I

113TH CONGRESS
1ST SESSION

H. R. 3717

To make available needed psychiatric, psychological, and supportive services for individuals diagnosed with mental illness and families in mental health crisis, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 12, 2013

Mr. MURPHY of Pennsylvania (for himself, Mr. CASSIDY, Mr. LANCE, and Ms. EDDIE BERNICE JOHNSON of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Education and the Workforce, Ways and Means, and Science, Space, and Technology, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To make available needed psychiatric, psychological, and supportive services for individuals diagnosed with mental illness and families in mental health crisis, 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 "Helping Families in Mental Health Crisis Act of 2013".

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—ASSISTANT SECRETARY FOR MENTAL HEALTH

Sec. 101. Assistant Secretary for Mental Health and Substance Use Disorders.
Sec. 102. Interagency Serious Mental Illness Coordinating Committee.
Sec. 103. Assisted outpatient treatment grant program.
Sec. 104. Tele-psychiatry and primary care physician training grant program.

TITLE II—FEDERALLY QUALIFIED BEHAVIORAL HEALTH CLINICS

Sec. 201. Demonstration program to improve federally qualified community behavioral health clinic services.

TITLE III—HIPAA AND FERPA CAREGIVERS

Sec. 301. Promoting appropriate treatment for mentally ill individuals by treating their caregivers as personal representatives for purposes of HIPAA privacy regulations.
Sec. 302. Caregivers permitted access to certain education records under FERPA.

TITLE IV—DEPARTMENT OF JUSTICE REFORMS

Sec. 401. Additional purposes for certain Federal grants.
Sec. 402. Reauthorization and additional amendments to the Mentally Ill Offender Treatment and Crime Reduction Act.
Sec. 403. Assisted outpatient treatment.
Sec. 404. Improvements to the Department of Justice data collection and reporting of mental illness in crime.
Sec. 405. Reports on the number of seriously mentally ill who are imprisoned.

TITLE V—MEDICARE AND MEDICAID REFORMS

Sec. 501. Enhanced Medicaid coverage relating to certain mental health services.
Sec. 502. Access to mental health prescription drugs under Medicare and Medicaid.

TITLE VI—RESEARCH BY NATIONAL INSTITUTE OF MENTAL HEALTH

Sec. 601. Increase in funding for certain research.

TITLE VII—COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT REFORM

Sec. 701. Administration of block grants by Assistant Secretary.
Sec. 702. Additional program requirements.
Sec. 703. Period for expenditure of grant funds.
Sec. 704. Treatment standard under State law.
Sec. 705. Assisted outpatient treatment under State law.
Sec. 706. Best available science and models of care.

Sec. 707. Paperwork reduction study.

TITLE VIII—BEHAVIORAL HEALTH AWARENESS PROGRAM

Sec. 801. Reducing the stigma of serious mental illness.

TITLE IX—BEHAVIORAL HEALTH INFORMATION TECHNOLOGY

Sec. 901. Extension of health information technology assistance for behavioral and mental health and substance abuse.
Sec. 902. Extension of eligibility for Medicare and Medicaid health information technology implementation assistance.

TITLE X—EXPANDING ACCESS TO CARE THROUGH HEALTH CARE PROFESSIONAL VOLUNTEERISM

Sec. 1001. Liability protections for health care professional volunteers at community health centers and federally qualified community behavioral health clinics.

TITLE XI—SAMHSA REAUTHORIZATION AND REFORMS

Subtitle A—Organization and General Authorities

Sec. 1101. In general.
Sec. 1102. Advisory councils.
Sec. 1103. Peer review.
Sec. 1104. Data collection.

Subtitle B—Center for Mental Health Services

Sec. 1111. Center for Mental Health Services.
Sec. 1112. Reauthorization of priority mental health needs of regional and national significance.
Sec. 1113. Garrett Lee Smith Reauthorization.

Subtitle C—Children With Serious Emotional Disturbances

Sec. 1121. Comprehensive community mental health services for children with serious emotional disturbances.
Sec. 1122. General provisions; report; funding.

Subtitle D—Projects for Children and Violence

Sec. 1131. Children and violence.
Sec. 1132. Reauthorization of National Child Traumatic Stress Network.

Subtitle E—Protection and Advocacy for Individuals With Mental Illness

Sec. 1141. Prohibition against lobbying by systems accepting Federal funds to protect and advocate the rights of individuals with mental illness.

Subtitle F—Limitations on Authority

Sec. 1151. Limitations on SAMHSA programs.
Sec. 1152. Elimination of unauthorized SAMHSA programs.

TITLE I—ASSISTANT SECRETARY FOR MENTAL HEALTH

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

Title V of the Public Health Service Act is amended by inserting after section 501 of such Act (42 U.S.C. 290aa) the following:

"SEC. 501A. ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

"(a) IN GENERAL.—There shall be in the Department of Health and Human Services an official to be known as the Assistant Secretary for Mental Health and Substance Use Disorders (in this section referred to as the 'Assistant Secretary'), who shall—

"(1) report directly to the Secretary;

"(2) be appointed by the Secretary, by and with the advice and consent of the Senate; and

"(3) be selected from among individuals who—

"(A)(i) have a doctoral degree in medicine or osteopathic medicine and clinical and research experience in psychiatry;

"(ii) graduated from an Accreditation Council for Graduate Medical Education-certified psychiatric residency program; and

1 "(iii) have an understanding of biological,
2 psychosocial, and pharmaceutical treatments of
3 mental illness; or
4 "(B) have a doctoral degree in psychology
5 with—
6 "(i) clinical and research experience;
7 and
8 "(ii) an understanding of biological,
9 psychosocial, and pharmaceutical treat-
10 ments of mental illness.
11 "(b) RELATION TO SAMHSA ADMINISTRATOR.—The
12 Administrator of the Substance Abuse and Mental Health
13 Services Administration shall be under the supervision and
14 direction of the Assistant Secretary.
15 "(c) DUTIES.—The Assistant Secretary shall—
16 "(1) promote the coordination of service pro-
17 grams conducted by other departments, agencies, or-
18 ganizations, and individuals that are or may be re-
19 lated to the problems of individuals suffering from
20 substance abuse and mental illness;
21 "(2) carry out any functions within the Depart-
22 ment of Health and Human Services—
23 "(A) to improve the treatment of, and re-
24 lated services to, individuals with respect to
25 substance abuse and mental illness;

1 ''(B) to improve prevention services for
2 such individuals; and
3 ''(C) to protect the legal rights of individ-
4 uals with mental illnesses and individuals who
5 are substance abusers;
6 ''(3) carry out the administrative and financial
7 management, policy development and planning, eval-
8 uation, knowledge dissemination, and public infor-
9 mation functions that are required for the implemen-
10 tation of mental health programs, including block
11 grants, treatments, and data collection;
12 ''(4) ensure that the Substance Abuse and Men-
13 tal Health Services Administration conducts and co-
14 ordinates demonstration projects, evaluations, and
15 service system assessments and other activities nec-
16 essary to improve the availability and quality of
17 treatment, prevention, and related services related to
18 substance abuse;
19 ''(5) within the Department of Health and
20 Human Services, oversee and coordinate all pro-
21 grams and activities relating to the prevention of, or
22 treatment or rehabilitation for, mental health or
23 substance use disorders;
24 ''(6) across the Federal Government—

"(A) review programs and activities described in paragraph (5);

"(B) identify any such programs and activities that are duplicative; and

"(C) formulate recommendations for the coordination and improvement of such programs and activities; and

"(7) supervise data collection for and disseminate best practices by the National Mental Health Policy Laboratory.

"(d) PRIORITIZATION OF INTEGRATION OF SERVICES AND EARLY DIAGNOSIS AND INTERVENTION.—In carrying out the duties described in subsection (c), the Assistant Secretary shall prioritize—

"(1) the integration of services for the purpose of preventing, treating, or providing rehabilitation for the prevention of, and treatment or rehabilitation for, mental health or substance use disorders with primary care services; and

"(2) early diagnosis and intervention services for the prevention of, and treatment or rehabilitation for, serious mental health or substance use disorders.

"(e) NATIONAL MENTAL HEALTH POLICY LABORATORY.—

1 “(1) IN GENERAL.—The Assistant Secretary for
2 Mental Health and Substance Use Disorders shall
3 establish, within the Office of the Assistant Sec-
4 retary, the National Mental Health Policy Labora-
5 tory (in this section referred to as the ‘NMHPL’),
6 to be headed by a Director.

7 “(2) DUTIES.—The Director of the NMHPL
8 shall—

9 “(A) identify and implement policy
10 changes and other trends likely to have the
11 most significant impact on mental health serv-
12 ices and monitor their impact in accordance
13 with the principles outlined in National Advi-
14 sory Mental Health Council’s 2006 report enti-
15 tled ‘The Road Ahead: Research Partnerships
16 To Transform Services’;

17 “(B) collect information from grantees
18 under programs established or amended by the
19 Helping Families in Mental Health Crisis Act
20 of 2013 and under other mental health pro-
21 grams under this Act, including grantees that
22 are federally qualified community behavioral
23 health clinics certified under section 201 of the
24 Helping Families in Mental Health Crisis Act
25 of 2013 and States receiving funds under a

1 block grant under part B of title XIX of this
2 Act; and
3 ''(C) evaluate and disseminate to such
4 grantees evidence-based practices and services
5 delivery models using the best available science
6 shown to reduce program expenditures while en-
7 hancing the quality of care furnished to individ-
8 uals by other such grantees.
9 ''(3) EVIDENCE-BASED PRACTICES AND SERV-
10 ICE DELIVERY MODELS.—In selecting evidence-based
11 practices and services delivery models for evaluation
12 and dissemination under paragraph (2)(C), the Di-
13 rector of the NMHPL—
14 ''(A) shall give preference to models that
15 improve the coordination, quality, and efficiency
16 of health care services furnished to individuals
17 with serious mental illness; and
18 ''(B) may include clinical protocols and
19 practices used in the Recovery After Initial
20 Schizophrenia Episode (RAISE) project and the
21 North American Prodrome Longitudinal Study
22 (NAPLS) of the National Institute of Mental
23 Health.
24 ''(4) DEADLINE FOR BEGINNING IMPLEMENTA-
25 TION.—The Director of the NMHPL shall begin im-

1 plementation of the duties described in this sub-
2 section not later than January 1, 2016.
3 "(5) CONSULTATION.—In carrying out the du-
4 ties under this section, the Director of the NMHPL
5 shall consult with—
6 "(A) representatives of the National Insti-
7 tute of Mental Health on organization, hiring
8 decisions, and operations, initially and on an
9 ongoing basis;
10 "(B) other appropriate Federal agencies;
11 and
12 "(C) clinical and analytical experts with
13 expertise in medicine, psychiatric and clinical
14 psychological care, and health care manage-
15 ment.
16 "(6) EVALUATION.—
17 "(A) IN GENERAL.—The Director of the
18 NMHPL shall conduct an evaluation of grant
19 programs described in paragraph (2)(B). Such
20 evaluation shall include an analysis of—
21 "(i) the quality of care furnished
22 under the respective services delivery
23 model, including the measurement of pa-
24 tient-level outcomes and public health out-
25 comes such as reduced mortality rates, re-

1 duced hospitalization from psychotic epi-
2 sodes, and other criteria determined by the
3 Assistant Secretary; and
4 "(ii) the changes in spending under
5 such programs by reason of the model.
6 "(B) INFORMATION.—The Assistant Sec-
7 retary shall make the results of each evaluation
8 under this paragraph available to the public in
9 a timely fashion and may establish require-
10 ments for States and other entities partici-
11 pating in the testing of models under grant pro-
12 grams described in paragraph (2)(B) to collect
13 information that the Assistant Secretary deter-
14 mines is necessary to monitor and evaluate such
15 models.
16 "(f) EXPANSION OF MODELS.—
17 "(1) IN GENERAL.—Taking into account the re-
18 sults of evaluations under subsection (e), the Assist-
19 ant Secretary may, by rule, as part of the program
20 of block grants for community mental health services
21 under subpart I of part B of title XIX, provide for
22 expanded use across the Nation of service delivery
23 models by providers funded under such block grants,
24 so long as—

1 "(A) the Assistant Secretary determines
2 that such expansion will—
3 "(i) reduce spending under such block
4 grants without reducing the quality of
5 care; or
6 "(ii) improve the quality of patient
7 care without significantly increasing spend-
8 ing; and
9 "(B) the Director of the National Institute
10 of Mental Health determines that such expan-
11 sion would improve the quality of patient care.
12 "(2) CONGRESSIONAL REVIEW.—Any rule pro-
13 mulgated pursuant to paragraph (1) is deemed to be
14 a major rule subject to congressional review and dis-
15 approval under chapter 8 of title 5, United States
16 Code.
17 "(g) REPORTS TO CONGRESS.—Not later than 1 year
18 after the date of enactment of this Act, and every 2 years
19 thereafter, the Assistant Secretary shall submit a report
20 to the Congress—
21 "(1) summarizing the activities of the Assistant
22 Secretary;
23 "(2) analyzing the efficiency and effectiveness
24 of Federal programs and activities relating to the
25 prevention of, or treatment or rehabilitation for,

1 mental health or substance use disorders, including
2 an accounting of the costs of such programs and ac-
3 tivities with administrative costs disaggregated from
4 the costs of services and care provided;
5 ‘‘(3) evaluating the impact on public health of
6 projects addressing priority mental health needs of
7 regional and national significance under section
8 520A to determine—
9 ‘‘(A) whether each such project has re-
10 duced the mortality rate, prevalence, and emer-
11 gency room visits for persons with serious men-
12 tal illness; and
13 ‘‘(B) the effect of such projects on other
14 public health measures;
15 ‘‘(4) formulating recommendations for the co-
16 ordination and improvement of Federal programs
17 and activities described in paragraph (2); and
18 ‘‘(5) identifying any such programs and activi-
19 ties that are duplicative.
20 ‘‘(h) FUNDING.—Of the amounts made available to
21 carry out the block grant for community mental health
22 services for each of fiscal years 2014 through 2019, not
23 more than 5 percent of such amounts are authorized to
24 be appropriated to carry out this section.’’.

1 **SEC. 102. INTERAGENCY SERIOUS MENTAL ILLNESS CO-**
2 **ORDINATING COMMITTEE.**

3 Title V of the Public Health Service Act, as amended
4 by section 701, is further amended by inserting after sec-
5 tion 501A of such Act the following:

6 **"SEC. 501B. INTERAGENCY SERIOUS MENTAL ILLNESS CO-**
7 **ORDINATING COMMITTEE.**

8 ''(a) ESTABLISHMENT.—The Assistant Secretary for
9 Mental Health and Substance Use Disorders (in this sec-
10 tion referred to as the 'Assistant Secretary') shall estab-
11 lish a committee, to be known as the Interagency Serious
12 Mental Illness Coordinating Committee (in this section re-
13 ferred to as the 'Committee'), to assist the Assistant Sec-
14 retary in carrying out the Assistant Secretary's duties.

15 ''(b) RESPONSIBILITIES.—The Committee shall—

16 ''(1) develop and annually update a summary of
17 advances in serious mental illness research related to
18 causes, prevention, treatment, early screening, diag-
19 nosis or rule out, intervention, and access to services
20 and supports for individuals with serious mental ill-
21 ness;

22 ''(2) monitor Federal activities with respect to
23 serious mental illness;

24 ''(3) make recommendations to the Assistant
25 Secretary regarding any appropriate changes to such
26 activities, including recommendations to the Director

1 of NIH with respect to the strategic plan developed
2 under paragraph (5);
3 "(4) make recommendations to the Assistant
4 Secretary regarding public participation in decisions
5 relating to serious mental illness;
6 "(5) develop and annually update a strategic
7 plan for the conduct of, and support for, serious
8 mental illness research, including proposed budg-
9 etary requirements; and
10 "(6) submit to the Congress such strategic plan
11 and any updates to such plan.
12 "(c) MEMBERSHIP.—
13 "(1) IN GENERAL.—The Committee shall be
14 composed of—
15 "(A) the Assistant Secretary for Mental
16 Health and Substance Use Disorders (or the
17 Assistant Secretary's designee), who shall serve
18 as the Chair of the Committee;
19 "(B) the Director of the National Institute
20 of Mental Health (or the Director's designee);
21 "(C) the Attorney General of the United
22 States (or the Attorney General's designee);
23 "(D) the Director of the Centers for Dis-
24 ease Control and Prevention (or the Director's
25 designee);

1 "(E) the Director of the National Insti-
2 tutes of Health (or the Director's designee);
3 "(F) the directors of such national re-
4 search institutes of the National Institutes of
5 Health as the Assistant Secretary for Mental
6 Health and Substance Use Disorders deter-
7 mines appropriate (or their designees);
8 "(G) representatives, appointed by the As-
9 sistant Secretary, of Federal agencies that are
10 outside of the Department of Health and
11 Human Services and serve individuals with seri-
12 ous mental illness, such as the Department of
13 Education;
14 "(H) the Administrator of Substance
15 Abuse and Mental Health Services Administra-
16 tion; and
17 "(I) the additional members appointed
18 under paragraph (2).
19 "(2) ADDITIONAL MEMBERS.—Not fewer than
20 9 members of the Committee, or 1/3 of the total
21 membership of the Committee, whichever is greater,
22 shall be composed of non-Federal public members to
23 be appointed by the Assistant Secretary, of which—
24 "(A) at least one such member shall be an
25 individual with a diagnosis of serious mental ill-

1 ness who has benefitted from and is receiving
2 medical treatment under the care of a physi-
3 cian;
4 ''(B) at least one such member shall be a
5 parent or legal guardian of an individual with
6 a serious mental illness;
7 ''(C) at least one such member shall be a
8 representative of leading research, advocacy,
9 and service organizations for individuals with
10 serious mental illness;
11 ''(D) at least one member shall be a psy-
12 chiatrist;
13 ''(E) at least one member shall be a clin-
14 ical psychologist;
15 ''(F) at least one member shall be a judge
16 with successful experiences applying assisted
17 outpatient treatment;
18 ''(G) at least one member shall be a law
19 enforcement officer; and
20 ''(H) at least one member shall be a cor-
21 rections officer.
22 ''(d) ADMINISTRATIVE SUPPORT; TERMS OF SERV-
23 ICE; OTHER PROVISIONS.—The following provisions shall
24 apply with respect to the Committee:

1 ‘‘(1) The Assistant Secretary shall provide such
2 administrative support to the Committee as may be
3 necessary for the Committee to carry out its respon-
4 sibilities.

