

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 2646
OFFERED BY MR. MURPHY OF PENNSYLVANIA**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Helping Families in Mental Health Crisis Act of 2015”.

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

Sec. 1. Short title; table of contents.
Sec. 2. Definitions.

**TITLE I—ASSISTANT SECRETARY FOR MENTAL HEALTH AND
SUBSTANCE USE DISORDERS**

Sec. 101. Assistant Secretary for Mental Health and Substance Use Disorders.
Sec. 102. Transfer of SAMHSA authorities.
Sec. 103. Reports.
Sec. 104. Advisory Council on Graduate Medical Education.

TITLE II—GRANT REFORM AND RESTRUCTURING

Sec. 201. National mental health policy laboratory.
Sec. 202. Innovation grants.
Sec. 203. Demonstration grants.
Sec. 204. Early childhood intervention and treatment.
Sec. 205. Extension of assisted outpatient treatment grant program for individuals with serious mental illness or serious emotional disturbance.
Sec. 206. Block grants.
Sec. 207. Workforce development.
Sec. 208. Authorized grants and programs.

**TITLE III—INTERAGENCY SERIOUS MENTAL ILLNESS
COORDINATING COMMITTEE**

Sec. 301. Interagency Serious Mental Illness Coordinating Committee.

TITLE IV—COMPASSIONATE COMMUNICATION UNDER HIPAA AND FERPA

- Sec. 401. Promoting appropriate treatment for mentally ill individuals by treating their caregivers as personal representatives for purposes of HIPAA privacy regulations.
- Sec. 402. Caregivers permitted access to certain education records under FERPA.
- Sec. 403. Confidentiality of records.
- Sec. 404. Model program and materials for training health care providers on disclosing protected health information to community-based providers.
- Sec. 405. Clarification of circumstances under which disclosure of protected health information of mental illness patients is permitted; model training programs.

TITLE V—MEDICARE AND MEDICAID REFORMS

- Sec. 501. Enhanced Medicaid coverage relating to certain mental health services.
- Sec. 502. Coverage of prescription drugs used to treat mental health disorders under Medicaid.
- Sec. 503. Modifications to Medicare discharge planning requirements.

TITLE VI—RESEARCH BY THE NATIONAL INSTITUTE OF MENTAL HEALTH

- Sec. 601. Increase in funding for certain research.

TITLE VII—REAUTHORIZATION AND REFORMS

Subtitle A—Organization and General Authorities

- Sec. 701. In general.
- Sec. 702. Advisory councils.
- Sec. 703. Peer review.

Subtitle B—Protection and Advocacy for Individuals With Mental Illness

- Sec. 711. Prohibition against lobbying by systems accepting Federal funds to protect and advocate the rights of individuals with mental illness.
- Sec. 712. Protection and advocacy activities to focus exclusively on safeguarding rights to be free from abuse and neglect.
- Sec. 713. Reporting.
- Sec. 714. Grievance procedure.
- Sec. 715. Evidence-based treatment for individuals with serious mental illness or serious emotional disturbance.
- Sec. 716. Training and curriculum for advocates for individuals with mental illness.

TITLE VIII—REPORTING

- Sec. 801. GAO study on preventing discriminatory coverage limitations for individuals with serious mental illness and substance use disorders.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) Except as inconsistent with the provisions
4 of this Act, the term “Assistant Secretary” means
5 the Assistant Secretary for Mental Health and Sub-
6 stance Use Disorders.

7 (2) The term “emergency room boarding”
8 means the practice of admitting patients to an emer-
9 gency department and holding them in that depart-
10 ment after a decision to admit that patient to an in-
11 patient unit has been made but an inpatient psy-
12 chiatric bed is unavailable.

13 (3) The term “evidence-based” means the con-
14 scientious, systematic, explicit, and judicious ap-
15 praisal and use of external, current, reliable, and
16 valid research findings as the basis for making deci-
17 sions about the effectiveness and efficacy of a pro-
18 gram, intervention, or treatment in improving out-
19 come measures for those with serious mental illness,
20 serious emotional disturbances, and substance use
21 disorders including—

22 (A) rates of suicide, suicide attempts, sub-
23 stance abuse, overdose, overdose deaths, emer-
24 gency psychiatric hospitalizations, and emer-
25 gency room boarding;

1 (B) arrests, incarcerations, victimization,
2 homelessness, joblessness, employment, and en-
3 rollment in educational or vocational programs;

4 (C) rates of keeping treatment appoint-
5 ments and compliance with prescribed medica-
6 tions;

7 (D) participants' perceived effectiveness of
8 the program, intervention, or treatment;

9 (E) rates of the programs, interventions,
10 or treatments helping those with serious mental
11 illness or serious emotional disturbance gain
12 control over their lives;

13 (F) violence against persons or property;
14 and

15 (G) homelessness.

16 **TITLE I—ASSISTANT SECRETARY**
17 **FOR MENTAL HEALTH AND**
18 **SUBSTANCE USE DISORDERS**

19 **SEC. 101. ASSISTANT SECRETARY FOR MENTAL HEALTH**
20 **AND SUBSTANCE USE DISORDERS.**

21 (a) IN GENERAL.—There shall be in the Department
22 of Health and Human Services an official to be known
23 as the Assistant Secretary for Mental Health and Sub-
24 stance Use Disorders, who shall—

25 (1) report directly to the Secretary;

1 (2) be appointed by the Secretary of Health
2 and Human Services, by and with the advice and
3 consent of the Senate; and

4 (3) be selected from among individuals who—

5 (A)(i) have a doctoral degree in medicine
6 or osteopathic medicine and clinical and re-
7 search experience in psychiatry;

8 (ii) graduated from an Accreditation Coun-
9 cil for Graduate Medical Education-accredited
10 psychiatric residency program; and

11 (iii) have an understanding of biological,
12 psychosocial, and pharmaceutical treatments of
13 mental illness and substance use disorders; or

14 (B) have a doctoral degree in psychology
15 with—

16 (i) clinical and research experience re-
17 garding mental illness and substance use
18 disorders; and

19 (ii) an understanding of biological,
20 psychosocial, and pharmaceutical treat-
21 ments of mental illness and substance use
22 disorders.

23 (b) DUTIES.—The Assistant Secretary shall—

1 (1) coordinate across departments and agencies
2 with respect to the problems of individuals suffering
3 from substance use disorders or a mental illness;

4 (2) coordinate any functions within the Depart-
5 ment of Health and Human Services, other than
6 functions of the National Institutes of Health and
7 the Centers for Medicare & Medicaid Services—

8 (A) to improve the treatment of, and re-
9 lated services to, individuals with respect to
10 substance use disorders or mental illness;

11 (B) to improve selective prevention or indi-
12 cated prevention services for such individuals;

13 (C) to ensure access to effective, evidence-
14 based treatment for individuals with mental ill-
15 nesses and individuals with a substance use dis-
16 order;

17 (D) to ensure that grant programs of the
18 Department adhere to scientific standards with
19 an emphasis on selective prevention and indi-
20 cated prevention for individuals with a serious
21 mental illness, serious emotional disturbance, or
22 substance use disorder; and

23 (E) to develop and implement initiatives to
24 encourage individuals to pursue careers (espe-
25 cially in underserved areas and populations) as

1 psychiatrists, psychologists, psychiatric nurse
2 practitioners, clinical social workers, and other
3 licensed mental health professionals specializing
4 in the diagnosis, evaluation, and treatment of
5 individuals with serious mental illness or serious
6 emotional disturbance, including individuals—

7 (i) who are vulnerable to crises, psy-
8 chotic episodes, or suicidal ideation;

9 (ii) whose condition may deteriorate
10 rapidly; or

11 (iii) who require more frequent con-
12 tact or integration of a variety of services
13 by the treating mental health professional;

14 (3) consult with the National Institutes of
15 Health and the Centers for Medicare & Medicaid
16 Services on the functions of such agencies that are
17 described in any of subparagraphs (A) through (E)
18 of paragraph (2);

19 (4) coordinate the administrative and financial
20 management, policy development and planning, eval-
21 uation, knowledge dissemination, and public infor-
22 mation functions that are required for the implemen-
23 tation of mental health and substance use disorder
24 programs, including block grants, treatments, and
25 data collection;

1 (5) conduct and coordinate demonstration
2 projects, evaluations, and service system assessments
3 and other activities necessary to improve the avail-
4 ability and quality of treatment, prevention, and re-
5 lated services related to substance use disorders and
6 mental illness;

7 (6) provide for technical assistance and train-
8 ing, consistent with Federal and State privacy pro-
9 tectons, on how patients' protected health informa-
10 tion from providers of mental health and substance
11 use disorder services can be shared with other com-
12 munity-based providers of these services—

13 (A) to facilitate care coordination and
14 medication adherence; and

15 (B) to better manage patients' care during
16 transitions from one care setting to another;

17 (7) within the Department of Health and
18 Human Services, oversee and coordinate all pro-
19 grams and activities relating to—

20 (A) the prevention of, or treatment or re-
21 habilitation for, mental health or substance use
22 disorders;

23 (B) parity in health insurance benefits and
24 conditions relating to mental health and sub-
25 stance use disorder; and

1 (C) the reduction of homelessness and in-
2 carceration among individuals with mental ill-
3 ness;

4 (8) across the Federal Government, in conjunc-
5 tion with the Interagency Serious Mental Illness Co-
6 ordinating Committee under section 301A—

7 (A) review all programs and activities re-
8 lating to the prevention of, or treatment or re-
9 habilitation for, mental illness or substance use
10 disorders;

11 (B) identify any such programs and activi-
12 ties that are duplicative;

13 (C) identify any such programs and activi-
14 ties that—

15 (i) are not evidence-based, effective, or
16 efficient; or

17 (ii) fail to improve a meaningful out-
18 come; and

19 (D) formulate recommendations for ex-
20 panding, coordinating, eliminating, and improv-
21 ing programs and activities identified pursuant
22 to subparagraph (B) or (C) and merging any
23 such programs and activities into other, suc-
24 cessful programs and activities;

1 (9) identify evidence-based best practices across
2 the Federal Government for treatment and services
3 for those with mental health and substance use dis-
4 orders by reviewing practices for efficiency, effective-
5 ness, quality, coordination, and cost effectiveness;

6 (10) supervise the National Mental Health Pol-
7 icy Laboratory; and

8 (11) not later than one year after the date of
9 enactment of the Helping Families in Mental Health
10 Crisis Act of 2015 and every two years after, submit
11 to the Congress and make publicly available a report
12 containing a nationwide strategy to increase the psy-
13 chiatric workforce and recruit medical professionals
14 for the treatment of individuals with a serious men-
15 tal illness, serious emotional disturbance, or sub-
16 stance use disorder.

17 (c) NATIONWIDE STRATEGY.—The Assistant Sec-
18 retary shall ensure that the nationwide strategy in the re-
19 port under subsection (b)(9) is designed—

20 (1) to encourage and incentivize students en-
21 rolled in an accredited medical or osteopathic med-
22 ical school to enter the specialty of psychiatry;

23 (2) to promote greater research-oriented psy-
24 chiatrist residency training on evidence-based service
25 delivery models for individuals with serious mental

1 illness, serious emotional disturbance, or substance
2 use disorders;

3 (3) to promote appropriate Federal administra-
4 tive and fiscal mechanisms that support—

5 (A) evidence-based coordinated care mod-
6 els; and

7 (B) the necessary psychiatric workforce ca-
8 pacity for these models, including psychiatrists
9 (including child and adolescent psychiatrists),
10 psychologists, psychiatric nurse practitioners,
11 clinical social workers, and mental health, peer-
12 support specialists;

13 (4) to increase access to child and adolescent
14 psychiatric services in order to promote early inter-
15 vention for prevention and mitigation of mental ill-
16 ness; and

17 (5) to identify populations and locations that
18 are the most underserved by mental health profes-
19 sionals and the most in need of psychiatrists (includ-
20 ing child and adolescent psychiatrists), psychologists,
21 psychiatric nurse practitioners, clinical social work-
22 ers, and mental health, peer-support specialists.

23 (d) PRIORITIZATION OF INTEGRATION OF SERVICES,
24 EARLY DIAGNOSIS, INTERVENTION, AND WORKFORCE

1 DEVELOPMENT.—In carrying out the duties described in
2 subsection (b), the Assistant Secretary shall prioritize—

3 (1) the integration of mental health, substance
4 use, and physical health services for the purpose of
5 diagnosing, preventing, treating, or providing reha-
6 bilitation for mental illness or substance use dis-
7 orders, including any such services provided through
8 the justice system (including departments of correc-
9 tion), the education system, or other entities other
10 than the Department of Health and Human Serv-
11 ices;

12 (2) crisis intervention for, early diagnosis and
13 intervention services for the prevention of, and treat-
14 ment and rehabilitation for, serious mental illness,
15 serious emotional disturbance, or substance use dis-
16 orders;

17 (3) workforce development for—

18 (A) appropriate treatment of serious men-
19 tal illness, serious emotional disturbance, or
20 substance use disorders; and

21 (B) research activities that advance sci-
22 entific and clinical understandings of these dis-
23 orders, including the development and imple-
24 mentation of a continuing nationwide strategy
25 to increase the psychiatric workforce with psy-

1 chiatrists, child and adolescent psychiatrists,
2 psychologists, psychiatric nurse practitioners,
3 clinical social workers, and mental health peer
4 support specialists; and

5 (4) grants that improve a meaningful outcome
6 in people with mental illness, serious mental illness,
7 or serious emotional disturbance such as reducing
8 homelessness, arrest, incarceration, hospitalization,
9 and suicide.

10 (e) REQUIREMENTS AND RESTRICTIONS ON AUTHOR-
11 ITY TO AWARD GRANTS.—In awarding any mental health
12 grant or financial assistance, the Assistant Secretary, and
13 any agency or official within the Office of the Assistant
14 Secretary, shall comply with the following:

15 (1) The grant or financial assistance shall be
16 for activities consisting of, or based upon—

17 (A) applied scientific research; or

18 (B) demonstrated scientific work; or (C) in
19 exceptional circumstances at the discretion of
20 the Director of the National Mental Health Pol-
21 icy Lab.

22 (2) Any program to be funded shall be dem-
23 onstrated—

24 (A) in the case of an ongoing program, to
25 be effective; and

1 (B) in the case of a new program, to have
2 the prospect of being effective.

3 (3) The programs and activities to be funded
4 shall use evidence-based best practices or emerging
5 evidence-based best practices that are translational
6 and can be expanded or replicated to other States,
7 local communities, agencies, or through the Medicaid
8 program under title XIX of the Social Security Act.

9 (4) An application for the grant or financial as-
10 sistance shall include, as applicable—

11 (A) a scientific justification based on pre-
12 viously demonstrated models, the number of in-
13 dividuals to be served, the population to be tar-
14 geted, what objective outcomes measures will be
15 used, and details on how the program or activ-
16 ity to be funded can be replicated and by whom;
17 and

18 (B) a description of the studies, meth-
19 odologies and mathematical models to be used
20 and relied upon and pre-registered, including
21 any such anonymized data sets published, and
22 all results, including null results reported.

23 (5) Applicants shall be evaluated and selected
24 through a blind, peer-review process by expert men-

1 tal health care or substance use disorder treatment
2 providers with professional experience in—

3 (A) mental health research or treatment;

4 (B) substance abuse research or treatment;

5 or

6 (C) other areas of expertise appropriate to
7 the grant or other financial assistance.

8 (6) No member of a peer-review group con-
9 ducting a blind, peer-review process, as required by
10 paragraph (5), may be related to anyone who may
11 be applying for the type of award being reviewed,
12 may be a current grant applicant, or may have a fi-
13 nancial or employment interested in selecting whom
14 to receive the award.

15 (7) Award recipients may be periodically re-
16 viewed and audited at the discretion of the Inspector
17 General of the Department of Health and Human
18 Services or the Comptroller General of the United
19 States to ensure that—

20 (A) the best scientific method for both
21 services and data collection is being followed;
22 and

23 (B) Federal funds are being used as re-
24 quired by the conditions of the award and by

1 applicable guidelines of the National Mental
2 Health Policy Laboratory.

3 (8) Award recipients that fail an audit or fail
4 to provide information pursuant to an audit shall
5 have their awards terminated or shall be placed on
6 a corrective action plan to address the issues raised
7 in the audit findings.

8 (f) DEFINITIONS.—In this section:

9 (1) The term “selective prevention” means pre-
10 vention that is designed to detect or prevent a dis-
11 ease or condition among individuals or a subpopula-
12 tion determined to be at risk for the disease or con-
13 dition.

14 (2) The term “indicated prevention” means pre-
15 vention that is designed to reduce or minimize the
16 consequences of a disease or condition among indi-
17 viduals who have the disease or condition.

18 **SEC. 102. TRANSFER OF SAMHSA AUTHORITIES.**

19 (a) IN GENERAL.—Effective on the date that is 1
20 year after the date of enactment of this Act of the first
21 full fiscal year following such date of enactment, the Sec-
22 retary of Health and Human Services shall delegate to the
23 Assistant Secretary all duties and authorities that—

24 (1) as of the day before the date of enactment
25 of this Act, were vested in the Administrator of the

1 Substance Abuse and Mental Health Services Ad-
2 ministration; and

3 (2) are not terminated by this Act.

4 (b) TRANSITION.—This section and the amendments
5 made by this section apply beginning on the day that is
6 6 months after the date of enactment of this Act. As of
7 such day, the Secretary of Health and Human Services
8 shall provide for the transfer of the personnel, assets, and
9 obligations of the Substance Abuse and Mental Health
10 Services Administration to the Office of the Assistant Sec-
11 retary.

