

Helping Families in Mental Health Crisis Reform Act of 2016

Title VI—Strengthening Leadership and Accountability

SUBTITLE A—Leadership

Sec. 6001. Assistant Secretary for Mental Health and Substance Use

Establishes an Assistant Secretary for Mental Health and Substance Use (Assistant Secretary) to head the Substance Abuse and Mental Health Services Administration (SAMHSA). The authorities of the existing SAMHSA Administrator are transferred to the Assistant Secretary.

Sec. 6002. Strengthening the Leadership of the Substance Abuse and Mental Health Services Administration

- Requires the Assistant Secretary to:
 - Maintain a system to disseminate research findings and evidence-based practices to service providers to improve treatment and prevention services and incorporate these findings into SAMHSA programs;
 - Ensure that grants are subject to performance and outcome evaluations and that center directors consistently document the grant process and conduct ongoing oversight of grantees;
 - Consult with stakeholders to improve community-based and other mental health services, including adults with a serious mental illness (SMI), and children with a serious emotional disturbance (SED);
 - Collaborate with other federal departments, including the Departments of Defense (DOD), Veterans Affairs (VA), Housing and Urban Development (HUD), and Labor (DOL) to improve care for veterans and service members, and support programs to address chronic homelessness; and
 - Work with stakeholders to improve the recruitment and retention of mental health and substance use disorder professionals.

Sec. 6003. Chief Medical Officer

- Establishes a Chief Medical Officer (CMO) within SAMHSA to assist the Assistant Secretary in evaluating and organizing programs within the agency and to promote evidence-based and promising best practices emphasizing clinical focus.
- Requires the CMO to have real-world experience providing mental health care or substance use disorder treatment services.
- Requires the CMO to coordinate with the Assistant Secretary for Planning and Evaluation (ASPE) to assess the use of performance metrics to evaluate SAMHSA programs, and to coordinate with the Assistant Secretary to ensure consistent utilization of appropriate performance metrics and evaluation designs.

Sec. 6004. Improving the Quality of Behavioral Health Programs

- Codifies the existing Center for Behavioral Health Statistics and Quality (CBHSQ) at SAMHSA.
- CBHSQ is required to coordinate with the Assistant Secretary, the ASPE, and the CMO to improve the quality of services provided by SAMHSA.

Sec. 6005. Strategic Plan

- Requires SAMHSA to develop a strategic plan every four years that identifies priorities, including a strategy for improving the recruitment, training, and retention of the mental health workforce.
- The plan must take into consideration recommendations of the ASPE and the Interdepartmental Serious Mental Illness Coordinating Committee established in Sec. 121.
- The plan will:
 - Identify strategic priorities, goals, and measurable objectives for mental and substance use disorder activities and programs;
 - Identify ways to improve program quality;

- Ensure programs are providing access to effective and evidence-based prevention, diagnosis, intervention, treatment, and recovery services;
- Identify ways to address workforce issues; and,
- Include a strategy to disseminate evidence-based best practices for prevention, diagnosis, early intervention, treatment, and recovery focusing on those with SMI, SED, and Substance Use Disorder (SUD).

Sec. 6006. Biennial Report Concerning Activities and Progress

- Requires SAMHSA to submit a biennial report to Congress containing a review of progress toward strategic priorities, goals, and objectives identified in the strategic plan as well as an assessment of programs, and a description of coordination activities.
- This report will also include program improvement recommendations made by the ASPE.
- The Assistant Secretary may also consolidate existing reporting requirements into the biennial report to ease the agency’s administrative burden.

Sec. 6007. Authorities of the Centers for Mental Health Services (CMHS), Substance Abuse Prevention (CSAP), and Substance Abuse Treatment (CSAT)

- Updates statute to reflect changes in terminology as well as increases coordination and cooperation with other relevant federal agencies.
- Requires the Director of CMHS to collaborate with the National Institute of Mental Health (NIMH) to ensure mental health programs reflect the best available science and are evidence-based and to improve grants management.

Sec. 6008. Advisory Councils

- Amends current law regarding the advisory councils for SAMHSA, CSAT, CSAP, and CMHS to:
 - Add the Directors of the NIMH, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse as ex officio members of the applicable advisory councils;
 - Ensure that at least half of the appointed advisory council members for CMHS have a medical degree, doctoral degree in psychology, or an advanced degree in nursing or social work, and specialize in mental health; and
 - Ensure that at least half of the appointment advisory council members for CSAP and CSAT have a medical degree, doctoral degree, an advanced degree in nursing, public health, behavioral or social sciences, social work, or are a certified physician assistant, and have relevant experience.

Sec. 6009. Peer Review

- Ensures that at least half of the members of a peer review group that is reviewing a grant, cooperative agreement, or contract related to mental illness have a medical degree, a doctoral degree in psychology, or an advanced degree in nursing or social work. The Secretary shall also ensure to the extent possible that peer review groups include broad geographic representation.

