AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 2646

OFFERED BY M__. _____

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Helping Families in Mental Health Crisis Act of 2016''.

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

Sec. 1. Short title; table of contents.

TITLE I—ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER

Sec. 101. Improving oversight of mental and substance use disorder programs.
Sec. 102. Peer-support specialist programs.
Sec. 103. Prohibition against lobbying using Federal funds by systems accepting Federal funds to protect and advocate the rights of individuals with mental illness.
Sec. 104. Increased Reporting for Protection and Advocacy Organizations.
Sec. 105. Grievance procedure.
Sec. 106. Independent audit of SAMHSA.
Sec. 107. National mental health policy laboratory.

TITLE II—MEDICAID MENTAL HEALTH COVERAGE

Sec. 201. Rule of construction related to medicaid coverage of mental health services and primary care services furnished on the same day.
Sec. 202. Optional limited coverage of inpatient services furnished in institutions for mental diseases.
Sec. 203. Study and report related to Medicaid managed care regulation.
Sec. 204. Guidance on Opportunities for Innovation.
Sec. 205. Study and report on Medicaid emergency psychiatric demonstration project.

TITLE III—INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE

Sec. 301. Interdepartmental Serious Mental Illness Coordinating Committee.

TITLE IV—COMPASSIONATE COMMUNICATION ON HIPAA

Sec. 401. Sense of Congress.
Sec. 402. Confidentiality of records.
Sec. 403. Clarification of existing parity rules.
Sec. 404. Clarification of circumstances under which disclosure of protected health information is permitted.

TITLE V—INCREASING ACCESS TO TREATMENT FOR SERIOUS MENTAL ILLNESS

Sec. 501. Assertive community treatment grant program for individuals with serious mental illness.
Sec. 502. Strengthening community crisis response systems.
Sec. 503. Increased and extended funding for Assisted Outpatient Grant Program for individuals with Serious Mental Illness.

TITLE VI—SUPPORTING INNOVATIVE AND EVIDENCE-BASED PROGRAMS

Subtitle A—Encouraging the Advancement, Incorporation, and Development of Evidence-Based Practices

Sec. 601. Encouraging innovation and evidence-based programs.
Sec. 602. Promoting access to information on evidence-based programs and practices.
Sec. 603. Sense of Congress.

Subtitle B—Supporting the State Response to Mental Health Needs

Sec. 611. Community Mental Health Services Block Grant.

Subtitle C—Strengthening Mental Health Care for Children and Adolescents

Sec. 621. Telehealth child psychiatry access grants.
Sec. 622. Infant and early childhood prevention, intervention, and treatment.
Sec. 623. Children's recovery from trauma.

TITLE VII—MISCELLANEOUS PROVISIONS

Sec. 701. Strategic plan.
Sec. 702. Authorities of centers for mental health services, substance abuse prevention, and substance abuse treatment.
Sec. 703. Advisory councils.
Sec. 704. Peer review.
Sec. 705. Performance metrics.
Sec. 706. National suicide prevention lifeline program.
Sec. 707. Garrett Lee Smith Memorial Act reauthorization.
Sec. 708. Youth suicide early intervention and prevention strategies.
Sec. 709. Mental health and substance use disorder services.
Sec. 710. Workforce development studies and reports.
Sec. 711. Minority Fellowship Program.
Sec. 712. Information and awareness on eating disorders.
Sec. 713. Education and training on eating disorders.
Sec. 714. Center and program repeals.

Sec. 715. GAO study on preventing discriminatory coverage limitations for individuals with serious mental illness and substance use disorders.
Sec. 716. National violent death reporting system.
Sec. 717. Sense of Congress on prioritizing Native American youth and suicide prevention programs.

TITLE I—ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER

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

(a) IN GENERAL.—

(1) APPOINTMENT.—The Secretary of Health and Human Services shall appoint an Assistant Secretary for Mental Health and Substance Use Disorder (referred to in this title as the ''Assistant Secretary'') for the purpose of ensuring efficient and effective planning and evaluation of mental and substance use disorder programs and related activities.

(2) QUALIFICATIONS.—The Assistant Secretary shall be selected from among individuals who—

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

(ii) graduated from an Accreditation Council for Graduate Medical Education-accredited psychiatric residency program or an American Osteopathic Association approved postdoctoral training program; and

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

(B) have a doctoral degree in psychology with—

(i) clinical and research experience regarding mental illness and substance use disorders; and

(ii) an understanding of biological, psychosocial, and pharmaceutical treatments of mental illness and substance use disorders.

(b) ACTIVITIES.—In carrying out the purpose described in subsection (a)(1), the Assistant Secretary shall—

(1) collect and organize relevant data on homelessness, incarceration, hospitalizations, mortality outcomes, and other measures the Secretary deems appropriated from across Federal departments and agencies;

(2) evaluate programs related to mental and substance use disorders, including co-occurring disorders, across Federal departments and agencies, 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;

(3) evaluate—

(A) the methods for and types of documentation used in applying criteria for purposes of awarding grants under such programs administered by the Center for Mental Health Services; and

(B) the information used for oversight of such grants;

(4) consult, as appropriate, with the Administrator of the Substance Abuse and Mental Health Services Administration, the Behavioral Health Coordinating Council of the Department of Health and Human Services, other agencies within the Department of Health and Human Services, and other relevant Federal departments; and

(5) serve as a voting member on the Council on Graduate Medical Education established under sec-

tion 762 of the Public Health Service Act (42 U.S.C. 294o).

(c) RECOMMENDATIONS.—The Assistant Secretary shall develop an evaluation strategy that identifies priority programs to be evaluated by the Assistant Secretary and priority programs to be evaluated by other relevant agencies within the Department of Health and Human Services. The Assistant Secretary shall provide recommendations on improving programs and activities based on the evaluation described in subsection (b)(1) and on areas identified based on the evaluations described in subsections (b)(2) and (b)(3) as needing improvement.

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

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

(2) by inserting after paragraph (3) the following new paragraph:

''(4) the Assistant Secretary for Mental Health and Substance Use Disorder;''.

SEC. 102. PEER-SUPPORT SPECIALIST PROGRAMS.

(a) 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 up to 10 States (to be selected by the Comptroller General) that receive funding from the Substance Abuse and Mental Health Services Administration and 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 results of such study.

(b) CONTENTS OF STUDY.—In conducting the study under subsection (a), 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—

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

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

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

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

(5) requirements for continuing education.

SEC. 103. PROHIBITION AGAINST LOBBYING USING FEDERAL FUNDS BY SYSTEMS ACCEPTING FEDERAL FUNDS TO PROTECT AND ADVOCATE THE RIGHTS OF INDIVIDUALS WITH MENTAL ILLNESS.

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

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

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

(3) by adding at the end the following:

''(11) agree to refrain, during any period for which funding is provided to the system under this part, from using Federal funds for lobbying or from using Federal funds for retaining a lobbyist for the purpose of influencing a Federal, State, or local governmental entity or officer;''.

SEC. 104. INCREASED REPORTING FOR PROTECTION AND ADVOCACY ORGANIZATIONS.

(a) PUBLIC AVAILABILITY OF REPORTS.—Section 105(a)(7) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10805(a)(7)) is amended by striking ''is located a report'' and inserting ''is located, and make publicly available, a report''.

(b) DETAILED ACCOUNTING.—Section 114(a) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10824(a)) is amended—

(1) in paragraph (3), by striking ''and'' at the end;

(2) in paragraph (4), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(5) a detailed accounting, for each system funded under this title, of how funds are spent, disaggregated according to whether the funds were received from the Federal Government, the State government, a local government, or a private entity.''.

SEC. 105. GRIEVANCE PROCEDURE.

Section 105 of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10805), as amended, is further amended by adding at the end the following:

''(d) GRIEVANCE PROCEDURE.—The Secretary shall establish an independent grievance procedure for the types of claims to be adjudicated, at the request of persons described in subsection (a)(9), through a system's grievance procedure established under such subsection.''.

SEC. 106. INDEPENDENT AUDIT OF SAMHSA.