12 (c) CONFORMING AMENDMENTS.—Title V of the
13 Public Health Service Act (42 U.S.C. 290aa et seq.) is
14 amended—

15 (1) in the title heading, by striking “**SUB-**
16 **STANCE ABUSE AND MENTAL HEALTH**
17 **SERVICES ADMINISTRATION**” and insert-
18 ing “**MENTAL HEALTH AND SUBSTANCE**
19 **USE DISORDERS**”;

20 (2) by amending section 501(a) to read as fol-
21 lows:

22 “(a) ASSISTANT SECRETARY.—The Assistant Sec-
23 retary for Mental Health and Substance Use Disorders
24 shall have the duties and authorities vested in the Assis-
25 tant Secretary by this title in addition to the duties and

1 authorities vested in the Assistant Secretary by section
2 501 of the Helping Families in Mental Health Crisis Act
3 of 2015 and other provisions of law.”;

4 (3) by amending section 501(c) to read as fol-
5 lows:

6 “(c) DEPUTY ASSISTANT SECRETARY.—The Assist-
7 ant Secretary, with the approval of the Secretary, may ap-
8 point a Deputy Assistant Secretary and may employ and
9 prescribe the functions of such officers and employees, in-
10 cluding attorneys, as are necessary to administer the ac-
11 tivities to be carried out under this title.”;

12 (4) by striking “Administrator of the Substance
13 Abuse and Mental Health Services Administration”
14 each place it appears and inserting “Assistant Sec-
15 retary for Mental Health and Substance Use Dis-
16 orders”;

17 (5) by striking “Administrator” each place it
18 appears and inserting “Assistant Secretary”, except
19 where the term “Administrator” appears within the
20 term—

21 (A) Associate Administrator;

22 (B) Administrator of the Health Resources
23 and Services Administration;

24 (C) Administrator of the Centers for Medi-
25 care & Medicaid Services; or

1 (D) Administrator of the Office of Juvenile
2 Justice and Delinquency Prevention;

3 (6) by striking “Substance Abuse and Mental
4 Health Services Administration” each place it ap-
5 pears and inserting “Office of the Assistant Sec-
6 retary”;

7 (7) in section 502, by striking “Administration
8 or Center” each place it appears and inserting “Of-
9 fice or Center”;

10 (8) in section 502, by striking “Administra-
11 tion’s” and inserting “Office of the Assistant Sec-
12 retary’s”; and

13 (9) by striking the term “Administration” each
14 place it appears and inserting “Office of the Assist-
15 ant Secretary”, except in the heading of section
16 520G(b) and where the term “Administration” ap-
17 pears with the term—

18 (A) Health Resources and Services Admin-
19 istration; or

20 (B) National Highway Traffic Safety Ad-
21 ministration.

22 (d) REFERENCES.—After executing subsection (a),
23 subsection (b), and the amendments made by subsection
24 (c)—

1 (1) any reference in statute, regulation, or guid-
2 ance to the Administrator of the Substance Abuse
3 and Mental Health Services Administration shall be
4 construed to be a reference to the Assistant Sec-
5 retary for Mental Health and Substance Use Dis-
6 orders; and

7 (2) any reference in statute, regulation, or guid-
8 ance to the Substance Abuse and Mental Health
9 Services Administration shall be construed to be a
10 reference to the Office of the Assistant Secretary.

11 **SEC. 103. REPORTS.**

12 (a) REPORT ON INVESTIGATIONS REGARDING PAR-
13 ITY IN MENTAL HEALTH AND SUBSTANCE USE DIS-
14 ORDER BENEFITS.—

15 (1) IN GENERAL.—Not later than 180 days
16 after the enactment of this Act, and annually there-
17 after, the Administrator of the Centers for Medicare
18 & Medicaid Services, in collaboration with the As-
19 sistant Secretary of Labor of the Employee Benefits
20 Security Administration and the Secretary of the
21 Treasury, and in consultation with the Assistant
22 Secretary for Mental Health and Substance Use
23 Disorders, shall submit to the Congress and make
24 publicly available a report—

1 (A) identifying Federal investigations con-
2 ducted or completed during the preceding 12-
3 month period regarding compliance with parity
4 in mental health and substance use disorder
5 benefits, including benefits provided to persons
6 with serious mental illness, serious emotional
7 disturbance, and substance use disorders, under
8 the Paul Wellstone and Pete Domenici Mental
9 Health Parity and Addiction Equity Act of
10 2008 (subtitle B of title V of division C of Pub-
11 lic Law 110–343); and

12 (B) summarizing the results of such inves-
13 tigations.

14 (2) CONTENTS.—Subject to paragraph (3),
15 each report under paragraph (1) shall include the
16 following information:

17 (A) The number of investigations opened
18 and closed during the covered reporting period.

19 (B) The benefit classification or classifica-
20 tions examined by each investigation.

21 (C) The subject matter or subject matters
22 of each investigation, including quantitative and
23 nonquantitative treatment limitations.

24 (D) A summary of the basis of the final
25 decision rendered for each investigation.

1 (3) LIMITATION.—Individually identifiable in-
2 formation shall be excluded from reports under
3 paragraph (1) consistent with Federal privacy pro-
4 tections.

5 (b) REPORT ON BEST PRACTICES FOR PEER-SUP-
6 PORT SPECIALIST PROGRAMS, TRAINING, AND CERTIFI-
7 CATION.—

8 (1) IN GENERAL.—Not later than 1 year after
9 the date of enactment of this Act, and biannually
10 thereafter, the Assistant Secretary shall submit to
11 the Congress and make publicly available a report on
12 innovations, best practices, and professional stand-
13 ards in States for—

14 (A) establishing and operating health care
15 programs using peer-support specialists; and

16 (B) training and certifying peer-support
17 specialists.

18 (2) PEER-SUPPORT SPECIALIST DEFINED.—In
19 this subsection, the term “peer-support specialist”
20 means an individual who—

21 (A) uses his or her lived experience of re-
22 covery from mental illness or substance abuse,
23 plus skills learned in formal training, to facili-
24 tate support groups, and to work on a one-on-
25 one basis, with individuals with a serious men-

1 tal illness, serious emotional disturbance, or a
2 substance use disorder, in consultation with and
3 under the supervision of a licensed mental
4 health or substance use treatment professional;

5 (B) has been an active participant in men-
6 tal health or substance use treatment for at
7 least the preceding 2 years;

8 (C) does not provide direct medical serv-
9 ices; and

10 (D) does not perform services outside of
11 his or her area of training, expertise, com-
12 petence, or scope of practice.

13 In defining the term “peer-support specialist” for
14 purposes of this section, the Assistant Secretary
15 shall take into consideration the competencies of a
16 peer-support specialist applied by the Department of
17 Veterans Affairs.

18 (3) CONTENTS.—Each report under this sub-
19 section shall include information on best practices
20 and standards with regard to the following:

21 (A) Hours of formal work or volunteer ex-
22 perience related to mental health and substance
23 use issues.

24 (B) Types of peer specialist exams re-
25 quired.

1 (C) Code of ethics.

2 (D) Additional training required prior to
3 certification, including in areas such as—

4 (i) psychopharmacology;

5 (ii) integrating physical medicine and
6 mental health supportive services;

7 (iii) ethics;

8 (iv) scope of practice;

9 (v) crisis intervention;

10 (vi) identification and treatment of
11 mental health disorders;

12 (vii) State confidentiality laws;

13 (viii) Federal privacy protections, in-
14 cluding under the Health Insurance Port-
15 ability and Accountability Act of 1996; and

16 (ix) other areas as determined by the
17 Assistant Secretary.

18 (E) Requirements to explain what, where,
19 when, and how to accurately complete all re-
20 quired documentation activities.

21 (F) Required or recommended skill sets,
22 including—

23 (i) identifying consumer risk indica-
24 tors, including individual stressors, trig-

1 gers, and indicators of pre-crisis symp-
2 toms;

3 (ii) explaining basic crisis avoidance
4 techniques;

5 (iii) explaining basic suicide preven-
6 tion concepts and techniques;

7 (iv) identifying indicators that the
8 consumer may be experiencing abuse or ne-
9 glect;

10 (v) identifying and responding appro-
11 priately to personal stressors, triggers, and
12 indicators;

13 (vi) identifying the consumer's current
14 stage of change or recovery;

15 (vii) teaching individuals how to ac-
16 cess or participate in community mental
17 health and related services; and

18 (viii) identifying circumstances when
19 it is appropriate to request assistance from
20 other professionals to help meet the con-
21 sumer's recovery goals.

22 (G) Requirements for continuing education
23 credits annually.

24 (c) REPORT ON THE STATE OF THE STATES IN MEN-
25 TAL HEALTH AND SUBSTANCE USE TREATMENT.—Not

1 later than 1 year after the date of enactment of this Act,
2 and not less than every 2 years thereafter, the Assistant
3 Secretary shall submit to the Congress and make available
4 to the public a report on the state of the States in serious
5 mental illness, serious emotional disturbance, and sub-
6 stance use treatment, including the following:

7 (1) A detailed report on how Federal mental
8 health and substance use treatment funds are used
9 in each State including:

10 (A) The numbers of individuals with seri-
11 ous mental illness, serious emotional disturb-
12 ance, or substance use disorders who are served
13 with Federal funds.

14 (B) The types of programs made available
15 to individuals with serious mental illness, seri-
16 ous emotional disturbance, or substance use dis-
17 orders.

18 (2) A summary of best practice models in the
19 States highlighting programs that are cost effective,
20 provide evidence-based care, increase access to care,
21 integrate physical, psychiatric, psychological, and be-
22 havioral medicine, and improve outcomes for individ-
23 uals with mental illness or substance use disorders.

24 (3) A statistical report of outcome measures in
25 each State, including—

1 (A) rates of suicide, suicide attempts, sub-
2 stance abuse, overdose, overdose deaths, emer-
3 gency psychiatric hospitalizations, and emer-
4 gency room boarding; and

5 (B) for those with mental illness, arrests,
6 incarcerations, victimization, homelessness, job-
7 lessness, employment, and enrollment in edu-
8 cational or vocational programs.

9 (4) Outcome measures on State-assisted out-
10 patient treatment programs, including—

11 (A) rates of keeping treatment appoint-
12 ments and compliance with prescribed medica-
13 tions;

14 (B) participants' perceived effectiveness of
15 the program;

16 (C) rates of the programs helping those
17 with serious mental illness or serious emotional
18 disturbance gain control over their lives;

19 (D) alcohol and drug abuse rates;

20 (E) incarceration and arrest rates;

21 (F) violence against persons or property;

22 (G) homelessness; and

23 (H) total treatment costs for compliance
24 with the program.

1 (5) For States and counties with assisted out-
2 patient treatment programs, the information re-
3 ported under this subsection shall include a compari-
4 son of the outcomes of individuals with serious men-
5 tal illness or serious emotional disturbance who par-
6 ticipated in the programs versus the outcomes of in-
7 dividuals who did not participate but were eligible to
8 do so by nature of their history.

9 (6) For States and counties without assisted
10 outpatient treatment programs, the information re-
11 ported under this subsection shall include data on
12 individuals with mental illness who—

13 (A) have a history of violence, incarcer-
14 ation, and arrests;

15 (B) have a history of emergency psy-
16 chiatric hospitalizations;

17 (C) are substantially unlikely to participate
18 in treatment on their own;

19 (D) may be unable for reasons other than
20 indigence, to provide for any of their basic
21 needs such as food, clothing, shelter, health or
22 safety;

23 (E) have a history of mental illness or con-
24 dition that is likely to substantially deteriorate

1 if the individual is not provided with timely
2 treatment; and

3 (F) due to their mental illness, have a lack
4 of capacity to fully understand or lack judgment,
5 or diminished capacity to make informed
6 decisions, regarding their need for treatment,
7 care, or supervision.

8 (d) REPORTING COMPLIANCE STUDY.—

9 (1) IN GENERAL.—The Assistant Secretary for
10 Mental Health and Substance Use Disorders shall
11 enter into an arrangement with the Institute of
12 Medicine of the National Academies (or, if the Institute
13 declines, another appropriate entity) under
14 which, not later than 12 months after the date of
15 enactment of this Act, the Institute will submit to
16 the appropriate committees of Congress and make
17 publicly available a report that evaluates the combined
18 paperwork burden of—

19 (A) community mental health centers
20 meeting the criteria specified in section 1913(c)
21 of the Public Health Service Act (42 U.S.C.
22 300x–2), including such centers meeting such
23 criteria as in effect on the day before the date
24 of enactment of this Act; and

1 (B) certified community behavioral health
2 clinics certified pursuant to section 223 of the
3 Protecting Access to Medicare Act of 2014
4 (Public Law 113–93), as amended by section
5 505.

6 (2) SCOPE.—In preparing the report under sub-
7 section (a), the Institute of Medicine (or, if applica-
8 ble, other appropriate entity) shall examine licens-
9 ing, certification, service definitions, claims payment,
10 billing codes, and financial auditing requirements
11 used by the Office of Management and Budget, the
12 Centers for Medicare & Medicaid Services, the
13 Health Resources and Services Administration, the
14 Substance Abuse and Mental Health Services Ad-
15 ministration, the Office of the Inspector General of
16 the Department of Health and Human Services,
17 State Medicaid agencies, State departments of
18 health, State departments of education, and State
19 and local juvenile justice and social service agencies
20 to—

21 (A) establish an estimate of the combined
22 nationwide cost of complying with such require-
23 ments, in terms of both administrative funding
24 and staff time;

1 (B) establish an estimate of the per capita
2 cost to each center or clinic described in sub-
3 paragraph (A) or (B) of paragraph (1) to com-
4 ply with such requirements, in terms of both
5 administrative funding and staff time; and

6 (C) make administrative and statutory rec-
7 ommendations to Congress (which recommenda-
8 tions may include a uniform methodology) to
9 reduce the paperwork burden experienced by
10 centers and clinics described in subparagraph
11 (A) or (B) of paragraph (1).

12 **SEC. 104. ADVISORY COUNCIL ON GRADUATE MEDICAL**
13 **EDUCATION.**

14 Section 762(b) of the Public Health Service Act (42
15 U.S.C. 294o(b)) is amended—

16 (1) by redesignating paragraphs (4) through
17 (6) as paragraphs (5) through (7), respectively; and

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

20 “(4) the Assistant Secretary for Mental Health
21 and Substance Use Disorders;”.

1 **TITLE II—GRANT REFORM AND**
2 **RESTRUCTURING**

3 **SEC. 201. NATIONAL MENTAL HEALTH POLICY LABORA-**
4 **TORY.**

5 (a) IN GENERAL.—

6 (1) ESTABLISHMENT.—The Assistant Secretary
7 for Mental Health and Substance Use Disorders
8 shall establish, within the Office of the Assistant
9 Secretary, the National Mental Health Policy Lab-
10 oratory (in this section referred to as the
11 “NMHPL”).

12 (2) DUTIES.—The Assistant Secretary, acting
13 through the NMHPL, shall—

14 (A) identify, coordinate, and implement
15 policy changes and other trends likely to have
16 the most significant impact on mental health
17 services and monitor their impact for grants ad-
18 ministered by the Assistant Secretary;

19 (B) evaluate and disseminate to such
20 grantees evidence-based practices and services
21 delivery models using the best available science
22 shown to be cost-effective while enhancing the
23 quality of care furnished to individuals;

1 (C) establish standards for the appoint-
2 ment of scientific peer-review panels to evaluate
3 grant applications;

4 (D) establish standards for mental health
5 grant programs under subsection (b); and

6 (E) make public recommendations on how
7 sharing patients' protected health information
8 among community-based mental health and
9 substance use disorder providers can improve
10 care coordination, medication adherence, and
11 the management of patients' care during transi-
12 tions from one care setting to another.

13 (3) EVIDENCE-BASED PRACTICES AND SERVICE
14 DELIVERY MODELS.—In selecting evidence-based
15 best practices and service delivery models for evalua-
16 tion and dissemination under paragraph (2)(C), the
17 Assistant Secretary, acting through the NMHPL—

18 (A) shall give preference to models that
19 improve—

20 (i) the coordination between mental
21 health and physical health providers;

22 (ii) the coordination among such pro-
23 viders and the justice and corrections sys-
24 tem; and

1 (iii) the cost effectiveness, quality, ef-
2 fectiveness, and efficiency of health care
3 services furnished to individuals with seri-
4 ous mental illness or serious emotional dis-
5 turbance, in mental health crisis, or at risk
6 to themselves, their families, and the gen-
7 eral public; and

8 (B) may include clinical protocols and
9 practices used in the Recovery After Initial
10 Schizophrenia Episode (RAISE) project and the
11 North American Prodrome Longitudinal Study
12 (NAPLS) of the National Institute of Mental
13 Health.

14 (4) DEADLINE FOR BEGINNING IMPLEMENTA-
15 TION.—The Assistant Secretary, acting through the
16 NMHPL, shall begin implementation of the duties
17 described in this subsection not later than January
18 1, 2018.

19 (5) CONSULTATION.—In carrying out the duties
20 under this subsection, the Assistant Secretary, act-
21 ing through the NMHPL, shall consult with—

22 (A) representatives of the National Insti-
23 tute of Mental Health on organization, hiring
24 decisions, and operations with respect to the
25 NMHPL, initially and on an ongoing basis ;

1 (B) other appropriate Federal agencies;

2 (C) clinical and analytical experts with ex-
3 pertise in psychiatric medical care and clinical
4 psychological care, health care management,
5 education, corrections health care, and mental
6 health court systems; and

7 (D) other individuals and agencies as de-
8 termined appropriate by the Assistant Sec-
9 retary.