SUBTITLE B—Oversight and Accountability

Sec. 6021. Improving Oversight of Mental and Substance Use Disorders Programs Through the Assistant Secretary for Planning and Evaluation

- Outlines the role and responsibilities of the ASPE at the Department of Health and Human Services (HHS) in planning and evaluating activities related to mental health and substance use disorder programs.
- Requires the ASPE to provide recommendations to Secretary of HHS, the Assistant Secretary for Mental Health and Substance Use, and Congress on improving related mental and substance use disorder prevention and treatment programs.

- Requires the ASPE, within 180 days of enactment of the Helping Families in Mental Health Crisis Reform Act of 2016, to develop a strategy for conducting ongoing evaluations on key programs across the agency. The evaluation shall focus on:
 - Prevention, intervention, treatment, and recovery support services;
 - The reduction of homelessness and incarceration among those with mental illness or SUD; and
 - A plan for assessing the use of performance metrics to evaluate related activities by those receiving relevant grants, contracts, or cooperative agreements. The recommendations of the ASPE must be included in the biennial report required in Section 106.

Sec. 6022. Reporting for Protection and Advocacy Organizations

- Requires Protection and Advocacy Organizations to provide a detailed, disaggregated accounting of from where their funds were received. This does not represent a new reporting requirement.

Sec. 6023. GAO Study

- Requires the Government Accountability Office (GAO) to conduct a study on programs funded under Title I of the Protection and Advocacy for Individuals with Mental Illness Act.
- The report will review programs carried out by states and private, non-profit organizations, compliance with statutory and regulatory responsibilities including relating to the grievance procedure for clients, prospective clients or their family members, availability of adequate medical and behavioral health treatment, and denial of rights for individuals with mental illness.

SUBTITLE C—Interdepartmental Serious Mental Illness Coordinating Committee

Sec. 6031. Inter-Departmental Serious Mental Illness Coordinating Committee

- Creates a coordinating committee to evaluate federal programs related to SMI and provide recommendations to better coordinate mental health services for people with SMI.
- The committee is made up of HHS, the Centers for Medicare and Medicaid Services (CMS), the Department of Justice (DOJ), VA, DOD, HUD, the Department of Education, DOL, and the Social Security Administration (SSA), as well as patients, health care providers, researchers, a judge, and a law enforcement officer.
- The committee will make recommendations to Congress for better coordination of mental health services for people with SMI or SED and will convene working groups on relevant issues.
- The committee will sunset after six years.

Title VII—Ensuring Mental and Substance Use Disorder Prevention, Treatment, and Recovery Programs Keep Pace with Science and Technology

Sec. 7001. Encouraging Innovation and Evidence-Based Programs

- Establishes the National Mental Health and Substance Use Policy Laboratory (NMHSUPL) within SAMHSA and moves the existing functions of the Office of Policy, Planning, and Innovation (OPPI) underneath.
- The NMHSUPL will promote evidence-based practices and service delivery models through evaluating models that would benefit from further development and through expanding, replicating, or scaling evidence-based programs across a wider area.
- Authorizes the appropriation of \$14 million for the period of fiscal years 2018-2020 for such grants.

Sec. 7002. Promoting Access to Information on Evidence-Based Programs and Practices

- Allows the Assistant Secretary to improve access to information on evidence-based programs and practices for states, local communities, nonprofit entities, and other stakeholders.

Sec. 7003. Priority Mental Health Needs of Regional and National Significance

- Updates and reauthorizes the Priority Mental Health Needs of Regional and National Significance Program to support prevention, treatment, and rehabilitation of mental health services and other programs to target responses based on mental health needs.
- Reauthorizes the appropriation at the last appropriated level of \$394,550,000 for fiscal years 2018-2022.

Sec. 7004. Substance Use Disorder Treatment Needs of Regional and National Significance

- Updates and reauthorizes the Priority Substance Use Disorder Treatment Needs of Regional and National Significance Program to improve the quality and availability of treatment and rehabilitation services for substance use disorder services in targeted areas.
- Reauthorizes the appropriation at the last appropriated level of \$333,806,000 for fiscal years 2018-2022.

Sec. 7005. Priority Substance Use Disorder Prevention Needs of Regional and National Significance

- Updates and reauthorizes the Priority Mental Health Needs of Regional and National Significance Program to support projects and programs for prevention of substance use and other programs to target responses based on health needs.
- Reauthorizes the appropriation at the last appropriated level of \$211,148,000 for fiscal years 2018-2022.

Title VIII—Supporting State Prevention Activities and Responses to Mental Health and Substance Use Disorder Needs

Sec. 8001. Community Mental Health Services Block Grant

- Gives states additional flexibility to use Community Mental Health Services (CMHS) block grant funding to provide community mental health services for adults with SMI and children with SED.
- Updates state plan requirements to:
 - Identify a single state agency to administer the grant and establish goals and objectives.
 - Describe how the state promotes evidence-based practices, including programs for SMI.
 - Ensure states will:
 - Coordinate services to maximize efficiency, effectiveness, quality, and cost-effectiveness to improve outcomes.
 - Provide for an organized community-based system of care for individuals with mental illness and co-occurring disorders.
- Reauthorizes the CMHS Block Grant at the last appropriated level of \$532,571,000 for fiscal years 2018-2022.

