

113TH CONGRESS  
2D SESSION

# H. R. 4574

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

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## IN THE HOUSE OF REPRESENTATIVES

MAY 6, 2014

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

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## A BILL

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

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

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

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

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

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

TITLE I—WHITE HOUSE OFFICE OF MENTAL HEALTH POLICY

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

TITLE II—STRENGTHENING AND INVESTING IN SAMHSA  
 PROGRAMS

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

TITLE III—IMPROVING MEDICAID AND MEDICARE MENTAL  
 HEALTH SERVICES

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

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

#### TITLE IV—DEVELOPING THE BEHAVIORAL HEALTH WORKFORCE

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

#### TITLE V—IMPROVING MENTAL HEALTH RESEARCH AND COORDINATION

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

#### TITLE VI—EDUCATION AND YOUTH

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

#### TITLE VII—JUSTICE AND MENTAL HEALTH COLLABORATION

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

#### TITLE VIII—BEHAVIORAL HEALTH INFORMATION TECHNOLOGY

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

#### TITLE IX—SERVICEMEMBERS AND VETERANS MENTAL HEALTH

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

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

TITLE X—MAKING PARITY WORK

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

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

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

1 **SEC. 2. PURPOSE.**

2 The purposes of this Act are—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (2) personnel of the Office.

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

3 (a) APPOINTMENT.—

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

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

12 (b) RESPONSIBILITIES.—The Director shall—

13 (1) assist the President—

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

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

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

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



1           (2) work with Federal departments and agen-  
2           cies providing mental health services to strengthen  
3           the coordination of mental health services in order to  
4           maximize the access of individuals with a mental ill-  
5           ness, particularly individuals with a serious mental  
6           illness and children and adolescents with a serious  
7           emotional disturbance, to community-based services,  
8           strengthen the impact of services, and meet the com-  
9           prehensive needs of individuals with a mental illness;

10           (3) coordinate and oversee the development, co-  
11           ordination, implementation, and evaluation of the  
12           National Strategy for Mental Health;

13           (4) promulgate the National Strategy for Men-  
14           tal Health, ensuring its wide availability to govern-  
15           ment officials and the public;

16           (5) make such recommendations to the Presi-  
17           dent as the Director determines are appropriate with  
18           respect to the organization, management, and budg-  
19           ets of Federal departments and agencies providing  
20           mental health services, including changes in the allo-  
21           cation of personnel to and within those departments  
22           and agencies to implement the policies, goals, objec-  
23           tives, and priorities established under paragraph (1)  
24           and the National Strategy for Mental Health;

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

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

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

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

3           (c) BUDGET REVIEW AND RECOMMENDATIONS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 (2) The National Mental Health Council.

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

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

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

17 (6) Nongovernmental entities.

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

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

24 (1) GOALS AND PERFORMANCE MEASURES.—

25 The Strategy shall contain comprehensive, research-

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

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

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

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

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

14 (E) advancing mental health research.

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 (4) aligning—

14 (A) grantee reporting requirements;

15 (B) definitions;

16 (C) eligibility requirements;

17 (D) research;

18 (E) evaluation efforts; and

19 (F) data collection;

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

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

4           (c) JOINT FUNDING AND COORDINATION.—

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

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

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

25          (d) NATIONAL MENTAL HEALTH COUNCIL.—

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

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

7                   (A) the President;

8                   (B) the Director;

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

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

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

15                   (F) the Secretary of Veterans Affairs;

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

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

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

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

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

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

8           (M) the Secretary of Defense; and

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

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

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

18          (5) MEETINGS.—

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



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

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

9           (6) RESPONSIBILITIES.—The Council shall—

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

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

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

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

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

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

12 (b) MEMBERS AND TERMS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13          (d) DUTIES.—The Board shall—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 (D) in paragraph (1)—

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

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

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

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

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

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

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

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

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

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

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

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

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

8 (2) in subsection (b)(2)—

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

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

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

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

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

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

4 (2) in subsection (a)—

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

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

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

12 (3) in subsection (b)—

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

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

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

21 “(2) The operation of hotlines.

22 “(3) Preparing informational material.

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

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

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

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

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

12           (5) in subsection (d)—

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

18               (B) in paragraph (1)—

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

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

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

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

11 (7) in subsection (f)(2)—

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12           (2) in subsection (b)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 (2) in subsection (b)—

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

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

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

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

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

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

23 “(C) Teachers and school administrators.