10 (b) STANDARDS FOR GRANT PROGRAMS.—

11 (1) IN GENERAL.—The Assistant Secretary,
12 acting through the NMHPL, shall set standards for
13 mental health grant programs administered by the
14 Assistant Secretary, including standards for—

15 (A) the extent to which the grantee must
16 have the capacity to implement the award;

17 (B) the extent to which the grant plan sub-
18 mitted by the grantee as part of its application
19 must explain how the grantee will help to pro-
20 vide comprehensive community mental health or
21 substance use services to adults with serious
22 mental illness, serious emotional disturbance, or
23 substance use disorders and children with seri-
24 ous emotional disturbances;

1 (C) the extent to which the grantee must
2 identify priorities, as well as strategies and per-
3 formance indicators to address those priorities
4 for the duration of the grant;

5 (D) the extent to which the grantee must
6 submit statements on the extent to which the
7 grantee is meeting annual program priorities
8 with quantifiable, objective, and scientific tar-
9 gets, measures, and outcomes;

10 (E) the extent to which grantees are ex-
11 pected to collaborate with other child-serving
12 systems such as child welfare, education, juve-
13 nile justice, and primary care systems;

14 (F) the extent to which the grantee must
15 collect and report data;

16 (G) the extent to which the grantee must
17 use evidence-based practices and the extent to
18 which those evidence-based practices must be
19 used with respect to a population similar to the
20 population for which the evidence-based prac-
21 tices were shown to be effective; and

22 (H) the extent to which a grantee, when
23 possible, must have a control group.

24 (2) PUBLIC DISCLOSURE OF RESULTS.—The
25 Assistant Secretary, acting through the NMHPL—

1 (A) shall make the standards under para-
2 graph (1) available to the public in a timely
3 fashion; and

4 (B) may establish requirements for States
5 and other entities receiving funds through
6 grants under programs established or amended
7 by this Act and under other mental health pro-
8 grams under the Public Health Service Act, in-
9 cluding under a block grant under part B of
10 title XIX of the Public Health Service Act (42
11 U.S.C. 300x et seq.), to collect information on
12 evidence-based best practices and services deliv-
13 ery models selected under section 101(c)(2), as
14 the Assistant Secretary determines necessary to
15 monitor and evaluate such models.

16 (c) COMPOSITION.—In selecting the staff of the
17 NMHPL, the Assistant Secretary, acting through the
18 NMHPL, in consultation with the Director of the National
19 Institute of Mental Health, shall ensure that the staff
20 shall consist of 5 categories of persons (for a total of 100
21 percent) as follows:

22 (1) At least 20 percent of the staff shall—

23 (A) have a doctoral degree in medicine or
24 osteopathic medicine and clinical and research
25 experience in psychiatry;

1 (B) have graduated from an Accreditation
2 Council for Graduate Medical Education-ac-
3 credited psychiatric residency program; and

4 (C) have an understanding of biological,
5 psychosocial, and pharmaceutical treatments of
6 mental illness and substance use disorders.

7 (2) At least 20 percent of the staff shall have
8 a doctoral degree in psychology with—

9 (A) clinical and research experience re-
10 garding mental illness and substance use dis-
11 orders; and

12 (B) an understanding of biological, psycho-
13 social, and pharmaceutical treatments of mental
14 illness and substance use disorders.

15 (3) At least 20 percent of the staff shall be pro-
16 fessionals or academics with clinical or research ex-
17 pertise in substance use disorders and treatment.

18 (4) At least 20 percent of the staff shall be pro-
19 fessionals or academics with expertise in research
20 design and methodologies.

21 (5) At least 20 percent of the staff shall be
22 mental health or substance use disorder treatment
23 professionals, including those specializing in youth
24 and adolescent treatment.

1 (d) REPORT ON QUALITY OF CARE.—Not later than
2 1 year after the date of enactment of this Act, and every
3 2 years thereafter, the Assistant Secretary, acting through
4 the NMHPL, shall submit to the Congress and make pub-
5 licly available a report on the quality of care furnished
6 through grant programs administered by the Assistant
7 Secretary under the respective services delivery models, in-
8 cluding measurement of patient-level outcomes and public
9 health outcomes such as—

10 (1) reduced rates of suicide, suicide attempts,
11 substance abuse, overdose, overdose deaths, emer-
12 gency psychiatric hospitalizations, emergency room
13 boarding, incarceration, crime, arrest, victimization,
14 homelessness, and joblessness;

15 (2) rates of employment and enrollment in edu-
16 cational and vocational programs; and

17 (3) such other criteria as the Assistant Sec-
18 retary may determine.

19 **SEC. 202. INNOVATION GRANTS.**

20 (a) IN GENERAL.—The Assistant Secretary shall
21 award grants to State and local governments, educational
22 institutions, and nonprofit organizations for expanding a
23 model that has been scientifically demonstrated to show
24 promise, but would benefit from further applied research,
25 for—

1 (1) enhancing the screening, diagnosis, and
2 treatment of mental illness, serious mental illness,
3 serious emotional disturbance, and substance use
4 disorders; or

5 (2) integrating or coordinating physical, mental
6 health, and substance use services.

7 (b) DURATION.—A grant under this section shall be
8 not less than 2 and not more than 5 years.

9 (c) LIMITATIONS.—Of the amounts made available
10 for carrying out this section for a fiscal year—

11 (1) not more than one-third shall be awarded
12 for use for primary prevention; and

13 (2) not less than one-third shall be awarded for
14 screening, diagnosis, treatment, or services, as de-
15 scribed in subsection (a), for individuals (or sub-
16 populations of individuals) who are below the age of
17 18 when activities funded through the grant award
18 are initiated.

19 (d) GUIDELINES.—As a condition on receipt of an
20 award under this section, an applicant shall agree to ad-
21 here to guidelines issued by the National Mental Health
22 Policy Laboratory on research designs and data collection.

23 (e) TERMINATION.—The Assistant Secretary may
24 terminate any award under this section upon a determina-
25 tion that—

1 (1) the recipient is not providing information
2 requested by the National Mental Health Policy
3 Laboratory or the Assistant Secretary in connection
4 with the award; or

5 (2) there is a clear failure in the effectiveness
6 of the recipient's programs or activities funded
7 through the award.

8 (f) REPORTING.—As a condition on receipt of an
9 award under this section, an applicant shall agree—

10 (1) to report to the National Mental Health
11 Policy Laboratory and the Assistant Secretary the
12 results of programs and activities funded through
13 the award;

14 (2) to make each such report publicly available;
15 and

16 (3) to include in such reporting any relevant
17 data requested by the National Mental Health Policy
18 Laboratory and the Assistant Secretary.

19 (g) DEFINITION.—In this section, the term “primary
20 prevention” means prevention that is designed to prevent
21 a disease or condition from occurring among the general
22 population without regard to identifying the presence of
23 risk factors or symptoms in the population.

24 (h) FUNDING.—Of the amounts made available to the
25 Center for Mental Health Services for fiscal year 2016 and

1 each subsequent fiscal year, \$20,000,000 are authorized
2 to be used to carry out this section.

3 **SEC. 203. DEMONSTRATION GRANTS.**

4 (a) GRANTS.—The Assistant Secretary shall award
5 grants to States, counties, local governments, educational
6 institutions, and private nonprofit organizations for the
7 expansion, replication, or scaling of evidence-based pro-
8 grams across a wider area to enhance effective screening,
9 early diagnosis, intervention, and treatment with respect
10 to mental illness, serious mental illness, serious emotional
11 disturbance, and substance use disorders, primarily by—

12 (1) applied delivery of care, including training
13 staff in effective evidence-based treatment;

14 (2) integrating models of care across specialties
15 and jurisdictions; and

16 (3) assuring the sharing by providers, con-
17 sistent with Federal and State privacy protections,
18 of patients' protected health information—

19 (A) to facilitate care coordination and
20 medication adherence; and

21 (B) to better manage patients' care during
22 changes from one care setting to another.

23 (b) DURATION.—A grant under this section shall be
24 for a period of not less than 5 years and not more than
25 10 years.

1 (c) LIMITATIONS.—Of the amounts made available
2 for carrying out this section for a fiscal year—

3 (1) not less than half shall be awarded for
4 screening, diagnosis, intervention, and treatment, as
5 described in subsection (a), for individuals (or sub-
6 populations of individuals) who are below the age of
7 26 when activities funded through the grant award
8 are initiated;

9 (2) no amounts shall be made available for any
10 program or project that is not evidence-based unless
11 approved unanimously by the staff of the National
12 Mental Health Policy Laboratory ;

13 (3) no amounts shall be made available for pri-
14 mary prevention; and

15 (4) no amounts shall be made available solely
16 for the purpose of expanding facilities or increasing
17 staff at an existing program.

18 (d) GUIDELINES.—As a condition on receipt of an
19 award under this section, an applicant shall agree to ad-
20 here to guidelines issued by the National Mental Health
21 Policy Laboratory on research designs and data collection.

22 (e) TERMINATION.—The Assistant Secretary may
23 terminate any award under this section upon a determina-
24 tion that—

1 (1) the recipient is not providing information
2 requested by the National Mental Health Policy
3 Laboratory or the Assistant Secretary in connection
4 with the award; or

5 (2) there is a clear failure in the effectiveness
6 of the recipient's programs or activities funded
7 through the award.

8 (f) REPORTING.—As a condition on receipt of an
9 award under this section, an applicant shall agree—

10 (1) to report to the National Mental Health
11 Policy Laboratory and the Assistant Secretary the
12 results of programs and activities funded through
13 the award;

14 (2) to make each such report publicly available;
15 and

16 (3) to include in such reporting any relevant
17 data requested by the National Mental Health Policy
18 Laboratory and the Assistant Secretary.

19 (g) DEFINITION.—In this section, the term “primary
20 prevention” means prevention that is designed to prevent
21 a disease or condition from occurring among the general
22 population without regard to identifying the presence of
23 risk factors or symptoms in the population.

24 (h) FUNDING.—Of the amounts made available to the
25 Center for Mental Health Services for fiscal year 2016 and

1 each subsequent fiscal year, \$20,000,000 are authorized
2 to be used to carry out this section.

3 **SEC. 204. EARLY CHILDHOOD INTERVENTION AND TREAT-**
4 **MENT.**

5 (a) GRANTS.—The Assistant Secretary, acting
6 through the National Mental Health Policy Laboratory (in
7 this section referred to as the “NMHPL”), shall—

8 (1) award grants to eligible entities to initiate
9 and undertake, for eligible children, early childhood
10 intervention and treatment programs, and special-
11 ized preschool and elementary school programs, with
12 the goal of preventing chronic and serious mental ill-
13 ness or serious emotional disturbance;

14 (2) award grants to not more than 3 eligible en-
15 tities for intervention outcomes study of children be-
16 fore and after treatment in programs funded under
17 paragraph (1) on eligible children who were treated
18 5 or more years prior to the enactment of this Act;
19 and

20 (3) ensure that programs and activities funded
21 through grants under this subsection are based on
22 a sound scientific model that shows evidence and
23 promise and can be replicated in other settings.

24 (b) ELIGIBLE ENTITIES AND CHILDREN.—In this
25 section:

1 (1) ELIGIBLE ENTITY.—The term “eligible enti-
2 ty” means a nonprofit institution that—

3 (A) is duly accredited by State mental
4 health and education agencies, as applicable, for
5 the treatment and education of children from 1
6 to 10 years of age; and

7 (B) provides services that include early
8 childhood intervention and specialized preschool
9 and elementary school programs focused on
10 children whose primary need is a social or emo-
11 tional disability (in addition to any learning dis-
12 ability).

13 (2) ELIGIBLE CHILD.—The term “eligible
14 child” means a child who is at least 0 years old and
15 not more than 12 years old—

16 (A) whose primary need is a social and
17 emotional disability (in addition to any learning
18 disability);

19 (B) who is at risk of developing serious
20 mental illness or serious emotional disturbance
21 or shows early signs of mental illness; and

22 (C) who could benefit from early childhood
23 intervention and specialized preschool or ele-
24 mentary school programs with the goal of pre-

1 venting or treating chronic and serious mental
2 illness or serious emotional disturbance.

3 (c) APPLICATION.—An eligible entity seeking a grant
4 under subsection (a) shall submit to the Secretary an ap-
5 plication at such time, in such manner, and containing
6 such information as the Secretary may require.

7 (d) USE OF FUNDS FOR EARLY CHILDHOOD INTER-
8 VENTION AND TREATMENT PROGRAMS.—An eligible enti-
9 ty shall use amounts awarded under a grant under sub-
10 section (a)(1) to carry out the following activities:

11 (1) Deliver (or facilitate) for eligible children
12 treatment and education, early childhood interven-
13 tion, and specialized preschool and elementary school
14 programs, including the provision of medically based
15 child care and early education services.

16 (2) Treat and educate eligible children, includ-
17 ing startup, curricula development, operating and
18 capital needs, staff and equipment, assessment and
19 intervention services, administration and medication
20 requirements, enrollment costs, collaboration with
21 primary care physicians, psychiatrists, and other li-
22 censed mental health professionals, other related
23 services to meet emergency needs of children, and
24 communication with families and medical profes-
25 sionals concerning the children.

1 (3) Develop and implement other strategies to
2 address identified treatment and educational needs
3 of eligible children that have reliable and valid eval-
4 uation modalities built into assess outcomes based
5 on sound scientific metrics as determined by the
6 NMHPL.

7 (e) USE OF FUNDS FOR INTERVENTION OUTCOMES
8 STUDY.—In conducting a study on intervention outcomes
9 through a grant under subsection (a)(2), an eligible entity
10 shall include an analysis of—

11 (1) the individuals treated and educated;

12 (2) the success of such treatment and education
13 in avoiding the onset of serious mental illness or se-
14 rious emotional disturbance or the preparation of
15 such children for the care and management of seri-
16 ous mental illness or serious emotional disturbance;

17 (3) any evidence-based best practices generally
18 applicable as a result of such treatment and edu-
19 cational techniques used with such children; and

20 (4) the ability of programs to be replicated as
21 a best practice model of intervention.

22 (f) REQUIREMENTS.—In carrying out this section,
23 the Secretary shall ensure that each entity receiving a
24 grant under subsection (a) maintains a written agreement
25 with the Secretary, and provides regular written reports,

1 as required by the Secretary, regarding the quality, effi-
2 ciency, and effectiveness of intervention and treatment for
3 eligible children preventing or treating the development
4 and onset of serious mental illness or serious emotional
5 disturbance.

6 (g) AMOUNT OF AWARDS.—

7 (1) AMOUNTS FOR EARLY CHILDHOOD INTER-
8 VENTION AND TREATMENT PROGRAMS.—The
9 amount of an award to an eligible entity under sub-
10 section (a)(1) shall be not more than \$600,000 per
11 fiscal year.

12 (2) AMOUNTS FOR INTERVENTION OUTCOMES
13 STUDY.—The total amount of an award to an eligi-
14 ble entity under subsection (a)(2) (for one or more
15 fiscal years) shall be not less than \$1,000,000 and
16 not greater than \$2,000,000.

17 (h) PROJECT TERMS.—The period of a grant—

18 (1) for awards under subsection (a)(1), shall be
19 not less than 3 fiscal years and not more than 10
20 fiscal years; and

21 (2) for awards under subsection (a)(2), shall be
22 not more than 10 fiscal years.

23 (i) MATCHING FUNDS.—The Assistant Secretary,
24 acting through the NMHPL, may not award a grant
25 under this section to an eligible entity unless the eligible

1 entity agrees, with respect to the costs to be incurred by
2 the eligible entity in carrying out the activities described
3 in subsection (d), to make available non-Federal contribu-
4 tions (in cash or in kind) toward such costs in an amount
5 equal to not less than 10 percent of Federal funds pro-
6 vided in the grant.

7 (j) FUNDING.—Of the amounts made available to the
8 Center for Mental Health Services for fiscal year 2016 and
9 each subsequent fiscal year, \$5,000,000 are authorized to
10 be used to carry out this section.

11 **SEC. 205. EXTENSION OF ASSISTED OUTPATIENT TREAT-**
12 **MENT GRANT PROGRAM FOR INDIVIDUALS**
13 **WITH SERIOUS MENTAL ILLNESS OR SERIOUS**
14 **EMOTIONAL DISTURBANCE.**

15 Section 224 of the Protecting Access to Medicare Act
16 of 2014 (42 U.S.C. 290aa note) is amended—

17 (1) in subsection (e), by striking “and 2018”
18 and inserting “2018, 2019, and 2020”; and

19 (2) in subsection (g)—

20 (A) in paragraph (1), by striking “2018”
21 and inserting “2020”;

22 (B) in paragraph (2)—

23 (i) by striking “\$15,000,000” and in-
24 serting “\$20,000,000”; and

1 (ii) by striking “2018” and inserting
2 “2020”; and

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

4 “(3) ALLOCATION.—Of the funds made avail-
5 able to carry out this section for a fiscal year, the
6 Secretary shall allocate—

7 “(A) 20 percent of such funds for existing
8 assisted outpatient treatment programs; and

9 “(B) 80 percent of such funds for new as-
10 sisted outpatient treatment programs.”.

11 **SEC. 206. BLOCK GRANTS.**

12 (a) BEST PRACTICES IN CLINICAL CARE MODELS.—
13 Section 1920 of the Public Health Service Act (42 U.S.C.
14 300x–9) is amended by adding at the end the following:

15 “(c) BEST PRACTICES IN CLINICAL CARE MOD-
16 ELS.—The Secretary, acting through the Director of the
17 National Institute of Mental Health, shall obligate 5 per-
18 cent of the amounts appropriated for a fiscal year under
19 subsection (a) for translating evidence-based (as defined
20 in section 2 of the Helping Families in Mental Health Cri-
21 sis Act of 2015) interventions and best available science
22 into systems of care, such as through models including—

23 “(1) the Recovery After an Initial Schizo-
24 phrenia Episode research project of the National In-
25 stitute of Mental Health; and

1 “(2) the North American Prodrome Longitu-
2 dinal Study.”.

