To expand access to community mental health centers and improve the quality of mental health care for all Americans.

IN THE SENATE OF THE UNITED STATES

February 7, 2013

Ms. Stabenow (for herself, Mr. Reed, Mr. Blunt, Mr. Rubio, Ms. Collins, Mrs. Boxer, Mr. Rockefeller, Mr. Tester, Mr. Begich, and Mr. Leahy) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To expand access to community mental health centers and improve the quality of mental health care for all Americans.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SEC. 1. SHORT TITLE.

This Act may be cited as the “Excellence in Mental Health Act”.

SEC. 2. ESTABLISHING COMMUNITY BEHAVIORAL HEALTH CENTERS.

Section 1913 of the Public Health Service Act (42 U.S.C. 300x–2) is amended—
(1) in subsection (a)(2)(A), by striking “community mental health services” and inserting “behavioral health services (of the type offered by federally qualified community behavioral health centers consistent with subsection (c)(3))”;

(2) in subsection (b)—

(A) by striking paragraph (1) and inserting the following:

“(1) services under the plan will be provided only through appropriate, qualified community programs (which may include federally qualified community behavioral health centers, child mental health programs, psychosocial rehabilitation programs, mental health peer-support programs, outpatient addiction treatment programs, acute detoxification services, and mental health primary consumer-directed programs); and”; and

(B) in paragraph (2), by striking “community mental health centers” and inserting “federally qualified community behavioral health centers”; and

(3) by striking subsection (c) and inserting the following:

“(c) CRITERIA FOR FEDERALLY QUALIFIED COMMUNITY BEHAVIORAL HEALTH CENTERS.—
“(1) IN GENERAL.—The Administrator shall certify, and recertify at least every 5 years, federally qualified community behavioral health centers as meeting the criteria specified in this subsection.

“(2) REGULATIONS.—Not later than 18 months after the date of the enactment of the Excellence in Mental Health Act, the Administrator, in consultation with State Mental Health and Substance Abuse Authorities, shall issue final regulations for certifying non-profit or local government centers as centers under paragraph (1).

“(3) CRITERIA.—The criteria referred to in subsection (b)(2) are that the center performs each of the following:

“(A) Provide services in locations that ensure services will be available and accessible promptly and in a manner which preserves human dignity and assures continuity of care.

“(B) Provide services in a mode of service delivery appropriate for the target population.

“(C) Provide individuals with a choice of service options where there is more than one efficacious treatment.
“(D) Employ a core staff of clinical staff that is multidisciplinary and culturally and linguistically competent.

“(E) Provide services, within the limits of the capacities of the center, to any individual residing or employed in the service area of the center, regardless of the ability of the individual to pay.

“(F) Provide, directly or through contract, to the extent covered for adults in the State Medicaid plan under title XIX of the Social Security Act and for children in accordance with section 1905(r) of such Act regarding early and periodic screening, diagnosis, and treatment, each of the following services:

“(i) Screening, assessment, and diagnosis, including risk assessment.

“(ii) Person-centered treatment planning or similar processes, including risk assessment and crisis planning.

“(iii) Outpatient mental health and substance use services, including screening, assessment, diagnosis, psychotherapy, medication management, and integrated treatment for mental illness and substance
abuse which shall be evidence-based (including cognitive behavioral therapy and other such therapies which are evidence-based).

“(iv) Outpatient clinic primary care screening and monitoring of key health indicators and health risk (including screening for diabetes, hypertension, and cardiovascular disease and monitoring of weight, height, body mass index (BMI), blood pressure, blood glucose or HbA1C, and lipid profile).

“(v) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.

“(vi) Targeted case management (services to assist individuals gaining access to needed medical, social, educational, and other services and applying for income security and other benefits to which they may be entitled).

“(vii) Psychiatric rehabilitation services including skills training, assertive community treatment, family psychoeducation,
disability self-management, supported em-
ployment, supported housing services,
therapeutic foster care services, and such
other evidence-based practices as the Sec-
retary may require.

“(viii) Peer support and counselor
services and family supports.

