

This document provides a summary of sections in the 21st Century Cures Act that may have an impact on programs managed by the State Alcohol and Drug Authorities—members of NASADAD.

21st Century Cures Act (Public Law 114-255)

A Section-by-Section Analysis

Passed the House of Representatives on November 30th, 2016 with vote of 392-26; passed the Senate on December 7th, 2016 with vote of 94-5; signed into law by President Obama on December 13th, 2016.

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Division A: 21st Century Cures

Section 1003: Account for the State Response to the Opioid Abuse Crisis

This section establishes an account within the Treasury to be known as the “Account for the State Response to the Opioid Abuse Crisis.” This account will contain \$500 million in FY 2017 and \$500 million in FY 2018, amounting to a total of \$1 billion over two years. The funds in this account will be subject to the appropriations process for each of fiscal years 2017 and 2018. The Secretary of Health and Human Services (HHS) will use appropriated funds from this account to carry out an opioid grant program for States.

The opioid grant program will supplement opioid-related activities that are already being implemented by the State agency that manages the Substance Abuse Prevention and Treatment (SAPT) Block Grant. The Secretary will give preference to States with an incidence or prevalence of opioid use disorders that is relatively higher than other States.

Grant activities may include:

- Improving State prescription drug monitoring programs (PDMPs).
- Implementing prevention activities, and evaluating those activities to identify effective strategies to prevent opioid addiction.
- Training for health care practitioners (e.g. best practices for prescribing opioids, pain management, recognizing potential cases of addiction, referral of patients to treatment programs, and overdose prevention).
- Supporting access to health care services, including those services provided by Federally certified opioid treatment programs (OTPs) or other appropriate health care providers to treat substance use disorders.
- Other public health-related activities, as the State determines appropriate, related to addressing the opioid crisis within the State.

A State receiving a grant to address opioids must submit a report the Secretary that includes a description of how grant funds were expended in the preceding fiscal year, a description of grant activities, and the ultimate recipients of amounts provided to the State in the grant. Grant funds will be subject to the same requirements as substance use disorder prevention and treatment programs under titles V and XIX of the Public Health Service Act.

This section of this Act will expire on September 30, 2026.

Division B: Helping Families in Mental Health Crisis

Section 6000: Short Title

This section identifies this division of the Act as the “Helping Families in Mental Health Crisis Reform Act of 2016.”

Title VI—Strengthening Leadership and Accountability

Subtitle A: Leadership

Section 6001: Assistant Secretary for Mental Health and Substance Use

This section creates a new position within the Department of Health and Human Services (HHS) called the Assistant Secretary for Mental Health and Substance Use (Assistant Secretary), who will be appointed by the President with the consent of the Senate. The Secretary of HHS will transfer all of the Substance Abuse and Mental Health Service Administration (SAMHSA) Administrator’s duties and authorities to the Assistant Secretary. The Assistant Secretary, with approval of the Secretary of HHS, may appoint a Deputy Assistant Secretary for Mental Health and Substance Use Disorders.

Section 6002: Strengthening Leadership of the Substance Abuse and Mental Health Services Administration

This section amends Section 501 of the Public Health Service Act by reassigning what are currently listed as “agencies” as “centers” within SAMHSA: Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), and Center for Mental Health Services (CMHS). This section also changes “substance abuse” to “substance use disorder” throughout Section 501 of the Public Health Service Act.

In addition to the responsibilities held previously by the Administrator of SAMHSA, this section adds to the authorities of the Assistant Secretary. These authorities include:

- work with relevant agencies of the Department of Health and Human Services on integrating mental health promotion and substance use disorder prevention with general health promotion and disease prevention and integrating mental and substance use disorders treatment services with physical health treatment services;
- ensure that the director of each Center of SAMHSA consistently documents the application of criteria when awarding grants and the ongoing oversight of grantees;
- consult with State, local, and tribal governments, nongovernmental entities, and individuals with mental illness to improve community-based and other mental health services;
- collaborate with the Secretary of Defense and the Secretary of Veterans Affairs to improve the provision of mental and substance use disorder services provided by the Department of Defense and the Department of Veterans Affairs to members of the Armed Forces, veterans, and their families, including through the provision of telehealth services;
- collaborate with the heads of relevant Federal agencies and departments to improve mental and substance use disorder services for chronically homeless individuals; and
- work with States and other stakeholders to develop and support activities to recruit and retain the mental and substance use disorder workforce.