(a) IN GENERAL.—The Secretary of Health and Human Services shall enter into a contract or cooperative agreement with an external, independent entity to conduct a full assessment and review of the Substance Abuse and Mental Health Services Administration (in this section referred to as ''SAMHSA'').

(b) REPORT.—The contract or cooperative agreement under subsection (a) shall require that, not later than 18 months after the date of enactment of this Act, the external, independent entity will submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the findings and conclusion of the assessment and review.

(c) TOPICS.—The assessment and review conducted pursuant to subsection (a), and the report submitted pursuant to subsection (b), shall address each of the following:

(1) Whether the mission of SAMHSA is appropriate.

(2) Whether the program authority of SAMHSA is appropriate.

(3) Whether SAMHSA has adequate staffing, including technical expertise, to fulfill its mission.

(4) Whether SAMHSA is funded appropriately.

(5) The efficacy of the programs funded by SAMHSA.

(6) Whether funding is being spent in a way that effectively supports and promotes the authorities vested in the Administrator of SAMHSA.

(7) Whether SAMHSA's focus on recovery is appropriate.

(8) Additional steps SAMHSA can take to fulfill its charge of leading public health efforts to advance the behavioral health of the Nation and reduce the impact of substance abuse and mental illness on the Nation's communities.

(9) Whether standards for SAMHSA's grant programs are effective.

(10) Whether standards for SAMHSA's appointment of peer-review panels to evaluate grant applications is appropriate.

(11) How SAMHSA serves individuals with mental illness, serious mental illness, serious emotional disturbance, or substance use disorders, and individuals with co-occurring conditions.

SEC. 107. NATIONAL MENTAL HEALTH POLICY LABORATORY.

(a) IN GENERAL.—

(1) ESTABLISHMENT.—The Assistant Secretary shall establish, within the Office of the Assistant Secretary, the National Mental Health Policy Laboratory (in this section referred to as the ''NMHPL'').

(2) DUTIES.—The Assistant Secretary, acting through the NMHPL and taking into consideration the recommendations of the Administrator of the Substance Abuse and Mental Health Services Administration, shall—

(A) establish standards for the appointment of scientific peer-review panels to evaluate grant applications; and

(B) recommend standards for mental health grant programs.

(3) EVIDENCE-BASED PRACTICES AND SERVICE DELIVERY MODELS.—In selecting evidence-based best practices and service delivery models for evaluation and dissemination, the Administrator of the Substance Abuse and Mental Health Services Administration, acting through the NMHPL—

(A) shall give preference to models that improve—

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

(ii) the coordination among such providers and the justice and corrections system; and

(iii) the cost effectiveness, quality, effectiveness, and efficiency of health care services furnished to individuals with serious mental illness or serious emotional disturbance, in mental health crisis, or at risk to themselves, their families, and the general public; and

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

(4) DEADLINE FOR BEGINNING IMPLEMENTATION.—The Assistant Secretary, acting through the NMHPL, shall begin implementation of the duties described in this subsection not later than January 1, 2018.

(5) CONSULTATION.—In carrying out the duties under this subsection, the Assistant Secretary, acting through the NMHPL, shall consult with—

(A) representatives of the National Institute of Mental Health on organization, hiring decisions, and operations with respect to the NMHPL, initially and on an ongoing basis;

(B) other appropriate Federal agencies;

(C) clinical and analytical experts with expertise in psychiatric medical care and clinical psychological care, health care management, education, corrections health care, and mental health court systems; and

(D) other individuals and agencies as determined appropriate by the Assistant Secretary.

(b) STANDARDS FOR GRANT PROGRAMS.—

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

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

(B) the extent to which the grant plan submitted by the grantee as part of its application must explain how the grantee will help to facilitate the comprehensive community mental health or substance use services to adults with

serious mental illness, serious emotional disturbance, or substance use disorders and children with serious emotional disturbances;

(C) the extent to which grantees are expected to collaborate with other child-serving systems such as child welfare, education, juvenile justice, and primary care systems;

(D) the extent to which the grantee must collect and report data;

(E) the extent to which the grantee must facilitate evidence-based practices and the extent to which those evidence-based practices must be used with respect to a population similar to the population for which the evidence-based practices were shown to be effective; and

(F) the extent to which a grantee, when applicable, must have a control group.

(2) PUBLIC DISCLOSURE OF RESULTS.—The Assistant Secretary, acting through the NMHPL, shall make the standards under paragraph (1) available to the public in a timely fashion.

(c) COMPOSITION.—In selecting the staff of the NMHPL, the Assistant Secretary, acting through the NMHPL and in consultation with the Director of the National Institute of Mental Health, shall ensure that the

staff shall consist of 5 categories of persons (for a total of 100 percent) as follows:

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

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

(B) have graduated from an Accreditation Council for Graduate Medical Education-accredited psychiatric residency program; and

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

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

(A) clinical and research experience regarding mental illness and substance use disorders; and

(B) an understanding of biological, psychosocial, and pharmaceutical treatments of mental illness and substance use disorders.

(3) At least 20 percent of the staff shall be professionals or academics with clinical or research expertise in substance use disorders and treatment.

(4) At least 20 percent of the staff shall be professionals or academics with expertise in research design and methodologies.

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

TITLE II—MEDICAID MENTAL HEALTH COVERAGE

SEC. 201. RULE OF CONSTRUCTION RELATED TO MEDICAID COVERAGE OF MENTAL HEALTH SERVICES AND PRIMARY CARE SERVICES FURNISHED ON THE SAME DAY.

Nothing in title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) shall be construed as prohibiting separate payment under the State plan under such title (or under a waiver of the plan) for the provision of a mental health service or primary care service furnished to an individual which would otherwise be considered medical assistance under such plan, with respect to such individual, if such service is not—

(1) a primary care service furnished to the individual by a provider at a facility on the same day a mental health service is furnished to such indi-

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

(2) a mental health service furnished to the individual by a provider at a facility on the same day a primary care service is furnished to such individual by such provider (or another provider) at the facility.

SEC. 202. OPTIONAL LIMITED COVERAGE OF INPATIENT SERVICES FURNISHED IN INSTITUTIONS FOR MENTAL DISEASES.

(a) IN GENERAL.—Section 1903(m)(2) of the Social Security Act (42 U.S.C. 1396b(m)(2)) is amended by adding at the end the following new subparagraph:

''(I)(i) Notwithstanding the limitation specified in the subdivision (B) following paragraph (29) of section 1905(a) and subject to clause (ii), a State may, under a risk contract entered into by the State under this title (or under section 1115) with a medicaid managed care organization or a prepaid inpatient health plan (as defined in section 438.2 of title 42, Code of Federal Regulations (or any successor regulation)), make a monthly capitation payment to such organization or plan for enrollees with the organization or plan who are over 21 years of age and under 65 years of age and are receiving inpatient treatment in an institution for mental diseases (as defined in

section 1905(i)), so long as each of the following conditions is met:

''(I) The institution is a hospital providing inpatient psychiatric or substance use disorder services or a sub-acute facility providing psychiatric or substance use disorder crisis residential services.

''(II) The length of stay in such an institution for such services is for a short-term stay of no more than 15 days during the period of the monthly capitation payment.

''(III) The provision of such services meets the following criteria for consideration as services or settings that are in lieu of services or settings covered under the State plan:

''(aa) The State determines that the alternative service or setting is a medically appropriate and cost effective substitute for the covered service or setting under the State plan.

''(bb) The enrollee is not required by the managed care organization or prepaid inpatient health plan to use the alternative service or setting.

''(cc) Such services are authorized and identified in such contract, and will be offered to such enrollees at the option of the managed care organization or prepaid inpatient health plan.

''(ii) For purposes of setting the amount of such a monthly capitation payment, a State may use the utilization of services provided to an individual under this subparagraph when developing the inpatient psychiatric or substance use disorder component of such payment, but the amount of such payment for such services may not exceed the cost of the same services furnished through providers included under the State plan.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply beginning on July 5, 2016, or the date of the enactment of this Act, whichever is later.