24 “(D) Human resources professionals.

25 “(E) Faith community leaders.

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

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

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

8           “(I) Veterans.

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

12          (D) in paragraph (5)—

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

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

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

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

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

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

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

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

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

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

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





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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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



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

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

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

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

12               (1) in subsection (b)—

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

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

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

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

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

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

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

8 (1) in paragraph (1)—

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

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

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

1 (3) in paragraph (2)(C)—

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

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

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

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

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

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

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

5 (1) in paragraph (2)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 (2) CONFORMING AMENDMENT.—

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

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

12 (b) REFERENCES.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

21 (a) COVERAGE OF SERVICES.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 (4) AMOUNT OF PAYMENT.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20 (3) ELIGIBLE ENTITIES.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 “(L) Serious mental illness.”.

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

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

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

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

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

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

3               (A) youth mental health research; and

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

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

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

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

15              (3) MENTAL HEALTH RESEARCH.—

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

25 (2) DATA COORDINATING CENTER.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18          (b) **AMENDMENTS TO THE PUBLIC HEALTH SERVICE**

19 **ACT.**—

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

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

25                          and

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

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

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

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

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

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

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

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

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

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

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

23 “(c) REQUIREMENTS.—

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

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

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

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

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

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

24           “(ii) that clearly states—



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11           “(2) MEASURES OF OUTCOMES.—

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 “(i) ASSISTING VETERANS.—

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

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

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

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

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

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

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

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

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

5           “(iii) alternatives to incarceration;  
6           and

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

12          “(2) VETERANS ASSISTANCE PROGRAM.—

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

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

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

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

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

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

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

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

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

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

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

25           “(j) CORRECTIONAL FACILITIES.—



1 “(1) DEFINITIONS.—

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

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

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

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

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

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

20 “(B) to plan and provide—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 “(9) PRELIMINARILY QUALIFIED OFFENDER.—

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

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

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

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

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

5                       “(I) prosecuting attorney;

6                       “(II) defense attorney;

7                       “(III) probation or corrections  
8           official;

9                       “(IV) judge; and

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

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

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



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

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

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

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

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

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

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

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

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

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

14           (1) in paragraph (1)—

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

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

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

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

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

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

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

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

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

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

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

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

25 (1) in subsection (a)(7)—

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

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

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

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

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

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

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

1 (2) in subsection (o)—

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

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

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

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

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

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

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

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

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

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

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

10                   “(V) The Secretary shall apply  
11                   the provisions of this subsection with  
12                   respect to an additional eligible hos-  
13                   pital (as defined in subsection  
14                   (n)(6)(C)) in the same manner as  
15                   such provisions apply to an eligible  
16                   hospital, except in applying—

17                           “(aa) subclause (I), the ref-  
18                           erences to 2015, 2016, and 2017  
19                           shall be deemed references to  
20                           2019, 2020, and 2021, respec-  
21                           tively; and

22                           “(bb) subclause (III), the  
23                           reference to 2015 shall be  
24                           deemed a reference to 2019.”;  
25                           and

1 (2) in subsection (n)—

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

4 “(C) ADDITIONAL ELIGIBLE HOSPITAL.—  
5 The term ‘additional eligible hospital’ means an  
6 inpatient hospital that is a psychiatric hospital  
7 (as defined in section 1861(f)).”; and

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

10 “(7) APPLICATION TO ADDITIONAL ELIGIBLE  
11 HOSPITALS.—The Secretary shall apply the provi-  
12 sions of this subsection with respect to an additional  
13 eligible hospital in the same manner as such provi-  
14 sions apply to an eligible hospital, except in applying  
15 paragraph (2)—

16 “(A) the Secretary shall adjust the base  
17 amount specified in subparagraph (B) of such  
18 paragraph, in a manner specified by the Sec-  
19 retary, to reflect the smaller size of such addi-  
20 tional eligible hospitals relative to eligible hos-  
21 pitals;

22 “(B) the Secretary shall adjust the dis-  
23 charge related amount specified in subpara-  
24 graph (C) of such paragraph for each 12-month  
25 period selected by the Secretary under such

1           subparagraph, in a manner specified by the  
2           Secretary, to reflect the smaller size such addi-  
3           tional hospitals relative to eligible hospitals, in-  
4           cluding by adjusting the ranges of discharges  
5           specified in such subparagraph and the amount  
6           specified in such subparagraph for each dis-  
7           charge within such a specified range;

8           “(C) the references in subparagraph  
9           (E)(ii) of such paragraph to 2013 and 2015  
10          shall be deemed references to 2017 and 2019,  
11          respectively; and

12          “(D) the reference in subparagraph (G)(i)  
13          of such paragraph to 2011 shall be deemed a  
14          reference to 2015.”.