Section 6003: Chief Medical Officer

This section amends the Public Health Service Act to create a Chief Medical Officer to serve as a liaison between the Administration and providers of mental and substance use disorder prevention, treatment, and recovery services. The Chief Medical Officer will be appointed by the Assistant Secretary with the approval of the Secretary of HHS, and must have the following qualifications: a doctoral degree in medicine or osteopathic medicine; experience in the provision of mental or substance use disorder services; experience working with mental or substance use disorder programs; an understanding of biological, psychosocial, and pharmaceutical treatments of mental or substance use disorders; and a license to practice medicine in at least one State. Responsibilities of the Officer will include:

- assisting the Assistant Secretary in the evaluation, organization, integration, and coordination of programs operated by the Administration;
- promoting evidence-based and promising best practices for the prevention, treatment, and recovery of mental and substance use disorders, including serious mental illness and serious emotional disturbance;
- participating in regular strategic planning for the Administration;
- coordinating with the Assistant Secretary for Planning and Evaluation (ASPE) to assess the use of performance metrics to evaluate activities within the Administration related to mental and substance use disorders; and
- coordinating with the Assistant Secretary to ensure mental and substance use disorders grant programs within the Administration consistently utilize appropriate performance metrics and evaluation designs.

Section 6004: Improving the Quality of Behavioral Health Programs

This section authorizes the Center for Behavioral Health Statistics and Quality (CBHSQ) within SAMHSA, which will be led by a Director who is appointed by the Secretary of HHS. The Director must have extensive experience and academic qualifications in research and analysis in behavioral health care or related fields.

The Director of CBHSQ will:

- coordinate the Administration’s integrated data strategy;
- provide statistical and analytical support for activities of the Administration;
- recommend a core set of performance measures to evaluate SAMHSA-supported activities; and

- coordinate with the Assistant Secretary, the Assistant Secretary for Planning and Evaluation (ASPE), and the Chief Medical Officer to improve the quality of services provided by programs of the Administration and the evaluation of activities carried out by the Administration.

Section 6005: Strategic Plan

This section amends the Public Health Service Act to establish no later than September 30, 2018, and every 4 years thereafter, a strategic plan for the planning and operation of programs and grants carried out by the Administration. The plan will be developed and implemented by the Assistant Secretary for Mental Health and Substance Use. The Assistant Secretary will take into consideration the findings and recommendations of the Assistant Secretary for Planning and Evaluation and the report of the Inter-Departmental Serious Mental Illness Coordinating Committee under section 6031 of this Act.

The strategic plan will:

- 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;
- identify ways to improve the quality of services for individuals with mental and substance use disorders, and to reduce homelessness, arrest, incarceration, violence, including self-directed violence, and unnecessary hospitalization of individuals with a mental or substance use disorder, including adults with a serious mental illness or children with a serious emotional disturbance;
- ensure that programs provide 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;
- identify ways to collaborate with the Health Resources and Services Administration (HRSA) to develop or improve—
 - 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
 - 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;
- identify opportunities to improve collaboration with States, local governments, communities, and Indian tribes and tribal organizations; and
- disseminate evidence-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.

Section 6006: Biennial Report Concerning Activities and Progress

This section amends the Public Health Service Act to require that the Assistant Secretary prepare and submit to the House Committee on Energy and Commerce and Committee on Appropriations, and the Senate Committee on Health, Education, Labor, and Pensions (HELP) and Committee on Appropriations, a report that contains:

- a review of activities conducted or supported by the Administration, including progress toward strategic priorities, goals, and objectives identified in the strategic plan (established in Section 6005 of this Act);
- an assessment of programs and activities carried out by the Assistant Secretary;
- a description of the progress made in addressing gaps in mental and substance use disorder prevention, treatment, and recovery services and improving outcomes by the Administration, including with respect to serious mental illness, serious emotional disturbances, and co-occurring disorders;
- a description of the manner in which the Administration coordinates and partners with other Federal agencies and departments related to mental and substance use disorders, including activities related to:
 - the translation of research findings into improved programs, including with respect to how advances in serious mental illness and serious emotional disturbance research have been incorporated into programs;

- the recruitment, training, and retention of a mental and substance use disorder workforce;
- the integration of mental or substance use disorder services and physical health services;
- homelessness; and
- veterans
- a description of the manner in which the Administration promotes coordination by grantees with State or local agencies; and
- a description of the activities carried out by the Administration with respect to mental and substance use disorders, including:
 - the number and a description of grants awarded;
 - the total amount of funding for grants awarded;
 - a description of the activities supported through such grants, including outcomes of programs supported;
 - information on how the National Mental Health and Substance Use Policy Laboratory is consulting with the Assistant Secretary for Planning and Evaluation and collaborating with the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, the Center for Behavioral Health Statistics and Quality, and the Center for Mental Health Services to carry out such activities; and
- recommendations made by the Assistant Secretary for Planning and Evaluation to improve programs within the Administration.