SEC. 203. STUDY AND REPORT RELATED TO MEDICAID MANAGED CARE REGULATION.

(a) STUDY.—The Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall conduct a study on coverage under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) of services provided through a medicaid managed care organization (as defined in section 1903(m) of such Act (42 U.S.C.

1396b(m)) or a prepaid inpatient health plan (as defined in section 438.2 of title 42, Code of Federal Regulations (or any successor regulation)) with respect to individuals over the age of 21 and under the age of 65 for the treatment of a mental health disorder in institutions for mental diseases (as defined in section 1905(i) of such Act (42 U.S.C. 1396d(i))). Such study shall include information on the following:

(1) The extent to which States, including the District of Columbia and each territory or possession of the United States, are providing capitated payments to such organizations or plans for enrollees who are receiving services in institutions for mental diseases.

(2) The number of individuals receiving medical assistance under a State plan under such title XIX, or a waiver of such plan, who receive services in institutions for mental diseases through such organizations and plans.

(3) The range of and average number of months, and the length of stay during such months, that such individuals are receiving such services in such institutions.

(4) How such organizations or plans determine when to provide for the furnishing of such services

through an institution for mental diseases in lieu of other benefits under their contract with the State agency administering the State plan under such title XIX, or a waiver of such plan, to address psychiatric or substance use disorder treatment.

(5) The extent to which the provision of services within such institutions has affected the capitated payments for such organizations or plans.

(b) REPORT.—Not later than three years after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the study conducted under subsection (a).

SEC. 204. GUIDANCE ON OPPORTUNITIES FOR INNOVATION.

Not later than one year after the date of the enactment of this Act, the Administrator of the Centers for Medicare & Medicaid Services shall issue a State Medicaid Director letter regarding opportunities to design innovative service delivery systems, including opportunities for demonstration projects under section 1115 of the Social Security Act (42 U.S.C. 1315), to improve care for individuals with serious mental illness who are receiving medical assistance under title XIX of such Act.

SEC. 205. STUDY AND REPORT ON MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION PROJECT.

(a) COLLECTION OF INFORMATION.—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall, with respect to each State that has participated in the demonstration project established under section 2707 of the Patient Protection and Affordable Care Act (42 U.S.C. 1396a note), collect from each such State information on the following:

(1) The number of institutions for mental diseases (as defined in section 1905(i) of the Social Security Act (42 U.S.C. 1396d(i))) and beds in such institutions that received payment for the provision of services to individuals who receive medical assistance under a State plan under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (or under a waiver of such plan) through the demonstration project in each such State as compared to the total number of institutions for mental diseases and beds in the State.

(2) The extent to which there is a reduction in expenditures under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) or other spending on the full continuum of

physical or mental health care for individuals who receive treatment in an institution for mental diseases under the demonstration project, including outpatient, inpatient, emergency, and ambulatory care that is attributable to such individuals receiving treatment in institutions for mental diseases under the demonstration project.

(3) The number of forensic psychiatric hospitals and the number of forensic psychiatric beds in each such State.

(4) The amount of any disproportionate share hospital payments under section 1923 of the Social Security Act (42 U.S.C. 1396r–4) institutions for mental diseases in the State receive and the extent to which the demonstration project reduced the amount of such payments.

(5) With respect to facilities or sites in which individuals with serious mental illness who are receiving medical assistance under a State plan under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (or under a waiver of such plan) are treated—

(A) the types of such facilities or sites (such as an institution for mental diseases, a

hospital emergency department, or other inpatient hospital);

(B) the average length of stay in such a facility or site by such an individual, disaggregated by facility type; and

(C) the payment rate under the State plan (or a waivers of such plan) for services furnished to such an individual for that treatment, disaggregated by facility type.

(6) The extent to which the utilization of hospital emergency departments differed between—

(A) individuals who are receiving medical assistance under a State plan under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (or under a waiver of such plan) and who received treatment in an institution for mental diseases under the demonstration project; and

(B) individuals with serious mental illness who are receiving such medical assistance and who did not receive treatment for such illness in such an institution under the demonstration project.

(b) REPORT.—Not later than two years after the date of the enactment of this Act, the Secretary of Health and

Human Services shall submit to Congress a report on the information collected under subsection (a).

TITLE III—INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE

SEC. 301. INTERDEPARTMENTAL 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 ''Interdepartmental 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 and serious emotional disturbance research related to the prevention of, diagnosis of, intervention in, and treatment and recovery of, serious mental illnesses, serious emotional disturbances, and advances in access to services and support for individuals with a serious mental illness;

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

(A) rates of suicide, suicide attempts, prevalence of serious mental illness, serious emotional disturbances, 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; and

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

(3) a plan to improve outcomes for individuals with serious mental illness or serious emotional disturbances, including reducing incarceration for individuals who committed nonviolent offenses, reducing homelessness, and increasing employment; and

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

(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 Director of the National Institutes of Health.

(C) The Assistant Secretary for Health of the Department of Health and Human Services.

(D) The Administrator of the Substance Abuse and Mental Health Services Administration.

(E) The Attorney General of the United States.

(F) The Secretary of Veterans Affairs.

(G) The Secretary of Defense.

(H) The Secretary of Housing and Urban Development.

(I) The Secretary of Education.

(J) The Secretary of Labor.

(K) 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 2 members shall be individuals with experience with serious mental illness serious emotional disturbance;

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

(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 illnesses;

(ii) a licensed psychologist with experience treating serious mental illnesses or serious emotional disturbances;

(iii) a licensed clinical social worker with experience treating serious mental illness or serious emotional disturbances; or

(iv) a licensed psychiatric nurse, nurse practitioner, or physician assistant with experience treating serious mental illnesses and serious emotional disturbances;

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

(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 within a mental health court; and

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

(3) TERMS.—A member of the Committee appointed under paragraph (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 IV—COMPASSIONATE COMMUNICATION ON HIPAA

SEC. 401. SENSE OF CONGRESS.

(a) FINDINGS.—Congress finds the following:

(1) The vast majority of individuals with mental illness are capable of understanding their illness and caring for themselves.

(2) Persons with serious mental illness (in this section referred to as ''SMI''), including schizophrenia spectrum, bipolar disorders, and major depressive disorder, may be significantly impaired in their ability to understand or make sound decisions for their care and needs. By nature of their illness, cognitive impairments in reasoning and judgment, as well as the presence of hallucinations, delusions, and severe emotional distortions, they may lack the awareness they even have a mental illness (a condition known as anosognosia), and thus may be unable to make sound decisions regarding their care, nor

follow through consistently and effectively on their care needs.

(3) Persons with mental illness or SMI may require and benefit from mental health treatment in order to recover to the fullest extent of their ability; these beneficial interventions may include psychiatric care, psychological care, medication, peer support, educational support, employment support, and housing support.

(4) Persons with SMI who are provided with professional and supportive services may still experience times when their symptoms may greatly impair their abilities to make sound decisions for their personal care or may discontinue their care as a result of this impaired decisionmaking resulting in a further deterioration of their condition. Although they do not meet a legal criteria of imminent danger to themselves and others, they experience a temporary or prolonged impairment from their diminished capacity to care for themselves.

(5) Episodes of psychiatric crises among those with SMI can result in neurological harm to the individual's brain.

(6) Persons with SMI—

(A) are at high risk for other chronic physical illnesses, with approximately 50 percent having two or more co-occurring chronic physical illnesses such as cardiac, pulmonary, cancer, and endocrine disorders; and

(B) have three times the odds of having chronic bronchitis, five times the odds of having emphysema, and four times the odds of having COPD, are more than four times as likely to have fluid and electrolyte disorders, and are nearly three times as likely to be nicotine dependent.

(7) Some psychotropic medications, such as second generation antipsychotics, significantly increase risk for chronic illnesses such as diabetes and cardiovascular disease.

(8) When the individual fails to seek or maintain treatment for these physical conditions over a long term, it can result in the individual becoming gravely disabled, or developing life-threatening illnesses. Early and consistent treatment can ameliorate or reduce symptoms or cure the disease.