15          (c) MEDICAID PROVIDERS.—Section 1903(t) of the  
16          Social Security Act (42 U.S.C. 1396b(t)) is amended—

17                 (1) in paragraph (2)(B)—

18                         (A) in clause (i), by striking “, or” and in-  
19                         serting a semicolon;

20                         (B) in clause (ii), by striking the period  
21                         and inserting a semicolon; and

22                         (C) by adding after clause (ii) the following  
23                         new clauses:



1           “(iii) a public hospital that is prin-  
2           cipally a psychiatric hospital (as defined in  
3           section 1861(f));

4           “(iv) a private hospital that is prin-  
5           cipally a psychiatric hospital (as defined in  
6           section 1861(f)) and that has at least 10  
7           percent of its patient volume (as estimated  
8           in accordance with a methodology estab-  
9           lished by the Secretary) attributable to in-  
10          dividuals receiving medical assistance  
11          under this title;

12          “(v) a community mental health cen-  
13          ter meeting the criteria specified in section  
14          1913(c) of the Public Health Service Act;  
15          or

16          “(vi) a residential or outpatient men-  
17          tal health or substance abuse treatment fa-  
18          cility that—

19                  “(I) is accredited by the Joint  
20                  Commission on Accreditation of  
21                  Healthcare Organizations, the Com-  
22                  mission on Accreditation of Rehabili-  
23                  tation Facilities, the Council on Ac-  
24                  creditation, or any other national ac-

1 crediting agency recognized by the  
2 Secretary; and

3 “(II) has at least 10 percent of  
4 its patient volume (as estimated in ac-  
5 cordance with a methodology estab-  
6 lished by the Secretary) attributable  
7 to individuals receiving medical assist-  
8 ance under this title.”;

9 (2) in paragraph (3)(B)—

10 (A) in clause (iv), by striking “and” after  
11 the semicolon;

12 (B) in clause (v), by striking the period  
13 and inserting “; and”; and

14 (C) by adding at the end the following new  
15 clause:

16 “(vi) clinical psychologist providing  
17 qualified psychologist services (as defined  
18 in section 1861(ii)), if such clinical psy-  
19 chologist is practicing in an outpatient  
20 clinic that—

21 “(I) is led by a clinical psycholo-  
22 gist; and

23 “(II) is not otherwise receiving  
24 payment under paragraph (1) as a

1 Medicaid provider described in para-  
2 graph (2)(B).”; and

3 (3) in paragraph (5)(B), by adding at the end  
4 the following new sentence: “For purposes of this  
5 subparagraph in computing the amounts under sec-  
6 tion 1886(n)(2)(C) for payment years after 2015,  
7 with respect to a Medicaid provider described in  
8 clause (iii), (iv), (v), or (vi) of paragraph (2)(B), in  
9 order to reflect the smaller size of Medicaid pro-  
10 viders described in such clauses relative to Medicaid  
11 providers described in clauses (i) and (ii) of such  
12 paragraph (2)(B), the Secretary shall, in a manner  
13 specified by the Secretary, adjust the base amount  
14 specified in subparagraph (B) of section 1886(n)(2)  
15 and the discharge related amount calculated under  
16 subparagraph (C) of such section, including by ad-  
17 justing the ranges of discharges specified in such  
18 subparagraph (C) and the amount specified in such  
19 subparagraph (C) for each discharge within such a  
20 specified range.”.

21 (d) MEDICARE ADVANTAGE ORGANIZATIONS.—Sec-  
22 tion 1853 of the Social Security Act (42 U.S.C. 1395w-  
23 23) is amended—

24 (1) in subsection (l)—

25 (A) in paragraph (1)—

1 (i) by inserting “or additional eligible  
2 professionals (as described in paragraph  
3 (9))” after “paragraph (2)”; and

4 (ii) by inserting “and additional eligi-  
5 ble professionals” before “under such sec-  
6 tions”;

7 (B) in paragraph (3)(B)—

8 (i) in clause (i) in the matter pre-  
9 ceding subclause (I), by inserting “or an  
10 additional eligible professional described in  
11 paragraph (9)” after “paragraph (2)”; and

