II

114TH CONGRESS
2D SESSION

S. 2680

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

IN THE SENATE OF THE UNITED STATES

MARCH 15, 2016

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

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A BILL

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

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Mental Health Reform Act of 2016''.

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

TITLE I—STRENGTHENING LEADERSHIP AND ACCOUNTABILITY

SEC. 101. IMPROVING OVERSIGHT OF MENTAL AND SUBSTANCE USE DISORDER PROGRAMS.

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

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

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

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

(B) the reduction of homelessness and incarceration among individuals with a mental or substance use disorder; and

(C) public health and health services; and

(2) consult, as appropriate, with the Administrator of the Substance Abuse and Mental Health Services Administration, the Chief Medical Officer of the Substance Abuse and Mental Health Services Administration, established under section 501(g) of the Public Health Service Act (42 U.S.C. 290aa(g)) as amended by section 103, other agencies within the Department of Health and Human Services, and other relevant Federal departments.

(c) RECOMMENDATIONS.—The Assistant Secretary shall evaluate and provide recommendations to the Substance Abuse and Mental Health Services Administration and other relevant agencies within the Department of Health and Human Services on improving programs and activities based on the evaluation described in subsection (b)(1).

SEC. 102. STRENGTHENING LEADERSHIP OF THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.

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

(1) in subsection (b)—

(A) by striking the heading and inserting ''CENTERS''; and

(B) in the matter preceding paragraph (1), by striking ''entities'' and inserting ''Centers''; and

(2) in subsection (d)—

(A) in paragraph (1)—

(i) by striking ''agencies'' each place the term appears and inserting ''Centers''; and

(ii) by striking ''such agency'' and inserting ''such Center'';

(B) in paragraph (2)—

(i) by striking ''agencies'' and inserting ''Centers'';

(ii) by striking ''with respect to substance abuse'' and inserting ''with respect to substance use disorders''; and

(iii) by striking ''and individuals who are substance abusers'' and inserting ''and individuals with substance use disorders'';

(C) in paragraph (5), by striking ''substance abuse'' and inserting ''substance use disorder'';

(D) in paragraph (6)—

(i) by striking ''the Centers for Disease Control'' and inserting ''the Centers for Disease Control and Prevention,'';

(ii) by striking ''HIV or tuberculosis among substance abusers and individuals with mental illness'' and inserting ''HIV, hepatitis C, tuberculosis, and other communicable diseases among individuals with mental illness or substance use disorders,''; and

(iii) by inserting ''or disorders'' before the semicolon;

(E) in paragraph (7), by striking ''abuse utilizing anti-addiction medications, including methadone'' and inserting ''use disorders, including services that utilize drugs or devices approved by the Food and Drug Administration for substance use disorders'';

(F) in paragraph (8)—

(i) by striking ''Agency for Health Care Policy Research'' and inserting ''Agency for Healthcare Research and Quality''; and

(ii) by striking ''treatment and prevention'' and inserting ''prevention and treatment'';

(G) in paragraph (9)—

(i) by inserting ''and maintenance'' after ''development'';

(ii) by striking ''Agency for Health Care Policy Research'' and inserting ''Agency for Healthcare Research and Quality''; and

(iii) by striking ''treatment and prevention'' and inserting ''prevention and treatment and appropriately incorporated into programs carried out by the Administration'';

(H) in paragraph (10), by striking ''abuse'' and inserting ''use disorder'';

(I) by striking paragraph (11) and inserting the following:

''(11) work with relevant agencies of the Department of Health and Human Services on integrating mental health promotion and substance use disorder prevention with general health promotion and disease prevention and integrating mental and

substance use disorder treatment services with physical health treatment services;'';

(J) in paragraph (13)—

(i) in the matter preceding subparagraph (A), by striking ''this title, assure that'' and inserting ''this title, or part B of title XIX, or grant programs otherwise funded by the Administration'';

(ii) in subparagraph (A)—

(I) by inserting ''require that'' before ''all grants''; and

(II) by striking ''and'' at the end;

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

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

''(B) ensure that the director of each Center of the Administration consistently documents the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded;'';

(v) in subparagraph (C), as so redesignated—

(I) by inserting ''require that'' before ''all grants''; and

(II) by inserting ''and'' after the semicolon at the end; and

(vi) by adding at the end the following:

''(D) inform a State when any funds are awarded through such a grant to any entity within such State;'';

(K) in paragraph (16)—

(i) by striking ''abuse and mental health information'' and inserting ''use disorder, including evidence-based and promising best practices for prevention, treatment, and recovery support services for individuals with mental and substance use disorders,'';

(L) in paragraph (17)—

(i) by striking ''substance abuse'' and inserting ''mental and substance use disorder''; and

(ii) by striking ''and'' at the end;

(M) in paragraph (18), by striking the period and inserting a semicolon; and

(N) by adding at the end the following:

''(19) consult with State, local, and tribal governments, nongovernmental entities, and individuals

with mental illness, particularly individuals with a serious mental illness and children and adolescents with a serious emotional disturbance, and their family members, with respect to improving community-based and other mental health services;

''(20) collaborate with the Secretary of Defense and the Secretary of Veterans Affairs to improve the provision of mental and substance use disorder services provided by the Department of Defense and the Department of Veterans Affairs to veterans, including through the provision of services using the telehealth capabilities of the Department of Veterans Affairs;

''(21) collaborate with the heads of Federal departments and programs that are members of the United States Interagency Council on Homelessness, particularly the Secretary of Housing and Urban Development, the Secretary of Labor, and the Secretary of Veterans Affairs, and with the heads of other agencies within the Department of Health and Human Services, particularly the Administrator of the Health Resources and Services Administration, the Assistant Secretary for the Administration for Children and Families, and the Administrator of the Centers for Medicare & Medicaid Services, to design

national strategies for providing services in supportive housing to assist in ending chronic homelessness and to implement programs that address chronic homelessness; and

''(22) work with States and other stakeholders to develop and support activities to recruit and retain a workforce addressing mental and substance use disorders.''.

SEC. 103. CHIEF MEDICAL OFFICER.

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

(1) by redesignating subsections (g) through (j) and subsections (k) through (o) as subsections (h) through (k) and subsections (m) through (q), respectively;

(2) in subsection (e)(3)(C), by striking ''subsection (k)'' and inserting ''subsection (m)'';

(3) in subsection (f)(2)(C)(iii), by striking ''subsection (k)'' and inserting ''subsection (m)''; and

(4) by inserting after subsection (f) the following:

''(g) CHIEF MEDICAL OFFICER.—

''(1) IN GENERAL.—The Administrator, with the approval of the Secretary, shall appoint a Chief Medical Officer within the Administration.

''(2) ELIGIBLE CANDIDATES.—The Administrator shall select the Chief Medical Officer from among individuals who—

''(A) have a doctoral degree in medicine or osteopathic medicine;

''(B) have experience in the provision of mental or substance use disorder services;

''(C) have experience working with mental or substance use disorder programs; and

''(D) have an understanding of biological, psychosocial, and pharmaceutical treatments of mental or substance use disorders.

''(3) DUTIES.—The Chief Medical Officer shall—

''(A) serve as a liaison between the Administration and providers of mental and substance use disorder prevention, treatment, and recovery services;

''(B) assist the Administrator in the evaluation, organization, integration, and coordination of programs operated by the Administration;

''(C) promote evidence-based and promising best practices, including culturally and linguistically appropriate practices, as appropriate, for the prevention, treatment, and recovery of substance use disorders and mental illness, including serious mental illness and serious emotional disturbance; and

''(D) participate in regular strategic planning for the Administration.''.

SEC. 104. STRATEGIC PLAN.

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

''(l) STRATEGIC PLAN.—

''(1) IN GENERAL.—Not later than December 1, 2017, and every 4 years thereafter, the Administrator shall develop and carry out a strategic plan in accordance with this subsection for the planning and operation of programs and grants carried out by the Administration.

''(2) COORDINATION.—In developing and carrying out the strategic plan under this section, the Administrator shall take into consideration the findings and recommendations of the Assistant Sec-

retary for Planning and Evaluation under section 101 of the Mental Health Reform Act of 2016 and the report of the Inter-Departmental Serious Mental Illness Coordinating Committee under section 109 of such Act.

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

''(A) submit the strategic plan developed under paragraph (1) to the appropriate committees of Congress; and

''(B) post such plan on the Internet website of the Administration.