(9) Persons with SMI die 7 to 24 years earlier than their age cohorts primarily because of complications from their chronic physical illness and fail

to seek or maintain treatment resulting from emotional and cognitive impairments from their SMI.

(10) It is beneficial to the person with SMI and chronic illness to seek and maintain continuity of medical care and treatment for their mental illness to prevent further deterioration and harm to their own safety.

(11) When the individual with SMI is significantly diminished in their capacity to care for themselves long term or acutely, other supportive interventions to assist their care may be necessary to protect their health and safety.

(12) Prognosis for the physical and psychiatric health of those with SMI improves when responsible caregivers facilitate and participate in care.

(13) When an individual with SMI is chronically incapacitated in their ability to care for themselves, caregivers can pursue legal guardianship to facilitate care in appropriate areas while being mindful to allow the individual to make decisions for themselves in areas where they are capable.

(14) Individuals with SMI who have prolonged periods of being significantly functional can, during such periods, design and sign an advanced directive to predefine and choose medications, providers,

treatment plans, and hospitals, and provide caregivers with guardianship the ability to help in those times when a patient's psychiatric symptoms worsen to the point of making them incapacitated or leaving them with a severely diminished capacity to make informed decisions about their care which may result in harm to their physical and mental health.

(15) All professional and support efforts should be made to help the individual with SMI and experience acute or chronic physical illnesses to understand and follow through on treatment.

(16) When individuals with SMI, even after efforts to help them understand, have failed to care for themselves, current HIPAA rules do not permit a health care provider to communicate with responsible caregivers who may be able to facilitate care for the patient with SMI when the individual does not give permission for disclosure.

(b) SENSE OF CONGRESS.—It is the sense of the Congress that for the sake of the health and safety of persons with serious mental illness, revisions are needed to the current HIPAA privacy rule promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act (42 U.S.C. 1320d–2 note) to permit health care professionals to communicate when necessary

with responsible known caregivers of such persons the limited, appropriate personal health information of such persons in order to facilitate treatment of such persons, but not including psychotherapy notes.

SEC. 402. CONFIDENTIALITY OF RECORDS.

Not later than one year after the date on which the Secretary of Health and Human Services first finalizes 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 effect of such regulations on patient care, health outcomes, and patient privacy. The Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate, and make publicly available, a report on the findings of such stakeholders.

SEC. 403. 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 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 1974 (29 U.S.C. 1185a), and section 9812 of the Internal Revenue Code of 1986.

SEC. 404. CLARIFICATION OF CIRCUMSTANCES UNDER WHICH DISCLOSURE OF PROTECTED HEALTH INFORMATION IS PERMITTED.

(a) IN GENERAL.—Not later than one year after the date of enactment of this section, the Secretary of Health and Human Services shall promulgate final regulations clarifying the circumstances under which, consistent with the provisions of subpart C of title XI of the Social Security Act and regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996, a health care provider or covered entity may disclose the protected health information of a patient with a mental illness, including for purposes of—

(1) communicating (including with respect to treatment, side effects, risk factors, and the availability of community resources) with a family member of such patient, caregiver of such patient, or other individual to the extent that such family member, caregiver, or individual is involved in the care of the patient;

(2) communicating with a family member of the patient, caregiver of such patient, or other individual involved in the care of the patient in the case that the patient is an adult;

(3) communicating with the parent or caregiver of a patient in the case that the patient is a minor;

(4) considering the patient's capacity to agree or object to the sharing of the protected health information of the patient;

(5) communicating and sharing information with the family or caregivers of the patient when—

(A) the patient consents;

(B) the patient does not consent, but the patient lacks the capacity to agree or object and the communication or sharing of information is in the patient's best interest;

(C) the patient does not consent and the patient is not incapacitated or in an emergency circumstance, but the capacity of the patient to make rational health care decisions is significantly diminished by reason of the physical or mental health condition of the patient; or

(D) the absence of such information and proper treatment will lead to a worsening prog-

nosis or an acute or chronic medical condition of the patient;

(6) involving a patient's family members, caregivers, or others involved in the patient's care or care plan, including facilitating treatment and medication adherence, in dealing with patient failures to adhere to medication or other therapy;

(7) listening to or receiving information with respect to the patient from the family or caregiver of such patient receiving mental illness treatment;

(8) communicating with family members of the patient, caregivers of patient, law enforcement, or others when the patient presents a serious and imminent threat of harm to self or others; and

(9) communicating to law enforcement and family members of the patient or caregivers of the patient about the admission of the patient to receive care at a facility or the release of a patient who was admitted to a facility for an emergency psychiatric hold or involuntary treatment.

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

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

TITLE V—INCREASING ACCESS TO TREATMENT FOR SERIOUS MENTAL ILLNESS

SEC. 501. ASSERTIVE COMMUNITY TREATMENT GRANT PROGRAM FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Substance Abuse and Mental Health Services Administration, shall award grants to eligible entities—

(1) to establish assertive community treatment programs for individuals with serious mental illness; or

(2) to maintain or expand such programs.

(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall be a State, county, city, tribe, tribal organization, mental health system, health care facility, or any other entity the Secretary deems appropriate.

(c) SPECIAL CONSIDERATION.—In selecting among applicants for a grant under this section, the Secretary may give special consideration to the potential of the applicant's program to reduce hospitalization, homelessness, incarceration, and interaction with the criminal justice system while improving the health and social outcomes of the patient.

(d) ADDITIONAL ACTIVITIES.—The Secretary shall—

(1) for each fiscal year for which grants are awarded under this section, submit a report to the appropriate congressional committees on the grant program under this section, including an evaluation of—

(A) cost savings and public health outcomes such as mortality, suicide, substance abuse, hospitalization, and use of services;

(B) rates of incarceration of patients;

(C) rates of homelessness among patients; and

(D) patient and family satisfaction with program participation; and

(2) provide appropriate information, training, and technical assistance to grant recipients under this section to help such recipients to establish,

maintain, or expand their assertive community treatment programs.

(e) AUTHORIZATION OF APPROPRIATIONS.—

[(1) IN GENERAL.—To carry out this section, there is authorized to be appropriated [$_____] for each of fiscal years 2017 through 2021.]

(2) USE OF CERTAIN FUNDS.—Of the funds appropriated to carry out this section in any fiscal year, no more than 5 percent shall be available to the Secretary for carrying out subsection (d).

SEC. 502. STRENGTHENING COMMUNITY CRISIS RESPONSE SYSTEMS.

Section 520F of the Public Health Service Act (42 U.S.C. 290bb–37) is amended to read as follows:

"SEC. 520F. STRENGTHENING COMMUNITY CRISIS RESPONSE SYSTEMS.

''(a) IN GENERAL.—The Secretary shall award competitive grants—

''(1) to State and local governments and Indian tribes and tribal organizations to enhance community-based crisis response systems; or

''(2) to States to develop, maintain, or enhance a database of beds at inpatient psychiatric facilities, crisis stabilization units, and residential community

mental health and residential substance use disorder treatment facilities, for individuals with serious mental illness, serious emotional disturbance, or substance use disorders.

''(b) APPLICATION.—

''(1) IN GENERAL.—To receive a grant or cooperative agreement under subsection (a), an entity shall submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require.

''(2) COMMUNITY-BASED CRISIS RESPONSE PLAN.—An application for a grant under subsection (a)(1) shall include a plan for—

''(A) promoting integration and coordination between local public and private entities engaged in crisis response, including first responders, emergency health care providers, primary care providers, law enforcement, court systems, health care payers, social service providers, and behavioral health providers;

''(B) developing a plan for entering into memoranda of understanding with public and private entities to implement crisis response services;

"(C) expanding the continuum of community-based services to address crisis intervention and prevention; and

"(D) developing models for minimizing hospital readmissions, including through appropriate discharge planning.

"(3) BEDS DATABASE PLAN.—An application for a grant under subsection (a)(2) shall include a plan for developing, maintaining, or enhancing a real-time Internet-based bed database to collect, aggregate, and display information about beds in inpatient psychiatric facilities and crisis stabilization units, and residential community mental health and residential substance use disorder treatment facilities to facilitate the identification and designation of facilities for the temporary treatment of individuals in mental or substance use disorder crisis.