12 (ii) in clause (ii)—

13 (I) in the matter preceding sub-  
14 clause (I), by inserting “or an addi-  
15 tional eligible professional described in  
16 paragraph (9)” after “paragraph  
17 (2)”; and

18 (II) in subclause (I), by inserting  
19 “or an additional eligible professional,  
20 respectively,” after “eligible profes-  
21 sional”;

22 (C) in paragraph (3)(C), by inserting “and  
23 additional eligible professionals” after “all eligi-  
24 ble professionals”;

1 (D) in paragraph (4)(D), by adding at the  
2 end the following new sentence: “In the case  
3 that a qualifying MA organization attests that  
4 not all additional eligible professionals of the  
5 organization are meaningful EHR users with  
6 respect to an applicable year, the Secretary  
7 shall apply the payment adjustment under this  
8 paragraph based on the proportion of all such  
9 additional eligible professionals of the organiza-  
10 tion that are not meaningful EHR users for  
11 such year.”;

12 (E) in paragraph (6)(A), by inserting  
13 “and, as applicable, each additional eligible pro-  
14 fessional described in paragraph (9)” after  
15 “paragraph (2)”;

16 (F) in paragraph (6)(B), by inserting  
17 “and, as applicable, each additional eligible hos-  
18 pital described in paragraph (9)” after “sub-  
19 section (m)(1)”;

20 (G) in paragraph (7)(A), by inserting  
21 “and, as applicable, additional eligible profes-  
22 sionals” after “eligible professionals”;

23 (H) in paragraph (7)(B), by inserting  
24 “and, as applicable, additional eligible profes-  
25 sionals” after “eligible professionals”;

1 (I) in paragraph (8)(B), by inserting “and  
2 additional eligible professionals described in  
3 paragraph (9)” after “paragraph (2)”; and

4 (J) by adding at the end the following new  
5 paragraph:

6 “(9) ADDITIONAL ELIGIBLE PROFESSIONAL DE-  
7 SCRIBED.—With respect to a qualifying MA organi-  
8 zation, an additional eligible professional described  
9 in this paragraph is an additional eligible profes-  
10 sional (as defined for purposes of section 1848(o))  
11 who—

12 “(A)(i) is employed by the organization; or

13 “(ii)(I) is employed by, or is a partner of,  
14 an entity that through contract with the organi-  
15 zation furnishes at least 80 percent of the enti-  
16 ty’s Medicare patient care services to enrollees  
17 of such organization; and

18 “(II) furnishes at least 80 percent of the  
19 professional services of the additional eligible  
20 professional covered under this title to enrollees  
21 of the organization; and

22 “(B) furnishes, on average, at least 20  
23 hours per week of patient care services.”; and

24 (2) in subsection (m)—

25 (A) in paragraph (1)—

1 (i) by inserting “or additional eligible  
2 hospitals (as described in paragraph (7))”  
3 after “paragraph (2)”; and

4 (ii) by inserting “and additional eligi-  
5 ble hospitals” before “under such sec-  
6 tions”;

7 (B) in paragraph (3)(A)(i), by inserting  
8 “or additional eligible hospital” after “eligible  
9 hospital”;

10 (C) in paragraph (3)(A)(ii), by inserting  
11 “or an additional eligible hospital” after “eligi-  
12 ble hospital” in each place it occurs;

13 (D) in paragraph (3)(B)—

14 (i) in clause (i), by inserting “or an  
15 additional eligible hospital described in  
16 paragraph (7)” after “paragraph (2)”; and

17 (ii) in clause (ii)—

18 (I) in the matter preceding sub-  
19 clause (I), by inserting “or an addi-  
20 tional eligible hospital described in  
21 paragraph (7)” after “paragraph  
22 (2)”; and

23 (II) in subclause (I), by inserting  
24 “or an additional eligible hospital, re-  
25 spectively,” after “eligible hospital”;

1 (E) in paragraph (4)(A), by inserting “or  
2 one or more additional eligible hospitals (as de-  
3 fined in section 1886(n)), as appropriate,” after  
4 “section 1886(n)(6)(A)”;

5 (F) in paragraph (4)(D), by adding at the  
6 end the following new sentence: “In the case  
7 that a qualifying MA organization attests that  
8 not all additional eligible hospitals of the orga-  
9 nization are meaningful EHR users with re-  
10 spect to an applicable period, the Secretary  
11 shall apply the payment adjustment under this  
12 paragraph based on the methodology specified  
13 by the Secretary, taking into account the pro-  
14 portion of such additional eligible hospitals, or  
15 discharges from such hospitals, that are not  
16 meaningful EHR users for such period.”;