''(4) CONTENTS.—The strategic plan developed under paragraph (1) shall—

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

''(B) identify ways to improve services for individuals with a mental or substance use disorder, including services related to the prevention of, diagnosis of, intervention in, treatment of, and recovery from, mental or substance use disorders, including serious mental illness or se-

rious emotional disturbance, and access to services and supports for individuals with a serious mental illness or serious emotional disturbance;

''(C) ensure that programs provide, as appropriate, access to effective and evidence-based diagnosis, prevention, intervention, treatment, and recovery services, including culturally and linguistically appropriate services, as appropriate, for individuals with a mental or substance use disorder;

''(D) identify opportunities to collaborate with the Health Resources and Services Administration to develop or improve—

''(i) initiatives to encourage individuals to pursue careers (especially in rural and underserved areas and populations) as psychiatrists, psychologists, psychiatric nurse practitioners, physician assistants, clinical social workers, certified peer support specialists, or other licensed or certified mental health professionals, including such professionals specializing in the diagnosis, evaluation, or treatment of individuals with a serious mental illness or serious emotional disturbance; and

''(ii) a strategy to improve the recruitment, training, and retention of a workforce for the treatment of individuals with mental or substance use disorders, or co-occurring disorders; and

''(E) disseminate evidenced-based and promising best practices related to prevention, early intervention, treatment, and recovery services related to mental illness, particularly for individuals with a serious mental illness and children and adolescents with a serious emotional disturbance, and substance use disorders.''.

SEC. 105. BIENNIAL REPORT CONCERNING ACTIVITIES AND PROGRESS.

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

''(m) BIENNIAL REPORT CONCERNING ACTIVITIES AND PROGRESS.—Not later than December of 2019, and every 2 years thereafter, the Administrator shall prepare and submit to the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives and the Committee on Health, Education, Labor, and Pensions and the Committee on Appropria-

tions of the Senate, and post on the Internet website of the Administration, a report containing at a minimum—

''(1) a review of activities conducted or supported by the Administration, including progress toward strategic priorities, goals, and objectives identified in the strategic plan developed under subsection (l);

''(2) an assessment of programs and activities carried out by the Administrator, including the extent to which programs and activities under this title and part B of title XIX meet identified goals and performance measures developed for the respective programs and activities;

''(3) a description of the progress made in addressing gaps in mental and substance use disorder prevention, treatment, and recovery services and improving outcomes by the Administration, including with respect to co-occurring disorders;

''(4) a description of the manner in which the Administration coordinates and partners with other Federal agencies and departments related to mental and substance use disorders, including activities related to—

''(A) the translation of research findings into improved programs, including with respect

to how advances in serious mental illness and serious emotional disturbance research have been incorporated into programs;

''(B) the recruitment, training, and retention of a mental and substance use disorder workforce;

''(C) the integration of mental or substance use disorder services and physical health services;

''(D) homelessness; and

''(E) veterans;

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

''(6) a description of the activities carried out by the Office of Policy, Planning, and Innovation under section 501A with respect to mental and substance use disorders, including—

''(A) the number and a description of grants awarded;

''(B) the total amount of funding for grants awarded;

''(C) a description of the activities supported through such grants, including outcomes of programs supported; and

''(D) information on how the Office of Policy, Planning, and Innovation is consulting with the Assistant Secretary for Planning and Evaluation, and collaborating with the Center of Substance Abuse Treatment, the Center of Substance Abuse Prevention, and the Center for Mental Health Services to carry out such activities; and

''(7) recommendations made by the Assistant Secretary for Planning and Evaluation to improve programs within the Administration.''.

(b) CONFORMING AMENDMENT.—Section 508(p) of the Public Health Service Act (42 U.S.C. 290bb–1) is amended by striking ''section 501(k)'' and inserting ''section 501(m)''.

SEC. 106. AUTHORITIES OF CENTERS FOR MENTAL HEALTH SERVICES.

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

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

(2) by inserting after paragraph (2) the following:

''(3) collaborate with the Director of the National Institute of Mental Health and the Chief Medical Officer, appointed under section 501(g), to ensure that, as appropriate, programs related to the prevention of mental illness and the promotion of mental health are carried out in a manner that reflects the best available science and evidence-based practices, including culturally and linguistically appropriate services, as appropriate;'';

(3) in paragraph (5), as so redesignated, by inserting ''through programs that reduce risk and promote resiliency'' before the semicolon;

(4) in paragraph (6), as so redesignated, by inserting ''in collaboration with the Director of the National Institute of Mental Health,'' before ''develop'';

(5) in paragraph (8), as so redesignated, by inserting '', increase meaningful participation of individuals with mental illness,'' before ''and protect the legal'';

(6) in paragraph (10), as so redesignated, by striking ''professional and paraprofessional personnel pursuant to section 303'' and inserting

''paraprofessional personnel and health professionals'';

(7) in paragraph (11), as so redesignated, by inserting ''and tele-mental health,'' after ''rural mental health,'';

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

(9) in paragraph (15), as so redesignated, by striking ''and'' at the end;

(10) in paragraph (16), as so redesignated, by striking the period and inserting ''; and''; and

(11) by adding at the end the following:

''(17) ensure the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded.''.

SEC. 107. ADVISORY COUNCILS.

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

(1) in subsection (a)(1), in the matter following subparagraph (D), by adding at the end the fol-

lowing: ''Each such advisory council may also recommend subjects for evaluation under section 101 of the Mental Health Reform Act of 2016 to the Assistant Secretary for Planning and Evaluation''; and

(2) in subsection (b)—

(A) in paragraph (2)—

(i) in subparagraph (E), by striking ''and'' after the semicolon;

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

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

''(F) the Chief Medical Officer, appointed under section 501(g);

''(G) the Director of the National Institute of Mental Health for the advisory councils appointed under subsections (a)(1)(A) and (a)(1)(D);

''(H) the Director of the National Institute on Drug Abuse for the advisory councils appointed under subsections (a)(1)(A), (a)(1)(B), and (a)(1)(C);

''(I) the Director of the National Institute on Alcohol Abuse and Alcoholism for the advi-

sory councils appointed under subsections (a)(1)(A), (a)(1)(B), and (a)(1)(C); and''; and

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

''(C) Not less than half of the members of the advisory council appointed under subsection (a)(1)(D)—

''(i) shall have—

''(I) a medical degree;

''(II) a doctoral degree in psychology; or

''(III) an advanced degree in nursing or social work from an accredited graduate school or be a certified physician assistant; and

''(ii) shall specialize in the mental health field.''.

SEC. 108. PEER REVIEW.

Section 504(b) of the Public Health Service Act (42 U.S.C. 290aa–3(b)) is amended by adding at the end the following: ''In the case of any such peer review group that is reviewing a grant, cooperative agreement, or contract related to mental illness, not less than half of the members of such peer review group shall be licensed and experienced professionals in the prevention, diagnosis, treat-

ment, and recovery of mental illness or substance use disorders and have a medical degree, a doctoral degree in psychology, or an advanced degree in nursing or social work from an accredited program.''.

SEC. 109. INTER-DEPARTMENTAL SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—Not later than 3 months after the date of enactment of this Act, the Secretary of Health and Human Services, or the designee of the Secretary, shall establish a committee to be known as the ''Inter-Departmental Serious Mental Illness Coordinating Committee'' (in this section referred to as the ''Committee'').

(2) FEDERAL ADVISORY COMMITTEE ACT.—Except as provided in this section, the provisions of the Federal Advisory Committee Act (5 U.S.C. App.) shall apply to the Committee.

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

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

(1) a summary of advances in serious mental illness research related to the prevention of, diagnosis of, intervention in, and treatment and recovery of, serious mental illnesses, and advances in access to services and support for individuals with a serious mental illness;

(2) an evaluation of the impact on public health of Federal programs related to serious mental illness, including measurements of public health outcomes including—

(A) rates of suicide, suicide attempts, prevalence of serious mental illness and substance use disorders, overdose, overdose deaths, emergency hospitalizations, emergency room boarding, preventable emergency room visits, incarceration, crime, arrest, homelessness, and unemployment;

(B) increased rates of employment and enrollment in educational and vocational programs;

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

(D) any other criteria as may be determined by the Secretary; and

(3) specific recommendations for actions that agencies can take to better coordinate the administration of mental health services for people with serious mental illness.

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

(e) MEMBERSHIP.—

(1) FEDERAL MEMBERS.—The Committee shall be composed of the following Federal representatives, or their designee—

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

(B) the Administrator of the Substance Abuse and Mental Health Services Administration;

(C) the Attorney General of the United States;

(D) the Secretary of Veterans Affairs;

(E) the Secretary of Defense;

(F) the Secretary of Housing and Urban Development;

(G) the Secretary of Education;

(H) the Secretary of Labor; and

(I) the Commissioner of Social Security.

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

(A) at least 1 member shall be an individual who has received treatment for a diagnosis of a serious mental illness;

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

(C) at least 1 member shall be a representative of a leading research, advocacy, or service organization for individuals with serious mental illnesses;

(D) at least 2 members shall be—

(i) a licensed psychiatrist with experience treating serious mental illness;

(ii) a licensed psychologist with experience treating serious mental illness;

(iii) a licensed clinical social worker; or

(iv) a licensed psychiatric nurse, nurse practitioner, or physician assistant with experience treating serious mental illness;

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

(F) at least 1 member shall be a mental health professional who has research or clinical mental health experience working with minorities;

(G) at least 1 member shall be a mental health professional who has research or clinical mental health experience working with medically underserved populations;

(H) at least 1 member shall be a State certified mental health peer specialist;

(I) at least 1 member shall be a judge with experience adjudicating cases related to criminal justice or serious mental illness; and

(J) at least 1 member shall be a law enforcement officer or corrections officer with extensive experience in interfacing with individuals with serious mental illness or in mental health crisis.