Section 6007: Authorities of Centers for Mental Health Services, Substance Abuse Prevention, and Substance Abuse Treatment

This section amends Section 520(b) of the Public Health Service Act—the section authorizing the Center for Mental Health Services (CMHS)—by adding to the requirements of the CMHS Director the collaboration with the Director of the National Institute of Mental Health (NIMH) and the Chief Medical Officer, to ensure that 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. This section also adds language to Section 520(b), including reducing risk and promoting resiliency, increasing meaningful participation of individuals with mental illness, and ensuring the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after grants are awarded.

Similarly, the Director of the Center for Substance Abuse Prevention (CSAP) will collaborate with the Director of the National Institute on Drug Abuse (NIDA), the Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and States to promote the study, dissemination, and implementation of research findings that will improve the delivery and effectiveness of substance abuse prevention activities. Additionally, the Director of CSAP will coordinate with the Director of the Centers for Disease Control and Prevention (CDC), 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.

Section 507 of the Public Health Service Act—the section authorizing the Center for Substance Abuse Treatment (CSAT)—is amended by changing “substance abuse” to “substance use disorder”; utilizing person-first language; and utilizing recovery-oriented language.

Section 6008: Advisory Councils

This section adds to SAMHSA’s advisory council Ex officio membership the following: Chief Medical Officer; Director of the National Institute of Mental Health (NIMH); Director of the National Institute on Drug Abuse (NIDA); and Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA). This section also alters the criteria for the Center for Mental Health Services advisory council membership, stating that at least half of the members will have a medical degree; have a doctoral degree in psychology; or have an advanced degree in nursing or social work from an accredited graduate school or be a certified physician assistant; and specialize in the mental health and/or substance use disorder field.

Section 6009: Peer Review

This section amends the section in the Public Health Service Act that requires appropriate peer review of grants,

cooperative agreements, and contracts by adding that at least half of the peer review group members will be licensed and experienced professionals in the prevention, diagnosis, treatment, and recovery of 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.

Subtitle B: Oversight and Accountability

Section 6021: Improving Oversight of Mental and Substance Use Disorder Programs Through the Assistant Secretary for Planning and Evaluation (ASPE)

This section calls for the Secretary of Health and Human Services (HHS), acting through the Assistant Secretary for Planning and Evaluation (ASPE), to ensure efficient and effective planning and evaluation of programs related to mental and substance use disorder prevention and treatment programs and activities. ASPE will develop a strategy for conducting ongoing evaluations that identifies priority programs to be evaluated by the Assistant Secretary for Planning and Evaluation and priority programs to be evaluated by other relevant offices and agencies within the Department of Health and Human Services. The strategy will include a plan for evaluating programs related to: prevention, intervention, treatment, and recovery support services; the reduction of homelessness and incarceration among individuals with a mental or substance use disorder; and public health and health services. The strategy will also include a plan for assessing the use of performance metrics to evaluate activities carried out by entities receiving grants, contracts, or cooperative agreements related to mental and substance use disorder prevention and treatment services.

As part of the evaluation process, ASPE will consult, as appropriate, with the Assistant Secretary, the Chief Medical Officer of SAMHSA, the Behavioral Health Coordinating Council of HHS, and other relevant Federal departments and agencies.

The Assistant Secretary for Planning and Evaluation will provide recommendations on improving the quality of prevention and treatment programs and activities related to mental and substance use disorders, including recommendations for the use of performance metrics

Section 6022: Reporting for Protection and Advocacy Organizations

This section amends section 114 of the Protection and Advocacy for Individuals with Mental Illness Act by adding that the Secretary will include in its report a detailed accounting 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.