17 (G) in paragraph (5)(A), by inserting  
18 “and, as applicable, each additional eligible hos-  
19 pital described in paragraph (7)” after “para-  
20 graph (2)”;

21 (H) in paragraph (5)(B), by inserting  
22 “and additional eligible hospitals, as applica-  
23 ble,” after “eligible hospitals”;



1 (I) in paragraph (6)(B), by inserting “and  
2 additional eligible hospitals described in para-  
3 graph (7)” after “paragraph (2)”; and

4 (J) by adding at the end the following new  
5 paragraph:

6 “(7) ADDITIONAL ELIGIBLE HOSPITAL DE-  
7 SCRIBED.—With respect to a qualifying MA organi-  
8 zation, an additional eligible hospital described in  
9 this paragraph is an additional eligible hospital (as  
10 defined in section 1886(n)(6)(C)) that is under com-  
11 mon corporate governance with such organization  
12 and serves individuals enrolled under an MA plan of-  
13 fered by such organization.”.

14 **TITLE IX—SERVICEMEMBERS**  
15 **AND VETERANS MENTAL**  
16 **HEALTH**

17 **SEC. 901. PRELIMINARY MENTAL HEALTH ASSESSMENTS.**

18 (a) IN GENERAL.—Chapter 31 of title 10, United  
19 States Code, is amended by adding at the end the fol-  
20 lowing new section:

21 **“SEC. 520d. PRELIMINARY MENTAL HEALTH ASSESSMENTS.**

22 **“(a) PROVISION OF MENTAL HEALTH ASSESS-**  
23 **MENT.—**Before any individual enlists in an Armed Force  
24 or is commissioned as an officer in an Armed Force, the  
25 Secretary concerned shall provide the individual with a

1 mental health assessment. The Secretary shall use such  
2 results as a baseline for any subsequent mental health ex-  
3 aminations, including such examinations provided under  
4 sections 1074f and 1074m of this title.

5       “(b) USE OF ASSESSMENT.—The Secretary may not  
6 consider the results of a mental health assessment con-  
7 ducted under subsection (a) in determining the assign-  
8 ment or promotion of a member of the Armed Forces.

9       “(c) APPLICATION OF PRIVACY LAWS.—With respect  
10 to applicable laws and regulations relating to the privacy  
11 of information, the Secretary shall treat a mental health  
12 assessment conducted under subsection (a) in the same  
13 manner as the medical records of a member of the Armed  
14 Forces.”.

15       (b) CLERICAL AMENDMENT.—The table of sections  
16 at the beginning of such chapter is amended by adding  
17 after the item relating to section 520c the following new  
18 item:

“520d. Preliminary mental health assessments.”.

19       (c) REPORT.—

20           (1) IN GENERAL.—Not later than 180 days  
21 after the date of the enactment of this Act, the Sec-  
22 retary of Defense shall submit to Congress a report  
23 on preliminary mental health assessments of mem-  
24 bers of the Armed Forces.

1           (2) MATTERS INCLUDED.—The report under  
2 paragraph (1) shall include the following:

3           (A) Recommendations with respect to es-  
4 tablishing a preliminary mental health assess-  
5 ment of members of the Armed Forces to bring  
6 mental health screenings to parity with physical  
7 screenings of members.

8           (B) Recommendations with respect to the  
9 composition of the mental health assessment,  
10 best practices, and how to track assessment  
11 changes relating to traumatic brain injuries,  
12 post-traumatic stress disorder, and other condi-  
13 tions.

14           (3) COORDINATION.—The Secretary shall carry  
15 out paragraph (1) in coordination with the Secretary  
16 of Veterans Affairs, the Uniformed Services Univer-  
17 sity of the Health Sciences, the surgeons general of  
18 the military departments, and other relevant experts.