Sec. 8002. Substance Abuse Prevention and Treatment Block Grant

- Clarifies the state will ensure ongoing training for substance use disorder prevention and treatment professionals on recent trends in drug abuse in the state, evidence-based practices for substance use disorder services, performance-based accountability, and data collection and reporting requirements.
- Modifies the state plan requirements to:
 - Include a description of the state's system of care;
 - Identify a single state agency to administer the grant and establish goals and objectives;
 - Provide information on the need for substance use disorder prevention and treatment services;
 - Describe state and local coordination of prevention and treatment services with other agencies;
 - Describe how the state promotes evidence-based practices;
 - Describe how the state integrates substance use disorder services with primary health care and mental health care;
- Reauthorizes the block grant at the last appropriated level of \$1,858,079,000 billion for fiscal years 2018-2022.

Sec. 8003. Additional Provisions Related to the Block Grants

- Allows states to submit a joint application for the mental health and substance abuse block grants. This is a codification of existing practice.
- Allows the Assistant Secretary to waive application deadlines and compliance requirements for states in the case of a public health emergency declared by the HHS Secretary.

Sec. 8004. Study of Distribution of Funds under the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant

- Requires the Secretary of HHS to study whether funding for the mental health and substance abuse block grants are being distributed to states and territories according to need, and recommend changes if necessary.
- Requires the report to be submitted to Congress within two years of enactment of the bill.

Title IX—Promoting Access to Mental Health and Substance Use Disorder Care

SUBTITLE A—Helping Individuals and Families

Sec. 9001. Grants for Treatment and Recovery for Homeless Individuals

- Reauthorizes and makes technical updates to grants for treatment and recovery for homeless individuals to support mental health and substance use disorder services.
- Reauthorizes appropriations at the last appropriated level of \$41,304,000 for each of fiscal years 2018-2022.

Sec. 9002. Grants for Jail Diversion Programs

- Reauthorizes and makes technical updates to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services.
- Reauthorizes appropriations at the last appropriated level of \$4,269,000 for each of fiscal years 2018-2022.

Sec. 9003. Promoting Integration of Primary and Behavioral Health Care

- Reauthorizes grants to support integrated care models for primary care and behavioral health care services.
- Requires grant applicants to submit a plan to provide integrated services to special populations.
- Reauthorizes appropriations at the last appropriated level of \$51,878,000 for each of fiscal years 2018-2022.

Sec. 9004. Projects for Assistance in Transition from Homelessness

- Reauthorizes and makes updates to grants for states to provide services to homeless individuals who are suffering from serious mental illness, or co-occurring serious mental illness and substance use disorders.
- Directs the Administrator to evaluate the formula used to determine funding allotments and report to Congress within two years.
- Reauthorizes appropriations at the last appropriated level of \$64,635,000 for each of fiscal years 2018-2022.

Sec. 9005. National Suicide Prevention Lifeline Program

- Requires the Secretary to continue the National Suicide Prevention Lifeline program, including:
 - Coordinating a network of crisis centers to provide suicide prevention and crisis intervention services;
 - Maintaining a suicide prevention hotline to link callers to local emergency, mental health, and social services resources;
 - Consulting with the Secretary of Veterans Affairs to ensure veterans calling the suicide prevention hotline have access to a specialized veterans' suicide prevention hotline.
- Authorizes appropriations at the last appropriated level of \$7,198,000 for each of fiscal years 2018-2022.

Sec. 9006. Connecting Individuals and Families with Care

- Requires the Secretary to maintain the National Treatment Referral Routing Service to help individuals and families locate mental health and substance use disorder treatment providers through a nationwide phone system and internet website.

Sec. 9007. Strengthening Community Crisis Response Systems

- Authorizes the Secretary to award grants to state and local governments, Indian tribes, and tribal organizations to strengthen community-based crisis response systems or 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.
- An entity receiving a grant must submit a report at the Secretary's request, including an evaluation of the effect of such grants on local crisis response activities for individuals receiving crisis planning and early intervention support, individuals reporting improved outcomes, and individuals receiving regular follow-up care following a crisis.
- Authorizes the appropriation of \$12.5 million for the period of fiscal years 2018-2022.

Sec. 9008. Garrett Lee Smith Memorial Act Reauthorization

- Codifies the suicide prevention technical assistance center to provide information and training for suicide prevention, surveillance, and intervention strategies for all ages, particularly among groups at high risk.
 - Reauthorizes the appropriation at the last appropriated level of \$5,988,000 for each of fiscal years 2018-2022.
- Reauthorizes the Youth Suicide Early Intervention and Prevention Strategies grants to states and tribes, and clarifies that states may receive continuation grants after the first grant is awarded.
 - Reauthorizes the appropriation of \$30 million for each of fiscal years 2018-2022.