"(c) DATABASE REQUIREMENTS.—A bed database described in this section is a database that—

"(1) includes information on inpatient psychiatric facilities, crisis stabilization units, and residential community mental health and residential substance use disorder facilities in the State involved, including contact information for the facility or unit;

''(2) provides real-time information about the number of beds available at each facility or unit and, for each available bed, the type of patient that may be admitted, the level of security provided, and any other information that may be necessary to allow for the proper identification of appropriate facilities for treatment of individuals in mental or substance use disorder crisis; and

''(3) enables searches of the database to identify available beds that are appropriate for the treatment of individuals in mental or substance use disorder crisis.

''(d) EVALUATION.—An entity receiving a grant under subsection (a)(1) shall submit to the Secretary, at such time, in such manner, and containing such information as the Secretary may reasonably require, a report, including an evaluation of the effect of such grant on—

''(1) local crisis response services and measures of individuals receiving crisis planning and early intervention supports;

''(2) individuals reporting improved functional outcomes; and

''(3) individuals receiving regular follow-up care following a crisis.

[''(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, **[**$_____**]** for each of fiscal years 2017 through 2021.''.**]**

SEC. 503. INCREASED AND EXTENDED FUNDING FOR ASSISTED OUTPATIENT GRANT PROGRAM FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS.

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

(1) in paragraph (1), by striking ''2018'' and inserting ''2020''; and

[(2) in paragraph (2), by striking ''through 2018'' and inserting ''through 2016 and **[**$_____**]** for each of fiscal years 2017 through 2020''.**]**

TITLE VI—SUPPORTING INNOVATIVE AND EVIDENCE-BASED PROGRAMS

Subtitle A—Encouraging the Advancement, Incorporation, and Development of Evidence-Based Practices

SEC. 601. ENCOURAGING INNOVATION AND EVIDENCE-BASED PROGRAMS.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is 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 Helping Families in Mental Health Crisis Act of 2016;

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

nificant effect 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, including culturally and linguistically appropriate services, as appropriate, and service delivery models;

''(4) provide leadership in identifying and coordinating policies and programs, including evidence-based programs, related to mental 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 effi-

cient 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, including programs and practices with scientific merit.

''(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, 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 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 [$_____] for each of fiscal years 2017 through 2021.''.]

SEC. 602. 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 an initial period for the submission of applications for evidence-based programs and practices to be posted publicly in accordance with subsection

(a) (and may establish subsequent such periods). The Administrator shall publish notice of such application periods in the Federal Register. Such notice may solicit applications for evidence-based practices and programs to address gaps identified by the Assistant Secretary for Mental Health and Substance Use Disorder 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), as added by section 701.

(c) REQUIREMENTS.—The Administrator shall establish minimum requirements for applications referred to in 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 evidence-based practices and programs that are related to topics included in the notice established under subsection (b). The Administrator shall utilize a rating and review system, which shall 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. The Administrator shall make the metrics used

to evaluate applications and the resulting ratings publicly available.

SEC. 603. SENSE OF CONGRESS.

It is the sense of the Congress that the National Institute of Mental Health should conduct or support research on the determinants of self-directed and other violence connected to mental illness.

Subtitle B—Supporting the State Response to Mental Health Needs

SEC. 611. 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 a serious mental illness and children with a serious emotional disturbance as defined in accordance with section 1912(c);''.

(b) STATE PLAN.—Subsection (b) of section 1912 of the Public Health Service Act (42 U.S.C. 300x–1) is amended to read as follows:

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

''(1) SYSTEM OF CARE.—The plan provides a description of the system of care of the State, including as follows:

''(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 or providing comprehensive individualized treat-

ment, or integrating mental and physical health services;

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

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

''(vii) as appropriate to and reflective of the uses the State proposes for the block grant monies—

''(I) a description of the activities intended to reduce hospitalizations and hospital stays using the block grant monies;

''(II) a description of the activities intended to reduce incidents of suicide using the block grant monies; and

''(III) a description of how the State integrates mental health and

primary care using the block grant monies.

"(B) MENTAL HEALTH SYSTEM DATA AND EPIDEMIOLOGY.—The plan shall contain an estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children and presents quantitative targets and outcome measures for programs and services provided under this subpart.

"(C) CHILDREN'S SERVICES.—In the case of children with serious emotional disturbance (as defined in 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 that, together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs (such system to include services provided under the Individuals with Disabilities Education Act).

"(D) TARGETED SERVICES TO RURAL AND HOMELESS POPULATIONS.—The plan shall de-

scribe the State's outreach to and services for individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.

''(E) MANAGEMENT SERVICES.—The plan shall—

''(i) describe the financial resources available, the existing mental health workforce, and workforce trained in treating individuals with co-occurring mental and substance use disorders;

''(ii) provide for the training of providers of emergency health services regarding mental health;

''(iii) describe the manner in which the State intends to expend the grant under section 1911 for the fiscal year involved; and

''(iv) describe the manner in which the State intends to comply with each of the funding agreements in this subpart and subpart III.

''(2) GOALS AND OBJECTIVES.—The plan establishes 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 subpart 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 amending paragraph (3) to read as follows:

''(3) WAIVER.—

''(A) IN GENERAL.—The Secretary may, upon the request of a State, waive the requirement established in paragraph (1) in whole or in part, if—

''(i) the Secretary determines that extraordinary economic conditions in the State in the fiscal year involved or in the previous fiscal year justify the waiver; or

''(ii) the State, or any part of the State, has experienced an emergency natural disaster that has been determined by the President to be a Major disaster 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 this paragraph 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 this para-

graph shall be applicable only to the fiscal year involved.''.

(2) in paragraph (4)—

(A) in subparagraph (A), by inserting after the subparagraph designation the following: ''IN GENERAL.—''; 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 ''$450,000,000'' and all that follows and inserting ''**[**$_____**]** for each of fiscal years 2017 through 2021.''.**]**

Subtitle C—Strengthening Mental Health Care for Children and Adolescents

SEC. 621. TELEHEALTH CHILD PSYCHIATRY ACCESS GRANTS.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), acting through the Administrator of the Health Resources and Services Administration and in coordination with other relevant Federal agencies, may award grants to States, political subdivisions of States, and Indian tribes and tribal organizations (for purposes of this section, as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)) 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 existing statewide or regional child psychiatry access programs.

(b) PROGRAM REQUIREMENTS.—

(1) IN GENERAL.—A child psychiatry access program referred to in subsection (a), with respect

to which a grant under such subsection may be used, shall—

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

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

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

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

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

(F) 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 and co-occurring intellectual and other developmental disabilities;

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

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

(I) 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.

(2) PEDIATRIC MENTAL HEALTH TEAMS.—In this subsection, 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.

(c) APPLICATION.—A State, political subdivision of a State, Indian tribe, or tribal organization seeking 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 rigorous evaluation of activities that are carried out with funds received under such grant.

(d) EVALUATION.—A State, political subdivision of a State, Indian tribe, or tribal organization that receives a grant under this section shall prepare and submit an evaluation of activities carried out with funds received under such grant to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including a process and outcome evaluation.

(e) MATCHING REQUIREMENT.—The Secretary may not award a grant under this section unless the State, political subdivision of a State, Indian tribe, or tribal organization involved agrees, with respect to the costs to be incurred by the State, political subdivision of a State, Indian tribe, or tribal organization in carrying out the purpose described in this section, 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 in the grant.

[(f) AUTHORIZATION OF APPROPRIATIONS.—To carry this section, there are authorized to be appropriated [$_____] for each of fiscal years 2017 through 2021.]

SEC. 622. INFANT AND EARLY CHILDHOOD PREVENTION, INTERVENTION, AND TREATMENT.

Part Q of title III of the Public Health Service Act (42 U.S.C. 290h et seq.) is amended by adding at the end the following:

"SEC. 399Z-2. INFANT AND EARLY CHILDHOOD PREVENTION, INTERVENTION, AND TREATMENT.