Section 6023: GAO Study

The Comptroller General, in consultation with the Assistant Secretary and the Secretary of HHS, will conduct an independent evaluation, and submit a report, to the Senate Committee on Health, Education, Labor, and Pensions and the House Committee on Energy and Commerce, on programs funded by allotments made under title I of the Protection and Advocacy for Individuals with Mental Illness Act. The report and evaluation will include a review of the programs that are carried out by State agencies and private, nonprofit organizations, as well as a review of the compliance of the programs with statutory and regulatory responsibilities (such as responsibilities relating to family engagement, investigation of alleged abuse and neglect of persons with mental illness, availability of adequate medical and behavioral health treatment, denial of rights for persons with mental illness, and compliance with the Federal prohibition on lobbying).

Subtitle C—Interdepartmental Serious Mental Illness Coordinating Committee

Section 6031: Interdepartmental Serious Mental Illness Coordinating Committee

This section calls for the Secretary of HHS to establish an “**Interdepartmental Serious Mental Illness Coordinating Committee.**” The Committee will submit a report to Congress within 1 year of enactment of this Act on the following:

- 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 adults with a serious mental illness or children with a serious emotional disturbance;
- an evaluation of the effect Federal programs related to serious mental illness have on public health, including public health outcomes, such as:

- rates of suicide, suicide attempts, incidence and prevalence of serious mental illnesses, serious emotional disturbances, and substance use disorders, overdose, overdose deaths, emergency hospitalizations, emergency room boarding, preventable emergency room visits, interaction with the criminal justice system, homelessness, and unemployment;
- increased rates of employment and enrollment in educational and vocational programs;
- quality of mental and substance use disorders treatment services; or
- any other criteria as may be determined by the Secretary; and
- specific recommendations for actions that agencies can take to better coordinate the administration of mental health services for adults with a serious mental illness or children with a serious emotional disturbance.

The Secretary will chair the Committee – other members will include the Assistant Secretary for Mental Health and Substance Use Disorders, the Attorney General, Secretary of Veterans Affairs, Secretary of Defense, Secretary of Housing and Urban Development, Secretary of Education, Secretary of Labor, the Administrator of the Centers for Medicare & Medicaid Services, and the Commissioner of Social Security. At least 14 members will be non-federal members appointed by the Secretary. Committee members will serve 3 year terms and may be reappointed to serve additional terms. The Committee will terminate 6 years after its establishment.

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

Section 7001: Encouraging Innovation and Evidence-Based Programs

This section establishes a National Mental Health and Substance Use Policy Laboratory. No later than January 1, 2018 the Laboratory will:

- continue to carry out the authorities and activities that were in effect for the Office of Policy, Planning, and Innovation (OPPI);
- identify, coordinate, and facilitate the implementation of policy changes likely to have a significant effect on mental health, mental illness, recovery supports, and the prevention and treatment of substance use disorder services;
- work with the Center for Behavioral Health Statistics and Quality (CBHSQ) to 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;
- provide leadership in identifying and coordinating policies and programs, including evidence-based programs, related to mental and substance use disorders;
- periodically review programs and activities operated by the Administration relating to the diagnosis of, prevention of, treatment for, and recovery from, mental and substance use disorders to:
 - identify any programs or activities that are duplicative;
 - identify any programs or activities that are not evidence-based, effective, or efficient; and
 - formulate recommendations for coordinating, eliminating, or improving duplicative, non-evidence-based, or ineffective programs or activities; and
- conduct other activities as deemed necessary to continue to encourage innovation and disseminate evidence-based programs and practices.

In selecting evidence-based practices and models for evaluation and dissemination, the Laboratory may give preference to models that improve: coordination among mental health providers, physical health providers, and the justice system; and the cost effectiveness, quality, effectiveness, and efficiency of health care services for individuals with serious mental illness or serious emotional disturbance, or in crisis.

This section also authorizes the Assistant Secretary, in coordination with the Laboratory, to award grants to States, localities, Indian tribes, tribal organizations, educational institutions, and nonprofit organizations to develop evidence-based interventions for the purpose of:

- evaluating a model that has been scientifically demonstrated to show promise, but would benefit from further applied development, for:
 - enhancing the prevention, diagnosis, intervention, and treatment of, and recovery from, mental illness, serious emotional disturbances, substance use disorders, and co-occurring illness or disorders; or

- integrating or coordinating physical health services and mental and substance use disorder services; and
- 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, serious emotional disturbances, and substance use disorders, primarily by:
 - applying evidence-based programs to the delivery of care, including by training staff in effective evidence-based treatments; or
 - integrating evidence-based programs into models of care across specialties and jurisdictions.