5 ‘‘(2) Members of the Committee appointed
6 under subsection (c)(2) shall serve for a term of 4
7 years, and may be reappointed for one or more addi-
8 tional 4-year terms. Any member appointed to fill a
9 vacancy for an unexpired term shall be appointed for
10 the remainder of such term. A member may serve
11 after the expiration of the member's term until a
12 successor has taken office.

13 ‘‘(3) The Committee shall meet at the call of
14 the chair or upon the request of the Assistant Sec-
15 retary. The Committee shall meet not fewer than 2
16 times each year.

17 ‘‘(4) All meetings of the Committee shall be
18 public and shall include appropriate time periods for
19 questions and presentations by the public.

20 ‘‘(e) SUBCOMMITTEES; ESTABLISHMENT AND MEM-
21 BERSHIP.—In carrying out its functions, the Committee
22 may establish subcommittees and convene workshops and
23 conferences. Such subcommittees shall be composed of
24 Committee members and may hold such meetings as are

1 necessary to enable the subcommittees to carry out their
2 duties.''.

3 **SEC. 103. ASSISTED OUTPATIENT TREATMENT GRANT PRO-**
4 **GRAM.**

5 (a) IN GENERAL.—The Assistant Secretary for Men-
6 tal Health and Substance Use Disorders (in this section
7 referred to as the ''Assistant Secretary''), in consultation
8 with the Director of the National Institute of Mental
9 Health and the Attorney General of the United States,
10 shall establish a 4-year pilot program to award not more
11 than 50 grants each year to counties, cities, mental health
12 systems, mental health courts, and any other entities with
13 authority under the law of a State to implement, monitor,
14 and oversee assisted outpatient treatment programs. The
15 Assistant Secretary may only award grants under this sec-
16 tion to applicants that have not previously implemented
17 an assisted outpatient treatment program. The Assistant
18 Secretary shall evaluate applicants based on their poten-
19 tial to reduce hospitalization, homelessness, incarceration,
20 and interaction with the criminal justice system while im-
21 proving health outcomes, such as adherence to medication
22 usage.

23 (b) USE OF GRANT.—An assisted outpatient treat-
24 ment program carried out with a grant awarded under this
25 section shall include—

(1) evaluating and seeking out eligible individuals who may benefit from assisted outpatient treatment;

(2) preparing and executing treatment plans for eligible patients and filing petitions for assisted outpatient treatment in appropriate courts;

(3) providing case management services to eligible patients who are participating in the program to provide such patients with resources, monitoring, and oversight, including directly monitoring a participant's level of compliance and the delivery of services by other providers pursuant to the court order; and

(4) carrying out referrals and medical evaluations, and paying the costs of legal counsel for commitment orders to be submitted and evaluated by the courts.

(c) DATA COLLECTION.—Grantees under this section shall provide in a timely fashion any data collected pursuant to the grant to the National Mental Health Policy Laboratory, as requested by the Assistant Secretary, concerning health outcomes and treatments.

(d) REPORT.—The Assistant Secretary shall submit an annual report to the Committees on Energy and Commerce and the Judiciary of the House of Representatives,

1 the Committees on Health, Education, Labor, and Pen-
2 sions and the Judiciary of the Senate, and the Congres-
3 sional Budget Office on the grant program under this sec-
4 tion. Each such report shall include an evaluation of the
5 following:

6 (1) Cost savings and public health outcomes
7 such as mortality, suicide, substance abuse, hos-
8 pitalization, and use of services.

9 (2) Rates of incarceration by patients.

10 (3) Rates of employment by patients.

11 (4) Rates of homelessness.

12 (e) DEFINITIONS.—In this section:

13 (1) ASSISTED OUTPATIENT TREATMENT.—The
14 term ''assisted outpatient treatment'' means—

15 (A) except as provided in subparagraph
16 (B), medically prescribed treatment that an eli-
17 gible patient must undergo while living in a
18 community under the terms of a law author-
19 izing a State or local court to order such treat-
20 ment; and

21 (B) in the case of a State that does not
22 have a law described in subparagraph (A) in ef-
23 fect on the date of enactment—

24 (i) a court-ordered treatment plan for
25 an eligible patient that requires such pa-

1 tient to obtain outpatient mental health
2 treatment while the patient is living in a
3 community; and
4 (ii) is designed to improve access and
5 adherence by such patient to intensive be-
6 havioral health services in order to—
7 (I) avert relapse, repeated hos-
8 pitalizations, arrest, incarceration,
9 suicide, property destruction, and vio-
10 lent behavior; and
11 (II) provide such patient with the
12 opportunity to live in a less restrictive
13 alternative to incarceration or involun-
14 tary hospitalization.
15 (2) ELIGIBLE PATIENT.—The term ''eligible pa-
16 tient'' means an adult, mentally ill person who, as
17 determined by the court—
18 (A) has a history of violence, incarceration,
19 or medically unnecessary hospitalizations;
20 (B) without supervision and treatment,
21 may be a danger to self or others in the com-
22 munity;
23 (C) is substantially unlikely to voluntarily
24 participate in treatment;

1 (D) may be unable, for reasons other than
2 indigence, to provide for any of his or her basic
3 needs, such as food, clothing, shelter, health, or
4 safety;
5 (E) has a history of mental illness or con-
6 dition that is likely to substantially deteriorate
7 if the patient is not provided with timely treat-
8 ment; or
9 (F) due to mental illness, lacks capacity to
10 fully understand or lacks judgment to make in-
11 formed decisions regarding his or her need for
12 treatment, care, or supervision.
13 (f) FUNDING.—
14 (1) AMOUNT OF GRANTS.—A grant under this
15 section shall be in an amount that is not more than
16 $1,000,000 for each of grant years 2014 through
17 2017. Subject to the preceding sentence, the Assist-
18 ant Secretary shall determine the amount of each
19 grant based on the population of patients of the area
20 to be served under the grant.
21 (2) AUTHORIZATION OF APPROPRIATIONS.—
22 There is authorized to be appropriated to carry out
23 this section $15,000,000 for each of fiscal years
24 2014 through 2017.

1 **SEC. 104. TELE-PSYCHIATRY AND PRIMARY CARE PHYSI-**
2 **CIAN TRAINING GRANT PROGRAM.**

3 (a) IN GENERAL.—The Assistant Secretary of Men-
4 tal Health and Substance Use Disorders (in this section
5 referred to as the ''Assistant Secretary'') shall establish
6 a grant program (in this section referred to as the ''grant
7 program'') under which the Assistant Secretary shall
8 award to 10 eligible States (as described in subsection (e))
9 grants for carrying out all 3 of the purposes described in
10 subsections (b), (c), and (d).

11 (b) TRAINING PROGRAM FOR CERTAIN PRIMARY
12 CARE PHYSICIANS.—For purposes of subsection (a), the
13 purpose described in this subsection, with respect to a
14 grant awarded to a State under the grant program, is for
15 the State to establish a training program to train primary
16 care physicians in—

17 (1) approved standardized behavioral-health
18 screening tools, including—

19 (A) Ages and Stages Questionnaires (ASQ:
20 SE);

21 (B) Brief Infant-Toddler Social and Emo-
22 tional Assessment (BITSEA);

23 (C) screening for substance abuse, known
24 as Car, Relax, Alone, Forget, Friends, Trouble,
25 (CRAFFT);

1 (D) screening for autism, known as Modified Checklist for Autism in Toddlers (M–CAT);

4 (E) Parents' Evaluation of Developmental Status (PEDS);

6 (F) screening for depression, known as Patient Health Questionnaire-9 (PHQ–9);

8 (G) Pediatric Symptom Checklist (PSC) and Pediatric Symptom Checklist-Youth Report (Y–PSC);

11 (H) Strengths and Difficulties Questionnaire (SDQ); and

13 (I) any additional areas that the Assistant Secretary determines applicable;

15 (2) implementing the use of behavioral-health screening tools in their practices; and

17 (3) knowing what to do when a behavioral-health need is identified.

19 (c) PAYMENTS FOR MENTAL HEALTH SERVICES PROVIDED BY CERTAIN PRIMARY CARE PHYSICIANS.—

21 (1) For purposes of subsection (a), the purpose described in this subsection, with respect to a grant awarded to a State under the grant program, is for the State to provide, in accordance with this subsection, in the case of a primary care physician that

participates in the training program of the State establish pursuant to subsection (b), payments to the primary care physician for services furnished by the primary care physician.

(2) The Assistant Secretary, in determining the structure, quality, and form of payment under paragraph (1) shall seek to find innovative payment systems which may take in to account—

(A) quality of services rendered;

(B) patients' health outcome;

(C) geographical location of where services were provided;

(D) severity of patients' medical condition;

(E) duration of services provided; and

(F) feasibility of replicating that payment model in other States nationwide.

(d) TELEHEALTH SERVICES FOR MENTAL HEALTH DISORDERS.—

(1) IN GENERAL.—For purposes of subsection (a), the purpose described in this subsection, with respect to a grant awarded to a State under the grant program, is for the State to provide, in the case of an individual furnished items and services by a primary care physician during an office visit, for payment for a consultation provided by a psychia-

1 trist or psychologist to such physician with respect
2 to such individual through the use of qualified tele-
3 health technology for the identification, diagnosis,
4 mitigation, or treatment of a mental health disorder
5 if such consultation occurs not later than the first
6 business day that follows such visit.
7 (2) QUALIFIED TELEHEALTH TECHNOLOGY.—
8 For purposes of subsection (C)(1), the term ''quali-
9 fied telehealth technology'', with respect to the provi-
10 sion of items and services to a patient by a health
11 care provider—
12 (A) includes the use of interactive audio,
13 audio-only telephone conversation, video, or
14 other telecommunications technology by a
15 health care provider to deliver health care serv-
16 ices within the scope of the provider's practice
17 at a site other than the site where the patient
18 is located, including the use of electronic media
19 for consultation relating to the health care diag-
20 nosis or treatment of the patient; and
21 (B) does not include the use of electronic
22 mail message or facsimile transmission.
23 (e) ELIGIBLE STATE.—
24 (1) IN GENERAL.—For purposes of this section,
25 an eligible State is a State that has submitted to the

1 Assistant Secretary an application under paragraph
2 (a) and has been selected under paragraph (3).
3 (2) APPLICATION.—A State seeking to partici-
4 pate in the grant program under this section shall
5 submit to the Assistant Secretary, at such time and
6 in such format as the Assistant Secretary requires,
7 an application that includes such information, provi-
8 sions, and assurances, as the Assistant Secretary
9 may require.
10 (3) MATCHING REQUIREMENT.—The Assistant
11 Secretary may not make a grant under the grant
12 program unless the State involved agrees, with re-
13 spect to the costs to be incurred by the State in car-
14 rying out the purpose described in this section, to
15 make available non-Federal contributions (in cash or
16 in kind) toward such costs in an amount equal to
17 not less than 20 percent of Federal funds provided
18 in the grant.
19 (4) SELECTION.—A State shall be determined
20 eligible for the grant program by the Assistant Sec-
21 retary on a competitive basis among States with ap-
22 plications meeting the requirements of paragraphs
23 (2) and (3). In selecting State applications for the
24 grant program, the Secretary shall seek to achieve
25 an appropriate national balance in the geographic

1 distribution of grants awarded under the grant pro-
2 gram.

3 (f) LENGTH OF GRANT PROGRAM.—The grant pro-
4 gram established under this section shall be conducted for
5 a period of 3 consecutive years.

6 (g) AUTHORIZATION OF APPROPRIATIONS.—Out of
7 any funds in the Treasury not otherwise appropriated,
8 there is authorized to be appropriated to carry out this
9 section, $3,000,000 for each of the fiscal years 2015
10 through 2017.

11 (h) REPORTS.—

12 (1) REPORTS.—For each fiscal year that grants
13 are awarded under this section, the Assistant Sec-
14 retary and the National Mental Health Policy Lab-
15 oratory shall conduct a study on the results of the
16 grants and submit to the Congress a report on such
17 results that includes the following:

18 (A) An evaluation of the grant program
19 outcomes, including a summary of activities
20 carried out with the grant and the results
21 achieved through those activities.

22 (B) Recommendations on how to improve
23 access to mental health services at grantee loca-
24 tions.

(C) An assessment of access to mental health services under the program.

(D) An assessment of the impact of the demonstration project on the costs of the full range of mental health services (including inpatient, emergency and ambulatory care).

(E) Recommendations on congressional action to improve the grant.

(2) REPORT.—Not later than December 31, 2017, the Assistant Secretary and the National Mental Health Policy Laboratory shall submit to Congress and make available to the public a report on the findings of the evaluation under paragraph (1) and also a policy outline on how Congress can expand the grant program to the national level.

TITLE II—FEDERALLY QUALIFIED BEHAVIORAL HEALTH CLINICS

SEC. 201. DEMONSTRATION PROGRAM TO IMPROVE FEDERALLY QUALIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES.

(a) ESTABLISHMENT.—Not later than January 1, 2016, the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in coordination with the Assistant Secretary for Mental Health and

1 Substance Use Disorders, shall award planning grants to
2 not to exceed 10 States to enable such States to carry
3 out 5-year demonstration programs to improve the provi-
4 sion of behavioral health services provided by federally
5 qualified community behavioral health clinics in the State.
6 (b) ELIGIBILITY.—
7 (1) APPLICATION.—To be eligible to receive a
8 grant under subsection (a), a State shall—
9 (A) submit to the Secretary an application
10 at such time, in such manner, and containing
11 such information as the Secretary may require;
12 (B) certify to the Secretary that behavioral
13 health providers that are provided assistance
14 under the demonstration program are federally
15 qualified community behavioral health clinics;
16 (C) certify to the Secretary that, with re-
17 spect to the behavioral health providers pro-
18 vided assistance under the demonstration pro-
19 gram, not more than 75 percent of the total
20 number of such providers are participating pro-
21 viders under the State Medicaid plan under title
22 XIX of the Social Security Act (42 U.S.C. 1396
23 et seq.);
24 (D) demonstrate the actuarial soundness
25 of the demonstration program to be carried out

1 under the grant by providing a detailed estimate of eligible clinics and Medicaid expenditures over the entire projected period of the demonstration program; and

(E) comply with any other requirement determined appropriate by the Secretary.

(2) WAIVER OF MEDICAID REQUIREMENTS.—In approving States to conduct demonstration programs under this section, the Secretary shall waive such provisions of title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) as are necessary to conduct the demonstration program in accordance with the requirements of this section, including section 1902(a)(1) of the Social Security Act (42 U.S.C. 1396a(a)(1)) (relating to statewideness).

(c) REQUIREMENTS.—In awarding grants under this section, the Secretary shall—

(1) ensure the geographic diversity of grantee States;

(2) ensure that federally qualified community behavioral health clinics in such States that are located in rural areas, as defined by the Secretary, and other mental health professional shortage areas are fairly and appropriately considered with the ob-

1 jective of facilitating access to mental health services
2 in such areas;
3 (3) take into account the ability of clinics in
4 such States to provide required services, and the
5 ability of such clinics to report required data as re-
6 quired under this section; and
7 (4) take into account the ability of such States
8 to provide such required services on a statewide
9 basis.
10 (d) TREATMENT OF CERTAIN SERVICES PROVIDED
11 BY COMMUNITY BEHAVIORAL HEALTH CLINICS AS MED-
12 ICAL ASSISTANCE.—
13 (1) IN GENERAL.—For purposes of the dem-
14 onstration program under this section, community
15 behavioral health clinic services (as defined in sub-
16 section (f)(1)) that are provided by federally quali-
17 fied community behavioral health clinics receiving
18 assistance under this section shall be considered
19 medical assistance for purposes of payments to
20 States under paragraph (3)(C).
21 (2) GRANT CONDITION.—As a condition of re-
22 ceiving a grant under this section, a State shall
23 agree to provide for payment for community behav-
24 ioral health clinic services in accordance with the

prospective payment system established by the Secretary under paragraph (3).