Sec. 9009. Adult Suicide Prevention

- Establishes suicide prevention and intervention programs grants for individuals aged 25 years or older. The grants are to raise awareness of suicide, establish referral processes, and improve care and outcomes for such individuals who are at risk of suicide.
- Authorizes the appropriation of \$30 million for the period of fiscal years 2018-2022.

Sec. 9010. Mental Health Awareness Training Grants

- Reauthorizes grants to states, political subdivisions of states, Indian tribes, tribal organizations, and nonprofit private entities to train teachers, appropriate school personnel, emergency services personnel, and others, as appropriate, to recognize the signs and symptoms of mental illness, to become familiar with resources in the community for individuals with mental illnesses, and for the purpose of the safe de-escalation of crisis situations involving individuals with mental illness.
- Reauthorizes the appropriation at the last appropriated level of \$14,963,000 for each of fiscal years 2018-2022.

Sec. 9011. Sense of Congress on prioritizing American Indians and Alaska Native youth within suicide prevention program

- States it is the Sense of Congress that the Secretary of HHS should prioritize programs and activities for populations with disproportionately high rates of suicide, such as American Indians and Alaska Natives.

Sec. 9012. Evidence-Based Practices for Older Adults

- Requires the Secretary to disseminate information and provide technical assistance on evidence-based practices for mental health and substance use disorders in older adults.

Sec. 9013. National Violent Death Reporting System

- Encourages the Director of the Centers for Disease Control and Prevention (CDC) to improve, particularly through the inclusion of other states, the existing National Violent Death Reporting System.

- The reporting system was created in 2002 and currently collects surveillance data from 32 states.

Sec. 9014. Assisted Outpatient Treatment

- Increases and extends an existing authorization for a grant program for Assisted Outpatient Treatment at SAMHSA.
- Reauthorizes appropriations of \$15 million in fiscal year 2017, \$20 million for fiscal year 2018, \$19 million for each of fiscal years 2019 and 2020, and \$18 million for each of fiscal years 2021 and 2022.

Sec. 9015. Assertive Community Treatment

- Establishes a grant program establish, maintain, or expand assertive community treatment programs for adults with SMI.
- The Secretary is required to report no later than 2021 an evaluation of;
 - Any cost savings and public health outcomes;
 - Rate of involvement with the criminal justice system of patients; and,
 - Rates of homelessness among patients.
- Authorizes appropriations of \$5 million for the period of fiscal years 2018-2022.

Sec. 9016 Sober Truth on Preventing Underage Drinking Reauthorization

- Reauthorizes the Interagency Coordinating Committee for \$1 million for each of fiscal years 2018-2022, the National Media Campaign to Prevent Underage Drinking for \$1 million for each of fiscal years 2018-2022, the Community- Based Coalition Enhancement grants for \$5 million for each of fiscal years 2018-2022, and funding for additional research on underage drinking for \$3 million for each of fiscal years 2018-2022.
- The Secretary may also make grants under this section for practices to reduce alcohol use among individuals under the age of 21 through screening and brief intervention.

Sec. 9017. Center and Program Repeals

- Repeals section 514 of the Public Health Service Act relating to methamphetamine and amphetamine initiatives, section 506B of the Public Health Service Act relating to ecstasy and other club drugs, and eight other outdated programs.

SUBTITLE B—Strengthening the Health Care Workforce

Sec. 9021. Mental and Behavioral Health Education Training Grants

- Reauthorizes grants to institutions of higher education or accredited professional training programs to support the recruitment and education of mental health care providers.
- Creates a priority for programs that train psychology, psychiatry, and social work professionals to work in integrated care settings, and programs for paraprofessionals that emphasize the role of the family and the lived experience of the consumer and family-paraprofessional partnerships.
- Requires the Administrator to include in the biennial report an assessment on the effectiveness of grants.
- Reauthorizes the appropriation of such sums as may be necessary for fiscal years 2017-2021.
- Reauthorizes appropriations at the last appropriated level of \$50 million for each of fiscal years 2018-2022.

Sec. 9022. Strengthening the Mental and Substance Use Disorders Workforce

- Authorizes the Secretary to establish a training demonstration program within the Health Resources and Services Administration (HRSA) to award five-year minimum grants for:
 - Medical residents and fellows to practice psychiatry and addiction medicine in underserved, community-based settings;
 - Nurse practitioners, physician assistants, health service psychologists, and social workers to provide mental and substance use disorder services in underserved community-based settings; and

- Establishing, maintaining, or improving academic programs that provide training to improve the ability to recognize, diagnose, and treat mental and substance use disorders.
- Requires a study on the results of the demonstration project.
- Authorizes appropriations of \$10 million for fiscal years 2018-2022.

Sec. 9023. Clarification on Current Eligibility for Loan Repayment Programs.

- Directs the Administrator of HRSA to clarify the existing eligibility of child and adolescent psychiatrists for the National Health Service Corps (NHSC) Loan Repayment Program.
- This section does not expand participation in the NHSC.