3 (b) ADMINISTRATION OF BLOCK GRANTS BY ASSIST-
4 ANT SECRETARY.—Section 1911(a) of the Public Health
5 Service Act (42 U.S.C. 300x) is amended by striking “act-
6 ing through the Director of the Center for Mental Health
7 Services” and inserting “acting through the Assistant Sec-
8 retary for Mental Health and Substance Use Disorders”.

9 (c) ADDITIONAL PROGRAM REQUIREMENTS.—

10 (1) INTEGRATED SERVICES.—Subsection (b)(1)
11 of section 1912 of the Public Health Service Act (42
12 U.S.C. 300x-1(b)(1)) is amended—

13 (A) by striking “The plan provides” and
14 inserting:

15 “(A) The plan provides”;

16 (B) in the subparagraph (A) inserted by
17 paragraph (1), in the second sentence, by strik-
18 ing “health and mental health services” and in-
19 serting “integrated physical and mental health
20 services”;

21 (C) in such subparagraph (A), by striking
22 “The plan shall include” through the period at
23 the end and inserting “The plan shall integrate
24 and coordinate services to maximize the effi-
25 ciency, effectiveness, quality, coordination, and

1 cost effectiveness of those services and pro-
2 grams to produce the best possible outcomes for
3 those with a serious mental illness or serious
4 emotional disturbance.”; and

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

7 “(B) The plan shall include a separate de-
8 scription of case management services and pro-
9 vide for activities leading to the reduction of
10 rates of suicides, suicide attempts, substance
11 abuse, overdose deaths, emergency hospitaliza-
12 tions, incarceration, crimes, arrest, and victim-
13 ization, and the increase of rates of secure
14 housing, employment, medication adherence,
15 and educational attainment. The plan shall also
16 include a detailed list of services available for
17 eligible patients (as defined in subsection
18 (d)(3)) in each county or county equivalent, in-
19 cluding assisted outpatient treatment.”.

20 (2) DATA COLLECTION SYSTEM.—Subsection
21 (b)(2) of section 1912 of the Public Health Service
22 Act (42 U.S.C. 300x–1(b)(2)) is amended—

23 (A) by striking “The plan contains an esti-
24 mate of” and inserting the following: “The plan
25 contains—

1 “(A) an estimate of”;

2 (B) in subparagraph (A), as inserted by
3 paragraph (1), by inserting “, including reduc-
4 tions in homelessness, emergency hospitaliza-
5 tion, arrest, incarceration, and unemployment
6 for eligible patients (as defined in subsection
7 (d)(3)),” after “targets”;

8 (C) in such subparagraph, by striking the
9 period at the end and inserting “; and”; and

10 (D) by adding at the end the following new
11 subparagraph:

12 “(B) an agreement by the State to report
13 to the National Mental Health Policy Labora-
14 tory and make publicly available such data as
15 may be required by the Secretary concerning—

16 “(i) comprehensive community mental
17 health services in the State; and

18 “(ii) public health outcomes for per-
19 sons with serious mental illness or serious
20 emotional disturbance in the State, includ-
21 ing changes in rates of—

22 “(I) suicides, suicide attempts,
23 substance abuse, overdose deaths,
24 emergency hospitalizations, incarcer-

1 ation, crimes, arrest, and victimiza-
2 tion; and

3 “(II) secure housing, employ-
4 ment, medication adherence, and edu-
5 cational attainment.”.

6 (3) IMPLEMENTATION OF PLAN.—Subsection
7 (d) of section 1912 of the Public Health Service Act
8 (42 U.S.C. 300x–1(d)) is amended—

9 (A) in paragraph (1)—

10 (i) by striking “Except as provided”
11 and inserting:

12 “(A) Except as provided”; and

13 (ii) by adding at the end the following
14 new subparagraph:

15 “(B) For eligible patients receiving treat-
16 ment through funds awarded under a grant
17 under section 1911, a State shall include in the
18 State plan for the first year beginning after the
19 date of the enactment of this subparagraph and
20 each subsequent year, a de-individualized re-
21 port, containing information that is open source
22 and de-identified, on the services provided to
23 those individuals, including—

24 “(i) outcomes and the overall cost of
25 such treatment provided; and

1 “(ii) county or county equivalent level
2 data on such patient population, including
3 overall costs and raw number data on rates
4 of involuntary inpatient and outpatient
5 commitment orders, suicides, suicide at-
6 tempts, substance abuse, overdose deaths,
7 emergency hospitalizations, incarceration,
8 crimes, arrest, victimization, secure hous-
9 ing, employment, medication adherence,
10 and educational attainment.”; and

11 (B) by adding at the end the following new
12 paragraph:

13 “(3) DEFINITION.—In this subsection, the term
14 ‘eligible patient’ means an adult mentally ill person
15 who—

16 “(A) may have a history of violence, incar-
17 ceration, or medically unnecessary hospitaliza-
18 tions;

19 “(B) without supervision and treatment,
20 may be a danger to self or others in the com-
21 munity;

22 “(C) is substantially unlikely to voluntarily
23 participate in treatment;

24 “(D) may be unable, for reasons other
25 than indigence, to provide for any of the basic

1 needs of such person, such as food, clothing,
2 shelter, health, or safety;

3 “(E) with a history of mental illness or
4 condition that is likely to substantially deterio-
5 rate if the person is not provided with timely
6 treatment;

7 “(F) due to mental illness, lacks capacity
8 to fully understand or lacks judgment to make
9 informed decisions regarding his or her need for
10 treatment, care, or supervision; and

11 “(G) is likely to improve in mental health
12 and reduce the symptoms of serious mental ill-
13 ness or serious emotional disturbance when in
14 treatment.”.

15 (4) TREATMENT UNDER STATE LAW.—

16 (A) IN GENERAL.—Section 1912 of the
17 Public Health Service Act (42 U.S.C. 300x-1)
18 is amended by adding at the end the following
19 new subsections:

20 “(e) ASSISTED OUTPATIENT TREATMENT UNDER
21 STATE LAW.—

22 “(1) IN GENERAL.—To receive a funding in-
23 crease under section 1918(d)(1), a State shall have
24 in effect a law under which a State court may order
25 a treatment plan for an eligible patient that—

1 “(A) requires such patient to obtain out-
2 patient mental health treatment while the pa-
3 tient is living in a community; and

4 “(B) is designed to improve access and ad-
5 herence by such patient to intensive behavioral
6 health services in order to—

7 “(i) avert relapse, repeated hos-
8 pitalizations, arrest, incarceration, suicide,
9 property destruction, and violent behavior;
10 and

11 “(ii) provide such patient with the op-
12 portunity to live in a less restrictive alter-
13 native to incarceration or involuntary hos-
14 pitalization.

15 “(2) CERTIFICATION OF STATE COMPLIANCE.—
16 A State may receive a funding increase under sec-
17 tion 1918 (d)(1) only if the Assistant Secretary for
18 Mental Health and Substance Use Disorders reviews
19 the State’s law and certifies that it satisfies the cri-
20 teria specified in paragraph (1).

21 “(3) MAINTENANCE OF EFFORT.—With respect
22 to a law described in paragraph (1) for which a
23 State seeks an increase under section 1918(d)(1),
24 the State may receive such an increase only if the
25 State agrees to maintain expenditures of non-Fed-

1 eral amounts for carrying out such law at a level
2 that is not less than the average level of such ex-
3 penditures maintained by the State for two years
4 preceding the fiscal year for which the State is seek-
5 ing the increase.

6 “(f) TREATMENT STANDARD UNDER STATE LAW.—

7 “(1) IN GENERAL.—To receive a funding in-
8 crease under section 1918(d)(2)—

9 “(A) a State shall have in effect a law
10 under which, if a State court finds by clear and
11 convincing evidence that an individual, as a re-
12 sult of mental illness, is a danger to self, is a
13 danger to others, is persistently or acutely dis-
14 abled, or is gravely disabled and in need of
15 treatment, and is either unwilling or unable to
16 accept voluntary treatment, the court may order
17 the individual to undergo inpatient or out-
18 patient treatment; or

19 “(B) a State shall have in effect a law
20 under which a State court must order an indi-
21 vidual with a mental illness to undergo inpa-
22 tient or outpatient treatment, the law was in ef-
23 fect on the date of enactment of the Helping
24 Families in Mental Health Crisis Act of 2015,
25 and the Secretary finds that the law allows a

1 State court to order such treatment across all
2 or a sufficient range of the type of cir-
3 cumstances described in subparagraph (A).

4 “(2) DEFINITION.—For purposes of paragraph
5 (1), the term ‘persistently or acutely disabled’ refers
6 to a serious mental illness or serious emotional dis-
7 turbance that meets all the following criteria:

8 “(A) If not treated, the illness has a sub-
9 stantial probability of causing the individual to
10 suffer or continue to suffer severe and abnor-
11 mal mental, emotional, or physical harm that
12 significantly impairs judgment, reason, behav-
13 ior, or capacity to recognize reality.

14 “(B) The illness substantially impairs the
15 individual’s capacity to make an informed deci-
16 sion regarding treatment, and this impairment
17 causes the individual to be incapable of under-
18 standing and expressing an understanding of
19 the advantages and disadvantages of accepting
20 treatment and understanding and expressing an
21 understanding of the alternatives to the par-
22 ticular treatment offered after the advantages,
23 disadvantages, and alternatives are explained to
24 that individual.

1 “(C) The illness has a reasonable prospect
2 of being treatable by outpatient, inpatient, or
3 combined inpatient and outpatient treatment.”.

4 (B) FUNDING INCREASE.—Section 1918 of
5 the Public Health Service Act (42 U.S.C. 300x–
6 7) is amended—

7 (i) in subsection (a)(1), by striking
8 “subsection (b)” and inserting “sub-
9 sections (b) and (d)”;

10 (ii) by adding at the end the following
11 new subsection:

12 “(d) INCREASES FOR CERTAIN STATES.—With re-
13 spect to fiscal year 2016 and each subsequent fiscal year,
14 the amount of the allotment of a State under section 1911
15 shall be for such fiscal year the amount that would other-
16 wise be determined, without application of this subsection,
17 for such State for such fiscal year—

18 “(1) increased by 2 percent (in addition to any
19 increase under subparagraph (B)) if the State that
20 has in effect a law described in section 1912(e)(1),
21 which increase shall be solely for carrying out such
22 law; and

23 “(2) increased by 2 percent (in addition to any
24 increase under subparagraph (A)) if the State that

1 has in effect a law described in subparagraph (A) or
2 (B) of section 1912(f)(1).”.

3 (5) EVIDENCE-BASED SERVICES DELIVERY
4 MODELS.—Section 1912 of the Public Health Serv-
5 ice Act (42 U.S.C. 300x–1), as amended by para-
6 graph (4), is further amended by adding at the end
7 the following new subsection:

8 “(g) EXPANSION OF MODELS.—

9 “(1) IN GENERAL.—Taking into account the re-
10 sults of evaluations under section 201(a)(2)(C) of
11 the Helping Families in Mental Health Crisis Act of
12 2015, the Assistant Secretary may, by rule, as part
13 of the program of block grants under this subpart,
14 provide for expanded use across the Nation of evi-
15 dence-based service delivery models by providers
16 funded under such block grants, so long as—

17 “(A) the Assistant Secretary for Mental
18 Health and Substance Use Disorders (in this
19 subsection referred to as the ‘Assistant Sec-
20 retary’) determines that such expansion will—

21 “(i) result in more effective use of
22 funds under such block grants without re-
23 ducing the quality of care; or

1 “(ii) improve the quality of patient
2 care without significantly increasing spend-
3 ing;

4 “(B) the Director of the National Institute
5 of Mental Health determines that such expan-
6 sion would improve the quality of patient care;
7 and

8 “(C) the Assistant Secretary determines
9 that the change will—

10 “(i) significantly reduce severity and
11 duration of symptoms of mental illness;

12 “(ii) reduce rates of suicide, suicide
13 attempts, substance abuse, overdose, emer-
14 gency hospitalizations, emergency room
15 boarding, incarceration, crime, arrest, vic-
16 timization, homelessness, or joblessness; or

17 “(iii) significantly improve the quality
18 of patient care and mental health crisis
19 outcomes without significantly increasing
20 spending.

21 “(2) CONGRESSIONAL REVIEW.—Any rule pro-
22 mulgated pursuant to paragraph (1) is deemed to be
23 a major rule subject to congressional review and dis-
24 approval under chapter 8 of title 5, United States
25 Code.”.

1 (d) PERIOD FOR EXPENDITURE OF GRANT FUNDS.—
2 Section 1913 of the Public Health Service Act (42 U.S.C.
3 300x-2), as amended, is further amended by adding at
4 the end the following:

5 “(d) PERIOD FOR EXPENDITURE OF GRANT
6 FUNDS.—In implementing a plan submitted under section
7 1912(a), a State receiving grant funds under section 1911
8 may make such funds available to providers of services de-
9 scribed in subsection (b) for the provision of services with-
10 out fiscal year limitation.”.

11 (e) ACTIVE OUTREACH AND ENGAGEMENT.—Section
12 1915 of the Public Health Service Act (42 U.S.C. 300x-
13 4) is amended by adding at the end of the following:

14 “(e) ACTIVE OUTREACH AND ENGAGEMENT TO PER-
15 SONS WITH SERIOUS MENTAL ILLNESS OR SERIOUS
16 EMOTIONAL DISTURBANCE.—A funding agreement for a
17 grant under section 1911 is that the State involved has
18 in effect active programs which may include assisted out-
19 patient treatment, to engage persons with serious mental
20 illness or serious emotional disturbance who are substan-
21 tially unlikely to voluntarily seek treatment, in comprehen-
22 sive services in order to avert relapse, repeated hospitaliza-
23 tions, arrest, incarceration, and suicide to provide the pa-
24 tient with the opportunity to live in the community
25 through evidence-based (as defined in section 2 of the

1 Helping Families in Mental Health Crisis Act of 2015)
2 assertive outreach and engagement services targeting indi-
3 viduals that are homeless, have co-occurring disorders, or
4 have a history of treatment failure. The Assistant Sec-
5 retary for Mental Health and Substance Use Disorders
6 shall work with the Director of the National Institute of
7 Mental Health to develop a list of such evidence-based (as
8 defined in section 2 of the Helping Families in Mental
9 Health Crisis Act of 2015) assertive outreach and engage-
10 ment services, as well as criteria to be used to assess the
11 scope and effectiveness of such approaches. These pro-
12 grams may include assistant outpatient treatment pro-
13 grams under State law where State courts may order a
14 treatment plan for an eligible patient that requires—

15 “(1) such patient to obtain outpatient mental
16 health treatment while the patient is living in the
17 community; and

18 “(2) a design to improve access and adherence
19 by such patient to intensive mental health services.”.

20 (f) FLEXIBLE USE OF MENTAL HEALTH AND SUB-
21 STANCE USE DISORDER BLOCK GRANT FUNDS.—Section
22 1952 of the Public Health Service Act (42 U.S.C. 300x-
23 62) is amended—

1 (1) by striking “Any amounts” and inserting
2 “(a) AVAILABILITY IN SUBSEQUENT FISCAL
3 YEARS.—Any amounts”; and

4 (2) by adding at the end the following new sub-
5 section:

6 “(b) FLEXIBLE USE OF MENTAL HEALTH AND SUB-
7 STANCE USE DISORDER BLOCK GRANT FUNDS.—Not-
8 withstanding subparts I and II, any amounts paid to a
9 State for a fiscal year under section 1911 may be used
10 by the State in accordance with subpart II and any
11 amounts paid to a State for a fiscal year under section
12 1921 may be used by the State in accordance with subpart
13 I.”.

14 **SEC. 207. WORKFORCE DEVELOPMENT.**

15 (a) TELEPSYCHIATRY AND PRIMARY CARE PHYSI-
16 CIAN TRAINING GRANT PROGRAM.—

17 (1) IN GENERAL.—The Assistant Secretary of
18 Mental Health and Substance Use Disorders (in this
19 subsection referred to as the “Assistant Secretary”)
20 shall establish a grant program (in this subsection
21 referred to as the “grant program”) under which the
22 Assistant Secretary shall award to 10 eligible States
23 (as described in paragraph (5)) grants for carrying
24 out all of the purposes described in paragraphs (2),
25 (3), and (4).

1 (2) TRAINING PROGRAM FOR CERTAIN PRIMARY
2 CARE PHYSICIANS.—For purposes of paragraph (1),
3 the purpose described in this paragraph, with re-
4 spect to a grant awarded to a State under the grant
5 program, is for the State to establish a training pro-
6 gram to train primary care physicians in—

7 (A) valid and reliable behavioral-health
8 screening tools and interventions for violence
9 and suicide risk, early signs of serious mental
10 illness or serious emotional disturbance, and
11 untreated substance abuse, which may include
12 any standardized behavioral-health screening
13 tools and interventions that are determined ap-
14 propriate by the Assistant Secretary;

15 (B) implementing the use of mental-health
16 screening tools in their practices;

17 (C) establishment of recommended inter-
18 vention and treatment protocols for individuals
19 with early warning signs of mental illness or
20 mental health crisis, including interventions for
21 parents with children at risk for developing
22 mental illness, and especially for individuals
23 whose illness makes them less receptive to men-
24 tal health services; and

1 (D) implementing the evidence-based col-
2 laborative care model of integrated medical-be-
3 havioral health care in their practices.

4 (3) PAYMENTS FOR MENTAL HEALTH SERVICES
5 PROVIDED BY CERTAIN PRIMARY CARE PHYSI-
6 CIANS.—

7 (A) IN GENERAL.—For purposes of para-
8 graph (1), the purpose described in this para-
9 graph, with respect to a grant awarded to a
10 State under the grant program, is for the State
11 to provide, in accordance with this paragraph,
12 in the case of a primary care physician who
13 participates in the training program of the
14 State established pursuant to paragraph (2),
15 payments to the primary care physician for
16 services furnished by the primary care physi-
17 cian.