(3) PROSPECTIVE PAYMENT SYSTEM.—

(A) IN GENERAL.—Not later than 18 months after the date of enactment of this Act, the Secretary shall establish a prospective payment system for community behavioral health clinic services furnished by a community behavioral health clinic receiving assistance under this section in the same manner as payments are required to be made under section 1902(bb) of the Social Security Act (42 U.S.C. 1396a(bb)) for services described in section 1905(a)(2)(C) of such Act (42 U.S.C. 1396d(a)(2)(C)) furnished by a federally qualified health center and services described in section 1905(a)(2)(B) of such Act (42 U.S.C. 1396d(a)(2)(B)) furnished by a rural health clinic.

(B) REQUIREMENTS.—The prospective payment system established by the Secretary under subparagraph (A) shall provide that—

(i) no payment shall be made for inpatient care, residential treatment, room and board expenses, or any other non-

1 ambulatory services, as determined by the
2 Secretary; and
3 (ii) no payment shall be made to sat-
4 ellite facilities of community behavioral
5 health clinics if such facilities are estab-
6 lished after the date of enactment of this
7 Act.
8 (C) PAYMENTS TO STATES.—The Sec-
9 retary shall pay each State awarded a grant
10 under this section an amount each quarter
11 equal to the enhanced FMAP (as defined in
12 section 2105(b) of the Social Security Act (42
13 U.S.C. 1397dd(b)) but without regard to the
14 second and third sentences of that section) of
15 the State's expenditures in the quarter for med-
16 ical assistance for community behavioral health
17 clinic services provided by federally qualified
18 community behavioral health clinics in the State
19 that receive assistance under this section. Pay-
20 ments to States made under this subparagraph
21 shall be considered to have been under, and are
22 subject to the requirements of, section 1903 of
23 the Social Security Act (42 U.S.C. 1396b).
24 (e) ANNUAL REPORT.—

1 (1) IN GENERAL.—Not later than 1 year after
2 the date on which the first grants are awarded
3 under this section, and annually thereafter, the Sec-
4 retary shall submit to Congress an annual report on
5 the use of funds provided under the demonstration
6 program. Each such report shall include—
7 (A) an assessment of access to community-
8 based mental health services under the Med-
9 icaid program in the States awarded such
10 grants;
11 (B) an assessment of the quality and scope
12 of services provided by federally qualified com-
13 munity behavioral health clinics under the
14 grants as compared against community-based
15 mental health services provided in States that
16 are not receiving such grants;
17 (C) an assessment of the impact of the
18 demonstration programs on the costs of a full
19 range of mental health services (including inpa-
20 tient, emergency and ambulatory services); and
21 (D) a peer-reviewed assessment of the pub-
22 lic health impact, including but not limited to
23 rates of community mortality, hospitalization,
24 and other measures as determined by the Direc-
25 tor of the National Institute of Mental Health.

1 (2) RECOMMENDATIONS.—Not later than De-
2 cember 31, 2019, the Secretary shall submit to Con-
3 gress recommendations concerning whether the dem-
4 onstration programs under this section should be
5 continued and expanded on a national basis.
6 (3) DATA COLLECTION.—Grantees shall provide
7 in a timely fashion any such data to the National
8 Mental Health Policy Laboratory, as requested by
9 the Assistant Secretary concerning health outcomes
10 and treatments.
11 (f) CRITERIA FOR FEDERALLY QUALIFIED COMMU-
12 NITY BEHAVIORAL HEALTH CLINICS.—
13 (1) IN GENERAL.—The Assistant Secretary for
14 Mental Health and Substance Use Disorders shall
15 certify federally qualified community behavioral
16 health clinics as meeting the criteria specified in this
17 subsection.
18 (2) CRITERIA.—The criteria referred to in this
19 subsection are that the clinic performs each of the
20 following:
21 (A) Provide required primary health serv-
22 ices (as defined by the Assistant Secretary for
23 Mental Health and Substance Use Disorders).
24 (B) Provide services in locations that en-
25 sure services will be available and accessible

1 promptly and in a manner which preserves
2 human dignity and assures continuity of care.
3 (C) Provide services in a mode of service
4 delivery appropriate for the target population.
5 (D) Provide individuals with a choice of
6 service options where there is more than one
7 evidence-based treatment.
8 (E) Employ a core staff that is sufficiently
9 trained in child and adolescent psychiatry or
10 psychology.
11 (F) Employ a core staff that is sufficiently
12 trained in child and adolescent psychiatry, dual
13 diagnosis issues, crisis management and sta-
14 bilization and interventions with patients at
15 high risk for violence.
16 (G) Provide services, within the limits of
17 the capacities of the center, to any individual
18 residing or employed in the service area of the
19 center, regardless of the ability of the individual
20 to pay.
21 (H) Provide, directly or through contract,
22 to the extent covered for adults in the State
23 Medicaid plan under title XIX of the Social Se-
24 curity Act and for children in accordance with
25 section 1905(r) of such Act regarding early and

1 periodic screening, diagnosis, and treatment,
2 each of the following services:
3 (i) Screening, assessment, and diag-
4 nosis, including risk assessment.
5 (ii) Person-centered treatment plan-
6 ning or similar processes, including risk as-
7 sessment and crisis planning.
8 (iii) Outpatient mental health and
9 substance use services, including screening,
10 assessment, diagnosis, psychotherapy,
11 medication management, and integrated
12 treatment for mental illness and substance
13 abuse which shall be evidence-based (in-
14 cluding cognitive behavioral therapy and
15 other such therapies which are evidence-
16 based).
17 (iv) Outpatient clinic primary care
18 screening and monitoring of key health in-
19 dicators and health risk (including screen-
20 ing for diabetes, hypertension, and cardio-
21 vascular disease and monitoring of weight,
22 height, body mass index (BMI), blood pres-
23 sure, blood glucose or HbA1C, and lipid
24 profile).

1 (v) Crisis mental health services, in-
2 cluding 24-hour mobile crisis teams, emer-
3 gency crisis intervention services, and cri-
4 sis stabilization.
5 (vi) Targeted case management (serv-
6 ices provided by a social worker to assist
7 individuals gaining access to needed med-
8 ical, social, educational, and other services
9 and applying for income security and other
10 benefits to which they may be entitled).
11 (vii) Psychiatric rehabilitation services
12 including skills training, assertive commu-
13 nity treatment, family psychoeducation,
14 disability self-management, supported em-
15 ployment, supported housing services,
16 therapeutic foster care services, and such
17 other evidence-based practices as the Sec-
18 retary may require.
19 (viii) Peer support and counselor serv-
20 ices and family supports.
21 (ix) Supported education and sup-
22 ported employment for individuals with se-
23 rious mental illness after an initial psy-
24 chotic episode.

1 (x) Case management services for individuals with serious mental illness after an initial psychotic episode.

4 (I) Use and share electronic health records consistent with other applicable law.

6 (J) Be available to provide assisted outpatient treatment that is ordered by a State court pursuant to a State law described in section 1915(d).

10 (K) Be available to participate in research projects conducted or supported by the National Institute of Mental Health.

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

15 (i) Federally qualified health centers.

16 (ii) Inpatient psychiatric facilities and substance use detoxification, post-detoxification step-down services, and residential programs.

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

22 (iv) Family support services for families of children with serious mental or substance use disorders.

1 (v) Other community or regional serv-
2 ices, supports, and providers, including
3 schools, child welfare agencies, juvenile and
4 criminal justice agencies and facilities (in-
5 cluding mental health courts, local police
6 forces, and local jails and other detention
7 facilities), housing agencies and programs,
8 employers, and other social services such
9 as schools and religious organizations.
10 (vi) Integrating care with primary
11 care services, including, to the extent fea-
12 sible, through a common delivery site.
13 (vii) Enabling services, including out-
14 reach, transportation, and translation.
15 (viii) Health and wellness services, in-
16 cluding services for tobacco cessation.
17 (ix) Adopt models of first episode psy-
18 chosis training, supervision, team meet-
19 ings, and coordination with adjacent care
20 organizations.
21 (M) Where feasible, provide outreach and
22 engagement to encourage individuals who could
23 benefit from mental health care to freely par-
24 ticipate in receiving the services described in
25 this subsection.

1 (3) RULE OF CONSTRUCTION.—Nothing in this
2 section shall be construed as prohibiting States re-
3 ceiving funds appropriated through the Community
4 Mental Health Services Block Grant under this sub-
5 part from financing qualified community programs
6 (whether such programs meet the definition of eligi-
7 ble programs prior to or after the date of enactment
8 of this subsection).
9 (g) DEFINITIONS.—In this section:
10 (1) COMMUNITY BEHAVIORAL HEALTH CLINIC
11 SERVICES.—The term ''community behavioral health
12 clinic services'' means ambulatory behavioral health
13 services of the type described in subparagraphs (I),
14 (L), (M), and (N) of subsection (f)(2) that are pro-
15 vided by federally qualified community behavioral
16 health clinics receiving assistance under this section.
17 (2) STATE.—The term ''State'' has the mean-
18 ing given such term for purposes of title XIX of the
19 Social Security Act (42 U.S.C. 1396 et seq.).
20 (3) FEDERALLY QUALIFIED COMMUNITY BE-
21 HAVIORAL HEALTH CLINIC.—The term ''federally
22 qualified community behavioral health clinic'' means
23 a federally qualified behavioral health clinic with a
24 certification in effect under this section.

(h) AUTHORIZATION OF APPROPRIATIONS.—In order to fund State planning grants and the administrative costs associated with certifying community behavioral health clinics, there is authorized to be appropriated to carry out this section, $50,000,000 for fiscal year 2016, to remain available until expended.

TITLE III—HIPAA AND FERPA CAREGIVERS

SEC. 301. PROMOTING APPROPRIATE TREATMENT FOR MENTALLY ILL INDIVIDUALS BY TREATING THEIR CAREGIVERS AS PERSONAL REPRESENTATIVES FOR PURPOSES OF HIPAA PRIVACY REGULATIONS.

(a) CAREGIVER ACCESS TO INFORMATION.—In applying section 164.502(g) of title 45, Code of Federal Regulations, to an individual with a serious mental illness who does not provide consent for the disclosure of protected health information to a caregiver of such individual, the caregiver shall be treated by a covered entity as a personal representative (as described under such section 164.502(g)) of such individual with respect to protected health information of such individual when the provider furnishing services to the individual reasonably believes it is necessary for protected health information of the individual to be made available to the caregiver in order to

1 protect the health, safety, or welfare of such individual or
2 the safety of one or more other individuals.

3 (b) DEFINITIONS.—For purposes of this section:

4 (1) COVERED ENTITY.—The term "covered en-
5 tity" has the meaning given such term in section
6 106.103 of title 45, Code of Federal Regulations.

7 (2) PROTECTED HEALTH INFORMATION.—The
8 term "protected health information" has the mean-
9 ing given such term in section 106.103 of title 45,
10 Code of Federal Regulations.

11 (3) CAREGIVER.—The term "caregiver" means,
12 with respect to an individual with a serious mental
13 illness—

14 (A) an immediate family member of such
15 individual;

16 (B) an individual who assumes primary re-
17 sponsibility for providing a basic need of such
18 individual; or

19 (C) a personal representative of the indi-
20 vidual as determined by the law of the State in
21 which such individual resides.

22 (4) INDIVIDUAL WITH A SERIOUS MENTAL ILL-
23 NESS.—The term "individual with a serious mental
24 illness" means, with respect to the disclosure to a

caregiver of protected health information of an individual, an individual who—

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

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

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

(ii) results in functional impairment of the individual that substantially interferes with or limits one or more major life activities of the individual.

SEC. 302. CAREGIVERS PERMITTED ACCESS TO CERTAIN EDUCATION RECORDS UNDER FERPA.

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

"(k) DISCLOSURES TO CAREGIVERS OF THE MENTALLY ILL.—

"(1) IN GENERAL.—Nothing in this Act, the Elementary and Secondary Education Act of 1965,

1 or the Higher Education Act of 1965 shall be con-
2 strued to prohibit an educational agency or institu-
3 tion from disclosing, to a caregiver of an individual
4 with a serious mental illness who has not explicitly
5 provided consent to the agency or institution for the
6 disclosure of protected health information, an edu-
7 cation record of such individual if a physician, psy-
8 chologist, or other recognized mental health profes-
9 sional or paraprofessional acting in his or her pro-
10 fessional or paraprofessional capacity, or assisting in
11 that capacity reasonably believes such disclosure to
12 the caregiver is necessary to protect the health, safe-
13 ty, or welfare of such individual or the safety of one
14 or more other individuals.

15 ''(2) DEFINITIONS.—In this subsection:

16 ''(A) CAREGIVER.—The term 'caregiver'
17 means, with respect to an individual with a seri-
18 ous mental illness, a family member or imme-
19 diate past legal guardian who assumes a pri-
20 mary responsibility for providing a basic need
21 of such individual (such as a family member or
22 past legal guardian of the individual who has
23 assumed the responsibility of co-signing a loan
24 with the individual).

1 "(B) EDUCATION RECORD.—Notwith-
2 standing subsection (a)(4)(B), the term 'edu-
3 cation record' shall include a record described
4 in clause (iv) of such subsection.
5 "(C) INDIVIDUAL WITH A SERIOUS MEN-
6 TAL ILLNESS.—The term 'individual with a se-
7 rious mental illness' means, with respect to the
8 disclosure to a caregiver of protected health in-
9 formation of an individual, an individual who—
10 "(i) is 18 years of age or older; and
11 "(ii) has, within one year before the
12 date of the disclosure, been evaluated, di-
13 agnosed, or treated for a mental, behav-
14 ioral, or emotional disorder that—
15 "(I) is determined by a physician
16 to be of sufficient duration to meet di-
17 agnostic criteria specified within the
18 Diagnostic and Statistical Manual of
19 Mental Disorders; and
20 "(II) results in functional impair-
21 ment of the individual that substan-
22 tially interferes with or limits one or
23 more major life activities of the indi-
24 vidual.".

TITLE IV—DEPARTMENT OF JUSTICE REFORMS

SEC. 401. ADDITIONAL PURPOSES FOR CERTAIN FEDERAL GRANTS.

(a) MODIFICATIONS TO THE EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT PROGRAM.—Section 501(a)(1) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3751(a)(1)) is amended by adding at the end the following:

"(H) Mental health programs and operations by law enforcement or corrections officers.".

(b) MODIFICATIONS TO THE COMMUNITY ORIENTED POLICING SERVICES PROGRAM.—Section 1701(b) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796dd(b)) is amended—

(1) in paragraph (16), by striking "and" at the end;

(2) by redesignating paragraph (17) as paragraph (19);

(3) by inserting after paragraph (16) the following:

"(17) to provide specialized training to law enforcement officers (including village public safety officers (as defined in section 247 of the Indian Arts

1 and Crafts Amendments Act of 2010 (42 U.S.C.
2 3796dd note))) to recognize individuals who have
3 mental illness and how to properly intervene with in-
4 dividuals with mental illness, and to establish pro-
5 grams that enhance the ability of law enforcement
6 agencies to address the mental health, behavioral,
7 and substance abuse problems of individuals encoun-
8 tered in the line of duty;
9 ''(18) to provide specialized training to enhance
10 the ability of corrections officers to address the men-
11 tal health of individuals under the care and custody
12 of jails and prisons; and''; and
13 (4) in paragraph (19), as redesignated, by
14 striking ''through (16)'' and inserting ''through
15 (19)''.
16 (c) MODIFICATIONS TO THE STAFFING FOR ADE-
17 QUATE FIRE AND EMERGENCY RESPONSE GRANTS.—Sec-
18 tion 34(a)(1)(B) of Public Law 93–498 (15 U.S.C.
19 2229a(a)(1)(B)) is amended by inserting before the period
20 at the end the following: ''and to provide specialized train-
21 ing to paramedics, emergency medical services workers,
22 and other first responders to recognize individuals who
23 have mental illness and how to properly intervene with in-
24 dividuals with mental illness''.