“(G) Maintain linkages, and where possible
enter into formal contracts with the following:

“(i) Federally qualified health centers.

“(ii) Inpatient psychiatric facilities
and substance use detoxification, post-de-
toxification step-down services, and resi-
dential programs.

“(iii) Adult and youth peer support
and counselor services.

“(iv) Family support services for fam-
ilies of children with serious mental or sub-
stance use disorders.

“(v) Other community or regional
services, supports, and providers, including
schools, child welfare agencies, juvenile and
criminal justice agencies and facilities,
housing agencies and programs, employers,
and other social services.
“(vi) Onsite or offsite access to primary care services.

“(vii) Enabling services, including outreach, transportation, and translation.

“(viii) Health and wellness services, including services for tobacco cessation.

“(H) Where feasible, provide outreach and engagement to encourage individuals who could benefit from mental health care to freely participate in receiving the services described in this subsection.

“(4) Rule of Construction.—Nothing in paragraph (1) shall be construed as prohibiting States receiving funds appropriated through the Community Mental Health Services Block Grant under subpart I of part B of this title from financing qualified community programs (whether such programs meet the definition of eligible programs prior to or after the date of enactment of this subsection).

“(5) Limitation.—With respect to federally qualified behavioral health centers authorized under this subsection, 20 percent of the total number of such centers shall become newly eligible to receive reimbursement under this section in each of the first
5 years after the initial year of eligibility through fiscal year 2023. In implementing this paragraph, the Secretary shall ensure geographic diversity of such sites, take into account the ability of such sites to provide required services, and the ability of such sites to report required data.”.

SEC. 3. MEDICAID COVERAGE AND PAYMENT FOR COMMUNITY BEHAVIORAL HEALTH CENTER SERVICES.

(a) Payment for Services Provided by Federally Qualified Community Behavioral Health Centers.—Section 1902(bb) of the Social Security Act (42 U.S.C. 1396a(bb)) is amended—

(1) in the heading, by striking “AND RURAL HEALTH CLINICS” and inserting “, FEDERALLY QUALIFIED COMMUNITY BEHAVIORAL HEALTH CENTERS, AND RURAL HEALTH CLINICS”; 

(2) in paragraph (1), by inserting “(and begin- ning with fiscal year 2016 with respect to services furnished on or after January 1, 2016, and each succeeding fiscal year, for services described in section 1905(a)(2)(D) furnished by a federally qualified community behavioral health center)” after “by a rural health clinic”; 

(3) in paragraph (2)—
(A) by striking the heading and inserting “INITIAL FISCAL YEAR”;

(B) by inserting “(or, in the case of services described in section 1905(a)(2)(D) furnished by a federally qualified community behavioral health center, for services furnished on and after January 1, 2016, during fiscal year 2016)” after “January 1, 2001, during fiscal year 2001”;

(C) by inserting “(or, in the case of services described in section 1905(a)(2)(D) furnished by a federally qualified community behavioral health center, during fiscal years 2014 and 2015)” after “1999 and 2000”; and

(D) by inserting “(or, in the case of services described in section 1905(a)(2)(D) furnished by a federally qualified community behavioral health center, during fiscal year 2016)” before the period;

(4) in paragraph (3)—

(A) in the heading, by striking “FISCAL YEAR 2002 AND SUCCEEDING” and inserting “SUCCEEDING”; and

(B) by inserting “(or, in the case of services described in section 1905(a)(2)(D) fur-
nished by a federally qualified community be-

havioral health center, for services furnished
during fiscal year 2017 or a succeeding fiscal
year)” after “2002 or a succeeding fiscal year”;

(5) in paragraph (4)—

(A) by inserting “(or as a federally quali-

fied community behavioral health center after
fiscal year 2015)” after “or rural health clinic
after fiscal year 2000”;

(B) by striking “furnished by the center
or” and inserting “furnished by the federally
qualified health center, services described in
section 1905(a)(2)(D) furnished by the feder-
ally qualified community behavioral health cen-
ter, or”; and

(C) in the second sentence, by striking “or
rural health clinic” and inserting “, federally
qualified community behavioral health center,
or rural health clinic”;

(6) in paragraph (5), in each of subparagraphs
(A) and (B), by striking “or rural health clinic” and
inserting “, federally qualified community behavioral
health center, or rural health clinic”; and

(7) in paragraph (6), by striking “or to a rural
health clinic” and inserting “, to a federally quali-
fied community behavioral health center for services described in section 1905(a)(2)(D), or to a rural health clinic”.

