

Calendar No. 437

114TH CONGRESS
2D SESSION**S. 2680**

To amend the Public Health Service Act to provide comprehensive mental health reform, and for other purposes.

 IN THE SENATE OF THE UNITED STATES

MARCH 15, 2016

Mr. ALEXANDER (for himself, Mrs. MURRAY, Mr. CASSIDY, Mr. MURPHY, Mr. VITTER, and Mr. FRANKEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

APRIL 26, 2016

Reported by Mr. ALEXANDER, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

A BILL

To amend the Public Health Service Act to provide comprehensive mental health reform, and for other purposes.

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

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) ~~SHORT TITLE.~~—This Act may be cited as the
5 ~~“Mental Health Reform Act of 2016”.~~

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

Sec. 1. Short title; table of contents.

TITLE I—STRENGTHENING LEADERSHIP AND ACCOUNTABILITY

Sec. 101. Improving oversight of mental and substance use disorder programs.

Sec. 102. Strengthening leadership of the Substance Abuse and Mental Health Services Administration.

Sec. 103. Chief Medical Officer.

Sec. 104. Strategic plan.

Sec. 105. Biennial report concerning activities and progress.

Sec. 106. Authorities of centers for mental health services.

Sec. 107. Advisory councils.

Sec. 108. Peer review.

Sec. 109. Inter-Departmental Serious Mental Illness Coordinating Committee.

TITLE II—ENSURING MENTAL AND SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY PROGRAMS KEEP PACE WITH SCIENCE

Sec. 201. Encouraging innovation and evidence-based programs.

Sec. 202. Promoting access to information on evidence-based programs and practices.

Sec. 203. Priority mental health needs of regional and national significance.

TITLE III—SUPPORTING STATE RESPONSES TO MENTAL HEALTH AND SUBSTANCE USE DISORDER NEEDS

Sec. 301. Community Mental Health Services Block Grant.

Sec. 302. Additional provisions related to the block grants.

Sec. 303. Study of distribution of funds under the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant.

TITLE IV—PROMOTING ACCESS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER CARE

Sec. 401. Grants for treatment and recovery for homeless individuals.

Sec. 402. Grants for jail diversion programs.

Sec. 403. Promoting integration of primary and behavioral health care.

Sec. 404. Projects for assistance in transition from homelessness.

Sec. 405. National Suicide Prevention Lifeline program.

Sec. 406. Connecting individuals and families with care.

Sec. 407. Streamlining mental and behavioral health workforce programs.

Sec. 408. Reports.

Sec. 409. Centers and program repeals.

TITLE V—STRENGTHENING MENTAL AND SUBSTANCE USE DISORDER CARE FOR CHILDREN AND ADOLESCENTS

Sec. 501. Programs for children with serious emotional disturbances.

Sec. 502. Telehealth child psychiatry access grants.

Sec. 503. Substance use disorder treatment and early intervention services for children and adolescents.

Sec. 504. Residential treatment programs for pregnant and parenting women.

**TITLE VI—IMPROVING PATIENT CARE AND ACCESS TO MENTAL
AND SUBSTANCE USE DISORDER BENEFITS**

Sec. 601. HIPAA clarification.

Sec. 602. Identification of model training programs.

Sec. 603. Confidentiality of records.

Sec. 604. Enhanced compliance with mental health and substance use disorder coverage requirements.

Sec. 605. Action plan for enhanced enforcement of mental health and substance use disorder coverage.

Sec. 606. Report on investigations regarding parity in mental health and substance use disorder benefits.

Sec. 607. GAO study on coverage limitations for individuals with serious mental illness and substance use disorders.

Sec. 608. Clarification of existing parity rules.

**1 TITLE I—STRENGTHENING
2 LEADERSHIP AND ACCOUNT-
3 ABILITY**

**4 SEC. 101. IMPROVING OVERSIGHT OF MENTAL AND SUB-
5 STANCE USE DISORDER PROGRAMS.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services, acting through the Assistant Secretary
8 for Planning and Evaluation (referred to in this section
9 as the “Assistant Secretary”), shall ensure efficient and
10 effective planning and evaluation of mental and substance
11 use disorder programs and related activities.

12 (b) ACTIVITIES.—In carrying out subsection (a), the
13 Assistant Secretary shall—

14 (1) evaluate programs related to mental and
15 substance use disorders, including co-occurring dis-
16 orders, across agencies and other organizations, as
17 appropriate, including programs related to—

1 (A) prevention, intervention, treatment,
2 and recovery support services, including such
3 services for individuals with a serious mental ill-
4 ness or serious emotional disturbance;

5 (B) the reduction of homelessness and in-
6 carceration among individuals with a mental or
7 substance use disorder; and

8 (C) public health and health services; and

9 (2) consult, as appropriate, with the Adminis-
10 trator of the Substance Abuse and Mental Health
11 Services Administration, the Chief Medical Officer of
12 the Substance Abuse and Mental Health Services
13 Administration, established under section 501(g) of
14 the Public Health Service Act (42 U.S.C. 290aa(g))
15 as amended by section 103, other agencies within
16 the Department of Health and Human Services, and
17 other relevant Federal departments.

18 (c) RECOMMENDATIONS.—The Assistant Secretary
19 shall evaluate and provide recommendations to the Sub-
20 stance Abuse and Mental Health Services Administration
21 and other relevant agencies within the Department of
22 Health and Human Services on improving programs and
23 activities based on the evaluation described in subsection
24 (b)(1).

1 **SEC. 102. STRENGTHENING LEADERSHIP OF THE SUB-**
2 **STANCE ABUSE AND MENTAL HEALTH SERV-**
3 **ICES ADMINISTRATION.**

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

6 (1) in subsection (b)—

7 (A) by striking the heading and inserting
8 “CENTERS”; and

9 (B) in the matter preceding paragraph (1),
10 by striking “entities” and inserting “Centers”;
11 and

12 (2) in subsection (d)—

13 (A) in paragraph (1)—

14 (i) by striking “agencies” each place
15 the term appears and inserting “Centers”;
16 and

17 (ii) by striking “such agency” and in-
18 serting “such Center”;

19 (B) in paragraph (2)—

20 (i) by striking “agencies” and insert-
21 ing “Centers”;

22 (ii) by striking “with respect to sub-
23 stance abuse” and inserting “with respect
24 to substance use disorders”; and

1 (iii) by striking “and individuals who
2 are substance abusers” and inserting “and
3 individuals with substance use disorders”;

4 (C) in paragraph (5), by striking “sub-
5 stance abuse” and inserting “substance use dis-
6 order”;

7 (D) in paragraph (6)—

8 (i) by striking “the Centers for Dis-
9 ease Control” and inserting “the Centers
10 for Disease Control and Prevention”;

11 (ii) by striking “HIV or tuberculosis
12 among substance abusers and individuals
13 with mental illness” and inserting “HIV,
14 hepatitis C, tuberculosis, and other com-
15 municable diseases among individuals with
16 mental illness or substance use disorders”;

17 and

18 (iii) by inserting “or disorders” before
19 the semicolon;

20 (E) in paragraph (7), by striking “abuse
21 utilizing anti-addiction medications, including
22 methadone” and inserting “use disorders, in-
23 cluding services that utilize drugs or devices ap-
24 proved by the Food and Drug Administration
25 for substance use disorders”;

1 (F) in paragraph (8)—

2 (i) by striking “Agency for Health
3 Care Policy Research” and inserting
4 “Agency for Healthcare Research and
5 Quality”; and

6 (ii) by striking “treatment and pre-
7 vention” and inserting “prevention and
8 treatment”;

9 (G) in paragraph (9)—

10 (i) by inserting “and maintenance”
11 after “development”;

12 (ii) by striking “Agency for Health
13 Care Policy Research” and inserting
14 “Agency for Healthcare Research and
15 Quality”; and

16 (iii) by striking “treatment and pre-
17 vention” and inserting “prevention and
18 treatment and appropriately incorporated
19 into programs carried out by the Adminis-
20 tration”;

21 (H) in paragraph (10), by striking “abuse”
22 and inserting “use disorder”;

23 (I) by striking paragraph (11) and insert-
24 ing the following:

1 “(11) work with relevant agencies of the De-
 2 partment of Health and Human Services on inte-
 3 grating mental health promotion and substance use
 4 disorder prevention with general health promotion
 5 and disease prevention and integrating mental and
 6 substance use disorder treatment services with phys-
 7 ical health treatment services;”;

8 (J) in paragraph (13)—

9 (i) in the matter preceding subpara-
 10 graph (A), by striking “this title, assure
 11 that” and inserting “this title, or part B of
 12 title XIX, or grant programs otherwise
 13 funded by the Administration”;

14 (ii) in subparagraph (A)—

15 (I) by inserting “require that”

16 before “all grants”; and

17 (II) by striking “and” at the end;

18 (iii) by redesignating subparagraph
 19 (B) as subparagraph (C);

20 (iv) by inserting after subparagraph
 21 (A) the following:

22 “(B) ensure that the director of each Cen-
 23 ter of the Administration consistently docu-
 24 ments the application of criteria when awarding

1 grants and the ongoing oversight of grantees
2 after such grants are awarded;”;

3 (v) in subparagraph (C), as so reded-
4 igned—

5 (I) by inserting “require that”
6 before “all grants”; and

7 (II) by inserting “and” after the
8 semicolon at the end; and

9 (vi) by adding at the end the fol-
10 lowing:

11 “(D) inform a State when any funds are
12 awarded through such a grant to any entity
13 within such State;”;

14 (K) in paragraph (16)—

15 (i) by striking “abuse and mental
16 health information” and inserting “use dis-
17 order, including evidence-based and prom-
18 ising best practices for prevention, treat-
19 ment, and recovery support services for in-
20 dividuals with mental and substance use
21 disorders;”;

22 (L) in paragraph (17)—

23 (i) by striking “substance abuse” and
24 inserting “mental and substance use dis-
25 order”; and

1 (ii) by striking “and” at the end;

2 (M) in paragraph (18), by striking the pe-
3 riod and inserting a semicolon; and

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

5 “(19) consult with State, local, and tribal gov-
6 ernments, nongovernmental entities, and individuals
7 with mental illness, particularly individuals with a
8 serious mental illness and children and adolescents
9 with a serious emotional disturbance; and their fam-
10 ily members, with respect to improving community-
11 based and other mental health services;

12 “(20) collaborate with the Secretary of Defense
13 and the Secretary of Veterans Affairs to improve the
14 provision of mental and substance use disorder serv-
15 ices provided by the Department of Defense and the
16 Department of Veterans Affairs to veterans, includ-
17 ing through the provision of services using the tele-
18 health capabilities of the Department of Veterans
19 Affairs;

20 “(21) collaborate with the heads of Federal de-
21 partments and programs that are members of the
22 United States Interagency Council on Homelessness,
23 particularly the Secretary of Housing and Urban
24 Development, the Secretary of Labor, and the Sec-
25 retary of Veterans Affairs; and with the heads of

1 other agencies within the Department of Health and
 2 Human Services, particularly the Administrator of
 3 the Health Resources and Services Administration,
 4 the Assistant Secretary for the Administration for
 5 Children and Families, and the Administrator of the
 6 Centers for Medicare & Medicaid Services, to design
 7 national strategies for providing services in sup-
 8 portive housing to assist in ending chronic homeless-
 9 ness and to implement programs that address chron-
 10 ic homelessness; and

11 ~~“(22) work with States and other stakeholders~~
 12 ~~to develop and support activities to recruit and re-~~
 13 ~~tain a workforce addressing mental and substance~~
 14 ~~use disorders.”.~~

15 **SEC. 103. CHIEF MEDICAL OFFICER.**

16 Section 501 of the Public Health Service Act (42
 17 U.S.C. 290aa), as amended by section 102, is further
 18 amended—

19 (1) by redesignating subsections (g) through (j)
 20 and subsections (k) through (o) as subsections (h)
 21 through (k) and subsections (m) through (q), respec-
 22 tively;

23 (2) in subsection (e)(3)(C), by striking “sub-
 24 section (k)” and inserting “subsection (m)”;

1 ~~(3)~~ in subsection ~~(f)(2)(C)(iii)~~, by striking “sub-
2 section (k)” and inserting “subsection (m)”; and

3 ~~(4)~~ by inserting after subsection ~~(f)~~ the fol-
4 lowing:

5 “~~(g)~~ CHIEF MEDICAL OFFICER.—

6 “~~(1)~~ IN GENERAL.—The Administrator, with
7 the approval of the Secretary, shall appoint a Chief
8 Medical Officer within the Administration.

9 “~~(2)~~ ELIGIBLE CANDIDATES.—The Adminis-
10 trator shall select the Chief Medical Officer from
11 among individuals who—

12 “~~(A)~~ have a doctoral degree in medicine or
13 osteopathic medicine;

14 “~~(B)~~ have experience in the provision of
15 mental or substance use disorder services;

16 “~~(C)~~ have experience working with mental
17 or substance use disorder programs; and

18 “~~(D)~~ have an understanding of biological,
19 psychosocial, and pharmaceutical treatments of
20 mental or substance use disorders.

21 “~~(3)~~ DUTIES.—The Chief Medical Officer
22 shall—

23 “~~(A)~~ serve as a liaison between the Admin-
24 istration and providers of mental and substance

1 use disorder prevention, treatment, and recovery
2 services;

3 “(B) assist the Administrator in the evaluation,
4 organization, integration, and coordination
5 of programs operated by the Administration;
6 tion;

7 “(C) promote evidence-based and promising
8 best practices, including culturally and linguistically
9 appropriate practices, as appropriate,
10 for the prevention, treatment, and recovery of
11 substance use disorders and mental illness, including
12 serious mental illness and serious emotional
13 disturbance; and

14 “(D) participate in regular strategic planning
15 for the Administration.”.

16 **SEC. 104. STRATEGIC PLAN.**

17 Section 501 of the Public Health Service Act (42
18 U.S.C. 290aa), as amended by section 103, is further
19 amended by inserting after subsection (k), as redesignated
20 in section 103, the following:

21 “(1) STRATEGIC PLAN.—

22 “(1) IN GENERAL.—Not later than December 1,
23 2017, and every 4 years thereafter, the Administrator
24 shall develop and carry out a strategic plan in
25 accordance with this subsection for the planning and

1 operation of programs and grants carried out by the
2 Administration.

3 “(2) COORDINATION.—In developing and ear-
4 rying out the strategic plan under this section, the
5 Administrator shall take into consideration the find-
6 ings and recommendations of the Assistant Sec-
7 retary for Planning and Evaluation under section
8 101 of the Mental Health Reform Act of 2016 and
9 the report of the Inter-Departmental Serious Mental
10 Illness Coordinating Committee under section 109 of
11 such Act.

12 “(3) PUBLICATION OF PLAN.—Not later than
13 December 1, 2017, and every 4 years thereafter, the
14 Administrator shall—

15 “(A) submit the strategic plan developed
16 under paragraph (1) to the appropriate commit-
17 tees of Congress; and

18 “(B) post such plan on the Internet
19 website of the Administration.

20 “(4) CONTENTS.—The strategic plan developed
21 under paragraph (1) shall—

22 “(A) identify strategic priorities, goals, and
23 measurable objectives for mental and substance
24 use disorder activities and programs operated
25 and supported by the Administration;

1 “(B) identify ways to improve services for
2 individuals with a mental or substance use dis-
3 order, including services related to the preven-
4 tion of, diagnosis of, intervention in, treatment
5 of, and recovery from, mental or substance use
6 disorders, including serious mental illness or se-
7 rious emotional disturbance, and access to serv-
8 ices and supports for individuals with a serious
9 mental illness or serious emotional disturbance;

10 “(C) ensure that programs provide, as ap-
11 propriate, access to effective and evidence-based
12 diagnosis, prevention, intervention, treatment,
13 and recovery services, including culturally and
14 linguistically appropriate services, as appro-
15 priate, for individuals with a mental or sub-
16 stance use disorder;

17 “(D) identify opportunities to collaborate
18 with the Health Resources and Services Admin-
19 istration to develop or improve—

20 “(i) initiatives to encourage individ-
21 uals to pursue careers (especially in rural
22 and underserved areas and populations) as
23 psychiatrists, psychologists, psychiatric
24 nurse practitioners, physician assistants,
25 clinical social workers, certified peer sup-

1 port specialists, or other licensed or cer-
 2 tified mental health professionals, includ-
 3 ing such professionals specializing in the
 4 diagnosis, evaluation, or treatment of indi-
 5 viduals with a serious mental illness or se-
 6 rious emotional disturbance; and

7 “(ii) a strategy to improve the recruit-
 8 ment, training, and retention of a work-
 9 force for the treatment of individuals with
 10 mental or substance use disorders, or co-
 11 occurring disorders; and

12 “(E) disseminate evidenced-based and
 13 promising best practices related to prevention,
 14 early intervention, treatment, and recovery serv-
 15 ices related to mental illness, particularly for in-
 16 dividuals with a serious mental illness and chil-
 17 dren and adolescents with a serious emotional
 18 disturbance; and substance use disorders.”

19 **SEC. 105. BIENNIAL REPORT CONCERNING ACTIVITIES AND**
 20 **PROGRESS.**

21 (a) **IN GENERAL.**—Section 501 of the Public Health
 22 Service Act (42 U.S.C. 290aa), as amended by section
 23 104, is further amended by amending subsection (m), as
 24 redesignated by section 103, to read as follows:

1 “(m) BIENNIAL REPORT CONCERNING ACTIVITIES
2 AND PROGRESS.—Not later than December of 2019, and
3 every 2 years thereafter, the Administrator shall prepare
4 and submit to the Committee on Energy and Commerce
5 and the Committee on Appropriations of the House of
6 Representatives and the Committee on Health, Education,
7 Labor, and Pensions and the Committee on Appropria-
8 tions of the Senate, and post on the Internet website of
9 the Administration, a report containing at a minimum—

10 “(1) a review of activities conducted or sup-
11 ported by the Administration, including progress to-
12 ward strategic priorities, goals, and objectives identi-
13 fied in the strategic plan developed under subsection
14 (1);

15 “(2) an assessment of programs and activities
16 carried out by the Administrator, including the ex-
17 tent to which programs and activities under this title
18 and part B of title XIX meet identified goals and
19 performance measures developed for the respective
20 programs and activities;

21 “(3) a description of the progress made in ad-
22 dressing gaps in mental and substance use disorder
23 prevention, treatment, and recovery services and im-
24 proving outcomes by the Administration, including
25 with respect to co-occurring disorders;

1 “(4) a description of the manner in which the
2 Administration coordinates and partners with other
3 Federal agencies and departments related to mental
4 and substance use disorders, including activities re-
5 lated to—

6 “(A) the translation of research findings
7 into improved programs, including with respect
8 to how advances in serious mental illness and
9 serious emotional disturbance research have
10 been incorporated into programs;

11 “(B) the recruitment, training, and reten-
12 tion of a mental and substance use disorder
13 workforce;

14 “(C) the integration of mental or sub-
15 stance use disorder services and physical health
16 services;

17 “(D) homelessness; and

18 “(E) veterans;

19 “(5) a description of the manner in which the
20 Administration promotes coordination by grantees
21 under this title; and part B of title XIX, with State
22 or local agencies; and

23 “(6) a description of the activities carried out
24 by the Office of Policy, Planning, and Innovation

1 under section 501A with respect to mental and sub-
2 stance use disorders, including—

3 “(A) the number and a description of
4 grants awarded;

5 “(B) the total amount of funding for
6 grants awarded;

7 “(C) a description of the activities sup-
8 ported through such grants, including outcomes
9 of programs supported; and

10 “(D) information on how the Office of Pol-
11 icy, Planning, and Innovation is consulting with
12 the Assistant Secretary for Planning and Eval-
13 uation, and collaborating with the Center of
14 Substance Abuse Treatment, the Center of Sub-
15 stance Abuse Prevention, and the Center for
16 Mental Health Services to carry out such activi-
17 ties; and

18 “(7) recommendations made by the Assistant
19 Secretary for Planning and Evaluation to improve
20 programs within the Administration.”.

21 (b) CONFORMING AMENDMENT.—Section 508(p) of
22 the Public Health Service Act (42 U.S.C. 290bb-1) is
23 amended by striking “section 501(k)” and inserting “sec-
24 tion 501(m)”.

1 **SEC. 106. AUTHORITIES OF CENTERS FOR MENTAL HEALTH**
2 **SERVICES.**

3 Section 520(b) of the Public Health Service Act (42
4 U.S.C. 290bb–31(b)) is amended—

5 (1) by redesignating paragraphs (3) through
6 (15) as paragraphs (4) through (16), respectively;

7 (2) by inserting after paragraph (2) the fol-
8 lowing:

9 “(3) collaborate with the Director of the Na-
10 tional Institute of Mental Health and the Chief Med-
11 ical Officer, appointed under section 501(g), to en-
12 sure that, as appropriate, programs related to the
13 prevention of mental illness and the promotion of
14 mental health are carried out in a manner that re-
15 flects the best available science and evidence-based
16 practices, including culturally and linguistically ap-
17 propriate services, as appropriate;”

18 (3) in paragraph (5), as so redesignated, by in-
19 serting “through programs that reduce risk and pro-
20 mote resiliency” before the semicolon;

21 (4) in paragraph (6), as so redesignated, by in-
22 serting “in collaboration with the Director of the
23 National Institute of Mental Health,” before “de-
24 velop”;

25 (5) in paragraph (8), as so redesignated, by in-
26 serting “; increase meaningful participation of indi-

1 viduals with mental illness,” before “and protect the
2 legal”;

3 (6) in paragraph (10), as so redesignated, by
4 striking “professional and paraprofessional per-
5 sonnel pursuant to section 303” and inserting
6 “paraprofessional personnel and health profes-
7 sionals”;

8 (7) in paragraph (11), as so redesignated, by
9 inserting “and tele-mental health,” after “rural
10 mental health,”;

11 (8) in paragraph (12), as so redesignated, by
12 striking “establish a clearinghouse for mental health
13 information to assure the widespread dissemination
14 of such information” and inserting “disseminate
15 mental health information, including evidenced-based
16 practices,”;

17 (9) in paragraph (15), as so redesignated, by
18 striking “and” at the end;

19 (10) in paragraph (16), as so redesignated, by
20 striking the period and inserting “; and”; and

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

22 “(17) ensure the consistent documentation of
23 the application of criteria when awarding grants and
24 the ongoing oversight of grantees after such grants
25 are awarded.”.

1 **SEC. 107. ADVISORY COUNCILS.**

2 Section 502 of the Public Health Service Act (42
3 U.S.C. 290aa-1) is amended—

4 (1) in subsection (a)(1), in the matter following
5 subparagraph (D), by adding at the end the fol-
6 lowing: “Each such advisory council may also rec-
7 ommend subjects for evaluation under section 101 of
8 the Mental Health Reform Act of 2016 to the As-
9 sistant Secretary for Planning and Evaluation”; and

10 (2) in subsection (b)—

11 (A) in paragraph (2)—

12 (i) in subparagraph (E), by striking
13 “and” after the semicolon;

14 (ii) by redesignating subparagraph
15 (F) as subparagraph (J); and

16 (iii) by inserting after subparagraph
17 (E), the following:

18 “(F) the Chief Medical Officer, appointed
19 under section 501(g);

20 “(G) the Director of the National Institute
21 of Mental Health for the advisory councils ap-
22 pointed under subsections (a)(1)(A) and
23 (a)(1)(D);

24 “(H) the Director of the National Institute
25 on Drug Abuse for the advisory councils ap-

1 pointed under subsections (a)(1)(A), (a)(1)(B),
2 and (a)(1)(C);

3 “(I) the Director of the National Institute
4 on Alcohol Abuse and Alcoholism for the advi-
5 sory councils appointed under subsections
6 (a)(1)(A), (a)(1)(B), and (a)(1)(C); and”;

7 (B) in paragraph (3), by adding at the end
8 the following:

9 “(C) Not less than half of the members of
10 the advisory council appointed under subsection
11 (a)(1)(D)—

12 “(i) shall have—

13 “(I) a medical degree;

14 “(II) a doctoral degree in psy-
15 chology; or

16 “(III) an advanced degree in
17 nursing or social work from an ac-
18 credited graduate school or be a cer-
19 tified physician assistant; and

20 “(ii) shall specialize in the mental
21 health field.”

22 **SEC. 108. PEER REVIEW.**

23 Section 504(b) of the Public Health Service Act (42
24 U.S.C. 290aa-3(b)) is amended by adding at the end the
25 following: “In the case of any such peer review group that

1 is reviewing a grant, cooperative agreement, or contract
 2 related to mental illness, not less than half of the members
 3 of such peer review group shall be licensed and experi-
 4 enced professionals in the prevention, diagnosis, treat-
 5 ment, and recovery of mental illness or substance use dis-
 6 orders and have a medical degree, a doctoral degree in
 7 psychology, or an advanced degree in nursing or social
 8 work from an accredited program.”.

9 **SEC. 109. INTER-DEPARTMENTAL SERIOUS MENTAL ILL-**
 10 **NESS COORDINATING COMMITTEE.**

11 (a) ESTABLISHMENT.—

12 (1) IN GENERAL.—Not later than 3 months
 13 after the date of enactment of this Act, the Sec-
 14 retary of Health and Human Services, or the des-
 15 ignee of the Secretary, shall establish a committee to
 16 be known as the “Inter-Departmental Serious Men-
 17 tal Illness Coordinating Committee” (in this section
 18 referred to as the “Committee”).

19 (2) FEDERAL ADVISORY COMMITTEE ACT.—Ex-
 20 cept as provided in this section, the provisions of the
 21 Federal Advisory Committee Act (5 U.S.C. App.)
 22 shall apply to the Committee.

23 (b) MEETINGS.—The Committee shall meet not fewer
 24 than 2 times each year.

1 (c) RESPONSIBILITIES.—Not later than 1 year after
2 the date of enactment of this Act, and 5 years after such
3 date of enactment, the Committee shall submit to Con-
4 gress a report including—

5 (1) a summary of advances in serious mental
6 illness research related to the prevention of, diag-
7 nosis of, intervention in, and treatment and recovery
8 of, serious mental illnesses, and advances in access
9 to services and support for individuals with a serious
10 mental illness;

11 (2) an evaluation of the impact on public health
12 of Federal programs related to serious mental ill-
13 ness, including measurements of public health out-
14 comes including—

15 (A) rates of suicide, suicide attempts, prev-
16 alence of serious mental illness and substance
17 use disorders, overdose, overdose deaths, emer-
18 gency hospitalizations, emergency room board-
19 ing, preventable emergency room visits, incar-
20 ceration, crime, arrest, homelessness, and un-
21 employment;

22 (B) increased rates of employment and en-
23 rollment in educational and vocational pro-
24 grams;

1 (C) quality of mental and substance use
2 disorder treatment services; or

3 (D) any other criteria as may be deter-
4 mined by the Secretary; and

5 (3) specific recommendations for actions that
6 agencies can take to better coordinate the adminis-
7 tration of mental health services for people with seri-
8 ous mental illness.

9 (d) COMMITTEE EXTENSION.—Upon the submission
10 of the second report under subsection (c), the Secretary
11 shall submit a recommendation to Congress on whether
12 to extend the operation of the Committee.

13 (e) MEMBERSHIP.—

14 (1) FEDERAL MEMBERS.—The Committee shall
15 be composed of the following Federal representa-
16 tives, or their designee—

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

20 (B) the Administrator of the Substance
21 Abuse and Mental Health Services Administra-
22 tion;

23 (C) the Attorney General of the United
24 States;

25 (D) the Secretary of Veterans Affairs;

1 (E) the Secretary of Defense;

2 (F) the Secretary of Housing and Urban
3 Development;

4 (G) the Secretary of Education;

5 (H) the Secretary of Labor; and

6 (I) the Commissioner of Social Security.

7 (2) ~~NON-FEDERAL MEMBERS.~~—The Committee
8 shall also include not less than 14 non-Federal pub-
9 lic members appointed by the Secretary of Health
10 and Human Services, of which—

11 (A) at least 1 member shall be an indi-
12 vidual who has received treatment for a diag-
13 nosis of a serious mental illness;

14 (B) at least 1 member shall be a parent or
15 legal guardian of an individual with a history of
16 serious mental illness;

17 (C) at least 1 member shall be a represent-
18 ative of a leading research, advocacy, or service
19 organization for individuals with serious mental
20 illnesses;

21 (D) at least 2 members shall be—

22 (i) a licensed psychiatrist with experi-
23 ence treating serious mental illness;

24 (ii) a licensed psychologist with experi-
25 ence treating serious mental illness;

1 (iii) a licensed clinical social worker;

2 or

3 (iv) a licensed psychiatric nurse, nurse
4 practitioner, or physician assistant with ex-
5 perience treating serious mental illness;

6 (E) at least 1 member shall be a licensed
7 mental health professional with a specialty in
8 treating children and adolescents;

9 (F) at least 1 member shall be a mental
10 health professional who has research or clinical
11 mental health experience working with minori-
12 ties;

13 (G) at least 1 member shall be a mental
14 health professional who has research or clinical
15 mental health experience working with medi-
16 cally underserved populations;

17 (H) at least 1 member shall be a State cer-
18 tified mental health peer specialist;

19 (I) at least 1 member shall be a judge with
20 experience adjudicating cases related to crimi-
21 nal justice or serious mental illness; and

22 (J) at least 1 member shall be a law en-
23 forcement officer or corrections officer with ex-
24 tensive experience in interfacing with individ-

1 uals with serious mental illness or in mental
2 health crisis.

3 ~~(3) TERMS.—~~A member of the Committee ap-
4 pointed under subsection ~~(c)(2)~~ shall serve for a
5 term of ~~3~~ years, and may be reappointed for one or
6 more additional ~~3~~-year terms. Any member ap-
7 pointed to fill a vacancy for an unexpired term shall
8 be appointed for the remainder of such term. A
9 member may serve after the expiration of the mem-
10 ber's term until a successor has been appointed.

11 ~~(f) WORKING GROUPS.—~~In carrying out its func-
12 tions, the Committee may establish working groups. Such
13 working groups shall be composed of Committee members,
14 or their designees, and may hold such meetings as are nec-
15 essary.

16 ~~(g) SUNSET.—~~The Committee shall terminate on the
17 date that is ~~6~~ years after the date on which the Committee
18 is established under subsection ~~(a)(1)~~.

1 **TITLE II—ENSURING MENTAL**
 2 **AND SUBSTANCE USE DIS-**
 3 **ORDER PREVENTION, TREAT-**
 4 **MENT, AND RECOVERY PRO-**
 5 **GRAMS KEEP PACE WITH**
 6 **SCIENCE**

7 **SEC. 201. ENCOURAGING INNOVATION AND EVIDENCE-**
 8 **BASED PROGRAMS.**

9 Title V of the Public Health Service Act (42 U.S.C.
 10 290aa et seq.), as amended by title I, is further amended
 11 by inserting after section 501 (42 U.S.C. 290aa) the fol-
 12 lowing:

13 **“SEC. 501A. OFFICE OF POLICY, PLANNING, AND INNOVA-**
 14 **TION.**

15 “(a) **IN GENERAL.**—There shall be established within
 16 the Administration an Office of Policy, Planning, and In-
 17 novation (referred to in this section as the ‘Office’).

18 “(b) **RESPONSIBILITIES.**—The Office shall—

19 “(1) continue to carry out the authorities that
 20 were in effect for the Office of Policy, Planning, and
 21 Innovation as such Office existed prior to the date
 22 of enactment of the Mental Health Reform Act of
 23 2016;

24 “(2) identify, coordinate, and facilitate the im-
 25 plementation of policy changes likely to have a sig-

1 nificant impact on mental and substance use dis-
2 order services;

3 ~~“(3) collect, as appropriate, information from~~
4 ~~grantees under programs operated by the Adminis-~~
5 ~~tration in order to evaluate and disseminate infor-~~
6 ~~mation on evidence-based practices and service deliv-~~
7 ~~ery models;~~

8 ~~“(4) provide leadership in identifying and co-~~
9 ~~ordinating policies and programs related to mental~~
10 ~~health and substance use disorders;~~

11 ~~“(5) in consultation with the Assistant Sec-~~
12 ~~retary for Planning and Evaluation, as appropriate,~~
13 ~~periodically review programs and activities relating~~
14 ~~to the diagnosis or prevention of, or treatment or re-~~
15 ~~habilitation for, mental illness and substance use~~
16 ~~disorders, including by—~~

17 ~~“(A) identifying any such programs or ac-~~
18 ~~tivities that are duplicative;~~

19 ~~“(B) identifying any such programs or ac-~~
20 ~~tivities that are not evidence-based, effective, or~~
21 ~~efficient;~~

22 ~~“(C) identifying any such programs or ac-~~
23 ~~tivities that have proven to be effective or effi-~~
24 ~~cient in improving outcomes or increasing ac-~~
25 ~~cess to evidence-based programs; and~~

1 “(D) formulating recommendations for co-
 2 ordinating, eliminating, or improving programs
 3 or activities identified under subparagraph (A),
 4 (B), or (C), and merging such programs or ac-
 5 tivities into other successful programs or activi-
 6 ties; and

7 “(6) carry out other activities as deemed nec-
 8 essary to continue to encourage innovation and dis-
 9 seminate evidence-based programs and practices.

10 “(c) PROMOTING INNOVATION.—

11 “(1) IN GENERAL.—The Administrator, in co-
 12 ordination with the Office, may award grants to
 13 States, local governments, Indian tribes or tribal or-
 14 ganizations (as such terms are defined in section 4
 15 of the Indian Self-Determination and Education As-
 16 sistance Act (25 U.S.C. 450b)), educational institu-
 17 tions, and nonprofit organizations to develop evi-
 18 dence-based interventions, including culturally and
 19 linguistically appropriate services, as appropriate,
 20 for—

21 “(A) evaluating a model that has been sci-
 22 entifically demonstrated to show promise, but
 23 would benefit from further applied development,
 24 for—

1 “(i) enhancing the prevention, diag-
2 nosis, intervention, treatment, and recovery
3 of mental illness, serious emotional dis-
4 turbance, substance use disorders, and co-
5 occurring disorders; or

6 “(ii) integrating or coordinating phys-
7 ical health services and mental and sub-
8 stance use disorder services; and

9 “(B) expanding, replicating, or scaling evi-
10 dence-based programs across a wider area to
11 enhance effective screening, early diagnosis,
12 intervention, and treatment with respect to
13 mental illness, serious mental illness, and seri-
14 ous emotional disturbance, primarily by—

15 “(i) applying delivery of care, includ-
16 ing training staff in effective evidence-
17 based treatment; or

18 “(ii) integrating models of care across
19 specialties and jurisdictions.

20 “(2) CONSULTATION.—In awarding grants
21 under this paragraph, the Administrator shall, as
22 appropriate, consult with the Chief Medical Officer,
23 the advisory councils described in section 502, the
24 National Institute of Mental Health, the National

1 Institute on Drug Abuse, and the National Institute
2 on Alcohol Abuse and Alcoholism.

3 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
4 carry out the activities under subsection (c), there are au-
5 thorized to be appropriated such sums as may be nec-
6 essary for each of fiscal years 2017 through 2021.”.

7 **SEC. 202. PROMOTING ACCESS TO INFORMATION ON EVI-**
8 **DENCE-BASED PROGRAMS AND PRACTICES.**

9 (a) IN GENERAL.—The Administrator of the Sub-
10 stance Abuse and Mental Health Services Administration
11 (referred to in this section as the “Administrator”) may
12 improve access to reliable and valid information on evi-
13 dence-based programs and practices, including informa-
14 tion on the strength of evidence associated with such pro-
15 grams and practices, related to mental and substance use
16 disorders for States, local communities, nonprofit entities,
17 and other stakeholders by posting on the website of the
18 Administration information on evidence-based programs
19 and practices that have been reviewed by the Adminis-
20 trator pursuant to the requirements of this section.

21 (b) NOTICE.—In carrying out subsection (a), the Ad-
22 ministrator may establish a period for the submission of
23 applications for evidence-based programs and practices to
24 be posted publicly in accordance with subsection (a). In
25 establishing such application period, the Administrator

1 shall provide for the public notice of such application pe-
2 riod in the Federal Register. Such notice may solicit appli-
3 cations for evidence-based practices and programs to ad-
4 dress gaps identified by the Assistant Secretary for Plan-
5 ning and Evaluation of the Department of Health and
6 Human Services in the evaluation and recommendations
7 under section 101 or priorities identified in the strategic
8 plan established under section 501(l) of the Public Health
9 Service Act (42 U.S.C. 290aa).

10 (c) REQUIREMENTS.—The Administrator may estab-
11 lish minimum requirements for applications referred to
12 under this section, including applications related to the
13 submission of research and evaluation.

14 (d) REVIEW AND RATING.—The Administrator shall
15 review applications prior to public posting, and may
16 prioritize the review of applications for evidenced-based
17 practices and programs that are related to topics included
18 in the notice established under subsection (b). The Admin-
19 istrator may utilize a rating and review system, which may
20 include information on the strength of evidence associated
21 with such programs and practices and a rating of the
22 methodological rigor of the research supporting the appli-
23 cation.

1 **SEC. 203. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL**
2 **AND NATIONAL SIGNIFICANCE.**

3 Section 520A of the Public Health Service Act (42
4 U.S.C. 290bb-32) is amended—

5 (1) in subsection (a)—

6 (A) in paragraph (4), by inserting before
7 the period “, that may include technical assist-
8 ance centers”; and

9 (B) in the flush sentence following para-
10 graph (4)—

11 (i) by inserting “, contracts,” before
12 “or cooperative agreements”; and

13 (ii) by striking “Indian tribes and
14 tribal organizations” and inserting “terri-
15 tories, Indian tribes or tribal organizations
16 (as such terms are defined in section 4 of
17 the Indian Self-Determination and Edu-
18 cation Assistance Act), health facilities, or
19 programs operated by or pursuant to a
20 contract or grant with the Indian Health
21 Service, or”; and

22 (2) in subsection (f)—

23 (A) in paragraph (1) by striking the para-
24 graph heading;

25 (B) by striking “\$300,000,000” and all
26 that follows through “2003” and inserting

1 “such sums as may be necessary for each of fis-
2 cal years 2017 through 2021”; and

3 (C) by striking paragraph (2).

4 **TITLE III—SUPPORTING STATE**
5 **RESPONSES TO MENTAL**
6 **HEALTH AND SUBSTANCE**
7 **USE DISORDER NEEDS**

8 **SEC. 301. COMMUNITY MENTAL HEALTH SERVICES BLOCK**
9 **GRANT.**

10 (a) **FORMULA GRANTS.**—Section 1911(b) of the Pub-
11 lie Health Service Act (42 U.S.C. 300x(b)) is amended—

12 (1) by redesignating paragraphs (1) through
13 (3) as paragraphs (2) through (4), respectively; and

14 (2) by inserting before paragraph (2) (as so re-
15 designated), the following:

16 “(1) providing community mental health serv-
17 ices for adults with serious mental illness and chil-
18 dren with serious emotional disturbances as defined
19 in accordance with section 1912(c);”.

20 (b) **STATE PLAN.**—Section 1912(b) of the Public
21 Health Service Act (42 U.S.C. 300x-1(b)) is amended—

22 (1) in paragraph (3), by redesignating subpara-
23 graphs (A) through (C) as clauses (i) through (iii),
24 respectively; and realigning the margins accordingly;

1 (2) by redesignating paragraphs (1) through
2 (5) as subparagraphs (A) through (E), respectively,
3 and realigning the margins accordingly;

4 (3) by striking the matter preceding subpara-
5 graph (A) (as so redesignated), and inserting the
6 following:

7 “(b) CRITERIA FOR PLAN.—In accordance with sub-
8 section (a), a State shall submit to the Secretary a plan
9 that, at a minimum, includes the following:

10 “(1) SYSTEM OF CARE.—A description of the
11 State’s system of care that contains the following:”;

12 (4) by striking subparagraph (A) (as so redesign-
13 ated), and inserting the following:

14 “(A) COMPREHENSIVE COMMUNITY-BASED
15 HEALTH SYSTEMS.—The plan shall—

16 “(i) identify the single State agency to
17 be responsible for the administration of the
18 program under the grant, including any
19 third party who administers mental health
20 services and is responsible for complying
21 with the requirements of this part with re-
22 spect to the grant;

23 “(ii) provide for an organized commu-
24 nity-based system of care for individuals
25 with mental illness and describe available

1 services and resources in a comprehensive
2 system of care, including services for indi-
3 viduals with co-occurring disorders;

4 “(iii) include a description of the
5 manner in which the State and local enti-
6 ties will coordinate services to maximize
7 the efficiency, effectiveness, quality, and
8 cost effectiveness of services and programs
9 to produce the best possible outcomes (in-
10 cluding health services, rehabilitation serv-
11 ices, employment services, housing services,
12 educational services, substance use dis-
13 order services, legal services, law enforce-
14 ment services, social services, child welfare
15 services, medical and dental care services,
16 and other support services to be provided
17 with Federal, State, and local public and
18 private resources) with other agencies to
19 enable individuals receiving services to
20 function outside of inpatient or residential
21 institutions, to the maximum extent of
22 their capabilities, including services to be
23 provided by local school systems under the
24 Individuals with Disabilities Education
25 Act;

1 “(iv) include a description of how the
2 State promotes evidence-based practices,
3 including those evidence-based programs
4 that address the needs of individuals with
5 early serious mental illness regardless of
6 the age of the individual at onset;

7 “(v) include a description of case
8 management services;

9 “(vi) include a description of activities
10 leading to reduction of hospitalization, ar-
11 rest, incarceration, or suicide, including
12 through promoting comprehensive, individ-
13 ualized treatment;

14 “(vii) include a description of activi-
15 ties that seek to engage individuals with
16 serious mental illness in making health
17 care decisions, including activities that en-
18 hance communication between individuals,
19 families, and treatment providers;

20 “(viii) include a description of how the
21 State integrates mental health and primary
22 health care, which may include providing,
23 in the case of individuals with co-occurring
24 mental and substance use disorders, both
25 mental and substance use disorder services

1 in primary care settings or arrangements
2 to provide primary and specialty care serv-
3 ices in community-based mental and sub-
4 stance use disorder service settings; and

5 “(ix) include a description of how the
6 State ensures a smooth transition for chil-
7 dren with serious emotion disturbances
8 from the children’s service system to the
9 adult service system.”;

10 (5) in subparagraph (B) (as so redesignated);
11 by striking “to be achieved in the implementation of
12 the system described in paragraph (1)” and insert-
13 ing “and outcome measures for programs and serv-
14 ices provided under this subpart”;

15 (6) in subparagraph (C) (as so redesignated)—

16 (A) by striking “disturbance” in the mat-
17 ter preceding clause (i) (as so redesignated) and
18 all that follows through “substance abuse serv-
19 ices” in clause (i) (as so redesignated) and in-
20 serting the following: “disturbance (as defined
21 pursuant to subsection (c)); the plan shall pro-
22 vide for a system of integrated social services;
23 educational services; child welfare services; juve-
24 nile justice services; law enforcement services;
25 and substance use disorder services”;

1 (B) by striking “Education Act,” and in-
2 serting “Education Act.”; and

3 (C) by striking clauses (ii) and (iii) (as so
4 redesignated);

5 (7) in subparagraph (D) (as so redesignated),
6 by striking “plan described” and inserting “plan
7 shall describe”;

8 (8) in subparagraph (E) (as so redesignated)—

9 (A) in the subparagraph heading by strik-
10 ing “SYSTEMS” and inserting “SERVICES”;

11 (B) by striking “plan describes” and all
12 that follows through “and provides for” and in-
13 serting “plan shall describe the financial re-
14 sources available, the existing mental health
15 workforce, and workforce trained in treating in-
16 dividuals with co-occurring mental and sub-
17 stance use disorders, and provides for”; and

18 (C) by inserting before the period the fol-
19 lowing: “, and the manner in which the State
20 intends to comply with each of the funding
21 agreements in this subpart and subpart III”;

22 (9) by striking the flush matter at the end; and

23 (10) by adding at the end the following:

24 “(2) GOALS AND OBJECTIVES.—The establish-
25 ment of goals and objectives for the period of the

1 plan, including targets and milestones that are in-
 2 tended to be met, and the activities that will be un-
 3 dertaken to achieve those targets.”.