(3) TERMS.—A member of the Committee appointed under subsection (e)(2) shall serve for a term of 3 years, and may be reappointed for one or more additional 3-year terms. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has been appointed.

(f) WORKING GROUPS.—In carrying out its functions, the Committee may establish working groups. Such working groups shall be composed of Committee members, or their designees, and may hold such meetings as are necessary.

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

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

SEC. 201. ENCOURAGING INNOVATION AND EVIDENCE-BASED PROGRAMS.

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

"SEC. 501A. OFFICE OF POLICY, PLANNING, AND INNOVATION.

''(a) IN GENERAL.—There shall be established within the Administration an Office of Policy, Planning, and Innovation (referred to in this section as the 'Office').

''(b) RESPONSIBILITIES.—The Office shall—

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

''(2) identify, coordinate, and facilitate the implementation of policy changes likely to have a sig-

nificant impact on mental and substance use disorder services;

''(3) collect, as appropriate, information from grantees under programs operated by the Administration in order to evaluate and disseminate information on evidence-based practices and service delivery models;

''(4) provide leadership in identifying and coordinating policies and programs related to mental health and substance use disorders;

''(5) in consultation with the Assistant Secretary for Planning and Evaluation, as appropriate, periodically review programs and activities relating to the diagnosis or prevention of, or treatment or rehabilitation for, mental illness and substance use disorders, including by—

''(A) identifying any such programs or activities that are duplicative;

''(B) identifying any such programs or activities that are not evidence-based, effective, or efficient;

''(C) identifying any such programs or activities that have proven to be effective or efficient in improving outcomes or increasing access to evidence-based programs; and

''(D) formulating recommendations for coordinating, eliminating, or improving programs or activities identified under subparagraph (A), (B), or (C), and merging such programs or activities into other successful programs or activities; and

''(6) carry out other activities as deemed necessary to continue to encourage innovation and disseminate evidence-based programs and practices.

''(c) PROMOTING INNOVATION.—

''(1) IN GENERAL.—The Administrator, in coordination with the Office, may award grants to States, local governments, Indian tribes or tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)), educational institutions, and nonprofit organizations to develop evidence-based interventions, including culturally and linguistically appropriate services, as appropriate, for—

''(A) evaluating a model that has been scientifically demonstrated to show promise, but would benefit from further applied development, for—

"(i) enhancing the prevention, diagnosis, intervention, treatment, and recovery of mental illness, serious emotional disturbance, substance use disorders, and co-occurring disorders; or

"(ii) integrating or coordinating physical health services and mental and substance use disorder services; and

"(B) expanding, replicating, or scaling evidence-based programs across a wider area to enhance effective screening, early diagnosis, intervention, and treatment with respect to mental illness, serious mental illness, and serious emotional disturbance, primarily by—

"(i) applying delivery of care, including training staff in effective evidence-based treatment; or

"(ii) integrating models of care across specialties and jurisdictions.

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

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

''(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out the activities under subsection (c), there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2017 through 2021.''.

SEC. 202. PROMOTING ACCESS TO INFORMATION ON EVIDENCE-BASED PROGRAMS AND PRACTICES.

(a) IN GENERAL.—The Administrator of the Substance Abuse and Mental Health Services Administration (referred to in this section as the ''Administrator'') may improve access to reliable and valid information on evidence-based programs and practices, including information on the strength of evidence associated with such programs and practices, related to mental and substance use disorders for States, local communities, nonprofit entities, and other stakeholders by posting on the website of the Administration information on evidence-based programs and practices that have been reviewed by the Administrator pursuant to the requirements of this section.

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

shall provide for the public notice of such application period in the Federal Register. Such notice may solicit applications for evidence-based practices and programs to address gaps identified by the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services in the evaluation and recommendations under section 101 or priorities identified in the strategic plan established under section 501(l) of the Public Health Service Act (42 U.S.C. 290aa).

(c) REQUIREMENTS.—The Administrator may establish minimum requirements for applications referred to under this section, including applications related to the submission of research and evaluation.

(d) REVIEW AND RATING.—The Administrator shall review applications prior to public posting, and may prioritize the review of applications for evidenced-based practices and programs that are related to topics included in the notice established under subsection (b). The Administrator may utilize a rating and review system, which may include information on the strength of evidence associated with such programs and practices and a rating of the methodological rigor of the research supporting the application.

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

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

(1) in subsection (a)—

(A) in paragraph (4), by inserting before the period ", that may include technical assistance centers"; and

(B) in the flush sentence following paragraph (4)—

(i) by inserting ", contracts," before "or cooperative agreements"; and

(ii) by striking "Indian tribes and tribal organizations" and inserting "territories, Indian tribes or tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, or programs operated by or pursuant to a contract or grant with the Indian Health Service, or"; and

(2) in subsection (f)—

(A) in paragraph (1) by striking the paragraph heading;

(B) by striking "$300,000,000" and all that follows through "2003" and inserting

''such sums as may be necessary for each of fiscal years 2017 through 2021''; and

(C) by striking paragraph (2).

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

SEC. 301. COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT.

(a) FORMULA GRANTS.—Section 1911(b) of the Public Health Service Act (42 U.S.C. 300x(b)) is amended—

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

(2) by inserting before paragraph (2) (as so redesignated), the following:

''(1) providing community mental health services for adults with serious mental illness and children with serious emotional disturbances as defined in accordance with section 1912(c);''.

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

(1) in paragraph (3), by redesignating subparagraphs (A) through (C) as clauses (i) through (iii), respectively, and realigning the margins accordingly;

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

(3) by striking the matter preceding subparagraph (A) (as so redesignated), and inserting the following:

''(b) CRITERIA FOR PLAN.—In accordance with subsection (a), a State shall submit to the Secretary a plan that, at a minimum, includes the following:

''(1) SYSTEM OF CARE.—A description of the State's system of care that contains the following:'';

(4) by striking subparagraph (A) (as so redesignated), and inserting the following:

''(A) COMPREHENSIVE COMMUNITY-BASED HEALTH SYSTEMS.—The plan shall—

''(i) identify the single State agency to be responsible for the administration of the program under the grant, including any third party who administers mental health services and is responsible for complying with the requirements of this part with respect to the grant;

''(ii) provide for an organized community-based system of care for individuals with mental illness and describe available

services and resources in a comprehensive system of care, including services for individuals with co-occurring disorders;

''(iii) include a description of the manner in which the State and local entities will coordinate services to maximize the efficiency, effectiveness, quality, and cost effectiveness of services and programs to produce the best possible outcomes (including health services, rehabilitation services, employment services, housing services, educational services, substance use disorder services, legal services, law enforcement services, social services, child welfare services, medical and dental care services, and other support services to be provided with Federal, State, and local public and private resources) with other agencies to enable individuals receiving services to function outside of inpatient or residential institutions, to the maximum extent of their capabilities, including services to be provided by local school systems under the Individuals with Disabilities Education Act;

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

''(v) include a description of case management services;

''(vi) include a description of activities leading to reduction of hospitalization, arrest, incarceration, or suicide, including through promoting comprehensive, individualized treatment;

''(vii) include a description of activities that seek to engage individuals with serious mental illness in making health care decisions, including activities that enhance communication between individuals, families, and treatment providers;

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

in primary care settings or arrangements to provide primary and specialty care services in community-based mental and substance use disorder service settings; and

''(ix) include a description of how the State ensures a smooth transition for children with serious emotion disturbances from the children's service system to the adult service system.'';

(5) in subparagraph (B) (as so redesignated), by striking ''to be achieved in the implementation of the system described in paragraph (1)'' and inserting ''and outcome measures for programs and services provided under this subpart'';

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

(A) by striking ''disturbance'' in the matter preceding clause (i) (as so redesignated) and all that follows through ''substance abuse services'' in clause (i) (as so redesignated) and inserting the following: ''disturbance (as defined pursuant to subsection (c)), the plan shall provide for a system of integrated social services, educational services, child welfare services, juvenile justice services, law enforcement services, and substance use disorder services'';

(B) by striking ''Education Act;'' and inserting ''Education Act.''; and

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

(7) in subparagraph (D) (as so redesignated), by striking ''plan described'' and inserting ''plan shall describe'';

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

(A) in the subparagraph heading by striking ''SYSTEMS'' and inserting ''SERVICES'';

(B) by striking ''plan describes'' and all that follows through ''and provides for'' and inserting ''plan shall describe the financial resources available, the existing mental health workforce, and workforce trained in treating individuals with co-occurring mental and substance use disorders, and provides for''; and

(C) by inserting before the period the following: '', and the manner in which the State intends to comply with each of the funding agreements in this subpart and subpart III'';

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

(10) by adding at the end the following:

''(2) GOALS AND OBJECTIVES.—The establishment of goals and objectives for the period of the

plan, including targets and milestones that are intended to be met, and the activities that will be undertaken to achieve those targets.''.