18 (B) CONSIDERATIONS.—The Assistant
19 Secretary, in determining the structure, quality,
20 and form of payment under subparagraph (A)
21 shall seek to find innovative payment systems
22 which may take into account—

23 (i) the nature and quality of services
24 rendered;

25 (ii) the patients' health outcome;

1 (iii) the geographical location where
2 services were provided;

3 (iv) the acuteness of the patient's
4 medical condition;

5 (v) the duration of services provided;

6 (vi) the feasibility of replicating the
7 payment model in other locations nation-
8 wide; and

9 (vii) proper triage and enduring link-
10 age to appropriate treatment providers for
11 subspecialty care in child or forensic
12 issues; family crisis intervention; drug or
13 alcohol rehabilitation; management of sui-
14 cidal or violent behavior risk, and treat-
15 ment for serious mental illness or serious
16 emotional disturbance.

17 (4) TELEHEALTH SERVICES FOR MENTAL
18 HEALTH DISORDERS.—

19 (A) IN GENERAL.—For purposes of para-
20 graph (1), the purpose described in this para-
21 graph, with respect to a grant awarded to a
22 State under the grant program, is for the State
23 to provide, in the case of an individual fur-
24 nished items and services by a primary care
25 physician during an office visit, for payment for

1 a consultation provided by a psychiatrist or psy-
2 chologist to such physician with respect to such
3 individual through the use of qualified tele-
4 health technology for the identification, diag-
5 nosis, mitigation, or treatment of a mental
6 health disorder if such consultation occurs not
7 later than the first business day that follows
8 such visit.

9 (B) QUALIFIED TELEHEALTH TECH-
10 NOLOGY.—For purposes of subparagraph (A),
11 the term “qualified telehealth technology”, with
12 respect to the provision of items and services to
13 a patient by a health care provider, includes the
14 use of interactive audio, audio-only telephone
15 conversation, video, or other telecommuni-
16 cations technology by a health care provider to
17 deliver health care services within the scope of
18 the provider’s practice at a site other than the
19 site where the patient is located, including the
20 use of electronic media for consultation relating
21 to the health care diagnosis or treatment of the
22 patient.

23 (5) ELIGIBLE STATE.—

24 (A) IN GENERAL.—For purposes of this
25 subsection, an eligible State is a State that has

1 submitted to the Assistant Secretary an appli-
2 cation under subparagraph (B) and has been
3 selected under subparagraph (D).

4 (B) APPLICATION.—A State seeking to
5 participate in the grant program under this
6 subsection shall submit to the Assistant Sec-
7 retary, at such time and in such format as the
8 Assistant Secretary requires, an application
9 that includes such information, provisions, and
10 assurances as the Assistant Secretary may re-
11 quire.

12 (C) MATCHING REQUIREMENT.—The As-
13 sistant Secretary may not make a grant under
14 the grant program unless the State involved
15 agrees, with respect to the costs to be incurred
16 by the State in carrying out the purposes de-
17 scribed in this subsection, to make available
18 non-Federal contributions (in cash or in kind)
19 toward such costs in an amount equal to not
20 less than 20 percent of Federal funds provided
21 in the grant.

22 (D) SELECTION.—A State shall be deter-
23 mined eligible for the grant program by the As-
24 sistant Secretary on a competitive basis among
25 States with applications meeting the require-

1 ments of subparagraphs (B) and (C). In select-
2 ing State applications for the grant program,
3 the Secretary shall seek to achieve an appro-
4 priate national balance in the geographic dis-
5 tribution of grants awarded under the grant
6 program.

7 (6) TARGET POPULATION.—In seeking a grant
8 under this subsection, a State shall demonstrate how
9 the grant will improve care for individuals with co-
10 occurring mental health and physical health condi-
11 tions, vulnerable populations, socially isolated popu-
12 lations, rural populations, and other populations who
13 have limited access to qualified mental health pro-
14 viders.

15 (7) LENGTH OF GRANT PROGRAM.—The grant
16 program under this subsection shall be conducted for
17 a period of 3 consecutive years.

18 (8) PUBLIC AVAILABILITY OF FINDINGS AND
19 CONCLUSIONS.—Subject to Federal privacy protec-
20 tions with respect to individually identifiable infor-
21 mation, the Assistant Secretary shall make the find-
22 ings and conclusions resulting from the grant pro-
23 gram under this subsection available to the public.

24 (9) AUTHORIZATION OF APPROPRIATIONS.—Out
25 of any funds in the Treasury not otherwise appro-

1 priated, there is authorized to be appropriated to
2 carry out this subsection, \$3,000,000 for each of the
3 fiscal years 2016 through 2020.

4 (10) REPORTS.—

5 (A) REPORTS.—For each fiscal year that
6 grants are awarded under this subsection, the
7 Assistant Secretary and the National Mental
8 Health Policy Laboratory shall conduct a study
9 on the results of the grants and submit to the
10 Congress and make publicly available a report
11 on such results that includes the following:

12 (i) An evaluation of the grant pro-
13 gram outcomes, including a summary of
14 activities carried out with the grant and
15 the results achieved through those activi-
16 ties.

17 (ii) Recommendations on how to im-
18 prove access to mental health services at
19 grantee locations.

20 (iii) An assessment of access to men-
21 tal health services under the program.

22 (iv) An assessment of the impact of
23 the demonstration project on the costs of
24 the full range of mental health services (in-

1 cluding inpatient, emergency and ambula-
2 tory care).

3 (v) Recommendations on congres-
4 sional action to improve the grant.

5 (vi) Recommendations to improve
6 training of primary care physicians.

7 (B) REPORT.—Not later than December
8 31, 2018, the Assistant Secretary and the Na-
9 tional Mental Health Policy Laboratory shall
10 submit to Congress and make available to the
11 public a report on the findings of the evaluation
12 under subparagraph (A) and also a policy out-
13 line on how Congress can expand the grant pro-
14 gram to the national level.

15 (b) LIABILITY PROTECTIONS FOR HEALTH CARE
16 PROFESSIONAL VOLUNTEERS AT COMMUNITY HEALTH
17 CENTERS AND CERTIFIED COMMUNITY BEHAVIORAL
18 HEALTH CLINICS.—Section 224 of the Public Health
19 Service Act (42 U.S.C. 233) is amended by adding at the
20 end the following:

21 “(q)(1) In this subsection, the term ‘federally quali-
22 fied community behavioral health clinic’ means—

23 “(A) a federally qualified community behavioral
24 health clinic with a certification in effect under sec-

1 tion 223 of the Protecting Access to Medicare Act
2 of 2014; or

3 “(B) a community mental health center meeting
4 the criteria specified in section 1913(c) of this Act.

5 “(2) For purposes of this section, a health care pro-
6 fessional volunteer at an entity described in subsection
7 (g)(4) or a federally qualified community behavioral health
8 clinic shall, in providing health care services eligible for
9 funding under section 330 or subpart I of part B of title
10 XIX to an individual, be deemed to be an employee of the
11 Public Health Service for a calendar year that begins dur-
12 ing a fiscal year for which a transfer was made under
13 paragraph (5)(C). The preceding sentence is subject to the
14 provisions of this subsection.

15 “(3) In providing a health care service to an indi-
16 vidual, a health care professional shall for purposes of this
17 subsection be considered to be a health professional volun-
18 teer at an entity described in subsection (g)(4) or at a
19 federally qualified community behavioral health clinic if
20 the following conditions are met:

21 “(A) The service is provided to the individual at
22 the facilities of an entity described in subsection
23 (g)(4), at a federally qualified community behavioral
24 health clinic, or through offsite programs or events
25 carried out by the center.

1 “(B) The center or entity is sponsoring the
2 health care professional volunteer pursuant to para-
3 graph (4)(B).

4 “(C) The health care professional does not re-
5 ceive any compensation for the service from the indi-
6 vidual or from any third-party payer (including re-
7 imbursement under any insurance policy or health
8 plan, or under any Federal or State health benefits
9 program), except that the health care professional
10 may receive repayment from the entity described in
11 subsection (g)(4) or the center for reasonable ex-
12 penses incurred by the health care professional in
13 the provision of the service to the individual.

14 “(D) Before the service is provided, the health
15 care professional or the center or entity described in
16 subsection (g)(4) posts a clear and conspicuous no-
17 tice at the site where the service is provided of the
18 extent to which the legal liability of the health care
19 professional is limited pursuant to this subsection.

20 “(E) At the time the service is provided, the
21 health care professional is licensed or certified in ac-
22 cordance with applicable law regarding the provision
23 of the service.

24 “(4) Subsection (g) (other than paragraphs (3) and
25 (5)) and subsections (h), (i), and (l) apply to a health care

1 professional for purposes of this subsection to the same
2 extent and in the same manner as such subsections apply
3 to an officer, governing board member, employee, or con-
4 tractor of an entity described in subsection (g)(4), subject
5 to paragraph (5) and subject to the following:

6 “(A) The first sentence of paragraph (2) ap-
7 plies in lieu of the first sentence of subsection
8 (g)(1)(A).

9 “(B) With respect to an entity described in sub-
10 section (g)(4) or a federally qualified community be-
11 havioral health clinic, a health care professional is
12 not a health professional volunteer at such center
13 unless the center sponsors the health care profes-
14 sional. For purposes of this subsection, the center
15 shall be considered to be sponsoring the health care
16 professional if—

17 “(i) with respect to the health care profes-
18 sional, the center submits to the Secretary an
19 application meeting the requirements of sub-
20 section (g)(1)(D); and

21 “(ii) the Secretary, pursuant to subsection
22 (g)(1)(E), determines that the health care pro-
23 fessional is deemed to be an employee of the
24 Public Health Service.

1 “(C) In the case of a health care professional
2 who is determined by the Secretary pursuant to sub-
3 section (g)(1)(E) to be a health professional volun-
4 teer at such center, this subsection applies to the
5 health care professional (with respect to services de-
6 scribed in paragraph (2)) for any cause of action
7 arising from an act or omission of the health care
8 professional occurring on or after the date on which
9 the Secretary makes such determination.

10 “(D) Subsection (g)(1)(F) applies to a health
11 professional volunteer for purposes of this subsection
12 only to the extent that, in providing health services
13 to an individual, each of the conditions specified in
14 paragraph (3) is met.

15 “(5)(A) Amounts in the fund established under sub-
16 section (k)(2) shall be available for transfer under sub-
17 paragraph (C) for purposes of carrying out this subsection
18 for health professional volunteers at entities described in
19 subsection (g)(4).

20 “(B) Not later than May 1 of each fiscal year, the
21 Attorney General, in consultation with the Secretary, shall
22 submit to the Congress and make publicly available a re-
23 port providing an estimate of the amount of claims (to-
24 gether with related fees and expenses of witnesses) that,
25 by reason of the acts or omissions of health care profes-

1 sional volunteers, will be paid pursuant to this subsection
2 during the calendar year that begins in the following fiscal
3 year. Subsection (k)(1)(B) applies to the estimate under
4 the preceding sentence regarding health care professional
5 volunteers to the same extent and in the same manner
6 as such subsection applies to the estimate under such sub-
7 section regarding officers, governing board members, em-
8 ployees, and contractors of entities described in subsection
9 (g)(4).

10 “(C) Not later than December 31 of each fiscal year,
11 the Secretary shall transfer from the fund under sub-
12 section (k)(2) to the appropriate accounts in the Treasury
13 an amount equal to the estimate made under subpara-
14 graph (B) for the calendar year beginning in such fiscal
15 year, subject to the extent of amounts in the fund.

16 “(6)(A) This subsection takes effect on October 1,
17 2017, except as provided in subparagraph (B).

18 “(B) Effective on the date of the enactment of this
19 subsection—

20 “(i) the Secretary may issue regulations for car-
21 rying out this subsection, and the Secretary may ac-
22 cept and consider applications submitted pursuant to
23 paragraph (4)(B); and

24 “(ii) reports under paragraph (5)(B) may be
25 submitted to the Congress.”.

1 (c) MINORITY FELLOWSHIP PROGRAM.—Title V of
2 the Public Health Service Act (42 U.S.C. 290aa et seq.),
3 as amended, is further amended by adding at the end the
4 following:

5 **“PART K—MINORITY FELLOWSHIP PROGRAM**
6 **“SEC. 597. FELLOWSHIPS.**

7 “(a) IN GENERAL.—The Secretary shall maintain a
8 program, to be known as the Minority Fellowship Pro-
9 gram, under which the Secretary awards fellowships,
10 which may include stipends, for the purposes of—

11 “(1) increasing behavioral health practitioners’
12 knowledge of issues related to prevention, treatment,
13 and recovery support for mental and substance use
14 disorders among racial and ethnic minority popu-
15 lations;

16 “(2) improving the quality of mental and sub-
17 stance use disorder prevention and treatment deliv-
18 ered to ethnic minorities; and

19 “(3) increasing the number of culturally com-
20 petent behavioral health professionals who teach, ad-
21 minister, conduct services research, and provide di-
22 rect mental health or substance use services to un-
23 derserved minority populations.

24 “(b) TRAINING COVERED.—The fellowships under
25 subsection (a) shall be for postbaccalaureate training (in-

1 cluding for master’s and doctoral degrees) for mental
2 health professionals, including in the fields of psychiatry,
3 nursing, social work, psychology, marriage and family
4 therapy, and substance use and addiction counseling.

5 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
6 carry out this section, there are authorized to be appro-
7 priated \$11,000,000 for each of fiscal years 2016 through
8 2020.”.

9 (d) NATIONAL HEALTH SERVICE CORPS.—

10 (1) DEFINITIONS.—

11 (A) PRIMARY HEALTH SERVICES.—Section
12 331(a)(3)(D) of the Public Health Service Act
13 (42 U.S.C. 254d(a)(3)) is amended by inserting
14 “(including pediatric mental health subspecialty
15 services)” after “pediatrics”.

16 (B) BEHAVIORAL AND MENTAL HEALTH
17 PROFESSIONALS.—Clause (i) of section
18 331(a)(3)(E)(i) of the Public Health Service
19 Act (42 U.S.C. 254d(a)(3)(E)(i)) is amended
20 by inserting “(and pediatric subspecialists
21 thereof)” before the period at the end.

22 (C) HEALTH PROFESSIONAL SHORTAGE
23 AREA.—Section 332(a)(1) of the Public Health
24 Service Act is amended by inserting “(including

1 children and adolescents)” after “population
2 group”.

3 (D) MEDICAL FACILITY.—Section
4 332(a)(2)(A) of the Public Health Service Act
5 is amended by inserting “medical residency or
6 fellowship training site for training in child and
7 adolescent psychiatry,” before “facility operated
8 by a city or county health department,”.

9 (2) ELIGIBILITY TO PARTICIPATE IN LOAN RE-
10 PAYMENT PROGRAM.—Section 338A(b)(1)(B) of the
11 Public Health Service Act (42 U.S.C. 254I-
12 1(b)(1)(B)) is amended by inserting “, including any
13 physician child and adolescent psychiatry residency
14 or fellowship training program” after “be enrolled in
15 an approved graduate training program in medicine,
16 osteopathic medicine, dentistry, behavioral and men-
17 tal health, or other health profession”.

18 (e) CRISIS INTERVENTION GRANTS FOR POLICE OF-
19 FICERS AND FIRST RESPONDERS.—

20 (1) GRANTS.—The Assistant Secretary may
21 award grants to provide specialized training to law
22 enforcement officers, corrections officers, para-
23 medics, emergency medical services workers, and
24 other first responders (including village public safety
25 officers (as defined in section 247 of the Indian Arts

1 and Crafts Amendments Act of 2010 (42 U.S.C.
2 3796dd note)))—

3 (A) to recognize individuals who have men-
4 tal illness and how to properly intervene with
5 individuals with mental illness; and

6 (B) to establish programs that enhance the
7 ability of law enforcement agencies to address
8 the mental health, behavioral, and substance
9 use problems of individuals encountered in the
10 line of duty.

11 (2) FUNDING.—Of the amounts made available
12 to the Center for Mental Health Services for fiscal
13 year 2016 and each subsequent fiscal year,
14 \$5,000,000 are authorized to be used to carry out
15 this section.

16 **SEC. 208. AUTHORIZED GRANTS AND PROGRAMS.**

17 (a) CHILDREN’S RECOVERY FROM TRAUMA.—Sec-
18 tion 582 of the Public Health Service Act (42 U.S.C.
19 290hh–1) is amended—

20 (1) in subsection (a), by striking “developing
21 programs” and all that follows and inserting the fol-
22 lowing: “developing and maintaining programs that
23 provide for—

24 “(1) the continued operation of the National
25 Child Traumatic Stress Initiative (referred to in this

1 section as the ‘NCTSI’), which includes a coordi-
2 nating center, that focuses on the mental, behav-
3 ioral, and biological aspects of psychological trauma
4 response; and

5 “(2) the development of knowledge with regard
6 to evidence-based (as defined in section 2 of the
7 Helping Families in Mental Health Crisis Act of
8 2015) practices for identifying and treating mental,
9 behavioral, and biological disorders of children and
10 youth resulting from witnessing or experiencing a
11 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, report, and make pub-
7 licly available NCTSI-wide child treatment process and
8 outcome data regarding the early identification and deliv-
9 ery of evidence-based (as defined in section 2 of the Help-
10 ing Families in Mental Health Crisis Act of 2015) treat-
11 ment and services for children and families served by the
12 NCTSI grantees.

13 “(d) TRAINING.—The NCTSI coordinating center
14 shall facilitate the coordination of training initiatives in
15 evidence-based (as defined in section 2 of the Helping
16 Families in Mental Health Crisis Act of 2015) and trau-
17 ma-informed treatments, interventions, and practices of-
18 fered to NCTSI grantees, providers, and partners.