4 (c) BEST PRACTICES IN CLINICAL CARE MODELS.—

5 Section 1920 of the Public Health Service Act (42 U.S.C.
 6 ~~300x-9~~) is amended by adding at the end the following:

7 “(c) BEST PRACTICES IN CLINICAL CARE MOD-
 8 ELS.—

9 “(1) IN GENERAL.—Except as provided in para-
 10 graph (2), a State shall expend not less than 5 per-
 11 cent of the amount the State receives for carrying
 12 out this section in each fiscal year to support evi-
 13 dence-based programs that address the needs of in-
 14 dividuals with early serious mental illness, including
 15 psychotic disorders, regardless of the age of the indi-
 16 vidual at onset.

17 “(2) STATE FLEXIBILITY.—In lieu of expending
 18 5 percent of the amount the State receives under
 19 this section in a fiscal year as required under para-
 20 graph (1), a State may elect to expend not less than
 21 10 percent of such amount in the succeeding fiscal
 22 year.”.

23 (d) ADDITIONAL PROVISIONS.—Section 1915(b) of
 24 the Public Health Service Act (42 U.S.C. ~~300x-4(b)~~) is
 25 amended—

1 (1) by redesignating paragraph (1) as subpara-
2 graph (A), and realigning the margin accordingly;

3 (2) by inserting after the subsection heading
4 the following:

5 “(1) REQUIREMENT.—”;

6 (3) by inserting after subparagraph (A) (as so
7 redesignated), the following:

8 “(B) CONDITION.—A State shall be
9 deemed to be in compliance with subparagraph
10 (A) for a fiscal year if State expenditures of the
11 type described in such subparagraph for such
12 fiscal year are at least 97 percent of the aver-
13 age of such State expenditures for the pre-
14 ceding 2-fiscal-year period.”;

15 (4) by redesignating paragraphs (2) through
16 (4) as paragraphs (3) through (5), respectively;

17 (5) by inserting after paragraph (1), the fol-
18 lowing:

19 “(2) FUTURE FISCAL YEARS.—Determinations
20 of whether a State has complied with paragraph (1)
21 for each fiscal year shall be based on the State fund-
22 ing level for the preceding 2-fiscal-year period, as re-
23 quired under paragraph (1)(A), without regard to
24 reductions in the actual amount of State expendi-

1 tures as permitted under paragraph (1)(B) or under
2 a waiver under paragraph (4).”;

3 (6) in paragraph (3) (as so redesignated), by
4 striking “subsection (a)” and inserting “paragraph
5 (1)”;

6 (7) in paragraph (4) (as so redesignated)—

7 (A) by striking “The Secretary” and in-
8 serting the following:

9 “(A) IN GENERAL.—The Secretary”;

10 (B) by striking “paragraph (1) if the Sec-
11 retary” and inserting the following: “paragraph
12 (1) in whole or in part, if—

13 “(i) the Secretary”;

14 (C) by striking “State justify the waiver.”
15 and inserting “State in the fiscal year involved
16 or in the previous fiscal year justify the waiver;
17 or”; and

18 (D) by adding at the end the following:

19 “(ii) the State, or any part of the
20 State, has experienced a natural disaster
21 that has received a Presidential Disaster
22 Declaration under section 102 of the Rob-
23 ert T. Stafford Disaster Relief Emergency
24 Assistance Act.

1 “(B) DATE CERTAIN FOR ACTION UPON
2 REQUEST.—The Secretary shall approve or
3 deny a request for a waiver under subparagraph
4 (A) not later than 120 days after the date on
5 which the request is made.

6 “(C) APPLICABILITY OF WAIVER.—A waiv-
7 er provided by the Secretary under subpara-
8 graph (A) shall be applicable only to the fiscal
9 year involved.”; and
10 (8) in paragraph (5) (as so redesignated)—

11 (A) in subparagraph (A)—

12 (i) by inserting after the subpara-
13 graph designation the following: “IN GEN-
14 ERAL”; and

15 (ii) by striking “maintained material
16 compliance” and insert “complied”; and

17 (B) in subparagraph (B), by inserting
18 after the subparagraph designation the fol-
19 lowing: “SUBMISSION OF INFORMATION TO THE
20 SECRETARY”.

21 (c) APPLICATION FOR GRANT.—Section 1917(a) of
22 the Public Health Service Act (42 U.S.C. 300x-6(a)) is
23 amended—

24 (1) in paragraph (1), by striking “1941” and
25 inserting “1942(a)”; and

1 **“SEC. 1958. JOINT APPLICATIONS.**

2 “The Secretary, acting through the Administrator,
3 shall permit a joint application to be submitted for grants
4 under subpart I and subpart II upon the request of a
5 State. Such application may be jointly reviewed and ap-
6 proved by the Secretary with respect to such subparts,
7 consistent with the purposes and authorized activities of
8 each such grant program. A State submitting such a joint
9 application shall otherwise meet the requirements with re-
10 spect to each such subpart.”.

11 **SEC. 303. STUDY OF DISTRIBUTION OF FUNDS UNDER THE**
12 **SUBSTANCE ABUSE PREVENTION AND TREAT-**
13 **MENT BLOCK GRANT AND THE COMMUNITY**
14 **MENTAL HEALTH SERVICES BLOCK GRANT.**

15 (a) **IN GENERAL.**—The Secretary of Health and
16 Human Services, acting through the Administrator of the
17 Substance Abuse and Mental Health Services Administra-
18 tion, shall, directly or through a grant or contract, conduct
19 a study to examine whether the funds under the substance
20 abuse prevention and treatment block grant and the com-
21 munity mental health services block grant under title XIX
22 of the Public Health Service Act (42 U.S.C. 300w et seq.)
23 are being distributed to States and territories according
24 to need, and to recommend changes in such distribution
25 if necessary. Such study shall include—

1 (1) an analysis of whether the distributions
2 under such block grants accurately reflect the need
3 for the services under the grants in such States and
4 territories;

5 (2) an examination of whether the indices used
6 under the formulas for distribution of funds under
7 such block grants are appropriate, and if not, alter-
8 natives recommended by the Secretary;

9 (3) where recommendations are included under
10 paragraph (2) for the use of different indices, a de-
11 scription of the variables and data sources that
12 should be used to determine the indices;

13 (4) an evaluation of the variables and data
14 sources that are being used for each of the indices
15 involved, and whether such variables and data
16 sources accurately represent the need for services,
17 the cost of providing services, and the ability of the
18 States to pay for such services;

19 (5) the impact that the minimum allotment pro-
20 visions under each such block grant have on each
21 State's final allotment and its effect, if any, on each
22 State's formula-based allotment;

23 (6) recommendations for modifications to the
24 minimum allotment provisions to ensure an appro-
25 priate distribution of funds; and

1 (7) any other information that the Secretary
2 determines appropriate.

3 (b) REPORT.—Not later than 24 months after the
4 date of enactment of this Act, the Secretary of Health and
5 Human Services shall submit to the Committee on Health,
6 Education, Labor, and Pensions of the Senate and the
7 Committee on Energy and Commerce of the House of
8 Representatives, a report containing the findings and rec-
9 ommendations of the study conducted under subsection
10 (a).

11 **TITLE IV—PROMOTING ACCESS**
12 **TO MENTAL HEALTH AND**
13 **SUBSTANCE USE DISORDER**
14 **CARE**

15 **SEC. 401. GRANTS FOR TREATMENT AND RECOVERY FOR**
16 **HOMELESS INDIVIDUALS.**

17 Section 506 of the Public Health Service Act (42
18 U.S.C. 290aa-5) is amended—

19 (1) in subsections (a), by striking “substance
20 abuse” and inserting “substance use disorder”;

21 (2) in subsection (b)—

22 (A) in paragraphs (1) and (3), by striking
23 “substance abuse” each place the term appears
24 and inserting “substance use disorder”; and

1 (B) in paragraph (4), by striking “sub-
2 stance abuse” and inserting “a substance use
3 disorder”;

4 (3) in subsection (c)—

5 (A) in paragraph (1), by striking “sub-
6 stance abuse disorder” and inserting “sub-
7 stance use disorder”; and

8 (B) in paragraph (2)—

9 (i) in subparagraph (A), by striking
10 “substance abuse” and inserting “a sub-
11 stance use disorder”; and

12 (ii) in subparagraph (B), by striking
13 “substance abuse” and inserting “sub-
14 stance use disorder”; and

15 (4) in subsection (c), by striking “,
16 \$50,000,000 for fiscal year 2001, and such sums as
17 may be necessary for each of the fiscal years 2002
18 and 2003” and inserting “such sums as may be nee-
19 essary for each of fiscal years 2017 through 2021”.

20 **SEC. 402. GRANTS FOR JAIL DIVERSION PROGRAMS.**

21 Section 520G of the Public Health Service Act (42
22 U.S.C. 290bb-38) is amended—

23 (1) by striking “substance abuse” each place
24 such term appears and inserting “substance use dis-
25 order”;

1 (2) in subsection (a)—

2 (A) by striking “Indian tribes, and tribal
3 organizations” and inserting “and Indian tribes
4 and tribal organizations (as such terms are de-
5 fined in section 4 of the Indian Self-Determina-
6 tion and Education Assistance Act (25 U.S.C.
7 450b))”; and

8 (B) by inserting “or a health facility or
9 program operated by or pursuant to a contract
10 or grant with the Indian Health Service,” after
11 “entities,”;

12 (3) in subsection (c)(2)(A)(i), by striking “the
13 best known” and inserting “evidence-based”; and

14 (4) in subsection (i), by striking “\$10,000,000
15 for fiscal year 2001, and such sums as may be nec-
16 essary for fiscal years 2002 through 2003” and in-
17 serting “such sums as may be necessary for each of
18 fiscal years 2017 through 2021”.

19 **SEC. 403. PROMOTING INTEGRATION OF PRIMARY AND BE-**
20 **HAVIORAL HEALTH CARE.**

21 Section 520K of the Public Health Service Act (42
22 U.S.C. 290bb-42) is amended to read as follows:

23 **“SEC. 520K. INTEGRATION INCENTIVE GRANTS.**

24 “(a) **DEFINITIONS.**—In this section:

1 “(1) ELIGIBLE ENTITY.—The term ‘eligible en-
2 tity’ means a State, or other appropriate State agen-
3 cy, in collaboration with one or more qualified com-
4 munity programs as described in section 1913(b)(1).

5 “(2) INTEGRATED CARE.—The term ‘integrated
6 care’ means collaboration in merged or transformed
7 practices offering mental and physical health serv-
8 ices within the same shared practice space in the
9 same facility.

10 “(3) SPECIAL POPULATION.—The term ‘special
11 population’ means—

12 “(A) adults with mental illnesses who have
13 co-occurring primary care conditions or chronic
14 diseases;

15 “(B) adults with serious mental illnesses
16 who have co-occurring primary care conditions
17 or chronic diseases;

18 “(C) children and adolescents with serious
19 emotional disturbance with co-occurring pri-
20 mary care conditions or chronic diseases; or

21 “(D) individuals with substance use dis-
22 orders.

23 “(b) GRANTS.—

24 “(1) IN GENERAL.—The Secretary may award
25 grants and cooperative agreements to eligible entities

1 to support the improvement of integrated care for
2 primary care and behavioral health care in accord-
3 ance with paragraph (2).

4 “(2) PURPOSES.—Grants and cooperative
5 agreements awarded under this section shall be de-
6 signed to—

7 “(A) promote full collaboration in clinical
8 practices between primary and behavioral
9 health care;

10 “(B) support the improvement of inte-
11 grated care models for primary care and behav-
12 ioral health care to improve the overall wellness
13 and physical health status of individuals with
14 serious mental illness or serious emotional dis-
15 turbance; and

16 “(C) promote integrated care services re-
17 lated to screening, diagnosis, and treatment of
18 mental illness and co-occurring primary care
19 conditions and chronic diseases.

20 “(e) APPLICATIONS.—

21 “(1) IN GENERAL.—An eligible entity desiring a
22 grant or cooperative agreement under this section
23 shall submit an application to the Secretary at such
24 time, in such manner, and accompanied by such in-

1 formation as the Secretary may require, including
2 the contents described in paragraph (2).

3 “(2) CONTENTS.—The contents described in
4 this paragraph are—

5 “(A) a description of a plan to achieve
6 fully collaborative agreements to provide serv-
7 ices to special populations;

8 “(B) a document that summarizes the poli-
9 cies, if any, that serve as barriers to the provi-
10 sion of integrated care, and the specific steps,
11 if applicable, that will be taken to address such
12 barriers;

13 “(C) a description of partnerships or other
14 arrangements with local health care providers
15 to provide services to special populations;

16 “(D) an agreement and plan to report per-
17 formance measures necessary to evaluate pa-
18 tient outcomes and to facilitate evaluations
19 across participating projects to the Secretary;
20 and

21 “(E) a plan for sustainability beyond the
22 grant or cooperative agreement period under
23 subsection (e).

24 “(d) GRANT AMOUNTS.—The maximum amount that
25 an eligible entity may receive for a year through a grant

1 or cooperative agreement under this section shall be
2 \$2,000,000. In the case of a recipient of funding under
3 this section that is a State, not more than 10 percent of
4 funds awarded under this section may be allocated to
5 State administrative functions, and the remaining
6 amounts shall be allocated to health facilities that provide
7 integrated care.

8 “(e) DURATION.—A grant or cooperative agreement
9 under this section shall be for a period not to exceed 5
10 years.

11 “(f) REPORT ON PROGRAM OUTCOMES.—An eligible
12 entity receiving a grant or cooperative agreement under
13 this section shall submit an annual report to the Secretary
14 that includes—

15 “(1) the progress to reduce barriers to inte-
16 grated care as described in the entity’s application
17 under subsection (e); and

18 “(2) a description of functional outcomes of
19 special populations, including—

20 “(A) with respect to individuals with seri-
21 ous mental illness, participation in supportive
22 housing or independent living programs, attend-
23 ance in social and rehabilitative programs, par-
24 ticipation in job training opportunities, satisfac-
25 tory performance in work settings, attendance

1 at scheduled medical and mental health ap-
 2 pointments; and compliance with prescribed
 3 medication regimes;

4 “(B) with respect to individuals with co-oc-
 5 ccurring mental illness and primary care condi-
 6 tions and chronic diseases; attendance at sched-
 7 uled medical and mental health appointments;
 8 compliance with prescribed medication regimes;
 9 and participation in learning opportunities re-
 10 lated to improved health and lifestyle practices;
 11 and

12 “(C) with respect to children and adoles-
 13 cents with serious emotional disorders who have
 14 co-occurring primary care conditions and chron-
 15 ic diseases; attendance at scheduled medical
 16 and mental health appointments; compliance
 17 with prescribed medication regimes; and partici-
 18 pation in learning opportunities at school and
 19 extracurricular activities.

20 “(g) TECHNICAL ASSISTANCE FOR PRIMARY-BEHAV-
 21 IORAL HEALTH CARE INTEGRATION.—

22 “(1) IN GENERAL.—The Secretary may provide
 23 appropriate information, training, and technical as-
 24 sistance to eligible entities that receive a grant or
 25 cooperative agreement under this section, in order to

1 help such entities meet the requirements of this sec-
2 tion, including assistance with—

3 “(A) development and selection of inte-
4 grated care models;

5 “(B) dissemination of evidence-based inter-
6 ventions in integrated care;

7 “(C) establishment of organizational prac-
8 tices to support operational and administrative
9 success; and

10 “(D) other activities, as the Secretary de-
11 termines appropriate.

12 “(2) ~~ADDITIONAL DISSEMINATION OF TECH-~~
13 ~~NICAL INFORMATION.~~—The information and re-
14 sources provided by the Secretary under paragraph
15 (1) shall, as appropriate, be made available to
16 States, political subdivisions of States, Indian tribes
17 or tribal organizations (as defined in section 4 of the
18 Indian Self-Determination and Education Assistance
19 Act), outpatient mental health and addiction treat-
20 ment centers, community mental health centers that
21 meet the criteria under section 1913(e), certified
22 community behavioral health clinics described in sec-
23 tion 223 of the Protecting Access to Medicare Act
24 of 2014 (42 U.S.C. 1396a note), primary care orga-
25 nizations such as Federally qualified health centers

1 or rural health clinics as defined in section 1861(aa)
 2 of the Social Security Act (42 U.S.C. 1395x(aa)),
 3 other community-based organizations, or other enti-
 4 ties engaging in integrated care activities, as the
 5 Secretary determines appropriate.

6 “(h) AUTHORIZATION OF APPROPRIATIONS.—To
 7 carry out this section, there are authorized to be appro-
 8 priated such sums as may be necessary for each of fiscal
 9 years 2017 through 2021.”.

10 **SEC. 404. PROJECTS FOR ASSISTANCE IN TRANSITION**
 11 **FROM HOMELESSNESS.**

12 (a) FORMULA GRANTS TO STATES.—Section 521 of
 13 the Public Health Service Act (42 U.S.C. 290cc–21) is
 14 amended by striking “each of the fiscal years 1991
 15 through 1994” and inserting “fiscal year 2017 and each
 16 subsequent fiscal year”.

17 (b) PURPOSE OF GRANTS.—Section 522 of the Public
 18 Health Service Act (42 U.S.C. 290cc–22) is amended—

19 (1) in subsection (a)(1)(B), by striking “sub-
 20 stance abuse” and inserting “a substance use dis-
 21 order”;

22 (2) in subsection (b)(6), by striking “substance
 23 abuse” and inserting “substance use disorder”;

24 (3) in subsection (c), by striking “substance
 25 abuse” and inserting “a substance use disorder”;

1 (4) in subsection (c)—

2 (A) in paragraph (1), by striking “sub-
3 stance abuse” and inserting “a substance use
4 disorder”; and

5 (B) in paragraph (2), by striking “sub-
6 stance abuse” and inserting “substance use dis-
7 order”; and

8 (5) in subsection (h), by striking “substance
9 abuse” each place such term appears and inserting
10 “substance use disorder”.

11 (c) DESCRIPTION OF INTENDED EXPENDITURES OF
12 GRANT.—Section 527 of the Public Health Service Act
13 (42 U.S.C. 290ee–27) is amended by striking “substance
14 abuse” each place such term appears and inserting “sub-
15 stance use disorder”.

16 (d) TECHNICAL ASSISTANCE.—Section 530 of the
17 Public Health Service Act (42 U.S.C. 290ee–30) is amend-
18 ed by striking “through the National Institute of Mental
19 Health, the National Institute of Alcohol Abuse and Alco-
20 holism, and the National Institute on Drug Abuse” and
21 inserting “acting through the Administrator”.

22 (e) DEFINITIONS.—Section 534(4) of the Public
23 Health Service Act (42 U.S.C. 290ee–34(4)) is amended
24 to read as follows:

1 “(4) SUBSTANCE USE DISORDER SERVICES.—

2 The term ‘substance use disorder services’ has the
3 meaning given the term ‘substance abuse services’ in
4 section 330(h)(5)(C).”.

5 (f) FUNDING.—Section 535(a) of the Public Health
6 Service Act (42 U.S.C. 290ee-35(a)) is amended by strik-
7 ing “\$75,000,000 for each of the fiscal years 2001
8 through 2003” and inserting “such sums as may be nec-
9 essary for each of fiscal years 2017 through 2021”.

10 (g) STUDY CONCERNING FORMULA.—

11 (1) IN GENERAL.—Not later than 1 year after
12 the date of enactment of this Act, the Administrator
13 of the Substance Abuse and Mental Health Services
14 Administration (referred to in this section as the
15 “Administrator”) shall conduct a study concerning
16 the formula used under section 524(a) of the Public
17 Health Service Act (42 U.S.C. 290ee-24(a)) for
18 making allotments to States under section 521 of
19 such Act (42 U.S.C. 290ee-21). Such study shall in-
20 clude an evaluation of quality indicators of need for
21 purposes of revising the formula for determining the
22 amount of each allotment for the fiscal years fol-
23 lowing the submission of the study.

24 (2) REPORT.—The Administrator shall submit
25 to the appropriate committees of Congress a report

1 concerning the results of the study conducted under
2 paragraph (1).

3 **SEC. 405. NATIONAL SUICIDE PREVENTION LIFELINE PRO-**
4 **GRAM.**

5 Subpart 3 of part B of title V of the Public Health
6 Service Act (~~42 U.S.C. 290bb-31 et seq.~~) is amended by
7 inserting after section ~~520E-2~~ (~~42 U.S.C. 290bb-36~~) the
8 following:

9 **“SEC. 520E-3. NATIONAL SUICIDE PREVENTION LIFELINE**
10 **PROGRAM.**

11 “(a) IN GENERAL.—The Secretary, acting through
12 the Administrator, shall maintain the National Suicide
13 Prevention Lifeline program (referred to in this section
14 as the ‘program’), authorized under section 520A and in
15 effect prior to the date of enactment of the Mental Health
16 Reform Act of 2016.

17 “(b) ACTIVITIES.—In maintaining the program, the
18 activities of the Secretary shall include—

19 “(1) coordinating a network of crisis centers
20 across the United States for providing suicide pre-
21 vention and crisis intervention services to individuals
22 seeking help at any time, day or night;

23 “(2) maintaining a suicide prevention hotline to
24 link callers to local emergency, mental health, and
25 social services resources; and

1 ~~“(3)~~ consulting with the Secretary of Veterans
 2 Affairs to ensure that veterans calling the suicide
 3 prevention hotline have access to a specialized vet-
 4 erans’ suicide prevention hotline.

5 ~~“(e) AUTHORIZATION OF APPROPRIATIONS.—To~~
 6 carry out this section, there are authorized to be appro-
 7 priated such sums as may be necessary for each of fiscal
 8 years 2017 through 2021.”.

9 **SEC. 406. CONNECTING INDIVIDUALS AND FAMILIES WITH**
 10 **CARE.**

11 Subpart 3 of part B of title V of the Public Health
 12 Service Act (42 U.S.C. 290bb-31 et seq.), as amended by
 13 section 405, is further amended by inserting after section
 14 520E-3, the following:

15 ~~“SEC. 520E-4. TREATMENT REFERRAL ROUTING SERVICE.~~

16 ~~“(a) IN GENERAL.—The Secretary, acting through~~
 17 the Administrator, shall maintain the National Treatment
 18 Referral Routing Service (referred to in this section as the
 19 ‘Routing Service’) to assist individuals and families in lo-
 20 cating mental and substance use disorder treatment pro-
 21 viders.

22 ~~“(b) ACTIVITIES OF THE SECRETARY.—To maintain~~
 23 the Routing Service, the activities of the Secretary shall
 24 include administering—

1 “(1) a nationwide, telephone number providing
2 year-round access to information that is updated on
3 a regular basis regarding local behavioral health pro-
4 viders and community-based organizations in a man-
5 ner that is confidential, without requiring individuals
6 to identify themselves, is in languages that include
7 at least English and Spanish, and is at no cost to
8 the individual using the Routing Service; and

9 “(2) an Internet website to provide a search-
10 able, online treatment services locator that includes
11 information on the name, location, contact informa-
12 tion, and basic services provided for behavioral
13 health treatment providers and community-based or-
14 ganizations.

15 “(c) **RULE OF CONSTRUCTION.**—Nothing in this sec-
16 tion shall be construed to prevent the Administrator from
17 using any unobligated amounts otherwise made available
18 to the Substance Abuse and Mental Health Services Ad-
19 ministration to maintain the Routing Service.”.

20 **SEC. 407. STREAMLINING MENTAL AND BEHAVIORAL**
21 **HEALTH WORKFORCE PROGRAMS.**

22 (a) **IN GENERAL.**—Part D of title VII of the Public
23 Health Service Act (42 U.S.C. 294 et seq.) is amended—

24 (1) by striking sections 755 (42 U.S.C. 294e)
25 and 756 (42 U.S.C. 294e-1);

1 (2) by redesignating sections 757 and 759 as
2 sections 756 and 757, respectively; and

3 (3) by inserting after section 754 the following:

4 **“SEC. 755. MENTAL AND BEHAVIORAL HEALTH EDUCATION**
5 **AND TRAINING GRANTS.**

6 “(a) GRANTS AUTHORIZED.—The Secretary may
7 award grants to eligible institutions of higher education
8 to support the recruitment of students for, and education
9 and clinical experience of the students in—

10 “(1) accredited institutions of higher education
11 or accredited professional training programs that are
12 establishing or expanding internships or other field
13 placement programs in mental health in psychiatry,
14 psychology, school psychology, behavioral pediatrics,
15 psychiatric nursing, social work, school social work,
16 substance use disorder prevention and treatment,
17 marriage and family therapy, occupational therapy,
18 school counseling, or professional counseling, includ-
19 ing such internships or programs with a focus on
20 child and adolescent mental health and transitional-
21 age youth;

22 “(2) accredited doctoral, internship, and post-
23 doctoral residency programs of health service psy-
24 chology, including clinical psychology, counseling,
25 and school psychology, for the development and im-

1 plementation of interdisciplinary training of psy-
2 chology graduate students for providing behavioral
3 and mental health services, including substance use
4 disorder prevention and treatment services, and the
5 development of faculty in health service psychology;

6 “(3) accredited master’s and doctoral degree
7 programs of social work for the development and im-
8 plementation of interdisciplinary training of social
9 work graduate students for providing behavioral and
10 mental health services, including substance use dis-
11 order prevention and treatment services, and the de-
12 velopment of faculty in social work; or

13 “(4) State-licensed mental health nonprofit and
14 for-profit organizations to enable such organizations
15 to pay for programs for preservice or in-service
16 training in a behavioral health-related paraprofes-
17 sional field with preference for preservice or in-serv-
18 ice training of paraprofessional child and adolescent
19 mental health workers.

20 “(b) ELIGIBILITY REQUIREMENTS.—To be eligible
21 for a grant under this section, an institution of higher edu-
22 cation shall demonstrate—

23 “(1) an ability to recruit and place the students
24 described in subsection (a) in areas with a high need
25 and high demand population;

1 “(2) that individuals and groups from different
2 racial, ethnic, cultural, geographic, religious, lin-
3 guistic, and class backgrounds, and different genders
4 and sexual orientations, participate in the programs
5 of the institution;

6 “(3) knowledge and understanding of the con-
7 cerns of the individuals and groups described in
8 paragraph (2), especially individuals with mental
9 health symptoms or diagnoses, particularly children
10 and adolescents, and transitional-age youth;

11 “(4) that any internship or other field place-
12 ment program assisted through the grant will
13 prioritize cultural and linguistic competency; and

14 “(5) that the institution of higher education will
15 provide to the Secretary such data, assurances, and
16 information as the Secretary may require.

17 “(e) INSTITUTIONAL REQUIREMENT.—For grants
18 awarded under paragraphs (2) and (3) of subsection (a),
19 at least 4 of the grant recipients shall be historically black
20 colleges or universities or other minority-serving institu-
21 tions.

22 “(d) PRIORITY.—In selecting grant recipients, the
23 Secretary shall give priority to—

24 “(1) for grants awarded under paragraphs (1),
25 (2), and (3) of subsection (a), programs that have

1 demonstrated the ability to train psychology and so-
2 cial work professionals to work in integrated care
3 settings; and

4 ~~“(2) for a grant under subsection (a)(4), pro-~~
5 ~~grams for paraprofessionals that emphasize the role~~
6 ~~of the family and the lived experience of the con-~~
7 ~~sumer and family-paraprofessional partnerships.~~

8 ~~“(e) REPORT TO CONGRESS.—Not later than 2 years~~
9 ~~after the date of enactment of the Mental Health Reform~~
10 ~~Act of 2016, and annually thereafter, the Secretary shall~~
11 ~~submit to Congress a report on the effectiveness of the~~
12 ~~grants under this section in—~~

13 ~~“(1) providing graduate students support for~~
14 ~~experiential training (internship or field placement);~~

15 ~~“(2) recruiting of students interested in behav-~~
16 ~~ioral health practice;~~

17 ~~“(3) developing and implementing interprofes-~~
18 ~~sional training and integration within primary care;~~

19 ~~“(4) developing and implementing accredited~~
20 ~~field placements and internships; and~~

21 ~~“(5) collecting data on the number of students~~
22 ~~trained in mental health and the number of available~~
23 ~~accredited internships and field placements.~~

24 ~~“(f) AUTHORIZATION OF APPROPRIATION.—There~~
25 ~~are authorized to be appropriated to carry out this section~~

1 such sums as may be necessary for each of fiscal years
2 2017 through 2021.”.

3 (b) CONFORMING AMENDMENTS.—The Public
4 Health Service Act (42 U.S.C. 201 et seq.), as amended
5 by subsection (a), is further amended—

6 (1) in section 338A(d)(2)(A) (42 U.S.C.
7 2541(d)(2)(A)), by striking “or under section 758”;

8 (2) in section 756(b)(2) (42 U.S.C. 794f(b)(2)),
9 as redesignated by subsection (a), by striking
10 “753(b), and 755(b)” and inserting “and 753(b)”;
11 and

12 (3) in section 761 (42 U.S.C. 294n)—

13 (A) in subsection (b)(2)(E), by striking
14 “757(d)(3)” and inserting “756(d)(3)”;

15 (B) in subsection (d)(2)(B), by striking
16 “757(d)(3)” and inserting “756(d)(3)”; and

17 (C) in subsection (d)(3), by striking
18 “757(d)(4)” and inserting “756(d)(4)”.

19 **SEC. 408. REPORTS.**

20 (a) REPORT ON MENTAL HEALTH AND SUBSTANCE
21 USE TREATMENT IN STATES.—

22 (1) IN GENERAL.—Not later than 18 months
23 after the date of enactment of this Act, and not less
24 than every 2 years thereafter, the Assistant Sec-
25 retary for Planning and Evaluation of the Depart-

1 ment of Health and Human Services, in collabora-
2 tion with the Administrator of the Substance Abuse
3 and Mental Health Services Administration, the Di-
4 rector of the Agency for Healthcare Research and
5 Quality, and the Director of the National Institutes
6 of Health, shall submit to Congress and make avail-
7 able on the Internet website of the Department a re-
8 port on mental and substance use disorder treatment
9 in the States, including each of the following:

10 (A) A detailed description on how Federal
11 mental and substance use disorder treatment
12 funds are used in each State, including—

13 (i) the numbers of individuals with
14 mental illness, serious mental illness, seri-
15 ous emotional disturbance, substance use
16 disorders, or co-occurring disorders who
17 are served using Federal funds; and

18 (ii) the types of Federal programs
19 made available to individuals with mental
20 illness, serious mental illness, serious emo-
21 tional disturbance, substance use disorders,
22 or co-occurring disorders.

23 (B) A summary of best practices or evi-
24 dence-based models in the States, including pro-
25 grams that are cost-effective, provide evidence-

1 based care, increase access to care, integrate
2 physical, psychiatric, psychological, and behav-
3 ioral medicine, and improve outcomes for indi-
4 viduals with serious mental illness, serious emo-
5 tional disturbance, or substance use disorders.

6 (C) An analysis of outcome measures in
7 each State for individuals with mental illness,
8 serious mental illness, serious emotional dis-
9 turbance, substance use disorders, or co-occur-
10 ring disorders, including rates of suicide, sui-
11 cide attempts, substance abuse, overdose, over-
12 dose deaths, positive health outcomes, emer-
13 gency psychiatric hospitalizations and emer-
14 gency room boarding, arrests, incarcerations,
15 homelessness, joblessness, employment, and en-
16 rollment in educational or vocational programs.

17 (D) An analysis of outcomes for different
18 models of outpatient treatment programs for in-
19 dividuals with a serious mental illness or seri-
20 ous emotional disturbance, including—

21 (i) rates of keeping treatment ap-
22 pointments and adherence to treatment
23 plans;

24 (ii) participants' perceived effective-
25 ness of the program;

- 1 (iii) alcohol and drug abuse rates;
 2 (iv) incarceration and arrest rates;
 3 (v) violence against persons or prop-
 4 erty;
 5 (vi) homelessness;
 6 (vii) total treatment costs for compli-
 7 ance with the program; and
 8 (viii) health outcomes.

9 (2) DEFINITION.—In this subsection, the term
 10 “emergency room boarding” means the practice of
 11 admitting patients to an emergency department and
 12 holding such patients in the emergency department
 13 until inpatient psychiatric beds become available.

14 (b) REPORTING COMPLIANCE STUDY FOR COMMU-
 15 NITY MENTAL HEALTH CENTERS.—

16 (1) IN GENERAL.—The Comptroller General of
 17 the United States shall conduct a review and submit
 18 to the appropriate committees of Congress a report
 19 evaluating the combined paperwork burden of—

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

1 (B) community mental health centers, as
2 defined in section 1861(ff)(3)(B) of the Social
3 Security Act (~~42 U.S.C. 1395x(ff)(3)(B)~~).

4 (2) SCOPE.—In preparing the report under
5 paragraph (1), the Comptroller General of the
6 United States shall examine requirements for licens-
7 ing, certification, service definitions, claims pay-
8 ments, billing codes, and financial auditing that
9 are—

10 (A) used by the Office of Management and
11 Budget, the Centers for Medicare & Medicaid
12 Services, the Health Resources and Services
13 Administration, the Substance Abuse and Men-
14 tal Health Services Administration, the Office
15 of the Inspector General of the Department of
16 Health and Human Services, and State Med-
17 icaid agencies; and

18 (B) required by the Federal Government
19 for State agencies to utilize in order to make
20 administrative and statutory recommendations
21 to Congress (which recommendations may in-
22 clude a uniform methodology) to reduce the pa-
23 perwork burden experienced by the centers de-
24 scribed in paragraph (1).

25 (c) WORKFORCE DEVELOPMENT REPORT.—

1 (1) PUBLIC REPORT.—

2 (A) IN GENERAL.—Not later than 2 years
3 after the date of enactment of this Act, the Ad-
4 ministrator of the Substance Abuse and Mental
5 Health Services Administration, in consultation
6 with the Administrator of the Health Resources
7 and Services Administration, shall conduct a
8 study and publicly post on the appropriate
9 Internet website of the Department of Health
10 and Human Services a report on the mental
11 health and substance use disorder workforce in
12 order to inform Federal, State, and local efforts
13 related to workforce enhancement.

14 (B) CONTENTS.—The report under this
15 paragraph shall contain—

16 (i) national and State-level projections
17 of the supply and demand of mental health
18 and substance use disorder health workers;

19 (ii) an assessment of the mental
20 health and substance use disorder work-
21 force capacity, strengths, and weaknesses
22 as of the date of the report;

23 (iii) information on trends within the
24 mental health and substance use disorder
25 provider workforce; and

1 (iv) any additional information deter-
2 mined by the Administrator of the Sub-
3 stance Abuse and Mental Health Services
4 Administration, in consultation with the
5 Administrator of the Health Resources and
6 Services Administration, to be relevant to
7 the mental health and substance use dis-
8 order provider workforce.

9 (2) ~~REPORT TO CONGRESS.~~—

10 (A) ~~IN GENERAL.~~—Not later than 3 years
11 after the date of enactment of this Act, the Ad-
12 ministrator of the Substance Abuse and Mental
13 Health Services Administration, in consultation
14 with the Administrator of the Health Resources
15 and Services Administration, shall evaluate and
16 report to the Committee on Health, Education,
17 Labor, and Pensions of the Senate and the
18 Committee on Energy and Commerce of the
19 House of Representatives on the programs
20 within such Administrations to support the de-
21 velopment of the mental health and substance
22 use disorder workforce.

23 (B) ~~CONTENTS.~~—The report under this
24 paragraph shall include—

1 (i) an evaluation of the outcomes of
2 each program described in subparagraph
3 (A), including whether the program met
4 identified goals and performance measures
5 developed for the respective program and
6 activities carried out by the program;

7 (ii) an evaluation of how each pro-
8 gram, and the programs together, target
9 any workforce weaknesses identified by the
10 report under paragraph (1); and

11 (iii) recommendations for improving
12 coordination among programs, and ad-
13 dressing gaps and overlap within pro-
14 grams, including recommendations for
15 Congress, as appropriate.

16 (d) PEER-SUPPORT SPECIALIST PROGRAMS.—

17 (1) IN GENERAL.—Not later than 2 years after
18 the date of enactment of this Act, the Comptroller
19 General of the United States shall conduct a study
20 on peer-support specialist programs in selected
21 States that receive funding from the Substance
22 Abuse and Mental Health Services Administration
23 and report to the Committee on Health, Education,
24 Labor, and Pensions of the Senate and the Com-

1 mittee on Energy and Commerce of the House of
2 Representatives.

3 ~~(2)~~ CONTENTS OF STUDY.—In conducting the
4 study under paragraph ~~(1)~~, the Comptroller General
5 of the United States shall examine and identify best
6 practices in the selected States related to training
7 and credential requirements for peer-specialist pro-
8 grams, such as—

9 ~~(A)~~ hours of formal work or volunteer ex-
10 perience related to mental and substance use
11 disorders conducted through such programs;

12 ~~(B)~~ types of peer support specialist exams
13 required for such programs in the States;

14 ~~(C)~~ codes of ethics used by such programs
15 in the States;

16 ~~(D)~~ required or recommended skill sets of
17 such programs in the State; and

18 ~~(E)~~ requirements for continuing education.

19 **SEC. 409. CENTERS AND PROGRAM REPEALS.**

20 Part B of title V of the Public Health Service Act
21 (~~42 U.S.C. 290bb et seq.~~) is amended by striking the sec-
22 ond section 514 (~~42 U.S.C. 290bb-9~~), relating to meth-
23 amphetamine and amphetamine treatment initiatives, and
24 sections 514A, 517, 519A, 519C, 519E, 520D, and 520H

1 ~~(42 U.S.C. 290bb-8, 290bb-23, 290bb-25a, 290bb-25e,~~
 2 ~~290bb-25e, 290bb-35, and 290bb-39).~~

3 **TITLE V—STRENGTHENING MEN-**
 4 **TAL AND SUBSTANCE USE**
 5 **DISORDER CARE FOR CHIL-**
 6 **DREN AND ADOLESCENTS**

7 **SEC. 501. PROGRAMS FOR CHILDREN WITH SERIOUS EMO-**
 8 **TIONAL DISTURBANCES.**

9 (a) **COMPREHENSIVE COMMUNITY MENTAL HEALTH**
 10 **SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL**
 11 **DISTURBANCES.**—Section 561(a)(1) of the Public Health
 12 Service Act (42 U.S.C. 290ff(a)(1)) is amended by insert-
 13 ing “, which may include efforts to identify and serve chil-
 14 dren at risk” before the period.

15 (b) **REQUIREMENTS WITH RESPECT TO CARRYING**
 16 **OUT PURPOSE OF GRANTS.**—Section 562(b) of the Public
 17 Health Service Act (42 U.S.C. 290ff-1(b)) is amended by
 18 striking “will not provide an individual with access to the
 19 system if the individual is more than 21 years of age”
 20 and inserting “will provide an individual with access to
 21 the system through the age of 21 years”.

22 (c) **ADDITIONAL PROVISIONS.**—Section 564(f) of the
 23 Public Health Service Act (42 U.S.C. 290ff-3(f)) is
 24 amended by inserting “(and provide a copy to the State
 25 involved)” after “to the Secretary”.

1 (d) GENERAL PROVISIONS.—Section 565 of the Pub-
 2 lie Health Service Act (42 U.S.C. 290ff-4) is amended—

3 (1) in subsection (b)(1)—

4 (A) in the matter preceding subparagraph
 5 (A), by striking “receiving a grant under sec-
 6 tion 561(a)” and inserting “, regardless of
 7 whether such public entity is receiving a grant
 8 under section 561(a)”; and

9 (B) in subparagraph (B), by striking “pur-
 10 suant to” and inserting “described in”;

11 (2) in subsection (d)(1), by striking “not more
 12 than 21 years of age” and inserting “through the
 13 age of 21 years”; and

14 (3) in subsection (f)(1), by striking
 15 “\$100,000,000 for fiscal year 2001, and such sums
 16 as may be necessary for each of the fiscal years
 17 2002 and 2003” and inserting “such sums as may
 18 be necessary for each of fiscal years 2017 through
 19 2021”.

20 **SEC. 502. TELEHEALTH CHILD PSYCHIATRY ACCESS**
 21 **GRANTS.**

22 (a) DEFINITIONS.—In this subsection:

23 (1) ELIGIBLE ENTITY.—The term “eligible enti-
 24 ty” means a State, political subdivision of a State,
 25 Indian tribe, or tribal organization.