1 **SEC. 402. REAUTHORIZATION AND ADDITIONAL AMEND-**
2 **MENTS TO THE MENTALLY ILL OFFENDER**
3 **TREATMENT AND CRIME REDUCTION ACT.**
4 (a) SAFE COMMUNITIES.—
5 (1) IN GENERAL.—Section 2991(a) of title I of
6 the Omnibus Crime Control and Safe Streets Act of
7 1968 (42 U.S.C. 3797aa(a)) is amended—
8 (A) in paragraph (7)—
9 (i) in the heading, by striking ''MEN-
10 TAL ILLNESS'' and inserting ''MENTAL
11 ILLNESS; MENTAL HEALTH DISORDER'';
12 and
13 (ii) by striking ''term 'mental illness'
14 means'' and inserting ''terms 'mental ill-
15 ness' and 'mental health disorder' mean'';
16 and
17 (B) by striking paragraph (9) and insert-
18 ing the following:
19 ''(9) PRELIMINARILY QUALIFIED OFFENDER.—
20 ''(A) IN GENERAL.—The term 'prelimi-
21 narily qualified offender' means an adult or ju-
22 venile accused of an offense who—
23 ''(i)(I) previously or currently has
24 been diagnosed by a qualified mental
25 health professional as having a mental ill-

1 ness or co-occurring mental illness and
2 substance abuse disorders;
3 ‘‘(II) manifests obvious signs of men-
4 tal illness or co-occurring mental illness
5 and substance abuse disorders during ar-
6 rest or confinement or before any court; or
7 ‘‘(III) in the case of a veterans treat-
8 ment court provided under subsection (i),
9 has been diagnosed with, or manifests ob-
10 vious signs of, mental illness or a sub-
11 stance abuse disorder or co-occurring men-
12 tal illness and substance abuse disorder;
13 and
14 ‘‘(ii) has been unanimously approved
15 for participation in a program funded
16 under this section by, when appropriate,
17 the relevant—
18 ‘‘(I) prosecuting attorney;
19 ‘‘(II) defense attorney;
20 ‘‘(III) probation or corrections
21 official;
22 ‘‘(IV) judge; and
23 ‘‘(V) a representative from the
24 relevant mental health agency de-
25 scribed in subsection (b)(5)(B)(i).

1 ''(B) DETERMINATION.—In determining
2 whether to designate a defendant as a prelimi-
3 narily qualified offender, the relevant pros-
4 ecuting attorney, defense attorney, probation or
5 corrections official, judge, and mental health or
6 substance abuse agency representative shall
7 take into account—
8 ''(i) whether the participation of the
9 defendant in the program would pose a
10 substantial risk of violence to the commu-
11 nity;
12 ''(ii) the criminal history of the de-
13 fendant and the nature and severity of the
14 offense for which the defendant is charged;
15 ''(iii) the views of any relevant victims
16 to the offense;
17 ''(iv) the extent to which the defend-
18 ant would benefit from participation in the
19 program;
20 ''(v) the extent to which the commu-
21 nity would realize cost savings because of
22 the defendant's participation in the pro-
23 gram; and
24 ''(vi) whether the defendant satisfies
25 the eligibility criteria for program partici-

1 pation unanimously established by the rel-
2 evant prosecuting attorney, defense attor-
3 ney, probation or corrections official, judge
4 and mental health or substance abuse
5 agency representative.''.
6 (2) TECHNICAL AND CONFORMING AMEND-
7 MENT.—Section 2927(2) of title I of the Omnibus
8 Crime Control and Safe Streets Act of 1968 (42
9 U.S.C. 3797s–6(2)) is amended—
10 (A) by striking ''has the meaning given
11 that term in section 2991(a).'' and inserting the
12 following: ''means an offense that—''; and
13 (B) by adding at the end the following:
14 ''(A) does not have as an element the use,
15 attempted use, or threatened use of physical
16 force against the person or property of another;
17 or
18 ''(B) is not a felony that by its nature in-
19 volves a substantial risk that physical force
20 against the person or property of another may
21 be used in the course of committing the of-
22 fense.''.
23 (b) EVIDENCE-BASED PRACTICES.—Section 2991(c)
24 of title I of the Omnibus Crime Control and Safe Streets
25 Act of 1968 (42 U.S.C. 3797aa(c)) is amended—

1 (1) in paragraph (3), by striking ''or'' at the
2 end;
3 (2) by redesignating paragraph (4) as para-
4 graph (6); and
5 (3) by inserting after paragraph (3) the fol-
6 lowing:
7 ''(4) propose interventions that have been
8 shown by empirical evidence to reduce recidivism;
9 ''(5) when appropriate, use validated assess-
10 ment tools to target preliminarily qualified offenders
11 with a moderate or high risk of recidivism and a
12 need for treatment and services; or''.
13 (c) ACADEMY TRAINING.—Section 2991(h) of title I
14 of the Omnibus Crime Control and Safe Streets Act of
15 1968 (42 U.S.C. 3797aa(h)) is amended—
16 (1) in paragraph (1), by adding at the end the
17 following:
18 ''(F) ACADEMY TRAINING.—To provide
19 support for academy curricula, law enforcement
20 officer orientation programs, continuing edu-
21 cation training, and other programs that teach
22 law enforcement personnel how to identify and
23 respond to incidents involving persons with
24 mental health disorders or co-occurring mental
25 health and substance abuse disorders.''; and

1 (2) by adding at the end the following:
2 "(4) PRIORITY CONSIDERATION.—The Attorney
3 General, in awarding grants under this subsection,
4 shall give priority to programs that law enforcement
5 personnel and members of the mental health and
6 substance abuse professions develop and administer
7 cooperatively.".
8 (d) ASSISTING VETERANS.—Section 2991 of title I
9 of the Omnibus Crime Control and Safe Streets Act of
10 1968 (42 U.S.C. 3797aa) is further amended—
11 (1) by redesignating subsection (i) as subsection
12 (n); and
13 (2) by inserting after subsection (h) the fol-
14 lowing:
15 "(i) ASSISTING VETERANS.—
16 "(1) DEFINITIONS.—In this subsection:
17 "(A) PEER TO PEER SERVICES OR PRO-
18 GRAMS.—The term 'peer to peer services or
19 programs' means services or programs that con-
20 nect qualified veterans with other veterans for
21 the purpose of providing support and
22 mentorship to assist qualified veterans in ob-
23 taining treatment, recovery, stabilization, or re-
24 habilitation.

1 ‘‘(B) QUALIFIED VETERAN.—The term
2 ‘qualified veteran’ means a preliminarily quali-
3 fied offender who—
4 ‘‘(i) has served on active duty in any
5 branch of the Armed Forces, including the
6 National Guard and reserve components;
7 and
8 ‘‘(ii) was discharged or released from
9 such service under conditions other than
10 dishonorable.
11 ‘‘(C) VETERANS TREATMENT COURT PRO-
12 GRAM.—The term ‘veterans treatment court
13 program’ means a court program involving col-
14 laboration among criminal justice, veterans, and
15 mental health and substance abuse agencies
16 that provides qualified veterans with—
17 ‘‘(i) intensive judicial supervision and
18 case management, which may include ran-
19 dom and frequent drug testing where ap-
20 propriate;
21 ‘‘(ii) a full continuum of treatment
22 services, including mental health services,
23 substance abuse services, medical services,
24 and services to address trauma;

"(iii) alternatives to incarceration; and

"(iv) other appropriate services, including housing, transportation, mentoring, employment, job training, education, and assistance in applying for and obtaining available benefits.

"(2) VETERANS ASSISTANCE PROGRAM.—

"(A) IN GENERAL.—The Attorney General, in consultation with the Secretary of Veterans Affairs, may award grants under this subsection to applicants to establish or expand—

"(i) veterans treatment court programs;

"(ii) peer to peer services or programs for qualified veterans;

"(iii) practices that identify and provide treatment, rehabilitation, legal, transitional, and other appropriate services to qualified veterans who have been incarcerated; and

"(iv) training programs to teach criminal justice, law enforcement, corrections, mental health, and substance abuse personnel how to identify and appro-

priately respond to incidents involving qualified veterans.

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

"(i) demonstrate collaboration between and joint investments by criminal justice, mental health, substance abuse, and veterans service agencies;

"(ii) promote effective strategies to identify and reduce the risk of harm to qualified veterans and public safety; and

"(iii) propose interventions with empirical support to improve outcomes for qualified veterans.".

(e) CORRECTIONAL FACILITIES.—Section 2991 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa) is further amended by inserting after subsection (i), as so added by subsection (d), the following:

"(j) CORRECTIONAL FACILITIES.—

"(1) DEFINITIONS.—

"(A) CORRECTIONAL FACILITY.—The term 'correctional facility' means a jail, prison, or other detention facility used to house people

1 who have been arrested, detained, held, or con-
2 victed by a criminal justice agency or a court.
3 ''(B) ELIGIBLE INMATE.—The term 'eligi-
4 ble inmate' means an individual who—
5 ''(i) is being held, detained, or incar-
6 cerated in a correctional facility; and
7 ''(ii) manifests obvious signs of a
8 mental illness or has been diagnosed by a
9 qualified mental health professional as hav-
10 ing a mental illness.
11 ''(2) CORRECTIONAL FACILITY GRANTS.—The
12 Attorney General may award grants to applicants to
13 enhance the capabilities of a correctional facility—
14 ''(A) to identify and screen for eligible in-
15 mates;
16 ''(B) to plan and provide—
17 ''(i) initial and periodic assessments of
18 the clinical, medical, and social needs of in-
19 mates; and
20 ''(ii) appropriate treatment and serv-
21 ices that address the mental health and
22 substance abuse needs of inmates;
23 ''(C) to develop, implement, and enhance—
24 ''(i) post-release transition plans for
25 eligible inmates that, in a comprehensive

1 manner, coordinate health, housing, med-
2 ical, employment, and other appropriate
3 services and public benefits;
4 "(ii) the availability of mental health
5 care services and substance abuse treat-
6 ment services; and
7 "(iii) alternatives to solitary confine-
8 ment and segregated housing and mental
9 health screening and treatment for inmates
10 placed in solitary confinement or seg-
11 regated housing; and
12 "(D) to train each employee of the correc-
13 tional facility to identify and appropriately re-
14 spond to incidents involving inmates with men-
15 tal health or co-occurring mental health and
16 substance abuse disorders.".
17 (f) REAUTHORIZATION OF APPROPRIATIONS.—Sec-
18 tion 2991(n) of title I of the Omnibus Crime Control and
19 Safe Streets Act of 1968, as redesignated in subsection
20 (d), is amended—
21 (1) in paragraph (1)—
22 (A) in subparagraph (B), by striking
23 "and" at the end;
24 (B) in subparagraph (C), by striking the
25 period and inserting "; and"; and

1 (C) by adding at the end the following:
2 ''(D) $40,000,000 for each of fiscal years
3 2015 through 2019.''; and
4 (2) by adding at the end the following:
5 ''(3) LIMITATION.—Not more than 20 percent
6 of the funds authorized to be appropriated under
7 this section may be used for purposes described in
8 subsection (i) (relating to veterans).''.

9 **SEC. 403. ASSISTED OUTPATIENT TREATMENT.**

10 Section 2201(2)(B) of title I of the Omnibus Crime
11 Control and Safe Streets Act of 1968 (42 U.S.C.
12 3796ii(2)(B)) is amended by inserting before the semi-
13 colon the following: '', or court-ordered assisted outpatient
14 treatment (as defined in section 14(a) of the Helping
15 Families in Mental Health Crisis Act of 2013) when the
16 court has determined such treatment to be necessary''.

17 **SEC. 404. IMPROVEMENTS TO THE DEPARTMENT OF JUS-**
18 **TICE DATA COLLECTION AND REPORTING OF**
19 **MENTAL ILLNESS IN CRIME.**

20 Notwithstanding any other provision of law, any data
21 prepared by or submitted to the Attorney General or the
22 Director of the Federal Bureau of Investigation on or
23 after the date of enactment of this Act that is 90 days
24 after the date of enactment of this Act with respect to
25 the incidences of homicides, law enforcement officers killed

1 and assaulted, or individuals killed by law enforcement of-
2 ficers shall include data with respect to the involvement
3 of mental illness in such incidences, if any. Not later than
4 90 days after the date of the enactment of this Act, the
5 Attorney General shall promulgate or revise regulations as
6 necessary to carry out this section.

7 **SEC. 405. REPORTS ON THE NUMBER OF SERIOUSLY MEN-**
8 **TALLY ILL WHO ARE IMPRISONED.**

9 (a) REPORT ON THE COST OF TREATING THE MEN-
10 TALLY ILL IN THE CRIMINAL JUSTICE SYSTEM.—Not
11 later than 12 months after the date of enactment of this
12 Act, the Comptroller General of the United States shall
13 submit to Congress a report detailing the cost of imprison-
14 ment for persons who have serious mental illness by the
15 Federal Government or a State or local government. The
16 report shall calculate the number and type of crimes com-
17 mitted by persons with serious mental illness each year,
18 and detail strategies or ideas for preventing crimes by
19 those individuals with serious mental illness from occur-
20 ring.

21 (b) DEFINITION.—For purposes of this section, the
22 Attorney General, in consultation with the Assistant Sec-
23 retary of Mental Health and Substance Use Disorders
24 shall determine an appropriate definition of ‘‘serious men-
25 tal illness’’ based on the ‘‘Health Care Reform for Ameri-

cans with Severe Mental Illnesses: Report'' of the National Advisory Mental Health Council, American Journal of Psychiatry 1993; 150:1447–1465.

TITLE V—MEDICARE AND MEDICAID REFORMS

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

(a) MEDICAID COVERAGE OF MENTAL HEALTH SERVICES AND PRIMARY CARE SERVICES FURNISHED ON THE SAME DAY.—

(1) IN GENERAL.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended by inserting after paragraph (77) the following new paragraph:

''(78) not prohibit payment under the plan for a mental health service or primary care service furnished to an individual at a federally qualified community behavioral health center (as defined in section 1905(l)(4)) or a federally qualified health center (as defined in section 1861(aa)(3)) for which payment would otherwise be payable under the plan, with respect to such individual, if such service were not a same-day qualifying service (as defined in subsection (ll));''.

1 (2) SAME-DAY QUALIFYING SERVICES DE-
2 FINED.—Section 1902 of the Social Security Act (42
3 U.S.C. 1396a) is amended by adding at the end the
4 following new subsection:

5 ''(ll) SAME-DAY QUALIFYING SERVICES DEFINED.—
6 For purposes of subsection (a)(78), the term 'same-day
7 qualifying service' means—

8 ''(1) a primary care service furnished to an in-
9 dividual by a provider at a facility on the same day
10 a mental health service is furnished to such indi-
11 vidual by such provider (or another provider) at the
12 facility; and

13 ''(2) a mental health service furnished to an in-
14 dividual by a provider at a facility on the same day
15 a primary care service is furnished to such individual
16 by such provider (or another provider) at the facil-
17 ity.''.

18 (b) STATE OPTION TO PROVIDE MEDICAL ASSIST-
19 ANCE FOR CERTAIN INPATIENT PSYCHIATRIC SERVICES
20 TO NONELDERLY ADULTS.—Section 1905 of the Social
21 Security Act (42 U.S.C. 1396d) is amended—

22 (1) in subsection (a)(16)—

23 (A) by inserting ''(A)'' before ''effective'';
24 and

1 (B) by inserting before the semicolon at
2 the end the following: "(B) qualified inpatient
3 psychiatric hospital services (as defined in sub-
4 section (h)(3)) for individuals over 21 years of
5 age and under 65 years of age, and (C) psy-
6 chiatric residential treatment facility services
7 (as defined in subsection (h)(4)) for individuals
8 over 21 years of age and under 65 years of
9 age";

10 (2) in the subdivision (B) that follows para-
11 graph (29), by inserting "(other than services de-
12 scribed in subparagraphs (B) and (C) of paragraph
13 (16) for individuals described in such subpara-
14 graphs)" after "mental diseases"; and

15 (3) in subsection (h), by adding at the end the
16 following new paragraphs:

17 "(3) For purposes of subsection (a)(16)(B), the
18 term 'qualified inpatient psychiatric hospital serv-
19 ices' means, with respect to individuals described in
20 such subsection, services described in subparagraphs
21 (A) and (B) of paragraph (1) that are furnished in
22 an acute care psychiatric unit in a State-operated
23 psychiatric hospital or a psychiatric hospital (as de-
24 fined section 1861(f)) if such unit or hospital, as ap-

1 plicable, has a facilitywide average (determined on
2 an annual basis) length of stay of less than 30 days.
3 "(4) For purposes of subsection (a)(16)(C), the
4 term 'psychiatric residential treatment facility serv-
5 ices' means, with respect to individuals described in
6 such subsection, services described in subparagraphs
7 (A) and (B) of paragraph (1) that are furnished in
8 a psychiatric residential treatment facility (as de-
9 fined in section 484.353 of title 42, Code of Federal
10 Regulations, as in effect on December 9, 2013).".
11 (c) EFFECTIVE DATE.—
12 (1) IN GENERAL.—Subject to paragraph (2),
13 the amendments made this section shall apply to
14 items and services furnished after the first day of
15 the first calendar year that begins after the date of
16 the enactment of this section.
17 (2) EXCEPTION FOR STATE LEGISLATION.—In
18 the case of a State plan under title XIX of the So-
19 cial Security Act, which the Secretary of Health and
20 Human Services determines requires State legisla-
21 tion in order for the respective plan to meet any re-
22 quirement imposed by amendments made by this
23 section, the respective plan shall not be regarded as
24 failing to comply with the requirements of such title
25 solely on the basis of its failure to meet such an ad-

1 ditional requirement before the first day of the first
2 calendar quarter beginning after the close of the
3 first regular session of the State legislature that be-
4 gins after the date of enactment of this section. For
5 purposes of the previous sentence, in the case of a
6 State that has a 2-year legislative session, each year
7 of the session shall be considered to be a separate
8 regular session of the State legislature.