(b) Inclusion of Community Behavioral Health Center Services in the Term Medical Assistance.—Section 1905(a)(2) of the Social Security Act (42 U.S.C. 1396d(a)(2)) is amended—

(1) by striking “and” before “(C)”; and

(2) by inserting before the semicolon at the end the following: “, and (D) federally qualified community behavioral health center services (as defined in subsection (l)(4))”.

(c) Definition of Federally Qualified Community Behavioral Health Center Services.—Section 1905(l) of the Social Security Act (42 U.S.C. 1396d(l)) is amended by adding at the end the following paragraph:

“(4)(A) The term ‘community behavioral health center services’ means services furnished to an individual at a federally qualified community behavioral health center (as defined by subparagraph (B)).

“(B) The term ‘federally qualified community behavioral health center’ means an entity that is certified under section 1913(e) of the Public Health Service Act as meeting the criteria described in paragraph (3) of such section.”.
(d) **Effective Date.**—The amendments made by this section take effect on January 1, 2016.

**SEC. 4. COMMUNITY-BASED MENTAL HEALTH INFRASTRUCTURE IMPROVEMENT.**

Title V of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:

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"PART H—COMMUNITY-BASED MENTAL HEALTH INFRASTRUCTURE IMPROVEMENTS

"SEC. 560. GRANTS FOR COMMUNITY-BASED MENTAL HEALTH INFRASTRUCTURE IMPROVEMENTS.

"(a) **Grants Authorized.**—The Secretary may award grants to eligible entities to expend funds for the construction or modernization of facilities used to provide mental health and substance abuse services to individuals.

"(b) **Eligible Entity.**—In this section, the term ‘eligible entity’ means—

"(1) a State that is the recipient of a Community Mental Health Services Block Grant under subpart I of part B of title XIX and a Substance Abuse Prevention and Treatment Block Grant under subpart II of such part; or

"(2) an Indian tribe or a tribal organization (as such terms are defined in sections 4(b) and 4(e) of
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the Indian Self-Determination and Education Assistance Act).

“(c) APPLICATION.—A eligible entity desiring a grant under this section shall submit to the Secretary an application at such time, in such manner, and containing—

“(1) a plan for the construction or modernization of facilities used to provide mental health and substance abuse services to individuals that—

“(A) designates a single State or tribal agency as the sole agency for the supervision and administration of the grant;

“(B) contains satisfactory evidence that such agency so designated will have the authority to carry out the plan;

“(C) provides for the designation of an advisory council, which shall include representatives of nongovernmental organizations or groups, and of the relevant State or tribal agencies, that aided in the development of the plan and that will implement and monitor any grant awarded to the eligible entity under this section;

“(D) in the case of an eligible entity that is a State, includes a copy of the State plan under section 1912(b) and section 1932(b);
“(E)(i) includes a listing of the projects to be funded by the grant; and

“(ii) in the case of an eligible entity that is a State, explains how each listed project helps the State in accomplishing its goals and objectives under the Community Mental Health Services Block Grant under subpart I of part B of title XIX and the Substance Abuse Prevention and Treatment Block Grant under subpart II of such part;

“(F) includes assurances that the facilities will be used for a period of not less than 10 years for the provision of community-based mental health or substance abuse services for those who cannot pay for such services, subject to subsection (e); and

“(G) in the case of a facility that is not a public facility, includes the name and executive director of the entity who will provide services in the facility; and

“(2) with respect to each construction or modernization project described in the application—

“(A) a description of the site for the project;
“(B) plans and specifications for the project and State or tribal approval for the plans and specifications;

“(C) assurance that the title for the site is or will be vested with either the public entity or private nonprofit entity who will provide the services in the facility;

“(D) assurance that adequate financial resources will be available for the construction or major rehabilitation of the project and for the maintenance and operation of the facility;

“(E) estimates of the cost of the project; and

“(F) the estimated length of time for completion of the project.