1 (2) INDIAN TRIBE; TRIBAL ORGANIZATION.—

2 The terms “Indian tribe” and “tribal organization”
3 have the meanings given such terms in section 4 of
4 the Indian Self-Determination and Education Assist-
5 ance Act (25 U.S.C. 450b).

6 (3) PEDIATRIC MENTAL HEALTH TEAMS.—The

7 term “pediatric mental health team” means a team
8 of case coordinators, child and adolescent psychia-
9 trists, and a licensed clinical mental health profes-
10 sional, such as a psychologist, social worker, or men-
11 tal health counselor. Such a team may be regionally
12 based, provided there is access to a pediatric mental
13 health team across the State.

14 (4) SECRETARY.—The term “Secretary” means
15 the Secretary of Health and Human Services.

16 (b) GRANTS.—The Secretary, acting through the Ad-
17 ministrator of the Health Resources and Services Admin-
18 istration, may award grants to eligible entities that satisfy
19 all requirements under this section to promote behavioral
20 health integration in pediatric primary care by—

21 (1) supporting the development of statewide or
22 regional child psychiatry access programs; and

23 (2) supporting the improvement of statewide or
24 regional child psychiatry access programs in exist-

1 ence on the day before the date of enactment of this
2 Act.

3 ~~(c) CHILD PSYCHIATRY ACCESS PROGRAM REQUIRE-~~
4 ~~MENTS.—To be eligible for support under subsection (b),~~
5 a child psychiatry access program shall—

6 (1) be a statewide or regional network of pedi-
7 atric mental health teams that provide support to
8 pediatric primary care sites as an integrated team;

9 (2) support and further develop organized State
10 networks of child and adolescent psychiatrists to
11 provide consultative support to pediatric primary
12 care sites;

13 (3) conduct an assessment of critical behavioral
14 consultation needs among pediatric providers and
15 such providers' preferred mechanisms for receiving
16 consultation, training, and technical assistance;

17 (4) develop an online database and communica-
18 tion mechanisms, including through telehealth serv-
19 ices, to facilitate consultation support to pediatric
20 practices;

21 (5) provide rapid statewide or regional clinical
22 telephone consultations when requested between the
23 pediatric mental health teams and pediatric primary
24 care providers;

1 (6) conduct training and provide technical as-
2 sistance to pediatric primary care providers to sup-
3 port the early identification, diagnosis, treatment,
4 and referral of children with behavioral health condi-
5 tions;

6 (7) inform and assist pediatric providers in ae-
7 cessing child psychiatry consultations and in sched-
8 uling and conducting technical assistance;

9 (8) assist with referrals to specialty care and
10 community and behavioral health resources; and

11 (9) establish mechanisms for measuring and
12 monitoring increased access to child and adolescent
13 psychiatric services by pediatric primary care pro-
14 viders and expanded capacity of pediatric primary
15 care providers to identify, treat, and refer children
16 with mental health problems.

17 (d) APPLICATION.—An eligible entity that desires a
18 grant under this section shall submit an application to the
19 Secretary at such time, in such manner, and containing
20 such information as the Secretary may require, including
21 a plan for the comprehensive evaluation and the perform-
22 ance and outcome evaluation described in subsection (c).

23 (e) EVALUATION.—An eligible entity that receives a
24 grant under this section shall prepare and submit an eval-
25 uation to the Secretary at such time, in such manner, and

1 containing such information as the Secretary may reason-
2 ably require, including a comprehensive evaluation of ae-
3 tivities carried out with funds received through such grant
4 and a performance and outcome evaluation of such activi-
5 ties.

6 (f) FUNDING.—

7 (1) FEDERAL FUNDS.—In addition to the fund-
8 ing provided through contributions under paragraph
9 (2), the Secretary shall fund the grant program
10 under this section using such sums as may be nec-
11 essary out of any unobligated amounts made avail-
12 able to carry out section ~~330I~~, ~~330K~~, or ~~330L~~ of the
13 Public Health Service Act (42 U.S.C. ~~254e-14~~,
14 ~~254e-16~~, ~~254e-18~~).

15 (2) MATCHING REQUIREMENT.—The Secretary
16 may not award a grant under this section unless the
17 eligible entity desiring the grant agrees, with respect
18 to the costs to be incurred by the eligible entity in
19 carrying out the purpose of the grant described in
20 subsection (b), to make available non-Federal con-
21 tributions (in cash or in kind) toward such costs in
22 an amount that is not less than 20 percent of Fed-
23 eral funds provided through the grant.

1 **SEC. 503. SUBSTANCE USE DISORDER TREATMENT AND**
 2 **EARLY INTERVENTION SERVICES FOR CHIL-**
 3 **DREN AND ADOLESCENTS.**

4 The first section 514 of the Public Health Service
 5 Act (~~42 U.S.C. 290bb-7~~), relating to substance abuse
 6 treatment services for children and adolescents, is amend-
 7 ed—

8 (1) in the heading, by striking “**ABUSE**
 9 **TREATMENT**” and inserting “**USE DISORDER**
 10 **TREATMENT AND EARLY INTERVENTION**”;

11 (2) by striking subsection (a) and inserting the
 12 following:

13 “(a) **IN GENERAL.**—The Secretary shall award
 14 grants, contracts, or cooperative agreements to public and
 15 private nonprofit entities, including Indian tribes or tribal
 16 organizations (as such terms are defined in section 4 of
 17 the Indian Self-Determination and Education Assistance
 18 Act (25 U.S.C. 450b)), or health facilities or programs
 19 operated by or pursuant to a contract or grant with the
 20 Indian Health Service, for the purpose of—

21 “(1) providing early identification and services
 22 to meet the needs of children and adolescents who
 23 are at risk of substance use disorders; and

24 “(2) providing substance use disorder treatment
 25 services for children, including children and adoles-

1 eents with co-occurring mental illness and substance
2 use disorders.”;

3 (3) in subsection (b)—

4 (A) by striking paragraph (1) and insert-
5 ing the following:

6 “(1) apply evidence-based and cost-effective
7 methods”;

8 (B) in paragraph (2)—

9 (i) by striking “treatment”; and

10 (ii) by inserting “substance abuse,”
11 after “child welfare”;

12 (C) in paragraph (3), by striking “sub-
13 stance abuse disorders” and inserting “sub-
14 stance use disorders, including children and
15 adolescents with co-occurring mental illness and
16 substance use disorders”;

17 (D) in paragraph (5), by striking “treat-
18 ment,” and inserting “services; and”;

19 (E) in paragraph (6), by striking “sub-
20 stance abuse treatment; and” and inserting
21 “treatment.”; and

22 (F) by striking paragraph (7); and

23 (4) in subsection (f), by striking “\$40,000,000”
24 and all that follows through the period and inserting

1 “such sums as may be necessary for each of fiscal
2 years 2017 through 2021.”.

3 **SEC. 504. RESIDENTIAL TREATMENT PROGRAMS FOR**
4 **PREGNANT AND PARENTING WOMEN.**

5 Section 508 of the Public Health Service Act (42
6 U.S.C. 290bb-1) is amended—

7 (1) in the section heading, by striking
8 “**POSTPARTUM**” and inserting “**PARENTING**”;

9 (2) in subsection (a)—

10 (A) in the matter preceding paragraph

11 (1)—

12 (i) by inserting “(referred to in this
13 section as the ‘Director’)” after “Treat-
14 ment”;

15 (ii) by striking “grants,” and insert-
16 ing “grants, including the grants under
17 subsection (r)”;

18 (iii) by striking “postpartum” and in-
19 serting “parenting”; and

20 (iv) by striking “for substance abuse”
21 and inserting “for substance use dis-
22 orders”; and

23 (B) in paragraph (1), by inserting “or re-
24 ceive outpatient treatment services from” after
25 “reside in”;

1 (3) in subsection (b)(2), by striking “the serv-
2 ices will be made available to each woman” and in-
3 serting “services will be made available to each
4 woman and child”;

5 (4) in subsection (c)—

6 (A) in paragraph (1), by striking “to the
7 woman of the services” and inserting “of serv-
8 ices for the woman and her child”; and

9 (B) in paragraph (2)—

10 (i) in subparagraph (A), by striking
11 “substance abuse” and inserting “sub-
12 stance use disorders”; and

13 (ii) in subparagraph (B), by striking
14 “such abuse” and inserting “such a dis-
15 order”;

16 (5) in subsection (d)—

17 (A) in paragraph (3)(A), by striking “ma-
18 ternal substance abuse” and inserting “a ma-
19 ternal substance use disorder”;

20 (B) by amending paragraph (4) to read as
21 follows:

22 “(4) Providing therapeutic, comprehensive child
23 care for children during the periods in which the
24 woman is engaged in therapy or in other necessary
25 health and rehabilitative activities.”;

1 (C) in paragraphs (9), (10), and (11), by
2 striking “women” each place such term appears
3 and inserting “woman”;

4 (D) in paragraph (9), by striking “units”
5 and inserting “unit”; and

6 (E) in paragraph (11)—

7 (i) in subparagraph (A), by striking
8 “their children” and inserting “any child
9 of such woman”;

10 (ii) in subparagraph (B), by striking
11 “; and” and inserting a semicolon;

12 (iii) in subparagraph (C), by striking
13 the period and inserting “; and”; and

14 (iv) by adding at the end the fol-
15 lowing:

16 “(D) family reunification with children in
17 kinship or foster care arrangements, where safe
18 and appropriate.”;

19 (6) in subsection (c)—

20 (A) in paragraph (1)—

21 (i) in the matter preceding subpara-
22 graph (A), by striking “substance abuse”
23 and inserting “substance use disorders”;
24 and

1 (ii) in subparagraph (B), by striking
2 “substance abuse” and inserting “sub-
3 stance abuse disorders”; and

4 (B) in paragraph (2)—

5 (i) by striking “(A) Subject” and in-
6 serting the following:

7 “(A) IN GENERAL.—Subject”;

8 (ii) in subparagraph (B)—

9 (I) by striking “(B)(i) In the
10 ease” and inserting the following:

11 “(B) WAIVER OF PARTICIPATION AGREE-
12 MENTS.—

13 “(i) IN GENERAL.—In the ease”; and

14 (II) by striking “(ii) A deter-
15 mination” and inserting the following:

16 “(ii) DONATIONS.—A determination”;

17 and

18 (iii) by striking “(C) With respect”
19 and inserting the following:

20 “(C) NONAPPLICATION OF CERTAIN RE-
21 QUIREMENTS.—With respect”;

22 (7) in subsection (g)—

23 (A) by striking “who are engaging in sub-
24 stance abuse” and inserting “who have a sub-
25 stance use disorder”; and

1 (B) by striking “such abuse” and inserting
2 “such disorder”;

3 (8) in subsection (h)(1), by striking
4 “postpartum” and inserting “parenting”;

5 (9) in subsection (j)—

6 (A) in the matter preceding paragraph (1),
7 by striking “to on” and inserting “to or on”;
8 and

9 (B) in paragraph (3), by striking “Office
10 for” and inserting “Office of”;

11 (10) by amending subsection (m) to read as fol-
12 lows:

13 “(m) ALLOCATION OF AWARDS.—In making awards
14 under subsection (a), the Director shall give priority to
15 an applicant that agrees to use the award for a program
16 serving an area that is a rural area, an area designated
17 under section 332 by the Secretary as a health profes-
18 sional shortage area, or an area determined by the Direc-
19 tor to have a shortage of family-based substance use dis-
20 order treatment options.”;

21 (11) in subsection (q)—

22 (A) in paragraph (3), by striking “funding
23 agreement under subsection (a)” and inserting
24 “funding agreement”; and

1 (B) in paragraph (4), by striking “sub-
2 stance abuse” and inserting “a substance use
3 disorder”;

4 (12) by redesignating subsection (r) as sub-
5 section (s);

6 (13) by inserting after subsection (q) the fol-
7 lowing:

8 “(r) PILOT PROGRAM FOR STATE SUBSTANCE
9 ABUSE AGENCIES.—

10 “(1) IN GENERAL.—From amounts made avail-
11 able under subsection (s), the Director may carry
12 out a pilot program under which the Director makes
13 competitive grants to State substance abuse agencies
14 to—

15 “(A) enhance flexibility in the use of funds
16 designed to support family-based services for
17 pregnant and parenting women with a primary
18 diagnosis of a substance use disorder, including
19 an opioid use disorder;

20 “(B) help State substance abuse agencies
21 address identified gaps in services provided to
22 such women along the continuum of care, in-
23 cluding services provided to women in nonresi-
24 dential based settings; and

1 “(C) promote a coordinated, effective, and
2 efficient State system managed by State sub-
3 stance abuse agencies by encouraging new ap-
4 proaches and models of service delivery that are
5 evidence-based.

6 “(2) REQUIREMENTS.—Notwithstanding any
7 other provisions of this section, in carrying out the
8 pilot program under this subsection, the Director—

9 “(A) shall require a State substance abuse
10 agency to submit to the Director an application,
11 in such form and manner and containing such
12 information as specified by the Director, to be
13 eligible to receive a grant under the program;

14 “(B) shall identify, based on applications
15 submitted under subparagraph (A), State sub-
16 stance abuse agencies that are eligible for such
17 grants;

18 “(C) shall require services proposed to be
19 furnished through such a grant to support fam-
20 ily-based treatment and other services for preg-
21 nant and parenting women with a primary diag-
22 nosis of a substance use disorder, including an
23 opioid use disorder;

1 “(D) shall not require that services fur-
2 nished through such a grant be provided solely
3 to women that reside in facilities;

4 “(E) shall not require that grant recipients
5 under the program make available all services
6 described in subsection (d); and

7 “(F) may waive the requirements of sub-
8 section (f), depending on the circumstances of
9 the grantee.

10 “(3) REQUIRED SERVICES.—

11 “(A) IN GENERAL.—The Director shall
12 specify minimum services required to be made
13 available to eligible women through a grant
14 awarded under the pilot program under this
15 subsection. Notwithstanding any other provision
16 of this section, such minimum services—

17 “(i) shall include the requirements de-
18 scribed in subsection (e);

19 “(ii) may include any of the services
20 described in subsection (d);

21 “(iii) may include other services, as
22 appropriate; and

23 “(iv) shall be based on the rec-
24 ommendations submitted under subpara-
25 graph (B).

1 “(B) STAKEHOLDER INPUT.—The Director
2 shall consider recommendations from stake-
3 holders, including State substance abuse agen-
4 cies, health care providers, persons in recovery
5 from substance a substance use disorder, and
6 other appropriate individuals, for the minimum
7 services described in subparagraph (A).

8 “(4) EVALUATION AND REPORT TO CON-
9 GRESS.—

10 “(A) EVALUATIONS.—Out of amounts
11 made available to the Center for Behavioral
12 Health Statistics and Quality, the Director of
13 the Center for Behavioral Health Statistics and
14 Quality, in cooperation with the Director of the
15 Center for Substance Abuse Treatment and the
16 recipients of grants under this subsection, shall
17 conduct an evaluation of the pilot program, be-
18 ginning one year after the date on which a
19 grant is first awarded under this subsection.

20 “(B) REPORTS.—

21 “(i) IN GENERAL.—Not later than
22 120 days after the completion of the eval-
23 uation under subparagraph (A), the Direc-
24 tor of the Center for Behavioral Health
25 Statistics and Quality, in coordination with

1 the Director of the Center for Substance
2 Abuse Treatment, shall submit to the rel-
3 evant Committees of the Senate and the
4 House of Representatives a report on such
5 evaluation.

6 “(ii) CONTENTS.—The report to Con-
7 gress under clause (i) shall include, at a
8 minimum, outcomes information from the
9 pilot program under this section, including
10 any resulting reductions in the use of alco-
11 hol and other drugs; engagement in treat-
12 ment services; retention in the appropriate
13 level and duration of services; increased ac-
14 cess to the use of drugs approved by the
15 Food and Drug Administration for the
16 treatment of substance use disorders in
17 combination with counseling; and other ap-
18 propriate measures.

19 “(5) STATE SUBSTANCE ABUSE AGENCIES DE-
20 FINED.—For purposes of this subsection, the term
21 ‘State substance abuse agency’ means, with respect
22 to a State, the agency in such State that manages
23 the block grant for prevention and treatment of sub-
24 stance use disorders under subpart H of part B of
25 title XIX with respect to the State.”; and

1 (14) in subsection (s), as so redesignated, by
 2 striking “such sums as may be necessary to fiscal
 3 years 2001 through 2003.” and inserting “such
 4 sums as may be necessary for each of fiscal years
 5 2017 through 2021. Of the amounts made available
 6 for a fiscal year pursuant to the previous sentence,
 7 not more than 25 percent of such amounts shall be
 8 made available for such fiscal year to carry out sub-
 9 section (r).”.

10 **TITLE VI—IMPROVING PATIENT**
 11 **CARE AND ACCESS TO MEN-**
 12 **TAL AND SUBSTANCE USE**
 13 **DISORDER BENEFITS**

14 **SEC. 601. HIPAA CLARIFICATION.**

15 (a) IN GENERAL.—The Secretary of Health and
 16 Human Services, acting through the Director of the Office
 17 for Civil Rights, shall ensure that providers, professionals,
 18 patients and their families, and others involved in mental
 19 or substance use disorder treatment or care have ade-
 20 quate, accessible, and easily comprehensible resources re-
 21 lating to appropriate uses and disclosures of protected
 22 health information under the regulations promulgated
 23 under section 264(e) of the Health Insurance Portability
 24 and Accountability Act of 1996 (42 U.S.C. 1320d–2 note),

1 including resources to clarify permitted uses and disclo-
 2 sures of such information that—

3 (1) require the patient's consent;

4 (2) require providing the patient with an oppor-
 5 tunity to object;

6 (3) are based on the exercise of professional
 7 judgment regarding whether the patient would ob-
 8 ject when the opportunity to object cannot prac-
 9 ticably be provided because of the patient's inca-
 10 pacity or an emergency treatment circumstance; and

11 (4) are determined, based on the exercise of
 12 professional judgment, to be in the best interest of
 13 the patient when the patient is not present or other-
 14 wise incapacitated.

15 (b) CONSIDERATIONS.—In carrying out subsection
 16 (a), the Secretary of Health and Human Services shall
 17 consider actual and perceived barriers to the ability of
 18 family members to assist in the treatment of patients with
 19 a serious mental illness.

20 **SEC. 602. IDENTIFICATION OF MODEL TRAINING PRO-**
 21 **GRAMS.**

22 (a) PROGRAMS AND MATERIALS.—Not later than 1
 23 year after the date of enactment of this Act, the Secretary
 24 of Health and Human Services (in this section referred
 25 to as the “Secretary”), in consultation with appropriate

1 experts, shall identify or, in the case that none exist, rec-
2 ognize private or public entities to develop—

3 (1) model programs and materials for training
4 health care providers (including physicians, emer-
5 gency medical personnel, psychiatrists, psychologists,
6 counselors, therapists, behavioral health facilities
7 and clinics, care managers, and hospitals, including
8 individuals such as a general counsel or regulatory
9 compliance staff who are responsible for establishing
10 provider privacy policies) regarding the permitted
11 uses and disclosures, consistent with the standards
12 governing the privacy and security of individually
13 identifiable health information pursuant to regula-
14 tions promulgated by the Secretary under section
15 264(e) of the Health Insurance Portability and Ac-
16 countability Act of 1996 (42 U.S.C. 1320d–2 note)
17 and part C of title XI of the Social Security Act (42
18 U.S.C. 1320d et seq.); of the protected health infor-
19 mation of patients seeking or undergoing mental
20 health or substance use disorder treatment or care;
21 and

22 (2) model programs and materials for training
23 patients and their families regarding their rights to
24 protect and obtain information under the standards
25 described in paragraph (1).

1 (b) PERIODIC UPDATES.—The Secretary shall—

2 (1) periodically review, evaluate, and update the
3 model programs and materials identified under sub-
4 section (a); and

5 (2) disseminate the updated model programs
6 and materials.

7 (c) COORDINATION.—The Secretary shall carry out
8 this section in coordination with the Director of the Office
9 for Civil Rights, the Assistant Secretary for Planning and
10 Evaluation, the Administrator of the Substance Abuse and
11 Mental Health Services Administration, the Administrator
12 of the Health Resources and Services Administration, and
13 the heads of other relevant agencies within the Depart-
14 ment of Health and Human Services.

15 (d) INPUT OF CERTAIN ENTITIES.—In identifying
16 the model programs and materials under subsections (a)
17 and (b), the Secretary shall solicit input from key stake-
18 holders, including relevant national, State, and local asso-
19 ciations, medical societies licensing boards, providers of
20 mental and substance use disorder treatment and care,
21 and organizations representing patients and consumers.

22 **SEC. 603. CONFIDENTIALITY OF RECORDS.**

23 Not later than 1 year after the date on which the
24 Secretary of Health and Human Services first finalizes the
25 regulations updating part 2 of title 42, Code of Federal

1 Regulations (relating to confidentiality of alcohol and drug
 2 abuse patient records), after the date of enactment of this
 3 Act, the Secretary shall convene relevant stakeholders to
 4 determine the impact of such regulations on patient care,
 5 health outcomes, and patient privacy.

6 **SEC. 604. ENHANCED COMPLIANCE WITH MENTAL HEALTH**
 7 **AND SUBSTANCE USE DISORDER COVERAGE**
 8 **REQUIREMENTS.**

9 (a) **GUIDANCE.**—Section 2726(a) of the Public
 10 Health Service Act (~~42 U.S.C. 300gg-26(a)~~) is amended
 11 by adding at the end the following:

12 “(6) **ADDITIONAL GUIDANCE.**—

13 “(A) **IN GENERAL.**—Not later than 1 year
 14 after the date of enactment of the Mental
 15 Health Reform Act of 2016, the Secretary, in
 16 coordination with the Secretary of Labor and
 17 the Secretary of the Treasury, shall issue guid-
 18 ance to group health plans and health insurance
 19 issuers offering group or individual health in-
 20 surance coverage to assist such plans and
 21 issuers in satisfying the requirements of this
 22 section:

23 “(B) **DISCLOSURE.**—

24 “(i) **GUIDANCE FOR PLANS AND**
 25 **ISSUERS.**—The guidance issued under this

1 paragraph shall include specific examples
2 of methods that group health plans and
3 health insurance issuers offering group or
4 individual health insurance coverage may
5 use for disclosing information to dem-
6 onstrate compliance with the requirements
7 under this section (and any regulations
8 promulgated pursuant to this section), in-
9 cluding methods for complying with re-
10 quirements for nonquantitative treatment
11 limitations.

12 “(ii) DOCUMENTS FOR PARTICIPANTS,
13 BENEFICIARIES, OR CONTRACTING PRO-
14 VIDERS.—The guidance issued under this
15 paragraph may include examples of stand-
16 ardized methods that group health plans
17 and health insurance issuers offering group
18 or individual health insurance coverage
19 may use to provide any participant, bene-
20 ficiary, or contracting provider, upon re-
21 quest, with documents containing coverage
22 information that the health plans or
23 issuers are required, by this section or any
24 other provision of law, to disclose to such

1 participants, beneficiaries, or contracting
2 providers, including—

3 “(I) information, including infor-
4 mation that is comparative in nature,
5 on nonquantitative treatment limita-
6 tions for both medical and surgical
7 benefits and mental health and sub-
8 stance use disorder benefits;

9 “(II) information, including in-
10 formation that is comparative in na-
11 ture, about the processes, strategies,
12 evidentiary standards, and other fac-
13 tors used to apply nonquantitative
14 treatment limitations for both medical
15 and surgical benefits and mental
16 health and substance use disorder
17 benefits, including how such limita-
18 tions are applied to mental health or
19 substance use disorder benefits; and

20 “(III) information, including in-
21 formation that is comparative in na-
22 ture, about how nonquantitative treat-
23 ment limitations are applied to med-
24 ical and surgical benefits relative to
25 how such limitations are applied to

1 mental health or substance use dis-
2 order benefits.

3 “(C) ~~NONQUANTITATIVE TREATMENT LIM-~~
4 ITATIONS.—The guidance issued under this
5 paragraph shall include information that group
6 health plans and health insurance issuers offer-
7 ing group or individual health insurance cov-
8 erage may use to comply with requirements for
9 nonquantitative treatment limitations under
10 this section, including—

11 “(i) examples of appropriate types of
12 nonquantitative treatment limitations on
13 mental health and substance use disorder
14 benefits that comply or do not comply with
15 this section, including—

16 “(I) medical management stand-
17 ards that limit or exclude benefits
18 based on medical necessity, medical
19 appropriateness, or whether a treat-
20 ment is experimental or investigative;

21 “(II) limitations with respect to
22 prescription drug formulary design;
23 and

24 “(III) use of fail-first or step
25 therapy protocols;

1 “(ii) examples of network admission
2 standards and individual provider reim-
3 bursement rates; as such standards and
4 rates apply to network adequacy; that com-
5 ply or do not comply with this section;

6 “(iii) examples of sources of informa-
7 tion that may serve as evidentiary stand-
8 ards for the purpose of determining com-
9 pliance or noncompliance with applicable
10 nonquantitative treatment limitation re-
11 quirements;

12 “(iv) examples of specific factors that
13 may be used by such plans or issuers in
14 performing a nonquantitative treatment
15 limitation analysis;

16 “(v) examples of specific evidentiary
17 standards that may be used by such plans
18 or issuers to evaluate the specific factors
19 described in clause (iv);

20 “(vi) examples of how a lack of clin-
21 ical evidence may be taken into consider-
22 ation by such plans or issuers in the case
23 of experimental treatment exclusions;

24 “(vii) examples of how specific evi-
25 dentiary standards may be applied to each

1 service category or classification of bene-
2 fits;

3 “(viii) examples of new mental health
4 or substance use disorder treatments that
5 comply or do not comply with this section,
6 such as evidence-based early intervention
7 programs for individuals with a serious
8 mental illness and types of medical man-
9 agement techniques that have been deter-
10 mined to meet or fail to meet requirements
11 for nonquantitative treatment limitations;

12 “(ix) examples of coverage determina-
13 tions that comply or do not comply with
14 this section and for which there is an indi-
15 rect relationship between the covered men-
16 tal health or substance use disorder benefit
17 and a traditional covered medical and sur-
18 gical benefit, such as residential treatment
19 or hospitalizations involving involuntary
20 commitment;

21 “(x) examples of how nonquantitative
22 treatment limitations and their application,
23 determinations that treatments are no
24 longer medically necessary, and efforts to
25 terminate or reduce care may be resolved

1 in a manner that is least burdensome to
2 the patient and provides for continuity of
3 patient care; and

4 “(xi) additional examples of coverage
5 of mental health and substance use dis-
6 order benefits that comply or do not com-
7 ply with this section, including cases in
8 which restrictions based on geographic lo-
9 cations, facility type, provider specialty, or
10 other criteria limit the scope or duration of
11 benefits.

12 “(D) PUBLIC COMMENT.—Prior to issuing
13 any final guidance under this section, the Sec-
14 retary shall provide a public comment period of
15 not less than 60 days during which any member
16 of the public may provide comments on a draft
17 of the guidance.”.

18 (b) IMPROVING COMPLIANCE.—

19 (1) IN GENERAL.—In the case of a group
20 health plan or health insurance issuer offering
21 health insurance coverage in the group or individual
22 market with respect to which there are at least 5
23 findings of noncompliance with section 2726 of the
24 Public Health Service Act (42 U.S.C. 300gg-26),
25 section 712 of the Employee Retirement Income Se-

1 eurity Act of 1974 (29 U.S.C. 1185a), or section
 2 9812 of the Internal Revenue Code, the appropriate
 3 Secretary shall audit plan documents for such health
 4 plan or issuer in the following plan year in order to
 5 help improve compliance with such section.

6 (2) **RULE OF CONSTRUCTION.**—Nothing in this
 7 subsection shall be construed to limit the authority,
 8 as in effect on the day before the date of enactment
 9 of this Act, of the Secretary of Health and Human
 10 Services, the Secretary of Labor, or the Secretary of
 11 the Treasury to audit documents of health plans or
 12 health insurance issuers.

13 **SEC. 605. ACTION PLAN FOR ENHANCED ENFORCEMENT OF**
 14 **MENTAL HEALTH AND SUBSTANCE USE DIS-**
 15 **ORDER COVERAGE.**

16 (a) **PUBLIC MEETING.**—

17 (1) **IN GENERAL.**—Not later than 6 months
 18 after the date of enactment of this Act, the Sec-
 19 retary of Health and Human Services shall convene
 20 a public meeting of stakeholders described in para-
 21 graph (2) to produce an action plan for improved
 22 Federal and State coordination related to the en-
 23 forcement of mental health parity and addiction eq-
 24 uity requirements.

1 (2) ~~STAKEHOLDERS.~~—The stakeholders de-
2 scribed in this paragraph shall include each of the
3 following:

4 (A) The Federal Government, including
5 representatives from—

6 (i) the Department of Health and
7 Human Services;

8 (ii) the Department of the Treasury;

9 (iii) the Department of Labor; and

10 (iv) the Department of Justice.

11 (B) State governments, including—

12 (i) State health insurance commis-
13 sioners;

14 (ii) appropriate State agencies, includ-
15 ing agencies on public health or mental
16 health; and

17 (iii) State attorneys general or other
18 representatives of State entities involved in
19 the enforcement of mental health parity
20 laws.

21 (C) Representatives from key stakeholder
22 groups, including—

23 (i) the National Association of Insur-
24 ance Commissioners;

25 (ii) health insurance providers;

- 1 (iii) providers of mental health and
2 substance use disorder treatment;
3 (iv) employers; and
4 (v) patients or their advocates.

5 (b) ACTION PLAN.—Not later than 6 months after
6 the public meeting under subsection (a), the Secretary of
7 Health and Human Services shall finalize the action plan
8 described in such subsection and make it plainly available
9 on the Internet website of the Department of Health and
10 Human Services.

11 (c) CONTENT.—The action plan under this section
12 shall—

13 (1) reflect the input of the stakeholders invited
14 to the public meeting under subsection (a);

15 (2) identify specific strategic objectives regard-
16 ing how the various Federal and State agencies
17 charged with enforcement of mental health parity
18 and addiction equity requirements will collaborate to
19 improve enforcement of such requirements;

20 (3) provide a timeline for when such objectives
21 shall be met; and

22 (4) provide specific examples of how such objec-
23 tives may be met, which may include—

24 (A) providing common educational infor-
25 mation and documents to patients about their

1 rights under Federal or State mental health
2 parity and addiction equity requirements;

3 (B) facilitating the centralized collection
4 of, monitoring of, and response to patient com-
5 plaints or inquiries relating to Federal or State
6 mental health parity and addiction equity re-
7 quirements, which may be through the develop-
8 ment and administration of a single, toll-free
9 telephone number and an Internet website por-
10 tal;

11 (C) Federal and State law enforcement
12 agencies entering into memoranda of under-
13 standing to better coordinate enforcement re-
14 sponsibilities and information sharing, including
15 whether such agencies should make the results
16 of enforcement actions related to mental health
17 parity and addiction equity requirements pub-
18 licly available; and

19 (D) recommendations to the Secretary and
20 Congress regarding the need for additional legal
21 authority to improve enforcement of mental
22 health parity and addiction equity requirements,
23 including requirements for nonquantitative
24 treatment limitations and the extent and fre-
25 quency of how such limitations are applied both

1 to medical and surgical benefits and to mental
2 health and substance use disorder benefits.

3 **SEC. 606. REPORT ON INVESTIGATIONS REGARDING PAR-**
4 **ITY IN MENTAL HEALTH AND SUBSTANCE**
5 **USE DISORDER BENEFITS.**

6 (a) **IN GENERAL.**—Not later than 1 year after the
7 date of enactment of this Act, and annually thereafter for
8 the subsequent 5 years, the Administrator of the Centers
9 for Medicare & Medicaid Services, in collaboration with
10 the Assistant Secretary of Labor of the Employee Benefits
11 Security Administration and the Secretary of the Treas-
12 ury, shall submit to the Committee on Health, Education,
13 Labor, and Pensions of the Senate a report summarizing
14 the results of all closed Federal investigations completed
15 during the preceding 12-month period with findings of any
16 serious violation regarding compliance with parity in men-
17 tal health and substance use disorder benefits, including
18 benefits provided to persons with a serious mental illness
19 or a substance use disorder, under section 2726 of the
20 Public Health Service Act (42 U.S.C. 300gg-26), section
21 712 of the Employee Retirement Income Security Act of
22 1974 (29 U.S.C. 1185a), and section 9812 of the Internal
23 Revenue Code of 1986.

1 (b) CONTENTS.—Subject to subsection (c), a report
2 under subsection (a) shall, with respect to investigations
3 described in such subsection, include each of the following:

4 (1) The number of open or closed Federal in-
5 vestigations conducted during the covered reporting
6 period.

7 (2) Each benefit classification examined by any
8 such investigation conducted during the covered re-
9 porting period.

10 (3) Each subject matter, including compliance
11 with requirements for quantitative and nonquantita-
12 tive treatment limitations, of any such investigation
13 conducted during the covered reporting period.

14 (4) A summary of the basis of the final decision
15 rendered for each closed investigation conducted
16 during the covered reporting period that resulted in
17 a finding of a serious violation.

18 (c) LIMITATION.—Any individually identifiable infor-
19 mation shall be excluded from reports under subsection
20 (a) consistent with protections under the health privacy
21 and security rules promulgated under section 264(e) of the
22 Health Insurance Portability and Accountability Act of
23 1996 (42 U.S.C. 1320d–2 note).

1 how the Secretary of Health and Human Services
2 has used its authority to conduct audits of such
3 plans to ensure compliance;

4 (3) a review of how the various Federal and
5 State agencies responsible for enforcing mental
6 health parity requirements have improved enforce-
7 ment of such requirements in accordance with the
8 objectives and timeline described in the action plan
9 under section 605; and

10 (4) recommendations for how additional en-
11 forcement, education, and coordination activities by
12 responsible Federal and State departments and
13 agencies could better ensure compliance with such
14 sections, including recommendations regarding the
15 need for additional legal authority.

16 **SEC. 608. CLARIFICATION OF EXISTING PARITY RULES.**

17 If a group health plan or a health insurance issuer
18 offering group or individual health insurance coverage pro-
19 vides coverage for eating disorder benefits including, but
20 not limited to, residential treatment, such group health
21 plan or health insurance issuer shall provide such benefits
22 consistent with the requirements of section 2726 of the
23 Public Health Service Act (42 U.S.C. 300gg-26), section
24 712 of the Employee Retirement Income Security Act of

1 ~~1974 (29 U.S.C. 1185a), and section 9812 of the Internal~~
 2 ~~Revenue Code of 1986.~~

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) *SHORT TITLE.*—*This Act may be cited as the*
 5 *“Mental Health Reform Act of 2016”.*

6 (b) *TABLE OF CONTENTS.*—*The table of contents for*
 7 *this Act is as follows:*

Sec. 1. Short title; table of contents.

TITLE I—STRENGTHENING LEADERSHIP AND ACCOUNTABILITY

- Sec. 101. Improving oversight of mental and substance use disorder programs.*
Sec. 102. Strengthening leadership of the Substance Abuse and Mental Health Services Administration.
Sec. 103. Chief medical officer.
Sec. 104. Strategic plan.
Sec. 105. Biennial report concerning activities and progress.
Sec. 106. Authorities of centers for mental health services, substance abuse prevention, and substance abuse treatment.
Sec. 107. Advisory councils.
Sec. 108. Peer review.
Sec. 109. Inter-departmental Serious Mental Illness Coordinating Committee.
Sec. 110. GAO study.

TITLE II—ENSURING MENTAL AND SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY PROGRAMS KEEP PACE WITH SCIENCE

- Sec. 201. Encouraging innovation and evidence-based programs.*
Sec. 202. Promoting access to information on evidence-based programs and practices.
Sec. 203. Priority mental health needs of regional and national significance.
Sec. 204. Substance use disorder treatment needs of regional and national significance.
Sec. 205. Priority substance use disorder prevention needs of regional and national significance.

TITLE III—SUPPORTING STATE RESPONSES TO MENTAL HEALTH AND SUBSTANCE USE DISORDER NEEDS

- Sec. 301. Community Mental Health Services Block Grant.*
Sec. 302. Block Grant for Prevention and Treatment of Substance Use Disorders.
Sec. 303. Additional provisions related to the block grants.
Sec. 304. Study of distribution of funds under the substance use disorder prevention and treatment block grant and the community mental health services block grant.
Sec. 305. Helping States and local communities address emerging drug issues.

*TITLE IV—PROMOTING ACCESS TO MENTAL HEALTH AND
SUBSTANCE USE DISORDER CARE*

- Sec. 401. Grants for treatment and recovery for homeless individuals.*
- Sec. 402. Grants for jail diversion programs.*
- Sec. 403. Promoting integration of primary and behavioral health care.*
- Sec. 404. Projects for assistance in transition from homelessness.*
- Sec. 405. National suicide prevention lifeline program.*
- Sec. 406. Connecting individuals and families with care.*
- Sec. 407. Mental and behavioral health education and training grants.*
- Sec. 408. Information and awareness on eating disorders.*
- Sec. 409. Education and training on eating disorders.*
- Sec. 410. Strengthening community crisis response systems.*
- Sec. 411. Strengthening the mental and substance use disorder workforce.*
- Sec. 412. Reports.*
- Sec. 413. Center and program repeals.*
- Sec. 414. Minority fellowship program.*

*TITLE V—STRENGTHENING MENTAL AND SUBSTANCE USE
DISORDER CARE FOR WOMEN, CHILDREN, AND ADOLESCENTS*

- Sec. 501. Programs for children with serious emotional disturbances.*
- Sec. 502. Telehealth child psychiatry access grants.*
- Sec. 503. Substance use disorder treatment and early intervention services for
children and adolescents.*
- Sec. 504. Residential treatment programs for pregnant and parenting women.*
- Sec. 505. Screening and treatment for maternal depression.*
- Sec. 506. Infant and early childhood prevention, intervention and treatment.*

*TITLE VI—IMPROVING PATIENT CARE AND ACCESS TO MENTAL
AND SUBSTANCE USE DISORDER BENEFITS*

- Sec. 601. HIPAA clarification.*
- Sec. 602. Identification of model training programs.*
- Sec. 603. Confidentiality of records.*
- Sec. 604. Clarification of existing parity rules.*
- Sec. 605. Enhanced compliance with mental health and substance use disorder
coverage requirements.*
- Sec. 606. Action plan for enhanced enforcement of mental health and substance
use disorder coverage.*
- Sec. 607. Report on investigations regarding parity in mental health and sub-
stance use disorder benefits.*
- Sec. 608. GAO study on parity in mental health and substance use disorder bene-
fits.*

TITLE VII—MENTAL HEALTH AWARENESS AND IMPROVEMENT

- Sec. 701. Short title.*
- Sec. 702. Garrett Lee Smith Memorial Act reauthorization.*
- Sec. 703. Mental health awareness training grants.*
- Sec. 704. Children's recovery from trauma.*
- Sec. 705. Assessing barriers to behavioral health integration.*
- Sec. 706. Increasing education and awareness of treatments for opioid use dis-
orders.*
- Sec. 707. Examining mental health care for children.*
- Sec. 708. Evidence based practices for older adults.*
- Sec. 709. National violent death reporting system.*

Sec. 710. *GAO study on Virginia Tech recommendations.*

Sec. 711. *Performance metrics.*

**TITLE VIII—PREVENTION AND TREATMENT OF OPIOID USE
DISORDER**

Sec. 801. *FDA opioid action plan.*

Sec. 802. *Disclosure of information to State controlled substance monitoring programs.*

Sec. 803. *GAO report on State prescription drug monitoring programs.*

Sec. 804. *NIH opioid research.*

Sec. 805. *Ensuring provider access to best practices for combating prescription drug overdose.*

Sec. 806. *Partial fill of schedule II prescriptions.*

TITLE IX—MENTAL HEALTH ON CAMPUS IMPROVEMENT

Sec. 901. *Short title.*

Sec. 902. *Findings.*

Sec. 903. *Improving mental and behavioral health on college campuses.*

Sec. 904. *Interagency Working Group on College Mental Health.*

1 **TITLE I—STRENGTHENING**
2 **LEADERSHIP AND ACCOUNT-**
3 **ABILITY**

4 **SEC. 101. IMPROVING OVERSIGHT OF MENTAL AND SUB-**
5 **STANCE USE DISORDER PROGRAMS.**

6 (a) *IN GENERAL.*—*The Secretary of Health and*
7 *Human Services, acting through the Assistant Secretary for*
8 *Planning and Evaluation (referred to in this section as the*
9 *“Assistant Secretary”), shall ensure efficient and effective*
10 *planning and evaluation of mental and substance use dis-*
11 *order programs and related activities.*

12 (b) *ACTIVITIES.*—*In carrying out subsection (a), the*
13 *Assistant Secretary shall—*

14 (1) *evaluate programs related to mental and sub-*
15 *stance use disorders, including co-occurring disorders,*

1 across agencies and other organizations, as appro-
2 priate, including programs related to—

3 (A) prevention, intervention, treatment, and
4 recovery support services, including such services
5 for individuals with a serious mental illness or
6 serious emotional disturbance;

7 (B) the reduction of homelessness and incar-
8 ceration among individuals with a mental or
9 substance use disorder; and

10 (C) public health and health services;

11 (2) consult, as appropriate, with the Adminis-
12 trator of the Substance Abuse and Mental Health
13 Services Administration, the Chief Medical Officer of
14 the Substance Abuse and Mental Health Services Ad-
15 ministration established under section 501(g) of the
16 Public Health Service Act (42 U.S.C. 290aa(g)) as
17 amended by section 103, the Behavioral Health Co-
18 ordinating Council of the Department of Health and
19 Human Services, other agencies within the Depart-
20 ment of Health and Human Services, and other rel-
21 evant Federal departments.