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

24 “(f) REVIEW.—The Secretary shall, consistent with
25 the peer-review process, ensure that NCTSI applications

1 are reviewed by appropriate experts in the field as part
2 of a consensus review process. The Secretary shall include
3 review criteria related to expertise and experience in child
4 trauma and evidence-based (as defined in section 2 of the
5 Helping Families in Mental Health Crisis Act of 2015)
6 practices.”;

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

12 (6) in subsection (i) (as so redesignated), by
13 striking “recipient may not exceed 5 years” and in-
14 serting “recipient shall not be less than 4 years, but
15 shall not exceed 5 years”; and

16 (7) in subsection (j) (as so redesignated), by
17 striking “\$50,000,000” and all that follows through
18 “2006” and inserting “\$46,000,000 for each of fis-
19 cal years 2016 through 2020”.

20 (b) REDUCING THE STIGMA OF SERIOUS MENTAL
21 ILLNESS OR SERIOUS EMOTIONAL DISTURBANCE.—

22 (1) IN GENERAL.—The Secretary of Education,
23 along with the Assistant Secretary for Mental
24 Health and Substance Use Disorders, shall organize
25 a national awareness campaign involving public

1 health organizations, advocacy groups for persons
2 with serious mental illness or serious emotional dis-
3 turbance, and social media companies to assist sec-
4 ondary school students and postsecondary students
5 in—

6 (A) reducing the stigma associated with se-
7 rious mental illness or serious emotional dis-
8 turbance;

9 (B) understanding how to assist an indi-
10 vidual who is demonstrating signs of a serious
11 mental illness or serious emotional disturbance;

12 (C) understanding the importance of seek-
13 ing treatment from a physician, clinical psychol-
14 ogist, or licensed mental health professional
15 when a student believes the student may be suf-
16 fering from a serious mental illness, serious
17 emotional disturbance, or behavioral health dis-
18 order; and

19 (D) understanding how serious mental ill-
20 ness or serious emotional disturbance can cause
21 hallucinations, delusions, and cognitive impair-
22 ment that affect behavior.

23 (2) DATA COLLECTION.—The Assistant Sec-
24 retary for Mental Health and Substance Use Dis-
25 orders shall—

1 (A) evaluate the program under subsection
2 (a) on public health to determine whether the
3 program has made an impact on public health,
4 including mortality rates of persons with seri-
5 ous mental illness or serious emotional disturb-
6 ance, prevalence of serious mental illness and
7 serious emotional disturbance, physician and
8 clinical psychological visits, emergency room vis-
9 its; and

10 (B) submit a report on the evaluation to
11 the National Mental Health Policy Laboratory
12 and make such report publicly available.

13 (3) SECONDARY SCHOOL DEFINED.—For pur-
14 poses of this section, the term “secondary school”
15 has the meaning given the term in section 9101 of
16 the Elementary and Secondary Education Act of
17 1965 (20 U.S.C. 7801).

18 (c) GARRETT LEE SMITH REAUTHORIZATION.—

19 (1) INTERAGENCY RESEARCH, TRAINING, AND
20 TECHNICAL ASSISTANCE CENTERS.—Section 520C of
21 the Public Health Service Act (42 U.S.C. 290bb-34)
22 is amended—

23 (A) in subsection (d)—

24 (i) in paragraph (1), by striking
25 “youth suicide early intervention and pre-

1 vention strategies” and inserting “suicide
2 early intervention and prevention strategies
3 for all ages, particularly for youth”;

4 (ii) in paragraph (2), by striking
5 “youth suicide early intervention and pre-
6 vention strategies” and inserting “suicide
7 early intervention and prevention strategies
8 for all ages, particularly for youth”;

9 (iii) in paragraph (3)—

10 (I) by striking “youth”; and

11 (II) by inserting before the semi-
12 colon the following: “for all ages, par-
13 ticularly for youth”;

14 (iv) in paragraph (4), by striking
15 “youth suicide” and inserting “suicide for
16 all ages, particularly among youth”;

17 (v) in paragraph (5), by striking
18 “youth suicide early intervention tech-
19 niques and technology” and inserting “sui-
20 cide early intervention techniques and tech-
21 nology for all ages, particularly for youth”;

22 (vi) in paragraph (7)—

23 (I) by striking “youth”; and

1 (II) by inserting “for all ages,
2 particularly for youth,” after “strate-
3 gies”; and

4 (vii) in paragraph (8)—

5 (I) by striking “youth suicide”
6 each place that such appears and in-
7 serting “suicide”; and

8 (II) by striking “in youth” and
9 inserting “among all ages, particularly
10 among youth”; and

11 (B) by amending subsection (e) to read as
12 follows:

13 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
14 purpose of carrying out this section, there is authorized
15 to be appropriated \$5,988,000 for each of fiscal years
16 2016 through 2020.”.

17 (2) YOUTH SUICIDE EARLY INTERVENTION AND
18 PREVENTION STRATEGIES.—Section 520E of the
19 Public Health Service Act (42 U.S.C. 290bb-36) is
20 amended—

21 (A) in subsection (b), by striking para-
22 graph (2) and inserting the following:

23 “(2) LIMITATION.—In carrying out this section,
24 the Secretary shall ensure that a State does not re-
25 ceive more than one grant or cooperative agreement

1 under this section at any one time. For purposes of
2 the preceding sentences, a State shall be considered
3 to have received a grant or cooperative agreement if
4 the eligible entity involved is the State or an entity
5 designated by the State under paragraph (1)(B).
6 Nothing in this paragraph shall be construed to
7 apply to entities described in paragraph (1)(C).”;
8 and

9 (B) by striking subsection (m) and insert-
10 ing the following:

11 “(m) AUTHORIZATION OF APPROPRIATIONS.—For
12 the purpose of carrying out this section, there is author-
13 ized to be appropriated \$35,427,000 for each of fiscal
14 years 2016 through 2020.”.

15 (3) MENTAL AND BEHAVIORAL HEALTH SERV-
16 ICES ON CAMPUS.—Section 520E-2(h) of the Public
17 Health Service Act (42 U.S.C. 290bb-36b(h)) is
18 amended by striking “\$5,000,000 for fiscal year
19 2005” and all that follows through the period and
20 inserting “\$6,488,000 for each of fiscal years 2016
21 through 2020.”.

1 **TITLE III—INTERAGENCY SERI-**
2 **OUS MENTAL ILLNESS CO-**
3 **ORDINATING COMMITTEE**

4 **SEC. 301. INTERAGENCY SERIOUS MENTAL ILLNESS CO-**
5 **ORDINATING COMMITTEE.**

6 Title V of the Public Health Service Act, as amended
7 by section 101, is further amended by inserting after sec-
8 tion 501 of such Act the following:

9 **“SEC. 501A. INTERAGENCY SERIOUS MENTAL ILLNESS CO-**
10 **ORDINATING COMMITTEE.**

11 “(a) ESTABLISHMENT.—The Assistant Secretary for
12 Mental Health and Substance Use Disorders (in this sec-
13 tion referred to as the ‘Assistant Secretary’) shall convene
14 a committee, to be known as the Interagency Serious Men-
15 tal Illness Coordinating Committee (in this section re-
16 ferred to as the ‘Committee’), to assist the Assistant Sec-
17 retary in carrying out the Assistant Secretary’s duties.

18 “(b) RESPONSIBILITIES.—The Committee shall—

19 “(1) develop and annually update a summary of
20 advances in serious mental illness and serious emo-
21 tional disturbance research related to causes, preven-
22 tion, treatment, early screening, diagnosis or rule
23 out, intervention, and access to services and sup-
24 ports for individuals with serious mental illness or
25 serious emotional disturbance;

1 “(2) review Federal activities with respect to se-
2 rious mental illness and serious emotional disturb-
3 ance;

4 “(3) make recommendations to the Assistant
5 Secretary regarding any appropriate changes to such
6 activities, including recommendations to the Director
7 of NIH with respect to the strategic plan developed
8 under paragraph (6);

9 “(4) make recommendations to the Assistant
10 Secretary regarding public participation in decisions
11 relating to serious mental illness or serious emo-
12 tional disturbance;

13 “(5) develop and annually update a strategic
14 plan for advancing—

15 “(A) public utilization of effective mental
16 health services; and

17 “(B) adherence with treatment;

18 “(6) develop and annually update a strategic
19 plan for the conduct of, and support for, serious
20 mental illness and serious emotional disturbance re-
21 search, including proposed budgetary requirements;

22 “(7) develop a plan—

23 “(A) to end incarceration of individuals
24 with serious mental illness or serious emotional

1 disturbance for non-violent offenses within 10
2 years; and

3 “(B) to use the resulting savings for fund-
4 ing the prevention, treatment, and rehabilita-
5 tion of mental illness and substance abuse, and
6 other services authorized under this Act; and

7 “(8) submit to the Congress such strategic plan
8 and any updates to such plan.

9 “(c) MEMBERSHIP.—

10 “(1) IN GENERAL.—The Committee shall be
11 composed of—

12 “(A) the Assistant Secretary for Mental
13 Health and Substance Use Disorders (or the
14 Assistant Secretary’s designee), who shall serve
15 as the Chair of the Committee;

16 “(B) the Director of the National Institute
17 of Mental Health (or the Director’s designee);

18 “(C) the Attorney General of the United
19 States (or the Attorney General’s designee);

20 “(D) the Director of the Centers for Dis-
21 ease Control and Prevention (or the Director’s
22 designee);

23 “(E) the Administrator of the Centers for
24 Medicare & Medicaid Services;

1 “(F) the Director of the National Insti-
2 tutes of Health (or the Director’s designee);

3 “(G) the directors of such national re-
4 search institutes of the National Institutes of
5 Health as the Assistant Secretary for Mental
6 Health and Substance Use Disorders deter-
7 mines appropriate (or their designees);

8 “(H) a member of the United States Inter-
9 agency Council on Homelessness;

10 “(I) the Director of the Bureau of Indian
11 Affairs (or the Director’s designee);

12 “(J) the Secretary of Defense (or the Sec-
13 retary’s designee);

14 “(K) the Secretary of Education (or the
15 Secretary’s designee);

16 “(L) the Secretary of Housing and Urban
17 Development (or the Secretary’s designee);

18 “(M) the Secretary of Labor (or the Sec-
19 retary’s designee);

20 “(N) the Secretary of Veterans Affairs (or
21 the Secretary’s designee);

22 “(O) the Commissioner of Social Security
23 (or the Commissioner’s designee); and

24 “(P) 4 members, of which—

1 “(i) 1 shall be appointed by the
2 Speaker of the House of Representatives;

3 “(ii) 1 shall be appointed by the mi-
4 nority leader of the House of Representa-
5 tives;

6 “(iii) 1 shall be appointed by the ma-
7 jority leader of the Senate; and

8 “(iv) 1 shall be appointed by the mi-
9 nority leader of the Senate; and

10 “(Q) the additional members appointed
11 under paragraph (2).

12 “(2) ADDITIONAL MEMBERS.—Not fewer than
13 14 members of the Committee, or $\frac{1}{3}$ of the total
14 membership of the Committee, whichever is greater,
15 shall be composed of non-Federal public members to
16 be appointed by the Assistant Secretary, of which—

17 “(A) at least one such member shall be an
18 individual in recovery from a diagnosis of seri-
19 ous mental illness or serious emotional disturb-
20 ance who has benefitted from (or is benefitting
21 from) and is receiving medical treatment under
22 the care of a licensed mental health profes-
23 sional;

24 “(B) at least one such member shall be a
25 parent or legal guardian of an individual with

1 a history of serious mental illness or serious
2 emotional disturbance who has either attempted
3 suicide or is incarcerated for violence committed
4 while experiencing a serious mental illness or
5 serious emotional disturbance;

6 “(C) at least one such member shall be a
7 representative of a leading research, advocacy,
8 and service organization for individuals with se-
9 rious mental illness or serious emotional dis-
10 turbance;

11 “(D) at least one such member shall be—

12 “(i) a licensed psychiatrist with expe-
13 rience treating serious mental illness or se-
14 rious emotional disturbance; or

15 “(ii) a licensed clinical psychologist
16 with experience treating serious mental ill-
17 ness and serious emotional disturbance;

18 “(E) at least one member shall be a li-
19 censed mental health counselor or
20 psychotherapist;

21 “(F) at least one member shall be a li-
22 censed clinical social worker;

23 “(G) at least one member shall be a li-
24 censed psychiatric nurse or nurse practitioner;

1 “(H) at least one member shall be a men-
2 tal health professional with a significant focus
3 in his or her practice working with children and
4 adolescents;

5 “(I) at least one member shall be a mental
6 health professional who spends a significant
7 concentration of his or her professional time or
8 leadership practicing community mental health;

9 “(J) at least one member shall be a mental
10 health professional with substantial experience
11 working with mentally ill individuals who have
12 a history of violence or suicide;

13 “(K) at least one such member shall be an
14 accredited or State certified mental health peer
15 specialist;

16 “(L) at least one member shall be a judge
17 with experiences applying assisted outpatient
18 treatment;

19 “(M) at least one member shall be a law
20 enforcement officer with extensive experience in
21 interfacing with individuals in mental health
22 crisis; and

23 “(N) at least one member shall be a local
24 corrections officer.

1 “(d) REPORTS TO CONGRESS.—Not later than 1 year
2 after the date of enactment of this Act, and every 2 years
3 thereafter, the Committee shall submit and make publicly
4 available a report to the Congress—

5 “(1) analyzing the efficiency, effectiveness,
6 quality, coordination, and cost effectiveness of Fed-
7 eral programs and activities relating to the preven-
8 tion of, or treatment or rehabilitation for, mental
9 health or substance use disorders, including an ac-
10 counting of the costs of such programs and activi-
11 ties, with administrative costs disaggregated from
12 the costs of services and care provided;

13 “(2) evaluating the impact on public health of
14 projects addressing priority mental health needs of
15 regional and national significance under sections
16 501, 509, 516, and 520A including measurement of
17 public health outcomes such as—

18 “(A) reduced rates of suicide, suicide at-
19 tempts, substance abuse, overdose, overdose
20 deaths, emergency hospitalizations, emergency
21 room boarding, incarceration, crime, arrest, vic-
22 timization, homelessness, and joblessness;

23 “(B) increased rates of employment and
24 enrollment in educational and vocational pro-
25 grams; and

1 “(C) such other criteria as may be deter-
2 mined by the Assistant Secretary;

3 “(3) formulating recommendations for the co-
4 ordination and improvement of Federal programs
5 and activities described in paragraph (2);

6 “(4) identifying any such programs and activi-
7 ties that are duplicative; and

8 “(5) summarizing all recommendations made,
9 activities carried out, and results achieved pursuant
10 to the workforce development strategy under section
11 501(b)(9) of the Public Health Service Act, as
12 amended by section 101.

13 “(e) ADMINISTRATIVE SUPPORT; TERMS OF SERV-
14 ICE; OTHER PROVISIONS.—The following provisions shall
15 apply with respect to the Committee:

16 “(1) The Assistant Secretary shall provide such
17 administrative support to the Committee as may be
18 necessary for the Committee to carry out its respon-
19 sibilities.

20 “(2) Members of the Committee appointed
21 under subsection (c)(2) shall serve for a term of 4
22 years, and may be reappointed for one or more addi-
23 tional 4-year terms. Any member appointed to fill a
24 vacancy for an unexpired term shall be appointed for
25 the remainder of such term. A member may serve

1 after the expiration of the member's term until a
2 successor has taken office.

3 “(3) The Committee shall meet at the call of
4 the chair or upon the request of the Assistant Sec-
5 retary. The Committee shall meet not fewer than 2
6 times each year.

7 “(4) All meetings of the Committee shall be
8 public and shall include appropriate time periods for
9 questions and presentations by the public.

10 “(f) SUBCOMMITTEES; ESTABLISHMENT AND MEM-
11 BERSHIP.—In carrying out its functions, the Committee
12 may establish subcommittees and convene workshops and
13 conferences. Such subcommittees shall be composed of
14 Committee members and may hold such meetings as are
15 necessary to enable the subcommittees to carry out their
16 duties.”

1 **TITLE** **IV—COMPASSIONATE**
2 **COMMUNICATION** **UNDER**
3 **HIPAA AND FERPA**

4 **SEC. 401. PROMOTING APPROPRIATE TREATMENT FOR**
5 **MENTALLY ILL INDIVIDUALS BY TREATING**
6 **THEIR CAREGIVERS AS PERSONAL REP-**
7 **RESENTATIVES FOR PURPOSES OF HIPAA**
8 **PRIVACY REGULATIONS.**

9 (a) CAREGIVER ACCESS TO INFORMATION.—In ap-
10 plying section 164.502(g) of title 45, Code of Federal Reg-
11 ulations, to an individual with a serious mental illness or
12 serious emotional disturbance who does not provide con-
13 sent for the disclosure of protected health information of
14 such individual to a caregiver of such individual, the care-
15 giver shall be treated by a covered entity as a personal
16 representative of such individual if—

17 (1) the provider furnishing services to the indi-
18 vidual reasonably believes that making the protected
19 health information of such individual available to the
20 caregiver is necessary to protect the health, safety,
21 or welfare of the individual or the safety of one or
22 more other individuals;

23 (2) such disclosure is for information limited to
24 the diagnoses, treatment recommendations, appoint-
25 ment scheduling, medications, and medication-re-

1 lated instructions, but not including any personal
2 psychotherapy notes; and

3 (3) the absence of such information and proper
4 treatment will lead to a worsening prognosis or an
5 acute medical condition (which may include diabetes,
6 heart disease, lung disease, or infectious disease) or
7 mental health condition.

8 (b) TRAINING.—In applying section 164.530 of title
9 45, Code of Federal Regulations, the training described
10 in paragraph (b)(1) of such section shall include training
11 with respect to the permissible disclosure of information
12 under section 164.502(g) of such title.