Sec. 9024. Minority Fellowship Program

- Codifies the Minority Fellowship Program for the Secretary to increase the number of professionals who provide mental or substance use disorder services to underserved, minority populations, and to improve the quality of mental and substance use disorder prevention and treatment for ethnic minorities.
- Authorizes appropriations of \$12,669,000 for each of fiscal years 2018-2022.

Sec. 9025. Liability Protections for Health Professional Volunteers at Community Health Centers

- Provides medical liability protections for volunteers at deemed Community Health Centers through the Federal Tort Claims Act to remove barriers for volunteering.
- Requires the Attorney General to report to Congress annually on an estimate of claims to be paid during the year.
- Sunsets the coverage after five years.

Sec. 9026. Reports

- Requires SAMHSA and HRSA to issue a report on national- and state-level projections for the supply and demand of mental health and substance use disorder health workers and trends within the mental health and substance use disorder provider workforce.
- Requires Comptroller General to study peer-support specialist programs in states receiving grants from SAMHSA and report to Congress on:
 - Hours of formal work or volunteer experience related to mental and substance use disorders conducted;
 - Types of peer support specialist exams and codes of ethics required for such programs; and
 - Recommended skill sets and requirements for continuing education.

SUBTITLE C—Mental Health on Campus Improvement

Sec. 9031. Mental Health and Substance Use Disorder Services on Campus

- Reauthorizes the Mental Health and Substance Use Disorder Services on Campuses grant program and allows for the education of students, families, faculty, and staff to increase awareness and training to respond effectively to students with mental health and substance use disorders, to provide outreach to administer voluntary screenings and assessments to students, to enhance networks with health care providers who treat mental health and substance use disorders, and to provide direct mental health services. Incorporates consideration of the needs of veterans enrolled as students on campus
- Reauthorizes appropriations of \$7 million for each of fiscal years 2018-2022.

Sec. 9032. Interagency Working Group on College Mental Health

- Provides federal leadership by establishing an interagency working group to discuss mental and behavioral health on college campuses and to promote federal agency collaboration to support innovations in mental health services and supports for students on college and university campuses.
- Authorizes appropriations of \$1 million for the period of fiscal years 2018-2022 to carry out these activities.

Sec. 9033. Mental and Behavioral Health Outreach and Education on College Campuses

- Directs the Secretary of HHS in collaboration with the CDC to convene an interagency, public-private sector work group to plan, establish, and begin coordinating and evaluating a targeted, public-education campaign to focus on mental and behavioral health on the campuses of institutions of higher education.
- Authorizes appropriations of \$1 million for the period of fiscal years 2018-2022 to carry out these activities.

Title X—Strengthening Mental and Substance Use Disorder Care for Women, Children, and Adolescents

Sec. 10001. Programs for Children with Serious Emotional Disturbances

- Reauthorizes and updates programs to provide comprehensive community mental health services to children with SED.
- Reauthorizes appropriations at the last appropriated level of \$119,026,000 for fiscal years 2018-2022.

Sec. 10002. Increasing Access to Pediatric Mental Health Care

- Authorizes HRSA to award grants to promote behavioral health integration in pediatric primary care.
- Establishes eligibility requirements for statewide or regional pediatric mental health care telehealth programs in order to receive grant funding.
- Requires grantees to submit a comprehensive evaluation of activities carried out and a performance and outcome evaluation.
- Requires the state receiving the grant to match at least 20 percent of the federal funds.
- Authorizes appropriations of \$9 million for the period of fiscal years 2018-2022.

Sec. 10003. Substance Use Disorder Treatment and Early Intervention Services for Children and Adolescents

- Reauthorizes and makes technical updates to grants for substance use disorder treatment and early intervention for children and adolescents to provide early identification and services.
- Reauthorizes appropriations at the last appropriated level of \$29.6 million for each of 2018-2022.

Sec. 10004. Children's Recovery from Trauma

- Reauthorizes the National Child Traumatic Stress Initiative (NCTSI), which supports a national network of child trauma centers, including university, hospital, and community-based centers and affiliate members.
- Supports the coordinating center's collection, analysis, and reporting of child outcome and other data to inform evidence-based treatments and services. Also supports the continuum of training initiatives related to such evidence-based treatments, interventions, and practices offered to providers.
- Encourages the collaboration between NCTSI and HHS to disseminate evidence-based and trauma-informed interventions, treatments, and other resources to appropriate stakeholders.
- Reauthorizes appropriations at the last appropriated level of \$46.9 million for each of fiscal years 2018-2022.

Sec. 10005. Screening and Treatment for Maternal Depression

- Establishes a grant program for states to establish, improve, or maintain programs for screening assessment and treatment services for women who are pregnant, or who have given birth within the preceding 12 months, for maternal depression.
- Allows the Secretary to prioritize grants to states proposing to improve or enhance access to screening services for maternal depression in primary care settings.