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

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

''(1) IN GENERAL.—Except as provided in paragraph (2), a State shall expend not less than 5 percent of the amount the State receives for carrying out this section in each fiscal year to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset.

''(2) STATE FLEXIBILITY.—In lieu of expending 5 percent of the amount the State receives under this section in a fiscal year as required under paragraph (1), a State may elect to expend not less than 10 percent of such amount in the succeeding fiscal year.''.

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

(1) by redesignating paragraph (1) as subparagraph (A), and realigning the margin accordingly;

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

''(1) REQUIREMENT.—'';

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

''(B) CONDITION.—A State shall be deemed to be in compliance with subparagraph (A) for a fiscal year if State expenditures of the type described in such subparagraph for such fiscal year are at least 97 percent of the average of such State expenditures for the preceding 2-fiscal-year period.'';

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

(5) by inserting after paragraph (1), the following:

''(2) FUTURE FISCAL YEARS.—Determinations of whether a State has complied with paragraph (1) for each fiscal year shall be based on the State funding level for the preceding 2-fiscal-year period, as required under paragraph (1)(A), without regard to reductions in the actual amount of State expendi-

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

(6) in paragraph (3) (as so redesignated), by striking ''subsection (a)'' and inserting ''paragraph (1)'';

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

(A) by striking ''The Secretary'' and inserting the following:

''(A) IN GENERAL.—The Secretary'';

(B) by striking ''paragraph (1) if the Secretary'' and inserting the following: ''paragraph (1) in whole or in part, if—

''(i) the Secretary'';

(C) by striking ''State justify the waiver.'' and inserting ''State in the fiscal year involved or in the previous fiscal year justify the waiver; or''; and

(D) by adding at the end the following:

''(ii) the State, or any part of the State, has experienced a natural disaster that has received a Presidential Disaster Declaration under section 102 of the Robert T. Stafford Disaster Relief Emergency Assistance Act.

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

''(C) APPLICABILITY OF WAIVER.—A waiver provided by the Secretary under subparagraph (A) shall be applicable only to the fiscal year involved.''; and

(8) in paragraph (5) (as so redesignated)—

(A) in subparagraph (A)—

(i) by inserting after the subparagraph designation the following: ''IN GENERAL''; and

(ii) by striking ''maintained material compliance'' and insert ''complied''; and

(B) in subparagraph (B), by inserting after the subparagraph designation the following: ''SUBMISSION OF INFORMATION TO THE SECRETARY''.

(e) APPLICATION FOR GRANT.—Section 1917(a) of the Public Health Service Act (42 U.S.C. 300x–6(a)) is amended—

(1) in paragraph (1), by striking ''1941'' and inserting ''1942(a)''; and

(2) in paragraph (5), by striking ''1915(b)(3)(B)'' and inserting ''1915(b)''.

(f) FUNDING.—Section 1920(a) of the Public Health Service Act (42 U.S.C. 300x–9(a)) is amended by striking ''$450,000,000'' and all that follows and inserting ''such sums as may be necessary for each of fiscal years 2017 through 2021.''.

SEC. 302. ADDITIONAL PROVISIONS RELATED TO THE BLOCK GRANTS.

Subpart III of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–51 et seq.) is amended—

(1) in section 1953(b) (42 U.S.C. 300x–63(b)), by striking ''substance abuse'' and inserting ''substance use disorder''; and

(2) by adding at the end the following:

''SEC. 1957. PUBLIC HEALTH EMERGENCIES.

''In the case of a public health emergency (as defined in section 319), the Administrator, on a State-by-State basis, may grant an extension or waive application deadlines and compliance with any other requirements of sections 521, 1911, and 1921, and Public Law 99–319 (42 U.S.C. 10801 et seq.) as the circumstances of such emergency reasonably require and for the period of such public health emergency.

"SEC. 1958. JOINT APPLICATIONS.

''The Secretary, acting through the Administrator, shall permit a joint application to be submitted for grants under subpart I and subpart II upon the request of a State. Such application may be jointly reviewed and approved by the Secretary with respect to such subparts, consistent with the purposes and authorized activities of each such grant program. A State submitting such a joint application shall otherwise meet the requirements with respect to each such subpart.''.

SEC. 303. STUDY OF DISTRIBUTION OF FUNDS UNDER THE SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT AND THE COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall, directly or through a grant or contract, conduct a study to examine whether the funds under the substance abuse prevention and treatment block grant and the community mental health services block grant under title XIX of the Public Health Service Act (42 U.S.C. 300w et seq.) are being distributed to States and territories according to need, and to recommend changes in such distribution if necessary. Such study shall include—

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

(2) an examination of whether the indices used under the formulas for distribution of funds under such block grants are appropriate, and if not, alternatives recommended by the Secretary;

(3) where recommendations are included under paragraph (2) for the use of different indices, a description of the variables and data sources that should be used to determine the indices;

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

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

(6) recommendations for modifications to the minimum allotment provisions to ensure an appropriate distribution of funds; and

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

(b) REPORT.—Not later than 24 months after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report containing the findings and recommendations of the study conducted under subsection (a).

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

SEC. 401. GRANTS FOR TREATMENT AND RECOVERY FOR HOMELESS INDIVIDUALS.

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

(1) in subsections (a), by striking ''substance abuse'' and inserting ''substance use disorder'';

(2) in subsection (b)—

(A) in paragraphs (1) and (3), by striking ''substance abuse'' each place the term appears and inserting ''substance use disorder''; and

(B) in paragraph (4), by striking ''substance abuse'' and inserting ''a substance use disorder'';

(3) in subsection (c)—

(A) in paragraph (1), by striking ''substance abuse disorder'' and inserting ''substance use disorder''; and

(B) in paragraph (2)—

(i) in subparagraph (A), by striking ''substance abuse'' and inserting ''a substance use disorder''; and

(ii) in subparagraph (B), by striking ''substance abuse'' and inserting ''substance use disorder''; and

(4) in subsection (e), by striking '', $50,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003'' and inserting ''such sums as may be necessary for each of fiscal years 2017 through 2021''.

SEC. 402. GRANTS FOR JAIL DIVERSION PROGRAMS.

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

(1) by striking ''substance abuse'' each place such term appears and inserting ''substance use disorder'';

(2) in subsection (a)—

(A) by striking ''Indian tribes, and tribal organizations'' and inserting ''and Indian tribes and tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b))''; and

(B) by inserting ''or a health facility or program operated by or pursuant to a contract or grant with the Indian Health Service,'' after ''entities,'';

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

(4) in subsection (i), by striking ''$10,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 through 2003'' and inserting ''such sums as may be necessary for each of fiscal years 2017 through 2021''.

SEC. 403. PROMOTING INTEGRATION OF PRIMARY AND BEHAVIORAL HEALTH CARE.

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

''SEC. 520K. INTEGRATION INCENTIVE GRANTS.

''(a) DEFINITIONS.—In this section:

''(1) ELIGIBLE ENTITY.—The term 'eligible entity' means a State, or other appropriate State agency, in collaboration with one or more qualified community programs as described in section 1913(b)(1).

''(2) INTEGRATED CARE.—The term 'integrated care' means collaboration in merged or transformed practices offering mental and physical health services within the same shared practice space in the same facility.

''(3) SPECIAL POPULATION.—The term 'special population' means—

''(A) adults with mental illnesses who have co-occurring primary care conditions or chronic diseases;

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

''(C) children and adolescents with serious emotional disturbance with co-occurring primary care conditions or chronic diseases; or

''(D) individuals with substance use disorders.

''(b) GRANTS.—

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

to support the improvement of integrated care for primary care and behavioral health care in accordance with paragraph (2).

''(2) PURPOSES.—Grants and cooperative agreements awarded under this section shall be designed to—

''(A) promote full collaboration in clinical practices between primary and behavioral health care;

''(B) support the improvement of integrated care models for primary care and behavioral health care to improve the overall wellness and physical health status of individuals with serious mental illness or serious emotional disturbance; and

''(C) promote integrated care services related to screening, diagnosis, and treatment of mental illness and co-occurring primary care conditions and chronic diseases.

''(c) APPLICATIONS.—

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

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

''(2) CONTENTS.—The contents described in this paragraph are—

''(A) a description of a plan to achieve fully collaborative agreements to provide services to special populations;

''(B) a document that summarizes the policies, if any, that serve as barriers to the provision of integrated care, and the specific steps, if applicable, that will be taken to address such barriers;

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

''(D) an agreement and plan to report performance measures necessary to evaluate patient outcomes and to facilitate evaluations across participating projects to the Secretary; and

''(E) a plan for sustainability beyond the grant or cooperative agreement period under subsection (e).