For the grant program, the Assistant Secretary will consult with the Chief Medical Officer, the National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). This section authorizes \$7 million to be appropriated for evaluating models, and \$7 million to be appropriated for expanding evidence-based models for each of fiscal years 2018 through 2020.

Section 7002: Promoting Access to Information on Evidence-Based Programs and Practices

This section amends part D of title V of the Public Health Service Act by adding that the Assistant Secretary will improve access to information on evidence-based practices (EBPs). This will be done by **posting on the Administration’s website EBPs that have been reviewed by the Assistant Secretary**. The Assistant Secretary will establish minimum requirements for applications, including applications related to the submission of research and evaluation.

Section 7003: Priority Mental Health Needs of Regional and National Significance

This section amends section 520A of the Public Health Service Act, which authorizes the Secretary of HHS to address priority mental health needs of regional and national significance through the provision of or through assistance for systems change grants including statewide family network grants and client-oriented and consumer run self-help activities. This section adds that assistance can be provided through technical assistance centers. This section authorizes to be appropriated \$394,550,000 for each year from FY 2018 through FY 2021 for priority mental health needs of regional and national significance.

Section 7004: Priority Substance Use Disorder Treatment Needs of Regional and National Significance

This section amends Section 509—the section authorizing priority substance abuse treatment needs of regional and national significance—of the Public Health Service Act to authorize the Secretary of HHS to address priority substance use disorder treatment needs of regional and national significance through the provision of, or through assistance for, targeted capacity response programs that permit States, local governments, communities, and Indian tribes and tribal organizations to focus on emerging trends in substance use and co-occurring disorders. This section also authorizes the Secretary to carry out activities to address priority substance use disorder treatment needs of regional and national significance through grants, contracts, or cooperative agreements with States, political subdivisions of States, territories, Indian tribes or tribal organizations, health facilities, or programs operated by or pursuant to a contract or grant with the Indian Health Service, or other public or private nonprofit entities.

This section **authorizes \$333,806,000 to be appropriated each year for FY 2018 through 2022** for priority substance use disorder treatment needs of regional and national significance. This is the same funding level that was appropriated in FY 2016 for discretionary grant programs within the Center for Substance Abuse Treatment (CSAT). In the last reauthorization of Section 509 of the Public Health Service Act, the authorization level was set at \$300,000,000 for fiscal year 2001 and “such sums as may be necessary for each of the fiscal years 2002 and 2003.” In FY 2016, CSAT received \$333,806,000.

Section 7005: Priority Substance Use Disorder Prevention Needs of Regional and National Significance

This section amends Section 516 of the Public Health Service Act—the section that authorizes priority substance abuse prevention needs of regional and national significance—by changing “substance abuse” to “substance use disorder” throughout the section, and adding “a focus on emerging drug abuse issues” to the scope of targeted capacity response programs.

This section **authorizes \$211,148,000 to be appropriated for each of fiscal years 2018 through 2022** for priority substance abuse prevention needs of regional and national significance. This is consistent with the FY 2016

appropriation for discretionary grant programs within the Center for Substance Abuse Prevention (CSAP). In the last reauthorization of Section 516 of the Public Health Service Act, the authorization level was set at \$300,000,000 for fiscal year 2001, and “as such sums as may be necessary for each of the fiscal years 2002 and 2003.” In FY 2016, CSAP received \$211,148,000.

Title VIII: Supporting State Prevention Activities and Responses to Mental Health and Substance Use Disorder Needs Section 8001: Community Mental Health Services Block Grant

This section amends the purpose of the Community Mental Health Services (CMHS) Block Grant to include the provision of community mental health services to adults with a serious mental illness. Additionally, this section amends the criteria for State plans for comprehensive community mental health services by adding that the State plans will:

- identify the single State agency responsible for the administration of the program;
- 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;
- include a description of how the State and local entities will coordinate services to maximize efficiency, effectiveness, quality, and cost effectiveness of services and programs to produce the best possible outcomes;
- include a description of how the State promotes evidence-based practices;
- include a description of case management services;
- include a description of activities that seek to engage individuals with serious mental illness or serious emotional disturbance and their caregivers where appropriate in making health care decisions, including activities that enhance communication between individuals, families, caregivers, and treatment providers;
- describe the activities intended to reduce hospitalizations and hospital stays using the block grant funds;
- describe activities intended to reduce incidents of suicide using the block grant funds;
- describe how the State integrates mental health and primary care using the block grant funds, which may include providing, in the case of individuals with co-occurring mental and substance use disorders, both mental and substance use disorders services in primary care settings or arrangements to provide primary and specialty care services in community-based mental and substance use disorders settings; and
- describe recovery and recovery support services for adults with a serious mental illness and children with a serious emotional disturbance.