- Activities supported by the grant should include providing appropriate training to health care providers, information to health care providers on maternal depression screening, treatment, and follow-up support services, and linkages to community-based resources.
- Authorizes the appropriation of \$5 million for each of fiscal years 2017-2021.

Sec. 10006. Infant and Early Childhood Mental Health Promotion, Intervention, and Treatment

- Establishes a grant program to develop, maintain, or enhance mental health prevention, intervention, and treatment programs for infants and children at significant risk of developing or showing early signs of mental disorders, including SED, or social or emotional disability.
- The Secretary will ensure that programs receiving grants are replicable and utilize evidence-informed or evidence-based models, practices, and methods.
- Requires the state receiving the grant to match at least 10 percent of the federal funds.
- Authorizes \$20 million for the period of fiscal years 2018-2022.

Title XI—Compassionate Communication on HIPAA

Sec. 11001. Sense of Congress

- The Sense of Congress finds that clarification is needed regarding existing permitted uses and disclosures of health information under the Health Information Portability and Accountability Act (HIPAA) by health care professionals to communicate with caregivers of adults with SMI to facilitate treatment.

Sec. 11002. Confidentiality of Records

- Requires the Secretary to, within a year of finalizing updated rules related to the confidentiality of health records related to alcohol and drug abuse, convene relevant stakeholders to determine the effect of the regulation on patient care, health outcomes, and patient privacy.

Sec. 11003. Clarification on Permitted Uses and Disclosures of Protected Health Information

- Directs the Secretary through the Director of the Office for Civil rights to clarify circumstances when a health care provider or covered entity may use or disclosure protected health information related to the treatment of an adult with a mental or substance use disorder.

Sec. 11004. Development and Dissemination of Model Training Programs

- Requires the Secretary to identify or recognize private or public entities to develop model training and educational programs to educate health care providers, regulatory compliance staff, and others regarding the permitted use and disclosure of health information under HIPAA.
- Authorizes appropriations of \$10 million for the period of fiscal years 2018-2022.

Title XII—Medicaid Mental Health Coverage

Sec. 12001. Rule of Construction Related to Medicaid Coverage of Mental Health Services and Primary Care Services Furnished on the Same Day

- Clarifies that nothing in the Medicaid statute should be construed as prohibiting separate payment for the provision of mental health and primary care services provided to an individual on the same day.

Sec. 12002. Study and Report Related to Medicaid Managed Care Regulation

- Directs the Secretary acting through the Administrator of CMS to conduct a study and report on the provision of care to adults aged 21 to 65 enrolled in Medicaid managed care plans receiving treatment for a mental health disorder in an Institution for Mental Diseases (IMD). The report is due within three years and must include information on the number of individuals receiving treatment in IMDs, their lengths of stay, and how Medicaid managed care plans determine when to provide services in an IMD in lieu of other benefits, such as community-based mental health services.

Sec. 12003 Guidance on Opportunities for Innovation

- Directs the Administrator of CMS to issue a State Medicaid Director letter, within one year of enactment, on opportunities to design innovative service delivery systems to improve care for individuals with serious mental illness or serious emotional disturbance.

Sec. 12004. Study and Report on Medicaid Emergency Psychiatric Demonstration Project

- Directs the Secretary, acting through the Administrator of CMS to collect, analyze, and report on data from states that participated in the Medicaid Emergency Psychiatric Demonstration Project establish under Section 2707 of the Affordable Care Act. The report is due no later than two years after enactment.

Sec. 12005. Providing EPSDT Services to Children in IMDS

- This section specifies that, effective January 1, 2019, children receiving Medicaid-covered inpatient psychiatric hospital services are also eligible for the full range of early and periodic screening, diagnostic, and treatment services.

Sec. 12006. Electronic Visit Verification System Required for Personal Care Services and Home Health Care Services Under Medicaid

- Directs States to require the use of an electronic visit verification system for Medicaid-provided personal care services and home health services (but this policy does not require States to adopt a single system for providers within their State). States that do not require a system for personal care services by January 1, 2019, and home health services by January 1, 2023, will face a modest, incremental reduction in percentage. This policy offsets the cost of Sec. 705.

Title VIII—Mental Health Parity

Sec. 13001. Enhanced Compliance with Mental Health and Substance Use Disorder Coverage Requirements

- Requires the Departments of HHS, Labor, and Treasury to release a compliance program guidance providing illustrative examples of past findings of compliance and noncompliance with existing mental health parity requirements, including disclosure requirements and non-quantitative treatment limitations.
- Requires HHS to seek public comment on ways to improve consumer access to documents about mental health and substance use disorder benefits which are required by law to be disclosed.
- Requires HHS to issue new guidance documents to assist health plans comply with existing mental health parity requirements.
- Guidance documents will be subject to a comment period of no less than 60 days before being finalized.
- Clarifies the Secretaries' of HHS, Labor, and Treasury authority to audit a health plan in the case that such plan has been found to have violated existing mental health parity laws 5 times.