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

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

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

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

''(1) the progress to reduce barriers to integrated care as described in the entity's application under subsection (c); and

''(2) a description of functional outcomes of special populations, including—

''(A) with respect to individuals with serious mental illness, participation in supportive housing or independent living programs, attendance in social and rehabilitative programs, participation in job training opportunities, satisfactory performance in work settings, attendance

at scheduled medical and mental health appointments, and compliance with prescribed medication regimes;

"(B) with respect to individuals with co-occurring mental illness and primary care conditions and chronic diseases, attendance at scheduled medical and mental health appointments, compliance with prescribed medication regimes, and participation in learning opportunities related to improved health and lifestyle practices; and

"(C) with respect to children and adolescents with serious emotional disorders who have co-occurring primary care conditions and chronic diseases, attendance at scheduled medical and mental health appointments, compliance with prescribed medication regimes, and participation in learning opportunities at school and extracurricular activities.

"(g) TECHNICAL ASSISTANCE FOR PRIMARY-BEHAVIORAL HEALTH CARE INTEGRATION.—

"(1) IN GENERAL.—The Secretary may provide appropriate information, training, and technical assistance to eligible entities that receive a grant or cooperative agreement under this section, in order to

help such entities meet the requirements of this section, including assistance with—

"(A) development and selection of integrated care models;

"(B) dissemination of evidence-based interventions in integrated care;

"(C) establishment of organizational practices to support operational and administrative success; and

"(D) other activities, as the Secretary determines appropriate.

"(2) ADDITIONAL DISSEMINATION OF TECHNICAL INFORMATION.—The information and resources provided by the Secretary under paragraph (1) shall, as appropriate, be made available to States, political subdivisions of States, Indian tribes or tribal organizations (as defined in section 4 of the Indian Self-Determination and Education Assistance Act), outpatient mental health and addiction treatment centers, community mental health centers that meet the criteria under section 1913(c), certified community behavioral health clinics described in section 223 of the Protecting Access to Medicare Act of 2014 (42 U.S.C. 1396a note), primary care organizations such as Federally qualified health centers

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

''(h) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2017 through 2021.''.

SEC. 404. PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS.

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

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

(1) in subsection (a)(1)(B), by striking ''substance abuse'' and inserting ''a substance use disorder'';

(2) in subsection (b)(6), by striking ''substance abuse'' and inserting ''substance use disorder'';

(3) in subsection (c), by striking ''substance abuse'' and inserting ''a substance use disorder'';

(4) in subsection (e)—

(A) in paragraph (1), by striking ''substance abuse'' and inserting ''a substance use disorder''; and

(B) in paragraph (2), by striking ''substance abuse'' and inserting ''substance use disorder''; and

(5) in subsection (h), by striking ''substance abuse'' each place such term appears and inserting ''substance use disorder''.

(c) DESCRIPTION OF INTENDED EXPENDITURES OF GRANT.—Section 527 of the Public Health Service Act (42 U.S.C. 290cc–27) is amended by striking ''substance abuse'' each place such term appears and inserting ''substance use disorder''.

(d) TECHNICAL ASSISTANCE.—Section 530 of the Public Health Service Act (42 U.S.C. 290cc–30) is amended by striking ''through the National Institute of Mental Health, the National Institute of Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse'' and inserting ''acting through the Administrator''.

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

''(4) SUBSTANCE USE DISORDER SERVICES.—The term 'substance use disorder services' has the meaning given the term 'substance abuse services' in section 330(h)(5)(C).''.

(f) FUNDING.—Section 535(a) of the Public Health Service Act (42 U.S.C. 290cc–35(a)) is amended by striking ''$75,000,000 for each of the fiscal years 2001 through 2003'' and inserting ''such sums as may be necessary for each of fiscal years 2017 through 2021''.

(g) STUDY CONCERNING FORMULA.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Administrator of the Substance Abuse and Mental Health Services Administration (referred to in this section as the ''Administrator'') shall conduct a study concerning the formula used under section 524(a) of the Public Health Service Act (42 U.S.C. 290cc–24(a)) for making allotments to States under section 521 of such Act (42 U.S.C. 290cc–21). Such study shall include an evaluation of quality indicators of need for purposes of revising the formula for determining the amount of each allotment for the fiscal years following the submission of the study.

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

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

SEC. 405. NATIONAL SUICIDE PREVENTION LIFELINE PROGRAM.

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

"SEC. 520E–3. NATIONAL SUICIDE PREVENTION LIFELINE PROGRAM.

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

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

''(1) coordinating a network of crisis centers across the United States for providing suicide prevention and crisis intervention services to individuals seeking help at any time, day or night;

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

''(3) consulting with the Secretary of Veterans Affairs to ensure that veterans calling the suicide prevention hotline have access to a specialized veterans' suicide prevention hotline.

''(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2017 through 2021.''.

SEC. 406. CONNECTING INDIVIDUALS AND FAMILIES WITH CARE.

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

''SEC. 520E–4. TREATMENT REFERRAL ROUTING SERVICE.

''(a) IN GENERAL.—The Secretary, acting through the Administrator, shall maintain the National Treatment Referral Routing Service (referred to in this section as the 'Routing Service') to assist individuals and families in locating mental and substance use disorder treatment providers.

''(b) ACTIVITIES OF THE SECRETARY.—To maintain the Routing Service, the activities of the Secretary shall include administering—

''(1) a nationwide, telephone number providing year-round access to information that is updated on a regular basis regarding local behavioral health providers and community-based organizations in a manner that is confidential, without requiring individuals to identify themselves, is in languages that include at least English and Spanish, and is at no cost to the individual using the Routing Service; and

''(2) an Internet website to provide a searchable, online treatment services locator that includes information on the name, location, contact information, and basic services provided for behavioral health treatment providers and community-based organizations.

''(c) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prevent the Administrator from using any unobligated amounts otherwise made available to the Substance Abuse and Mental Health Services Administration to maintain the Routing Service.''.

SEC. 407. STREAMLINING MENTAL AND BEHAVIORAL HEALTH WORKFORCE PROGRAMS.

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

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

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

(3) by inserting after section 754 the following:

"SEC. 755. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.

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

''(1) accredited institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy, school counseling, or professional counseling, including such internships or programs with a focus on child and adolescent mental health and transitional-age youth;

''(2) accredited doctoral, internship, and post-doctoral residency programs of health service psychology, including clinical psychology, counseling, and school psychology, for the development and im-

plementation of interdisciplinary training of psychology graduate students for providing behavioral and mental health services, including substance use disorder prevention and treatment services, and the development of faculty in health service psychology;

''(3) accredited master's and doctoral degree programs of social work for the development and implementation of interdisciplinary training of social work graduate students for providing behavioral and mental health services, including substance use disorder prevention and treatment services, and the development of faculty in social work; or

''(4) State-licensed mental health nonprofit and for-profit organizations to enable such organizations to pay for programs for preservice or in-service training in a behavioral health-related paraprofessional field with preference for preservice or in-service training of paraprofessional child and adolescent mental health workers.

''(b) ELIGIBILITY REQUIREMENTS.—To be eligible for a grant under this section, an institution of higher education shall demonstrate—

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

''(2) that individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations, participate in the programs of the institution;

''(3) knowledge and understanding of the concerns of the individuals and groups described in paragraph (2), especially individuals with mental health symptoms or diagnoses, particularly children and adolescents, and transitional-age youth;

''(4) that any internship or other field placement program assisted through the grant will prioritize cultural and linguistic competency; and

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

''(c) INSTITUTIONAL REQUIREMENT.—For grants awarded under paragraphs (2) and (3) of subsection (a), at least 4 of the grant recipients shall be historically black colleges or universities or other minority-serving institutions.

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

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

demonstrated the ability to train psychology and social work professionals to work in integrated care settings; and

''(2) for a grant under subsection (a)(4), programs for paraprofessionals that emphasize the role of the family and the lived experience of the consumer and family-paraprofessional partnerships.

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

''(1) providing graduate students support for experiential training (internship or field placement);

''(2) recruiting of students interested in behavioral health practice;

''(3) developing and implementing interprofessional training and integration within primary care;

''(4) developing and implementing accredited field placements and internships; and

''(5) collecting data on the number of students trained in mental health and the number of available accredited internships and field placements.

''(f) AUTHORIZATION OF APPROPRIATION.—There are authorized to be appropriated to carry out this section

such sums as may be necessary for each of fiscal years 2017 through 2021.''.