22 (c) *RECOMMENDATIONS.*—The Assistant Secretary
23 shall develop an evaluation strategy that identifies priority
24 programs to be evaluated by the Assistant Secretary and
25 priority programs to be evaluated by other relevant agencies

1 *within the Department of Health and Human Services. The*
 2 *Assistant Secretary shall provide recommendations on im-*
 3 *proving programs and activities based on the evaluation de-*
 4 *scribed in subsection (b)(1).*

5 **SEC. 102. STRENGTHENING LEADERSHIP OF THE SUB-**
 6 **STANCE ABUSE AND MENTAL HEALTH SERV-**
 7 **ICES ADMINISTRATION.**

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

10 *(1) in subsection (b)—*

11 *(A) by striking the heading and inserting*
 12 *“CENTERS”; and*

13 *(B) in the matter preceding paragraph (1),*
 14 *by striking “entities” and inserting “Centers”;*
 15 *and*

16 *(2) in subsection (d)—*

17 *(A) in paragraph (1)—*

18 *(i) by striking “agencies” each place*
 19 *the term appears and inserting “Centers”;*
 20 *and*

21 *(ii) by striking “such agency” and in-*
 22 *serting “such Center”;*

23 *(B) in paragraph (2)—*

24 *(i) by striking “agencies” and insert-*
 25 *ing “Centers”;*

1 (ii) by striking “with respect to sub-
2 stance abuse” and inserting “with respect to
3 substance use disorders”; and

4 (iii) by striking “and individuals who
5 are substance abusers” and inserting “and
6 individuals with substance use disorders”;

7 (C) in paragraph (5), by striking “sub-
8 stance abuse” and inserting “substance use dis-
9 order”;

10 (D) in paragraph (6)—

11 (i) by striking “the Centers for Disease
12 Control” and inserting “the Centers for Dis-
13 ease Control and Prevention,”;

14 (ii) by striking “HIV or tuberculosis
15 among substance abusers and individuals
16 with mental illness” and inserting “HIV,
17 hepatitis C, tuberculosis, and other commu-
18 nicable diseases among individuals with
19 mental illness or substance use disorders,”;
20 and

21 (iii) by inserting “or disorders” before
22 the semicolon;

23 (E) in paragraph (7), by striking “abuse
24 utilizing anti-addiction medications, including
25 methadone” and inserting “use disorders, includ-

1 *ing services that utilize drugs or devices ap-*
2 *proved by the Food and Drug Administration for*
3 *substance use disorders”;*

4 *(F) in paragraph (8)—*

5 *(i) by striking “Agency for Health*
6 *Care Policy Research” and inserting “Agen-*
7 *cy for Healthcare Research and Quality”;*
8 *and*

9 *(ii) by striking “treatment and preven-*
10 *tion” and inserting “prevention and treat-*
11 *ment”;*

12 *(G) in paragraph (9)—*

13 *(i) by inserting “and maintenance”*
14 *after “development”;*

15 *(ii) by striking “Agency for Health*
16 *Care Policy Research” and inserting “Agen-*
17 *cy for Healthcare Research and Quality”;*

18 *(iii) by striking “treatment and pre-*
19 *vention services” and inserting “prevention*
20 *and treatment services and are appro-*
21 *priately incorporated into programs carried*
22 *out by the Administration”;*

23 *(H) in paragraph (10), by striking “abuse”*
24 *and inserting “use disorder”;*

1 (I) by striking paragraph (11) and insert-
2 ing the following:

3 “(11) work with relevant agencies of the Depart-
4 ment of Health and Human Services on integrating
5 mental health promotion and substance use disorder
6 prevention with general health promotion and disease
7 prevention and integrating mental and substance use
8 disorder treatment services with physical health treat-
9 ment services;”;

10 (J) in paragraph (13)—

11 (i) in the matter preceding subpara-
12 graph (A), by striking “this title, assure
13 that” and inserting “this title, or part B of
14 title XIX, or grant programs otherwise
15 funded by the Administration”;

16 (ii) in subparagraph (A)—

17 (I) by inserting “require that” be-
18 fore “all grants”; and

19 (II) by striking “and” at the end;

20 (iii) by redesignating subparagraph
21 (B) as subparagraph (C);

22 (iv) by inserting after subparagraph
23 (A) the following:

24 “(B) ensure that the director of each Center
25 of the Administration consistently documents the

1 application of criteria when awarding grants
2 and the ongoing oversight of grantees after such
3 grants are awarded;”;

4 (v) in subparagraph (C), as so redesign-
5 nated—

6 (I) by inserting “require that” be-
7 fore “all grants”; and

8 (II) by inserting “and” after the
9 semicolon at the end; and

10 (vi) by adding at the end the following:

11 “(D) inform a State when any funds are
12 awarded through such a grant to any entity
13 within such State;”;

14 (K) in paragraph (16)—

15 (i) by striking “abuse and mental
16 health information” and inserting “use dis-
17 order information, including evidence-based
18 and promising best practices for prevention,
19 treatment, and recovery support services for
20 individuals with mental and substance use
21 disorders;”;

22 (L) in paragraph (17)—

23 (i) by striking “substance abuse” and
24 inserting “mental and substance use dis-
25 order”; and

1 (ii) by striking “and” at the end; and

2 (M) in paragraph (18), by striking the pe-
3 riod and inserting a semicolon; and

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

5 “(19) consult with State, local, and tribal gov-
6 ernments, nongovernmental entities, and individuals
7 with mental illness, particularly individuals with a
8 serious mental illness and children and adolescents
9 with a serious emotional disturbance, and their fam-
10 ily members, with respect to improving community-
11 based and other mental health services;

12 “(20) collaborate with the Secretary of Defense
13 and the Secretary of Veterans Affairs to improve the
14 provision of mental and substance use disorder serv-
15 ices provided by the Department of Defense and the
16 Department of Veterans Affairs to members of the
17 Armed Forces, veterans, and their families, including
18 through the provision of services using the telehealth
19 capabilities of the Department of Defense and the De-
20 partment of Veterans Affairs;

21 “(21) collaborate with the heads of Federal de-
22 partments and programs that are members of the
23 United States Interagency Council on Homelessness,
24 particularly the Secretary of Housing and Urban De-
25 velopment, the Secretary of Labor, and the Secretary

1 of Veterans Affairs, and with the heads of other agen-
2 cies within the Department of Health and Human
3 Services, particularly the Administrator of the Health
4 Resources and Services Administration, the Assistant
5 Secretary for the Administration for Children and
6 Families, and the Administrator of the Centers for
7 Medicare & Medicaid Services, to design national
8 strategies for providing services in supportive housing
9 to assist in ending chronic homelessness and to imple-
10 ment programs that address chronic homelessness;
11 and

12 “(22) work with States and other stakeholders to
13 develop and support activities to recruit and retain
14 a workforce addressing mental and substance use dis-
15 orders.”.

16 **SEC. 103. CHIEF MEDICAL OFFICER.**

17 Section 501 of the Public Health Service Act (42
18 U.S.C. 290aa), as amended by section 102, is further
19 amended—

20 (1) by redesignating subsections (g) through (j)
21 and subsections (k) through (o) as subsections (h)
22 through (k) and subsections (m) through (q), respec-
23 tively;

24 (2) in subsection (e)(3)(C), by striking “sub-
25 section (k)” and inserting “subsection (m)”;

1 (3) *in subsection (f)(2)(C)(iii), by striking “sub-*
2 *section (k)” and inserting “subsection (m)”*; and

3 (4) *by inserting after subsection (f) the following:*
4 *“(g) CHIEF MEDICAL OFFICER.—*

5 *“(1) IN GENERAL.—The Administrator, with the*
6 *approval of the Secretary, shall appoint a Chief Med-*
7 *ical Officer within the Administration.*

8 *“(2) ELIGIBLE CANDIDATES.—The Adminis-*
9 *trator shall select the Chief Medical Officer from*
10 *among individuals who—*

11 *“(A) have a doctoral degree in medicine or*
12 *osteopathic medicine;*

13 *“(B) have experience in the provision of*
14 *mental or substance use disorder services;*

15 *“(C) have experience working with mental*
16 *or substance use disorder programs; and*

17 *“(D) have an understanding of biological,*
18 *psychosocial, and pharmaceutical treatments of*
19 *mental or substance use disorders.*

20 *“(3) DUTIES.—The Chief Medical Officer shall—*

21 *“(A) serve as a liaison between the Admin-*
22 *istration and providers of mental and substance*
23 *use disorder prevention, treatment, and recovery*
24 *services;*

1 “(B) assist the Administrator in the evalua-
2 tion, organization, integration, and coordination
3 of programs operated by the Administration;

4 “(C) promote evidence-based and promising
5 best practices, including culturally and linguis-
6 tically appropriate practices, as appropriate, for
7 the prevention, treatment, and recovery of men-
8 tal and substance use disorders, including seri-
9 ous mental illness and serious emotional disturb-
10 ance; and

11 “(D) participate in regular strategic plan-
12 ning for the Administration.”.

13 **SEC. 104. STRATEGIC PLAN.**

14 Section 501 of the Public Health Service Act (42
15 U.S.C. 290aa), as amended by section 103, is further
16 amended by inserting after subsection (k), as redesignated
17 by such section, the following:

18 “(l) STRATEGIC PLAN.—

19 “(1) IN GENERAL.—Not later than December 1,
20 2017, and every 4 years thereafter, the Administrator
21 shall develop and carry out a strategic plan in ac-
22 cordance with this subsection for the planning and
23 operation of evidence-based programs and grants car-
24 ried out by the Administration.

1 “(2) *COORDINATION.*—*In developing and car-*
2 *rying out the strategic plan under this section, the*
3 *Administrator shall take into consideration the find-*
4 *ings and recommendations of the Assistant Secretary*
5 *for Planning and Evaluation under section 101 of the*
6 *Mental Health Reform Act of 2016 and the report of*
7 *the Inter-Departmental Serious Mental Illness Coordi-*
8 *nating Committee under section 109 of such Act.*

9 “(3) *PUBLICATION OF PLAN.*—*Not later than De-*
10 *cember 1, 2017, and every 4 years thereafter, the Ad-*
11 *ministrator shall—*

12 “(A) *submit the strategic plan developed*
13 *under paragraph (1) to the appropriate commit-*
14 *tees of Congress; and*

15 “(B) *post such plan on the Internet website*
16 *of the Administration.*

17 “(4) *CONTENTS.*—*The strategic plan developed*
18 *under paragraph (1) shall—*

19 “(A) *identify strategic priorities, goals, and*
20 *measurable objectives for mental and substance*
21 *use disorder activities and programs operated*
22 *and supported by the Administration, including*
23 *priorities to prevent or eliminate the burden of*
24 *mental illness and substance use disorders;*

1 “(B) identify ways to improve services for
2 individuals with a mental or substance use dis-
3 order, including services related to the prevention
4 of, diagnosis of, intervention in, treatment of,
5 and recovery from, mental or substance use dis-
6 orders, including serious mental illness or seri-
7 ous emotional disturbance, and access to services
8 and supports for individuals with a serious men-
9 tal illness or serious emotional disturbance;

10 “(C) ensure that programs provide, as ap-
11 propriate, access to effective and evidence-based
12 prevention, diagnosis, intervention, treatment,
13 and recovery services, including culturally and
14 linguistically appropriate services, as appro-
15 priate, for individuals with a mental or sub-
16 stance use disorder;

17 “(D) identify opportunities to collaborate
18 with the Health Resources and Services Adminis-
19 tration to develop or improve—

20 “(i) initiatives to encourage individ-
21 uals to pursue careers (especially in rural
22 and underserved areas and populations) as
23 psychiatrists, psychologists, psychiatric
24 nurse practitioners, physician assistants,
25 clinical social workers, certified peer sup-

1 port specialists, licensed professional coun-
2 selors, or other licensed or certified mental
3 health professionals, including such profes-
4 sionals specializing in the diagnosis, eval-
5 uation, or treatment of individuals with a
6 serious mental illness or serious emotional
7 disturbance; and

8 “(ii) a strategy to improve the recruit-
9 ment, training, and retention of a workforce
10 for the treatment of individuals with mental
11 or substance use disorders, or co-occurring
12 disorders;

13 “(E) identify opportunities to improve col-
14 laboration with States, local governments, com-
15 munities, and Indian tribes and tribal organiza-
16 tions (as such terms are defined in section 4 of
17 the Indian Self-Determination and Education
18 Assistance Act (25. U.S.C. 450b)); and

19 “(F) disseminate evidence-based and prom-
20 ising best practices related to prevention, diag-
21 nosis, early intervention, treatment, and recovery
22 services related to mental illness, particularly for
23 individuals with a serious mental illness and
24 children and adolescents with a serious emo-
25 tional disturbance, and substance use disorders.”.

1 **SEC. 105. BIENNIAL REPORT CONCERNING ACTIVITIES AND**
2 **PROGRESS.**

3 (a) *IN GENERAL.*—Section 501 of the Public Health
4 Service Act (42 U.S.C. 290aa), as amended by section 104,
5 is further amended by amending subsection (m), as redesignated
6 by section 103, to read as follows:

7 “(m) *BIENNIAL REPORT CONCERNING ACTIVITIES AND*
8 *PROGRESS.*—Not later than December 1, 2019, and every
9 2 years thereafter, the Administrator shall prepare and submit
10 to the Committee on Energy and Commerce and the
11 Committee on Appropriations of the House of Representatives
12 and the Committee on Health, Education, Labor, and
13 Pensions and the Committee on Appropriations of the Senate,
14 and post on the Internet website of the Administration,
15 a report containing at a minimum—

16 “(1) a review of activities conducted or supported
17 by the Administration, including progress toward strategic
18 priorities, goals, and objectives identified in the strategic plan
19 developed under subsection
20 (l);

21 “(2) an assessment of programs and activities
22 carried out by the Administrator, including the extent
23 to which programs and activities under this title and
24 part B of title XIX meet identified goals and performance
25 measures developed for the respective programs
26 and activities;

1 “(3) a description of the progress made in ad-
2 dressing gaps in mental and substance use disorder
3 prevention, treatment, and recovery services and im-
4 proving outcomes by the Administration, including
5 with respect to serious mental illness, serious emo-
6 tional disturbances, and co-occurring disorders;

7 “(4) a description of the manner in which the
8 Administration coordinates and partners with other
9 Federal agencies and departments related to mental
10 and substance use disorders, including activities re-
11 lated to—

12 “(A) the translation of research findings
13 into improved programs, including with respect
14 to how advances in serious mental illness and se-
15 rious emotional disturbance research have been
16 incorporated into programs;

17 “(B) the recruitment, training, and reten-
18 tion of a mental and substance use disorder
19 workforce;

20 “(C) the integration of mental or substance
21 use disorder services and physical health services;

22 “(D) homelessness; and

23 “(E) veterans;

24 “(5) a description of the manner in which the
25 Administration promotes coordination by grantees

1 *under this title, and part B of title XIX, with State*
2 *or local agencies; and*

3 “(6) *a description of the activities carried out by*
4 *the Office of Policy, Planning, and Innovation under*
5 *section 501A with respect to mental and substance use*
6 *disorders, including—*

7 “(A) *the number and a description of*
8 *grants awarded;*

9 “(B) *the total amount of funding for grants*
10 *awarded;*

11 “(C) *a description of the activities sup-*
12 *ported through such grants, including outcomes*
13 *of programs supported; and*

14 “(D) *information on how the Office of Pol-*
15 *icy, Planning, and Innovation is consulting with*
16 *the Assistant Secretary for Planning and Eval-*
17 *uation and collaborating with the Center of Sub-*
18 *stance Abuse Treatment, the Center of Substance*
19 *Abuse Prevention, and the Center for Mental*
20 *Health Services to carry out such activities; and*

21 “(7) *recommendations made by the Assistant*
22 *Secretary for Planning and Evaluation to improve*
23 *programs within the Administration.”.*

24 (b) *CONFORMING AMENDMENT.—Section 508(p) of the*
25 *Public Health Service Act (42 U.S.C. 290bb–1) is amended*

1 *by striking “section 501(k)” and inserting “section*
2 *501(m)”.*

3 **SEC. 106. AUTHORITIES OF CENTERS FOR MENTAL HEALTH**
4 **SERVICES, SUBSTANCE ABUSE PREVENTION,**
5 **AND SUBSTANCE ABUSE TREATMENT.**

6 *(a) CENTER FOR MENTAL HEALTH SERVICES.—Sec-*
7 *tion 520(b) of the Public Health Service Act (42 U.S.C.*
8 *290bb-31(b)) is amended—*

9 *(1) by redesignating paragraphs (3) through (15)*
10 *as paragraphs (4) through (16), respectively;*

11 *(2) by inserting after paragraph (2) the fol-*
12 *lowing:*

13 *“(3) collaborate with the Director of the National*
14 *Institute of Mental Health and the Chief Medical Of-*
15 *ficer, appointed under section 501(g), to ensure that,*
16 *as appropriate, programs related to the prevention*
17 *and treatment of mental illness and the promotion of*
18 *mental health are carried out in a manner that re-*
19 *fects the best available science and evidence-based*
20 *practices, including culturally and linguistically ap-*
21 *propriate services, as appropriate;”;*

22 *(3) in paragraph (5), as so redesignated, by in-*
23 *serting “through programs that reduce risk and pro-*
24 *mote resiliency” before the semicolon;*

1 (4) *in paragraph (6), as so redesignated, by in-*
2 *serting “in collaboration with the Director of the Na-*
3 *tional Institute of Mental Health,” before “develop”;*

4 (5) *in paragraph (8), as so redesignated, by in-*
5 *serting “, increase meaningful participation of indi-*
6 *viduals with mental illness,” before “and protect the*
7 *legal”;*

8 (6) *in paragraph (10), as so redesignated, by*
9 *striking “professional and paraprofessional personnel*
10 *pursuant to section 303” and inserting “paraprofes-*
11 *sional personnel and health professionals”;*

12 (7) *in paragraph (11), as so redesignated, by in-*
13 *serting “and tele-mental health” after “rural mental*
14 *health”;*

15 (8) *in paragraph (12), as so redesignated, by*
16 *striking “establish a clearinghouse for mental health*
17 *information to assure the widespread dissemination of*
18 *such information” and inserting “disseminate mental*
19 *health information, including evidence-based prac-*
20 *tices,”;*

21 (9) *in paragraph (15), as so redesignated, by*
22 *striking “and” at the end;*

23 (10) *in paragraph (16), as so redesignated, by*
24 *striking the period and inserting “; and”;* and

25 (11) *by adding at the end the following:*

1 “(17) ensure the consistent documentation of the
2 application of criteria when awarding grants and the
3 ongoing oversight of grantees after such grants are
4 awarded.”.

5 (b) *DIRECTOR OF THE CENTER FOR SUBSTANCE*
6 *ABUSE PREVENTION.*—

7 (1) *IN GENERAL.*—Section 515 of the Public
8 Health Service Act (290bb-21) is amended—

9 (A) in the heading, by striking “**OFFICE**”
10 and inserting “**CENTER**”;

11 (B) in subsection (a)—

12 (i) by striking “an Office” and insert-
13 ing “a Center”; and

14 (ii) by striking “The Office” and in-
15 serting “The Prevention Center”; and

16 (C) in subsection (b)—

17 (i) in paragraph (1), by inserting
18 “through the reduction of risk and the pro-
19 motion of resiliency” before the semicolon;

20 (ii) by redesignating paragraphs (3)
21 through (14) as paragraphs (4) through
22 (15), respectively;

23 (iii) by inserting after paragraph (2)
24 the following:

1 “(3) collaborate with the Director of the National
2 Institute on Drug Abuse, the Director of the National
3 Institute on Alcohol Abuse and Alcoholism, and States
4 to promote the study, dissemination, and implementa-
5 tion of research findings that will improve the deliv-
6 ery and effectiveness of substance abuse prevention ac-
7 tivities;”;

8 (iv) in paragraph (4), as so redesign-
9 ated, by striking “literature on the adverse
10 effects of cocaine free base (known as
11 crack)” and inserting “educational infor-
12 mation on the effects of drugs abused by in-
13 dividuals, including drugs that are emerg-
14 ing as abused drugs”;

15 (v) in paragraph (6), as so redesign-
16 ated—

17 (I) by striking “substance abuse
18 counselors” and inserting “health pro-
19 fessionals who provide substance use
20 and abuse prevention and treatment”;
21 and

22 (II) by striking “drug abuse edu-
23 cation, prevention,” and inserting “il-
24 licit drug use education and preven-
25 tion”;

1 (vi) by amending paragraph (7), as so
2 redesignated, to read as follows:

3 “(7) in cooperation with the Director of the Cen-
4 ters for Disease Control and Prevention, develop and
5 disseminate educational materials to increase aware-
6 ness for individuals at greatest risk for substance use
7 disorders in order to prevent the transmission of com-
8 municable diseases, such as HIV, hepatitis C, tuber-
9 culosis, and other communicable diseases;”;

10 (vii) in paragraph (9), as so redesign-
11 ated, by striking “to discourage alcohol
12 and drug abuse” and inserting “that reduce
13 the risk of substance use and promote resil-
14 iency”;

15 (viii) in paragraph (11), as so redesign-
16 ated, by striking “and” after the semi-
17 colon;

18 (ix) in paragraph (12), as so redesign-
19 ated, by striking the period and inserting
20 a semicolon; and

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

22 “(13) ensure the consistent documentation of the
23 application of criteria when awarding grants and the
24 ongoing oversight of grantees after such grants are
25 awarded; and

1 “(14) assist and support States in preventing il-
2 licit drug use, including emerging illicit drug use
3 issues.”.

4 (2) *CONFORMING AMENDMENT.*—Section 517 of
5 the Public Health Service Act (42 U.S.C. 290bb-23)
6 is amended—

7 (A) in subsection (e), by striking “Office”
8 and inserting “Director of the Prevention Cen-
9 ter”; and

10 (B) in subsection (f), by striking “Director
11 of the Office” and inserting “Director of the Pre-
12 vention Center”.

13 (c) *DIRECTOR OF THE CENTER FOR SUBSTANCE*
14 *ABUSE TREATMENT.*—Section 507 of the Public Health
15 *Service Act (42 U.S.C. 290bb) is amended—*

16 (1) in subsection (a)—

17 (A) by striking “treatment of substance
18 abuse” and inserting “treatment of substance use
19 disorders”; and

20 (B) by striking “abuse treatment systems”
21 and inserting “use disorder treatment systems”;
22 and

23 (2) in subsection (b)—

24 (A) in paragraph (1), by striking “abuse”
25 and inserting “use disorder”;

1 (B) in paragraph (3), by striking “abuse”
2 and inserting “use disorder”;

3 (C) in paragraph (4)—

4 (i) by striking “postpartum” and in-
5 serting “parenting”; and

6 (ii) by striking “individuals who abuse
7 drugs” and inserting “individuals who use
8 drugs”;

9 (D) in paragraph (9), by striking “carried
10 out by the Director”;

11 (E) by striking paragraph (10);

12 (F) by redesignating paragraphs (11)
13 through (14) as paragraphs (10) through (13),
14 respectively;

15 (G) in paragraph (12), as so redesignated,
16 by striking “; and” and inserting a semicolon;
17 and

18 (H) by striking paragraph (13), as so reded-
19 ignated, and inserting the following:

20 “(13) ensure the consistent documentation of the
21 application of criteria when awarding grants and the
22 ongoing oversight of grantees after such grants are
23 awarded; and

24 “(14) work with States, providers, and individ-
25 uals in recovery, and their families, to promote the

1 *expansion of recovery support services and systems of*
2 *care oriented towards recovery.”.*

3 **SEC. 107. ADVISORY COUNCILS.**

4 *Section 502(b) of the Public Health Service Act (42*
5 *U.S.C. 290aa-1(b)) is amended—*

6 *(1) in paragraph (2)—*

7 *(A) in subparagraph (E), by striking “and”*
8 *after the semicolon;*

9 *(B) by redesignating subparagraph (F) as*
10 *subparagraph (J); and*

11 *(C) by inserting after subparagraph (E),*
12 *the following:*

13 *“(F) the Chief Medical Officer, appointed*
14 *under section 501(g);*

15 *“(G) the Director of the National Institute*
16 *of Mental Health for the advisory councils ap-*
17 *pointed under subsections (a)(1)(A) and*
18 *(a)(1)(D);*

19 *“(H) the Director of the National Institute*
20 *on Drug Abuse for the advisory councils ap-*
21 *pointed under subsections (a)(1)(A), (a)(1)(B),*
22 *and (a)(1)(C);”;*

23 *“(I) the Director of the National Institute*
24 *on Alcohol Abuse and Alcoholism for the advi-*

1 sory councils appointed under subsections
 2 (a)(1)(A), (a)(1)(B), and (a)(1)(C); and” and
 3 (2) in paragraph (3), by adding at the end the
 4 following:

5 “(C) Not less than half of the members of
 6 the advisory council appointed under subsection
 7 (a)(1)(D)—

8 “(i) shall—

9 “(I) have a medical degree;

10 “(II) have a doctoral degree in
 11 psychology; or

12 “(III) have an advanced degree in
 13 nursing or social work from an accred-
 14 ited graduate school or be a certified
 15 physician assistant; and

16 “(ii) shall specialize in the mental
 17 health field.”.

18 **SEC. 108. PEER REVIEW.**

19 Section 504(b) of the Public Health Service Act (42
 20 U.S.C. 290aa-3(b)) is amended by adding at the end the
 21 following: “In the case of any such peer review group that
 22 is reviewing a grant, cooperative agreement, or contract re-
 23 lated to mental illness, not less than half of the members
 24 of such peer review group shall be licensed and experienced
 25 professionals in the prevention, diagnosis, treatment, and

1 *recovery of mental or substance use disorders and have a*
2 *medical degree, a doctoral degree in psychology, or an ad-*
3 *vanced degree in nursing or social work from an accredited*
4 *program.”.*

5 **SEC. 109. INTER-DEPARTMENTAL SERIOUS MENTAL ILL-**
6 **NESS COORDINATING COMMITTEE.**

7 (a) *ESTABLISHMENT.*—

8 (1) *IN GENERAL.*—*Not later than 3 months after*
9 *the date of enactment of this Act, the Secretary of*
10 *Health and Human Services, or the designee of the*
11 *Secretary, shall establish a committee to be known as*
12 *the “Inter-Departmental Serious Mental Illness Co-*
13 *ordinating Committee” (in this section referred to as*
14 *the “Committee”).*

15 (2) *FEDERAL ADVISORY COMMITTEE ACT.*—*Ex-*
16 *cept as provided in this section, the provisions of the*
17 *Federal Advisory Committee Act (5 U.S.C. App.)*
18 *shall apply to the Committee.*

19 (b) *MEETINGS.*—*The Committee shall meet not fewer*
20 *than 2 times each year.*

21 (c) *RESPONSIBILITIES.*—*Not later than 1 year after*
22 *the date of enactment of this Act, and 5 years after such*
23 *date of enactment, the Committee shall submit to Congress*
24 *a report including—*

1 (1) *a summary of advances in serious mental ill-*
2 *ness and serious emotional disturbance research re-*
3 *lated to the prevention of, diagnosis of, intervention*
4 *in, and treatment and recovery of, serious mental ill-*
5 *nesses, serious emotional disturbances, and advances*
6 *in access to services and support for individuals with*
7 *a serious mental illness;*

8 (2) *an evaluation of the effect on public health*
9 *of Federal programs related to serious mental illness,*
10 *including measurements of public health outcomes in-*
11 *cluding—*

12 (A) *rates of suicide, suicide attempts, preva-*
13 *lence of serious mental illness, serious emotional*
14 *disturbances, and substance use disorders, over-*
15 *dose, overdose deaths, emergency hospitalizations,*
16 *emergency room boarding, preventable emergency*
17 *room visits, incarceration, crime, arrest, home-*
18 *lessness, and unemployment;*

19 (B) *increased rates of employment and en-*
20 *rollment in educational and vocational pro-*
21 *grams;*

22 (C) *quality of mental and substance use dis-*
23 *order treatment services; or*

24 (D) *any other criteria as may be deter-*
25 *mined by the Secretary; and*

1 (3) *specific recommendations for actions that*
2 *agencies can take to better coordinate the administra-*
3 *tion of mental health services for people with serious*
4 *mental illness or serious emotional disturbances.*

5 (d) *COMMITTEE EXTENSION.*—*Upon the submission of*
6 *the second report under subsection (c), the Secretary shall*
7 *submit a recommendation to Congress on whether to extend*
8 *the operation of the Committee.*

9 (e) *MEMBERSHIP.*—

10 (1) *FEDERAL MEMBERS.*—*The Committee shall*
11 *be composed of the following Federal representatives,*
12 *or their designee—*

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

16 (B) *the Administrator of the Substance*
17 *Abuse and Mental Health Services Administra-*
18 *tion;*

19 (C) *the Attorney General;*

20 (D) *the Secretary of Veterans Affairs;*

21 (E) *the Secretary of Defense;*

22 (F) *the Secretary of Housing and Urban*
23 *Development;*

24 (G) *the Secretary of Education;*

25 (H) *the Secretary of Labor; and*

1 (I) the Commissioner of Social Security.

2 (2) *NON-FEDERAL MEMBERS.*—The Committee
3 shall also include not less than 14 non-Federal public
4 members appointed by the Secretary of Health and
5 Human Services, of which—

6 (A) at least 1 member shall be an indi-
7 vidual who has received treatment for a diag-
8 nosis of a serious mental illness;

9 (B) at least 1 member shall be a parent or
10 legal guardian of an individual with a history
11 of a serious mental illness or serious emotional
12 disturbance;

13 (C) at least 1 member shall be a representa-
14 tive of a leading research, advocacy, or service
15 organization for individuals with serious mental
16 illnesses;

17 (D) at least 2 members shall be—

18 (i) a licensed psychiatrist with experi-
19 ence treating serious mental illnesses;

20 (ii) a licensed psychologist with experi-
21 ence treating serious mental illnesses or se-
22 rious emotional disturbances;

23 (iii) a licensed clinical social worker;

24 or

1 (iv) a licensed psychiatric nurse, nurse
2 practitioner, or physician assistant with ex-
3 perience treating serious mental illnesses
4 and serious emotional disturbances;

5 (E) at least 1 member shall be a licensed
6 mental health professional with a specialty in
7 treating children and adolescents with serious
8 emotional disturbances;

9 (F) at least 1 member shall be a mental
10 health professional who has research or clinical
11 mental health experience working with minori-
12 ties;

13 (G) at least 1 member shall be a mental
14 health professional who has research or clinical
15 mental health experience working with medically
16 underserved populations;

17 (H) at least 1 member shall be a State cer-
18 tified mental health peer specialist;

19 (I) at least 1 member shall be a judge with
20 experience adjudicating cases related to criminal
21 justice or serious mental illness; and

22 (J) at least 1 member shall be a law en-
23 forcement officer or corrections officer with exten-
24 sive experience in interfacing with individuals

1 *with a serious mental illness or serious emo-*
2 *tional disturbance, or in a mental health crisis.*

3 (3) *TERMS.*—*A member of the Committee ap-*
4 *pointed under subsection (e)(2) shall serve for a term*
5 *of 3 years, and may be reappointed for one or more*
6 *additional 3-year terms. Any member appointed to*
7 *fill a vacancy for an unexpired term shall be ap-*
8 *pointed for the remainder of such term. A member*
9 *may serve after the expiration of the member’s term*
10 *until a successor has been appointed.*

11 (f) *WORKING GROUPS.*—*In carrying out its functions,*
12 *the Committee may establish working groups. Such working*
13 *groups shall be composed of Committee members, or their*
14 *designees, and may hold such meetings as are necessary.*

15 (g) *SUNSET.*—*The Committee shall terminate on the*
16 *date that is 6 years after the date on which the Committee*
17 *is established under subsection (a)(1).*

18 **SEC. 110. GAO STUDY.**

19 (a) *IN GENERAL.*—*Not later than 18 months after the*
20 *date of enactment of this Act, the Comptroller General of*
21 *the United States, in consultation with the Administrator*
22 *of the Substance Abuse and Mental Health Services Admin-*
23 *istration and the Secretary of Health and Human Services,*
24 *shall conduct an independent evaluation, and submit a re-*
25 *port, to the Committee on Health, Education, Labor, and*

1 *Pensions of the Senate and the Committee on Energy and*
2 *Commerce of the House of Representatives, on programs*
3 *funded by allotments made under title I of the Protection*
4 *and Advocacy for Individuals with Mental Illness Act (42*
5 *U.S.C. 10801 et seq.).*

6 (b) *CONTENTS.—The report and evaluation required*
7 *under subsection (a) shall include—*

8 (1) *a review of the programs described in such*
9 *subsection that are carried out by State agencies and*
10 *such programs that are carried out by private, non-*
11 *profit organizations; and*

12 (2) *a review of the compliance of the programs*
13 *described in subsection (a) with statutory and regu-*
14 *latory responsibilities, such as responsibilities relat-*
15 *ing to family engagement, investigation of alleged*
16 *abuse and neglect of persons with mental illness,*
17 *availability of adequate medical and behavioral*
18 *health treatment, denial of rights for persons with*
19 *mental illness, and compliance with the Federal pro-*
20 *hibition on lobbying.*

1 **TITLE II—ENSURING MENTAL**
 2 **AND SUBSTANCE USE DIS-**
 3 **ORDER PREVENTION, TREAT-**
 4 **MENT, AND RECOVERY PRO-**
 5 **GRAMS KEEP PACE WITH**
 6 **SCIENCE**

7 **SEC. 201. ENCOURAGING INNOVATION AND EVIDENCE-**
 8 **BASED PROGRAMS.**

9 *Title V of the Public Health Service Act (42 U.S.C.*
 10 *290aa et seq.), as amended by title I, is further amended*
 11 *by inserting after section 501 (42 U.S.C. 290aa) the fol-*
 12 *lowing:*

13 **“SEC. 501A. OFFICE OF POLICY, PLANNING, AND INNOVA-**
 14 **TION.**

15 *“(a) IN GENERAL.—There shall be established within*
 16 *the Administration an Office of Policy, Planning, and In-*
 17 *novation (referred to in this section as the ‘Office’).*

18 *“(b) RESPONSIBILITIES.—The Office shall—*

19 *“(1) continue to carry out the authorities that*
 20 *were in effect for the Office of Policy, Planning, and*
 21 *Innovation as such Office existed prior to the date of*
 22 *enactment of the Mental Health Reform Act of 2016;*

23 *“(2) identify, coordinate, and facilitate the im-*
 24 *plementation of policy changes likely to have a sig-*

1 *nificant effect on mental and substance use disorder*
2 *services;*

3 *“(3) collect, as appropriate, information from*
4 *grantees under programs operated by the Administra-*
5 *tion in order to evaluate and disseminate information*
6 *on evidence-based practices, including culturally and*
7 *linguistically appropriate services, as appropriate,*
8 *and service delivery models;*

9 *“(4) provide leadership in identifying and co-*
10 *ordinating policies and programs, including evidence-*
11 *based programs, related to mental and substance use*
12 *disorders;*

13 *“(5) in consultation with the Assistant Secretary*
14 *for Planning and Evaluation, as appropriate, peri-*
15 *odically review programs and activities relating to*
16 *the diagnosis or prevention of, or treatment or reha-*
17 *ilitation for, mental illness and substance use dis-*
18 *orders, including by—*

19 *“(A) identifying any such programs or ac-*
20 *tivities that are duplicative;*

21 *“(B) identifying any such programs or ac-*
22 *tivities that are not evidence-based, effective, or*
23 *efficient;*

24 *“(C) identifying any such programs or ac-*
25 *tivities that have proven to be effective or effi-*

1 *cient in improving outcomes or increasing access*
 2 *to evidence-based programs; and*

3 *“(D) formulating recommendations for co-*
 4 *ordinating, eliminating, or improving programs*
 5 *or activities identified under subparagraph (A),*
 6 *(B), or (C), and merging such programs or ac-*
 7 *tivities into other successful programs or activi-*
 8 *ties; and*

9 *“(6) carry out other activities as deemed nec-*
 10 *essary to continue to encourage innovation and dis-*
 11 *seminate evidence-based programs and practices, in-*
 12 *cluding programs and practices with scientific merit.*

13 *“(c) PROMOTING INNOVATION.—*

14 *“(1) IN GENERAL.—The Administrator, in co-*
 15 *ordination with the Office, may award grants to*
 16 *States, local governments, Indian tribes or tribal or-*
 17 *ganizations (as such terms are defined in section 4 of*
 18 *the Indian Self-Determination and Education Assist-*
 19 *ance Act (25. U.S.C. 450b)), educational institutions,*
 20 *and nonprofit organizations to develop evidence-based*
 21 *interventions, including culturally and linguistically*
 22 *appropriate services, as appropriate, for—*

23 *“(A) evaluating a model that has been sci-*
 24 *entifically demonstrated to show promise, but*

1 *would benefit from further applied development,*
2 *for—*

3 “(i) *enhancing the prevention, diag-*
4 *nosis, intervention, treatment, and recovery*
5 *of mental illness, serious emotional disturb-*
6 *ances, substance use disorders, and co-occur-*
7 *ring disorders; or*

8 “(ii) *integrating or coordinating phys-*
9 *ical health services and mental and sub-*
10 *stance use disorder services; and*

11 “(B) *expanding, replicating, or scaling evi-*
12 *dence-based programs across a wider area to en-*
13 *hance effective screening, early diagnosis, inter-*
14 *vention, and treatment with respect to mental*
15 *illness, serious mental illness, and serious emo-*
16 *tional disturbance, primarily by—*

17 “(i) *applying delivery of care, includ-*
18 *ing training staff in effective evidence-based*
19 *treatment; or*

20 “(ii) *integrating models of care across*
21 *specialties and jurisdictions.*

22 “(2) *CONSULTATION.—In awarding grants under*
23 *this paragraph, the Administrator shall, as appro-*
24 *priate, consult with the Chief Medical Officer, the ad-*
25 *visory councils described in section 502, the National*

1 *Institute of Mental Health, the National Institute on*
2 *Drug Abuse, and the National Institute on Alcohol*
3 *Abuse and Alcoholism.*

4 “(d) *AUTHORIZATION OF APPROPRIATIONS.—To carry*
5 *out the activities under subsection (c), there are authorized*
6 *to be appropriated such sums as may be necessary for each*
7 *of fiscal years 2017 through 2021.”.*

8 **SEC. 202. PROMOTING ACCESS TO INFORMATION ON EVI-**
9 **DENCE-BASED PROGRAMS AND PRACTICES.**

10 (a) *IN GENERAL.—The Administrator of the Substance*
11 *Abuse and Mental Health Services Administration (referred*
12 *to in this section as the “Administrator”) may improve ac-*
13 *cess to reliable and valid information on evidence-based*
14 *programs and practices, including information on the*
15 *strength of evidence associated with such programs and*
16 *practices, related to mental and substance use disorders for*
17 *States, local communities, nonprofit entities, and other*
18 *stakeholders by posting on the website of the Administration*
19 *information on evidence-based programs and practices that*
20 *have been reviewed by the Administrator pursuant to the*
21 *requirements of this section.*

22 (b) *NOTICE.—In carrying out subsection (a), the Ad-*
23 *ministrator may establish a period for the submission of*
24 *applications for evidence-based programs and practices to*
25 *be posted publicly in accordance with subsection (a). In es-*

1 *establishing such application period, the Administrator shall*
2 *provide for the public notice of such application period in*
3 *the Federal Register. Such notice may solicit applications*
4 *for evidence-based practices and programs to address gaps*
5 *identified by the Assistant Secretary for Planning and*
6 *Evaluation of the Department of Health and Human Serv-*
7 *ices in the evaluation and recommendations under section*
8 *101 or priorities identified in the strategic plan established*
9 *under section 501(l) of the Public Health Service Act (42*
10 *U.S.C. 290aa(l)).*

11 *(c) REQUIREMENTS.—The Administrator may estab-*
12 *lish minimum requirements for applications referred to*
13 *under this section, including applications related to the sub-*
14 *mission of research and evaluation.*

15 *(d) REVIEW AND RATING.—The Administrator shall*
16 *review applications prior to public posting, and may*
17 *prioritize the review of applications for evidence-based*
18 *practices and programs that are related to topics included*
19 *in the notice established under subsection (b). The Adminis-*
20 *trator may utilize a rating and review system, which may*
21 *include information on the strength of evidence associated*
22 *with such programs and practices and a rating of the meth-*
23 *odological rigor of the research supporting the application.*
24 *The Administrator shall make the metrics used to evaluate*
25 *applications and the resulting ratings publicly available.*

1 **SEC. 203. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL**
2 **AND NATIONAL SIGNIFICANCE.**

3 *Section 520A of the Public Health Service Act (42*
4 *U.S.C. 290bb-32) is amended—*

5 *(1) in subsection (a)—*

6 *(A) in paragraph (4), by inserting before*
7 *the period “, which may include technical assist-*
8 *ance centers”; and*

9 *(B) in the flush sentence following para-*
10 *graph (4)—*

11 *(i) by inserting “, contracts,” before*
12 *“or cooperative agreements”; and*

13 *(ii) by striking “Indian tribes and*
14 *tribal organizations” and inserting “terri-*
15 *tories, Indian tribes or tribal organizations*
16 *(as such terms are defined in section 4 of*
17 *the Indian Self-Determination and Edu-*
18 *cation Assistance Act), health facilities, or*
19 *programs operated by or pursuant to a con-*
20 *tract or grant with the Indian Health Serv-*
21 *ice, or”; and*

22 *(2) in subsection (f)—*

23 *(A) in paragraph (1) by striking the para-*
24 *graph heading;*

25 *(B) by striking “\$300,000,000” and all that*
26 *follows through “2003” and inserting “such sums*

1 *as may be necessary for each of fiscal years 2017*
2 *through 2021*”; and

3 (C) *by striking paragraph (2).*

4 **SEC. 204. SUBSTANCE USE DISORDER TREATMENT NEEDS**
5 **OF REGIONAL AND NATIONAL SIGNIFICANCE.**

6 *Section 509 of the Public Health Service Act (42*
7 *U.S.C. 290bb-2) is amended—*

8 (1) *in subsection (a)—*

9 (A) *in the matter preceding paragraph (1),*
10 *by striking “abuse” and inserting “use dis-*
11 *order”;*

12 (B) *in paragraph (3), by inserting before*
13 *the period “that permit States, local govern-*
14 *ments, communities, and Indian tribes and trib-*
15 *al organizations (as such terms are defined in*
16 *section 4 of the Indian Self-Determination and*
17 *Education Assistance Act) to focus on emerging*
18 *trends in substance use and co-occurrence of sub-*
19 *stance use disorders with mental illness or other*
20 *disorders”;* and

21 (C) *in the flush sentence following para-*
22 *graph (3)—*

23 (i) *by inserting “, contracts,” before*
24 *“or cooperative agreements”;* and

1 (ii) by striking “Indian tribes and
 2 tribal organizations,” and inserting “terri-
 3 tories, Indian tribes or tribal organizations
 4 (as such terms are defined in section 4 of
 5 the Indian Self-Determination and Edu-
 6 cation Assistance Act), health facilities, or
 7 programs operated by or pursuant to a con-
 8 tract or grant with the Indian Health Serv-
 9 ice, or”;

10 (2) in subsection (b)—

11 (A) in paragraph (1), by striking “abuse”
 12 and inserting “use disorder”; and

13 (B) in paragraph (2), by striking “abuse”
 14 and inserting “use disorder”; and

15 (3) in subsection (e), by striking “abuse” and in-
 16 serting “use disorder”.