“(d) Subgrants by States.—

“(1) In general.—A State that receives a grant under this section may award a subgrant to a qualified community program (as such term is used in section 1913(b)(1)).

“(2) Use of Funds.—Subgrants awarded pursuant to paragraph (1) may be used for activities such as—

“(A) the construction, expansion, and modernization of facilities used to provide mental
health and substance abuse services to individuals;

“(B) acquiring and leasing facilities and equipment (including paying the costs of amortizing the principal of, and paying the interest on, loans for such facilities and equipment) to support or further the operation of the sub-grantee;

“(C) the construction and structural modification (including equipment acquisition) of facilities to permit the integrated delivery of behavioral health and primary care of specialty medical services to individuals with co-occurring mental illnesses and chronic medical or surgical diseases at a single service site; and

“(D) acquiring information technology required to accommodate the clinical needs of primary and specialty care professionals.

“(3) LIMITATION.—Not to exceed 15 percent of grant funds may be used for activities described in paragraph (2)(D).

“(e) REQUEST TO TRANSFER OBLIGATION.—An eligible entity that receives a grant under this section may submit a request to the Secretary for permission to trans-
fer the 10-year obligation of facility use, as described in
subsection (e)(1)(F), to another facility.

“(f) AGREEMENT TO FEDERAL SHARE.—As a condi-
tion of receipt of a grant under this section, an eligible
entity shall agree, with respect to the costs to be incurred
by the entity in carrying out the activities for which such
grant is awarded, that the entity will make available non-
Federal contributions (which may include State or local
funds, or funds from the qualified community program)
in an amount equal to not less than $1 for every $1 of
Federal funds provided under the grant.

“(g) REPORTING.—

“(1) REPORTING BY STATES.—During the 10-
year period referred to in subsection (e)(1)(F), the
Secretary shall require that a State that receives a
grant under this section submit, as part of the re-
port of the State required under the Community
Mental Health Services Block Grant under subpart
I of part B of title XIX and the Substance Abuse
Prevention and Treatment Block Grant under sub-
part II of such part, a description of the progress
on—

“(A) the projects carried out pursuant to
the grant under this section; and
“(B) the assurances that the facilities involved continue to be used for the purpose for which they were funded under such grant during such 10-year period.

“(2) Reporting by Indian tribes and tribal organizations.—The Secretary shall establish reporting requirements for Indian tribes and tribal organizations that receive a grant under this section. Such reporting requirements shall include that such Indian tribe or tribal organization provide a description of the progress on—

“(A) the projects carried out pursuant to the grant under this section; and

“(B) the assurances that the facilities involved continue to be used for the purpose for which they were funded under such grant during the 10-year period referred to in subsection (c)(1)(F).

“(h) Failure to Meet Obligations.—

“(1) In general.—If an eligible entity that receives a grant under this section fails to meet any of the obligations of the entity required under this section, the Secretary shall take appropriate steps, which may include—
“(A) requiring that the entity return the
unused portion of the funds awarded under this
section for the projects that are incomplete; and
“(B) extending the length of time that the
entity must ensure that the facility involved is
used for the purposes for which it is intended,
as described in subsection (c)(1)(F).
“(2) HEARING.—Prior to requesting the return
of the funds under paragraph (1)(B), the Secretary
shall provide the entity notice and opportunity for a
hearing.
“(i) COLLABORATION.—The Secretary may establish
intergovernmental and interdepartmental memorandums
of agreement as necessary to carry out this section.
“(j) AUTHORIZATION OF APPROPRIATIONS.—There
is authorized to be appropriated to carry out this section
such sums as may be necessary for each of fiscal years
2014 through 2018.”.

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