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

(1) in section 338A(d)(2)(A) (42 U.S.C. 254l(d)(2)(A)), by striking ''or under section 758'';

(2) in section 756(b)(2) (42 U.S.C. 794f(b)(2)), as redesignated by subsection (a), by striking ''753(b), and 755(b)'' and inserting ''and 753(b)''; and

(3) in section 761 (42 U.S.C. 294n)—

(A) in subsection (b)(2)(E), by striking ''757(d)(3)'' and inserting ''756(d)(3)'';

(B) in subsection (d)(2)(B), by striking ''757(d)(3)'' and inserting ''756(d)(3)''; and

(C) in subsection (d)(3), by striking ''757(d)(4)'' and inserting ''756(d)(4)''.

SEC. 408. REPORTS.

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

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

ment of Health and Human Services, in collaboration with the Administrator of the Substance Abuse and Mental Health Services Administration, the Director of the Agency for Healthcare Research and Quality, and the Director of the National Institutes of Health, shall submit to Congress and make available on the Internet website of the Department a report on mental and substance use disorder treatment in the States, including each of the following:

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

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

(ii) the types of Federal programs made available to individuals with mental illness, serious mental illness, serious emotional disturbance, substance use disorders, or co-occurring disorders.

(B) A summary of best practices or evidence-based models in the States, including programs that are cost-effective, provide evidence-

based care, increase access to care, integrate physical, psychiatric, psychological, and behavioral medicine, and improve outcomes for individuals with serious mental illness, serious emotional disturbance, or substance use disorders.

(C) An analysis of outcome measures in each State for individuals with mental illness, serious mental illness, serious emotional disturbance, substance use disorders, or co-occurring disorders, including rates of suicide, suicide attempts, substance abuse, overdose, overdose deaths, positive health outcomes, emergency psychiatric hospitalizations and emergency room boarding, arrests, incarcerations, homelessness, joblessness, employment, and enrollment in educational or vocational programs.

(D) An analysis of outcomes for different models of outpatient treatment programs for individuals with a serious mental illness or serious emotional disturbance, including—

(i) rates of keeping treatment appointments and adherence to treatment plans;

(ii) participants' perceived effectiveness of the program;

(iii) alcohol and drug abuse rates;

(iv) incarceration and arrest rates;

(v) violence against persons or property;

(vi) homelessness;

(vii) total treatment costs for compliance with the program; and

(viii) health outcomes.

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

(b) REPORTING COMPLIANCE STUDY FOR COMMUNITY MENTAL HEALTH CENTERS.—

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

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

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

(2) SCOPE.—In preparing the report under paragraph (1), the Comptroller General of the United States shall examine requirements for licensing, certification, service definitions, claims payments, billing codes, and financial auditing that are—

(A) used by the Office of Management and Budget, the Centers for Medicare & Medicaid Services, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Office of the Inspector General of the Department of Health and Human Services, and State Medicaid agencies; and

(B) required by the Federal Government for State agencies to utilize in order to make administrative and statutory recommendations to Congress (which recommendations may include a uniform methodology) to reduce the paperwork burden experienced by the centers described in paragraph (1).

(c) WORKFORCE DEVELOPMENT REPORT.—

(1) PUBLIC REPORT.—

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

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

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

(ii) an assessment of the mental health and substance use disorder workforce capacity, strengths, and weaknesses as of the date of the report;

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

(iv) any additional information determined by the Administrator of the Substance Abuse and Mental Health Services Administration, in consultation with the Administrator of the Health Resources and Services Administration, to be relevant to the mental health and substance use disorder provider workforce.

(2) REPORT TO CONGRESS.—

(A) IN GENERAL.—Not later than 3 years after the date of enactment of this Act, the Administrator of the Substance Abuse and Mental Health Services Administration, in consultation with the Administrator of the Health Resources and Services Administration, shall evaluate and report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives on the programs within such Administrations to support the development of the mental health and substance use disorder workforce.

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

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

(ii) an evaluation of how each program, and the programs together, target any workforce weaknesses identified by the report under paragraph (1); and

(iii) recommendations for improving coordination among programs, and addressing gaps and overlap within programs, including recommendations for Congress, as appropriate.

(d) PEER-SUPPORT SPECIALIST PROGRAMS.—

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

mittee on Energy and Commerce of the House of Representatives.

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

(A) hours of formal work or volunteer experience related to mental and substance use disorders conducted through such programs;

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

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

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

(E) requirements for continuing education.

SEC. 409. CENTERS AND PROGRAM REPEALS.

Part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is amended by striking the second section 514 (42 U.S.C. 290bb–9), relating to methamphetamine and amphetamine treatment initiatives, and sections 514A, 517, 519A, 519C, 519E, 520D, and 520H

(42 U.S.C. 290bb–8, 290bb–23, 290bb–25a, 290bb–25c, 290bb–25e, 290bb–35, and 290bb–39).

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

SEC. 501. PROGRAMS FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES.

(a) COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES.—Section 561(a)(1) of the Public Health Service Act (42 U.S.C. 290ff(a)(1)) is amended by inserting '', which may include efforts to identify and serve children at risk'' before the period.

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

(c) ADDITIONAL PROVISIONS.—Section 564(f) of the Public Health Service Act (42 U.S.C. 290ff–3(f)) is amended by inserting ''(and provide a copy to the State involved)'' after ''to the Secretary''.

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

(1) in subsection (b)(1)—

(A) in the matter preceding subparagraph (A), by striking ''receiving a grant under section 561(a)'' and inserting '', regardless of whether such public entity is receiving a grant under section 561(a)''; and

(B) in subparagraph (B), by striking ''pursuant to'' and inserting ''described in'';

(2) in subsection (d)(1), by striking ''not more than 21 years of age'' and inserting ''through the age of 21 years''; and

(3) in subsection (f)(1), by striking ''$100,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003'' and inserting ''such sums as may be necessary for each of fiscal years 2017 through 2021''.

SEC. 502. TELEHEALTH CHILD PSYCHIATRY ACCESS GRANTS.

(a) DEFINITIONS.—In this subsection:

(1) ELIGIBLE ENTITY.—The term ''eligible entity'' means a State, political subdivision of a State, Indian tribe, or tribal organization.

(2) INDIAN TRIBE; TRIBAL ORGANIZATION.—The terms ''Indian tribe'' and ''tribal organization'' have the meanings given such terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

(3) PEDIATRIC MENTAL HEALTH TEAMS.—The term ''pediatric mental health team'' means a team of case coordinators, child and adolescent psychiatrists, and a licensed clinical mental health professional, such as a psychologist, social worker, or mental health counselor. Such a team may be regionally based, provided there is access to a pediatric mental health team across the State.

(4) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(b) GRANTS.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may award grants to eligible entities that satisfy all requirements under this section to promote behavioral health integration in pediatric primary care by—

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

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

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

(c) CHILD PSYCHIATRY ACCESS PROGRAM REQUIREMENTS.—To be eligible for support under subsection (b), a child psychiatry access program shall—

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

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

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

(4) develop an online database and communication mechanisms, including through telehealth services, to facilitate consultation support to pediatric practices;

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

(6) conduct training and provide technical assistance to pediatric primary care providers to support the early identification, diagnosis, treatment, and referral of children with behavioral health conditions;

(7) inform and assist pediatric providers in accessing child psychiatry consultations and in scheduling and conducting technical assistance;

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

(9) establish mechanisms for measuring and monitoring increased access to child and adolescent psychiatric services by pediatric primary care providers and expanded capacity of pediatric primary care providers to identify, treat, and refer children with mental health problems.

(d) APPLICATION.—An eligible entity that desires a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including a plan for the comprehensive evaluation and the performance and outcome evaluation described in subsection (e).

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

containing such information as the Secretary may reasonably require, including a comprehensive evaluation of activities carried out with funds received through such grant and a performance and outcome evaluation of such activities.

(f) FUNDING.—

(1) FEDERAL FUNDS.—In addition to the funding provided through contributions under paragraph (2), the Secretary shall fund the grant program under this section using such sums as may be necessary out of any unobligated amounts made available to carry out section 330I, 330K, or 330L of the Public Health Service Act (42 U.S.C. 254c–14, 254c–16, 254c–18).

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

SEC. 503. SUBSTANCE USE DISORDER TREATMENT AND EARLY INTERVENTION SERVICES FOR CHILDREN AND ADOLESCENTS.

The first section 514 of the Public Health Service Act (42 U.S.C. 290bb–7), relating to substance abuse treatment services for children and adolescents, is amended—

(1) in the heading, by striking ''**ABUSE TREATMENT**'' and inserting ''**USE DISORDER TREATMENT AND EARLY INTERVENTION**'';

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

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

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

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

cents with co-occurring mental illness and substance use disorders.'';

(3) in subsection (b)—

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

''(1) apply evidence-based and cost-effective methods'';

(B) in paragraph (2)—

(i) by striking ''treatment''; and

(ii) by inserting ''substance abuse,'' after ''child welfare,'';

(C) in paragraph (3), by striking ''substance abuse disorders'' and inserting ''substance use disorders, including children and adolescents with co-occurring mental illness and substance use disorders,'';

(D) in paragraph (5), by striking ''treatment;'' and inserting ''services; and'';

(E) in paragraph (6), by striking ''substance abuse treatment; and'' and inserting ''treatment.''; and

(F) by striking paragraph (7); and

(4) in subsection (f), by striking ''$40,000,000'' and all that follows through the period and inserting

''such sums as may be necessary for each of fiscal years 2017 through 2021.''.