9 **SEC. 502. ACCESS TO MENTAL HEALTH PRESCRIPTION**
10 **DRUGS UNDER MEDICARE AND MEDICAID.**

11 (a) COVERAGE OF PRESCRIPTION DRUGS USED TO
12 TREAT MENTAL HEALTH DISORDERS UNDER MEDI-
13 CARE.—Section 1860D–4(b)(3)(G)(i)(II) of the Social Se-
14 curity Act (42 U.S.C. 1395w–104(b)(3)(G)(i)(II)) is
15 amended by inserting '', for categories and classes of
16 drugs other than the categories and classes of drugs speci-
17 fied in subclauses (II) and (IV) of clause (iv),'' before ''ex-
18 ceptions''.

19 (b) COVERAGE OF PRESCRIPTION DRUGS USED TO
20 TREAT MENTAL HEALTH DISORDERS UNDER MED-
21 ICAID.—Section 1927(d) of the Social Security Act (42
22 U.S.C. 1396r–8(d)) is amended by adding at the end the
23 following new paragraph:

24 ''(8) ACCESS TO MENTAL HEALTH DRUGS.—
25 With respect to covered outpatient drugs used for

the treatment of a mental health disorder, including major depression, bipolar (manic-depressive) disorder, panic disorder, obsessive-compulsive disorder, schizophrenia, and schizoaffective disorder, a State shall not exclude from coverage or otherwise restrict access to such drugs other than pursuant to a prior authorization program that is consistent with paragraph (5).''.

TITLE VI—RESEARCH BY NATIONAL INSTITUTE OF MENTAL HEALTH

SEC. 601. INCREASE IN FUNDING FOR CERTAIN RESEARCH.

Section 402A(a) of the Public Health Service Act (42 U.S.C. 282a(a)) is amended—

(1) by striking ''For the purpose of'' and inserting the following:

''(1) IN GENERAL.—For the purpose of''; and

(2) by adding at the end the following:

''(2) FUNDING FOR THE BRAIN INITIATIVE AT THE NATIONAL INSTITUTE OF MENTAL HEALTH.—

''(A) FUNDING.—In addition to amounts made available pursuant to paragraph (1), there are authorized to be appropriated to the National Institute of Mental Health for the purpose described in subparagraph (B)(ii)

1 $40,000,000 for each of fiscal years 2015
2 through 2019.

3 ''(B) PURPOSES.—Amounts appropriated
4 pursuant to subparagraph (A) shall be used ex-
5 clusively for the purpose of conducting or sup-
6 porting—

7 ''(i) research on the determinants of
8 self- and other directed-violence in mental
9 illness, including studies directed at reduc-
10 ing the risk of self harm, suicide, and
11 interpersonal violence; or

12 ''(ii) brain research through the Brain
13 Research through Advancing Innovative
14 Neurotechnologies Initiative.''.

15 TITLE VII—COMMUNITY MENTAL 16 HEALTH SERVICES BLOCK 17 GRANT REFORM

18 SEC. 701. ADMINISTRATION OF BLOCK GRANTS BY ASSIST- 19 ANT SECRETARY.

20 Section 1911(a) of the Public Health Service Act (42
21 U.S.C. 300x) is amended by striking ''acting through the
22 Director of the Center for Mental Health Services'' and
23 inserting ''acting through the Assistant Secretary for
24 Mental Health and Substance Use Disorders''.

1 **SEC. 702. ADDITIONAL PROGRAM REQUIREMENTS.**

2 (a) INTEGRATED SERVICES.—Subsection (b)(1) of
3 section 1912 of the Public Health Service Act (42 U.S.C.
4 300x–1) is amended by inserting ''integration of'' after
5 ''The description of the system of care shall include''.

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

9 (1) by striking ''The plan contains an estimate
10 of'' and inserting the following: ''The plan con-
11 tains—

12 ''(A) an estimate of'';

13 (2) by striking the period at the end and insert-
14 ing ''; and''; and

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

16 ''(B) an agreement by the State to report
17 to the National Mental Health Policy Labora-
18 tory—

19 ''(i) such data as may be required by
20 the Secretary concerning—

21 ''(I) comprehensive community
22 mental health services in the State;
23 and

24 ''(II) public health outcomes for
25 persons with serious mental illness in
26 the State, including mortality, emer-

1 gency room visits, and medication ad-
2 herence.''.

3 **SEC. 703. PERIOD FOR EXPENDITURE OF GRANT FUNDS.**

4 Section 1913 of the Public Health Service Act (42
5 U.S.C. 300x–2), as amended, is further amended by add-
6 ing at the end the following:

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

13 **SEC. 704. TREATMENT STANDARD UNDER STATE LAW.**

14 Section 1915 of the Public Health Service Act (42
15 U.S.C. 300x–4) is amended by adding at the end the fol-
16 lowing:

17 ''(c) TREATMENT STANDARD UNDER STATE LAW.—
18 ''(1) IN GENERAL.—A funding agreement for a
19 grant under section 1911 is that—
20 ''(A) the State involved has in effect a law
21 under which, if a State court finds by clear and
22 convincing evidence that an individual, as a re-
23 sult of mental illness, is a danger to self, is a
24 danger to others, is persistently or acutely dis-
25 abled, or is gravely disabled and in need of

1 treatment, and is either unwilling or unable to
2 accept voluntary treatment, the court must
3 order the individual to undergo inpatient or
4 outpatient treatment; or

5 "(B) the State involved has in effect a law
6 under which a State court must order an indi-
7 vidual with a mental illness to undergo inpa-
8 tient or outpatient treatment, the law was in ef-
9 fect on the date of enactment of the Helping
10 Families in Mental Health Crisis Act of 2013,
11 and the Secretary finds that the law requires a
12 State court to order such treatment across all
13 or a sufficient range of the type of cir-
14 cumstances described in subparagraph (A).

15 "(2) DEFINITION.—For purposes of paragraph
16 (1), the term 'persistently or acutely disabled' refers
17 to a serious mental illness that meets all the fol-
18 lowing criteria:

19 "(A) If not treated, the illness has a sub-
20 stantial probability of causing the individual to
21 suffer or continue to suffer severe and abnor-
22 mal mental, emotional, or physical harm that
23 significantly impairs judgment, reason, behav-
24 ior, or capacity to recognize reality.

1 "(B) The illness substantially impairs the
2 individual's capacity to make an informed deci-
3 sion regarding treatment, and this impairment
4 causes the individual to be incapable of under-
5 standing and expressing an understanding of
6 the advantages and disadvantages of accepting
7 treatment and understanding and expressing an
8 understanding of the alternatives to the par-
9 ticular treatment offered after the advantages,
10 disadvantages, and alternatives are explained to
11 that individual.

12 "(C) The illness has a reasonable prospect
13 of being treatable by outpatient, inpatient, or
14 combined inpatient and outpatient treatment.".

15 **SEC. 705. ASSISTED OUTPATIENT TREATMENT UNDER**
16 **STATE LAW.**

17 Section 1915 of the Public Health Service Act (42
18 U.S.C. 300x–4), as amended, is further amended by add-
19 ing at the end the following:

20 "(d) ASSISTED OUTPATIENT TREATMENT UNDER
21 STATE LAW.—

22 "(1) IN GENERAL.—A funding agreement for a
23 grant under section 1911 is that the State involved
24 has in effect a law under which a State court may
25 order a treatment plan for an eligible patient that—

1 "(A) requires such patient to obtain out-
2 patient mental health treatment while the pa-
3 tient is living in a community; and
4 "(B) is designed to improve access and ad-
5 herence by such patient to intensive behavioral
6 health services in order to—
7 "(i) avert relapse, repeated hos-
8 pitalizations, arrest, incarceration, suicide,
9 property destruction, and violent behavior;
10 and
11 "(ii) provide such patient with the op-
12 portunity to live in a less restrictive alter-
13 native to incarceration or involuntary hos-
14 pitalization.
15 "(2) CERTIFICATION OF STATE COMPLIANCE.—
16 A funding agreement described in paragraph (1) is
17 effective only if the Assistant Secretary for Mental
18 Health and Substance Use Disorders reviews the
19 State law and certifies that it satisfies the criteria
20 specified in such paragraph.
21 "(3) DEFINITION.—In this subsection, the term
22 'eligible patient' means an adult, mentally ill person
23 who, as determined by the court—
24 "(A) has a history of violence, incarcer-
25 ation, or medically unnecessary hospitalizations;

1 “(B) without supervision and treatment,
2 may be a danger to self or others in the com-
3 munity;
4 “(C) is substantially unlikely to voluntarily
5 participate in treatment;
6 “(D) may be unable, for reasons other
7 than indigence, to provide for any of his or her
8 basic needs, such as food, clothing, shelter,
9 health or safety;
10 “(E) with a history of mental illness or
11 condition that is likely to substantially deterio-
12 rate if the patient is not provided with timely
13 treatment; and
14 “(F) due to mental illness, lacks capacity
15 to fully understand or lacks judgment to make
16 informed decisions regarding his or her need for
17 treatment, care, or supervision.”.

18 **SEC. 706. BEST AVAILABLE SCIENCE AND MODELS OF**
19 **CARE.**

20 Section 1920 of the Public Health Service Act (42
21 U.S.C. 300x–9) is amended by adding at the end the fol-
22 lowing:
23 “(c) BEST PRACTICES IN CLINICAL CARE MOD-
24 ELS.—For the purpose of translating evidence-based med-
25 icine and best available science into systems of care, the

1 Assistant Secretary for Mental Health and Substance Use
2 Disorders shall obligate 5 percent of the amounts appro-
3 priated under subsection (a) for a fiscal year through the
4 National Mental Health Laboratory created under this
5 Act. These models may include the Recovery After an Ini-
6 tial Schizophrenia Episode research project of the Na-
7 tional Institute of Mental Health and the North American
8 Prodrome Longitudinal Study.''.

9 **SEC. 707. PAPERWORK REDUCTION STUDY.**

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

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

23 (2) federally qualified community mental health
24 clinics certified pursuant to section 201 of this Act.

1 (b) SCOPE.—In preparing the report under section
2 (a), the Institute of Medicine (or, if applicable, other ap-
3 propriate entity) shall examine licensing, certification,
4 service definitions, claims payment, billing codes, and fi-
5 nancial auditing requirements used by the Office of Man-
6 agement and Budget, the Centers for Medicare & Medicaid
7 Services, the Health Resources and Services Administra-
8 tion, the Substance Abuse and Mental Health Services Ad-
9 ministration, the Office of the Inspector General of the
10 Department of Health and Human Services, State Med-
11 icaid agencies, State departments of health, State depart-
12 ments of education, and State and local juvenile justice
13 and social service agencies to—

14 (1) establish an estimate of the combined na-
15 tionwide cost of complying with such requirements,
16 in terms of both administrative funding and staff
17 time;

18 (2) establish an estimate of the per capita cost
19 to each center described in paragraph (1) or (2) of
20 subsection (a) to comply with such requirements, in
21 terms of both administrative funding and staff time;
22 and

23 (3) make administrative and statutory rec-
24 ommendations to Congress (which recommendations
25 may include a uniform methodology) to reduce the

paperwork burden experienced by centers described in paragraph (1) or (2) of subsection (a).

TITLE VIII—BEHAVIORAL HEALTH AWARENESS PROGRAM

SEC. 801. REDUCING THE STIGMA OF SERIOUS MENTAL ILLNESS.

(a) IN GENERAL.—The Secretary of Education, along with the Assistant Secretary for Mental Health and Substance Use Disorders, shall organize a national awareness campaign involving public health organizations, advocacy groups for persons with serious mental illness, and social media companies to assist secondary school students and postsecondary students in—

(1) reducing the stigma associated with serious mental illness;

(2) understanding how to assist an individual who is demonstrating signs of a serious mental illness; and

(3) understanding the importance of seeking treatment from a physician, clinical psychologist, or licensed mental health professional when a student believes the student may be suffering from a serious mental illness or behavioral health disorder.

(b) DATA COLLECTION.—The Secretary of Education shall—

(1) evaluate the program under subsection (a) on public health to determine whether the program has made an impact on public health, including mortality rates of persons with serious mental illness, prevalence of serious mental illness, physician and clinical psychological visits, emergency room visits; and

(2) submit a report on the evaluation to the National Mental Health Policy Laboratory created by title I of this Act.

(c) SECONDARY SCHOOL DEFINED.—For purposes of this section, the term ''secondary school'' has the meaning given the term in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

TITLE IX—BEHAVIORAL HEALTH INFORMATION TECHNOLOGY

SEC. 901. EXTENSION OF HEALTH INFORMATION TECHNOLOGY ASSISTANCE FOR BEHAVIORAL AND MENTAL HEALTH AND SUBSTANCE ABUSE.

Section 3000(3) of the Public Health Service Act (42 U.S.C. 300jj(3)) is amended by inserting before ''and any other category'' the following: ''behavioral and mental health professionals (as defined in section 331(a)(3)(E)(i)), a substance abuse professional, a psychiatric hospital (as defined in section 1861(f) of the So-

1 cial Security Act), a community mental health center
2 meeting the criteria specified in section 1913(c), a feder-
3 ally qualified community behavioral health clinic certified
4 under section 201 of the Helping Families in Mental
5 Health Crisis Act of 2013, a residential or outpatient men-
6 tal health or substance abuse treatment facility,''.

7 **SEC. 902. EXTENSION OF ELIGIBILITY FOR MEDICARE AND**
8 **MEDICAID HEALTH INFORMATION TECH-**
9 **NOLOGY IMPLEMENTATION ASSISTANCE.**

10 (a) PAYMENT INCENTIVES FOR ELIGIBLE PROFES-
11 SIONALS UNDER MEDICARE.—Section 1848 of the Social
12 Security Act (42 U.S.C. 1395w–4) is amended—
13 (1) in subsection (a)(7)—
14 (A) in subparagraph (E), by adding at the
15 end the following new clause:
16 ''(iv) ADDITIONAL ELIGIBLE PROFES-
17 SIONAL.—The term 'additional eligible pro-
18 fessional' means a clinical psychologist pro-
19 viding qualified psychologist services (as
20 defined in section 1861(ii)).''; and
21 (B) by adding at the end the following new
22 subparagraph:
23 ''(F) APPLICATION TO ADDITIONAL ELIGI-
24 BLE PROFESSIONALS.—The Secretary shall
25 apply the provisions of this paragraph with re-

1 spect to an additional eligible professional in
2 the same manner as such provisions apply to an
3 eligible professional, except in applying sub-
4 paragraph (A)—
5 ‘‘(i) in clause (i), the reference to
6 2015 shall be deemed a reference to 2019;
7 ‘‘(ii) in clause (ii), the references to
8 2015, 2016, and 2017 shall be deemed ref-
9 erences to 2019, 2020, and 2021, respec-
10 tively; and
11 ‘‘(iii) in clause (iii), the reference to
12 2018 shall be deemed a reference to
13 2022.’’; and
14 (2) in subsection (o)—
15 (A) in paragraph (5), by adding at the end
16 the following new subparagraph:
17 ‘‘(D) ADDITIONAL ELIGIBLE PROFES-
18 SIONAL.—The term ‘additional eligible profes-
19 sional’ means a clinical psychologist providing
20 qualified psychologist services (as defined in
21 section 1861(ii)).’’; and
22 (B) by adding at the end the following new
23 paragraph:
24 ‘‘(6) APPLICATION TO ADDITIONAL ELIGIBLE
25 PROFESSIONALS.—The Secretary shall apply the

1 provisions of this subsection with respect to an addi-
2 tional eligible professional in the same manner as
3 such provisions apply to an eligible professional, ex-
4 cept in applying—
5 ‘‘(A) paragraph (1)(A)(ii), the reference to
6 2016 shall be deemed a reference to 2020;
7 ‘‘(B) paragraph (1)(B)(ii), the references
8 to 2011 and 2012 shall be deemed references to
9 2015 and 2016, respectively;
10 ‘‘(C) paragraph (1)(B)(iii), the references
11 to 2013 shall be deemed references to 2017;
12 ‘‘(D) paragraph (1)(B)(v), the references
13 to 2014 shall be deemed references to 2018;
14 and
15 ‘‘(E) paragraph (1)(E), the reference to
16 2011 shall be deemed a reference to 2015.’’.
17 (b) ELIGIBLE HOSPITALS.—Section 1886 of the So-
18 cial Security Act (42 U.S.C. 1395ww) is amended—
19 (1) in subsection (b)(3)(B)(ix), by adding at the
20 end the following new subclause:
21 ‘‘(V) The Secretary shall apply
22 the provisions of this subsection with
23 respect to an additional eligible hos-
24 pital (as defined in subsection
25 (n)(6)(C)) in the same manner as

such provisions apply to an eligible hospital, except in applying—

"(aa) subclause (I), the references to 2015, 2016, and 2017 shall be deemed references to 2019, 2020, and 2021, respectively; and

"(bb) subclause (III), the reference to 2015 shall be deemed a reference to 2019."; and

(2) in subsection (n)—

(A) in paragraph (6), by adding at the end the following new subparagraph:

