Human Services
7 shall submit to Congress a report detailing—

8 (1) the ways in which State governments and
9 State insurance regulators are either empowered or
10 required to enforce the Paul Wellstone and Pete
11 Domenici Mental Health Parity and Addiction Eq-
12 uity Act of 2008 (subtitle B of title V of division C
13 of Public Law 110–343);

14 (2) their capability to carry out these enforce-
15 ment powers or requirements; and

16 (3) any technical assistance to State govern-
17 ment and State insurance regulators that has been
18 communicated by the Department of Health and
19 Human Services.

20 **SEC. 1003. ANNUAL REPORT TO CONGRESS BY SECRE-**
21 **TARIES OF LABOR AND HEALTH AND HUMAN**
22 **SERVICES.**

23 Not later than one year after the date of enactment
24 of this Act, and annually thereafter, the Secretary of
25 Labor, in coordination with the Secretary of Health and
26 Human Services, shall submit to Congress a report—

1 (1) describing the actions taken by the Federal
2 Government and the States to ensure compliance
3 with the Paul Wellstone and Pete Domenici Mental
4 Health Parity and Addiction Equity Act of 2008
5 (subtitle B of title V of division C of Public Law
6 110–343);

7 (2) including a collection and classification of
8 inquiries and complaints regarding the implementa-
9 tion or enforcement of such Act;

10 (3) including a transparent de-identified report
11 of all Federal and State actions to enforce such Act;
12 and

13 (4) include a compliance guide that includes—
14 (A) detailed answers to relevant questions
15 raised during the previous year concerning im-
16 plementation or enforcement of such Act; and

17 (B) specific guidelines providing clear in-
18 terpretations of such Act and the regulations
19 thereunder.

○