17 **SEC. 205. PRIORITY SUBSTANCE USE DISORDER PREVEN-**
 18 **TION NEEDS OF REGIONAL AND NATIONAL**
 19 **SIGNIFICANCE.**

20 Section 516 of the Public Health Service Act (42
 21 U.S.C. 290bb–22) is amended—

22 (1) in the section heading, by striking “**ABUSE**”
 23 and inserting “**USE DISORDER**”;

24 (2) in subsection (a)—

1 (A) in the matter preceding paragraph (1),
2 by striking “abuse” and inserting “use dis-
3 order”;

4 (B) in paragraph (3), by inserting before
5 the period “, including a focus on emerging drug
6 abuse issues”; and

7 (C) in the matter following paragraph
8 (3)—

9 (i) by inserting “, contracts,” before
10 “or cooperative agreements”; and

11 (ii) by striking “Indian tribes and
12 tribal organizations,” and inserting “terri-
13 tories, Indian tribes or tribal organizations
14 (as such terms are defined in section 4 of
15 the Indian Self-Determination and Edu-
16 cation Assistance Act), health facilities, or
17 programs operated by or pursuant to a con-
18 tract or grant with the Indian Health Serv-
19 ice,”;

20 (3) in subsection (b)—

21 (A) in paragraph (1), by striking “abuse”
22 and inserting “use disorder”; and

23 (B) in paragraph (2)—

24 (i) in subparagraph (A), by striking
25 “and” at the end;

1 *(ii) in subparagraph (B)—*

2 *(I) by striking “abuse” and in-*
 3 *serting “use disorder”; and*

4 *(II) by striking the period and in-*
 5 *serting “; and”; and*

6 *(iii) by adding at the end the fol-*
 7 *lowing:*

8 *“(C) substance use disorder prevention*
 9 *among high-risk groups.”; and*

10 *(4) in subsection (e), by striking “abuse” and in-*
 11 *serting “use disorder”.*

12 **TITLE III—SUPPORTING STATE**
 13 **RESPONSES TO MENTAL**
 14 **HEALTH AND SUBSTANCE USE**
 15 **DISORDER NEEDS**

16 **SEC. 301. COMMUNITY MENTAL HEALTH SERVICES BLOCK**
 17 **GRANT.**

18 *(a) FORMULA GRANTS.—Section 1911(b) of the Public*
 19 *Health Service Act (42 U.S.C. 300x(b)) is amended—*

20 *(1) by redesignating paragraphs (1) through (3)*
 21 *as paragraphs (2) through (4), respectively; and*

22 *(2) by inserting before paragraph (2) (as so re-*
 23 *designated), the following:*

24 *“(1) providing community mental health services*
 25 *for adults with serious mental illness and children*

1 *with serious emotional disturbances as defined in ac-*
2 *cordance with section 1912(c);”.*

3 **(b) STATE PLAN.**—*Section 1912(b) of the Public*
4 *Health Service Act (42 U.S.C. 300x-1(b)) is amended—*

5 *(1) in paragraph (3), by redesignating subpara-*
6 *graphs (A) through (C) as clauses (i) through (iii), re-*
7 *spectively, and realigning the margins accordingly;*

8 *(2) by redesignating paragraphs (1) through (5)*
9 *as subparagraphs (A) through (E), respectively, and*
10 *realigning the margins accordingly;*

11 *(3) by striking the matter preceding subpara-*
12 *graph (A) (as so redesignated), and inserting the fol-*
13 *lowing:*

14 **“(b) CRITERIA FOR PLAN.**—*In accordance with sub-*
15 *section (a), a State shall submit to the Secretary a plan*
16 *that, at a minimum, includes the following:*

17 **“(1) SYSTEM OF CARE.**—*A description of the*
18 *State’s system of care that contains the following:”;*

19 *(4) by striking subparagraph (A) (as so redesign-*
20 *ated), and inserting the following:*

21 **“(A) COMPREHENSIVE COMMUNITY-BASED**
22 **HEALTH SYSTEMS.**—*The plan shall—*

23 *“(i) identify the single State agency to*
24 *be responsible for the administration of the*
25 *program under the grant, including any*

1 *third party who administers mental health*
2 *services and is responsible for complying*
3 *with the requirements of this part with re-*
4 *spect to the grant;*

5 *“(ii) provide for an organized commu-*
6 *nity-based system of care for individuals*
7 *with mental illness, and describe available*
8 *services and resources in a comprehensive*
9 *system of care, including services for indi-*
10 *viduals with co-occurring disorders;*

11 *“(iii) include a description of the man-*
12 *ner in which the State and local entities*
13 *will coordinate services to maximize the ef-*
14 *iciency, effectiveness, quality, and cost ef-*
15 *fectiveness of services and programs to*
16 *produce the best possible outcomes (includ-*
17 *ing health services, rehabilitation services,*
18 *employment services, housing services, edu-*
19 *cational services, substance use disorder*
20 *services, legal services, law enforcement ser-*
21 *vices, social services, child welfare services,*
22 *medical and dental care services, and other*
23 *support services to be provided with Fed-*
24 *eral, State, and local public and private re-*
25 *sources) with other agencies to enable indi-*

1 *viduals receiving services to function outside*
2 *of inpatient or residential institutions, to*
3 *the maximum extent of their capabilities,*
4 *including services to be provided by local*
5 *school systems under the Individuals with*
6 *Disabilities Education Act;*

7 *“(iv) include a description of how the*
8 *State promotes evidence-based practices, in-*
9 *cluding those evidence-based programs that*
10 *address the needs of individuals with early*
11 *serious mental illness regardless of the age*
12 *of the individual at onset or providing com-*
13 *prehensive individualized treatment, or in-*
14 *tegrating mental and physical health serv-*
15 *ices;*

16 *“(v) include a description of case man-*
17 *agement services;*

18 *“(vi) include a description of activities*
19 *that seek to engage individuals with serious*
20 *mental illness and their caregivers where*
21 *appropriate in making health care deci-*
22 *sions. including activities that enhance*
23 *communication between individuals, fami-*
24 *lies, caregivers, and treatment providers;*
25 *and*

1 “(vii) as appropriate to and reflective
2 of the uses the State proposes for the block
3 grant monies—

4 “(I) a description of the activities
5 intended to reduce hospitalizations and
6 hospital stays using the block grant
7 monies;

8 “(II) a description of the activi-
9 ties intended to reduce incidents of sui-
10 cide using the block grant monies; and

11 “(III) a description of how the
12 State integrates mental health and pri-
13 mary care using the block grant mon-
14 ies, which may include providing, in
15 the case of individuals with co-occur-
16 ring mental and substance use dis-
17 orders, both mental and substance use
18 services in primary care settings or ar-
19 rangements to provide primary and
20 specialty care services in community-
21 based mental and substance use dis-
22 order settings.”;

23 (5) in subparagraph (B) (as so redesignated), by
24 striking “to be achieved in the implementation of the
25 system described in paragraph (1)” and inserting

1 *“and outcome measures for programs and services*
2 *provided under this subpart”;*

3 *(6) in subparagraph (C) (as so redesignated)—*

4 *(A) by striking “disturbance” in the matter*
5 *preceding clause (i) (as so redesignated) and all*
6 *that follows through “substance abuse services”*
7 *in clause (i) (as so redesignated) and inserting*
8 *the following: “disturbance (as defined pursuant*
9 *to subsection (c)), the plan shall provide for a*
10 *system of integrated social services, educational*
11 *services, child welfare services, juvenile justice*
12 *services, law enforcement services, and substance*
13 *use disorder services”;*

14 *(B) by striking “Education Act;” and in-*
15 *serting “Education Act.”; and*

16 *(C) by striking clauses (ii) and (iii) (as so*
17 *redesignated);*

18 *(7) in subparagraph (D) (as so redesignated), by*
19 *striking “plan describes” and inserting “plan shall*
20 *describe”;* and

21 *(8) in subparagraph (E) (as so redesignated)—*

22 *(A) in the subparagraph heading by strik-*
23 *ing “SYSTEMS” and inserting “SERVICES”;*

24 *(B) by striking “plan describes” and all*
25 *that follows through “and provides for” and in-*

1 serting “plan shall describe the financial re-
 2 sources available, the existing mental health
 3 workforce, and workforce trained in treating in-
 4 dividuals with co-occurring mental and sub-
 5 stance use disorders, and provides for”; and

6 (C) by inserting before the period the fol-
 7 lowing: “, and the manner in which the State
 8 intends to comply with each of the funding
 9 agreements in this subpart and subpart III”;

10 (9) by striking the flush matter at the end; and

11 (10) by adding at the end the following:

12 “(2) GOALS AND OBJECTIVES.—The establish-
 13 ment of goals and objectives for the period of the plan,
 14 including targets and milestones that are intended to
 15 be met, and the activities that will be undertaken to
 16 achieve those targets.”.

17 (c) BEST PRACTICES IN CLINICAL CARE MODELS.—
 18 Section 1920 of the Public Health Service Act (42 U.S.C.
 19 300x-9) is amended by adding at the end the following:

20 “(c) BEST PRACTICES IN CLINICAL CARE MODELS.—

21 “(1) IN GENERAL.—Except as provided in para-
 22 graph (2), a State shall expend not less than 5 per-
 23 cent of the amount the State receives for carrying out
 24 this section in each fiscal year to support evidence-
 25 based programs that address the needs of individuals

1 *with early serious mental illness, including psychotic*
 2 *disorders, regardless of the age of the individual at*
 3 *onset.*

4 “(2) *STATE FLEXIBILITY.*—*In lieu of expending*
 5 *5 percent of the amount the State receives under this*
 6 *section in a fiscal year as required under paragraph*
 7 *(1), a State may elect to expend not less than 10 per-*
 8 *cent of such amount in the succeeding fiscal year.”.*

9 “(d) *ADDITIONAL PROVISIONS.*—*Section 1915(b) of the*
 10 *Public Health Service Act (42 U.S.C. 300x-4(b)) is amend-*
 11 *ed—*

12 (1) *in paragraph (3)—*

13 (A) *by striking “The Secretary” and insert-*
 14 *ing the following:*

15 “(A) *IN GENERAL.*—*The Secretary”;*

16 (B) *by striking “paragraph (1) if the Sec-*
 17 *retary” and inserting the following: “paragraph*
 18 *(1) in whole or in part, if—*

19 “(i) *the Secretary”;*

20 (C) *by striking “State justify the waiver.”*
 21 *and inserting “State in the fiscal year involved*
 22 *or in the previous fiscal year justify the waiver;*
 23 *or”;* *and*

24 (D) *by adding at the end the following:*

1 “(ii) *the State, or any part of the*
2 *State, has experienced an emergency nat-*
3 *ural disaster that has received a Presi-*
4 *dential Disaster Declaration under section*
5 *102 of the Robert T. Stafford Disaster Relief*
6 *Emergency Assistance Act.*

7 “(B) *DATE CERTAIN FOR ACTION UPON RE-*
8 *QUEST.—The Secretary shall approve or deny a*
9 *request for a waiver under this paragraph not*
10 *later than 120 days after the date on which the*
11 *request is made.*

12 “(C) *APPLICABILITY OF WAIVER.—A waiver*
13 *provided by the Secretary under this paragraph*
14 *shall be applicable only to the fiscal year in-*
15 *volved.”; and*

16 (2) *in paragraph (4)—*

17 (A) *in subparagraph (A), by inserting after*
18 *the subparagraph designation the following: “IN*
19 *GENERAL.—”;* and

20 (B) *in subparagraph (B), by inserting after*
21 *the subparagraph designation the following:*
22 *“SUBMISSION OF INFORMATION TO THE SEC-*
23 *RETARY.—”.*

1 (e) *APPLICATION FOR GRANT.*—Section 1917(a) of the
2 *Public Health Service Act (42 U.S.C. 300x-6(a))* is amend-
3 *ed—*

4 (1) *in paragraph (1), by striking “1941” and in-*
5 *serting “1942(a)”*; and

6 (2) *in paragraph (5), by striking*
7 *“1915(b)(3)(B)” and inserting “1915(b)”*.

8 (f) *FUNDING.*—Section 1920(a) of the *Public Health*
9 *Service Act (42 U.S.C. 300x-9(a))* is amended by striking
10 *“\$450,000,000” and all that follows and inserting “such*
11 *sums as may be necessary for each of fiscal years 2017*
12 *through 2021.”*.

13 **SEC. 302. BLOCK GRANT FOR PREVENTION AND TREAT-**
14 **MENT OF SUBSTANCE USE DISORDERS.**

15 (a) *SUBPART HEADING.*—Subpart II of part B of title
16 *XIX of the Public Health Service Act (42 U.S.C. 300x-21*
17 *et seq.)* is amended in the subpart heading by striking
18 **“Abuse”** and inserting **“Use Disorders”**.

19 (b) *FORMULA GRANTS.*—Section 1921 of the *Public*
20 *Health Service Act (42 U.S.C. 300x-21)* is amended—

21 (1) *in subsection (a)—*

22 (A) *in the first sentence, by striking “1933”*
23 *and inserting “1932”*; and

24 (B) *in the second sentence, by striking*
25 *“1932” and inserting “1931”*; and

1 (2) *in subsection (b)—*

2 (A) *by striking “1931” and inserting*
3 *“1930”;*

4 (B) *by inserting “carrying out the plan de-*
5 *veloped in accordance with section 1931(b) and*
6 *for” after “for the purpose of”; and*

7 (C) *by striking “abuse” and inserting “use*
8 *disorders”.*

9 (c) *OUTREACH TO PERSONS WHO INJECT DRUGS.—*
10 *Section 1923(b) of the Public Health Service Act (42 U.S.C.*
11 *300x-23(b)) is amended—*

12 (1) *in the subsection heading, by striking “RE-*
13 *GARDING INTRAVENOUS SUBSTANCE ABUSE” and in-*
14 *serting “TO PERSONS WHO INJECT DRUGS”;*

15 (2) *by striking “for intravenous drug abuse” and*
16 *inserting “for persons who inject drugs”; and*

17 (3) *by inserting “who inject drugs” after “such*
18 *treatment”.*

19 (d) *REQUIREMENTS REGARDING TUBERCULOSIS AND*
20 *HUMAN IMMUNODEFICIENCY VIRUS.—Section 1924 of the*
21 *Public Health Service Act (42 U.S.C. 300x-24) is amend-*
22 *ed—*

23 (1) *in subsection (a)(1), in the matter preceding*
24 *subparagraph (A), by striking “substance abuse” and*
25 *inserting “substance use disorder”; and*

1 (2) *in subsection (b)—*

2 (A) *in paragraph (1)(A), by striking “sub-*
3 *stance abuse” and inserting “substance use dis-*
4 *orders”;*

5 (B) *in paragraph (2), by inserting “and*
6 *Prevention” after “Disease Control”;*

7 (C) *in paragraph (3)—*

8 (i) *in the paragraph heading, by strik-*
9 *ing “ABUSE” and inserting “USE DIS-*
10 *ORDERS”;* and

11 (ii) *by striking “substance abuse” and*
12 *inserting “substance use disorders”;* and

13 (D) *in paragraph (6)(B), by striking “sub-*
14 *stance abuse” and inserting “substance use dis-*
15 *orders”;*

16 (3) *by striking subsection (d); and*

17 (4) *by redesignating subsection (e) as subsection*
18 *(d).*

19 (e) *GROUP HOMES.—Section 1925 of the Public*
20 *Health Service Act (42 U.S.C. 300x-25) is amended—*

21 (1) *in the section heading, by striking “RECOV-*
22 *ERING SUBSTANCE ABUSERS” and inserting*
23 *“PERSONS IN RECOVERY FROM SUBSTANCE*
24 *USE DISORDERS”;* and

1 (2) *in subsection (a), by striking “recovering*
2 *substance abusers” and inserting “persons in recovery*
3 *from substance use disorders”.*

4 (f) *ADDITIONAL AGREEMENTS.—Section 1928 of the*
5 *Public Health Service Act (42 U.S.C. 300x-28) is amend-*
6 *ed—*

7 (1) *in subsection (a), by striking “(relative to*
8 *fiscal year 1992)”;*

9 (2) *by striking subsection (b) and inserting the*
10 *following:*

11 “(b) *PROFESSIONAL DEVELOPMENT.—A funding*
12 *agreement for a grant under section 1921 is that the State*
13 *involved will ensure that prevention, treatment, and recov-*
14 *ery personnel operating in the State’s substance use dis-*
15 *order prevention, treatment, and recovery systems have an*
16 *opportunity to receive training, on an ongoing basis, con-*
17 *cerning—*

18 “(1) *recent trends in drug abuse in the State;*

19 “(2) *improved methods and evidence-based prac-*
20 *tices for providing substance use disorder prevention*
21 *and treatment services;*

22 “(3) *performance-based accountability;*

23 “(4) *data collection and reporting requirements;*

24 “(5) *any other matters that would serve to fur-*
25 *ther improve the delivery of substance use disorder*

1 *prevention and treatment services within the State;*
2 *and*

3 “(6) *innovative practices developed under section*
4 *581.*”; *and*

5 (3) *in subsection (d)(1), by striking “substance*
6 *abuse” and inserting “substance use disorders”.*

7 (g) *REPEAL.—Section 1929 of the Public Health Serv-*
8 *ice Act (42 U.S.C. 300x-29) is repealed.*

9 (h) *REDESIGNATIONS AND WAIVER.—*

10 (1) *REDESIGNATIONS.—Subpart II of part B of*
11 *title XIX of the Public Health Service (42 U.S.C.*
12 *300x-21 et seq.) is amended by redesignating sections*
13 *1930 through 1935 as sections 1929 through 1934, re-*
14 *spectively.*

15 (2) *WAIVER.—Section 1929(c)(1) of the Public*
16 *Health Service Act (as so redesignated; (42 U.S.C.*
17 *300x-30(c)(1))) is amended by striking “in the State*
18 *justify the waiver” and inserting “exist in the State,*
19 *or any part of the State, to justify the waiver, or if*
20 *the State, or any part of the State, has experienced*
21 *an emergency or a natural disaster that has received*
22 *a Presidential Disaster Declaration under section 102*
23 *of the Robert T. Stafford Disaster Relief and Emer-*
24 *gency Assistance Act”.*

1 (i) *RESTRICTIONS ON EXPENDITURES.*—Section
 2 1930(b)(1) of the Public Health Service Act (as so redesign-
 3 nated; (42 U.S.C. 300x-31(b)(1))), is amended by striking
 4 “substance abuse” and inserting “substance use disorders”.

5 (j) *APPLICATION.*—Section 1931 of the Public Health
 6 Service Act (as so redesignated; (42 U.S.C. 300x-32)) is
 7 amended—

8 (1) in subsection (a)—

9 (A) in the matter preceding paragraph (1),
 10 strike “subsections (c) and (d)(2)” and insert
 11 “subsection (c)”; and

12 (B) in paragraph (5), by striking “the in-
 13 formation required in section 1930(c)(2), and the
 14 report required in section 1942(a)” and insert
 15 “and the report required in section 1942”;

16 (2) in subsection (b)—

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

19 “(1) *IN GENERAL.*—In order for a State to be in
 20 compliance with subsection (a)(6), the State shall sub-
 21 mit to the Secretary a plan that, at a minimum,
 22 shall include the following:

23 “(A) A description of the State’s system of
 24 care that—

1 “(i) identifies the single State agency
2 responsible for the administration of the
3 program, including any third party who
4 administers substance use disorder services
5 and is responsible for complying with the
6 requirements of the grant;

7 “(ii) provides information on the need
8 for substance use disorder prevention and
9 treatment services in the State, including
10 estimates on the number of individuals who
11 need treatment, who are pregnant women,
12 women with dependent children, individuals
13 with a co-occurring mental health and sub-
14 stance use disorders, persons who inject
15 drugs, and persons who are experiencing
16 homelessness;

17 “(iii) provides aggregate information
18 on the number of individuals in treatment
19 within the State, including the number of
20 such individuals who are pregnant women,
21 women with dependent children, individuals
22 with a co-occurring mental health and sub-
23 stance use disorder, persons who inject
24 drugs, and persons who are experiencing
25 homelessness;

1 “(iv) provides a description of the sys-
2 tem that is available to provide services by
3 modality, including the provision of recov-
4 ery support services;

5 “(v) provides a description of the
6 State’s comprehensive statewide prevention
7 efforts, including the number of individuals
8 being served in the system, target popu-
9 lations, and priority needs, and provides a
10 description of the amount of funds from the
11 prevention set-aside expended on primary
12 prevention;

13 “(vi) provides a description of the fi-
14 nancial resources available;

15 “(vii) provides a description of the
16 manner in which the State and local enti-
17 ties coordinate prevention, treatment, and
18 recovery services with other agencies, in-
19 cluding health, mental health, juvenile jus-
20 tice, law enforcement, education, social serv-
21 ices, and child welfare agencies;

22 “(viii) describes the existing substance
23 use disorders workforce and workforce
24 trained in treating co-occurring substance
25 use and mental health disorders;

1 “(ix) includes a description of how the
2 State promotes evidenced-based practices;
3 and

4 “(x) describes how the State integrates
5 substance use disorder services and primary
6 health care, which in the case of those indi-
7 viduals with co-occurring mental health and
8 substance use disorders may include pro-
9 viding both mental health and substance use
10 disorder services in primary care settings or
11 providing primary and specialty care serv-
12 ices in community-based mental health and
13 substance use disorder service settings.

14 “(B) The establishment of goals and objec-
15 tives for the period of the plan, including targets
16 and milestones that are intended to be met, and
17 the activities that will be undertaken to achieve
18 those targets.

19 “(C) A description of how the State will
20 comply with each funding agreement for a grant
21 under section 1921 that is applicable to the
22 State, including a description of the manner in
23 which the State intends to expend grant funds.”;
24 and

1 (B) by striking paragraph (2) and inserting
2 the following:

3 “(2) *STATE REQUEST FOR MODIFICATION.*—If
4 the State determines that modifications to the plan
5 are necessary, the State may request the Secretary to
6 approve such modifications through its annual report
7 required under section 1942.”;

8 (3) in subsection (c), by striking “1931” and in-
9 serting “1930”; and

10 (4) in subsection (d)—

11 (A) in the subsection heading, by striking
12 “REGULATIONS; PRECONDITION TO MAKING
13 GRANTS” and all that follows through “Preven-
14 tion,” in paragraph (1), and inserting the fol-
15 lowing “REGULATIONS.—The Secretary”; and

16 (B) by striking paragraph (2).

17 (k) *DEFINITIONS.*—Section 1933 of the Public Health
18 Service Act (as so redesignated; (42 U.S.C. 300x-34)) is
19 amended—

20 (1) in paragraph (3), by striking “substance
21 abuse” and inserting “substance use disorders”; and

22 (2) in paragraph (7), by striking “substance
23 abuse” and inserting “substance use disorder”.

1 **SEC. 303. ADDITIONAL PROVISIONS RELATED TO THE**
2 **BLOCK GRANTS.**

3 *Subpart III of part B of title XIX of the Public Health*
4 *Service Act (42 U.S.C. 300x-51 et seq.) is amended—*

5 *(1) in section 1941 (42 U.S.C. 300x-51), by*
6 *striking “1932” and inserting “1931”;*

7 *(2) in section 1944(b)(4) (42 U.S.C. 300x-*
8 *54(b)(4)), by striking “1930” and inserting “1929”;*

9 *(3) in section 1953(b) (42 U.S.C. 300x-63(b)), by*
10 *striking “substance abuse” and inserting “substance*
11 *use disorder”;* and

12 *(4) by adding at the end the following:*

13 **“SEC. 1957. PUBLIC HEALTH EMERGENCIES.**

14 *“In the case of a public health emergency (as deter-*
15 *mined under section 319), the Administrator, on a State*
16 *by State basis, may grant an extension or waive applica-*
17 *tion deadlines and compliance with any other requirements*
18 *of grants authorized under sections 521, 1911, and 1921,*
19 *and allotments authorized under Public Law 99-319 (42*
20 *U.S.C. 10801 et seq.) as the circumstances of such emer-*
21 *gency reasonably require and for the period of such public*
22 *health emergency.*

23 **“SEC. 1958. JOINT APPLICATIONS.**

24 *“The Secretary, acting through the Administrator,*
25 *shall permit a joint application to be submitted for grants*
26 *under subpart I and subpart II upon the request of a State.*

1 *Such application may be jointly reviewed and approved by*
 2 *the Secretary with respect to such subparts, consistent with*
 3 *the purposes and authorized activities of each such grant*
 4 *program. A State submitting such a joint application shall*
 5 *otherwise meet the requirements with respect to each such*
 6 *subpart.”.*

7 **SEC. 304. STUDY OF DISTRIBUTION OF FUNDS UNDER THE**
 8 **SUBSTANCE USE DISORDER PREVENTION**
 9 **AND TREATMENT BLOCK GRANT AND THE**
 10 **COMMUNITY MENTAL HEALTH SERVICES**
 11 **BLOCK GRANT.**

12 *(a) IN GENERAL.—The Secretary of Health and*
 13 *Human Services, acting through the Administrator of the*
 14 *Substance Abuse and Mental Health Services Administra-*
 15 *tion, shall through a grant or contract, or through an agree-*
 16 *ment with a third party, conduct a study on the formulas*
 17 *for distribution of funds under the substance use disorder*
 18 *prevention and treatment block grant and the community*
 19 *mental health services block grant under title XIX of the*
 20 *Public Health Service Act (42 U.S.C. 300x et seq.) and rec-*
 21 *ommend changes if necessary. Such study shall include—*

22 *(1) an analysis of whether the distributions*
 23 *under such block grants accurately reflect the need for*
 24 *the services under the grants in such States and terri-*
 25 *tories;*

1 (2) *an examination of whether the indices used*
2 *under the formulas for distribution of funds under*
3 *such block grants are appropriate, and if not, alter-*
4 *natives recommended by the Secretary;*

5 (3) *where recommendations are included under*
6 *paragraph (2) for the use of different indices, a de-*
7 *scription of the variables and data sources that should*
8 *be used to determine the indices;*

9 (4) *an evaluation of the variables and data*
10 *sources that are being used for each of the indices in-*
11 *volved, and whether such variables and data sources*
12 *accurately represent the need for services, the cost of*
13 *providing services, and the ability of the States to*
14 *pay for such services;*

15 (5) *the effect that the minimum allotment provi-*
16 *sions under each such block grant have on each*
17 *State's final allotment and its effect, if any, on each*
18 *State's formula-based allotment;*

19 (6) *recommendations for modifications to the*
20 *minimum allotment provisions to ensure an appro-*
21 *priate distribution of funds; and*

22 (7) *any other information that the Secretary de-*
23 *termines appropriate.*

24 (b) *REPORT.*—*Not later than 24 months after the date*
25 *of enactment of this Act, the Secretary of Health and*

1 *Human Services shall submit to the Committee on Health,*
 2 *Education, Labor, and Pensions of the Senate and the Com-*
 3 *mittee on Energy and Commerce of the House of Represent-*
 4 *atives, a report containing the findings and recommenda-*
 5 *tions of the study conducted under subsection (a).*

6 **SEC. 305. HELPING STATES AND LOCAL COMMUNITIES AD-**
 7 **DRESS EMERGING DRUG ISSUES.**

8 *Section 506B of the Public Health Service Act (42*
 9 *U.S.C. 290aa-5b) is amended to read as follows:*

10 **“SEC. 506B. SERVICES TO ASSIST STATES AND LOCAL COM-**
 11 **MUNITIES ADDRESS EMERGING DRUG ABUSE**
 12 **ISSUES.**

13 *“(a) GRANTS.—The Secretary, acting through the Ad-*
 14 *ministrators of the Substance Abuse and Mental Health*
 15 *Services Administration, shall award grants to eligible enti-*
 16 *ties to assist local communities in addressing emerging*
 17 *drug abuse issues, which may include opioid abuse.*

18 *“(b) ELIGIBLE ENTITIES.—*

19 *“(1) IN GENERAL.—To be eligible to receive a*
 20 *grant under this section, an entity shall—*

21 *“(A) be the State substance abuse agency*
 22 *that manages the Substance Abuse Prevention*
 23 *and Treatment Block Grant with respect to the*
 24 *State;*

1 “(B) be a public or nonprofit private entity,
2 including an Indian tribe or tribal organization
3 (as such terms are defined in section 4 of the In-
4 dian Self-Determination and Education Assist-
5 ance Act) or a health facility or program oper-
6 ated by or pursuant to a contract or grant with
7 the Indian Health Service; and

8 “(C) submit to the Secretary, an applica-
9 tion at such time, in such manner, and con-
10 taining such information as the Secretary may
11 require, including—

12 “(i) supporting data that demonstrates
13 that an emerging drug abuse issue exists in
14 the area to be served under the grant and
15 the lack of available resources to address
16 such issue;

17 “(ii) a description of the target popu-
18 lation to be served;

19 “(iii) a list of goals and objectives with
20 respect to activities under the grant; and

21 “(iv) an assurance that evidenced-
22 based treatment practices will be utilized,
23 when available, and that treatment activi-
24 ties will be coordinated with prevention and
25 recovery efforts.

1 “(2) *REQUIRED DEMONSTRATION FOR CERTAIN*
2 *ENTITIES.—Eligible entities applying for a grant that*
3 *are not the State substance abuse agency shall dem-*
4 *onstrate how the proposed activities under the grant*
5 *align with the State’s plan for substance use disorder*
6 *service delivery.*

7 “(c) *USE OF FUNDS.—An entity shall use amounts re-*
8 *ceived under a grant under this section to—*

9 “(1) *improve access to, and participation in,*
10 *drug treatment services, including screening, assess-*
11 *ment, and care management services;*

12 “(2) *support the involvement of friends and fam-*
13 *ilies in drug treatment; and*

14 “(3) *provide recovery support services that help*
15 *promote sustained recovery, such as assistance with*
16 *gaining employment, housing, and establishing com-*
17 *munity connections.*

18 “(d) *COORDINATION WITH OTHER PROGRAMS.—An*
19 *entity that receives a grant under this section shall ensure*
20 *that services provided under the grant are coordinated with*
21 *programs conducted by mental health departments, social*
22 *services departments, health departments, juvenile and*
23 *adult justice systems, child welfare agencies, and others, as*
24 *appropriate.*

1 “(e) *PRIORITY.*—*In awarding grants under this sec-*
2 *tion, the Secretary shall give priority to entities that will*
3 *use a portion of grant funds to serve rural areas.*

4 “(f) *EVALUATION.*—*A grant recipient under this sec-*
5 *tion shall conduct an evaluation of the activities carried*
6 *out under the grant and provide the results of such evalua-*
7 *tion to the Secretary, including aggregate outcomes infor-*
8 *mation and other information necessary to demonstrate the*
9 *success of the recipient in achieving the goals and objectives*
10 *described in the application submitted under subsection*
11 *(b)(1)(C).*

12 “(g) *DEFINITION.*—*In this section, the term ‘emerging*
13 *drug abuse issue’ means a substance use disorder issue with-*
14 *in an area involving—*

15 “(1) *a sudden increase in demand for particular*
16 *drug treatment services relative to previous demand;*
17 *and*

18 “(2) *a lack of resources in the area to address the*
19 *emerging problem.*

20 “(h) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
21 *authorized to be appropriated to carry out this section,*
22 *\$10,000,000 for each of fiscal years 2017 through 2021.”.*

1 **TITLE IV—PROMOTING ACCESS**
 2 **TO MENTAL HEALTH AND**
 3 **SUBSTANCE USE DISORDER**
 4 **CARE**

5 **SEC. 401. GRANTS FOR TREATMENT AND RECOVERY FOR**
 6 **HOMELESS INDIVIDUALS.**

7 *Section 506 of the Public Health Service Act (42*
 8 *U.S.C. 290aa-5) is amended—*

9 *(1) in subsection (a), by striking “substance*
 10 *abuse” and inserting “substance use disorder”;*

11 *(2) in subsection (b)—*

12 *(A) in paragraphs (1) and (3), by striking*
 13 *“substance abuse” each place the term appears*
 14 *and inserting “substance use disorder”; and*

15 *(B) in paragraph (4), by striking “sub-*
 16 *stance abuse” and inserting “a substance use*
 17 *disorder”;*

18 *(3) in subsection (c)—*

19 *(A) in paragraph (1), by striking “sub-*
 20 *stance abuse disorder” and inserting “substance*
 21 *use disorder”; and*

22 *(B) in paragraph (2)—*

23 *(i) in subparagraph (A), by striking*
 24 *“substance abuse” and inserting “a sub-*
 25 *stance use disorder”; and*

1 (ii) in subparagraph (B), by striking
2 “substance abuse” and inserting “substance
3 use disorder”; and

4 (4) in subsection (e), by striking “, \$50,000,000
5 for fiscal year 2001, and such sums as may be nec-
6 essary for each of the fiscal years 2002 and 2003”
7 and inserting “such sums as may be necessary for
8 each of fiscal years 2017 through 2021”.

9 **SEC. 402. GRANTS FOR JAIL DIVERSION PROGRAMS.**

10 Section 520G of the Public Health Service Act (42
11 U.S.C. 290bb–38) is amended—

12 (1) by striking “substance abuse” each place such
13 term appears and inserting “substance use disorder”;

14 (2) in subsection (a)—

15 (A) by striking “Indian tribes, and tribal
16 organizations” and inserting “and Indian tribes
17 and tribal organizations (as such terms are de-
18 fined in section 4 of the Indian Self-Determina-
19 tion and Education Assistance Act (25 U.S.C.
20 450b)”; and

21 (B) by inserting “or a health facility or
22 program operated by or pursuant to a contract
23 or grant with the Indian Health Service,” after
24 “entities,”;

1 (3) in subsection (c)(2)(A)(i), by striking “the
2 best known” and inserting “evidence-based”;

3 (4) in subsection (d)—

4 (A) in paragraph (3), by striking “; and”
5 and inserting a semicolon;

6 (B) in paragraph (4), by striking the period
7 and inserting “; and”; and

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

9 “(5) develop programs to divert individuals
10 prior to booking or arrest.”; and

11 (5) in subsection (i), by striking “\$10,000,000
12 for fiscal year 2001, and such sums as may be nec-
13 essary for fiscal years 2002 through 2003” and insert-
14 ing “such sums as may be necessary for each of fiscal
15 years 2017 through 2021”.

16 **SEC. 403. PROMOTING INTEGRATION OF PRIMARY AND BE-**
17 **HAVIORAL HEALTH CARE.**

18 Section 520K of the Public Health Service Act (42
19 U.S.C. 290bb-42) is amended to read as follows:

20 **“SEC. 520K. INTEGRATION INCENTIVE GRANTS.**

21 “(a) **DEFINITIONS.**—In this section:

22 “(1) **ELIGIBLE ENTITY.**—The term ‘eligible enti-
23 ty’ means a State, or other appropriate State agency,
24 in collaboration with one or more qualified commu-
25 nity programs as described in section 1913(b)(1).

1 “(2) *INTEGRATED CARE.*—*The term ‘integrated*
2 *care’ means collaborative models or practices offering*
3 *mental and physical health services, which may in-*
4 *clude practices that share the same space in the same*
5 *facility.*

6 “(3) *SPECIAL POPULATION.*—*The term ‘special*
7 *population’ means—*

8 “(A) *adults with mental illnesses who have*
9 *co-occurring physical health conditions or chron-*
10 *ic diseases;*

11 “(B) *adults with serious mental illnesses*
12 *who have co-occurring physical health conditions*
13 *or chronic diseases;*

14 “(C) *children and adolescents with serious*
15 *emotional disturbances with co-occurring phys-*
16 *ical health conditions or chronic diseases; or*

17 “(D) *individuals with substance use dis-*
18 *orders.*

19 “(b) *GRANTS.*—

20 “(1) *IN GENERAL.*—*The Secretary may award*
21 *grants and cooperative agreements to eligible entities*
22 *to support the improvement of integrated care for pri-*
23 *mary care and behavioral health care in accordance*
24 *with paragraph (2).*

1 “(2) *PURPOSES.*—*Grants and cooperative agree-*
2 *ments awarded under this section shall be designed*
3 *to—*

4 “(A) *promote full integration and collabora-*
5 *tion in clinical practices between primary and*
6 *behavioral health care;*

7 “(B) *support the improvement of integrated*
8 *care models for primary care and behavioral*
9 *health care to improve the overall wellness and*
10 *physical health status of individuals with serious*
11 *mental illness or serious emotional disturbances;*
12 *and*

13 “(C) *promote integrated care services re-*
14 *lated to screening, diagnosis, prevention, and*
15 *treatment of mental and substance use disorders,*
16 *and co-occurring physical health conditions and*
17 *chronic diseases.*

18 “(c) *APPLICATIONS.*—

19 “(1) *IN GENERAL.*—*An eligible entity desiring a*
20 *grant or cooperative agreement under this section*
21 *shall submit an application to the Secretary at such*
22 *time, in such manner, and accompanied by such in-*
23 *formation as the Secretary may require, including the*
24 *contents described in paragraph (2).*

1 “(2) *CONTENTS.*—*The contents described in this*
2 *paragraph are—*

3 “(A) *a description of a plan to achieve fully*
4 *collaborative agreements to provide services to*
5 *special populations;*

6 “(B) *a document that summarizes the poli-*
7 *cies, if any, that serve as barriers to the provi-*
8 *sion of integrated care, and the specific steps, if*
9 *applicable, that will be taken to address such*
10 *barriers;*

11 “(C) *a description of partnerships or other*
12 *arrangements with local health care providers to*
13 *provide services to special populations;*

14 “(D) *an agreement and plan to report to*
15 *the Secretary performance measures necessary to*
16 *evaluate patient outcomes and facilitate evalua-*
17 *tions across participating projects; and*

18 “(E) *a plan for sustainability beyond the*
19 *grant or cooperative agreement period under sub-*
20 *section (e).*

21 “(d) *GRANT AMOUNTS.*—*The maximum amount that*
22 *an eligible entity may receive for a year through a grant*
23 *or cooperative agreement under this section shall be*
24 *\$2,000,000. An eligible entity receiving funding under this*
25 *section may not allocate more than 10 percent of funds*

1 *awarded under this section to administrative functions, and*
2 *the remaining amounts shall be allocated to health facilities*
3 *that provide integrated care.*

4 “(e) *DURATION.*—*A grant or cooperative agreement*
5 *under this section shall be for a period not to exceed 5 years.*

6 “(f) *REPORT ON PROGRAM OUTCOMES.*—*An eligible*
7 *entity receiving a grant or cooperative agreement under this*
8 *section shall submit an annual report to the Secretary that*
9 *includes—*

10 “(1) *the progress to reduce barriers to integrated*
11 *care as described in the entity’s application under*
12 *subsection (c); and*

13 “(2) *a description of functional outcomes of spe-*
14 *cial populations, including—*

15 “(A) *with respect to individuals with seri-*
16 *ous mental illness, participation in supportive*
17 *housing or independent living programs, attend-*
18 *ance in social and rehabilitative programs, par-*
19 *ticipation in job training opportunities, satisfac-*
20 *tory performance in work settings, attendance at*
21 *scheduled medical and mental health appoint-*
22 *ments, and compliance with prescribed medica-*
23 *tion regimes;*

24 “(B) *with respect to individuals with co-oc-*
25 *curring mental illness and primary care condi-*

1 *tions and chronic diseases, attendance at sched-*
2 *uled medical and mental health appointments,*
3 *compliance with prescribed medication regimes,*
4 *and participation in learning opportunities re-*
5 *lated to improved health and lifestyle practices;*
6 *and*

7 *“(C) with respect to children and adoles-*
8 *cents with serious emotional disorders who have*
9 *co-occurring physical health conditions and*
10 *chronic diseases, attendance at scheduled medical*
11 *and mental health appointments, compliance*
12 *with prescribed medication regimes, and partici-*
13 *pation in learning opportunities at school and*
14 *extracurricular activities.*

15 *“(g) TECHNICAL ASSISTANCE FOR PRIMARY-BEHAV-*
16 *IORAL HEALTH CARE INTEGRATION.—*

17 *“(1) IN GENERAL.—The Secretary may provide*
18 *appropriate information, training, and technical as-*
19 *sistance to eligible entities that receive a grant or co-*
20 *operative agreement under this section, in order to*
21 *help such entities meet the requirements of this sec-*
22 *tion, including assistance with—*

23 *“(A) development and selection of integrated*
24 *care models;*

1 “(B) dissemination of evidence-based inter-
2 ventions in integrated care;

3 “(C) establishment of organizational prac-
4 tices to support operational and administrative
5 success; and

6 “(D) other activities, as the Secretary deter-
7 mines appropriate.