''(a) GRANTS.—The Secretary shall—

''(1) award grants to eligible entities, including human services agencies, to develop, maintain, or enhance infant and early childhood mental health prevention, intervention, and treatment programs, including programs for infants and children at significant risk of developing or showing early signs of mental disorders, including serious emotional disturbance, or social or emotional disability; and

''(2) ensure that programs funded through grants under this section are evidence-informed or evidence-based models, practices, and methods that are, as appropriate, culturally and linguistically appropriate, and can be replicated in other appropriate settings.

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

''(1) ELIGIBLE CHILD.—The term 'eligible child' means a child from birth to not more than 12 years of age who—

''(A) is at risk, or shows early signs, of developing a mental disorder, including serious emotional disturbance; and

''(B) may benefit from infant and early childhood intervention or treatment programs or specialized preschool or elementary school programs that are evidence-based or that have been scientifically demonstrated to show promise but would benefit from further applied development.

''(2) ELIGIBLE ENTITY.—The term 'eligible entity' means a nonprofit institution that—

''(A) is accredited by a State mental health or education agency, as applicable, to provide for children in the age range from birth to 12 years of age, prevention intervention, or treatment services that are evidence-based or that have been scientifically demonstrated to show promise but would benefit from further applied development; and

''(B) provides services that include, for infants and children at risk of developing or showing early signs of mental disorder, serious emotional disturbance, or social or emotional disability, early intervention and treatment or specialized programs that are evidence-based or that have been scientifically demonstrated to show promise but would benefit from further applied development.

''(c) APPLICATION.—An eligible entity seeking a grant under subsection (a) shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(d) USE OF FUNDS FOR EARLY INTERVENTION AND TREATMENT PROGRAMS.—An eligible entity may use amounts awarded under a grant under subsection (a)(1) to carry out the following:

''(1) Provide age-appropriate preventive and early intervention services or mental disorder treatment services, which may include specialized programs, for eligible children at significant risk of developing or showing early signs of mental disorder, including serious emotional disturbance, or social or emotional disorder. Such treatment services may include social-emotional and behavioral services.

''(2) Provide training for health care professionals with expertise in infant and early childhood mental health care with respect to appropriate and relevant integration with other disciplines such as primary care clinicians, early intervention specialists, child welfare staff, home visitors, early care and education providers, and others who work with young children and families.

''(3) Provide mental health consultation to personnel of early care and education programs (including licensed or regulated center-based and home-based child care, home visiting, preschool special education and early intervention programs funded through part C of the Individuals with Disabilities Education Act) who work with children and families.

''(4) Provide training for mental health clinicians in infant and early childhood promising and evidence-based practices and models for mental health treatment and early intervention, including with regard to practices for identifying and treating mental and behavioral disorders of infants and children resulting from exposure or repeated exposure to adverse childhood experiences or childhood trauma.

''(5) Provide assessment and intervention services for eligible children, including early prevention, intervention, and treatment services.

''(e) MATCHING FUNDS.—The Secretary may not award a grant under this section to an eligible entity unless the eligible entity agrees, with respect to the costs to be incurred by the eligible entity in carrying out the activities described in subsection (d), to make available non-Federal contributions (in cash or in kind) toward such costs in an amount that is not less than 10 percent of the total amount of Federal funds provided in the grant.

[''(f) AUTHORIZATION OF APPROPRIATIONS.—To carry this section, there are authorized to be appropriated **[**$____**]** for each of fiscal years 2017 through 2021.''.**]**

SEC. 623. CHILDREN'S RECOVERY FROM TRAUMA.

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

(1) in subsection (a), by striking ''developing programs'' and all that follows and inserting the following: ''developing and maintaining programs that provide for—

''(1) the continued operation of the National Child Traumatic Stress Initiative (referred to in this section as the 'NCTSI'), which includes a coordinating center, that focuses on the mental, behav-

ioral, and biological aspects of psychological trauma response; and

''(2) the development of knowledge with regard to evidence-based practices for identifying and treating mental, behavioral, and biological disorders of children and youth resulting from witnessing or experiencing a traumatic event.'';

(2) in subsection (b)—

(A) by striking ''subsection (a) related'' and inserting ''subsection (a)(2) (related'';

(B) by striking ''treating disorders associated with psychological trauma'' and inserting ''treating mental, behavioral, and biological disorders associated with psychological trauma)'';

and

(C) by striking ''mental health agencies and programs that have established clinical and basic research'' and inserting ''universities, hospitals, mental health agencies, and other programs that have established clinical expertise and research'';

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

(4) by inserting after subsection (b), the following:

''(c) CHILD OUTCOME DATA.—The NCTSI coordinating center shall collect, analyze, report, and make publicly available NCTSI-wide child treatment process and outcome data regarding the early identification and delivery of evidence-based treatment and services for children and families served by the NCTSI grantees.

''(d) TRAINING.—The NCTSI coordinating center shall facilitate the coordination of training initiatives in evidence-based and trauma-informed treatments, interventions, and practices offered to NCTSI grantees, providers, and partners.

''(e) DISSEMINATION.—The NCTSI coordinating center shall, as appropriate, collaborate with the Secretary in the dissemination of evidence-based and trauma-informed interventions, treatments, products, and other resources to appropriate stakeholders.

''(f) REVIEW.—The Secretary shall, consistent with the peer-review process, ensure that NCTSI applications are reviewed by appropriate experts in the field as part of a consensus review process. The Secretary shall include review criteria related to expertise and experience in child trauma and evidence-based practices.'';

(5) in subsection (g) (as so redesignated), by striking ''with respect to centers of excellence are distributed equitably among the regions of the coun-

try'' and inserting ''are distributed equitably among the regions of the United States'';

(6) in subsection (i) (as so redesignated), by striking ''recipient may not exceed 5 years'' and inserting ''recipient shall not be less than 4 years, but shall not exceed 5 years''; and

(7) in subsection (j) (as so redesignated), by striking ''$50,000,000'' and all that follows through ''2006'' and inserting ''**[**$_____**]** for each of fiscal years 2017 through 2021''.

TITLE VII—MISCELLANEOUS PROVISIONS

SEC. 701. STRATEGIC PLAN.

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

(1) by redesignating subsections (l) through (o) as subsections (m) through (p), respectively; and

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

''(l) STRATEGIC PLAN.—

''(1) IN GENERAL.—Not later than December 1, 2017, and every 5 years thereafter, the Administrator shall develop and carry out a strategic plan in accordance with this subsection for the planning and

operation of evidence-based 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 recommendations of the Assistant Secretary for Mental Health and Substance Use Disorders under section 101 of the Helping Families in Mental Health Crisis Act of 2016 and the report of the Interdepartmental Serious Mental Illness Coordinating Committee under section 301 of such Act.

''(3) PUBLICATION OF PLAN.—Not later than December 1, 2017, and every 5 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, including

priorities to prevent or eliminate the burden of mental illness and substance use disorders;

"(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 serious 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 prevention, diagnosis, 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, licensed professional counselors, 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;

''(E) identify opportunities to improve collaboration with States, local governments, communities, 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

''(F) specify a strategy to disseminate evidenced-based and promising best practices related to prevention, diagnosis, 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. 702. AUTHORITIES OF CENTERS FOR MENTAL HEALTH SERVICES, SUBSTANCE ABUSE PREVENTION, AND SUBSTANCE ABUSE TREATMENT.

(a) CENTER 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 to ensure that, as appropriate, programs related to the prevention and treatment 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;'';

(3) in paragraph (5), as so redesignated, by inserting ''through policies and 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 in programs and activities of the Administration,'' 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) consult with other agencies and offices of the Department of Health and Human Services to ensure, with respect to each grant awarded by the Center for Mental Health Services, the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded.''.