19 **SEC. 902. UNLIMITED ELIGIBILITY FOR HEALTH CARE FOR**  
20 **MENTAL ILLNESSES FOR VETERANS OF COM-**  
21 **BAT SERVICE DURING CERTAIN PERIODS OF**  
22 **HOSTILITIES AND WAR.**

23           (a) ELIGIBILITY.—Section 1710(e)(1) of title 38,  
24 United States Code, is amended by adding at the end the  
25 following new subparagraph:

1           “(G) Notwithstanding paragraphs (2) and  
2           (3), a veteran who served on active duty in a  
3           theater of combat operations (as determined by  
4           the Secretary in consultation with the Secretary  
5           of Defense) during World War II, the Korean  
6           conflict, the Vietnam Era, the Persian Gulf  
7           war, Operation Iraqi Freedom, Operation En-  
8           during Freedom, or any other period of war  
9           after the Persian Gulf war, or in combat  
10          against a hostile force during a period of hos-  
11          tilities (as defined in section 1712A(a)(2)(B) of  
12          this title), is eligible for hospital care, medical  
13          services, and nursing home care under sub-  
14          section (a)(2)(F) for any mental illness, not-  
15          withstanding that there is insufficient medical  
16          evidence to conclude that such illness is attrib-  
17          utable to such service.”.

18          (b) EFFECTIVE DATE.—Subparagraph (G) of section  
19 1710(e)(1) of title 38, United States Code, as added by  
20 subsection (a), shall apply with respect to hospital care,  
21 medical services, and nursing home care provided on or  
22 after the date of the enactment of this Act.

1 **SEC. 903. TIMELINE FOR IMPLEMENTING INTEGRATED**  
2 **ELECTRONIC HEALTH RECORDS.**

3 (a) ESTABLISHMENT OF TIMELINE.—Section 1635  
4 of the Wounded Warrior Act (10 U.S.C. 1071 note) is  
5 amended by adding at the end the following new sub-  
6 section:

7 “(k) TIMELINE.—In carrying out this section, the  
8 Secretary of Defense and the Secretary of Veterans Af-  
9 fairs shall ensure that—

10 “(1) the creation of a health data authoritative  
11 source is achieved by not later than 180 days after  
12 the date of the enactment of this subsection;

13 “(2) the ability of patients of both the Depart-  
14 ment of Defense and the Department of Veterans  
15 Affairs to download the medical records of the pa-  
16 tient (commonly referred to as the ‘Blue Button Ini-  
17 tiative’) is achieved by not later than 365 days after  
18 the date of the enactment of this subsection;

19 “(3) the seamless integration of personal health  
20 care information between the Departments is  
21 achieved by not later than 365 days after the date  
22 of the enactment of this subsection;

23 “(4) the standardization of health care data of  
24 the Departments is achieved by not later than 365  
25 days after the date of the enactment of this sub-  
26 section;

1           “(5) the acceleration of the exchange of real-  
2           time data between the Departments is achieved by  
3           not later than 365 days after the date of the enact-  
4           ment of this subsection;

5           “(6) the upgrade of the graphical user interface  
6           to display the new standardized health care data of  
7           the Departments is achieved by not later than 365  
8           days after the date of the enactment of this sub-  
9           section;

10           “(7) each incoming member of the Armed  
11           Forces and the dependent of such a member may  
12           elect to receive an electronic copy of the health care  
13           record of the individual beginning not later than Oc-  
14           tober 1, 2014; and

15           “(8) each current member of the Armed Forces  
16           and the dependent of such a member may elect to  
17           receive an electronic copy of the health care record  
18           of the individual beginning not later than October 1,  
19           2015.”.

20           (b) CLOUD STORAGE.—Section 1635 of such Act is  
21           further amended by adding at the end the following new  
22           subsection:

23           “(1) CLOUD STORAGE.—The Secretary of Defense  
24           and the Secretary of Veterans Affairs shall study the fea-  
25           sibility of establishing a secure, remote, network-accessible

1 computer storage system (commonly referred to as ‘cloud  
2 storage’) to—

3 “(1) provide members of the Armed Forces and  
4 veterans the ability to upload the health care records  
5 of the member or veteran if the member or veteran  
6 elects to do so; and

7 “(2) allow medical providers of the Department  
8 of Defense and the Department of Veterans Affairs  
9 to access such records in the course of providing  
10 care to the member or veteran.”.

11 (c) CONFORMING AMENDMENTS.—Section 1635 of  
12 such Act is further amended—

13 (1) in subsection (a), by striking “The Sec-  
14 retary” and inserting “In accordance with the  
15 timeline described in subsection (k), the Secretary”;  
16 and

17 (2) in the matter preceding paragraph (1) of  
18 subsection (e), by inserting “in accordance with sub-  
19 section (k)” after “under this section”.