SEC. 504. RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND PARENTING WOMEN.

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

(1) in the section heading, by striking ''**POSTPARTUM**'' and inserting ''**PARENTING**'';

(2) in subsection (a)—

(A) in the matter preceding paragraph (1)—

(i) by inserting ''(referred to in this section as the 'Director')'' after ''Treatment'';

(ii) by striking ''grants,'' and inserting ''grants, including the grants under subsection (r),'';

(iii) by striking ''postpartum'' and inserting ''parenting''; and

(iv) by striking ''for substance abuse'' and inserting ''for substance use disorders''; and

(B) in paragraph (1), by inserting ''or receive outpatient treatment services from'' after ''reside in'';

(3) in subsection (b)(2), by striking ''the services will be made available to each woman'' and inserting ''services will be made available to each woman and child'';

(4) in subsection (c)—

(A) in paragraph (1), by striking ''to the woman of the services'' and inserting ''of services for the woman and her child''; and

(B) in paragraph (2)—

(i) in subparagraph (A), by striking ''substance abuse'' and inserting ''substance use disorders''; and

(ii) in subparagraph (B), by striking ''such abuse'' and inserting ''such a disorder'';

(5) in subsection (d)—

(A) in paragraph (3)(A), by striking ''maternal substance abuse'' and inserting ''a maternal substance use disorder'';

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

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

(C) in paragraphs (9), (10), and (11), by striking ''women'' each place such term appears and inserting ''woman'';

(D) in paragraph (9), by striking ''units'' and inserting ''unit''; and

(E) in paragraph (11)—

(i) in subparagraph (A), by striking ''their children'' and inserting ''any child of such woman'';

(ii) in subparagraph (B), by striking ''; and'' and inserting a semicolon;

(iii) in subparagraph (C), by striking the period and inserting ''; and''; and

(iv) by adding at the end the following:

''(D) family reunification with children in kinship or foster care arrangements, where safe and appropriate.'';

(6) in subsection (e)—

(A) in paragraph (1)—

(i) in the matter preceding subparagraph (A), by striking ''substance abuse'' and inserting ''substance use disorders''; and

(ii) in subparagraph (B), by striking ''substance abuse'' and inserting ''substance abuse disorders''; and

(B) in paragraph (2)—

(i) by striking ''(A) Subject'' and inserting the following:

''(A) IN GENERAL.—Subject'';

(ii) in subparagraph (B)—

(I) by striking ''(B)(i) In the case'' and inserting the following:

''(B) WAIVER OF PARTICIPATION AGREEMENTS.—

''(i) IN GENERAL.—In the case''; and

(II) by striking ''(ii) A determination'' and inserting the following:

''(ii) DONATIONS.—A determination''; and

(iii) by striking ''(C) With respect'' and inserting the following:

''(C) NONAPPLICATION OF CERTAIN REQUIREMENTS.—With respect'';

(7) in subsection (g)—

(A) by striking ''who are engaging in substance abuse'' and inserting ''who have a substance use disorder''; and

(B) by striking ''such abuse'' and inserting ''such disorder'';

(8) in subsection (h)(1), by striking ''postpartum'' and inserting ''parenting'';

(9) in subsection (j)—

(A) in the matter preceding paragraph (1), by striking ''to on'' and inserting ''to or on''; and

(B) in paragraph (3), by striking ''Office for'' and inserting ''Office of'';

(10) by amending subsection (m) to read as follows:

''(m) ALLOCATION OF AWARDS.—In making awards under subsection (a), the Director shall give priority to an applicant that agrees to use the award for a program serving an area that is a rural area, an area designated under section 332 by the Secretary as a health professional shortage area, or an area determined by the Director to have a shortage of family-based substance use disorder treatment options.'';

(11) in subsection (q)—

(A) in paragraph (3), by striking ''funding agreement under subsection (a)'' and inserting ''funding agreement''; and

(B) in paragraph (4), by striking ''substance abuse'' and inserting ''a substance use disorder'';

(12) by redesignating subsection (r) as subsection (s);

(13) by inserting after subsection (q) the following:

''(r) PILOT PROGRAM FOR STATE SUBSTANCE ABUSE AGENCIES.—

''(1) IN GENERAL.—From amounts made available under subsection (s), the Director may carry out a pilot program under which the Director makes competitive grants to State substance abuse agencies to—

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

''(B) help State substance abuse agencies address identified gaps in services provided to such women along the continuum of care, including services provided to women in nonresidential based settings; and

"(C) promote a coordinated, effective, and efficient State system managed by State substance abuse agencies by encouraging new approaches and models of service delivery that are evidence-based.

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

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

"(B) shall identify, based on applications submitted under subparagraph (A), State substance abuse agencies that are eligible for such grants;

"(C) shall require services proposed to be furnished through such a grant to support family-based treatment and other services for pregnant and parenting women with a primary diagnosis of a substance use disorder, including an opioid use disorder;

''(D) shall not require that services furnished through such a grant be provided solely to women that reside in facilities;

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

''(F) may waive the requirements of subsection (f), depending on the circumstances of the grantee.

''(3) REQUIRED SERVICES.—

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

''(i) shall include the requirements described in subsection (c);

''(ii) may include any of the services described in subsection (d);

''(iii) may include other services, as appropriate; and

''(iv) shall be based on the recommendations submitted under subparagraph (B).

"(B) STAKEHOLDER INPUT.—The Director shall consider recommendations from stakeholders, including State substance abuse agencies, health care providers, persons in recovery from substance a substance use disorder, and other appropriate individuals, for the minimum services described in subparagraph (A).

"(4) EVALUATION AND REPORT TO CONGRESS.—

"(A) EVALUATIONS.—Out of amounts made available to the Center for Behavioral Health Statistics and Quality, the Director of the Center for Behavioral Health Statistics and Quality, in cooperation with the Director of the Center for Substance Abuse Treatment and the recipients of grants under this subsection, shall conduct an evaluation of the pilot program, beginning one year after the date on which a grant is first awarded under this subsection.

"(B) REPORTS.—

"(i) IN GENERAL.—Not later than 120 days after the completion of the evaluation under subparagraph (A), the Director of the Center for Behavioral Health Statistics and Quality, in coordination with

the Director of the Center for Substance Abuse Treatment, shall submit to the relevant Committees of the Senate and the House of Representatives a report on such evaluation.

''(ii) CONTENTS.—The report to Congress under clause (i) shall include, at a minimum, outcomes information from the pilot program under this section, including any resulting reductions in the use of alcohol and other drugs, engagement in treatment services, retention in the appropriate level and duration of services, increased access to the use of drugs approved by the Food and Drug Administration for the treatment of substance use disorders in combination with counseling, and other appropriate measures.

''(5) STATE SUBSTANCE ABUSE AGENCIES DEFINED.—For purposes of this subsection, the term 'State substance abuse agency' means, with respect to a State, the agency in such State that manages the block grant for prevention and treatment of substance use disorders under subpart II of part B of title XIX with respect to the State.''; and

(14) in subsection (s), as so redesignated, by striking ''such sums as may be necessary to fiscal years 2001 through 2003.'' and inserting ''such sums as may be necessary for each of fiscal years 2017 through 2021. Of the amounts made available for a fiscal year pursuant to the previous sentence, not more than 25 percent of such amounts shall be made available for such fiscal year to carry out subsection (r).''.

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

SEC. 601. HIPAA CLARIFICATION.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Office for Civil Rights, shall ensure that providers, professionals, patients and their families, and others involved in mental or substance use disorder treatment or care have adequate, accessible, and easily comprehensible resources relating to appropriate uses and disclosures of protected health information under the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note),

including resources to clarify permitted uses and disclosures of such information that—

(1) require the patient's consent;

(2) require providing the patient with an opportunity to object;

(3) are based on the exercise of professional judgment regarding whether the patient would object when the opportunity to object cannot practicably be provided because of the patient's incapacity or an emergency treatment circumstance; and

(4) are determined, based on the exercise of professional judgment, to be in the best interest of the patient when the patient is not present or otherwise incapacitated.

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

SEC. 602. IDENTIFICATION OF MODEL TRAINING PROGRAMS.