(b) DIRECTOR OF THE CENTER FOR SUBSTANCE ABUSE PREVENTION.—Section 515 of the Public Health Service Act (42 U.S.C. 290bb–21) is amended—

(1) in the section heading, by striking ''**OFFICE**'' and inserting ''**CENTER**'';

(2) in subsection (a)—

(A) by striking ''an Office'' and inserting ''a Center''; and

(B) by striking ''The Office'' and inserting ''The Center''; and

(3) in subsection (b)—

(A) in paragraph (1), by inserting ''through the reduction of risk and the promotion of resiliency'' before the semicolon;

(B) by redesignating paragraphs (3) through (11) as paragraphs (4) through (12), respectively;

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

''(3) collaborate with the Director of the National Institute on Drug Abuse, the Director of the National Institute on Alcohol Abuse and Alcoholism, and States to promote the study, dissemination, and implementation of research findings that will improve the delivery and effectiveness of substance abuse prevention activities;'';

(D) in paragraph (4), as so redesignated, by striking ''literature on the adverse effects of cocaine free base (known as crack)'' and inserting ''educational information on the effects of drugs abused by individuals, including drugs that are emerging as abused drugs'';

(E) in paragraph (6), as so redesignated—

(i) by striking ''substance abuse counselors'' and inserting ''health professionals who provide substance use and abuse prevention and treatment''; and

(ii) by striking ''drug abuse education, prevention,'' and inserting ''illicit drug use education and prevention'';

(F) by amending paragraph (7), as so redesignated, to read as follows:

''(7) in cooperation with the Director of the Centers for Disease Control and Prevention, develop and disseminate educational materials to increase awareness for individuals at greatest risk for substance use disorders in order to prevent the transmission of communicable diseases, such as HIV, hepatitis C, and tuberculosis;'';

(G) in paragraph (9), as so redesignated, by striking ''to discourage alcohol and drug abuse'' and inserting ''that reduce the risk of substance use and promote resiliency'';

(H) in paragraph (11), as so redesignated, by striking ''and'' after the semicolon;

(I) in paragraph (12), as so redesignated, by striking the period at the end and inserting a semicolon; and

(J) by adding at the end the following:

''(13) ensure the consistent documentation of the application of criteria when awarding grants and

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

''(14) assist and support States in preventing illicit drug use, including emerging illicit drug use issues.''.

(c) DIRECTOR OF THE CENTER FOR SUBSTANCE ABUSE TREATMENT.—Section 507 of the Public Health Service Act (42 U.S.C. 290bb) is amended—

(1) in subsection (a)—

(A) by striking ''treatment of substance abuse'' and inserting ''treatment of substance use disorders''; and

(B) by striking ''abuse treatment systems'' and inserting ''use disorder treatment systems''; and

(2) in subsection (b)—

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

(B) in paragraph (4)—

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

(ii) by striking ''individuals who abuse drugs'' and inserting ''individuals who use drugs'';

(C) in paragraph (9), by striking ''carried out by the Director'';

(D) by striking paragraph (10);

(E) by redesignating paragraphs (11) through (14) as paragraphs (10) through (13), respectively;

(F) in paragraph (12), as so redesignated, by striking ''; and'' and inserting a semicolon; and

(G) by striking paragraph (13), as so redesignated, and inserting the following:

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

''(14) work with States, providers, and individuals in recovery, and their families, to promote the expansion of recovery support services and systems of care oriented towards recovery.''.

SEC. 703. ADVISORY COUNCILS.

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

(1) in paragraph (2)—

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

(B) by redesignating subparagraph (F) as subparagraph (I); and

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

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

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

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

(2) 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. 704. 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 treatment, not less than half of the members of such peer review group shall be licensed and experienced professionals in the prevention, diagnosis, or treatment of, or recovery from, mental 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. 705. PERFORMANCE METRICS.

(a) EVALUATION OF CURRENT PROGRAMS.—

(1) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services shall conduct an evaluation of the effect of activities re-

lated to the prevention and treatment of mental illness and substance use disorders conducted by the Substance Abuse and Mental Health Services Administration.

(2) ASSESSMENT OF PERFORMANCE METRICS.—The evaluation conducted under paragraph (1) shall include an assessment of the use of performance metrics to evaluate activities carried out by entities receiving grants, contracts, or cooperative agreements related to mental illness or substance use disorders under title V or title XIX of the Public Health Service Act (42 U.S.C. 290aa et seq.; 42 U.S.C. 300w et seq.).

(3) RECOMMENDATIONS.—The evaluation conducted under paragraph (1) shall include recommendations for the use of performance metrics to improve the quality of programs related to the prevention and treatment of mental illness and substance use disorders.

(b) USE OF PERFORMANCE METRICS.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall advance, through existing programs, the use of performance metrics, taking

into consideration the recommendations under subsection (a)(3), to improve programs related to the prevention and treatment of mental illness and substance use disorders.

SEC. 706. 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.), as amended, is further amended by inserting after section 520E–3 (42 U.S.C. 290bb–36) the following:

"SEC. 520E–4. 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 Helping Families in Mental Health Crisis 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 **[**$_____**]** for each of fiscal years 2017 through 2021.''.**]**

SEC. 707. GARRETT LEE SMITH MEMORIAL ACT REAUTHORIZATION.

Section 520C of the Public Health Service Act (42 U.S.C. 290bb–34) is amended—

(1) by striking the section heading and inserting ''**SUICIDE PREVENTION TECHNICAL ASSISTANCE CENTER.**'';

(2) in subsection (a), by striking ''and in consultation with'' and all that follows through the period at the end of paragraph (2) and inserting ''shall establish a research, training, and technical assistance resource center to provide appropriate information, training, and technical assistance to States, political subdivisions of States, federally recognized In-

dian tribes, tribal organizations, institutions of higher education, public organizations, or private nonprofit organizations regarding the prevention of suicide among all ages, particularly among groups that are at high risk for suicide.'';

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

(4) by redesignating subsection (d) as subsection (b);

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

(A) by striking the subsection heading and inserting ''RESPONSIBILITIES OF THE CENTER.'';

(B) in the matter preceding paragraph (1), by striking ''The additional research'' and all that follows through ''nonprofit organizations for'' and inserting ''The center established under subsection (a) shall conduct activities for the purpose of'';

(C) by striking ''youth suicide'' each place such term appears and inserting ''suicide'';

(D) in paragraph (1)—

(i) by striking ''the development or continuation of'' and inserting ''developing and continuing''; and

(ii) by inserting ''for all ages, particularly among groups that are at high risk for suicide'' before the semicolon at the end;

(E) in paragraph (2), by inserting ''for all ages, particularly among groups that are at high risk for suicide'' before the semicolon at the end;

(F) in paragraph (3), by inserting ''and tribal'' after ''statewide'';

(G) in paragraph (5), by inserting ''and prevention'' after ''intervention'';

(H) in paragraph (8), by striking ''in youth'';

(I) in paragraph (9), by striking ''and behavioral health'' and inserting ''health and substance use disorder''; and

(J) in paragraph (10), by inserting ''conducting'' before ''other''; and

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

[''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated **[**$_____**]** for each of fiscal years 2017 through 2021.**]**

''(d) ANNUAL REPORT.—Not later than 2 years after the date of enactment of the Helping Families in Mental Health Crisis Act of 2016, the Secretary shall submit to Congress a report on the activities carried out by the center established under subsection (a) during the year involved, including the potential effects of such activities, and the States, organizations, and institutions that have worked with the center.''.

SEC. 708. YOUTH SUICIDE EARLY INTERVENTION AND PREVENTION STRATEGIES.

Section 520E of the Public Health Service Act (42 U.S.C. 290bb–36) is amended—

(1) in paragraph (1) of subsection (a) and in subsection (c), by striking ''substance abuse'' each place such term appears and inserting ''substance use disorder'';

(2) in subsection (b)(2)—

(A) by striking ''each State is awarded only 1 grant or cooperative agreement under this section'' and inserting ''a State does not receive more than 1 grant or cooperative agreement under this section at any 1 time''; and

(B) by striking ''been awarded'' and inserting ''received''; and

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

[''(m) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated **[**$_____**]** for each of fiscal years 2017 through 2021.''.**]**

SEC. 709. MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES.