"(C) ADDITIONAL ELIGIBLE HOSPITAL.—The term 'additional eligible hospital' means an inpatient hospital that is a psychiatric hospital (as defined in section 1861(f))."; and

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

"(7) APPLICATION TO ADDITIONAL ELIGIBLE HOSPITALS.—The Secretary shall apply the provisions of this subsection with respect to an additional eligible hospital in the same manner as such provi-

1 sions apply to an eligible hospital, except in apply-
2 ing—
3 ''(A) paragraph (2)(E)(ii), the references
4 to 2013 and 2015 shall be deemed references to
5 2017 and 2019, respectively; and
6 ''(B) paragraph (2)(G)(i), the reference to
7 2011 shall be deemed a reference to 2015.''.
8 (c) MEDICAID PROVIDERS.—Section 1903(t) of the
9 Social Security Act (42 U.S.C. 1396b(t)) is amended—
10 (1) in paragraph (2)(B)—
11 (A) in clause (i), by striking '', or'' and in-
12 serting a semicolon;
13 (B) in clause (ii), by striking the period
14 and inserting a semicolon; and
15 (C) by adding after clause (ii) the following
16 new clauses:
17 ''(iii) a public hospital that is prin-
18 cipally a psychiatric hospital (as defined in
19 section 1861(f));
20 ''(iv) a private hospital that is prin-
21 cipally a psychiatric hospital (as defined in
22 section 1861(f)) and that has at least 10
23 percent of its patient volume (as estimated
24 in accordance with a methodology estab-
25 lished by the Secretary) attributable to in-

1 dividuals receiving medical assistance
2 under this title;
3 ''(v) a community mental health cen-
4 ter meeting the criteria specified in section
5 1913(c) of the Public Health Service Act;
6 or
7 ''(vi) a residential or outpatient men-
8 tal health or substance abuse treatment fa-
9 cility that—
10 ''(I) is accredited by the Joint
11 Commission on Accreditation of
12 Healthcare Organizations, the Com-
13 mission on Accreditation of Rehabili-
14 tation Facilities, the Council on Ac-
15 creditation, or any other national ac-
16 crediting agency recognized by the
17 Secretary; and
18 ''(II) has at least 10 percent of
19 its patient volume (as estimated in ac-
20 cordance with a methodology estab-
21 lished by the Secretary) attributable
22 to individuals receiving medical assist-
23 ance under this title.''; and
24 (2) in paragraph (3)(B)—

1 (A) in clause (iv), by striking "and" after
2 the semicolon;
3 (B) in clause (v), by striking the period
4 and inserting "; and"; and
5 (C) by adding at the end the following new
6 clause:
7 "(vi) clinical psychologist providing
8 qualified psychologist services (as defined
9 in section 1861(ii)), if such clinical psy-
10 chologist is practicing in an outpatient
11 clinic that—
12 "(I) is led by a clinical psycholo-
13 gist; and
14 "(II) is not otherwise receiving
15 payment under paragraph (1) as a
16 Medicaid provider described in para-
17 graph (2)(B).".
18 (d) MEDICARE ADVANTAGE ORGANIZATIONS.—Sec-
19 tion 1853 of the Social Security Act (42 U.S.C. 1395w–
20 23) is amended—
21 (1) in subsection (l)—
22 (A) in paragraph (1)—
23 (i) by inserting "or additional eligible
24 professionals (as described in paragraph
25 (9))" after "paragraph (2)"; and

1 (ii) by inserting "and additional eligi-
2 ble professionals" before "under such sec-
3 tions";
4 (B) in paragraph (3)(B)—
5 (i) in clause (i) in the matter pre-
6 ceding subclause (I), by inserting "or an
7 additional eligible professional described in
8 paragraph (9)" after "paragraph (2)"; and
9 (ii) in clause (ii)—
10 (I) in the matter preceding sub-
11 clause (I), by inserting "or an addi-
12 tional eligible professional described in
13 paragraph (9)" after "paragraph
14 (2)"; and
15 (II) in subclause (I), by inserting
16 "or an additional eligible professional,
17 respectively," after "eligible profes-
18 sional";
19 (C) in paragraph (3)(C), by inserting "and
20 additional eligible professionals" after "all eligi-
21 ble professionals";
22 (D) in paragraph (4)(D), by adding at the
23 end the following new sentence: "In the case
24 that a qualifying MA organization attests that
25 not all additional eligible professionals of the

1 organization are meaningful EHR users with
2 respect to an applicable year, the Secretary
3 shall apply the payment adjustment under this
4 paragraph based on the proportion of all such
5 additional eligible professionals of the organiza-
6 tion that are not meaningful EHR users for
7 such year.'';

8 (E) in paragraph (6)(A), by inserting
9 ''and, as applicable, each additional eligible pro-
10 fessional described in paragraph (9)'' after
11 ''paragraph (2)'';

12 (F) in paragraph (6)(B), by inserting
13 ''and, as applicable, each additional eligible hos-
14 pital described in paragraph (9)'' after ''sub-
15 section (m)(1)'';

16 (G) in paragraph (7)(A), by inserting
17 ''and, as applicable, additional eligible profes-
18 sionals'' after ''eligible professionals'';

19 (H) in paragraph (7)(B), by inserting
20 ''and, as applicable, additional eligible profes-
21 sionals'' after ''eligible professionals'';

22 (I) in paragraph (8)(B), by inserting ''and
23 additional eligible professionals described in
24 paragraph (9)'' after ''paragraph (2)''; and

1 (J) by adding at the end the following new
2 paragraph:
3 ‘‘(9) ADDITIONAL ELIGIBLE PROFESSIONAL DE-
4 SCRIBED.—With respect to a qualifying MA organi-
5 zation, an additional eligible professional described
6 in this paragraph is an additional eligible profes-
7 sional (as defined for purposes of section 1848(o))
8 who—
9 ‘‘(A)(i) is employed by the organization; or
10 ‘‘(ii)(I) is employed by, or is a partner of,
11 an entity that through contract with the organi-
12 zation furnishes at least 80 percent of the enti-
13 ty's Medicare patient care services to enrollees
14 of such organization; and
15 ‘‘(II) furnishes at least 80 percent of the
16 professional services of the additional eligible
17 professional covered under this title to enrollees
18 of the organization; and
19 ‘‘(B) furnishes, on average, at least 20
20 hours per week of patient care services.’’; and
21 (2) in subsection (m)—
22 (A) in paragraph (1)—
23 (i) by inserting ‘‘or additional eligible
24 hospitals (as described in paragraph (7))’’
25 after ‘‘paragraph (2)’’; and

1 (ii) by inserting ‘‘and additional eligi-
2 ble hospitals’’ before ‘‘under such sec-
3 tions’’;
4 (B) in paragraph (3)(A)(i), by inserting
5 ‘‘or additional eligible hospital’’ after ‘‘eligible
6 hospital’’;
7 (C) in paragraph (3)(A)(ii), by inserting
8 ‘‘or an additional eligible hospital’’ after ‘‘eligi-
9 ble hospital’’ in each place it occurs;
10 (D) in paragraph (3)(B)—
11 (i) in clause (i), by inserting ‘‘or an
12 additional eligible hospital described in
13 paragraph (7)’’ after ‘‘paragraph (2)’’; and
14 (ii) in clause (ii)—
15 (I) in the matter preceding sub-
16 clause (I), by inserting ‘‘or an addi-
17 tional eligible hospital described in
18 paragraph (7)’’ after ‘‘paragraph
19 (2)’’; and
20 (II) in subclause (I), by inserting
21 ‘‘or an additional eligible hospital, re-
22 spectively,’’ after ‘‘eligible hospital’’;
23 (E) in paragraph (4)(A), by inserting ‘‘or
24 one or more additional eligible hospitals (as de-

1 fined in section 1886(n)), as appropriate,'' after
2 ''section 1886(n)(6)(A))'';
3 (F) in paragraph (4)(D), by adding at the
4 end the following new sentence: ''In the case
5 that a qualifying MA organization attests that
6 not all additional eligible hospitals of the orga-
7 nization are meaningful EHR users with re-
8 spect to an applicable period, the Secretary
9 shall apply the payment adjustment under this
10 paragraph based on the methodology specified
11 by the Secretary, taking into account the pro-
12 portion of such additional eligible hospitals, or
13 discharges from such hospitals, that are not
14 meaningful EHR users for such period.'';
15 (G) in paragraph (5)(A), by inserting
16 ''and, as applicable, each additional eligible hos-
17 pital described in paragraph (7)'' after ''para-
18 graph (2)'';
19 (H) in paragraph (5)(B), by inserting
20 ''and additional eligible hospitals, as applica-
21 ble,'' after ''eligible hospitals'';
22 (I) in paragraph (6)(B), by inserting ''and
23 additional eligible hospitals described in para-
24 graph (7)'' after ''paragraph (2)''; and

1 (J) by adding at the end the following new
2 paragraph:
3 "(7) ADDITIONAL ELIGIBLE HOSPITAL DE-
4 SCRIBED.—With respect to a qualifying MA organi-
5 zation, an additional eligible hospital described in
6 this paragraph is an additional eligible hospital (as
7 defined in section 1886(n)(6)(C)) that is under com-
8 mon corporate governance with such organization
9 and serves individuals enrolled under an MA plan of-
10 fered by such organization.".

11 TITLE X—EXPANDING ACCESS 12 TO CARE THROUGH HEALTH 13 CARE PROFESSIONAL VOL- 14 UNTEERISM

15 SEC. 1001. LIABILITY PROTECTIONS FOR HEALTH CARE 16 PROFESSIONAL VOLUNTEERS AT COMMU- 17 NITY HEALTH CENTERS AND FEDERALLY 18 QUALIFIED COMMUNITY BEHAVIORAL 19 HEALTH CLINICS.

20 Section 224 of the Public Health Service Act (42
21 U.S.C. 233) is amended by adding at the end the fol-
22 lowing:
23 "(q)(1) In this subsection, the term 'federally quali-
24 fied community behavioral health clinic' means—

1 ‘‘(A) a federally qualified community behavioral
2 health clinic with a certification in effect under sec-
3 tion 201 of the Helping Families in Mental Health
4 Crisis Act of 2013; or
5 ‘‘(B) a community mental health center meeting
6 the criteria specified in section 1913(c) of this Act.
7 ‘‘(2) For purposes of this section, a health care pro-
8 fessional volunteer at an entity described in subsection
9 (g)(4) or a federally qualified community behavioral health
10 clinic shall, in providing health care services eligible for
11 funding under section 330 or subpart I of part B of title
12 XIX to an individual, be deemed to be an employee of the
13 Public Health Service for a calendar year that begins dur-
14 ing a fiscal year for which a transfer was made under
15 paragraph (5)(C). The preceding sentence is subject to the
16 provisions of this subsection.
17 ‘‘(3) In providing a health care service to an indi-
18 vidual, a health care professional shall for purposes of this
19 subsection be considered to be a health professional volun-
20 teer at an entity described in subsection (g)(4) or at a
21 federally qualified community behavioral health clinic if
22 the following conditions are met:
23 ‘‘(A) The service is provided to the individual at
24 the facilities of an entity described in subsection
25 (g)(4), at a federally qualified community behavioral

1 health clinic, or through offsite programs or events
2 carried out by the center.

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

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

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

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

1 ''(4) Subsection (g) (other than paragraphs (3) and
2 (5)) and subsections (h), (i), and (l) apply to a health care
3 professional for purposes of this subsection to the same
4 extent and in the same manner as such subsections apply
5 to an officer, governing board member, employee, or con-
6 tractor of an entity described in subsection (g)(4), subject
7 to paragraph (5) and subject to the following:

8 ''(A) The first sentence of paragraph (2) ap-
9 plies in lieu of the first sentence of subsection
10 (g)(1)(A).

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

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

23 ''(ii) the Secretary, pursuant to subsection
24 (g)(1)(E), determines that the health care pro-

1 fessional is deemed to be an employee of the
2 Public Health Service.
3 ''(C) In the case of a health care professional
4 who is determined by the Secretary pursuant to sub-
5 section (g)(1)(E) to be a health professional volun-
6 teer at such center, this subsection applies to the
7 health care professional (with respect to services de-
8 scribed in paragraph (2)) for any cause of action
9 arising from an act or omission of the health care
10 professional occurring on or after the date on which
11 the Secretary makes such determination.
12 ''(D) Subsection (g)(1)(F) applies to a health
13 professional volunteer for purposes of this subsection
14 only to the extent that, in providing health services
15 to an individual, each of the conditions specified in
16 paragraph (3) is met.
17 ''(5)(A) Amounts in the fund established under sub-
18 section (k)(2) shall be available for transfer under sub-
19 paragraph (C) for purposes of carrying out this subsection
20 for health professional volunteers at entities described in
21 subsection (g)(4).
22 ''(B) Not later than May 1 of each fiscal year, the
23 Attorney General, in consultation with the Secretary, shall
24 submit to the Congress a report providing an estimate of
25 the amount of claims (together with related fees and ex-

1 penses of witnesses) that, by reason of the acts or omis-
2 sions of health care professional volunteers, will be paid
3 pursuant to this subsection during the calendar year that
4 begins in the following fiscal year. Subsection (k)(1)(B)
5 applies to the estimate under the preceding sentence re-
6 garding health care professional volunteers to the same
7 extent and in the same manner as such subsection applies
8 to the estimate under such subsection regarding officers,
9 governing board members, employees, and contractors of
10 entities described in subsection (g)(4).

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

17 ''(6)(A) This subsection takes effect on October 1,
18 2015, except as provided in subparagraph (B).

19 ''(B) Effective on the date of the enactment of this
20 subsection—

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

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

3 TITLE XI—SAMHSA REAUTHOR-
4 IZATION AND REFORMS

5 Subtitle A—Organization and
6 General Authorities

7 SEC. 1101. IN GENERAL.

8 Section 501 of the Public Health Service Act (42
9 U.S.C. 290aa) is amended—
10 (1) in subsection (c)(2), by striking “Secretary”
11 and inserting “Assistant Secretary for Mental
12 Health and Substance Use Disorders”;
13 (2) in subsection (d)—
14 (A) in paragraph (2)—
15 (i) by striking “and mental illness”;
16 and
17 (ii) by striking “promote mental
18 health”;
19 (B) in paragraph (4), by inserting “related
20 to substance abuse” after “related services”;
21 (C) in paragraph (6), by striking “and in-
22 dividuals with mental illness and to develop ap-
23 propriate mental health services for individuals
24 with such illnesses”; and

1 (D) in paragraph (18), by striking ‘‘mental
2 illness or’’;
3 (3) in subsection (h), by inserting at the end
4 the following: ‘‘For any such peer review group re-
5 viewing a proposal or grant related to mental illness,
6 no fewer than half of the members of the group shall
7 have a medical degree, or an equivalent doctoral de-
8 gree in psychology and clinical experience.’’;
9 (4) in subsection (l)—
10 (A) in paragraph (2), by striking ‘‘and’’ at
11 the end;
12 (B) in paragraph (3), by striking the pe-
13 riod at the end and inserting ‘‘; and’’; and
14 (C) by adding at the end the following:
15 ‘‘(4) At least 30 days before awarding a grant,
16 cooperative agreement, or contract, the Adminis-
17 trator shall give written notice of the award to the
18 Committee on Energy and Commerce of the House
19 of Representatives and the Committee on Health,
20 Education, Labor, and Pensions of the Senate.’’;
21 and
22 (5) in subsection (m)—
23 (A) in paragraph (1), by striking ‘‘2.5 per-
24 cent’’ and inserting ‘‘1.5 percent’’; and

1 (B) in paragraph (3), by striking ''Sec-
2 retary'' and inserting ''Assistant Secretary for
3 Mental Health and Substance Use Disorders''.

4 **SEC. 1102. ADVISORY COUNCILS.**

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

8 ''(C) No fewer than half of the members of
9 an advisory council shall—
10 ''(i) have a medical degree;
11 ''(ii) have an equivalent doctoral de-
12 gree in psychology; or
13 ''(iii) serve as a licensed mental health
14 professional.''.

15 **SEC. 1103. PEER REVIEW.**

16 Section 504 of the Public Health Service Act (42
17 U.S.C. 290aa–3) is amended—

18 (1) by adding at the end of subsection (b) the
19 following: ''At least half of the members of any peer
20 review group established under subsection (a) shall
21 have a degree in medicine, or an equivalent doctoral
22 degree in psychology, or be a licensed mental health
23 professional. Before awarding a grant, cooperative
24 agreement, or contract, the Secretary shall provide a
25 list of the members of the peer review group respon-

1 sible for reviewing the award to the Committee on
2 Energy and Commerce of the House of Representa-
3 tives and the Committee on Health, Education,
4 Labor, and Pensions of the Senate.''; and
5 (2) by adding at the end the following:
6 ''(e) SCIENTIFIC CONTROLS AND STANDARDS.—Peer
7 review under this section shall ensure that any research
8 concerning an intervention is based on scientific controls
9 and standards indicating whether the intervention reduces
10 symptoms, improves medical or behavioral outcomes, and
11 improves social functioning.''.