8 “(2) *ADDITIONAL DISSEMINATION OF TECHNICAL*
9 *INFORMATION.—The information and resources pro-*
10 *vided by the Secretary under paragraph (1) shall, as*
11 *appropriate, be made available to States, political*
12 *subdivisions of States, Indian tribes or tribal organi-*
13 *zations (as defined in section 4 of the Indian Self-De-*
14 *termination and Education Assistance Act), out-*
15 *patient mental health and addiction treatment cen-*
16 *ters, community mental health centers that meet the*
17 *criteria under section 1913(c), certified community*
18 *behavioral health clinics described in section 223 of*
19 *the Protecting Access to Medicare Act of 2014 (42*
20 *U.S.C. 1396a note), primary care organizations such*
21 *as Federally qualified health centers or rural health*
22 *clinics as defined in section 1861(aa) of the Social*
23 *Security Act (42 U.S.C. 1395x(aa)), other commu-*
24 *nity-based organizations, or other entities engaging in*

1 *integrated care activities, as the Secretary determines*
 2 *appropriate.*

3 “(h) *AUTHORIZATION OF APPROPRIATIONS.—To carry*
 4 *out this section, there are authorized to be appropriated*
 5 *such sums as may be necessary for each of fiscal years 2017*
 6 *through 2021.”.*

7 **SEC. 404. PROJECTS FOR ASSISTANCE IN TRANSITION**
 8 **FROM HOMELESSNESS.**

9 (a) *FORMULA GRANTS TO STATES.—Section 521 of the*
 10 *Public Health Service Act (42 U.S.C. 290cc–21) is amended*
 11 *by striking “each of the fiscal years 1991 through 1994”*
 12 *and inserting “fiscal year 2017 and each subsequent fiscal*
 13 *year”.*

14 (b) *PURPOSE OF GRANTS.—Section 522 of the Public*
 15 *Health Service Act (42 U.S.C. 290cc–22) is amended—*

16 (1) *in subsection (a)(1)(B), by striking “sub-*
 17 *stance abuse” and inserting “a substance use dis-*
 18 *order”;*

19 (2) *in subsection (b)(6), by striking “substance*
 20 *abuse” and inserting “substance use disorder”;*

21 (3) *in subsection (c), by striking “substance*
 22 *abuse” and inserting “a substance use disorder”;*

23 (4) *in subsection (e)—*

1 (A) in paragraph (1), by striking “sub-
2 stance abuse” and inserting “a substance use
3 disorder”; and

4 (B) in paragraph (2), by striking “sub-
5 stance abuse” and inserting “substance use dis-
6 order”; and

7 (5) in subsection (h), by striking “substance
8 abuse” each place such term appears and inserting
9 “substance use disorder”.

10 (c) *DESCRIPTION OF INTENDED EXPENDITURES OF*
11 *GRANT.*—Section 527 of the Public Health Service Act (42
12 U.S.C. 290cc–27) is amended by striking “substance abuse”
13 each place such term appears and inserting “substance use
14 disorder”.

15 (d) *TECHNICAL ASSISTANCE.*—Section 530 of the Pub-
16 lic Health Service Act (42 U.S.C. 290cc–30) is amended
17 by striking “through the National Institute of Mental
18 Health, the National Institute of Alcohol Abuse and Alco-
19 holism, and the National Institute on Drug Abuse” and in-
20 serting “acting through the Administrator”.

21 (e) *DEFINITIONS.*—Section 534(4) of the Public Health
22 Service Act (42 U.S.C. 290cc–34(4)) is amended to read as
23 follows:

24 “(4) *SUBSTANCE USE DISORDER SERVICES.*—The
25 term ‘substance use disorder services’ has the meaning

1 *given the term ‘substance abuse services’ in section*
2 *330(h)(5)(C).’.*

3 (f) *FUNDING.*—*Section 535(a) of the Public Health*
4 *Service Act (42 U.S.C. 290cc–35(a)) is amended by striking*
5 *“\$75,000,000 for each of the fiscal years 2001 through*
6 *2003” and inserting “such sums as may be necessary for*
7 *each of fiscal years 2017 through 2021”.*

8 (g) *STUDY CONCERNING FORMULA.*—

9 (1) *IN GENERAL.*—*Not later than 1 year after*
10 *the date of enactment of this Act, the Administrator*
11 *of the Substance Abuse and Mental Health Services*
12 *Administration (referred to in this section as the*
13 *“Administrator”) shall conduct a study concerning*
14 *the formula used under section 524(a) of the Public*
15 *Health Service Act (42 U.S.C. 290cc–24(a)) for mak-*
16 *ing allotments to States under section 521 of such Act*
17 *(42 U.S.C. 290cc–21). Such study shall include an*
18 *evaluation of quality indicators of need for purposes*
19 *of revising the formula for determining the amount of*
20 *each allotment for the fiscal years following the sub-*
21 *mission of the study.*

22 (2) *REPORT.*—*The Administrator shall submit to*
23 *the appropriate committees of Congress a report con-*
24 *cerning the results of the study conducted under para-*
25 *graph (1).*

1 **SEC. 405. NATIONAL SUICIDE PREVENTION LIFELINE PRO-**
 2 **GRAM.**

3 *Subpart 3 of part B of title V of the Public Health*
 4 *Service Act (42 U.S.C. 290bb–31 et seq.) is amended by in-*
 5 *serting after section 520E–2 (42 U.S.C. 290bb–36) the fol-*
 6 *lowing:*

7 **“SEC. 520E–3. NATIONAL SUICIDE PREVENTION LIFELINE**
 8 **PROGRAM.**

9 *“(a) IN GENERAL.—The Secretary, acting through the*
 10 *Administrator, shall maintain the National Suicide Pre-*
 11 *vention Lifeline program (referred to in this section as the*
 12 *‘program’), authorized under section 520A and in effect*
 13 *prior to the date of enactment of the Mental Health Reform*
 14 *Act of 2016.*

15 *“(b) ACTIVITIES.—In maintaining the program, the*
 16 *activities of the Secretary shall include—*

17 *“(1) coordinating a network of crisis centers*
 18 *across the United States for providing suicide preven-*
 19 *tion and crisis intervention services to individuals*
 20 *seeking help at any time, day or night;*

21 *“(2) maintaining a suicide prevention hotline to*
 22 *link callers to local emergency, mental health, and so-*
 23 *cial services resources; and*

24 *“(3) consulting with the Secretary of Veterans*
 25 *Affairs to ensure that veterans calling the suicide pre-*

1 vention hotline have access to a specialized veterans’
2 suicide prevention hotline.

3 “(c) *AUTHORIZATION OF APPROPRIATIONS.*—To carry
4 out this section, there are authorized to be appropriated
5 such sums as may be necessary for each of fiscal years 2017
6 through 2021.”.

7 **SEC. 406. CONNECTING INDIVIDUALS AND FAMILIES WITH**
8 **CARE.**

9 Subpart 3 of part B of title V of the Public Health
10 Service Act (42 U.S.C. 290bb–31 et seq.), as amended by
11 section 405, is further amended by inserting after section
12 520E–3 the following:

13 **“SEC. 520E–4. TREATMENT REFERRAL ROUTING SERVICE.**

14 “(a) *IN GENERAL.*—The Secretary, acting through the
15 Administrator, shall maintain the National Treatment Re-
16 ferral Routing Service (referred to in this section as the
17 ‘Routing Service’) to assist individuals and families in lo-
18 cating mental and substance use disorder treatment pro-
19 viders.

20 “(b) *ACTIVITIES OF THE SECRETARY.*—To maintain
21 the Routing Service, the activities of the Secretary shall in-
22 clude administering—

23 “(1) a nationwide, telephone number providing
24 year-round access to information that is updated on
25 a regular basis regarding local behavioral health pro-

1 *viders and community-based organizations in a man-*
2 *ner that is confidential, without requiring individuals*
3 *to identify themselves, is in languages that include at*
4 *least English and Spanish, and is at no cost to the*
5 *individual using the Routing Service; and*

6 *“(2) an Internet website to provide a searchable,*
7 *online treatment services locator that includes infor-*
8 *mation on the name, location, contact information,*
9 *and basic services provided for behavioral health*
10 *treatment providers and community-based organiza-*
11 *tions.*

12 *“(c) REMOVING PRACTITIONER CONTACT INFORMA-*
13 *TION.—In the event that the Internet website described in*
14 *subsection (b)(2) contains information on any qualified*
15 *practitioner that is certified to prescribe medication for*
16 *opioid dependency under section 303(g)(2)(B) of the Con-*
17 *trolled Substances Act (21 U.S.C. 823(g)(2)(B)), the Ad-*
18 *ministrator—*

19 *“(1) shall provide an opportunity to such practi-*
20 *tioner to have the contact information of the practi-*
21 *tioner removed from the website at the request of the*
22 *practitioner; and*

23 *“(2) may evaluate other methods to periodically*
24 *update the information displayed on such website.*

1 “(d) *RULE OF CONSTRUCTION.*—Nothing in this sec-
2 tion shall be construed to prevent the Administrator from
3 using any unobligated amounts otherwise made available
4 to the Substance Abuse and Mental Health Services Admin-
5 istration to maintain the Routing Service.”.

6 **SEC. 407. MENTAL AND BEHAVIORAL HEALTH EDUCATION**
7 **AND TRAINING GRANTS.**

8 Section 756 of the Public Health Service Act (42
9 U.S.C. 294e-1) is amended—

10 (1) in subsection (a)—

11 (A) in the matter preceding paragraph (1),
12 by striking “of higher education”; and

13 (B) by striking paragraphs (1) through (4)
14 and inserting the following:

15 “(1) accredited institutions of higher education
16 or accredited professional training programs that are
17 establishing or expanding internships or other field
18 placement programs in mental health in psychiatry,
19 psychology, school psychology, behavioral pediatrics,
20 psychiatric nursing, social work, school social work,
21 substance use disorder prevention and treatment,
22 marriage and family therapy, occupational therapy,
23 school counseling, or professional counseling, includ-
24 ing such programs with a focus on child and adoles-
25 cent mental health and transitional-age youth;

1 “(2) accredited doctoral, internship, and post-
2 doctoral residency programs of health service psy-
3 chology (including clinical psychology, counseling,
4 and school psychology) for the development and im-
5 plementation of interdisciplinary training of psy-
6 chology graduate students for providing behavioral
7 and mental health services, including substance use
8 disorder prevention and treatment services, as well as
9 the development of faculty in health service psy-
10 chology;

11 “(3) accredited master’s and doctoral degree pro-
12 grams of social work for the development and imple-
13 mentation of interdisciplinary training of social work
14 graduate students for providing behavioral and men-
15 tal health services, including substance use disorder
16 prevention and treatment services, and the develop-
17 ment of faculty in social work; and

18 “(4) State-licensed mental health nonprofit and
19 for-profit organizations to enable such organizations
20 to pay for programs for preservice or in-service train-
21 ing in a behavioral health-related paraprofessional
22 field with preference for preservice or in-service train-
23 ing of paraprofessional child and adolescent mental
24 health workers.”;

25 (2) in subsection (b)—

1 (A) by striking paragraph (5);

2 (B) by redesignating paragraphs (1)
3 through (4) as paragraphs (2) through (5), re-
4 spectively;

5 (C) by inserting before paragraph (2), as so
6 redesignated, the following:

7 “(1) an ability to recruit and place the students
8 described in subsection (a) in areas with a high need
9 and high demand population;”;

10 (D) in paragraph (3), as so redesignated, by
11 striking “subsection (a)” and inserting “para-
12 graph (2), especially individuals with mental
13 health symptoms or diagnoses, particularly chil-
14 dren and adolescents, and transitional-age
15 youth”;

16 (E) in paragraph (4), as so redesignated, by
17 striking “;” and inserting “; and”; and

18 (F) in paragraph (5), as so redesignated, by
19 striking “; and” and inserting a period;

20 (3) in subsection (c), by striking “authorized
21 under subsection (a)(1)” and inserting “awarded
22 under paragraphs (2) and (3) of subsection (a)”;

23 (4) by amending subsection (d) to read as fol-
24 lows:

1 “(d) *PRIORITY.—In selecting grant recipients under*
2 *this section, the Secretary shall give priority to—*

3 “(1) *programs that have demonstrated the abil-*
4 *ity to train psychology, psychiatry, and social work*
5 *professionals to work in integrated care settings for*
6 *purposes of recipients under paragraphs (1), (2), and*
7 *(3) of subsection (a); and*

8 “(2) *programs for paraprofessionals that empha-*
9 *size the role of the family and the lived experience of*
10 *the consumer and family-paraprofessional partner-*
11 *ships for purposes of recipients under subsection*
12 *(a)(4).”;* and

13 “(5) *by striking subsection (e) and inserting the*
14 *following:*

15 “(e) *REPORT TO CONGRESS.—Not later than 2 years*
16 *after the date of enactment of the Mental Health Reform*
17 *Act of 2016, the Secretary shall include in the biennial re-*
18 *port submitted to Congress under section 501(m) an assess-*
19 *ment on the effectiveness of the grants under this section*
20 *in—*

21 “(1) *providing graduate students support for ex-*
22 *periential training (internship or field placement);*

23 “(2) *recruiting students interested in behavioral*
24 *health practice;*

1 (A) updated findings and current research
2 related to eating disorders, as appropriate; and

3 (B) information about eating disorders, in-
4 cluding information related to males and fe-
5 males;

6 (2) incorporate, as appropriate, and in coordi-
7 nation with the Secretary of Education, information
8 from publicly available resources into appropriate
9 obesity prevention programs developed by the Office
10 on Women's Health; and

11 (3) make publicly available (through a public
12 Internet website or other method) information, related
13 fact sheets, and resource lists, as updated under para-
14 graph (1), and the information incorporated into ap-
15 propriate obesity prevention programs under para-
16 graph (2).

17 (b) AWARENESS.—The Secretary may advance public
18 awareness on—

19 (1) the types of eating disorders;

20 (2) the seriousness of eating disorders, including
21 prevalence, comorbidities, and physical and mental
22 health consequences;

23 (3) methods to identify, intervene, refer for treat-
24 ment, and prevent behaviors that may lead to the de-
25 velopment of eating disorders;

1 **“SEC. 520F. STRENGTHENING COMMUNITY CRISIS RE-**
2 **SPONSE SYSTEMS.**

3 *“(a) IN GENERAL.—The Secretary shall award com-*
4 *petitive grants—*

5 *“(1) to State and local governments and Indian*
6 *tribes and tribal organizations, to enhance commu-*
7 *nity-based crisis response systems for individuals*
8 *with serious mental illness, serious emotional disturb-*
9 *ances, or substance use disorders; or*

10 *“(2) to States to develop, maintain, or enhance*
11 *a database of beds at inpatient psychiatric facilities,*
12 *crisis stabilization units, and residential community*
13 *mental health and residential substance use disorder*
14 *treatment facilities, for individuals with serious men-*
15 *tal illness, serious emotional disturbances, or sub-*
16 *stance use disorders.*

17 *“(b) APPLICATION.—*

18 *“(1) IN GENERAL.—To receive a grant or cooper-*
19 *ative agreement under subsection (a), an entity shall*
20 *submit to the Secretary an application, at such time,*
21 *in such manner, and containing such information as*
22 *the Secretary may require.*

23 *“(2) COMMUNITY-BASED CRISIS RESPONSE*
24 *PLAN.—An application for a grant under subsection*
25 *(a)(1) shall include a plan for—*

1 “(A) promoting integration and coordina-
2 tion between local public and private entities en-
3 gaged in crisis response, including first respond-
4 ers, emergency health care providers, primary
5 care providers, law enforcement, court systems,
6 health care payers, social service providers, and
7 behavioral health providers;

8 “(B) developing memoranda of under-
9 standing with public and private entities to im-
10 plement crisis response services;

11 “(C) addressing gaps in community re-
12 sources for crisis response; and

13 “(D) developing models for minimizing hos-
14 pital readmissions, including through appro-
15 priate discharge planning.

16 “(3) *BEDS DATABASE PLAN*.—An application for
17 a grant under subsection (a)(2) shall include a plan
18 for developing, maintaining, or enhancing a real-time
19 Internet-based bed database to collect, aggregate, and
20 display information about beds in inpatient psy-
21 chiatric facilities and crisis stabilization units, and
22 residential community mental health and residential
23 substance use disorder treatment facilities to facilitate
24 the identification and designation of facilities for the

1 *temporary treatment of individuals in mental or sub-*
2 *stance use disorder crisis.*

3 “(c) *DATABASE REQUIREMENTS.*—*A bed database de-*
4 *scribed in this section is a database that—*

5 “(1) *includes information on inpatient psy-*
6 *chiatric facilities, crisis stabilization units, and resi-*
7 *dential community mental health and residential sub-*
8 *stance use disorder facilities in the State involved, in-*
9 *cluding contact information for the facility or unit;*

10 “(2) *provides real-time information about the*
11 *number of beds available at each facility or unit and,*
12 *for each available bed, the type of patient that may*
13 *be admitted, the level of security provided, and any*
14 *other information that may be necessary to allow for*
15 *the proper identification of appropriate facilities for*
16 *treatment of individuals in mental or substance use*
17 *disorder crisis; and*

18 “(3) *enables searches of the database to identify*
19 *available beds that are appropriate for the treatment*
20 *of individuals in mental or substance use disorder*
21 *crisis.*

22 “(d) *EVALUATION.*—*An entity receiving a grant under*
23 *this subsection (a)(1) shall submit to the Secretary, at such*
24 *time, in such manner, and containing such information as*
25 *the Secretary may reasonably require, a report, including*

1 *an evaluation of the effect of such grant on local crisis re-*
 2 *sponse service and measures of individuals receiving crisis*
 3 *planning and early intervention supports, individuals re-*
 4 *porting improved functional outcomes, and individuals re-*
 5 *ceiving regular follow-up care following a crisis.*

6 “(e) *AUTHORIZATION OF APPROPRIATIONS.—There is*
 7 *authorized to be appropriated to carry out this section, such*
 8 *sums as may be necessary for each of fiscal years 2017*
 9 *through 2021.”.*

10 **SEC. 411. STRENGTHENING THE MENTAL AND SUBSTANCE**
 11 **USE DISORDER WORKFORCE.**

12 *Part D of title VII of the Public Health Service Act*
 13 *(42 U.S.C. 294 et seq.) is amended by adding at the end*
 14 *the following:*

15 **“SEC. 760. TRAINING DEMONSTRATION PROGRAM.**

16 “(a) *IN GENERAL.—The Secretary shall establish a*
 17 *training demonstration program to award grants to eligible*
 18 *entities to support—*

19 “(1) *training for medical residents and fellows to*
 20 *practice psychiatry and addiction medicine in under-*
 21 *served, community-based settings that integrate pri-*
 22 *mary care with mental and substance use disorder*
 23 *services;*

24 “(2) *training for nurse practitioners, physician*
 25 *assistants, and social workers to provide mental and*

1 *substance use disorder services in underserved com-*
2 *munity-based settings that integrate primary care*
3 *and mental and substance use disorder services; and*

4 “(3) *establishing, maintaining, or improving*
5 *academic units or programs that—*

6 “(A) *provide training for students or fac-*
7 *ulty, including through clinical experiences and*
8 *research, to improve the ability to be able to rec-*
9 *ognize, diagnose, and treat mental and substance*
10 *use disorders, with a special focus on addiction;*

11 *or*

12 “(B) *develop evidence-based practices or rec-*
13 *ommendations for the design of the units or pro-*
14 *grams described in subparagraph (A), including*
15 *curriculum content standards.*

16 “(b) *ACTIVITIES.—*

17 “(1) *TRAINING FOR RESIDENTS AND FELLOWS.—*

18 *A recipient of a grant under subsection (a)(1)—*

19 “(A) *shall use the grant funds to—*

20 “(i)(I) *plan, develop, and operate a*
21 *training program for medical psychiatry*
22 *residents and fellows in addiction medicine*
23 *practicing in eligible entities described in*
24 *subsection (c)(1); or*

1 “(II) train new psychiatric residents
2 and fellows in addiction medicine to pro-
3 vide and expand access to integrated mental
4 and substance use disorder services; and

5 “(ii) provide at least 1 training track
6 that is—

7 “(I) a virtual training track that
8 includes an in-person rotation at a
9 teaching health center or community-
10 based setting, followed by a virtual ro-
11 tation in which the resident or fellow
12 continues to support the care of pa-
13 tients at the teaching health center or
14 community-based setting through the
15 use of health information technology;

16 “(II) an in-person training track
17 that includes a rotation, during which
18 the resident or fellow practices at a
19 teaching health center or community-
20 based setting; or

21 “(III) an in-person training track
22 that includes a rotation during which
23 the resident practices in a community-
24 based setting that specializes in the
25 treatment of infants, children, adoles-

1 *cents, or pregnant or post-partum*
2 *women; and*

3 “(B) may use the grant funds to provide
4 *additional support for the administration of the*
5 *program or to meet the costs of projects to estab-*
6 *lish, maintain, or improve faculty development,*
7 *or departments, divisions, or other units.*

8 “(2) *TRAINING FOR OTHER PROVIDERS.*—A re-
9 *cipient of a grant under subsection (a)(2)—*

10 “(A) shall use the grant funds to plan, de-
11 *velop, or operate a training program to provide*
12 *mental and substance use disorder services in*
13 *underserved, community-based settings that inte-*
14 *grate primary care and mental and substance*
15 *use disorder services; and*

16 “(B) may use the grant funds to provide
17 *additional support for the administration of the*
18 *program or to meet the costs of projects to estab-*
19 *lish, maintain, or improve faculty development,*
20 *or departments, divisions, or other units of such*
21 *program.*

22 “(3) *ACADEMIC UNITS OR PROGRAMS.*—A recipi-
23 *ent of a grant under subsection (a)(3) shall enter into*
24 *a partnership with an education accrediting organi-*
25 *zation (such as the Liaison Committee on Medical*

1 *Education, the Accreditation Council for Graduate*
 2 *Medical Education, the Commission on Osteopathic*
 3 *College Accreditation, the Accreditation Commission*
 4 *For Education in Nursing, the Commission on Colle-*
 5 *giate Nursing Education, the Accreditation Council*
 6 *for Pharmacy Education, the Council on Social Work*
 7 *Education, or the Accreditation Review Commission*
 8 *on Education for the Physician Assistant).*

9 “(c) *ELIGIBLE ENTITIES.*—

10 “(1) *TRAINING FOR RESIDENTS AND FELLOWS.*—

11 *To be eligible to receive a grant under subsection*
 12 *(a)(1), an entity shall—*

13 “(A) *be a consortium consisting of—*

14 “(i) *at least one teaching health center;*

15 *and*

16 “(ii) *the sponsoring institution (or*
 17 *parent institution of the sponsoring institu-*
 18 *tion) of—*

19 “(I) *a psychiatry residency pro-*
 20 *gram that is accredited by the Accredi-*
 21 *tation Council of Graduate Medical*
 22 *Education (or the parent institution of*
 23 *such a program); or*

1 “(II) a fellowship in addiction
2 medicine, as determined appropriate
3 by the Secretary; or

4 “(B) be an entity described in subpara-
5 graph (A)(ii) that provides opportunities for
6 residents or fellows to train in community-based
7 settings that integrate primary care with mental
8 and substance use disorder services.

9 “(2) TRAINING FOR OTHER PROVIDERS.—To be
10 eligible to receive a grant under subsection (a)(2), an
11 entity shall be—

12 “(A) a teaching health center (as defined in
13 section 749A(f));

14 “(B) a Federally qualified health center (as
15 defined in section 1905(l)(2)(B) of the Social Se-
16 curity Act);

17 “(C) a community mental health center (as
18 defined in section 1861(ff)(3)(B) of the Social
19 Security Act);

20 “(D) a rural health clinic (as defined in
21 section 1861(aa) of the Social Security Act); or

22 “(E) a health center operated by the Indian
23 Health Service, an Indian tribe, a tribal organi-
24 zation, or an urban Indian organization (as de-

1 *fined in section 4 of the Indian Health Care Im-*
 2 *provement Act); or*

3 “(F) *an entity with a demonstrated record*
 4 *of success in providing training for nurse practi-*
 5 *tioners, physician assistants, and social workers.*

6 “(3) *ACADEMIC UNITS OR PROGRAMS.—To be eli-*
 7 *gible to receive a grant under subsection (a)(3), an*
 8 *entity shall be a school of medicine or osteopathic*
 9 *medicine, a nursing school, a physician assistant*
 10 *training program, a school of pharmacy, a school of*
 11 *social work, an accredited public or nonprofit private*
 12 *hospital, an accredited medical residency program, or*
 13 *a public or private nonprofit entity.*

14 “(d) *PRIORITY.—*

15 “(1) *IN GENERAL.—In awarding grants under*
 16 *subsection (a)(1) or (a)(2), the Secretary shall give*
 17 *priority to eligible entities that—*

18 “(A) *demonstrate sufficient size, scope, and*
 19 *capacity to undertake the requisite training of*
 20 *an appropriate number of psychiatric residents,*
 21 *fellows, nurse practitioners, physician assistants,*
 22 *or social workers in addiction medicine per year*
 23 *to meet the needs of the area served;*

24 “(B) *demonstrate experience in training*
 25 *providers to practice team-based care that inte-*

1 *grates mental and substance use disorder services*
2 *with primary care in community-based settings;*

3 *“(C) demonstrate experience in using health*
4 *information technology to support—*

5 *“(i) the delivery of mental and sub-*
6 *stance use disorder services at the eligible*
7 *entities described in subsections (c)(1) and*
8 *(c)(2); and*

9 *“(ii) community health centers in inte-*
10 *grating primary care and mental and sub-*
11 *stance use disorder treatment; or*

12 *“(D) have the capacity to expand access to*
13 *mental and substance use disorder services in*
14 *areas with demonstrated need, as determined by*
15 *the Secretary, such as tribal, rural, or other un-*
16 *derserved communities.*

17 *“(2) ACADEMIC UNITS OR PROGRAMS.—In*
18 *awarding grants under subsection (a)(3), the Sec-*
19 *retary shall give priority to eligible entities that—*

20 *“(A) have a record of training the greatest*
21 *percentage of mental and substance use disorder*
22 *providers who enter and remain in these fields or*
23 *who enter and remain in settings with inte-*
24 *grated primary and mental and substance use*
25 *disorder health care services;*

1 “(B) have a record of training individuals
2 who are from underrepresented minority groups,
3 including native populations, or from a rural or
4 disadvantaged background;

5 “(C) provide training in the care of vulner-
6 able populations such as infants, children, ado-
7 lescents, pregnant and post-partum women, older
8 adults, homeless individuals, victims of abuse or
9 trauma, individuals with disabilities, and other
10 groups as defined by the Secretary;

11 “(D) teach trainees the skills to provide
12 interprofessional, integrated care through col-
13 laboration among health professionals; or

14 “(E) provide training in cultural com-
15 petency and health literacy.

16 “(e) DURATION.—Grants awarded under this section
17 shall be for a minimum of 5 years.

18 “(f) STUDY AND REPORT.—

19 “(1) STUDY.—

20 “(A) IN GENERAL.—The Secretary, acting
21 through the Administrator of the Health Re-
22 sources and Services Administration, shall con-
23 duct a study on the results of the demonstration
24 project under this section.

1 “(B) *DATA SUBMISSION.*—Not later than 90
2 days after the completion of the first year of the
3 training program and each subsequent year that
4 the program is in effect, each recipient of a grant
5 under subsection (a) shall submit to the Sec-
6 retary such data as the Secretary may require
7 for analysis for the report described in para-
8 graph (2).

9 “(2) *REPORT TO CONGRESS.*—Not later than 1
10 year after receipt of the data described in paragraph
11 (1)(B), the Secretary shall submit to Congress a re-
12 port that includes—

13 “(A) *analysis of the effect of the demonstra-*
14 *tion project on the quality, quantity, and dis-*
15 *tribution of mental and substance use disorder*
16 *services;*

17 “(B) *analysis of the effect of the demonstra-*
18 *tion project on the prevalence of untreated men-*
19 *tal and substance use disorders in the sur-*
20 *rounding communities of health centers partici-*
21 *pating in the demonstration; and*

22 “(C) *recommendations on whether the dem-*
23 *onstration project should be expanded.*”.

24 **SEC. 412. REPORTS.**

25 (a) *WORKFORCE DEVELOPMENT REPORT.*—

1 (1) *IN GENERAL.*—Not later than 2 years after
2 the date of enactment of this Act, the Administrator
3 of the Substance Abuse and Mental Health Services
4 Administration, in consultation with the Adminis-
5 trator of the Health Resources and Services Adminis-
6 tration, shall conduct a study and publicly post on
7 the appropriate Internet website of the Department of
8 Health and Human Services a report on the mental
9 health and substance use disorder workforce in order
10 to inform Federal, State, and local efforts related to
11 workforce enhancement.

12 (2) *CONTENTS.*—The report under this subsection
13 shall contain—

14 (A) national and State-level projections of
15 the supply and demand of mental health and
16 substance use disorder health workers;

17 (B) an assessment of the mental health and
18 substance use disorder workforce capacity,
19 strengths, and weaknesses as of the date of the re-
20 port;

21 (C) information on trends within the men-
22 tal health and substance use disorder provider
23 workforce; and

24 (D) any additional information determined
25 by the Administrator of the Substance Abuse and

1 *Mental Health Services Administration, in con-*
2 *sultation with the Administrator of the Health*
3 *Resources and Services Administration, to be rel-*
4 *evant to the mental health and substance use dis-*
5 *order provider workforce.*

6 **(b) PEER-SUPPORT SPECIALIST PROGRAMS.—**

7 **(1) IN GENERAL.—***Not later than 2 years after*
8 *the date of enactment of this Act, the Comptroller*
9 *General of the United States shall conduct a study on*
10 *peer-support specialist programs in selected States*
11 *that receive funding from the Substance Abuse and*
12 *Mental Health Services Administration and report to*
13 *the Committee on Health, Education, Labor, and*
14 *Pensions of the Senate and the Committee on Energy*
15 *and Commerce of the House of Representatives.*

16 **(2) CONTENTS OF STUDY.—***In conducting the*
17 *study under paragraph (1), the Comptroller General*
18 *of the United States shall examine and identify best*
19 *practices in the selected States related to training and*
20 *credential requirements for peer-specialist programs,*
21 *such as—*

22 **(A)** *hours of formal work or volunteer expe-*
23 *rience related to mental and substance use dis-*
24 *orders conducted through such programs;*

1 (B) types of peer support specialist exams
2 required for such programs in the States;

3 (C) codes of ethics used by such programs in
4 the States;

5 (D) required or recommended skill sets of
6 such programs in the State; and

7 (E) requirements for continuing education.

8 **SEC. 413. CENTER AND PROGRAM REPEALS.**

9 Part B of title V of the Public Health Service Act (42
10 U.S.C. 290bb et seq.) is amended by striking the second sec-
11 tion 514 (42 U.S.C. 290bb–9), relating to methamphet-
12 amine and amphetamine treatment initiatives, and each of
13 sections 514A, 517, 519A, 519C, 519E, 520D, and 520H
14 (42 U.S.C. 290bb–8, 290bb–23, 290bb–25a, 290bb–25c,
15 290bb–25e, 290bb–35, and 290bb–39).

16 **SEC. 414. MINORITY FELLOWSHIP PROGRAM.**

17 Title V of the Public Health Service Act (42 U.S.C.
18 290aa et seq.) is amended by adding at the end the fol-
19 lowing:

20 **“PART K—MINORITY FELLOWSHIP PROGRAM**

21 **“SEC. 597. FELLOWSHIPS.**

22 “(a) *IN GENERAL.*—The Secretary shall maintain a
23 program, to be known as the Minority Fellowship Program,
24 under which the Secretary awards fellowships, which may
25 include stipends, for the purposes of—

1 “(1) increasing mental and substance use dis-
2 order practitioners’ knowledge of issues related to pre-
3 vention, treatment, and recovery support for mental
4 and substance use disorders among racial and ethnic
5 minority populations;

6 “(2) improving the quality of mental and sub-
7 stance use disorder prevention and treatment deliv-
8 ered to ethnic minorities; and

9 “(3) increasing the number of culturally com-
10 petent mental and substance use disorder profes-
11 sionals who teach, administer, conduct services re-
12 search, and provide direct mental or substance use
13 disorder services to underserved minority populations.

14 “(b) *TRAINING COVERED.*—The fellowships under sub-
15 section (a) shall be for postbaccalaureate training (includ-
16 ing for master’s and doctoral degrees) for mental health pro-
17 fessionals, including in the fields of psychiatry, nursing, so-
18 cial work, psychology, marriage and family therapy, and
19 substance use and addiction counseling.

20 “(c) *AUTHORIZATION OF APPROPRIATIONS.*—To carry
21 out this section, there are authorized to be appropriated
22 such sums as may be necessary for each of fiscal years 2017
23 through 2021.”.

1 **TITLE V—STRENGTHENING MEN-**
2 **TAL AND SUBSTANCE USE**
3 **DISORDER CARE FOR WOMEN,**
4 **CHILDREN, AND ADOLES-**
5 **CENTS**

6 **SEC. 501. PROGRAMS FOR CHILDREN WITH SERIOUS EMO-**
7 **TIONAL DISTURBANCES.**

8 (a) *COMPREHENSIVE COMMUNITY MENTAL HEALTH*
9 *SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DIS-*
10 *TURBANCES.*—Section 561(a)(1) of the Public Health Serv-
11 *ice Act (42 U.S.C. 290ff(a)(1)) is amended by inserting “,*
12 *which may include efforts to identify and serve children at*
13 *risk” before the period.*

14 (b) *REQUIREMENTS WITH RESPECT TO CARRYING*
15 *OUT PURPOSE OF GRANTS.*—Section 562(b) of the Public
16 *Health Service Act (42 U.S.C. 290ff–1(b)) is amended by*
17 *striking “will not provide an individual with access to the*
18 *system if the individual is more than 21 years of age” and*
19 *inserting “will provide an individual with access to the sys-*
20 *tem through the age of 21 years”.*

21 (c) *ADDITIONAL PROVISIONS.*—Section 564(f) of the
22 *Public Health Service Act (42 U.S.C. 290ff–3(f)) is amend-*
23 *ed by inserting “(and provide a copy to the State involved)”*
24 *after “to the Secretary”.*

1 (d) *GENERAL PROVISIONS.*—Section 565 of the Public
2 *Health Service Act (42 U.S.C. 290ff-4) is amended—*

3 (1) *in subsection (b)(1)—*

4 (A) *in the matter preceding subparagraph*
5 (A), *by striking “receiving a grant under section*
6 561(a)” and inserting “, regardless of whether
7 *such public entity is receiving a grant under sec-*
8 *tion 561(a)”;* and

9 (B) *in subparagraph (B), by striking “pur-*
10 *suant to” and inserting “described in”;*

11 (2) *in subsection (d)(1), by striking “not more*
12 *than 21 years of age” and inserting “through the age*
13 *of 21 years”;* and

14 (3) *in subsection (f)(1), by striking*
15 *“\$100,000,000 for fiscal year 2001, and such sums as*
16 *may be necessary for each of the fiscal years 2002 and*
17 *2003” and inserting “such sums as may be necessary*
18 *for each of fiscal years 2017 through 2021”.*

19 **SEC. 502. TELEHEALTH CHILD PSYCHIATRY ACCESS**
20 **GRANTS.**

21 (a) *IN GENERAL.*—The Secretary of Health and
22 *Human Services (referred to in this section as the “Sec-*
23 *retary”), acting through the Administrator of the Health*
24 *Resources and Services Administration and in coordination*
25 *with other relevant Federal agencies, may award grants*

1 *through existing health programs that promote mental or*
2 *child health, including programs under section 330I, 330K,*
3 *or 330L of the Public Health Service Act (42 U.S.C. 254c-*
4 *14, 254c-16, 254c-18), to States, political subdivisions of*
5 *States, and Indian tribes and tribal organizations (for pur-*
6 *poses of this section, as defined in section 4 of the Indian*
7 *Self-Determination and Education Assistance Act (25*
8 *U.S.C. 450b)) to promote behavioral health integration in*
9 *pediatric primary care by—*

10 (1) *supporting the development of statewide or*
11 *regional child psychiatry access programs; and*

12 (2) *supporting the improvement of existing state-*
13 *wide or regional child psychiatry access programs.*

14 **(b) PROGRAM REQUIREMENTS.—**

15 (1) **IN GENERAL.—***To be eligible for funding*
16 *under subsection (a), a child psychiatry access pro-*
17 *gram shall—*

18 (A) *be a statewide or regional network of*
19 *pediatric mental health teams that provide sup-*
20 *port to pediatric primary care sites as an inte-*
21 *grated team;*

22 (B) *support and further develop organized*
23 *State or regional networks of child and adoles-*
24 *cent psychiatrists to provide consultative support*
25 *to pediatric primary care sites;*

1 (C) conduct an assessment of critical behav-
2 ioral consultation needs among pediatric pro-
3 viders and such providers' preferred mechanisms
4 for receiving consultation and training and tech-
5 nical assistance;

6 (D) develop an online database and commu-
7 nication mechanisms, including telehealth, to fa-
8 cilitate consultation support to pediatric prac-
9 tices;

10 (E) provide rapid statewide or regional
11 clinical telephone consultations when requested
12 between the pediatric mental health teams and
13 pediatric primary care providers;

14 (F) conduct training and provide technical
15 assistance to pediatric primary care providers to
16 support the early identification, diagnosis, treat-
17 ment, and referral of children with behavioral
18 health conditions and co-occurring intellectual
19 and other developmental disabilities;

20 (G) inform and assist pediatric providers in
21 accessing child psychiatry consultations and in
22 scheduling and conducting technical assistance;

23 (H) assist with referrals to specialty care
24 and community and behavioral health resources;
25 and

1 (I) *establish mechanisms for measuring and*
2 *monitoring increased access to child and adoles-*
3 *cent psychiatric services by pediatric primary*
4 *care providers and expanded capacity of pedi-*
5 *atric primary care providers to identify, treat,*
6 *and refer children with mental health problems.*

7 (2) *PEDIATRIC MENTAL HEALTH TEAMS.—In*
8 *this subsection, the term “pediatric mental health*
9 *team” means a team of case coordinators, child and*
10 *adolescent psychiatrists, and a licensed clinical men-*
11 *tal health professional, such as a psychologist, social*
12 *worker, or mental health counselor. Such a team may*
13 *be regionally based.*

14 (c) *APPLICATIONS.—A State, political subdivision of*
15 *a State, Indian tribe, or tribal organization that desires*
16 *a grant under this section shall submit an application to*
17 *the Secretary at such time, in such manner, and containing*
18 *such information as the Secretary may require, including*
19 *a plan for the comprehensive evaluation and the perform-*
20 *ance and outcome evaluation described in subsection (d).*

21 (d) *EVALUATION.—A State, political subdivision of a*
22 *State, Indian tribe, or tribal organization that receives a*
23 *grant under this section shall prepare and submit an eval-*
24 *uation to the Secretary at such time, in such manner, and*
25 *containing such information as the Secretary may reason-*

1 ably require, including a comprehensive evaluation of ac-
 2 tivities carried out with funds received through such grant
 3 and a performance and outcome evaluation of such activi-
 4 ties.

5 (e) *ACCESS TO BROADBAND.*—In administering grants
 6 under this section, the Secretary may coordinate with other
 7 agencies to ensure that funding opportunities are available
 8 to support access to reliable, high-speed Internet for pro-
 9 viders.

10 (f) *MATCHING REQUIREMENT.*—The Secretary may
 11 not award a grant under this section unless the State, polit-
 12 ical subdivision of a State, Indian tribe, or tribal organiza-
 13 tion involved agrees, with respect to the costs to be incurred
 14 by the State, political subdivision of a State, Indian tribe,
 15 or tribal organization in carrying out the purpose described
 16 in this section, to make available non-Federal contributions
 17 (in cash or in kind) toward such costs in an amount that
 18 is not less than 20 percent of Federal funds provided in
 19 the grant.