13 (c) AGE OF MAJORITY.—In applying section
14 164.502(g) of title 45, Code of Federal Regulations, not-
15 withstanding any other provision of law, an
16 unemancipated minor shall be an individual under the age
17 of 18 years.

18 (d) PROVIDER ACCESS TO INFORMATION.—Health
19 care providers may listen to information or review medical
20 history provided by family members or other caregivers
21 who may have concerns about the health and well-being
22 of the patient, so the health care provider can factor that
23 information into the patient's care.

24 (e) DEFINITIONS.—For purposes of this section:

1 (1) COVERED ENTITY.—The term “covered en-
2 tity” has the meaning given such term in section
3 106.103 of title 45, Code of Federal Regulations.

4 (2) PROTECTED HEALTH INFORMATION.—The
5 term “protected health information” has the mean-
6 ing given such term in section 106.103 of title 45,
7 Code of Federal Regulations.

8 (3) CAREGIVER.—The term “caregiver” means,
9 with respect to an individual with a serious mental
10 illness or serious emotional disturbance—

11 (A) an immediate family member of such
12 individual;

13 (B) an individual who assumes primary re-
14 sponsibility for providing a basic need of such
15 individual; or

16 (C) a personal representative of the indi-
17 vidual as determined by the law of the State in
18 which such individual resides;

19 who can establish a longstanding involvement and is
20 responsible with the individual and the health care
21 of the individual, and who does not have a docu-
22 mented history of abuse of the individual.

23 (4) INDIVIDUAL WITH A SERIOUS MENTAL ILL-
24 NESS OR SERIOUS EMOTIONAL DISTURBANCE.—The
25 term “individual with a serious mental illness or se-

1 rious emotional disturbance” means, with respect to
2 the disclosure to a caregiver of protected health in-
3 formation of an individual, an individual who—

4 (A) is 18 years of age or older; and

5 (B) by nature of the severe mental illness,
6 as determined by a physician or psychologist,
7 has or has had a diminished capacity to fully
8 understand or follow a treatment plan for the
9 medical condition involved or may become
10 gravely disabled in absence of treatment; and

11 (C) has, within one year before the date of
12 the disclosure, been evaluated, diagnosed, or
13 treated for a mental, behavioral, or emotional
14 disorder that—

15 (i) is determined by a physician to be
16 of sufficient duration to meet diagnostic
17 criteria specified within the Diagnostic and
18 Statistical Manual of Mental Disorders;
19 and

20 (ii) results in functional impairment
21 of the individual that substantially inter-
22 feres with or limits one or more major life
23 activities of the individual.

24 Such term includes an individual with autism
25 spectrum disorder or other developmental dis-

1 ability if such individual has a co-occurring
2 mental illness.

3 **SEC. 402. CAREGIVERS PERMITTED ACCESS TO CERTAIN**
4 **EDUCATION RECORDS UNDER FERPA.**

5 Section 444 of the General Education Provisions Act
6 (20 U.S.C. 1232g) is amended by adding at the end the
7 following new subsection:

8 “(k) DISCLOSURES TO CAREGIVERS.—

9 “(1) IN GENERAL.—With respect to a student
10 who is 18 years of age or older, an educational agen-
11 cy or institution may disclose to the caregiver of the
12 student, without regard to whether the student has
13 explicitly provided consent to the agency or institu-
14 tion for the disclosure of the student’s education
15 record, the education record of such student if a
16 physician (as defined in paragraphs (1) and (2) of
17 section 1861(r) of the Social Security Act), psycholo-
18 gist, or other recognized health professional or para-
19 professional acting in his or her professional or
20 paraprofessional capacity, or assisting in that capac-
21 ity reasonably believes such disclosure to the care-
22 giver is necessary to protect the health, safety, or
23 welfare of such student or the safety of one or more
24 other individuals.

25 “(2) DEFINITIONS.—In this subsection:

1 “(A) CAREGIVER.—The term ‘caregiver’
2 means, with respect to a student, a family
3 member or immediate past legal guardian who
4 assumes a primary responsibility for providing
5 a basic need of such student (such as a family
6 member or past legal guardian of the student
7 who has assumed the responsibility of co-sign-
8 ing a loan with the student).

9 “(B) EDUCATION RECORD.—Notwith-
10 standing subsection (a)(4)(B), the term ‘edu-
11 cation record’ shall include a record described
12 in clause (iv) of such subsection.”.

13 **SEC. 403. CONFIDENTIALITY OF RECORDS.**

14 Section 543 of the Public Health Service Act (42
15 U.S.C. 290dd–2) is amended—

16 (1) in subsection (b)(2), by adding at the end
17 the following:

18 “(C)(i) Within accountable care organiza-
19 tions described in section 1899 of the Social Se-
20 curity Act, health information exchanges (as de-
21 fined for purposes of section 3013), health
22 homes (as defined in section 1945(h)(3) of such
23 Act, or other organized health care arrange-
24 ments or community-based systems of care;

25 “(ii) insofar as the disclosure—

1 “(I) involves the interchange of elec-
2 tronic health records (as defined in section
3 13400 of division A of Public Law 111–
4 5)); and

5 “(II) is for the purposes of enabling
6 treatment, payment, and health care oper-
7 ations as defined in section 164.501 of title
8 45 of the Code of Federal Regulations, or
9 securing and providing patient safety.”;
10 and

11 (2) by adding at the end the following new sub-
12 section:

13 **[(i) CLARIFICATION.—In applying this section and**
14 part 2 of title 42 of the Code of Federal Regulations, the
15 Secretary shall be considered a “program director” and
16 not a “third party payor”, as such terms are defined
17 under such part, for purposes of disclosing patient identi-
18 fying information to qualified researchers. In carrying out
19 the previous sentence, the Secretary shall, by not later
20 than January 1, 2016, and subject to privacy restrictions
21 under such part, restore access to qualified researchers of
22 patient identifying information held by the Centers for
23 Medicare & Medicaid Services for the programs under ti-
24 tles XVIII and XIX of the Social Security Act.”.]

1 **SEC. 404. MODEL PROGRAM AND MATERIALS FOR TRAIN-**
2 **ING HEALTH CARE PROVIDERS ON DIS-**
3 **CLOSING PROTECTED HEALTH INFORMATION**
4 **TO COMMUNITY-BASED PROVIDERS.**

5 To facilitate care coordination and medication adher-
6 ence, and to manage patients' care during transitions from
7 one care setting to another, the Secretary of Health and
8 Human Services shall develop and disseminate a model
9 program and materials, including examples, for training
10 health care providers (including mental health and sub-
11 stance use disorder providers) on the manner in which,
12 consistent with Federal and State privacy protections, the
13 protected health information of patients with a mental ill-
14 ness or substance use disorder may be disclosed to health
15 care providers of these services.

16 **SEC. 405. CLARIFICATION OF CIRCUMSTANCES UNDER**
17 **WHICH DISCLOSURE OF PROTECTED HEALTH**
18 **INFORMATION OF MENTAL ILLNESS PA-**
19 **TIENTS IS PERMITTED; MODEL TRAINING**
20 **PROGRAMS.**

21 (a) IN GENERAL.—The HITECH Act (title XIII of
22 division A of Public Law 111–5) is amended by adding
23 at the end of subtitle D of such Act (42 U.S.C. 17921
24 et seq.) the following:

1 **“PART 3—IMPROVED PRIVACY AND SECURITY**
2 **PROVISIONS FOR MENTAL ILLNESS PATIENTS**
3 **“SEC. 13431. CLARIFICATION OF CIRCUMSTANCES UNDER**
4 **WHICH DISCLOSURE OF PROTECTED HEALTH**
5 **INFORMATION IS PERMITTED.**

6 “(a) IN GENERAL.—Not later than one year after the
7 date of enactment of the Helping Families in Mental
8 Health Crisis Act of 2015, the Secretary shall promulgate
9 final regulations clarifying the circumstances under which,
10 consistent with the standards governing the privacy and
11 security of individually identifiable health information pro-
12 mulgated by the Secretary under sections 262(a) and 264
13 of the Health Insurance Portability and Accountability
14 Act of 1996, health care providers and covered entities
15 may disclose the protected health information of patients
16 with a mental illness, including for purposes of—

17 “(1) communicating with a patient’s family,
18 caregivers, friends, or others involved in the pa-
19 tient’s care, including communication about treat-
20 ments, side effects, risk factors, and the availability
21 of community resources;

22 “(2) communicating with family or caregivers
23 when the patient is an adult;

24 “(3) communicating with the parent or care-
25 giver of a patient who is a minor;

1 “(4) considering the patient’s capacity to agree
2 or object to the sharing of their information;

3 “(5) communicating and sharing information
4 with a patient’s family or caregivers when—

5 “(A) the patient consents; or

6 “(B) the patient does not consent, but the
7 patient lacks the capacity to agree or object and
8 the communication or sharing of information is
9 in the patient’s best interest;

10 “(6) involving a patient’s family members,
11 friends, or caregivers, or others involved in the pa-
12 tient’s care in the patient’s care plan, including
13 treatment and medication adherence, in dealing with
14 patient failures to adhere to medication or other
15 therapy;

16 “(7) listening to or receiving information from
17 family members or caregivers about their loved ones
18 receiving mental illness treatment;

19 “(8) communicating with family members, care-
20 givers, law enforcement, or others when the patient
21 presents a serious and imminent threat of harm to
22 self or others; and

23 “(9) communicating to law enforcement and
24 family members or caregivers about the admission of
25 a patient to receive care at a facility or the release

1 of a patient who was admitted to a facility for an
2 emergency psychiatric hold or involuntary treatment.

3 “(b) COORDINATION.—The Secretary shall carry out
4 this section in coordination with the Director of the Office
5 for Civil Rights within the Department of Health and
6 Human Services.

7 “(c) CONSISTENCY WITH GUIDANCE.—The Secretary
8 shall ensure that the regulations under this section are
9 consistent with the guidance entitled ‘HIPAA Privacy
10 Rule and Sharing Information Related to Mental Health’,
11 issued by the Department of Health and Human Services
12 on February 20, 2014.”.

13 (b) DEVELOPMENT AND DISSEMINATION OF MODEL
14 TRAINING PROGRAMS.—

15 (1) INITIAL PROGRAMS AND MATERIALS.—Not
16 later than one year after promulgating final regula-
17 tions under section 13431 of the HITECH Act, as
18 added by subsection (a), the Secretary of Health and
19 Human Services (in this section referred to as the
20 “Secretary”) shall develop and disseminate—

21 (A) a model program and materials for
22 training health care providers (including physi-
23 cians, emergency medical personnel, psycholo-
24 gists, counselors, therapists, behavioral health
25 facilities and clinics, care managers, and hos-

1 pitals) regarding the circumstances under
2 which, consistent with the standards governing
3 the privacy and security of individually identifi-
4 able health information promulgated by the
5 Secretary under sections 262(a) and 264 of the
6 Health Insurance Portability and Accountability
7 Act of 1996, the protected health information
8 of patients with a mental illness may be dis-
9 closed with and without patient consent;

10 (B) a model program and materials for
11 training lawyers and others in the legal profes-
12 sion on such circumstances; and

13 (C) a model program and materials for
14 training patients and their families regarding
15 their rights to protect and obtain information
16 under the standards specified in subparagraph
17 (A).

18 (2) PERIODIC UPDATES.—The Secretary
19 shall—

20 (A) periodically review and update the
21 model programs and materials developed under
22 paragraph (1); and

23 (B) disseminate the updated model pro-
24 grams and materials.

1 (3) CONTENTS.—The programs and materials
2 developed under paragraph (1) shall address the
3 guidance entitled “HIPAA Privacy Rule and Shar-
4 ing Information Related to Mental Health”, issued
5 by the Department of Health and Human Services
6 on February 20, 2014.

7 (4) COORDINATION.—The Secretary shall carry
8 out this section in coordination with the Director of
9 the Office for Civil Rights within the Department of
10 Health and Human Services, the Administrator of
11 the Substance Abuse and Mental Health Services
12 Administration, the Administrator of the Health Re-
13 sources and Services Administration, and the heads
14 of other relevant agencies within the Department of
15 Health and Human Services.

16 (5) INPUT OF CERTAIN ENTITIES.—In devel-
17 oping the model programs and materials required by
18 paragraphs (1) and (2), the Secretary shall solicit
19 the input of relevant national, State, and local asso-
20 ciations, medical societies, and licensing boards.

1 **TITLE V—MEDICARE AND**
2 **MEDICAID REFORMS**

3 **SEC. 501. ENHANCED MEDICAID COVERAGE RELATING TO**
4 **CERTAIN MENTAL HEALTH SERVICES.**

5 (a) RULE OF CONSTRUCTION RELATED TO MED-
6 ICAID COVERAGE OF MENTAL HEALTH SERVICES AND
7 PRIMARY CARE SERVICES FURNISHED ON THE SAME
8 DAY.—Nothing in title XIX of the Social Security Act (42
9 U.S.C. 1396 et seq.) shall be construed as prohibiting
10 under the State plan under this title (or under a waiver
11 of the plan) the provision of a mental health service or
12 primary care service furnished to an individual which
13 would otherwise be considered medical assistance under
14 such plan, with respect to such individual, if such service
15 were not—

16 (1) a primary care service furnished to the indi-
17 vidual by a provider at a facility on the same day
18 a mental health service is furnished to such indi-
19 vidual by such provider (or another provider) at the
20 facility; or

21 (2) a mental health service furnished to the in-
22 dividual by a provider at a facility on the same day
23 a primary care service is furnished to such individual
24 by such provider (or another provider) at the facil-
25 ity.

1 **[(b) STATE OPTION TO PROVIDE MEDICAL ASSIST-**
2 **ANCE FOR CERTAIN INPATIENT PSYCHIATRIC SERVICES**
3 **TO NONELDERLY ADULTS.—Section 1905 of the Social**
4 **Security Act (42 U.S.C. 1396d) is amended—]**

5 **[(1) in subsection (a)—]**

6 **[(A) in paragraph (16)—]**

7 **[(i) by striking “effective” and insert-**
8 **ing “(A) effective”; and]**

9 **[(ii) by inserting before the semicolon**
10 **at the end the following: “and (B) quali-**
11 **fied inpatient psychiatric hospital services**
12 **(as defined in subsection (h)(3)) for indi-**
13 **viduals over 21 years of age and under 65**
14 **years of age”; and]**

15 **[(B) in the subdivision (B) that follows**
16 **paragraph (29), by inserting “(other than serv-**
17 **ices described in subparagraph (B) of para-**
18 **graph (16) for individuals described in such**
19 **subparagraphs)” after “patient in an institution**
20 **for mental diseases”; and]**

21 **[(2) in subsection (h), by adding at the end the**
22 **following new paragraph:]**

23 **[(“3) For purposes of subsection (a)(16)(B), the**
24 **term ‘qualified inpatient psychiatric hospital services’**
25 **means, with respect to individuals described in such sub-**

1 section, services described in subparagraphs (A) and (B)
2 of paragraph (1) that are furnished—】

3 【“(A) in an acute care psychiatric unit in a
4 State-operated psychiatric hospital or a psychiatric
5 hospital (as defined section 1861(f)); and】

6 【“(B) with respect to such an individual, for a
7 period not to exceed 20 days in any month.”.】

8 【(c) REPORT.—】

9 【(1) IN GENERAL.—The Assistant Secretary
10 for Mental Health and Substance Use Disorders
11 shall report (and make such report publicly avail-
12 able) on the impact of the amendments made by
13 subsection (b) on the funds made available by States
14 for inpatient psychiatric hospital care and for com-
15 munity-based mental health services. Such study
16 shall include an assessment of each of the fol-
17 lowing:】

18 【(A) The amount of funds expended annu-
19 ally by States on qualified inpatient psychiatric
20 hospital services (as defined in paragraph (3) of
21 section 1905(h) of the Social Security Act (42
22 U.S.C. 1396d(h)), as added by subsection
23 (b)(2)).】

24 【(B) The amount of funds expended annu-
25 ally on qualified inpatient psychiatric hospital

1 services through disproportionate share hospital
2 payments under section 1923 of the Social Se-
3 curity Act (42 U.S.C. 1396r-4).】

4 【(C) The reduction in the amount of funds
5 described in subparagraph (A) that is attrib-
6 utable to the amendments made by subsection
7 (b).】

8 【(D) The reduction in the amount of funds
9 described in subparagraph (B) that is attrib-
10 utable to the amendment made by such sub-
11 section.】

12 【(E) The total amount of the reductions
13 described in subparagraphs (C) and (D).】

14 【(2) REPORT.—Not later than two years after
15 the date of the enactment of this Act, such Assistant
16 Secretary shall submit a report to Congress (and
17 make such report publicly available) on the results
18 of the study described in paragraph (1), including
19 recommendations with respect to strategies that can
20 be used to reinvest in community-based mental
21 health services funds equal to the total amount of
22 the reductions described in paragraph (1)(E).】

23 【(d) EFFECTIVE DATE.—】

24 【(1) IN GENERAL.—Subject to paragraphs (2)
25 and (3), the amendments made by this section shall

1 apply to items and services furnished after the first
2 day of the first calendar year that begins after the
3 date of the enactment of this section.】

4 【(2) CERTIFICATION OF NO INCREASED SPENDING.—The amendments made by this section shall
5 not be effective, with respect to a State, unless the
6 Chief Actuary of the Centers for Medicare & Medicaid Services certifies that the inclusion of qualified
7 inpatient psychiatric hospital services (as defined in
8 section 1905(h) of the Social Security Act (42
9 U.S.C. 1396d(h))) furnished to nonelderly adults as
10 medical assistance under section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)), as amended
11 by subsection (a), would not result in an increase in
12 such State’s net program spending under title XIX
13 of such Act.】