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

experts, shall identify or, in the case that none exist, recognize private or public entities to develop—

(1) model programs and materials for training health care providers (including physicians, emergency medical personnel, psychiatrists, psychologists, counselors, therapists, behavioral health facilities and clinics, care managers, and hospitals, including individuals such as a general counsel or regulatory compliance staff who are responsible for establishing provider privacy policies) regarding the permitted uses and disclosures, consistent with the standards governing the privacy and security of individually identifiable health information pursuant to regulations promulgated by the Secretary under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note) and part C of title XI of the Social Security Act (42 U.S.C. 1320d et seq.), of the protected health information of patients seeking or undergoing mental health or substance use disorder treatment or care; and

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

(b) PERIODIC UPDATES.—The Secretary shall—

(1) periodically review, evaluate, and update the model programs and materials identified under subsection (a); and

(2) disseminate the updated model programs and materials.

(c) COORDINATION.—The Secretary shall carry out this section in coordination with the Director of the Office for Civil Rights, the Assistant Secretary for Planning and Evaluation, the Administrator of the Substance Abuse and Mental Health Services Administration, the Administrator of the Health Resources and Services Administration, and the heads of other relevant agencies within the Department of Health and Human Services.

(d) INPUT OF CERTAIN ENTITIES.—In identifying the model programs and materials under subsections (a) and (b), the Secretary shall solicit input from key stakeholders, including relevant national, State, and local associations, medical societies licensing boards, providers of mental and substance use disorder treatment and care, and organizations representing patients and consumers.

SEC. 603. CONFIDENTIALITY OF RECORDS.

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

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

SEC. 604. ENHANCED COMPLIANCE WITH MENTAL HEALTH AND SUBSTANCE USE DISORDER COVERAGE REQUIREMENTS.

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

''(6) ADDITIONAL GUIDANCE.—

''(A) IN GENERAL.—Not later than 1 year after the date of enactment of the Mental Health Reform Act of 2016, the Secretary, in coordination with the Secretary of Labor and the Secretary of the Treasury, shall issue guidance to group health plans and health insurance issuers offering group or individual health insurance coverage to assist such plans and issuers in satisfying the requirements of this section.

''(B) DISCLOSURE.—

''(i) GUIDANCE FOR PLANS AND ISSUERS.—The guidance issued under this

paragraph shall include specific examples of methods that group health plans and health insurance issuers offering group or individual health insurance coverage may use for disclosing information to demonstrate compliance with the requirements under this section (and any regulations promulgated pursuant to this section), including methods for complying with requirements for nonquantitative treatment limitations.

''(ii) DOCUMENTS FOR PARTICIPANTS, BENEFICIARIES, OR CONTRACTING PROVIDERS.—The guidance issued under this paragraph may include examples of standardized methods that group health plans and health insurance issuers offering group or individual health insurance coverage may use to provide any participant, beneficiary, or contracting provider, upon request, with documents containing coverage information that the health plans or issuers are required, by this section or any other provision of law, to disclose to such

participants, beneficiaries, or contracting providers, including—

"(I) information, including information that is comparative in nature, on nonquantitative treatment limitations for both medical and surgical benefits and mental health and substance use disorder benefits;

"(II) information, including information that is comparative in nature, about the processes, strategies, evidentiary standards, and other factors used to apply nonquantitative treatment limitations for both medical and surgical benefits and mental health and substance use disorder benefits, including how such limitations are applied to mental health or substance use disorder benefits; and

"(III) information, including information that is comparative in nature, about how nonquantitative treatment limitations are applied to medical and surgical benefits relative to how such limitations are applied to

mental health or substance use disorder benefits.

''(C) NONQUANTITATIVE TREATMENT LIMITATIONS.—The guidance issued under this paragraph shall include information that group health plans and health insurance issuers offering group or individual health insurance coverage may use to comply with requirements for nonquantitative treatment limitations under this section, including—

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

''(I) medical management standards that limit or exclude benefits based on medical necessity, medical appropriateness, or whether a treatment is experimental or investigative;

''(II) limitations with respect to prescription drug formulary design; and

''(III) use of fail-first or step therapy protocols;

''(ii) examples of network admission standards and individual provider reimbursement rates, as such standards and rates apply to network adequacy, that comply or do not comply with this section;

''(iii) examples of sources of information that may serve as evidentiary standards for the purpose of determining compliance or noncompliance with applicable nonquantitative treatment limitation requirements;

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

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

''(vi) examples of how a lack of clinical evidence may be taken into consideration by such plans or issuers in the case of experimental treatment exclusions;

''(vii) examples of how specific evidentiary standards may be applied to each

service category or classification of benefits;

''(viii) examples of new mental health or substance use disorder treatments that comply or do not comply with this section, such as evidence-based early intervention programs for individuals with a serious mental illness and types of medical management techniques that have been determined to meet or fail to meet requirements for nonquantitative treatment limitations;

''(ix) examples of coverage determinations that comply or do not comply with this section and for which there is an indirect relationship between the covered mental health or substance use disorder benefit and a traditional covered medical and surgical benefit, such as residential treatment or hospitalizations involving involuntary commitment;

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

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

''(xi) additional examples of coverage of mental health and substance use disorder benefits that comply or do not comply with this section, including cases in which restrictions based on geographic locations, facility type, provider specialty, or other criteria limit the scope or duration of benefits.

''(D) PUBLIC COMMENT.—Prior to issuing any final guidance under this section, the Secretary shall provide a public comment period of not less than 60 days during which any member of the public may provide comments on a draft of the guidance.''.

(b) IMPROVING COMPLIANCE.—

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

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

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

SEC. 605. ACTION PLAN FOR ENHANCED ENFORCEMENT OF MENTAL HEALTH AND SUBSTANCE USE DISORDER COVERAGE.

(a) PUBLIC MEETING.—

(1) IN GENERAL.—Not later than 6 months after the date of enactment of this Act, the Secretary of Health and Human Services shall convene a public meeting of stakeholders described in paragraph (2) to produce an action plan for improved Federal and State coordination related to the enforcement of mental health parity and addiction equity requirements.

(2) STAKEHOLDERS.—The stakeholders described in this paragraph shall include each of the following:

(A) The Federal Government, including representatives from—

(i) the Department of Health and Human Services;

(ii) the Department of the Treasury;

(iii) the Department of Labor; and

(iv) the Department of Justice.

(B) State governments, including—

(i) State health insurance commissioners;

(ii) appropriate State agencies, including agencies on public health or mental health; and

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

(C) Representatives from key stakeholder groups, including—

(i) the National Association of Insurance Commissioners;

(ii) health insurance providers;

(iii) providers of mental health and substance use disorder treatment;

(iv) employers; and

(v) patients or their advocates.

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

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

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

(2) identify specific strategic objectives regarding how the various Federal and State agencies charged with enforcement of mental health parity and addiction equity requirements will collaborate to improve enforcement of such requirements;

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

(4) provide specific examples of how such objectives may be met, which may include—

(A) providing common educational information and documents to patients about their

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

(B) facilitating the centralized collection of, monitoring of, and response to patient complaints or inquiries relating to Federal or State mental health parity and addiction equity requirements, which may be through the development and administration of a single, toll-free telephone number and an Internet website portal;

(C) Federal and State law enforcement agencies entering into memoranda of understanding to better coordinate enforcement responsibilities and information sharing, including whether such agencies should make the results of enforcement actions related to mental health parity and addiction equity requirements publicly available; and

(D) recommendations to the Secretary and Congress regarding the need for additional legal authority to improve enforcement of mental health parity and addiction equity requirements, including requirements for nonquantitative treatment limitations and the extent and frequency of how such limitations are applied both

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

SEC. 606. REPORT ON INVESTIGATIONS REGARDING PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.

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

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

(1) The number of open or closed Federal investigations conducted during the covered reporting period.

(2) Each benefit classification examined by any such investigation conducted during the covered reporting period.

(3) Each subject matter, including compliance with requirements for quantitative and nonquantitative treatment limitations, of any such investigation conducted during the covered reporting period.

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

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

SEC. 607. GAO STUDY ON COVERAGE LIMITATIONS FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS.

Not later than 3 years after the date of enactment of this Act, the Comptroller General of the United States, in consultation with the Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury, shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate a report detailing the extent to which group health plans or health insurance issuers offering group or individual health insurance coverage that provides both medical and surgical benefits and mental health or substance use disorder benefits, and medicaid managed care organizations with a contract under section 1903(m) of the Social Security Act (42 U.S.C. 1396b(m)), comply with section 2726 of the Public Health Service Act (42 U.S.C. 300gg–26), section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), and section 9812 of the Internal Revenue Code of 1986, including—

(1) how nonquantitative treatment limitations, including medical necessity criteria, of such plans or issuers comply with such sections;

(2) how the responsible Federal departments and agencies ensure that such plans or issuers comply with such sections, including an assessment of

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

(3) a review of how the various Federal and State agencies responsible for enforcing mental health parity requirements have improved enforcement of such requirements in accordance with the objectives and timeline described in the action plan under section 605; and

(4) recommendations for how additional enforcement, education, and coordination activities by responsible Federal and State departments and agencies could better ensure compliance with such sections, including recommendations regarding the need for additional legal authority.

SEC. 608. CLARIFICATION OF EXISTING PARITY RULES.

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

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

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