Sec. 13002. Action Plan for Enhanced Enforcement of Mental Health and Substance Use Disorder Coverage

- Requires HHS to convene a public meeting within six months of enactment to produce an action plan for improved federal and state coordination related to the enforcement of mental health parity and addiction equity requirements.
- The action plan must take into consideration the recommendations of the President's Mental Health and Substance Use Disorder Parity Task Force Final Report released in October of 2016.
- The action plan must identify specific, strategic objectives regarding how the various federal and state agencies charged with enforcement of mental health parity and addiction equity requirements will collaborate to improve enforcement; provide a timeline for when such objectives shall be met; and provide specific examples of how such objectives may be met.

Sec. 13003. Report on Investigations Regarding Parity in Mental Health and Substance Use Disorder Benefits

- Requires the Administrator of the Centers for Medicare & Medicaid Services to conduct an annual report for five years summarizing the results of all closed federal investigations completed during the preceding year with findings of any serious violation regarding compliance with existing mental health parity requirements.

Sec. 13004. GAO study on Parity in Mental Health and Substance Use Disorders Benefits

- Requires GAO, within three years of enactment, to conduct a study on the enforcement of existing mental health parity requirements; including compliance with non-quantitative treatment limitations, an assessment of how the Secretary has used its authority to conduct audits, a review of how the various federal and state agencies responsible for enforcing mental health parity requirements have improved enforcement in line with the stated objectives outlined in the action plan under Sec. 605, and recommendations for additional enforcement, education, and coordination activities and legal authorities could better ensure compliance with existing mental health parity requirements.

Sec. 13005. Information and Awareness on Eating Disorders

- Allows HHS to update resource lists and fact sheets related to eating disorders and increase public awareness, through existing programs and activities, on the signs and symptoms of eating disorders and treating individuals with eating disorders.

Sec. 13006. Education and Training on Eating Disorders

- Allows HHS to facilitate the identification of model programs and materials for educating and training health professionals in effective strategies to identify individuals with eating disorders, provide early intervention services, and refer patients to appropriate treatment.

Sec. 13007. Clarification of Existing Parity Rules

- Clarifies the coverage of eating disorder benefits, including residential treatment, under existing mental health parity requirements.

TITLE XIV – MENTAL HEALTH AND SAFE COMMUNITIES

SUBTITLE A–Mental Health and Safe Communities

Sec. 14001. Law Enforcement Grants for Crisis Intervention Teams, Mental Health Purposes

- Amends the Byrne Justice Assistance Grant (JAG) Program to allow law enforcement to use funds for the creation of mental health response and corrections programs, including police crisis intervention teams. Also allows state and local governments to use Byrne JAG funds in order to comply with current laws requiring the upload of certain mental health records to the National Instant Criminal Background Check System (NICS).
- Amends the Community Oriented Policing Services Grant Program (COPS) to allow law enforcement to use funds for specialized mental health response training, including crisis de-escalation.
- Amends the Fire Prevention and Control Act to allow existing grant funds to be used for training first responders and paramedics on best practices for responding to mental health emergencies, including crisis de-escalation.

Sec. 14002. Assisted Outpatient Treatment Programs

- Allows federal mental health court grant funds to be used for the creation of court-ordered outpatient treatment programs to prevent the escalation of mental health crises.

Sec. 14003. Federal Drug and Mental Health Courts

- Requires the Attorney General and the Director of the Administrative Office of United States Courts to create a Drug and Mental Health Court pilot program in at least one Federal Judicial District. As part of this program, low-level offenders who are mentally ill or addicted to narcotics would be eligible for diversion from prison so long as they comply with an intensive court-mandated treatment program. A large number of state and local governments operate similar problem-solving court programs.

Sec. 14004. Mental Health in the Judicial System

- Amends the America's Law Enforcement and Mental Health Project Act to allow state and local governments to use funds for the creation and deployment of behavioral health risk and needs assessments for mentally ill individuals in the criminal justice system.

Sec. 14005. Forensic Assertive Community Treatment Initiatives

- Amends the Mentally Ill Offender Treatment and Crime Reduction (MIOTCRA) to allow state and local governments to use existing authorized grant funds for the operation of Forensic Assertive Community Treatment (FACT) Initiatives. FACT Initiatives provide high-intensity community-based services for individuals with mental illness who are involved in the criminal justice system.

Sec. 14006. Assistance for Individuals Transitioning Out of Systems

- Amends the Second Chance Act to allow state and local governments to use reentry demonstration project grant funds for the provision of mental health treatment and transitional services (including housing) for mentally ill offenders who are re-entering the community.

Sec. 14007. Co-occurring Substance Abuse and Mental Health Challenges in Drug Courts

- Amends the federal Drug Court Grant Program to allow state and local governments to use their existing grant funds to include targeted interventions for individuals who have both a mental health and substance abuse disorder. Also allows funds to be used for the training of drug court professionals to identify and respond to these co-occurring disorders.