14 【(3) EXCEPTION FOR STATE LEGISLATION.—In
15 the case of a State plan under title XIX of the Social Security Act, which the Secretary of Health and
16 Human Services determines requires State legislation in order for the respective plan to meet any
17 requirement imposed by amendments made by this section, the respective plan shall not be regarded as
18 failing to comply with the requirements of such title solely on the basis of its failure to meet such an ad-
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1 ditional requirement before the first day of the first
2 calendar quarter beginning after the close of the
3 first regular session of the State legislature that be-
4 gins after the date of enactment of this section. For
5 purposes of the previous sentence, in the case of a
6 State that has a 2-year legislative session, each year
7 of the session shall be considered to be a separate
8 regular session of the State legislature.】

9 **【SEC. 502. COVERAGE OF PRESCRIPTION DRUGS USED TO**
10 **TREAT MENTAL HEALTH DISORDERS UNDER**
11 **MEDICAID.**

12 **【(a) IN GENERAL.—**Section 1927(d) of the Social
13 Security Act (42 U.S.C. 1396r–8(d)) is amended by add-
14 ing at the end the following new paragraph:】

15 **【“(8) ACCESS TO MENTAL HEALTH DRUGS.—**A
16 State shall not exclude from coverage or otherwise
17 restrict access to drugs that are being used for the
18 treatment of a diagnosis of major depression, bipolar
19 (manic-depressive) disorder, panic disorder, obses-
20 sive-compulsive disorder, schizophrenia, and
21 schizoaffective disorder other than pursuant to a
22 prior authorization program that is consistent with
23 paragraph (5).”】

24 **【(b) MEDICAID MANAGED CARE ORGANIZATIONS.—**
25 **】**

1 【(1) IN GENERAL.—Section 1932(b) of the So-
2 cial Security Act (42 U.S.C. 1396u–2(b)) is amend-
3 ed by adding at the end the following new para-
4 graph:】

5 【“(9) COVERAGE OF PRESCRIPTION DRUGS
6 USED TO TREAT MENTAL HEALTH DISORDERS.—
7 Each contract with a medicaid managed care organi-
8 zation under section 1903(m) and each contract with
9 a primary care case manager under section
10 1905(t)(3) shall require coverage of all covered out-
11 patient drugs used for the treatment of a mental
12 health disorder, in accordance with section
13 1927(d)(8).”】

14 【(2) EXEMPTION.—Section 1927(j)(1) of the
15 Social Security Act (42 U.S.C. 1396r–8(j)(1)) is
16 amended by inserting “, other than covered out-
17 patient drugs described in subsection (d)(8),” after
18 “Covered outpatient drugs”.】

19 **SEC. 503. MODIFICATIONS TO MEDICARE DISCHARGE PLAN-**
20 **NING REQUIREMENTS.**

21 (a) IN GENERAL.—Section 1861(ee) of the Social Se-
22 curity Act (42 U.S.C. 1395x(ee)) is amended—

23 (1) in subparagraph (2)(A), by inserting “, as
24 well as those patients in a psychiatric hospital or a
25 psychiatric unit of a hospital (as described in the

1 matter following clause (v) of section
2 1886(d)(1)(B))” before the period at the end; and
3 (2) by adding at the end the following new
4 paragraph:

5 “(4) The hospital or unit must identify organizations,
6 as applicable, that offer services such as social, nutrition,
7 and housing to patients receiving services from the hos-
8 pital or unit and communicate with such organizations for
9 the purpose of appropriately referring patients to such or-
10 ganizations.”.

11 (b) REGULATIONS.—Not later than June 1, 2018,
12 the Secretary of Health and Human Services shall issue
13 final regulations implementing the amendments made by
14 subsection (a).

15 **TITLE VI—RESEARCH BY THE**
16 **NATIONAL INSTITUTE OF**
17 **MENTAL HEALTH**

18 **SEC. 601. INCREASE IN FUNDING FOR CERTAIN RESEARCH.**

19 Section 402A(a) of the Public Health Service Act (42
20 U.S.C. 282a(a)) is amended by adding at the end the fol-
21 lowing:

22 “(3) FUNDING FOR THE BRAIN INITIATIVE AND
23 OTHER RESEARCH AT THE NATIONAL INSTITUTE OF
24 MENTAL HEALTH.—

1 “(A) FUNDING.—In addition to amounts
2 made available pursuant to paragraphs (1) and
3 (2), there are authorized to be appropriated to
4 the National Institute of Mental Health for the
5 purposes described in subparagraph (B)(ii)
6 \$40,000,000 for each of fiscal years 2016
7 through 2020.

8 “(B) PURPOSES.—Amounts appropriated
9 pursuant to subparagraph (A) shall be used ex-
10 clusively for the purpose of conducting or sup-
11 porting—

12 “(i) research on the determinants of
13 self- and other directed-violence in mental
14 illness, including studies directed at reduc-
15 ing the risk of self harm, suicide, and
16 interpersonal violence; or

17 “(ii) brain research through the Brain
18 Research through Advancing Innovative
19 Neurotechnologies Initiative.”.

1 **TITLE VII—REAUTHORIZATION**
2 **AND REFORMS**
3 **Subtitle A—Organization and**
4 **General Authorities**

5 **SEC. 701. IN GENERAL.**

6 Section 501 of the Public Health Service Act (42
7 U.S.C. 290aa) is amended—

8 (1) in subsection (h), by inserting at the end
9 the following: “For any such peer-review group re-
10 viewing a proposal or grant related to mental illness,
11 no fewer than half of the members of the group shall
12 have a medical degree, have a corresponding doctoral
13 degree in psychology, or be a licensed mental health
14 professional with clinical experience.”; and

15 (2) in subsection (l)—

16 (A) in paragraph (2), by striking “and” at
17 the end;

18 (B) in paragraph (3), by striking the pe-
19 riod at the end and inserting “; and”; and

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

21 “(4) At least 60 days before awarding a grant,
22 cooperative agreement, or contract, the Assistant
23 Secretary shall give written notice of the award to
24 the Committee on Energy and Commerce of the
25 House of Representatives and the Committee on

1 Health, Education, Labor, and Pensions of the Sen-
2 ate.”.

3 **SEC. 702. ADVISORY COUNCILS.**

4 Paragraph (3) of section 502(b) of the Public Health
5 Service Act (42 U.S.C. 290aa-1(b)) is amended by adding
6 at the end the following:

7 “(C) No fewer than half of the members of
8 an advisory council shall be mental health care
9 or substance use disorder treatment providers
10 with—

11 “(i) experience in mental health re-
12 search or treatment; and

13 “(ii) expertise in the fields on which
14 they are advising.

15 “(D) None of the appointed members may
16 have at any point been a recipient of any grant,
17 or participated in any program, about which the
18 members are to advise.

19 “(E) None of the appointed members may
20 be related to anyone who has been a recipient
21 of any grant, or participated in any program,
22 about which the members are to advise.

23 “(F) None of the appointed members may
24 have a financial interest in any grant or pro-
25 gram with respect to which they advise, or re-

1 ceive funding separately through the Office of
2 Assistant Secretary.

3 “(G) Each advisory committee must in-
4 clude at least one member of the National Insti-
5 tute of Mental Health and one member from
6 any Federal agency that has a program serving
7 a similar population.”.

8 **SEC. 703. PEER REVIEW.**

9 Section 504 of the Public Health Service Act (42
10 U.S.C. 290aa-3) is amended—

11 (1) by adding at the end of subsection (b) the
12 following: “At least half of the members of any peer-
13 review group established under subsection (a) for the
14 review of a proposal or grant related primarily to
15 mental illness shall have a degree in medicine, or a
16 corresponding doctoral degree in psychology, or be a
17 licensed mental health professional. Before awarding
18 a grant, cooperative agreement, or contract, the Sec-
19 retary shall make publicly available and provide to
20 the Committee on Energy and Commerce of the
21 House of Representatives and the Committee on
22 Health, Education, Labor, and Pensions of the Sen-
23 ate a list of the members of the peer-review group
24 responsible for reviewing the award.”; and

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

1 “(e) SCIENTIFIC CONTROLS AND STANDARDS.—Peer
2 review under this section shall ensure that any research
3 concerning an intervention is based on scientific controls
4 and standards indicating whether the intervention reduces
5 symptoms, improves medical or behavioral outcomes, and
6 improves social functioning.”.

7 **Subtitle B—Protection and Advo-**
8 **cacy for Individuals With Men-**
9 **tal Illness**

10 **SEC. 711. PROHIBITION AGAINST LOBBYING BY SYSTEMS**
11 **ACCEPTING FEDERAL FUNDS TO PROTECT**
12 **AND ADVOCATE THE RIGHTS OF INDIVID-**
13 **UALS WITH MENTAL ILLNESS.**

14 Section 105(a) of the Protection and Advocacy for
15 Individuals with Mental Illness Act (42 U.S.C. 10805(a))
16 is amended—

17 (1) in paragraph (9), by striking “and” at the
18 end;

19 (2) in paragraph (10), by striking the period at
20 the end and inserting a semicolon; and

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

22 “(11) agree to refrain, during any period for
23 which funding is provided to the system under this
24 part, from using Federal funds for—

1 “(A) lobbying or retaining a lobbyist for
2 the purpose of influencing a Federal, State, or
3 local governmental entity or officer; and

4 “(B) counseling an individual with a seri-
5 ous mental illness or serious emotional disturb-
6 ance who lacks insight into their condition on
7 refusing medical treatment or acting against
8 the wishes of such individual’s caregiver;”.

9 **SEC. 712. PROTECTION AND ADVOCACY ACTIVITIES TO**
10 **FOCUS EXCLUSIVELY ON SAFEGUARDING**
11 **RIGHTS TO BE FREE FROM ABUSE AND NE-**
12 **GLECT.**

13 (a) **PURPOSES.**—Section 101(b) of the Protection
14 and Advocacy for Individuals with Mental Illness Act (42
15 U.S.C. 10801(b)) is amended—

16 (1) in paragraph (1), by inserting “to be free
17 from abuse and neglect” before “are protected”; and

18 (2) in paragraph (2)(A), by inserting “to be
19 free from abuse and neglect” before “through activi-
20 ties to ensure”.

21 (b) **ALLOTMENTS.**—Section 103(2)(A) of the Protec-
22 tion and Advocacy for Individuals with Mental Illness Act
23 (42 U.S.C. 10803(2)(A)) is amended by inserting “to be
24 free from abuse and neglect” before the semicolon.

1 (c) USE OF ALLOTMENTS.—Section 104(a)(1) of the
2 Protection and Advocacy for Individuals with Mental Ill-
3 ness Act (42 U.S.C. 10804(a)(1)) is amended—

4 (1) in subparagraph (A), by striking “and” at
5 the end;

6 (2) in subparagraph (B), by striking the period
7 at the end and inserting “to be free from abuse and
8 neglect; and”; and

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

10 “(C) the protection and advocacy activities
11 of such an agency or organization shall be ex-
12 clusively focused on safeguarding the rights of
13 individuals with mental illness to be free from
14 abuse and neglect and advocating for continuity
15 of care for individuals transitioning from insti-
16 tutional settings to the community for evidence-
17 based community services.”.

18 (d) SYSTEM REQUIREMENTS.—Section 105 of the
19 Protection and Advocacy for Individuals with Mental Ill-
20 ness Act (42 U.S.C. 10805), as amended by sections 711
21 and 712, is further amended—

22 (1) in subsection (a)—

23 (A) in the matter before paragraph (1), by
24 inserting “to be free from abuse and neglect”
25 before “shall”;

1 (B) in paragraph (6)(A), by inserting “to
2 be free from abuse and neglect” before the
3 semicolon; and

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

5 “(12) be exclusively focused on safeguarding
6 the rights of individuals with mental illness to be
7 free from abuse and neglect;” and

8 (2) in subsection (c)(1)(A), by inserting “to be
9 free from abuse and neglect” before “shall have a
10 governing authority”.

11 (e) APPLICATIONS.—Section 111(a) of the Protection
12 and Advocacy for Individuals with Mental Illness Act (42
13 U.S.C. 10821(a)) is amended—

14 (1) in paragraph (1), by inserting “to be free
15 from abuse and neglect” before the semicolon;

16 (2) in paragraph (3), by striking “and” at the
17 end;

18 (3) by redesignating paragraph (4) as para-
19 graph (5); and

20 (4) by inserting after paragraph (3) the fol-
21 lowing:

22 “(4) assurances that such system, and any
23 State agency or nonprofit organization with which
24 such system may enter into a contract under section
25 10804(a), will be exclusively focused on safeguarding

1 the rights of individuals with mental illness to be
2 free from abuse and neglect; and”.

3 (f) **REPORTS BY SECRETARY.**—Section 114(a) of the
4 Protection and Advocacy for Individuals with Mental Ill-
5 ness Act (42 U.S.C. 10824(a)) is amended—

6 (1) in paragraph (1) in the matter before sub-
7 paragraph (A), by inserting “to be free from abuse
8 and neglect” before “supported with payments”;

9 (2) in paragraph (2)(A), by inserting “to be
10 free from abuse and neglect” before “supported with
11 payments”; and

12 (3) in paragraph (4), by inserting “to be free
13 from abuse and neglect” before “and a description”.

14 **SEC. 713. REPORTING.**

15 (a) **PUBLIC AVAILABILITY OF REPORTS.**—Section
16 105(a)(7) of the Protection and Advocacy for Individuals
17 with Mental Illness Act (42 U.S.C. 10805(a)(7)) is
18 amended by striking “is located a report” and inserting
19 “is located, and make publicly available, a report”.

20 (b) **DETAILED ACCOUNTING.**—Section 114(a) of the
21 Protection and Advocacy for Individuals with Mental Ill-
22 ness Act (42 U.S.C. 10824(a)), as amended, is further
23 amended—

24 (1) in paragraph (3), by striking “and” at the
25 end;

1 (2) in paragraph (4), by striking the period at
2 the end and inserting “; and”; and

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

4 “(5) a detailed accounting, for each system
5 funded under this title, of how funds are spent,
6 disaggregated according to whether the funds were
7 received from the Federal Government, the State
8 government, a local government, or a private enti-
9 ty.”.

10 **SEC. 714. GRIEVANCE PROCEDURE.**

11 Section 105 of the Protection and Advocacy for Indi-
12 viduals with Mental Illness Act (42 U.S.C. 10805), as
13 amended, is further amended by adding at the end the
14 following:

15 “(d) GRIEVANCE PROCEDURE.—The Assistant Sec-
16 retary shall establish an independent grievance procedure
17 for the types of claims to be adjudicated, at the request
18 of persons described in subsection (a)(9), through a sys-
19 tem’s grievance procedure established under such sub-
20 section.”.

21 **SEC. 715. EVIDENCE-BASED TREATMENT FOR INDIVIDUALS**
22 **WITH SERIOUS MENTAL ILLNESS OR SERIOUS**
23 **EMOTIONAL DISTURBANCE.**

24 Section 105(a) of the Protection and Advocacy for
25 Individuals with Mental Illness Act (42 U.S.C. 10805(a)),

1 as amended by sections 711, 712, and 713, is further
2 amended by adding at the end the following:

3 “(13) ensure that individuals with serious men-
4 tal illness or serious emotional disturbance have ac-
5 cess to and can obtain evidence-based treatment and
6 services (including supported housing, supported em-
7 ployment, and supported education) for their serious
8 mental illness or serious emotional disturbance;
9 and”.

10 **SEC. 716. TRAINING AND CURRICULUM FOR ADVOCATES**
11 **FOR INDIVIDUALS WITH MENTAL ILLNESS.**

12 Section 105(a) of the Protection and Advocacy for
13 Individuals with Mental Illness Act (42 U.S.C. 10805(a)),
14 as amended by sections 711, 712, 713, and 716, is further
15 amended by adding at the end the following:

16 “(14) provide for the development, in partner-
17 ship with an organization representing individuals
18 with experience with mental illness and families of
19 such individuals, of training curriculum—

20 “(A) to train new and existing staff, in-
21 cluding attorneys, who provide advocacy serv-
22 ices to individuals with mental illness on how to
23 most effectively work with clients served by the
24 system and family members and caregivers of
25 such clients; and

1 “(B) that includes training in effective
2 methods of interviewing such clients, families,
3 and caregivers to determine the relevant history
4 and recovery goals, such as avoiding hos-
5 pitalizations or arrests, and obtaining employ-
6 ment, education, housing, and other recovery-
7 based outcomes.”.

8 **TITLE VIII—REPORTING**

9 **SEC. 801. GAO STUDY ON PREVENTING DISCRIMINATORY** 10 **COVERAGE LIMITATIONS FOR INDIVIDUALS** 11 **WITH SERIOUS MENTAL ILLNESS AND SUB-** 12 **STANCE USE DISORDERS.**

13 Not later than 1 year after the date of the enactment
14 of this Act, the Comptroller General of the United States
15 shall submit to Congress and make publicly available a
16 report detailing the extent to which covered group health
17 plans (or health insurance coverage offered in connection
18 with such plans), including Medicaid managed care plans
19 under section 1903 of the Social Security Act (42 U.S.C.
20 1396b), comply with the Paul Wellstone and Pete Domen-
21 icki Mental Health Parity and Addiction Equity Act of
22 2008 (subtitle B of title V of division C of Public Law
23 110–343) (in this section referred to as the “law”), includ-
24 ing—

1 (1) how nonquantitative treatment limitations,
2 including medical necessity criteria and application
3 of such criteria to primary care, of covered group
4 health plans comply with the law;

5 (2) how the responsible Federal departments
6 and agencies ensure that plans comply with the law;
7 and

8 (3) how proper enforcement, education, and co-
9 ordination activities within responsible Federal de-
10 partments and agencies can be used to ensure full
11 compliance with the law, including educational ac-
12 tivities directed to State insurance commissioners.