12 **SEC. 1104. DATA COLLECTION.**

13 (a) TRANSFER OF BEHAVIORAL HEALTH STATISTICS
14 AND QUALITY.—The Assistant Secretary for Mental
15 Health and Substance Use Disorders shall transfer all
16 functions and responsibilities of the Center for Behavioral
17 Health Statistics and Quality to the National Mental
18 Health Policy Laboratory, established under section 501A.
19 (b) TRANSFERRING DATA COLLECTION AND SUR-
20 VEYS TO THE NATIONAL MENTAL HEALTH POLICY LAB-
21 ORATORY.—Section 505 of the Public Health Service Act
22 (42 U.S.C. 290aa–4) is amended—
23 (1) in subsection (a), by striking ''acting
24 through the Administrator'' and inserting ''acting
25 through the National Mental Health Policy Labora-

1 tory under the Assistant Secretary for Mental
2 Health and Substance Use Disorders (in this section
3 referred to as the 'Assistant Secretary') with respect
4 to mental illness and substance abuse'';
5 (2) in subsections (a)(2) and (d), by striking
6 ''Administrator'' each place it appears and inserting
7 ''Assistant Secretary''; and
8 (3) in subsection (b)—
9 (A) by striking ''Administrator'' each place
10 it appears and inserting ''Assistant Secretary'';
11 (B) by striking ''and'' at the end of para-
12 graph (3);
13 (C) by striking paragraph (4); and
14 (D) by adding at the end the following:
15 ''(4) the number of individuals with serious
16 mental illnesses, including those with schizophrenia,
17 bipolar disorder, or major depressive disorder;
18 ''(5) the number of individuals admitted to hos-
19 pital emergency rooms as a result of serious mental
20 illness;
21 ''(6) the number of individuals who receive in-
22 patient care and are subsequently readmitted to the
23 hospital as a result of their condition within two
24 years; and

1 ''(7) other public health outcomes including
2 mortality rates for individuals with serious mental
3 illness.''.

4 Subtitle B—Center for Mental
5 Health Services

6 **SEC. 1111. CENTER FOR MENTAL HEALTH SERVICES.**

7 Section 520 of the Public Health Service Act (42
8 U.S.C. 290bb–31) is amended to read as follows:

9 **''SEC. 520. CENTER FOR MENTAL HEALTH SERVICES.**

10 ''(a) ESTABLISHMENT.—There is established in the
11 Administration a Center for Mental Health Services (here-
12 after in this section referred to as the 'Center'). The Cen-
13 ter shall be headed by a Director (hereafter in this section
14 referred to as the 'Director') appointed by the Secretary
15 from among individuals with extensive experience or aca-
16 demic qualifications in the provision of mental health serv-
17 ices or in the evaluation of mental health service systems.

18 ''(b) DUTIES.—The Director of the Center shall—

19 ''(1) assist the Assistant Secretary for Mental
20 Health and Substance Use Disorders in designing
21 national goals and establishing national priorities
22 for—

23 ''(A) the prevention of mental illness;

24 ''(B) the treatment of mental illness; and

25 ''(C) the promotion of mental health;

1 "(2) encourage local entities and State agencies
2 to achieve the goals and priorities described in para-
3 graph (1);
4 "(3) collaborate with the Department of Edu-
5 cation and the Department of Justice to assist local
6 communities in addressing violence among children
7 and adolescents related to mental illness;
8 "(4) assist the National Institute of Mental
9 Health in deploying improved methods of treating
10 individuals with mental health problems and im-
11 proved methods of assisting the families of such in-
12 dividuals;
13 "(5) carry out the provisions of the Protection
14 and Advocacy of Mentally Ill Individuals Act in
15 order to foster independence and protect the legal
16 rights of persons with mental illness;
17 "(6) carry out the programs under part C;
18 "(7) carry out responsibilities for the Human
19 Resource Development programs;
20 "(8) conduct services-related assessments, in-
21 cluding evaluations of the organization and financing
22 of care, self-help, mental health economics, mental
23 health service systems, and rural mental health, and
24 improve the capacity of States to conduct evalua-
25 tions of publicly funded mental health programs;

1 "(9) establish a clearinghouse of evidence-based
2 practices, which has first been reviewed and ap-
3 proved by a panel of psychiatrists and clinical psy-
4 chologists, for mental health information to assure
5 the widespread dissemination of such information to
6 States, political subdivisions, educational agencies
7 and institutions, treatment and prevention service
8 providers, and the general public, including informa-
9 tion concerning the practical application of research
10 supported by the National Institute of Mental
11 Health that is applicable to improving the delivery of
12 services;
13 "(10) provide technical assistance to public and
14 private entities that are providers of mental health
15 services;
16 "(11) monitor and enforce obligations incurred
17 by community mental health centers pursuant to the
18 Community Mental Health Centers Act (as in effect
19 prior to the repeal of such Act on August 13, 1981,
20 by section 902(e)(2)(B) of Public Law 97–35 (95
21 Stat. 560)); and
22 "(12) assist the Assistant Secretary for Mental
23 Health and Substance Use Disorders, and the Direc-
24 tor of the Centers for Disease Control and Preven-

tion, with surveys with respect to mental health, such as the National Reporting Program.

Nothing in this subsection shall be construed as authorizing any new grant program or project that is not explicitly authorized or required by other statutory provisions.

"(c) NO GENERAL AUTHORITY FOR GRANTS.—Nothing in this section shall be construed as authorizing or requiring any new grant program or project that is not explicitly authorized or required by other statutory provisions.".

SEC. 1112. REAUTHORIZATION OF PRIORITY MENTAL HEALTH NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

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

(1) in subsection (a)—

(A) in paragraph (2), by inserting "using evidence-based medicine" after "technical assistance programs";

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

"(4) evidence-based programs designed in conjunction with the Assistant Secretary for Mental Health and Substance Use Disorders to treat individuals with serious mental illness."; and

1 (C) by adding at the end the following:
2 "Before awarding a grant, cooperative agree-
3 ment, or contract under this section, the Sec-
4 retary shall give written notice of the award to
5 the Committee on Energy and Commerce of the
6 House of Representatives and the Committee
7 on Health, Education, Labor, and Pensions of
8 the Senate.";

9 (2) in subsection (b)(2), by inserting ", includ-
10 ing the primary and behavioral health care integra-
11 tion program under section 520K" after "primary
12 health care systems"; and

13 (3) by amending subsection (f)(1) to read as
14 follows:

15 "(1) IN GENERAL.—For carrying out this sec-
16 tion, there is authorized to be appropriated
17 $150,000,000 for each of fiscal years 2014 through
18 2018.".

19 **SEC. 1113. GARRETT LEE SMITH REAUTHORIZATION.**

20 (a) SUICIDE PREVENTION TECHNICAL ASSISTANCE
21 CENTER.—Section 520C of the Public Health Service Act
22 (42 U.S.C. 290bb–34) is amended to read as follows:

1 **"SEC. 520C. SUICIDE PREVENTION TECHNICAL ASSISTANCE**
2 **CENTER.**

3 "(a) PROGRAM AUTHORIZED.—The Assistant Sec-
4 retary for Mental Health and Substance Use Disorders,
5 acting through the Administrator of the Substance Abuse
6 and Mental Health Services Administration, shall award
7 a grant for the operation and maintenance of a research,
8 training, and technical assistance resource center to pro-
9 vide appropriate information, training, and technical as-
10 sistance to States, political subdivisions of States, feder-
11 ally recognized Indian tribes, tribal organizations, institu-
12 tions of higher education, public organizations, or private
13 nonprofit organizations concerning the prevention of sui-
14 cide among all ages, particularly among groups that are
15 at high risk for suicide.

16 "(b) RESPONSIBILITIES OF THE CENTER.—The cen-
17 ter operated and maintained under subsection (a) shall—

18 "(1) assist in the development or continuation
19 of statewide and tribal suicide early intervention and
20 prevention strategies for all ages, particularly among
21 groups that are at high risk for suicide;

22 "(2) ensure the surveillance of suicide early
23 intervention and prevention strategies for all ages,
24 particularly among groups that are at high risk for
25 suicide;

1 "(3) study the costs and effectiveness of state-
2 wide and tribal suicide early intervention and pre-
3 vention strategies in order to provide information
4 concerning relevant issues of importance to State,
5 tribal, and national policymakers;

6 "(4) further identify and understand causes
7 and associated risk factors for suicide for all ages,
8 particularly among groups that are at high risk for
9 suicide;

10 "(5) analyze the efficacy of new and existing
11 suicide early intervention and prevention techniques
12 and technology for all ages, particularly among
13 groups that are at high risk for suicide;

14 "(6) ensure the surveillance of suicidal behav-
15 iors and nonfatal suicidal attempts;

16 "(7) study the effectiveness of State-sponsored
17 statewide and tribal suicide early intervention and
18 prevention strategies for all ages particularly among
19 groups that are at high risk for suicide on the over-
20 all wellness and health promotion strategies related
21 to suicide attempts;

22 "(8) promote the sharing of data regarding sui-
23 cide with Federal agencies involved with suicide
24 early intervention and prevention, and State-spon-
25 sored statewide and tribal suicide early intervention

1 and prevention strategies for the purpose of identi-
2 fying previously unknown mental health causes and
3 associated risk factors for suicide among all ages
4 particularly among groups that are at high risk for
5 suicide;

6 "(9) evaluate and disseminate outcomes and
7 best practices of mental health and substance use
8 disorder services at institutions of higher education;
9 and

10 "(10) conduct other activities determined ap-
11 propriate by the Secretary.

12 "(c) AUTHORIZATION OF APPROPRIATIONS.—For the
13 purpose of carrying out this section, there are authorized
14 to be appropriated $4,957,000 for each of the fiscal years
15 2014 through 2018.".

16 (b) YOUTH SUICIDE INTERVENTION AND PREVEN-
17 TION STRATEGIES.—Section 520E of the Public Health
18 Service Act (42 U.S.C. 290bb–36) is amended to read as
19 follows:

20 **"SEC. 520E. YOUTH SUICIDE EARLY INTERVENTION AND**
21 **PREVENTION STRATEGIES.**

22 "(a) IN GENERAL.—The Secretary, acting through
23 the Administrator of the Substance Abuse and Mental
24 Health Services Administration, shall award grants or co-
25 operative agreements to eligible entities to—

1 “(1) develop and implement State-sponsored
2 statewide or tribal youth suicide early intervention
3 and prevention strategies in schools, educational in-
4 stitutions, juvenile justice systems, substance use
5 disorder programs, mental health programs, foster
6 care systems, and other child and youth support or-
7 ganizations;

8 “(2) support public organizations and private
9 nonprofit organizations actively involved in State-
10 sponsored statewide or tribal youth suicide early
11 intervention and prevention strategies and in the de-
12 velopment and continuation of State-sponsored
13 statewide youth suicide early intervention and pre-
14 vention strategies;

15 “(3) provide grants to institutions of higher
16 education to coordinate the implementation of State-
17 sponsored statewide or tribal youth suicide early
18 intervention and prevention strategies;

19 “(4) collect and analyze data on State-spon-
20 sored statewide or tribal youth suicide early inter-
21 vention and prevention services that can be used to
22 monitor the effectiveness of such services and for re-
23 search, technical assistance, and policy development;
24 and

1 “(5) assist eligible entities, through State-spon-
2 sored statewide or tribal youth suicide early inter-
3 vention and prevention strategies, in achieving tar-
4 gets for youth suicide reductions under title V of the
5 Social Security Act.
6 “(b) ELIGIBLE ENTITY.—
7 “(1) DEFINITION.—In this section, the term
8 ‘eligible entity’ means—
9 “(A) a State;
10 “(B) a public organization or private non-
11 profit organization designated by a State to de-
12 velop or direct the State-sponsored statewide
13 youth suicide early intervention and prevention
14 strategy; or
15 “(C) a federally recognized Indian tribe or
16 tribal organization (as defined in the Indian
17 Self-Determination and Education Assistance
18 Act) or an urban Indian organization (as de-
19 fined in the Indian Health Care Improvement
20 Act) that is actively involved in the development
21 and continuation of a tribal youth suicide early
22 intervention and prevention strategy.
23 “(2) LIMITATION.—In carrying out this section,
24 the Secretary shall ensure that a State does not re-
25 ceive more than one grant or cooperative agreement

under this section at any one time. For purposes of the preceding sentence, a State shall be considered to have received a grant or cooperative agreement if the eligible entity involved is the State or an entity designated by the State under paragraph (1)(B). Nothing in this paragraph shall be constructed to apply to entities described in paragraph (1)(C).

"(c) PREFERENCE.—In providing assistance under a grant or cooperative agreement under this section, an eligible entity shall give preference to public organizations, private nonprofit organizations, political subdivisions, institutions of higher education, and tribal organizations actively involved with the State-sponsored statewide or tribal youth suicide early intervention and prevention strategy that—

"(1) provide early intervention and assessment services, including screening programs, to youth who are at risk for mental or emotional disorders that may lead to a suicide attempt, and that are integrated with school systems, educational institutions, juvenile justice systems, substance use disorder programs, mental health programs, foster care systems, and other child and youth support organizations;

1 “(2) demonstrate collaboration among early
2 intervention and prevention services or certify that
3 entities will engage in future collaboration;
4 “(3) employ or include in their applications a
5 commitment to evaluate youth suicide early interven-
6 tion and prevention practices and strategies adapted
7 to the local community;
8 “(4) provide timely referrals for appropriate
9 community-based mental health care and treatment
10 of youth who are at risk for suicide in child-serving
11 settings and agencies;
12 “(5) provide immediate support and informa-
13 tion resources to families of youth who are at risk
14 for suicide;
15 “(6) offer access to services and care to youth
16 with diverse linguistic and cultural backgrounds;
17 “(7) offer appropriate postsuicide intervention
18 services, care, and information to families, friends,
19 schools, educational institutions, juvenile justice sys-
20 tems, substance use disorder programs, mental
21 health programs, foster care systems, and other
22 child and youth support organizations of youth who
23 recently completed suicide;
24 “(8) offer continuous and up-to-date informa-
25 tion and awareness campaigns that target parents,

1 family members, child care professionals, community
2 care providers, and the general public and highlight
3 the risk factors associated with youth suicide and
4 the life-saving help and care available from early
5 intervention and prevention services;

6 "(9) ensure that information and awareness
7 campaigns on youth suicide risk factors, and early
8 intervention and prevention services, use effective
9 communication mechanisms that are targeted to and
10 reach youth, families, schools, educational institu-
11 tions, and youth organizations;

12 "(10) provide a timely response system to en-
13 sure that child-serving professionals and providers
14 are properly trained in youth suicide early interven-
15 tion and prevention strategies and that child-serving
16 professionals and providers involved in early inter-
17 vention and prevention services are properly trained
18 in effectively identifying youth who are at risk for
19 suicide;

20 "(11) provide continuous training activities for
21 child care professionals and community care pro-
22 viders on the latest youth suicide early intervention
23 and prevention services practices and strategies;

1 “(12) conduct annual self-evaluations of out-
2 comes and activities, including consulting with inter-
3 ested families and advocacy organizations;

4 “(13) provide services in areas or regions with
5 rates of youth suicide that exceed the national aver-
6 age as determined by the Centers for Disease Con-
7 trol and Prevention; and

8 “(14) obtain informed written consent from a
9 parent or legal guardian of an at-risk child before
10 involving the child in a youth suicide early interven-
11 tion and prevention program.

12 “(d) REQUIREMENT FOR DIRECT SERVICES.—Not
13 less than 85 percent of grant funds received under this
14 section shall be used to provide direct services, of which
15 not less than 5 percent shall be used for activities author-
16 ized under subsection (a)(3).

17 “(e) CONSULTATION AND POLICY DEVELOPMENT.—

18 “(1) IN GENERAL.—In carrying out this sec-
19 tion, the Secretary shall collaborate with the Sec-
20 retary of Education and relevant Federal agencies
21 and suicide working groups responsible for early
22 intervention and prevention services relating to
23 youth suicide.