The plan will provide for a system of integrated social services, educational services, child welfare services, and other services for children with serious emotional disturbance. The plan will also include a description of the financial resources available, the existing mental health workforce, and workforce trained in treating individuals with co-occurring mental and substance use disorders. Additionally, the plan will establish goals and objectives to be met for the duration of the plan.

This section also amends Section 1920 of the Public Health Service Act by adding that a State must spend at least 10% of its CMHS Block Grant funds 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. Alternatively, a State can choose at least 20% of its CMHS Block Grant funds to support evidence-based programs that address the needs of individuals with early serious mental illness by the end of the succeeding fiscal year.

This section authorizes \$532,571,000 for each of fiscal years 2018-2022.

Section 8002: Substance Abuse Prevention and Treatment Block Grant

This section amends subpart II of title 19 of the Public Health Service Act by incorporating person-first language and replacing “substance abuse” with “substance use disorders.”

This section also replaces “Continuing Education” provisions with a new section on “Professional Development.” Under the professional development provision, prevention, treatment, and recovery personnel will have an opportunity

to receive ongoing training on: recent trends in substance use disorders; evidence-based practices; performance-based accountability; and data collection and reporting requirements.

This section also repeals Section 1929 of the Public Health Service Act, “Submission to Secretary of statewide assessment of needs.”

Additionally, this section amends the criteria for State plans for comprehensive substance use disorder services by adding that a State plan will:

- identify the single State agency responsible for the administration of the program;
- provide information on the need for substance use disorder prevention and treatment services in the State, including estimates on the number of individuals who need treatment, including those in special populations (pregnant women, women with dependent children, individuals with a co-occurring mental health and substance use disorders, persons who inject drugs, and persons who are experiencing homelessness);
- provide aggregate information on the number of individuals in treatment within the State, including the number of individuals in special populations;
- describe the system that is available to provide services by modality;
- describe the State’s comprehensive prevention efforts (i.e. number of individuals being served, target populations, priority needs);
- describe the available financial resources;
- describe how State and local entities coordinate prevention, treatment, and recovery services with other agencies;
- describe the substance use disorder workforce;
- include a description of how the State promotes evidence-based practices;
- describe how the State integrates substance use disorder services and primary care;
- establish goals and objectives to be accomplished during implementation of the plan; and
- describe how the State will comply with each funding agreement for a grant under section 1921 that is applicable to the State, including a description of the manner in which the State intends to expend grant funds.

This section strikes the prior authorization of “\$2 billion for FY 2001 and as such sums as may be necessary for each of fiscal years 2002 and 2003”; this section authorizes \$1,858,079,000 (FY 2016 funding level) to be appropriated for each of fiscal years 2018 through 2022.

Section 8003: Additional Provisions Related to the Block Grants

Subpart III of part B of title XIX of the Public Health Service Act—the section on the opportunity for public comment on State plans—is amended to adjust numbering, replace “substance abuse” with “substance use disorder,” and add a section on public health emergencies, which allows the Assistant Secretary to grant an extension or waive application deadlines and compliance with any other requirements of grants to a State with a public health emergency.

This section also authorizes the Secretary of HHS, acting through the Assistant Secretary, to permit a joint application to be submitted for CMHS and SAPT grants upon the request of a State. Such application may be jointly reviewed and approved by the Secretary, consistent with the purposes and authorized activities of each respective grant program.

Section 8004: Study of Distribution of Funds under the Substance Use Disorder Prevention and Treatment Block Grant and the Community Mental Health Service Block Grant

This section authorizes the Secretary of HHS, acting through the Assistant Secretary, to conduct a study on the formulas for distribution of funds under the substance use disorder prevention and treatment block grant and the community mental health services block grant. The study will include:

- an analysis of whether the distributions under such block grants accurately reflect the need for the services under the grants in such States and territories;
- an examination of whether the indices used under the formulas for distribution of funds under such block grants are appropriate, and if not, alternatives recommended by the Secretary;
- a description of the variables and data sources that should be used to determine the indices;

- an evaluation of the variables and data sources that are being used for each of the indices involved, and whether such variables and data sources accurately represent the need for services, the cost of providing services, and the ability of the States to pay for such services;
- the effect that the minimum allotment provisions under each block grant have on each State's final allotment and its effect, if any, on each State's formula-based allotment;
- recommendations for modifications to the minimum allotment provisions to ensure an appropriate distribution of funds; and
- any other information that the Secretary determines appropriate.