20 **SEC. 503. SUBSTANCE USE DISORDER TREATMENT AND**
 21 **EARLY INTERVENTION SERVICES FOR CHIL-**
 22 **DREN AND ADOLESCENTS.**

23 *The first section 514 of the Public Health Service Act*
 24 *(42 U.S.C. 290bb–7), relating to substance abuse treatment*
 25 *services for children and adolescents, is amended—*

1 (1) *in the heading, by striking “**ABUSE TREAT-***
2 *MENT” and inserting “**USE DISORDER TREAT-***
3 *MENT AND EARLY INTERVENTION”;*

4 (2) *by striking subsection (a) and inserting the*
5 *following:*

6 “(a) *IN GENERAL.—The Secretary shall award grants,*
7 *contracts, or cooperative agreements to public and private*
8 *nonprofit entities, including Indian tribes or tribal organi-*
9 *zations (as such terms are defined in section 4 of the Indian*
10 *Self-Determination and Education Assistance Act (25*
11 *U.S.C. 450b)), or health facilities or programs operated by*
12 *or pursuant to a contract or grant with the Indian Health*
13 *Service, for the purpose of—*

14 “(1) *providing early identification and services*
15 *to meet the needs of children and adolescents who are*
16 *at risk of substance use disorders;*

17 “(2) *providing substance use disorder treatment*
18 *services for children, including children and adoles-*
19 *cents with co-occurring mental illness and substance*
20 *use disorders; and*

21 “(3) *providing assistance to pregnant and par-*
22 *enting mothers with substance use disorders in ob-*
23 *taining treatment services, linking mothers to commu-*
24 *nity resources to support independent family lives,*
25 *and staying in recovery so that children are in safe,*

1 *stable home environments and receive appropriate*
2 *health care services.”;*

3 (3) *in subsection (b)—*

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

6 “(1) *apply evidence-based and cost effective*
7 *methods;”;*

8 (B) *in paragraph (2)—*

9 (i) *by striking “treatment”; and*

10 (ii) *by inserting “substance abuse,”*
11 *after “child welfare;”;*

12 (C) *in paragraph (3), by striking “sub-*
13 *stance abuse disorders” and inserting “substance*
14 *use disorders, including children and adolescents*
15 *with co-occurring mental illness and substance*
16 *use disorders;”;*

17 (D) *in paragraph (5), by striking “treat-*
18 *ment;” and inserting “services; and”;*

19 (E) *in paragraph (6), by striking “sub-*
20 *stance abuse treatment; and” and inserting*
21 *“treatment.”; and*

22 (F) *by striking paragraph (7); and*

23 (4) *in subsection (f), by striking “\$40,000,000”*
24 *and all that follows through the period and inserting*

1 *“such sums as may be necessary for each of fiscal*
 2 *years 2017 through 2021.”*

3 **SEC. 504. RESIDENTIAL TREATMENT PROGRAMS FOR PREG-**
 4 **NANT AND PARENTING WOMEN.**

5 *Section 508 of the Public Health Service Act (42*
 6 *U.S.C. 290bb–1) is amended—*

7 (1) *in the section heading, by striking*
 8 ***“POSTPARTUM”*** *and inserting “***PARENTING***”;*

9 (2) *in subsection (a)—*

10 (A) *in the matter preceding paragraph*

11 (1)—

12 (i) *by inserting “(referred to in this*
 13 *section as the ‘Director’)” after “Substance*
 14 *Abuse Treatment”;*

15 (ii) *by striking “grants, cooperative*
 16 *agreement,” and inserting “grants, includ-*
 17 *ing the grants under subsection (r), coopera-*
 18 *tive agreements”;*

19 (iii) *by striking “postpartum” and in-*
 20 *serting “parenting”; and*

21 (iv) *by striking “for substance abuse”*
 22 *and inserting “for substance use disorders”;*
 23 *and*

1 (B) in paragraph (1), by inserting “or re-
2 ceive outpatient treatment services from” after
3 “reside in”; and

4 (3) in subsection (b)(2), by striking “the services
5 will be made available to each woman” and inserting
6 “services will be made available to each woman and
7 child”;

8 (4) in subsection (c)—

9 (A) in paragraph (1), by striking “to the
10 woman of the services” and inserting “of services
11 for the woman and her child”; and

12 (B) in paragraph (2)—

13 (i) in subparagraph (A), by striking
14 “substance abuse” and inserting “substance
15 use disorders”; and

16 (ii) in subparagraph (B), by striking
17 “such abuse” and inserting “such a dis-
18 order”;

19 (5) in subsection (d)—

20 (A) in paragraph (3)(A), by striking “ma-
21 ternal substance abuse” and inserting “a mater-
22 nal substance use disorder”;

23 (B) by amending paragraph (4) to read as
24 follows:

1 “(4) *Providing therapeutic, comprehensive child*
2 *care for children during the periods in which the*
3 *woman is engaged in therapy or in other necessary*
4 *health and rehabilitative activities.*”;

5 (C) *in paragraphs (9), (10), and (11), by*
6 *striking “women” each place such term appears*
7 *and inserting “woman”;*

8 (D) *in paragraph (9), by striking “units”*
9 *and inserting “unit”; and*

10 (E) *in paragraph (11)—*

11 (i) *in subparagraph (A), by striking*
12 *“their children” and inserting “any child of*
13 *such woman”;*

14 (ii) *in subparagraph (B), by striking*
15 *“; and” and inserting a semicolon;*

16 (iii) *in subparagraph (C), by striking*
17 *the period and inserting “; and”; and*

18 (iv) *by adding at the end the following:*

19 “(D) *family reunification with children in*
20 *kinship or foster care arrangements, where safe*
21 *and appropriate.*”;

22 (6) *in subsection (e)—*

23 (A) *in paragraph (1)—*

24 (i) *in the matter preceding subpara-*
25 *graph (A), by striking “substance abuse”*

1 and inserting “substance use disorders”;

2 and

3 (ii) in subparagraph (B), by striking

4 “substance abuse” and inserting “substance

5 use disorders”; and

6 (B) in paragraph (2)—

7 (i) by striking “(A) Subject” and in-

8 serting the following:

9 “(A) IN GENERAL.—Subject”;

10 (ii) in subparagraph (B)—

11 (I) by striking “(B)(i) In the

12 case” and inserting the following:

13 “(B) WAIVER OF PARTICIPATION AGREE-

14 MENTS.—

15 “(i) IN GENERAL.—In the case”; and

16 (II) by striking “(ii) A deter-

17 mination” and inserting the following:

18 “(ii) DONATIONS.—A determination”;

19 and

20 (iii) by striking “(C) With respect”

21 and inserting the following:

22 “(C) NONAPPLICATION OF CERTAIN RE-

23 QUIREMENTS.—With respect”;

24 (7) in subsection (g)—

1 (A) by striking “who are engaging in sub-
2 stance abuse” and inserting “who have a sub-
3 stance use disorder”; and

4 (B) by striking “such abuse” and inserting
5 “such disorder”;

6 (8) in subsection (h)(1), by striking
7 “postpartum” and inserting “parenting”;

8 (9) in subsection (j)—

9 (A) in the matter preceding paragraph (1),
10 by striking “to on” and inserting “to or on”;
11 and

12 (B) in paragraph (3), by striking “Office
13 for” and inserting “Office of”;

14 (10) by amending subsection (m) to read as fol-
15 lows:

16 “(m) ALLOCATION OF AWARDS.—In making awards
17 under subsection (a), the Director shall give priority to an
18 applicant that agrees to use the award for a program serv-
19 ing an area that is a rural area, an area designated under
20 section 332 by the Secretary as a health professional short-
21 age area, or an area determined by the Director to have
22 a shortage of family-based substance use disorder treatment
23 options.”;

24 (11) in subsection (q)—

1 (A) in paragraph (3), by striking “funding
2 agreement under subsection (a)” and inserting
3 “funding agreement”; and

4 (B) in paragraph (4), by striking “sub-
5 stance abuse” and inserting “a substance use
6 disorder”;

7 (12) by redesignating subsection (r) as subsection
8 (s);

9 (13) by inserting after subsection (q) the fol-
10 lowing:

11 “(r) *PILOT PROGRAM FOR STATE SUBSTANCE ABUSE*
12 *AGENCIES.*—

13 “(1) *IN GENERAL.*—From amounts made avail-
14 able under subsection (s), the Director may carry out
15 a pilot program under which the Director makes com-
16 petitive grants to State substance abuse agencies to—

17 “(A) *enhance flexibility in the use of funds*
18 *designed to support family-based services for*
19 *pregnant and parenting women with a primary*
20 *diagnosis of a substance use disorder, including*
21 *an opioid use disorder;*

22 “(B) *help State substance abuse agencies*
23 *address identified gaps in services provided to*
24 *such women along the continuum of care, includ-*

1 *ing services provided to women in non-residen-*
2 *tial based settings; and*

3 “(C) *promote a coordinated, effective, and*
4 *efficient State system managed by State sub-*
5 *stance abuse agencies by encouraging new ap-*
6 *proaches and models of service delivery that are*
7 *evidence-based.*

8 “(2) *REQUIREMENTS.—Notwithstanding any*
9 *other provisions of this section, in carrying out the*
10 *pilot program under this subsection, the Director—*

11 “(A) *shall require a State substance abuse*
12 *agency to submit to the Director an application,*
13 *in such form and manner and containing such*
14 *information as specified by the Director, to be el-*
15 *igible to receive a grant under the program;*

16 “(B) *shall identify, based on applications*
17 *submitted under subparagraph (A), State sub-*
18 *stance abuse agencies that are eligible for such*
19 *grants;*

20 “(C) *shall require services proposed to be*
21 *furnished through such a grant to support fam-*
22 *ily-based treatment and other services for preg-*
23 *nant and parenting women with a primary di-*
24 *agnosis of a substance use disorder, including an*
25 *opioid use disorder;*

1 “(D) shall not require that services fur-
2 nished through such a grant be provided solely to
3 women that reside in facilities;

4 “(E) shall not require that grant recipients
5 under the program make available all services
6 described in subsection (d); and

7 “(F) may waive the requirements of sub-
8 section (f), depending on the circumstances of the
9 grantee.

10 “(3) REQUIRED SERVICES.—

11 “(A) IN GENERAL.—The Director shall
12 specify minimum services required to be made
13 available to eligible women through a grant
14 awarded under the pilot program under this sub-
15 section. Notwithstanding any other provision of
16 this section, such minimum services—

17 “(i) shall include the requirements de-
18 scribed in subsection (c);

19 “(ii) may include any of the services
20 described in subsection (d);

21 “(iii) may include other services, as
22 appropriate; and

23 “(iv) shall be based on the rec-
24 ommendations submitted under subpara-
25 graph (B).

1 “(B) *STAKEHOLDER INPUT.*—*The Director*
2 *shall consider recommendations from stake-*
3 *holders, including State substance abuse agen-*
4 *cies, health care providers, persons in recovery*
5 *from a substance use disorder, and other appro-*
6 *priate individuals, for the minimum services de-*
7 *scribed in subparagraph (A).*

8 “(4) *DURATION.*—*The pilot program under this*
9 *subsection shall not exceed 5 years.*

10 “(5) *EVALUATION AND REPORT TO CONGRESS.*—

11 “(A) *EVALUATIONS.*—*Out of amounts made*
12 *available to the Center for Behavioral Health*
13 *Statistics and Quality, the Director of the Center*
14 *for Behavioral Health Statistics and Quality, in*
15 *cooperation with the Director of the Center for*
16 *Substance Abuse Treatment and the recipients of*
17 *grants under this subsection, shall conduct an*
18 *evaluation of the pilot program, beginning one*
19 *year after the date on which a grant is first*
20 *awarded under this subsection.*

21 “(B) *REPORTS.*—

22 “(i) *IN GENERAL.*—*Not later than 120*
23 *days after the completion of the evaluation*
24 *under subparagraph (A), the Director of the*
25 *Center for Behavioral Health Statistics and*

1 *Quality, in coordination with the Director*
2 *of the Center for Substance Abuse Treat-*
3 *ment, shall submit to the relevant Commit-*
4 *tees of the Senate and the House of Rep-*
5 *resentatives a report on such evaluation.*

6 “(ii) *CONTENTS.—The report to Con-*
7 *gress under clause (i) shall include, at a*
8 *minimum, outcomes information from the*
9 *pilot program under this section, including*
10 *any resulting reductions in the use of alco-*
11 *hol and other drugs, engagement in treat-*
12 *ment services, retention in the appropriate*
13 *level and duration of services, increased ac-*
14 *cess to the use of drugs approved by the*
15 *Food and Drug Administration for the*
16 *treatment of substance use disorders in com-*
17 *bination with counseling, and other appro-*
18 *priate measures.*

19 “(6) *STATE SUBSTANCE ABUSE AGENCIES DE-*
20 *FINED.—For purposes of this subsection, the term*
21 *‘State substance abuse agency’ means, with respect to*
22 *a State, the agency in such State that manages the*
23 *block grant for prevention and treatment of substance*
24 *use disorders under subpart II of part B of title XIX*
25 *with respect to the State.’; and*

1 (14) in subsection (s), as so redesignated, by
 2 striking “such sums as may be necessary to fiscal
 3 years 2001 through 2003.” and inserting “such sums
 4 as may be necessary for each of fiscal years 2017
 5 through 2021. Of the amounts made available for a
 6 fiscal year pursuant to the previous sentence, not
 7 more than 25 percent of such amounts shall be made
 8 available for such fiscal year to carry out subsection
 9 (r).”.

10 **SEC. 505. SCREENING AND TREATMENT FOR MATERNAL DE-**
 11 **PRESSION.**

12 Part B of title III of the Public Health Service Act
 13 (42 U.S.C. 243 et seq.) is amended by inserting after section
 14 317L (42 U.S.C. 247b–13) the following:

15 **“SEC. 317L-1. SCREENING AND TREATMENT FOR MATERNAL**
 16 **DEPRESSION.**

17 “(a) GRANTS.—The Secretary shall make grants to
 18 States to establish, improve, or maintain programs for
 19 screening, assessment, and treatment services, including
 20 culturally and linguistically appropriate services, as appro-
 21 priate, for women who are pregnant, or who have given
 22 birth within the preceding 12 months, for maternal depres-
 23 sion.

24 “(b) APPLICATION.—To seek a grant under this sec-
 25 tion, a State shall submit an application to the Secretary

1 *at such time, in such manner, and containing such infor-*
2 *mation as the Secretary may require. At a minimum, any*
3 *such application shall include explanations of—*

4 “(1) *how a program, or programs, will increase*
5 *the percentage of women screened and treated for ma-*
6 *ternal depression in one or more communities; and*

7 “(2) *how a program, or programs, if expanded,*
8 *would increase access to screening and treatment serv-*
9 *ices for maternal depression.*

10 “(c) *PRIORITY.—In awarding grants under this sec-*
11 *tion, the Secretary may give priority to States proposing*
12 *to improve or enhance access to screening services for mater-*
13 *nal depression in primary care settings.*

14 “(d) *USE OF FUNDS.—The activities eligible for fund-*
15 *ing through a grant under subsection (a)—*

16 “(1) *shall include—*

17 “(A) *providing appropriate training to*
18 *health care providers; and*

19 “(B) *providing information to health care*
20 *providers, including information on maternal*
21 *depression screening, treatment, and follow-up*
22 *support services, and linkages to community-*
23 *based resources; and*

24 “(2) *may include—*

1 *mental health prevention, intervention, and treatment*
 2 *programs, including programs for infants and chil-*
 3 *dren at significant risk of developing or showing*
 4 *early signs of mental disorders, including serious*
 5 *emotional disturbance, or social or emotional dis-*
 6 *ability; and*

7 “(2) *ensure that programs funded through grants*
 8 *under this section are evidence-informed or evidence-*
 9 *based models, practices, and methods that are, as ap-*
 10 *propriate, culturally and linguistically appropriate,*
 11 *and can be replicated in other appropriate settings.*

12 “(b) *ELIGIBLE CHILDREN AND ENTITIES.—In this sec-*
 13 *tion:*

14 “(1) *ELIGIBLE CHILDREN.—The term ‘eligible*
 15 *children’ means a child from birth to not more than*
 16 *12 years of age who—*

17 “(A) *is at risk, or shows early signs, of de-*
 18 *veloping a mental disorder, including a serious*
 19 *emotional disturbance; and*

20 “(B) *may benefit from promising or evi-*
 21 *dence-based infant and early childhood interven-*
 22 *tion or treatment programs specialized preschool*
 23 *or elementary school programs.*

24 “(2) *ELIGIBLE ENTITY.—The term ‘eligible enti-*
 25 *ty’ means a nonprofit institution that—*

1 “(A) is accredited by a State mental health
2 or education agency, as applicable, to provide
3 promising and evidence-based prevention, inter-
4 vention, or treatment services, for children in the
5 age range from birth to 12 years of age; and

6 “(B) provides services that include prom-
7 ising and evidence-based early intervention and
8 treatment or specialized programs for infants
9 and children at risk of developing or showing
10 early signs of a mental disorder, serious emo-
11 tional disturbance, or social or emotional dis-
12 ability.

13 “(c) *APPLICATION.*—An eligible entity seeking a grant
14 under subsection (a) shall submit to the Secretary an appli-
15 cation at such time, in such manner, and containing such
16 information as the Secretary may require.

17 “(d) *USE OF FUNDS FOR EARLY INTERVENTION AND*
18 *TREATMENT PROGRAMS.*—An eligible entity may use
19 amounts awarded under a grant under subsection (a)(1) to
20 carry out the following:

21 “(1) Provide age-appropriate preventive and
22 early intervention services or mental disorder treat-
23 ment services, which may include specialized pro-
24 grams, for eligible children at significant risk of de-
25 veloping or showing early signs of a mental disorder,

1 *including a serious emotional disturbance, or a social*
2 *or emotional disorder. Such treatment services may*
3 *include social-emotional and behavioral services.*

4 *“(2) Provide training for health care profes-*
5 *sionals with expertise in infant and early childhood*
6 *mental health care with respect to appropriate and*
7 *relevant integration with other disciplines such as*
8 *primary care clinicians, early intervention special-*
9 *ists, child welfare staff, home visitors, early care and*
10 *education providers, and others who work with young*
11 *children and families.*

12 *“(3) Provide mental health consultation to per-*
13 *sonnel of early care and education programs (includ-*
14 *ing licensed or regulated center-based and home-based*
15 *child care, home visiting, preschool special education*
16 *and early intervention programs funded through part*
17 *C of the Individuals with Disabilities Education Act)*
18 *who work with children and families.*

19 *“(4) Provide training for mental health clini-*
20 *cians in infant and early childhood promising and*
21 *evidence-based practices and models for mental health*
22 *treatment and early-intervention, including with re-*
23 *gard to practices for identifying and treating mental*
24 *and behavioral disorders of infants and children re-*

1 *sulting from exposure or repeated exposure to adverse*
 2 *childhood experiences or childhood trauma.*

3 *“(5) Provide assessment and intervention serv-*
 4 *ices for eligible children, including early prevention,*
 5 *intervention, and treatment services.*

6 *“(e) MATCHING FUNDS.—The Secretary may not*
 7 *award a grant under this section to an eligible entity unless*
 8 *the eligible entity agrees, with respect to the costs to be in-*
 9 *curring by the eligible entity in carrying out the activities*
 10 *described in subsection (d), to make available non-Federal*
 11 *contributions (in cash or in kind) toward such costs in an*
 12 *amount that is not less than 10 percent of the total amount*
 13 *of Federal funds provided in the grant.*

14 *“(f) AUTHORIZATION OF APPROPRIATIONS.—To carry*
 15 *out this section, there are authorized to be appropriated*
 16 *such sums as may be necessary for each of fiscal years 2017*
 17 *through 2021.”.*

18 **TITLE VI—IMPROVING PATIENT**
 19 **CARE AND ACCESS TO MEN-**
 20 **TAL AND SUBSTANCE USE**
 21 **DISORDER BENEFITS**

22 **SEC. 601. HIPAA CLARIFICATION.**

23 *(a) IN GENERAL.—The Secretary of Health and*
 24 *Human Services, acting through the Director of the Office*
 25 *for Civil Rights, shall ensure that providers, professionals,*

1 *patients and their families, and others involved in mental*
2 *or substance use disorder treatment or care have adequate,*
3 *accessible, and easily comprehensible resources relating to*
4 *appropriate uses and disclosures of protected health infor-*
5 *mation under the regulations promulgated under section*
6 *264(c) of the Health Insurance Portability and Account-*
7 *ability Act of 1996 (42 U.S.C. 1320d–2 note), including re-*
8 *sources to clarify permitted uses and disclosures of such in-*
9 *formation that—*

10 (1) *require the patient’s consent;*

11 (2) *require providing the patient with an oppor-*
12 *tunity to object;*

13 (3) *are based on the exercise of professional judg-*
14 *ment regarding whether the patient would object when*
15 *the opportunity to object cannot practicably be pro-*
16 *vided because of the patient’s incapacity or an emer-*
17 *gency treatment circumstance; and*

18 (4) *are determined, based on the exercise of pro-*
19 *fessional judgment, to be in the best interest of the pa-*
20 *tient when the patient is not present or otherwise in-*
21 *capacitated.*

22 (b) *CONSIDERATIONS.—In carrying out subsection (a),*
23 *the Secretary of Health and Human Services shall consider*
24 *actual and perceived barriers to the ability of family mem-*

1 bers to assist in the treatment of patients with a serious
2 mental illness.

3 **SEC. 602. IDENTIFICATION OF MODEL TRAINING PRO-**
4 **GRAMS.**

5 (a) *PROGRAMS AND MATERIALS.*—Not later than 1
6 year after the date of enactment of this Act, the Secretary
7 of Health and Human Services (in this section referred to
8 as the “Secretary”), in consultation with appropriate ex-
9 perts, shall identify or, in the case that none exist, recognize
10 private or public entities to develop—

11 (1) *model programs and materials for training*
12 *health care providers (including physicians, emer-*
13 *gency medical personnel, psychiatrists, psychologists,*
14 *counselors, therapists, nurse practitioners, physicians*
15 *assistants, behavioral health facilities and clinics,*
16 *care managers, and hospitals, including individuals*
17 *such as general counsels or regulatory compliance*
18 *staff who are responsible for establishing provider pri-*
19 *vacancy policies) regarding the permitted uses and dis-*
20 *closures, consistent with the standards governing the*
21 *privacy and security of individually identifiable*
22 *health information pursuant to regulations promul-*
23 *gated by the Secretary under section 264(c) of the*
24 *Health Insurance Portability and Accountability Act*
25 *of 1996 (42 U.S.C. 1320d–2 note) and part C of title*

1 *XI of the Social Security Act (42 U.S.C. 1320d et*
2 *seq.), of the protected health information of patients*
3 *seeking or undergoing mental health or substance use*
4 *disorder treatment or care; and*

5 *(2) model programs and materials for training*
6 *patients and their families regarding their rights to*
7 *protect and obtain information under the standards*
8 *described in paragraph (1).*

9 *(b) PERIODIC UPDATES.—The Secretary shall—*

10 *(1) periodically review, evaluate, and update the*
11 *model programs and materials identified under sub-*
12 *section (a); and*

13 *(2) disseminate the updated model programs and*
14 *materials.*

15 *(c) COORDINATION.—The Secretary shall carry out*
16 *this section in coordination with the Director of the Office*
17 *for Civil Rights, the Assistant Secretary for Planning and*
18 *Evaluation, the Administrator of the Substance Abuse and*
19 *Mental Health Services Administration, the Administrator*
20 *of the Health Resources and Services Administration, and*
21 *the heads of other relevant agencies within the Department*
22 *of Health and Human Services.*

23 *(d) INPUT OF CERTAIN ENTITIES.—In identifying the*
24 *model programs and materials under subsections (a) and*
25 *(b), the Secretary shall solicit input from key stakeholders,*

1 *including relevant national, State, and local associations,*
2 *medical societies, licensing boards, providers of mental and*
3 *substance use disorder treatment and care, and organiza-*
4 *tions representing patients and consumers, and the families*
5 *of patients and consumers.*

6 **SEC. 603. CONFIDENTIALITY OF RECORDS.**

7 *Not later than 1 year after the date on which the Sec-*
8 *retary of Health and Human Services first finalizes the reg-*
9 *ulations updating part 2 of title 42, Code of Federal Regu-*
10 *lations (relating to confidentiality of alcohol and drug*
11 *abuse patient records), after the date of enactment of this*
12 *Act, the Secretary shall convene relevant stakeholders to de-*
13 *termine the effect of such regulations on patient care, health*
14 *outcomes, and patient privacy.*

15 **SEC. 604. CLARIFICATION OF EXISTING PARITY RULES.**

16 *If a group health plan or a health insurance issuer*
17 *offering group or individual health insurance coverage pro-*
18 *vides coverage for eating disorder benefits including, but not*
19 *limited to, residential treatment, such group health plan or*
20 *health insurance issuer shall provide such benefits con-*
21 *sistent with the requirements of section 2726 of the Public*
22 *Health Service Act (42 U.S.C. 300gg-26), section 712 of the*
23 *Employee Retirement Income Security Act of 1974 (29*
24 *U.S.C. 1185a), and section 9812 of the Internal Revenue*
25 *Code of 1986.*

1 **SEC. 605. ENHANCED COMPLIANCE WITH MENTAL HEALTH**
2 **AND SUBSTANCE USE DISORDER COVERAGE**
3 **REQUIREMENTS.**

4 (a) *COMPLIANCE PROGRAM GUIDANCE DOCUMENT.*—
5 *Section 2726(a) of the Public Health Service Act (42 U.S.C.*
6 *300gg–26(a)) is amended by adding at the end the fol-*
7 *lowing:*

8 “(6) *COMPLIANCE PROGRAM GUIDANCE DOCU-*
9 *MENT.*—

10 “(A) *IN GENERAL.*—*Not later than 6*
11 *months after the date of enactment of the Mental*
12 *Health Reform Act of 2016, the Inspector Gen-*
13 *eral of the Department of Health and Human*
14 *Services, in coordination with the Secretary, the*
15 *Secretary of Labor, or the Secretary of the Treas-*
16 *ury, shall issue a compliance program guidance*
17 *document to help improve compliance with this*
18 *section.*

19 “(B) *EXAMPLES ILLUSTRATING COMPLIANCE*
20 *AND NONCOMPLIANCE.*—

21 “(i) *IN GENERAL.*—*The compliance*
22 *program guidance document required under*
23 *this paragraph shall provide illustrative,*
24 *de-identified examples (that do not disclose*
25 *any protected health information or indi-*
26 *vidually identifiable information) of pre-*

1 *vious findings of compliance and non-*
2 *compliance with this section, section 712 of*
3 *the Employee Retirement Income Security*
4 *Act of 1974, or section 9812 of the Internal*
5 *Revenue Code of 1986 based on investiga-*
6 *tions of violations of such sections, includ-*
7 *ing—*

8 *“(I) examples illustrating require-*
9 *ments for information disclosures and*
10 *non-quantitative treatment limitations;*
11 *and*

12 *“(II) descriptions of the violations*
13 *uncovered during the course of such in-*
14 *vestigations.*

15 *“(ii) NON-QUANTITATIVE TREATMENT*
16 *LIMITATIONS.—To the extent that any ex-*
17 *ample described in clause (i) involves a*
18 *finding of compliance or noncompliance*
19 *with regard to any requirement for non-*
20 *quantitative treatment limitations, the ex-*
21 *ample shall provide sufficient detail to fully*
22 *explain such finding, including a full de-*
23 *scription of the criteria involved for medical*
24 *and surgical benefits and the criteria in-*

1 *involved for mental health and substance use*
2 *disorder benefits.*

3 “(iii) *ACCESS TO ADDITIONAL INFOR-*
4 *MATION REGARDING COMPLIANCE.—In de-*
5 *veloping and issuing the compliance pro-*
6 *gram guidance document required under*
7 *this paragraph, the Inspector General of the*
8 *Department of Health and Human Services*
9 *may—*

10 “(I) *enter into inter-agency agree-*
11 *ments with the Inspector General of the*
12 *Department of Labor and the Inspector*
13 *General of the Department of the*
14 *Treasury to share findings of compli-*
15 *ance and noncompliance with this sec-*
16 *tion, section 712 of the Employee Re-*
17 *irement Income Security Act of 1974,*
18 *or section 9812 of the Internal Revenue*
19 *Code of 1986; and*

20 “(II) *enter into an agreement*
21 *with a State to share information on*
22 *findings of compliance and noncompli-*
23 *ance with this section, section 712 of*
24 *the Employee Retirement Income Secu-*

1 *rity Act of 1974, or section 9812 of the*
2 *Internal Revenue Code of 1986.*

3 “(C) *RECOMMENDATIONS.*—*The compliance*
4 *program guidance document shall include rec-*
5 *ommendations to avoid violations of this section*
6 *and encourage the development and use of inter-*
7 *nal controls to monitor adherence to applicable*
8 *statutes, regulations, and program requirements.*
9 *Such internal controls may include a compliance*
10 *checklist with illustrative examples of non-quan-*
11 *titative treatment limitations on mental health*
12 *and substance use disorder benefits, which may*
13 *fail to comply with this section in relation to*
14 *non-quantitative treatment limitations on med-*
15 *ical and surgical benefits.*

16 “(D) *UPDATING THE COMPLIANCE PROGRAM*
17 *GUIDANCE DOCUMENT.*—*The compliance pro-*
18 *gram guidance document shall be updated every*
19 *2 years to include illustrative, de-identified ex-*
20 *amples (that do not disclose any protected health*
21 *information or individually identifiable infor-*
22 *mation) of previous findings of compliance and*
23 *noncompliance with this section, section 712 of*
24 *the Employee Retirement Income Security Act of*

1 1974, or section 9812 of the Internal Revenue
2 Code of 1986.”.

3 (b) *ADDITIONAL GUIDANCE.*—Section 2726(a) of the
4 *Public Health Service Act* (42 U.S.C. 300gg–26(a)), as
5 amended by subsection (b), is further amended by adding
6 at the end the following:

7 “(7) *ADDITIONAL GUIDANCE.*—

8 “(A) *IN GENERAL.*—Not later than 6
9 months after the date of enactment of the *Mental*
10 *Health Reform Act of 2016*, the Secretary, in co-
11 ordination with the Secretary of Labor and the
12 Secretary of the Treasury, shall issue guidance to
13 group health plans and health insurance issuers
14 offering group or individual health insurance
15 coverage to assist such plans and issuers in satis-
16 fying the requirements of this section.

17 “(B) *DISCLOSURE.*—

18 “(i) *GUIDANCE FOR PLANS AND*
19 *ISSUERS.*—The guidance issued under this
20 paragraph shall include clarifying informa-
21 tion and illustrative examples of methods
22 that group health plans and health insur-
23 ance issuers offering group or individual
24 health insurance coverage may use for dis-
25 closing information to ensure compliance

1 *with the requirements under this section*
2 *(and any regulations promulgated pursuant*
3 *to this section).*

4 “(i) *DOCUMENTS FOR PARTICIPANTS,*
5 *BENEFICIARIES, CONTRACTING PROVIDERS,*
6 *OR AUTHORIZED REPRESENTATIVES.—The*
7 *guidance issued under this paragraph may*
8 *include clarifying information and illus-*
9 *trative examples of methods that group*
10 *health plans and health insurance issuers*
11 *offering group or individual health insur-*
12 *ance coverage may use to provide any par-*
13 *ticipant, beneficiary, contracting provider,*
14 *or authorized representative, as applicable,*
15 *with documents containing information*
16 *that the health plans or issuers are required*
17 *to disclose to participants, beneficiaries,*
18 *contracting providers, or authorized rep-*
19 *resentatives to ensure compliance with this*
20 *section, any regulation issued pursuant to*
21 *this section, or any other applicable law or*
22 *regulation, including information that is*
23 *comparative in nature with respect to—*

24 “(I) *non-quantitative treatment*
25 *limitations for both medical and sur-*

1 *gical benefits and mental health and*
2 *substance use disorder benefits;*

3 *“(II) the processes, strategies, evi-*
4 *dentiary standards, and other factors*
5 *used to apply the limitations described*
6 *in subclause (I); and*

7 *“(III) the application of the limi-*
8 *tations described in subclause (I) to en-*
9 *sure that such limitations are applied*
10 *in parity with respect to both medical*
11 *and surgical benefits and mental*
12 *health and substance use disorder bene-*
13 *fits.*

14 *“(C) NON-QUANTITATIVE TREATMENT LIM-*
15 *TATIONS.—The guidance issued under this para-*
16 *graph shall include clarifying information and*
17 *illustrative examples of methods, processes, strat-*
18 *egies, evidentiary standards, and other factors*
19 *that group health plans and health insurance*
20 *issuers offering group or individual health insur-*
21 *ance coverage may use regarding the develop-*
22 *ment and application of non-quantitative treat-*
23 *ment limitations to ensure compliance with this*
24 *section (and any regulations promulgated pursu-*
25 *ant to this section), including—*

1 “(i) examples of methods of deter-
2 mining appropriate types of non-quan-
3 titative treatment limitations with respect
4 to both medical and surgical benefits and
5 mental health and substance use disorder
6 benefits, including non-quantitative treat-
7 ment limitations pertaining to—

8 “(I) medical management stand-
9 ards based on medical necessity or ap-
10 propriateness, or whether a treatment
11 is experimental or investigative;

12 “(II) limitations with respect to
13 prescription drug formulary design;
14 and

15 “(III) use of fail-first or step ther-
16 apy protocols;

17 “(ii) examples of methods of deter-
18 mining—

19 “(I) network admission standards
20 (such as credentialing); and

21 “(II) factors used in provider re-
22 imbursement methodologies (such as
23 service type, geographic market, de-
24 mand for services, and provider sup-
25 ply, practice size, training, experience,

1 *and licensure) as such factors apply to*
2 *network adequacy;*

3 “(iii) *examples of sources of informa-*
4 *tion that may serve as evidentiary stand-*
5 *ards for the purposes of making determina-*
6 *tions regarding the development and appli-*
7 *cation of non-quantitative treatment limita-*
8 *tions;*

9 “(iv) *examples of specific factors, and*
10 *the evidentiary standards used to evaluate*
11 *such factors, used by such plans or issuers*
12 *in performing a non-quantitative treatment*
13 *limitation analysis;*

14 “(v) *examples of how specific evi-*
15 *dentiary standards may be used to deter-*
16 *mine whether treatments are considered ex-*
17 *perimental or investigative;*

18 “(vi) *examples of how specific evi-*
19 *dentiary standards may be applied to each*
20 *service category or classification of benefits;*

21 “(vii) *examples of methods of reaching*
22 *appropriate coverage determinations for*
23 *new mental health or substance use disorder*
24 *treatments, such as evidence-based early*
25 *intervention programs for individuals with*

1 *a serious mental illness and types of med-*
2 *ical management techniques;*

3 *“(viii) examples of methods of reaching*
4 *appropriate coverage determinations for*
5 *which there is an indirect relationship be-*
6 *tween the covered mental health or sub-*
7 *stance use disorder benefit and a traditional*
8 *covered medical and surgical benefit, such*
9 *as residential treatment or hospitalizations*
10 *involving voluntary or involuntary commit-*
11 *ment; and*

12 *“(ix) additional illustrative examples*
13 *of methods, processes, strategies, evidentiary*
14 *standards, and other factors for which the*
15 *Secretary determines that additional guid-*
16 *ance is necessary to improve compliance*
17 *with this section.*

18 *“(D) PUBLIC COMMENT.—Prior to issuing*
19 *any final guidance under this paragraph, the*
20 *Secretary shall provide a public comment period*
21 *of not less than 60 days during which any mem-*
22 *ber of the public may provide comments on a*
23 *draft of the guidance.”.*

24 *(c) IMPROVING COMPLIANCE.—*

1 (1) *IN GENERAL.*—*In the case that the Secretary*
2 *of Health and Human Services, the Secretary of*
3 *Labor, or the Secretary of the Treasury determines*
4 *that a group health plan or health insurance issuer*
5 *offering group or individual health insurance cov-*
6 *erage has violated, at least 5 times, section 2726 of*
7 *the Public Health Service Act (42 U.S.C. 300gg–26),*
8 *section 712 of the Employee Retirement Income Secu-*
9 *rity Act of 1974 (29 U.S.C. 1185a), or section 9812*
10 *of the Internal Revenue Code, the appropriate Sec-*
11 *retary shall audit plan documents for such health*
12 *plan or issuer in the plan year following the Sec-*
13 *retary’s determination in order to help improve com-*
14 *pliance with such section.*

15 (2) *RULE OF CONSTRUCTION.*—*Nothing in this*
16 *subsection shall be construed to limit the authority, as*
17 *in effect on the day before the date of enactment of*
18 *this Act, of the Secretary of Health and Human Serv-*
19 *ices, the Secretary of Labor, or the Secretary of the*
20 *Treasury to audit documents of health plans or health*
21 *insurance issuers.*

22 **SEC. 606. ACTION PLAN FOR ENHANCED ENFORCEMENT OF**
23 **MENTAL HEALTH AND SUBSTANCE USE DIS-**
24 **ORDER COVERAGE.**

25 (a) *PUBLIC MEETING.*—

1 (1) *IN GENERAL.*—Not later than 6 months after
2 the date of enactment of this Act, the Secretary of
3 Health and Human Services shall convene a public
4 meeting of stakeholders described in paragraph (2) to
5 produce an action plan for improved Federal and
6 State coordination related to the enforcement of men-
7 tal health parity and addiction equity requirements.

8 (2) *STAKEHOLDERS.*—The stakeholders described
9 in this paragraph shall include each of the following:

10 (A) *The Federal Government, including rep-*
11 *resentatives from—*

12 (i) *the Department of Health and*
13 *Human Services;*

14 (ii) *the Department of the Treasury;*

15 (iii) *the Department of Labor; and*

16 (iv) *the Department of Justice.*

17 (B) *State governments, including—*

18 (i) *State health insurance commis-*
19 *sioners;*

20 (ii) *appropriate State agencies, includ-*
21 *ing agencies on public health or mental*
22 *health; and*

23 (iii) *State attorneys general or other*
24 *representatives of State entities involved in*

1 *the enforcement of mental health parity*
2 *laws.*

3 *(C) Representatives from key stakeholder*
4 *groups, including—*

5 *(i) the National Association of Insur-*
6 *ance Commissioners;*

7 *(ii) health insurance providers;*

8 *(iii) providers of mental health and*
9 *substance use disorder treatment;*

10 *(iv) employers; and*

11 *(v) patients or their advocates.*

12 *(b) ACTION PLAN.—Not later than 6 months after the*
13 *public meeting under subsection (a), the Secretary of Health*
14 *and Human Services shall finalize the action plan described*
15 *in such subsection and make it plainly available on the*
16 *Internet website of the Department of Health and Human*
17 *Services.*

18 *(c) CONTENT.—The action plan under this section*
19 *shall—*

20 *(1) reflect the input of the stakeholders invited to*
21 *the public meeting under subsection (a);*

22 *(2) identify specific strategic objectives regarding*
23 *how the various Federal and State agencies charged*
24 *with enforcement of mental health parity and addic-*

1 *tion equity requirements will collaborate to improve*
2 *enforcement of such requirements;*

3 *(3) provide a timeline for implementing the ac-*
4 *tion plan; and*

5 *(4) provide specific examples of how such objec-*
6 *tives may be met, which may include—*

7 *(A) providing common educational infor-*
8 *mation and documents to patients about their*
9 *rights under Federal or State mental health par-*
10 *ity and addiction equity requirements;*

11 *(B) facilitating the centralized collection of,*
12 *monitoring of, and response to patient com-*
13 *plaints or inquiries relating to Federal or State*
14 *mental health parity and addiction equity re-*
15 *quirements, which may be through the develop-*
16 *ment and administration of a single, toll-free*
17 *telephone number and an Internet website portal;*

18 *(C) Federal and State law enforcement*
19 *agencies entering into memoranda of under-*
20 *standing to better coordinate enforcement respon-*
21 *sibilities and information sharing, including*
22 *whether such agencies should make the results of*
23 *enforcement actions related to mental health par-*
24 *ity and addiction equity requirements publicly*
25 *available; and*

1 (D) recommendations to the Secretary and
2 Congress regarding the need for additional legal
3 authority to improve enforcement of mental
4 health parity and addiction equity requirements,
5 including the need for additional legal authority
6 to ensure that non-quantitative treatment limita-
7 tions are applied, and the extent and frequency
8 of the applications of such limitations, both to
9 medical and surgical benefits and to mental
10 health and substance use disorder benefits in a
11 comparable manner.

12 **SEC. 607. REPORT ON INVESTIGATIONS REGARDING PARITY**
13 **IN MENTAL HEALTH AND SUBSTANCE USE**
14 **DISORDER BENEFITS.**

15 (a) *IN GENERAL.*—Not later than 1 year after the date
16 of enactment of this Act, and annually thereafter for the
17 subsequent 5 years, the Administrator of the Centers for
18 Medicare & Medicaid Services, in collaboration with the As-
19 sistant Secretary of Labor of the Employee Benefits Secu-
20 rity Administration and the Secretary of the Treasury,
21 shall submit to the Committee on Health, Education, Labor,
22 and Pensions of the Senate a report summarizing the re-
23 sults of all closed Federal investigations completed during
24 the preceding 12-month period with findings of any serious
25 violation regarding compliance with mental health and sub-

1 *stance use disorder coverage requirements under section*
2 *2726 of the Public Health Service Act (42 U.S.C. 300gg–*
3 *26), section 712 of the Employee Retirement Income Secu-*
4 *rity Act of 1974 (29 U.S.C. 1185a), and section 9812 of*
5 *the Internal Revenue Code of 1986.*

6 (b) *CONTENTS.—Subject to subsection (c), a report*
7 *under subsection (a) shall, with respect to investigations de-*
8 *scribed in such subsection, include each of the following:*

9 (1) *The number of open or closed Federal inves-*
10 *tigations conducted during the covered reporting pe-*
11 *riod.*

12 (2) *Each benefit classification examined by any*
13 *such investigation conducted during the covered re-*
14 *porting period.*

15 (3) *Each subject matter, including compliance*
16 *with requirements for quantitative and non-quan-*
17 *titative treatment limitations, of any such investiga-*
18 *tion conducted during the covered reporting period.*

19 (4) *A summary of the basis of the final decision*
20 *rendered for each closed investigation conducted dur-*
21 *ing the covered reporting period that resulted in a*
22 *finding of a serious violation.*

23 (c) *LIMITATION.—Any individually identifiable infor-*
24 *mation shall be excluded from reports under subsection (a)*
25 *consistent with protections under the health privacy and*

1 *security rules promulgated under section 264(c) of the*
2 *Health Insurance Portability and Accountability Act of*
3 *1996 (42 U.S.C. 1320d–2 note).*

4 **SEC. 608. GAO STUDY ON PARITY IN MENTAL HEALTH AND**
5 **SUBSTANCE USE DISORDER BENEFITS.**

6 *Not later than 3 years after the date of enactment of*
7 *this Act, the Comptroller General of the United States, in*
8 *consultation with the Secretary of Health and Human*
9 *Services, the Secretary of Labor, and the Secretary of the*
10 *Treasury, shall submit to the Committee on Health, Edu-*
11 *cation, Labor, and Pensions of the Senate a report detailing*
12 *the extent to which group health plans or health insurance*
13 *issuers offering group or individual health insurance cov-*
14 *erage that provides both medical and surgical benefits and*
15 *mental health or substance use disorder benefits, medicaid*
16 *managed care organizations with a contract under section*
17 *1903(m) of the Social Security Act (42 U.S.C. 1396b(m)),*
18 *and health plans provided under the State Children’s*
19 *Health Insurance Program under title XXI of the Social*
20 *Security Act (42 U.S.C. 1397aa et seq.) comply with section*
21 *2726 of the Public Health Service Act (42 U.S.C. 300gg–*
22 *26), section 712 of the Employee Retirement Income Secu-*
23 *rity Act of 1974 (29 U.S.C. 1185a), and section 9812 of*
24 *the Internal Revenue Code of 1986, including—*

1 (1) *how non-quantitative treatment limitations,*
2 *including medical necessity criteria, of such plans or*
3 *issuers comply with such sections;*

4 (2) *how the responsible Federal departments and*
5 *agencies ensure that such plans or issuers comply*
6 *with such sections, including an assessment of how*
7 *the Secretary of Health and Human Services has used*
8 *its authority to conduct audits of such plans to ensure*
9 *compliance;*

10 (3) *a review of how the various Federal and*
11 *State agencies responsible for enforcing mental health*
12 *parity requirements have improved enforcement of*
13 *such requirements in accordance with the objectives*
14 *and timeline described in the action plan under sec-*
15 *tion 606; and*

16 (4) *recommendations for how additional enforce-*
17 *ment, education, and coordination activities by re-*
18 *sponsible Federal and State departments and agencies*
19 *could better ensure compliance with such sections, in-*
20 *cluding recommendations regarding the need for addi-*
21 *tional legal authority.*

- 1 (3) *by striking subsections (b) and (c);*
- 2 (4) *by redesignating subsection (d) as subsection*
- 3 *(b);*
- 4 (5) *in subsection (b), as so redesignated—*
- 5 (A) *by striking the subsection heading and*
- 6 *inserting “RESPONSIBILITIES OF THE CENTER.”;*
- 7 (B) *in the matter preceding paragraph (1),*
- 8 *by striking “The additional research” and all*
- 9 *that follows through “nonprofit organizations*
- 10 *for” and inserting “The center established under*
- 11 *subsection (a) shall conduct activities for the*
- 12 *purpose of”;*
- 13 (C) *by striking “youth suicide” each place*
- 14 *such term appears and inserting “suicide”;*
- 15 (D) *in paragraph (1)—*
- 16 (i) *by striking “the development or*
- 17 *continuation of” and inserting “developing*
- 18 *and continuing”;* and
- 19 (ii) *by inserting “for all ages, particu-*
- 20 *larly among groups that are at high risk for*
- 21 *suicide” before the semicolon at the end;*
- 22 (E) *in paragraph (2), by inserting “for all*
- 23 *ages, particularly among groups that are at high*
- 24 *risk for suicide” before the semicolon at the end;*

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

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

5 (H) in paragraph (8), by striking “in
6 youth”;

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

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

12 (6) by striking subsection (e) and inserting the
13 following:

14 “(c) *AUTHORIZATION OF APPROPRIATIONS.*—For the
15 purpose of carrying out this section, there are authorized
16 to be appropriated \$6,000,000 for each of fiscal years 2016
17 through 2020.