24 “(2) CONSULTATION.—In carrying out this sec-
25 tion, the Secretary shall consult with—

1 "(A) State and local agencies, including
2 agencies responsible for early intervention and
3 prevention services under title XIX of the So-
4 cial Security Act, the State Children's Health
5 Insurance Program under title XXI of the So-
6 cial Security Act, and programs funded by
7 grants under title V of the Social Security Act;
8 "(B) local and national organizations that
9 serve youth at risk for suicide and their fami-
10 lies;
11 "(C) relevant national medical and other
12 health and education specialty organizations;
13 "(D) youth who are at risk for suicide,
14 who have survived suicide attempts, or who are
15 currently receiving care from early intervention
16 services;
17 "(E) families and friends of youth who are
18 at risk for suicide, who have survived suicide at-
19 tempts, who are currently receiving care from
20 early intervention and prevention services, or
21 who have completed suicide;
22 "(F) qualified professionals who possess
23 the specialized knowledge, skills, experience,
24 and relevant attributes needed to serve youth at
25 risk for suicide and their families; and

1 "(G) third-party payers, managed care or-
2 ganizations, and related commercial industries.
3 "(3) POLICY DEVELOPMENT.—In carrying out
4 this section, the Secretary shall—
5 "(A) coordinate and collaborate on policy
6 development at the Federal level with the rel-
7 evant Department of Health and Human Serv-
8 ices agencies and suicide working groups; and
9 "(B) consult on policy development at the
10 Federal level with the private sector, including
11 consumer, medical, suicide prevention advocacy
12 groups, and other health and education profes-
13 sional-based organizations, with respect to
14 State-sponsored statewide or tribal youth sui-
15 cide early intervention and prevention strate-
16 gies.
17 "(f) RULE OF CONSTRUCTION; RELIGIOUS AND
18 MORAL ACCOMMODATION.—Nothing in this section shall
19 be construed to require suicide assessment, early interven-
20 tion, or treatment services for youth whose parents or
21 legal guardians object based on the parents' or legal
22 guardians' religious beliefs or moral objections.
23 "(g) EVALUATIONS AND REPORT.—
24 "(1) EVALUATIONS BY ELIGIBLE ENTITIES.—
25 Not later than 18 months after receiving a grant or

1 cooperative agreement under this section, an eligible
2 entity shall submit to the Secretary the results of an
3 evaluation to be conducted by the entity concerning
4 the effectiveness of the activities carried out under
5 the grant or agreement.

6 ''(2) REPORT.—Not later than 2 years after the
7 date of enactment of this section, the Secretary shall
8 submit to the appropriate committees of Congress a
9 report concerning the results of—

10 ''(A) the evaluations conducted under
11 paragraph (1); and

12 ''(B) an evaluation conducted by the Sec-
13 retary to analyze the effectiveness and efficacy
14 of the activities conducted with grants, collabo-
15 rations, and consultations under this section.

16 ''(h) RULE OF CONSTRUCTION; STUDENT MEDICA-
17 TION.—Nothing in this section shall be construed to allow
18 school personnel to require that a student obtain any
19 medication as a condition of attending school or receiving
20 services.

21 ''(i) PROHIBITION.—Funds appropriated to carry out
22 this section, section 527, or section 529 shall not be used
23 to pay for or refer for abortion.

24 ''(j) PARENTAL CONSENT.—States and entities re-
25 ceiving funding under this section shall obtain prior writ-

1 ten, informed consent from the child's parent or legal
2 guardian for assessment services, school-sponsored pro-
3 grams, and treatment involving medication related to
4 youth suicide conducted in elementary and secondary
5 schools. The requirement of the preceding sentence does
6 not apply in the following cases:

7 "(1) In an emergency, where it is necessary to
8 protect the immediate health and safety of the stu-
9 dent or other students.

10 "(2) Other instances, as defined by the State,
11 where parental consent cannot reasonably be ob-
12 tained.

13 "(k) RELATION TO EDUCATION PROVISIONS.—Noth-
14 ing in this section shall be construed to supersede section
15 444 of the General Education Provisions Act, including
16 the requirement of prior parental consent for the disclo-
17 sure of any education records. Nothing in this section shall
18 be construed to modify or affect parental notification re-
19 quirements for programs authorized under the Elementary
20 and Secondary Education Act of 1965 (as amended by the
21 No Child Left Behind Act of 2001; Public Law 107–110).

22 "(l) DEFINITIONS.—In this section:

23 "(1) EARLY INTERVENTION.—The term 'early
24 intervention' means a strategy or approach that is

1 intended to prevent an outcome or to alter the
2 course of an existing condition.
3 "(2) EDUCATIONAL INSTITUTION; INSTITUTION
4 OF HIGHER EDUCATION; SCHOOL.—The term—
5 "(A) 'educational institution' means a
6 school or institution of higher education;
7 "(B) 'institution of higher education' has
8 the meaning given such term in section 101 of
9 the Higher Education Act of 1965; and
10 "(C) 'school' means an elementary or sec-
11 ondary school (as such terms are defined in sec-
12 tion 9101 of the Elementary and Secondary
13 Education Act of 1965).
14 "(3) PREVENTION.—The term 'prevention'
15 means a strategy or approach that reduces the likeli-
16 hood or risk of onset, or delays the onset, of adverse
17 health problems that have been known to lead to sui-
18 cide.
19 "(4) YOUTH.—The term 'youth' means individ-
20 uals who are between 10 and 24 years of age.
21 "(m) AUTHORIZATION OF APPROPRIATIONS.—For
22 the purpose of carrying out this section, there are author-
23 ized to be appropriated $29,738,000 for each of the fiscal
24 years 2014 through 2018.".

1 (c) SUICIDE PREVENTION FOR YOUTH.—Section
2 520E–1 of the Public Health Service Act (42 U.S.C.
3 290bb–36a) is amended—
4 (1) by amending the section heading to read as
5 follows: ''**SUICIDE PREVENTION FOR YOUTH**'';
6 and
7 (2) by striking subsection (n) and inserting the
8 following:
9 ''(n) AUTHORIZATION OF APPROPRIATIONS.—For the
10 purpose of carrying out this section, there is authorized
11 to be appropriated such sums as may be necessary for
12 each of fiscal years 2014 through 2018.''.
13 (d) MENTAL HEALTH AND SUBSTANCE USE DIS-
14 ORDERS SERVICES AND OUTREACH ON CAMPUS.—Section
15 520E–2 of the Public Health Service Act (42 U.S.C.
16 290bb–36b) is amended to read as follows:
17 **''SEC. 520E–2. MENTAL HEALTH AND SUBSTANCE USE DIS-**
18 **ORDERS SERVICES ON CAMPUS.**
19 ''(a) IN GENERAL.—The Secretary, acting through
20 the Director of the Center for Mental Health Services and
21 in consultation with the Secretary of Education, shall
22 award grants on a competitive basis to institutions of
23 higher education to enhance services for students with
24 mental health or substance use disorders and to develop
25 best practices for the delivery of such services.

1 ''(b) USES OF FUNDS.—Amounts received under a
2 grant under this section shall be used for 1 or more of
3 the following activities:
4 ''(1) The provision of mental health and sub-
5 stance use disorder services to students, including
6 prevention, promotion of mental health, voluntary
7 screening, early intervention, voluntary assessment,
8 treatment, and management of mental health and
9 substance abuse disorder issues.
10 ''(2) The provision of outreach services to notify
11 students about the existence of mental health and
12 substance use disorder services.
13 ''(3) Educating students, families, faculty, staff,
14 and communities to increase awareness of mental
15 health and substance use disorders.
16 ''(4) The employment of appropriately trained
17 staff, including administrative staff.
18 ''(5) The provision of training to students, fac-
19 ulty, and staff to respond effectively to students with
20 mental health and substance use disorders.
21 ''(6) The creation of a networking infrastruc-
22 ture to link colleges and universities with providers
23 who can treat mental health and substance use dis-
24 orders.

1 "(7) Developing, supporting, evaluating, and
2 disseminating evidence-based and emerging best
3 practices.

4 "(c) IMPLEMENTATION OF ACTIVITIES USING GRANT
5 FUNDS.—An institution of higher education that receives
6 a grant under this section may carry out activities under
7 the grant through—

8 "(1) college counseling centers;
9 "(2) college and university psychological service
10 centers;
11 "(3) mental health centers;
12 "(4) psychology training clinics;
13 "(5) institution of higher education supported,
14 evidence-based, mental health and substance use dis-
15 order programs; or
16 "(6) any other entity that provides mental
17 health and substance use disorder services at an in-
18 stitution of higher education.

19 "(d) APPLICATION.—To be eligible to receive a grant
20 under this section, an institution of higher education shall
21 prepare and submit to the Secretary an application at
22 such time and in such manner as the Secretary may re-
23 quire. At a minimum, such application shall include the
24 following:

1 "(1) A description of identified mental health
2 and substance use disorder needs of students at the
3 institution of higher education.
4 "(2) A description of Federal, State, local, pri-
5 vate, and institutional resources currently available
6 to address the needs described in paragraph (1) at
7 the institution of higher education.
8 "(3) A description of the outreach strategies of
9 the institution of higher education for promoting ac-
10 cess to services, including a proposed plan for reach-
11 ing those students most in need of mental health
12 services.
13 "(4) A plan, when applicable, to meet the spe-
14 cific mental health and substance use disorder needs
15 of veterans attending institutions of higher edu-
16 cation.
17 "(5) A plan to seek input from community
18 mental health providers, when available, community
19 groups and other public and private entities in car-
20 rying out the program under the grant.
21 "(6) A plan to evaluate program outcomes, in-
22 cluding a description of the proposed use of funds,
23 the program objectives, and how the objectives will
24 be met.

1 "(7) An assurance that the institution will sub-
2 mit a report to the Secretary each fiscal year con-
3 cerning the activities carried out with the grant and
4 the results achieved through those activities.

5 "(e) SPECIAL CONSIDERATIONS.—In awarding
6 grants under this section, the Secretary shall give special
7 consideration to applications that describe programs to be
8 carried out under the grant that—

9 "(1) demonstrate the greatest need for new or
10 additional mental and substance use disorder serv-
11 ices, in part by providing information on current ra-
12 tios of students to mental health and substance use
13 disorder health professionals; and

14 "(2) demonstrate the greatest potential for rep-
15 lication.

16 "(f) REQUIREMENT OF MATCHING FUNDS.—

17 "(1) IN GENERAL.—The Secretary may make a
18 grant under this section to an institution of higher
19 education only if the institution agrees to make
20 available (directly or through donations from public
21 or private entities) non-Federal contributions in an
22 amount that is not less than $1 for each $1 of Fed-
23 eral funds provided under the grant, toward the
24 costs of activities carried out with the grant (as de-
25 scribed in subsection (b)) and other activities by the

1 institution to reduce student mental health and sub-
2 stance use disorders.
3 "(2) DETERMINATION OF AMOUNT CONTRIB-
4 UTED.—Non-Federal contributions required under
5 paragraph (1) may be in cash or in kind. Amounts
6 provided by the Federal Government, or services as-
7 sisted or subsidized to any significant extent by the
8 Federal Government, may not be included in deter-
9 mining the amount of such non-Federal contribu-
10 tions.
11 "(3) WAIVER.—The Secretary may waive the
12 application of paragraph (1) with respect to an insti-
13 tution of higher education if the Secretary deter-
14 mines that extraordinary need at the institution jus-
15 tifies the waiver.
16 "(g) REPORTS.—For each fiscal year that grants are
17 awarded under this section, the Secretary shall conduct
18 a study on the results of the grants and submit to the
19 Congress a report on such results that includes the fol-
20 lowing:
21 "(1) An evaluation of the grant program out-
22 comes, including a summary of activities carried out
23 with the grant and the results achieved through
24 those activities.

1 "(2) Recommendations on how to improve ac-
2 cess to mental health and substance use disorder
3 services at institutions of higher education, including
4 efforts to reduce the incidence of suicide and sub-
5 stance use disorders.

6 "(h) DEFINITIONS.—In this section, the term 'insti-
7 tution of higher education' has the meaning given such
8 term in section 101 of the Higher Education Act of 1965.

9 "(i) AUTHORIZATION OF APPROPRIATIONS.—For the
10 purpose of carrying out this section, there are authorized
11 to be appropriated $4,975,000 for each of the fiscal years
12 2014 through 2018.".

13 Subtitle C—Children With Serious 14 Emotional Disturbances

15 SEC. 1121. COMPREHENSIVE COMMUNITY MENTAL HEALTH 16 SERVICES FOR CHILDREN WITH SERIOUS 17 EMOTIONAL DISTURBANCES.

18 Paragraph (1) of section 564(a) of the Public Health
19 Service Act (42 U.S.C. 290ff(a)) is amended—

20 (1) by striking ", acting through the Director
21 of the Center for Mental Health Services,"; and

22 (2) by adding at the end the following: "Before
23 making any such grant, the Assistant Secretary
24 shall consult with the Director of the National Insti-

tutes of Health to ensure that the grant recipient will use evidence-based practices.''.

SEC. 1122. GENERAL PROVISIONS; REPORT; FUNDING.

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

(1) in subsection (c)(2), by striking ''not later than 1 year after the date on which amounts are first appropriated under subsection (c)'' and inserting ''not later than 1 year after the date of enactment of the Helping Families in Mental Health Crisis Act of 2013''; and

(2) in subsection (f)—

(A) by amending paragraph (1) to read as follows:

''(1) AUTHORIZATION OF APPROPRIATIONS.— For the purpose of carrying out this part, there are authorized to be appropriated $117,000,000 for fiscal year 2015, $120,000,000 for fiscal year 2016, $123,000,000 for fiscal year 2017, $126,000,000 for fiscal year 2018, and $130,000,000 for fiscal year 2019.''; and

(B) by moving the margin of paragraph (2) two ems to the right.

1 # Subtitle D—Projects for Children
2 # and Violence

3 **SEC. 1131. CHILDREN AND VIOLENCE.**

4 Section 581 of the Public Health Service Act (42
5 U.S.C. 290hh) are repealed.

6 **SEC. 1132. REAUTHORIZATION OF NATIONAL CHILD TRAU-**
7 **MATIC STRESS NETWORK.**

8 (a) REAUTHORIZATION OF NATIONAL CHILD TRAU-
9 MATIC STRESS NETWORK.—Section 582(f) of the Public
10 Health Service Act (42 U.S.C. 290hh(f)) is amended to
11 read as follows:

12 ''(f) AUTHORIZATION OF APPROPRIATIONS.—To
13 carry out this section, there are authorized to be appro-
14 priated $50,000,000 for each of the fiscal years 2014
15 through 2017.''.

16 (b) CORRESPONDING REDUCTION IN FUNDING FOR
17 PROTECTION AND ADVOCACY SYSTEMS.—Section 117 of
18 the Protection and Advocacy for Individuals with Mental
19 Illness Act (42 U.S.C. 10827) is amended to read as fol-
20 lows:

21 **''SEC. 117. AUTHORIZATION OF APPROPRIATIONS.**

22 ''There are authorized to be appropriated for allot-
23 ments under this title $5,000,000 for each of the fiscal
24 years 2014 through 2017.''.

Subtitle E—Protection and Advocacy for Individuals With Mental Illness

SEC. 1141. PROHIBITION AGAINST LOBBYING BY SYSTEMS ACCEPTING FEDERAL FUNDS TO PROTECT AND ADVOCATE THE RIGHTS OF INDIVIDUALS WITH MENTAL ILLNESS.

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

(1) in paragraph (9), by striking ''and'' at the end;

(2) in paragraph (10), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(11) agree to refrain, during any period for which funding is provided to the system under this part, from—

''(A) lobbying or retaining a lobbyist for the purpose of influencing a Federal, State, or local governmental entity or officer;

''(B) using such funding to engage in systemic lawsuits, or to investigate and seek legal remedies cases other than individual cases of abuse or neglect; or

"(C) counseling an individual with a serious mental illness who lacks insight into their condition on refusing medical treatment or acting against the wishes of such individual's caregiver.".

Subtitle F—Limitations on Authority

SEC. 1151. LIMITATIONS ON SAMHSA PROGRAMS.

(a) NO SPONSORING CONFERENCES.—The Administrator of the Substance Abuse and Mental Health Services Administration shall not host or sponsor any conference that will not be primarily administered by the Substance Abuse and Mental Health Services Administration without giving at least 90 days of prior notification to the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives and the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate.

(b) EVIDENCE-BASED PRACTICES.—The Administrator of the Substance Abuse and Mental Health Services Administration shall not provide any financial assistance for any program relating to mental health or substance use diagnosis or treatment, unless such diagnosis and treatment relies on evidence-based practices.

1 **SEC. 1152. ELIMINATION OF UNAUTHORIZED SAMHSA PRO-**
2 **GRAMS.**

3 (a) ELIMINATION OF PROGRAMS WITHOUT EXPLICIT
4 STATUTORY AUTHORIZATION.—

5 (1) NO NEW PROGRAMS.—The Administrator of
6 the Substance Abuse and Mental Health Services
7 Administration may not establish, and the Secretary
8 of Health and Human Services may not delegate to
9 the Administrator responsibility for, any program or
10 project that is not explicitly authorized or required
11 by statute.

12 (2) TERMINATION OF EXISTING PROGRAMS.—
13 By the end of fiscal year 2014, any program or
14 project of the Substance Abuse and Mental Health
15 Services Administration that is not explicitly author-
16 ized or required by statute shall be terminated.

17 (b) REPORT.—

18 (1) IN GENERAL.—The Assistant Secretary for
19 Mental Health and Substance Use Disorders shall
20 seek to enter into an arrangement with the Institute
21 of Medicine under which the Institute (or, if the In-
22 stitute declines to enter into such arrangement, an-
23 other appropriate entity) agrees to submit a report
24 to the Congress not later than July 31, 2014, identi-
25 fying each program, project, or activity to be termi-
26 nated under subsection (a).

1 (2) RECOMMENDATIONS.—The report under
2 paragraph (1) shall recommend whether any of the
3 programs should be retained based on public health
4 data, such as reduced mortality rates and hos-
5 pitalization within the community for individuals
6 with serious mental illness, thus proving the pro-
7 gram has had a demonstrable benefit using public
8 health and epidemiological factors.

○