20 **SEC. 904. PILOT PROGRAM FOR REPAYMENT OF EDU-**  
21 **CATIONAL LOANS FOR CERTAIN PSYCHIA-**  
22 **TRISTS OF VETERANS HEALTH ADMINISTRA-**  
23 **TION.**

24 (a) PILOT PROGRAM.—

1           (1) ESTABLISHMENT.—The Secretary of Vet-  
2           erans Affairs shall carry out a pilot program to  
3           repay a loan of an individual described in paragraph  
4           (2) that—

5                   (A) was used by the individual to finance  
6                   education regarding psychiatric medicine, in-  
7                   cluding education leading to an undergraduate  
8                   degree and education leading to the degree of  
9                   doctor of medicine or of doctor of osteopathy;  
10                  and

11                  (B) was obtained from a governmental en-  
12                  tity, private financial institution, school, or  
13                  other authorized entity, as determined by the  
14                  Secretary.

15           (2) ELIGIBLE INDIVIDUALS.—To be eligible to  
16           obtain a loan repayment under this subsection, an  
17           individual shall—

18                   (A) either—

19                           (i) be licensed or eligible for licensure  
20                           to practice psychiatric medicine in the Vet-  
21                           erans Health Administration of the De-  
22                           partment of Veterans Affairs; or

23                           (ii) be enrolled in the final year of a  
24                           residency program leading to a specialty  
25                           qualification in psychiatric medicine that is



1 approved by the Accreditation Council for  
2 Graduate Medical Education; and

3 (B) as determined appropriate by the Sec-  
4 retary, demonstrate a commitment to a long-  
5 term career as a psychiatrist in the Veterans  
6 Health Administration, including by requiring a  
7 set number of years of obligated service.

8 (3) SELECTION.—The Secretary shall select not  
9 less than 10 individuals described in paragraph (2)  
10 to participate in the pilot program for each year in  
11 which the Secretary carries out the pilot program.

12 (4) LOAN REPAYMENTS.—

13 (A) AMOUNTS.—Subject to the limits es-  
14 tablished by subparagraph (B), a loan repay-  
15 ment under this subsection may consist of pay-  
16 ment of the principal, interest, and related ex-  
17 penses of a loan obtained by an individual de-  
18 scribed in paragraph (2) for all educational ex-  
19 penses (including tuition, fees, books, and lab-  
20 oratory expenses) relating to a degree described  
21 in paragraph (1)(A).

22 (B) LIMIT.—For each year of obligated  
23 service that an individual agrees to serve in an  
24 agreement described in paragraph (2)(B), the

1 Secretary may pay not more than \$60,000 on  
2 behalf of the individual.

3 (5) BREACH.—

4 (A) LIABILITY.—An individual who partici-  
5 pates in the pilot program under paragraph (1)  
6 who fails to satisfy the commitment described  
7 in paragraph (2)(B) shall be liable to the  
8 United States, in lieu of any service obligation  
9 arising from such participation, for the amount  
10 which has been paid or is payable to or on be-  
11 half of the individual under the program, re-  
12 duced by the proportion that the number of  
13 days served for completion of the service obliga-  
14 tion bears to the total number of days in the  
15 period of obligated service of the individual.

16 (B) REPAYMENT PERIOD.—Any amount of  
17 damages which the United States is entitled to  
18 recover under this paragraph shall be paid to  
19 the United States within the one-year period  
20 beginning on the date of the breach of the  
21 agreement.

22 (6) PROHIBITION ON SIMULTANEOUS ELIGI-  
23 BILITY.—An individual who is participating in any  
24 other program of the Federal Government that re-  
25 pays the educational loans of the individual may not

1 participate in the pilot program under paragraph  
2 (1).

3 (7) REPORT.—Not later than 90 days after the  
4 date on which the pilot program terminates under  
5 paragraph (7), the Secretary shall submit to the  
6 Committees on Veterans' Affairs of the House of  
7 Representatives and the Senate a report on the pilot  
8 program. The report shall include the overall effect  
9 of the pilot program on the psychiatric workforce  
10 shortage of the Veterans Health Administration, the  
11 long-term stability of such workforce, and overall  
12 workforce strategies of the Veterans Health Admin-  
13 istration that seek to promote the physical and men-  
14 tal resiliency of all veterans.

15 (8) REGULATIONS.—The Secretary shall pre-  
16 scribe regulations to carry out this subsection, in-  
17 cluding standards for qualified loans and authorized  
18 payees and other terms and conditions for the mak-  
19 ing of loan repayments.