18 “(d) *ANNUAL REPORT.*—Not later than 2 years after
19 the date of enactment of this subsection, the Secretary shall
20 submit to Congress a report on the activities carried out
21 by the center established under subsection (a) during the
22 year involved, including the potential effects of such activi-
23 ties, and the States, organizations, and institutions that
24 have worked with the center.”.

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

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

8 (2) *in subsection (b)(2)—*

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

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

16 (3) *in subsection (g)(2), by striking “2 years*
17 *after the date of enactment of this section,” and insert*
18 *“2 years after the date of enactment of Mental Health*
19 *Reform Act of 2016,”;*

20 (4) *by striking subsection (m) and inserting the*
21 *following:*

22 “(m) *AUTHORIZATION OF APPROPRIATIONS.*—*For the*
23 *purpose of carrying out this section, there are authorized*
24 *to be appropriated \$30,000,000 for each of fiscal years 2017*
25 *through 2021.”.*

1 (c) *MENTAL HEALTH AND SUBSTANCE USE DISORDER*
2 *SERVICES*.—Section 520E–2 of the Public Health Service
3 Act (42 U.S.C. 290bb–36b) is amended—

4 (1) in the section heading, by striking “**AND BE-**
5 **HAVIORAL HEALTH**” and inserting “**HEALTH AND**
6 **SUBSTANCE USE DISORDER**”;

7 (2) in subsection (a)—

8 (A) by striking “Services,” and inserting
9 “Services and”;

10 (B) by striking “and behavioral health
11 problems” and inserting “health or substance use
12 disorders”; and

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

15 (3) in subsection (b)—

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

19 (B) by striking paragraphs (1) through (6)
20 and inserting the following:

21 “(1) Educating students, families, faculty, and
22 staff to increase awareness of mental health and sub-
23 stance use disorders.

24 “(2) The operation of hotlines.

25 “(3) Preparing informational material.

1 “(4) *Providing outreach services to notify stu-*
2 *dents about available mental health and substance use*
3 *disorder services.*

4 “(5) *Administering voluntary mental health and*
5 *substance use disorder screenings and assessments.*

6 “(6) *Supporting the training of students, faculty,*
7 *and staff to respond effectively to students with men-*
8 *tal health and substance use disorders.*

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

13 (4) *in subsection (c)(5), by striking “substance*
14 *abuse” and inserting “substance use disorder”;*

15 (5) *in subsection (d)—*

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

21 (B) *in paragraph (1)—*

22 (i) *by striking “and behavioral health”*
23 *and inserting “health and substance use*
24 *disorder”;* and

1 (ii) by inserting “, including veterans
2 whenever possible and appropriate,” after
3 “students”; and

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

11 (6) in subsection (e)(1), by striking “and behav-
12 ioral health problems” and inserting “health and sub-
13 stance use disorders”;

14 (7) in subsection (f)(2)—

15 (A) by striking “and behavioral health” and
16 inserting “health and substance use disorder”;
17 and

18 (B) by striking “suicide and substance
19 abuse” and inserting “suicide and substance use
20 disorders”; and

21 (8) in subsection (h), by striking “\$5,000,000 for
22 fiscal year 2005” and all that follows through the pe-
23 riod at the end and inserting “\$6,500,000 for each of
24 fiscal years 2017 through 2021.”.

1 **SEC. 703. MENTAL HEALTH AWARENESS TRAINING GRANTS.**

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

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

7 *(2) in subsection (b)—*

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

10 *(B) in paragraph (1), by inserting “and*
11 *other categories of individuals, as determined by*
12 *the Secretary,” after “emergency services per-*
13 *sonnel”;*

14 *(C) in paragraph (5)—*

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

19 *(ii) by striking subparagraphs (A)*
20 *through (C) and inserting the following:*

21 *“(A) recognizing the signs and symptoms of*
22 *mental illness; and*

23 *“(B)(i) providing education to personnel re-*
24 *garding resources available in the community for*
25 *individuals with a mental illness and other rel-*
26 *evant resources; or*

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

4 (D) in paragraph (7), by striking “,
5 \$25,000,000” and all that follows through the pe-
6 riod at the end and inserting “\$15,000,000 for
7 each of fiscal years 2017 through 2021.”.

8 **SEC. 704. CHILDREN’S RECOVERY FROM TRAUMA.**

9 Section 582 of the Public Health Service Act (42
10 U.S.C. 290hh–1) is amended—

11 (1) in subsection (a), by striking “developing
12 programs” and all that follows through the period at
13 the end and inserting “developing and maintaining
14 programs that provide for—

15 “(1) the continued operation of the National
16 Child Traumatic Stress Initiative (referred to in this
17 section as the ‘NCTSI’), which includes a cooperative
18 agreement with a coordinating center, that focuses on
19 the mental, behavioral, and biological aspects of psy-
20 chological trauma response, prevention of the long-
21 term consequences of child trauma, and early inter-
22 vention services and treatment to address the long-
23 term consequences of child trauma; and

24 “(2) the development of knowledge with regard to
25 evidence-based practices for identifying and treating

1 *mental, behavioral, and biological disorders of chil-*
2 *dren and youth resulting from witnessing or experi-*
3 *encing a traumatic event.”;*

4 (2) *in subsection (b)—*

5 (A) *by striking “subsection (a) related” and*
6 *inserting “subsection (a)(2) (related”;*

7 (B) *by striking “treating disorders associ-*
8 *ated with psychological trauma” and inserting*
9 *“treating mental, behavioral, and biological dis-*
10 *orders associated with psychological trauma”;*

11 *and*

12 (C) *by striking “mental health agencies and*
13 *programs that have established clinical and basic*
14 *research” and inserting “universities, hospitals,*
15 *mental health agencies, and other programs that*
16 *have established clinical expertise and research”;*

17 (3) *by redesignating subsections (c) through (g)*
18 *as subsections (g) through (k), respectively;*

19 (4) *by inserting after subsection (b), the fol-*
20 *lowing:*

21 “(c) *CHILD OUTCOME DATA.—The NCTSI coordi-*
22 *nating center shall collect, analyze, and report NCTSI-wide*
23 *child treatment process and outcome data regarding the*
24 *early identification and delivery of evidence-based treat-*

1 *ment and services for children and families served by the*
2 *NCTSI grantees.*

3 “(d) *TRAINING.*—*The NCTSI coordinating center shall*
4 *facilitate the coordination of training initiatives in evi-*
5 *dence-based and trauma-informed treatments, interven-*
6 *tions, and practices offered to NCTSI grantees, providers,*
7 *and partners.*

8 “(e) *DISSEMINATION AND COLLABORATION.*—*The*
9 *NCTSI coordinating center shall, as appropriate, collabo-*
10 *rate with—*

11 “(1) *the Secretary, in the dissemination of evi-*
12 *dence-based and trauma-informed interventions,*
13 *treatments, products, and other resources to appro-*
14 *priate stakeholders; and*

15 “(2) *appropriate agencies that conduct or fund*
16 *research within the Department of Health and*
17 *Human Services, for purposes of sharing NCTSI ex-*
18 *pertise, evaluation data, and other activities, as ap-*
19 *propriate.*

20 “(f) *REVIEW.*—*The Secretary shall, consistent with the*
21 *peer review process, ensure that NCTSI applications are re-*
22 *viewed by appropriate experts in the field as part of a con-*
23 *sensus review process. The Secretary shall include review*
24 *criteria related to expertise and experience in child trauma*
25 *and evidence-based practices.”;*

1 (b) *CONTENTS.*—*The report submitted under sub-*
2 *section (a) shall include the following:*

3 (1) *An evaluation of the administrative or regu-*
4 *latory burden on behavioral health care providers.*

5 (2) *The identification of outcome and quality*
6 *measures relevant to integrated health care, evalua-*
7 *tion of the data collection burden on behavioral health*
8 *care providers, and any alternative methods for eval-*
9 *uation.*

10 (3) *An analysis of the degree to which electronic*
11 *data standards, including interoperability and mean-*
12 *ingful use includes behavioral health measures, and*
13 *an analysis of strategies to address barriers to health*
14 *information exchange posed by part 2 of title 42,*
15 *Code of Federal Regulations.*

16 (4) *An analysis of the degree to which Federal*
17 *rules and regulations for behavioral and physical*
18 *health care are aligned, including recommendations to*
19 *address any identified barriers.*

20 (5) *An analysis of the challenges to behavioral*
21 *health and primary care integration faced by pro-*
22 *viders in rural areas.*

1 **SEC. 706. INCREASING EDUCATION AND AWARENESS OF**
2 **TREATMENTS FOR OPIOID USE DISORDERS.**

3 (a) *IN GENERAL.*—*In order to improve the quality of*
4 *care delivery and treatment outcomes among patients with*
5 *opioid use disorders, the Secretary of Health and Human*
6 *Services (referred to in this section as the “Secretary”), act-*
7 *ing through the Administrator for the Substance Abuse and*
8 *Mental Health Services Administration, may advance,*
9 *through existing programs as appropriate, the education*
10 *and awareness of providers, patients, and other appropriate*
11 *stakeholders regarding all products approved by the Food*
12 *and Drug Administration to treat opioid use disorders.*

13 (b) *ACTIVITIES.*—*The activities described in subsection*
14 *(a) may include—*

15 (1) *disseminating evidence-based practices for*
16 *the treatment of opioid use disorders;*

17 (2) *facilitating continuing education programs*
18 *for health professionals involved in treating opioid*
19 *use disorders;*

20 (3) *increasing awareness among relevant stake-*
21 *holders of the treatment of opioid use disorders;*

22 (4) *assessing current barriers to the treatment of*
23 *opioid use disorders for patients and providers and*
24 *development and implementation of strategies to miti-*
25 *gate such barriers; and*

1 *submit to the Committee on Health, Education, Labor, and*
 2 *Pensions of the Senate and the Committee on Energy and*
 3 *Commerce of the House of Representatives, a report con-*
 4 *cerning the utilization of mental health services for chil-*
 5 *dren, including the usage of psychotropic medications.*

6 (b) *CONTENT.—The report submitted under subsection*
 7 *(a) shall review and assess—*

8 (1) *the ways in which children access mental*
 9 *health care, including information on whether chil-*
 10 *dren are treated by primary care or specialty pro-*
 11 *viders, what types of referrals for additional care are*
 12 *recommended, and any barriers to accessing this care;*

13 (2) *the extent to which children are prescribed*
 14 *psychotropic medications in the United States includ-*
 15 *ing the frequency of concurrent medication usage; and*

16 (3) *the tools, assessments, and medications that*
 17 *are available and used to diagnose and treat children*
 18 *with mental health disorders.*

19 **SEC. 708. EVIDENCE BASED PRACTICES FOR OLDER**
 20 **ADULTS.**

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

24 “(3) **GERIATRIC MENTAL HEALTH DISORDERS.—**
 25 *The Secretary shall, as appropriate, provide technical*

1 *eral of the United States, submitted to the President on*
2 *June 13, 2007.*

3 (b) *CONTENT.*—*The report submitted to the committees*
4 *of Congress under subsection (a) shall review and assess—*

5 (1) *the extent to which the recommendations in*
6 *the report that include participation by the Depart-*
7 *ment of Health and Human Services were imple-*
8 *mented;*

9 (2) *whether there are any barriers to implemen-*
10 *tation of such recommendations; and*

11 (3) *identification of any additional actions the*
12 *Federal government can take to support States and*
13 *local communities and ensure that the Federal gov-*
14 *ernment and Federal law are not obstacles to address-*
15 *ing at the community level—*

16 (A) *school violence; and*

17 (B) *mental illness.*

18 **SEC. 711. PERFORMANCE METRICS.**

19 (a) *EVALUATION OF CURRENT PROGRAMS.*—

20 (1) *IN GENERAL.*—*Not later than 180 days after*
21 *the date of enactment of this Act, the Assistant Sec-*
22 *retary for Planning and Evaluation of the Depart-*
23 *ment of Health and Human Services shall conduct an*
24 *evaluation of the effect of activities related to the pre-*
25 *vention and treatment of mental illness and substance*

1 *use disorders conducted by the Substance Abuse and*
2 *Mental Health Services Administration.*

3 (2) *ASSESSMENT OF PERFORMANCE METRICS.*—
4 *The evaluation conducted under paragraph (1) shall*
5 *include an assessment of the use of performance*
6 *metrics to evaluate activities carried out by entities*
7 *receiving grants, contracts, or cooperative agreements*
8 *related to mental illness or substance use disorders*
9 *under title V or title XIX of the Public Health Service*
10 *Act (42 U.S.C. 290aa et seq.; 42 U.S.C. 300w et seq.).*

11 (3) *RECOMMENDATIONS.*—*The evaluation con-*
12 *ducted under paragraph (1) shall include rec-*
13 *ommendations for the use of performance metrics to*
14 *improve the quality of programs related to the pre-*
15 *vention and treatment of mental illness and substance*
16 *use disorders.*

17 (b) *USE OF PERFORMANCE METRICS.*—*Not later than*
18 *1 year after the date of enactment of this Act, the Secretary*
19 *of Health and Human Services, acting through the Admin-*
20 *istrator of the Substance Abuse and Mental Health Services*
21 *Administration, shall advance, through existing programs,*
22 *the use of performance metrics, taking into consideration*
23 *the recommendations under subsection (a)(3), to improve*
24 *programs related to the prevention and treatment of mental*
25 *illness and substance use disorders.*

1 **TITLE VIII—PREVENTION AND**
2 **TREATMENT OF OPIOID USE**
3 **DISORDER**

4 **SEC. 801. FDA OPIOID ACTION PLAN.**

5 (a) *ADVISORY COMMITTEE.*—

6 (1) *NEW DRUG APPLICATION.*—*Except as pro-*
7 *vided in paragraph (4), prior to the approval of a*
8 *new drug that is an opioid under section 505 of the*
9 *Federal Food, Drug, and Cosmetic Act (21 U.S.C.*
10 *355), the Commissioner of Food and Drugs shall refer*
11 *such drug to an advisory committee of the Food and*
12 *Drug Administration to seek recommendations from*
13 *such Committee.*

14 (2) *PEDIATRIC OPIOID LABELING.*—*The Commis-*
15 *sioner of Food and Drugs shall convene the Pediatric*
16 *Advisory Committee of the Food and Drug Adminis-*
17 *tration to seek recommendations from such Committee*
18 *regarding a framework for the inclusion of informa-*
19 *tion in the labeling of drugs that are opioids relating*
20 *to the use of such drugs in pediatric populations be-*
21 *fore such Commissioner approves any labeling*
22 *changes for drugs that are opioids intended for use in*
23 *pediatric populations.*

24 (3) *PUBLIC HEALTH EXEMPTION.*—*If the Com-*
25 *missioner of Food and Drugs finds that referring a*

1 *new opioid drug or drugs to an advisory committee*
2 *of the Food and Drug Administration as required*
3 *under paragraph (1) is not in the interest of pro-*
4 *tecting and promoting public health, and has sub-*
5 *mitted a notice containing the rationale for such a*
6 *finding to the Committee on Health, Education,*
7 *Labor, and Pensions of the Senate and the Committee*
8 *on Energy and Commerce of the House of Representa-*
9 *tives, or if the matter that would be considered by*
10 *such advisory committee with respect to any such*
11 *drug or drugs concerns bioequivalence, sameness of ac-*
12 *tive ingredient, or other criteria applicable to appli-*
13 *cations submitted under section 505(j), the Commis-*
14 *sioner shall not be required to refer such drug or*
15 *drugs to an advisory committee as required under*
16 *paragraph (1).*

17 (4) *SUNSET.—Unless Congress reauthorizes*
18 *paragraphs (1) and (2), the requirements of such*
19 *paragraphs shall cease to be effective on October 1,*
20 *2022.*

21 (b) *EDUCATION FOR PRESCRIBERS OF OPIOIDS.—Not*
22 *later than 1 year after the date of enactment of this Act,*
23 *the Secretary of Health and Human Services, acting*
24 *through the Commissioner of Food and Drugs, as part of*
25 *the Food and Drug Administration’s evaluation of the Ex-*

1 *tended-Release/Long-Acting Opioid Analgesics Risk Eval-*
2 *uation and Mitigation Strategy, and in consultation with*
3 *the Director of the Centers for Disease Control and Preven-*
4 *tion, the Director of the National Institutes of Health, the*
5 *Administrator of the Agency for Healthcare Research and*
6 *Quality, the Administrator of the Drug Enforcement Ad-*
7 *ministration, and relevant stakeholders, shall develop rec-*
8 *ommendations regarding education programs for pre-*
9 *scribers of opioids required to be disseminated under section*
10 *505-1 of the Federal Food, Drug, and Cosmetic Act (21*
11 *U.S.C. 355-1), including recommendations for which pre-*
12 *scribers should participate in such programs and how often*
13 *participation in such programs is necessary.*

14 (c) *GUIDANCE.—Not later than 1 year after the date*
15 *of enactment of this Act, the Commissioner of Food and*
16 *Drugs shall issue guidance on if and how the approved la-*
17 *beling of a drug that is an opioid and is the subject of an*
18 *application under section 505(j) of the Federal Food, Drug,*
19 *and Cosmetic Act (21 U.S.C. 355(j)) may include state-*
20 *ments that such drug deters abuse.*

21 **SEC. 802. DISCLOSURE OF INFORMATION TO STATE CON-**
22 **TROLLED SUBSTANCE MONITORING PRO-**
23 **GRAMS.**

24 *Section 5701(l) of title 38, United States Code, is*
25 *amended by striking “may” and inserting “shall”.*

1 **SEC. 803. GAO REPORT ON STATE PRESCRIPTION DRUG**
2 **MONITORING PROGRAMS.**

3 *Not later than 18 months after the date of enactment*
4 *of this Act, the Comptroller General of the United States*
5 *shall prepare and submit to Congress a report examining*
6 *the variations that exist across State prescription drug*
7 *monitoring programs that have been supported by Federal*
8 *funds. The Comptroller General shall review, and include*
9 *in the report recommendations on, best practices to maxi-*
10 *mize the effectiveness of such programs and State strategies*
11 *to increase queries to such programs by health care pro-*
12 *viders.*

13 **SEC. 804. NIH OPIOID RESEARCH.**

14 *(a) IN GENERAL.—The Director of the National Insti-*
15 *tutes of Health (referred to in this section as the “NIH”)*
16 *may intensify and coordinate fundamental, translational,*
17 *and clinical research of the NIH with respect to—*

18 *(1) the understanding of pain;*

19 *(2) the discovery and development of therapies*
20 *for chronic pain; and*

21 *(3) the development of alternatives to opioids for*
22 *effective pain treatments.*

23 *(b) PRIORITY AND DIRECTION.—The prioritization*
24 *and direction of the Federally funded portfolio of pain re-*
25 *search studies shall consider recommendations made by the*
26 *Interagency Pain Research Coordinating Committee in con-*

1 *cert with the Pain Management Best Practices Inter-Agency*
2 *Task Force, and in accordance with the National Pain*
3 *Strategy, the Federal Pain Research Strategy, and the*
4 *NIH-Wide Strategic Plan for Fiscal Years 2016-2020, the*
5 *latter which calls for the relative burdens of individual dis-*
6 *eases and medical disorders to be regarded as crucial con-*
7 *siderations in balancing the priorities of the Federal re-*
8 *search portfolio.*

9 **SEC. 805. ENSURING PROVIDER ACCESS TO BEST PRACTICES FOR COMBATING PRESCRIPTION DRUG**
10 **OVERDOSE.**
11

12 (a) *BEST PRACTICES FOR PRESCRIBING OPIOIDS.—*
13 *Not later than 2 years after the date of enactment of this*
14 *Act, the Secretary of Health and Human Services, acting*
15 *through the Director of the Centers for Disease Control and*
16 *Prevention, shall issue best practices for prescribing opioids*
17 *for the treatment of acute pain.*

18 (b) *DISSEMINATION OF BEST PRACTICES AND GUIDELINES.—*
19 *The Director of the Centers for Disease Control and*
20 *Prevention shall, as appropriate, make information on best*
21 *practices and guidelines related to safe opioid prescribing*
22 *practices for chronic pain (outside of active cancer treat-*
23 *ment, palliative care, and end-of-life care), including guide-*
24 *lines, available to prescribers to reduce opioid use disorders*
25 *and overdose. Such guidelines are not intended to replace*

1 *good clinical judgment for clinicians in addressing special*
2 *circumstances or individual patient care needs. In carrying*
3 *out this subsection, the Director shall, where appropriate,*
4 *disseminate such best practices in succinct, usable formats*
5 *accessible to health care providers.*

6 **SEC. 806. PARTIAL FILL OF SCHEDULE II PRESCRIPTIONS.**

7 (a) *DEFINITIONS.—In this section—*

8 (1) *the terms “controlled substance”, “dispense”,*
9 *and “practitioner” have the meanings given those*
10 *terms in section 102 of the Controlled Substances Act*
11 *(21 U.S.C. 802);*

12 (2) *the term “emergency situation” means an*
13 *emergency situation prescribed by the Secretary of*
14 *Health and Human Services in accordance with sec-*
15 *tion 309(a) of the Controlled Substances Act (21*
16 *U.S.C. 829(a)); and*

17 (3) *the term “schedule II” means schedule II of*
18 *section 202(c) of the Controlled Substances Act (21*
19 *U.S.C. 812(c)).*

20 (b) *PARTIAL FILLS.—A prescription for a controlled*
21 *substance in schedule II may be partially filled if—*

22 (1) *it is not prohibited by State law;*

23 (2) *the prescription is written and filled in ac-*
24 *cordance with the Controlled Substances Act (21*

1 U.S.C. 801 et seq.), regulations prescribed by the At-
2 torney General, and State law;

3 (3) the partial fill is requested by the patient or
4 the practitioner that wrote the prescription; and

5 (4) the total quantity dispensed in all partial
6 fillings does not exceed the total quantity prescribed.

7 (c) REMAINING PORTIONS.—

8 (1) IN GENERAL.—Except as provided in para-
9 graph (2), remaining portions of a partially filled
10 prescription for a controlled substance in schedule
11 II—

12 (A) may be filled; and

13 (B) shall be filled not later than 30 days
14 after the date on which the prescription is writ-
15 ten.

16 (2) EMERGENCY SITUATIONS.—In emergency sit-
17 uations, the remaining portions of a partially filled
18 prescription for a controlled substance in schedule
19 II—

20 (A) may be filled; and

21 (B) shall be filled not later than 72 hours
22 after the prescription is issued.

1 **TITLE IX—MENTAL HEALTH ON**
2 **CAMPUS IMPROVEMENT**

3 **SEC. 901. SHORT TITLE.**

4 *This title may be cited as the “Mental Health on Cam-*
5 *pus Improvement Act”.*

6 **SEC. 902. FINDINGS.**

7 *Congress makes the following findings:*

8 (1) *The 2014 Association for University and Col-*
9 *lege Counseling Center Directors Survey found that*
10 *the average ratio of counselors to students on campus*
11 *is nearly 1 to 1,833 and is often far higher on large*
12 *campuses. The International Association of Coun-*
13 *seling Services accreditation standards recommends 1*
14 *counselor per 1,000 to 1,500 students.*

15 (2) *College counselors report that 10 percent of*
16 *enrolled students sought counseling in 2014.*

17 (3) *More than 90 percent of counseling directors*
18 *believe there is an increase in the number of students*
19 *coming to campus with severe psychological problems;*
20 *today, 44 percent of the students who visit campus*
21 *counseling centers are dealing with severe mental ill-*
22 *ness, up from 16 percent in 2000, and 24 percent are*
23 *on psychiatric medication, up from 17 percent in*
24 *2000.*

1 (4) *The majority of campus counseling directors*
2 *report that the demand for services and the severity*
3 *of student needs are growing without an increase in*
4 *resources.*

5 (5) *Many students who need help never receive*
6 *it. Only 15 percent of college and university students*
7 *who commit suicide received campus counseling. Of*
8 *students who seriously consider suicide each year,*
9 *only 52 percent of them seek any professional help at*
10 *all.*

11 (6) *A 2015 American College Health Association*
12 *survey of more than 93,000 college and university stu-*
13 *dents revealed that, within the last 12 months, 57 per-*
14 *cent of students report having felt overwhelming anx-*
15 *xiety, 35 percent felt so depressed it was difficult to*
16 *function, and 48 percent felt hopeless. However, only*
17 *12 percent of students reported receiving professional*
18 *treatment for anxiety within the past 12 months, and*
19 *11 percent reported receiving treatment for depression*
20 *within the past 12 months.*

21 (7) *The 2015 American College Health Associa-*
22 *tion survey also found that 9 percent of students have*
23 *seriously considered suicide in the past 12 months, a*
24 *20 percent increase compared to 2012.*

1 (8) *Research conducted between 1997 and 2009,*
2 *and presented at the 118th annual convention of the*
3 *American Psychological Association found that more*
4 *students are grappling with depression and anxiety*
5 *disorders than were a decade ago. The study found*
6 *that, of students who sought college or university*
7 *counseling, 41 percent had moderate to severe depres-*
8 *sion in 2009, and that percentage was 34 percent in*
9 *1997.*

10 (9) *A survey conducted by the student counseling*
11 *center at the University of Idaho in 2000 found that*
12 *77 percent of students who responded reported that*
13 *they were more likely to stay in school because of*
14 *counseling and that their school performance would*
15 *have declined without counseling.*

16 (10) *Students with psychological issues often*
17 *struggle academically and are at risk for dropping*
18 *out of school. Counseling has been shown to address*
19 *these issues while having a positive impact on stu-*
20 *dents remaining in school. A 6-year longitudinal*
21 *study found college and university students receiving*
22 *counseling to have a 11.4 percent higher retention*
23 *rate than the general college and university popu-*
24 *lation.*

1 (11) *A national survey of college and university*
 2 *students living with mental health conditions, con-*
 3 *ducted by the National Alliance on Mental Illness,*
 4 *found that 64 percent of students who experience men-*
 5 *tal health problems in college or university and with-*
 6 *draw from school do so because of their mental health*
 7 *issues. The survey also found that 50 percent of that*
 8 *group never accessed mental health services and sup-*
 9 *ports.*

10 **SEC. 903. IMPROVING MENTAL AND BEHAVIORAL HEALTH**
 11 **ON COLLEGE CAMPUSES.**

12 *Title V of the Public Health Service Act (42 U.S.C.*
 13 *290aa et seq.) is amended by inserting after section 520E-*
 14 *4, as added by section 406, the following:*

15 **“SEC. 520E-5. GRANTS TO IMPROVE MENTAL AND BEHAV-**
 16 **IORAL HEALTH ON COLLEGE CAMPUSES.**

17 “(a) *PURPOSE.—It is the purpose of this section, with*
 18 *respect to settings at institutions of higher education, to—*

19 “(1) *increase access to mental and behavioral*
 20 *health services;*

21 “(2) *foster and improve the prevention of mental*
 22 *and behavioral health disorders, and the promotion of*
 23 *mental health;*

24 “(3) *improve the identification and treatment*
 25 *for students at risk;*

1 “(4) *improve collaboration and the development*
2 *of appropriate levels of mental and behavioral health*
3 *care;*

4 “(5) *reduce the stigma for students with mental*
5 *health disorders and enhance their access to mental*
6 *health services; and*

7 “(6) *improve the efficacy of outreach efforts.*

8 “(b) *GRANTS.—The Secretary, acting through the Ad-*
9 *ministrators and in consultation with the Secretary of Edu-*
10 *cation, shall award competitive grants to eligible entities*
11 *to improve mental and behavioral health services and out-*
12 *reach on campuses of institutions of higher education.*

13 “(c) *ELIGIBILITY.—To be eligible to receive a grant*
14 *under subsection (b), an entity shall—*

15 “(1) *be an institution of higher education; and*

16 “(2) *submit to the Secretary an application at*
17 *such time, in such manner, and containing such in-*
18 *formation as the Secretary may require, including the*
19 *information required under subsection (d).*

20 “(d) *APPLICATION.—An application for a grant under*
21 *this section shall include—*

22 “(1) *a description of the population to be tar-*
23 *geted by the program carried out under the grant, in-*
24 *cluding the particular mental and behavioral health*
25 *needs of the students involved;*

1 “(2) a description of the Federal, State, local,
2 private, and institutional resources available for
3 meeting the needs of such students at the time the ap-
4 plication is submitted;

5 “(3) an outline of the objectives of the program
6 carried out under the grant;

7 “(4) a description of activities, services, and
8 training to be provided under the program, including
9 planned outreach strategies to reach students not cur-
10 rently seeking services;

11 “(5) a plan to seek input from community men-
12 tal health providers, when available, community
13 groups, and other public and private entities in car-
14 rying out the program;

15 “(6) a plan, when applicable, to meet the specific
16 mental and behavioral health needs of veterans at-
17 tending institutions of higher education;

18 “(7) a description of the methods to be used to
19 evaluate the outcomes and effectiveness of the pro-
20 gram; and

21 “(8) an assurance that grant funds will be used
22 to supplement, and not supplant, any other Federal,
23 State, or local funds available to carry out activities
24 of the type carried out under the grant.

1 “(e) *SPECIAL CONSIDERATIONS.—In awarding grants*
2 *under this section, the Secretary shall give special consider-*
3 *ation to applications that describe programs to be carried*
4 *out under the grant that—*

5 “(1) *demonstrate the greatest need for new or ad-*
6 *ditional mental and behavioral health services, in*
7 *part by providing information on current ratios of*
8 *students to mental and behavioral health profes-*
9 *sionals;*

10 “(2) *propose effective approaches for initiating*
11 *or expanding campus services and supports using evi-*
12 *dence-based practices, including peer support strate-*
13 *gies;*

14 “(3) *target traditionally underserved populations*
15 *and populations most at risk;*

16 “(4) *where possible, demonstrate an awareness*
17 *of, and a willingness to, coordinate with a commu-*
18 *nity mental health center or other mental health re-*
19 *source in the community, to support screening and*
20 *referral of students requiring intensive services;*

21 “(5) *identify how the institution of higher edu-*
22 *cation will address psychiatric emergencies, including*
23 *how information will be communicated with families*
24 *or other appropriate parties;*

1 “(6) propose innovative practices that will im-
2 prove efficiencies in clinical care, broaden collabora-
3 tions with primary care, or improve prevention pro-
4 grams; and

5 “(7) demonstrate the greatest potential for rep-
6 lication and dissemination.

7 “(f) *USE OF FUNDS.*—Amounts received under a grant
8 under this section may be used to—

9 “(1) provide mental and behavioral health serv-
10 ices to students, including prevention, promotion of
11 mental health, voluntary screening, early interven-
12 tion, voluntary assessment, treatment, management,
13 and education services relating to the mental and be-
14 havioral health of students;

15 “(2) conduct research through a counseling or
16 health center at the institution of higher education in-
17 volved regarding improving the mental and behav-
18 ioral health of students through clinical services, out-
19 reach, prevention, or academic success, in a manner
20 that is in compliance with the health privacy and se-
21 curity rules promulgated under section 264(c) of the
22 Health Insurance Portability and Accountability Act
23 of 1996 (42 U.S.C. 1320d–2 note);

1 “(3) provide outreach services to notify students
2 about the existence of mental and behavioral health
3 services;

4 “(4) educate students, families, faculty, staff, and
5 communities to increase awareness of mental health
6 issues;

7 “(5) support student groups on campus, includ-
8 ing athletic teams, that engage in activities to educate
9 students, including activities to reduce stigma sur-
10 rounding mental and behavioral disorders, and pro-
11 mote mental health wellness;

12 “(6) employ appropriately trained staff;

13 “(7) provide training to students, faculty, and
14 staff to respond effectively to students with mental
15 and behavioral health issues;

16 “(8) expand mental health training through in-
17 ternship, post-doctorate, and residency programs;

18 “(9) develop and support evidence-based and
19 emerging best practices, including a focus on cul-
20 turally and linguistically appropriate best practices;
21 and

22 “(10) evaluate and disseminate best practices to
23 other institutions of higher education.

24 “(g) DURATION OF GRANTS.—A grant under this sec-
25 tion shall be awarded for a period not to exceed 3 years.

1 “(h) *EVALUATION AND REPORTING.*—

2 “(1) *EVALUATION.*—*Not later than 18 months*
3 *after the date on which a grant is received under this*
4 *section, the eligible entity involved shall submit to the*
5 *Secretary the results of an evaluation to be conducted*
6 *by the entity (or by another party under contract*
7 *with the entity) concerning the effectiveness of the ac-*
8 *tivities carried out under the grant and plans for the*
9 *sustainability of such efforts.*

10 “(2) *REPORT.*—*Not later than 2 years after the*
11 *date of enactment of the Mental Health on Campus*
12 *Improvement Act, the Secretary shall submit to the*
13 *appropriate committees of Congress a report con-*
14 *cerning the results of—*

15 “(A) *the evaluations conducted under para-*
16 *graph (1); and*

17 “(B) *an evaluation conducted by the Sec-*
18 *retary to analyze the effectiveness and efficacy of*
19 *the activities conducted with grants under this*
20 *section.*

21 “(i) *TECHNICAL ASSISTANCE.*—*The Secretary may*
22 *provide technical assistance to grantees in carrying out this*
23 *section.*

24 “(j) *DEFINITION.*—*In this section, the term ‘institu-*
25 *tion of higher education’ has the meaning given such term*

1 *in section 101 of the Higher Education Act of 1965 (20*
2 *U.S.C. 1001).*

3 “(k) *AUTHORIZATION OF APPROPRIATIONS.—There*
4 *are authorized to be appropriated such sums as may be nec-*
5 *essary to carry out this section.*

6 **“SEC. 520E-6. MENTAL AND BEHAVIORAL HEALTH OUT-**
7 **REACH AND EDUCATION ON COLLEGE CAM-**
8 **PUSES.**

9 “(a) *PURPOSE.—It is the purpose of this section to in-*
10 *crease access to, and reduce the stigma associated with,*
11 *mental health services to ensure that students at institutions*
12 *of higher education have the support necessary to success-*
13 *fully complete their studies.*

14 “(b) *NATIONAL PUBLIC EDUCATION CAMPAIGN.—The*
15 *Secretary, acting through the Administrator and in collabo-*
16 *ration with the Director of the Centers for Disease Control*
17 *and Prevention, shall convene an interagency, public-pri-*
18 *vate sector working group to plan, establish, and begin co-*
19 *ordinating and evaluating a targeted public education cam-*
20 *paign that is designed to focus on mental and behavioral*
21 *health on the campuses of institutions of higher education.*
22 *Such campaign shall be designed to—*

23 “(1) *improve the general understanding of men-*
24 *tal health and mental health disorders;*

1 “(2) encourage help-seeking behaviors relating to
2 the promotion of mental health, prevention of mental
3 health disorders, and treatment of such disorders;

4 “(3) make the connection between mental and be-
5 havioral health and academic success; and

6 “(4) assist the general public in identifying the
7 early warning signs and reducing the stigma of men-
8 tal illness.

9 “(c) COMPOSITION.—The working group convened
10 under subsection (b) shall include—

11 “(1) mental health consumers, including students
12 and family members;

13 “(2) representatives of institutions of higher edu-
14 cation;

15 “(3) representatives of national mental and be-
16 havioral health associations and associations of insti-
17 tutions of higher education;

18 “(4) representatives of health promotion and pre-
19 vention organizations at institutions of higher edu-
20 cation;

21 “(5) representatives of mental health providers,
22 including community mental health centers; and

23 “(6) representatives of private- and public-sector
24 groups with experience in the development of effective
25 public health education campaigns.

1 “(d) *PLAN.*—*The working group under subsection (b)*
2 *shall develop a plan that—*

3 “(1) *targets promotional and educational efforts*
4 *to the age population of students at institutions of*
5 *higher education and individuals who are employed*
6 *in settings of institutions of higher education, includ-*
7 *ing through the use of roundtables;*

8 “(2) *develops and proposes the implementation of*
9 *research-based public health messages and activities;*

10 “(3) *provides support for local efforts to reduce*
11 *stigma by using the National Health Information*
12 *Center as a primary point of contact for information,*
13 *publications, and service program referrals; and*

14 “(4) *develops and proposes the implementation of*
15 *a social marketing campaign that is targeted at the*
16 *population of students attending institutions of higher*
17 *education and individuals who are employed in set-*
18 *tings of institutions of higher education.*

19 “(e) *DEFINITION.*—*In this section, the term ‘institu-*
20 *tion of higher education’ has the meaning given such term*
21 *in section 101 of the Higher Education Act of 1965 (20*
22 *U.S.C. 1001).*

23 “(f) *AUTHORIZATION OF APPROPRIATIONS.*—*There are*
24 *authorized to be appropriated such sums as may be nec-*
25 *essary to carry out this section.”.*

1 **SEC. 904. INTERAGENCY WORKING GROUP ON COLLEGE**
2 **MENTAL HEALTH.**

3 (a) *PURPOSE.*—*It is the purpose of this section to pro-*
4 *vide for the establishment of a College Campus Task Force*
5 *to discuss mental and behavioral health concerns on cam-*
6 *pus of institutions of higher education.*

7 (b) *ESTABLISHMENT.*—*The Secretary of Health and*
8 *Human Services (referred to in this section as the “Sec-*
9 *retary”)* shall establish a College Campus Task Force (re-
10 *ferred to in this section as the “Task Force”)* to discuss
11 *mental and behavioral health concerns on campuses of insti-*
12 *tutions of higher education.*

13 (c) *MEMBERSHIP.*—*The Task Force shall be composed*
14 *of a representative from each Federal agency (as appointed*
15 *by the head of the agency) that has jurisdiction over, or*
16 *is affected by, mental health and education policies and*
17 *projects, including—*

18 (1) *the Department of Education;*

19 (2) *the Department of Health and Human Serv-*
20 *ices;*

21 (3) *the Department of Veterans Affairs; and*

22 (4) *such other Federal agencies as the Adminis-*
23 *trator of the Substance Abuse and Mental Health*
24 *Services Administration, in consultation with the*
25 *Secretary, determines to be appropriate.*

26 (d) *DUTIES.*—*The Task Force shall—*

1 (1) *serve as a centralized mechanism to coordi-*
2 *nate a national effort—*

3 (A) *to discuss and evaluate evidence and*
4 *knowledge on mental and behavioral health serv-*
5 *ices available to, and the prevalence of mental*
6 *health illness among, the age population of stu-*
7 *dents attending institutions of higher education*
8 *in the United States;*

9 (B) *to determine the range of effective, fea-*
10 *sible, and comprehensive actions to improve*
11 *mental and behavioral health on campuses of in-*
12 *stitutions of higher education;*

13 (C) *to examine and better address the needs*
14 *of the age population of students attending insti-*
15 *tutions of higher education dealing with mental*
16 *illness;*

17 (D) *to survey Federal agencies to determine*
18 *which policies are effective in encouraging, and*
19 *how best to facilitate outreach without dupli-*
20 *cating, efforts relating to mental and behavioral*
21 *health promotion;*

22 (E) *to establish specific goals within and*
23 *across Federal agencies for mental health pro-*
24 *motion, including determinations of account-*
25 *ability for reaching those goals;*

1 (F) to develop a strategy for allocating re-
2 sponsibilities and ensuring participation in
3 mental and behavioral health promotions, par-
4 ticularly in the case of competing agency prior-
5 ities;

6 (G) to coordinate plans to communicate re-
7 search results relating to mental and behavioral
8 health amongst the age population of students at-
9 tending institutions of higher education to enable
10 reporting and outreach activities to produce
11 more useful and timely information;

12 (H) to provide a description of evidence-
13 based best practices, model programs, effective
14 guidelines, and other strategies for promoting
15 mental and behavioral health on campuses of in-
16 stitutions of higher education;

17 (I) to make recommendations to improve
18 Federal efforts relating to mental and behavioral
19 health promotion on campuses of institutions of
20 higher education and to ensure Federal efforts
21 are consistent with available standards and evi-
22 dence and other programs in existence as of the
23 date of enactment of this Act; and

24 (J) to monitor Federal progress in meeting
25 specific mental and behavioral health promotion

1 goals as they relate to settings of institutions of
2 higher education;

3 (2) consult with national organizations with ex-
4 pertise in mental and behavioral health, especially
5 those organizations working with the age population
6 of students attending institutions of higher education;
7 and

8 (3) consult with and seek input from mental
9 health professionals working on campuses of institu-
10 tions of higher education as appropriate.

11 (e) MEETINGS.—

12 (1) IN GENERAL.—The Task Force shall meet not
13 less than 3 times each year.

14 (2) ANNUAL CONFERENCE.—The Secretary shall
15 sponsor an annual conference on mental and behav-
16 ioral health in settings of institutions of higher edu-
17 cation to enhance coordination, build partnerships,
18 and share best practices in mental and behavioral
19 health promotion, data collection, analysis, and serv-
20 ices.

21 (f) DEFINITION.—In this section, the term “institution
22 of higher education” has the meaning given such term in
23 section 101 of the Higher Education Act of 1965 (20 U.S.C.
24 1001).

1 *(g) AUTHORIZATION OF APPROPRIATIONS.—There are*
2 *authorized to be appropriated such sums as may be nec-*
3 *essary to carry out this section.*

Calendar No. 437

114TH CONGRESS
2^D SESSION

S. 2680

A BILL

To amend the Public Health Service Act to provide comprehensive mental health reform, and for other purposes.

APRIL 26, 2016

Reported with an amendment