Sec. 14008. Mental Health Training for Federal Uniformed Services

- Requires the appropriate cabinet-level Secretary to provide mental health crisis and response training programs for members of each of the Federal Uniformed Services.

Sec. 14009. Advancing Mental Health as Part of Offender Reentry

- Amends the Second Chance Act to allow state and local governments to use reentry demonstration project grant funds under this program for the purpose of providing mental health services and to coordinate transitional services for individuals re-entering society with mental illness, substance abuse problems, or a chronic homelessness.

Sec. 14010. School Mental Health Crisis Intervention Teams

- Amends the Department of Justice Secure Our Schools program to allow state and local governments to use existing grant funds to develop and operate school-based mental health crisis intervention teams that include coordination with law enforcement agencies and specialized training for school officials.

Sec. 14011. Active-shooter Training for Law Enforcement

- Permanently authorizes the existing Department of Justice VALOR Initiative, which provides crisis response training and active-shooter training for federal, state, and local law enforcement officials.

Sec. 14012. Co-occurring Substance Abuse and Mental Health Challenges in Residential Substance Abuse Treatment Programs

- Amends the Residential Substance Abuse Treatment grant program to allow state and local governments to use funds for the purpose of developing and implementing specialized residential substance abuse treatment programs that provide treatment to individuals with co-occurring mental health and substance abuse disorders.

Sec. 14013. Mental Health and Drug Treatment Alternatives to Incarceration Programs

- Updates the existing Prosecution Drug Treatment Alternatives to Incarceration Program statute to allow state and local governments to use grant funds under this program for creating and operating programs that divert individuals with mental illness and co-occurring disorders from prisons and jails pursuant to a court-supervised intensive treatment program. Current law only allows funds under this program to be used for addressing substance abuse issues.

Sec. 14014. National Criminal Justice and Mental Health Training and Technical Assistance

- Amends MIOTCRA to allow the Attorney General to use existing authorized funds to award grants to non-profit organizations for the creation of a National Criminal Justice and Mental Health Training Center. This entity would coordinate best practices on responding to mental illness in the criminal justice system, and would provide technical assistance to governmental agencies who wish to implement these best practices.

Sec. 14015. Improving Department of Justice Data Collection on Mental Illness Involved in Crime

- Requires the Attorney General to collect and disseminate data regarding the involvement of mental illness in all homicides, as well as deaths or serious bodily injuries involving law enforcement officers.

Sec. 14016. Reports on the Number of Mentally Ill Offenders in Prison

- Requires the Comptroller General of the United States to submit a report to Congress detailing the federal, state, and local costs of imprisonment for individuals with serious mental illness, including the number and types of crimes committed by mentally ill individuals.

Sec. 14017. Department of Veterans Affairs Patients' Rights

- Ensures that veterans enjoy due process protections before being adjudicated as mentally ill by the Veterans Administration

Sec. 14018. Reauthorization of Appropriations

- Reauthorizes MIOTCRA at the previously authorized (but expired) level of \$50 million/yr.

SUBTITLE B—Comprehensive Justice and Mental Health

Sec. 14021. Sequential Intercept Model

- Authorizes the Sequential Intercept Model which outlines sequential points at which a person with mental illness can be “intercepted” and kept from going further into the criminal justice system.

Sec. 14022. Prison and Jails

- Authorizes funding for prison and jail-based programs, including transitional and re-entry programs that reduce the likelihood of recidivism when a mentally-ill offender is released.

Sec. 14023. Allowable Uses

- Expands the allowable use of grant resources to enhance the capabilities of law enforcement, corrections, and mental health personnel to better identify and respond to individuals with mental illnesses who consume a disproportionate quantity of crisis services.

Sec. 14024. Law Enforcement Training

- Authorizes resources for expanded training activities, providing more officers with a basic understanding of the issues involved when responding situations with individuals with mental health crises.

Sec. 14025. Federal Law Enforcement Training

- Requires the Attorney General to create programs that offer federal first responders and tactical units comprehensive training in procedures to identify and respond appropriately to incidents involving mentally ill individuals.

Sec. 14026. GAO Report

- Requires a GAO report detailing the practices that federal first responders, tactical units, and corrections officers are trained to use in responding to individuals with mental illness, procedures to appropriately respond to incidents, the application of evidence-based practices in criminal justice settings, and recommendations on how the Department of Justice can improve information sharing and dissemination of best practices.

Sec. 14027. Evidence Based Practices

- Requires DOJ to prioritize grant applications to those who use evidence-based interventions and risk assessment tools to reduce recidivism.

Sec. 14028. Transparency, Program Accountability and Enhancing Local Authority

- Clarifies that an offender may participate in a MIOTCRA program only if the offender is selected unanimously for participation in the program by the prosecuting attorney, the defense attorney, the judge, the mental health agency representative, and the probation officer.

Sec. 14029. Grant Accountability

- Requires the Inspector General of the Department of Justice to conduct annual audits of all grant recipients under the bill's provisions to prevent waste, fraud, and abuse of funds by grantees.