20 (9) TERMINATION.—The authority to carry out  
21 the pilot program shall expire on the date that is  
22 three years after the date on which the Secretary  
23 commences the pilot program.

1 (b) COMPTROLLER GENERAL STUDY ON PAY DIS-  
2 PARITIES OF PSYCHIATRISTS OF VETERANS HEALTH AD-  
3 MINISTRATION.—

4 (1) STUDY.—Not later than one year after the  
5 date of the enactment of this Act, the Comptroller  
6 General of the United States shall conduct a study  
7 of pay disparities among psychiatrists of the Vet-  
8 erans Health Administration of the Department of  
9 Veterans Affairs. The study shall include—

10 (A) an examination of laws, regulations,  
11 practices, and policies, including salary flexibili-  
12 ties, that contribute to such disparities; and

13 (B) recommendations with respect to legis-  
14 lative or regulatory actions to improve equity in  
15 pay among such psychiatrists.

16 (2) REPORT.—Not later than one year after the  
17 date on which the Comptroller General completes the  
18 study under paragraph (1), the Comptroller General  
19 shall submit to the Committees on Veterans' Affairs  
20 of the House of Representatives and the Senate a  
21 report containing the results of the study.

1 **TITLE X—MAKING PARITY WORK**

2 **SEC. 1001. GAO STUDY ON MENTAL HEALTH AND SUB-**  
3 **STANCE USE DISORDER PARITY ENFORCE-**  
4 **MENT EFFORTS.**

5 Not later than one year after the date of enactment  
6 of this Act, the Comptroller General of the United States,  
7 in consultation with the Secretary of Health and Human  
8 Services and the Secretary of Labor, shall submit to Con-  
9 gress a report detailing the enforcement efforts of the re-  
10 sponsible departments and agencies in implementing the  
11 Paul Wellstone and Pete Domenici Mental Health Parity  
12 and Addiction Equity Act (subtitle B of title V of division  
13 C of Public Law 110–343), including—

14 (1) the number of investigations that have been  
15 conducted into potential parity violations; and

16 (2) details on the investigation or enforcement  
17 action that was carried out as a result of such inves-  
18 tigation that would not identify the subject of such  
19 investigation or enforcement.

1 **SEC. 1002. REPORT TO CONGRESS ON FEDERAL ASSIST-**  
2 **ANCE TO STATE INSURANCE REGULATORS**  
3 **REGARDING MENTAL HEALTH PARITY EN-**  
4 **FORCEMENT.**

5 Not later than one year after the date of enactment  
6 of this Act, the Secretary of Health and Human Services  
7 shall submit to Congress a report detailing—

8 (1) the ways in which State governments and  
9 State insurance regulators are either empowered or  
10 required to enforce the Paul Wellstone and Pete  
11 Domenici Mental Health Parity and Addiction Eq-  
12 uity Act of 2008 (subtitle B of title V of division C  
13 of Public Law 110–343);

14 (2) their capability to carry out these enforce-  
15 ment powers or requirements; and

16 (3) any technical assistance to State govern-  
17 ment and State insurance regulators that has been  
18 communicated by the Department of Health and  
19 Human Services.

20 **SEC. 1003. ANNUAL REPORT TO CONGRESS BY SECRE-**  
21 **TARIES OF LABOR AND HEALTH AND HUMAN**  
22 **SERVICES.**

23 Not later than one year after the date of enactment  
24 of this Act, and annually thereafter, the Secretary of  
25 Labor, in coordination with the Secretary of Health and  
26 Human Services, shall submit to Congress a report—

1           (1) describing the actions taken by the Federal  
2 Government and the States to ensure compliance  
3 with the Paul Wellstone and Pete Domenici Mental  
4 Health Parity and Addiction Equity Act of 2008  
5 (subtitle B of title V of division C of Public Law  
6 110–343);

7           (2) including a collection and classification of  
8 inquiries and complaints regarding the implementa-  
9 tion or enforcement of such Act;

10          (3) including a transparent de-identified report  
11 of all Federal and State actions to enforce such Act;  
12 and

13          (4) include a compliance guide that includes—  
14           (A) detailed answers to relevant questions  
15 raised during the previous year concerning im-  
16 plementation or enforcement of such Act; and

17           (B) specific guidelines providing clear in-  
18 terpretations of such Act and the regulations  
19 thereunder.

○