Section 520E–2 of the Public Health Service Act (42 U.S.C. 290bb–36b) is amended—

(1) in the section heading, by striking ''**AND BEHAVIORAL HEALTH**'' and inserting ''**HEALTH AND SUBSTANCE USE DISORDER**'';

(2) in subsection (a)—

(A) by striking ''Services,'' and inserting ''Services and'';

(B) by striking ''and behavioral health problems'' and inserting ''health or substance use disorders''; and

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

(3) in subsection (b)—

(A) in the matter preceding paragraph (1), by striking ''for—'' and inserting ''for one or more of the following:''; and

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

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

''(2) The operation of hotlines.

''(3) Preparing informational material.

''(4) Providing outreach services to notify students about available mental health and substance use disorder services.

''(5) Administering voluntary mental health and substance use disorder screenings and assessments.

''(6) Supporting the training of students, faculty, and staff to respond effectively to students with mental health and substance use disorders.

''(7) Creating a network infrastructure to link colleges and universities with health care providers who treat mental health and substance use disorders.'';

(4) in subsection (c)(5), by striking ''substance abuse'' and inserting ''substance use disorder'';

(5) in subsection (d)—

(A) in the matter preceding paragraph (1), by striking ''An institution of higher education desiring a grant under this section'' and insert-

ing ''To be eligible to receive a grant under this section, an institution of higher education'';

(B) in paragraph (1)—

(i) by striking ''and behavioral health'' and inserting ''health and substance use disorder''; and

(ii) by inserting '', including veterans whenever possible and appropriate,'' after ''students''; and

(C) in paragraph (2), by inserting '', which may include, as appropriate and in accordance with subsection (b)(7), a plan to seek input from relevant stakeholders in the community, including appropriate public and private entities, in order to carry out the program under the grant'' before the period at the end;

(6) in subsection (e)(1), by striking ''and behavioral health problems'' and inserting ''health and substance use disorders'';

(7) in subsection (f)(2)—

(A) by striking ''and behavioral health'' and inserting ''health and substance use disorder''; and

(B) by striking ''suicide and substance abuse'' and inserting ''suicide and substance use disorders''; and

[(8) in subsection (h), by striking ''$5,000,000 for fiscal year 2005'' and all that follows through the period at the end and inserting ''[$_____] for each of fiscal years 2017 through 2021.''.]

SEC. 710. WORKFORCE DEVELOPMENT STUDIES AND REPORTS.

(1) 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.

(2) CONTENTS.—The report under this section shall contain—

(A) national and State-level projections of the supply and demand of mental health and

substance use disorder health workers, including the number of individuals practicing in fields deemed relevant by the Secretary;

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

(C) information on trends within the mental health and substance use disorder provider workforce, including the number of individuals entering the mental health workforce over the next five years;

(D) information on the gaps in workforce development for mental health providers and professionals; and

(E) 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.

SEC. 711. MINORITY FELLOWSHIP PROGRAM.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.), as amended, is further amended by adding at the end the following:

"PART K—MINORITY FELLOWSHIP PROGRAM

"SEC. 597. FELLOWSHIPS.

''(a) IN GENERAL.—The Secretary shall maintain a program, to be known as the Minority Fellowship Program, under which the Secretary awards fellowships, which may include stipends, for the purposes of—

''(1) increasing behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental and substance use disorders among racial and ethnic minority populations;

''(2) improving the quality of mental and substance use disorder prevention and treatment delivered to ethnic minorities; and

''(3) increasing the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental health or substance use services to underserved minority populations.

''(b) TRAINING COVERED.—The fellowships under subsection (a) shall be for postbaccalaureate training (including for master's and doctoral degrees) for mental

health professionals, including in the fields of psychiatry, nursing, social work, psychology, marriage and family therapy, and substance use and addiction counseling.

''(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $_____ for fiscal year 2016, $_____ for fiscal year 2017, $_____ for fiscal year 2018, $_____ for fiscal year 2019, and $_____ for fiscal year 2020.''.

SEC. 712. INFORMATION AND AWARENESS ON EATING DISORDERS.

(a) INFORMATION.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary''), acting through the Director of the Office on Women's Health, may—

(1) update information, related fact sheets, and resource lists related to eating disorders that are available on the public Internet website of the National Women's Health Information Center sponsored by the Office on Women's Health, to include—

(A) updated findings and current research related to eating disorders, as appropriate; and

(B) information about eating disorders, including information related to males and females;

(2) incorporate, as appropriate, and in coordination with the Secretary of Education, information from publicly available resources into appropriate obesity prevention programs developed by the Office on Women's Health; and

(3) make publicly available (through a public Internet website or other method) information, related fact sheets and resource lists, as updated under paragraph (1), and the information incorporated into appropriate obesity prevention programs, as updated under paragraph (2).

(b) AWARENESS.—The Secretary may advance public awareness on—

(1) the types of eating disorders;

(2) the seriousness of eating disorders, including prevalence, comorbidities, and physical and mental health consequences;

(3) methods to identify, intervene, refer for treatment, and prevent behaviors that may lead to the development of eating disorders;

(4) discrimination and bullying based on body size;

(5) the effects of media on self-esteem and body image; and

(6) the signs and symptoms of eating disorders.

SEC. 713. EDUCATION AND TRAINING ON EATING DISORDERS.

The Secretary of Health and Human Services may facilitate the identification of programs to educate and train health professionals in effective strategies to—

(1) identify individuals with eating disorders;

(2) provide early intervention services for individuals with eating disorders;

(3) refer patients with eating disorders for appropriate treatment;

(4) prevent the development of eating disorders; and

(5) provide appropriate treatment services for individuals with eating disorders.

[SEC. 714. CENTER 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).]

SEC. 715. GAO STUDY ON PREVENTING DISCRIMINATORY COVERAGE LIMITATIONS FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS.

Not later than 2 years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress and make publicly available a report detailing Federal oversight of group health plans and health insurance coverage offered in connection with such plans (as such terms are defined in section 2791 of the Public Health Service Act (42 U.S.C. 300gg–91), including Medicaid managed care plans under section 1903 of the Social Security Act (42 U.S.C. 1396b), to ensure compliance of such plans and coverage with sections 2726 of the Public Health Service Act (42 U.S.C. 300gg–26), 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), and 9812 of the Internal Revenue Code of 1986 (in this section collectively referred to as the ''parity law''), including—

(1) a description of how Federal regulations and guidance consider nonquantitative treatment limitations, including medical necessity criteria and application of such criteria to primary care, of such plans and coverage in ensuring compliance by such plans and coverage with the parity law;

(2) a description of actions that Federal departments and agencies are taking to ensure that such plans and coverage comply with the parity law; and

(3) the identification of proper enforcement, education, and coordination activities within Federal departments and agencies, including educational activities directed to State insurance commissioners, and a description of how such proper activities can be used to ensure full compliance with the parity law.

SEC. 716. NATIONAL VIOLENT DEATH REPORTING SYSTEM.

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, is encouraged to improve, particularly through the inclusion of additional States, the National Violent Death Reporting System as authorized by title III of the Public Health Service Act (42 U.S.C. 241 et seq.). Participation in the system by the States shall be voluntary.

SEC. 717. SENSE OF CONGRESS ON PRIORITIZING NATIVE AMERICAN YOUTH AND SUICIDE PREVENTION PROGRAMS.

(a) FINDINGS.—The Congress finds as follows:

(1) Suicide is the eighth leading cause of death among American Indians and Alaska Natives across all ages.

(2) Among American Indians and Alaska Natives who are 10 to 34 years of age, suicide is the second leading cause of death.

(3) The suicide rate among American Indian and Alaska Native adolescents and young adults ages 15 to 34 (19.5 per 100,000) is 1.5 times higher than the national average for that age group (12.9 per 100,000).

(b) SENSE OF CONGRESS.—It is the sense of Congress that the Secretary of Health and Human Services, in carrying out programs for Native American youth and suicide prevention programs for youth suicide intervention, should prioritize programs and activities for individuals who have a high risk or disproportional burden of suicide, such as Native Americans.

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