Not later than 2 years after the date of enactment of this Act, the Secretary of HHS will submit to the Senate Committee on Health, Education, Labor, and Pensions (HELP) and the House Committee on Energy and Commerce a report containing the findings and recommendations of the study.

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

Subtitle A—Helping Individuals and Families

Section 9001: Grants for Treatment and Recovery for Homeless Individuals

This section amends the section on grants for the benefit of homeless individuals in the Public Health Service Act by replacing “substance abuse” with “substance use disorder.” It also replaces the current annual \$50,000,000 authorization with \$41,304,000 for each of fiscal years 2018 through 2022.

Section 9002: Grants for Jail Diversion Programs

This section amends the section on grants for jail diversion programs in the Public Health Service Act by replacing “substance abuse” with “substance use disorder;” replacing “the best known” with “evidence-based;” defining Indian tribes and organizations; and authorizing the Secretary to give special consideration to entities proposing to use grant funding to support jail diversion services for veterans. This section also changes the previous funding authorization of \$10,000,000 per year to \$4,269,000 for each of fiscal years 2018 through 2022.

Section 9003: Promoting Integration of Primary and Behavioral Health Care

This section authorizes the Secretary of HHS to award grants and cooperative agreements to States, in collaboration with at least one qualified community program or community health center, to support the improvement of integrated care for primary care and behavioral health care. Integrated care is defined as collaborative models or practices offering mental and physical health services, which may include practices that share the same space in the same facility. Grants and cooperative agreements awarded under this section will:

- promote full integration and collaboration in clinical practices between primary and behavioral health care;
- support the improvement of integrated care models for primary care and behavioral health care to improve the overall wellness and physical health status of individuals with serious mental illness or serious emotional disturbances; and
- promote integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

The maximum amount that a State may receive for a year through a grant or cooperative agreement under this section will be \$2,000,000. Grantees may not allocate more than 10 percent of funds awarded under this section to administrative functions, and the remaining amounts will be allocated to health facilities that provide integrated care. A grant or cooperative agreement under this section must not exceed 5 years.

Grantees will submit an annual report to the Secretary that includes: the progress made to reduce barriers to integrated care as described in the grant application, and a description of functional outcomes of special populations (adults with mental illnesses who have co-occurring physical health conditions or chronic diseases; adults with serious mental illnesses who have co-occurring physical health conditions or chronic diseases; children and adolescents with serious emotional disturbances with co-occurring physical health conditions or chronic diseases; or individuals with substance use disorders).

The Secretary may provide appropriate information, training, and technical assistance to grantees under this section in order to help them meet the requirements of this section. The information and resources provided by the Secretary will

be made available to States, political subdivisions of States, Indian tribes or tribal organizations, outpatient mental health and addiction treatment centers, community mental health centers, certified community behavioral health clinics, primary care organizations such as Federally qualified health centers or rural health clinics, other community-based organizations, or other entities engaging in integrated care activities, as the Secretary determines appropriate.

This section authorizes to be appropriated \$51,878,000 for each of fiscal years 2018 through 2022.

Section 9004: Projects for Assistance in Transition from Homelessness

This section amends the purpose of the Projects for Assistance in Transition from Homelessness (PATH) by replacing “substance abuse” with “substance use disorders,” and by authorizing \$64,635,000 to be appropriated for each of fiscal years 2018 through 2022.

This section also calls for the Assistant Secretary to conduct a study on the formula used in determining State allotments for PATH. The study will include an evaluation of quality indicators of need for purposes of revising the formula. The study will be summarized in a report that will be submitted to Congress.

Section 9005: National Suicide Prevention Lifeline Program

This section authorizes the Secretary of HHS, acting through the Assistant Secretary, to maintain the National Suicide Prevention Lifeline program. The Secretary will:

- coordinate 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;
- maintain a suicide prevention hotline to link callers to local emergency, mental health, and social services resources; and
- consult with the Secretary of Veterans Affairs to ensure that veterans calling the suicide prevention hotline have access to a specialized veterans’ suicide prevention hotline.

This section authorizes \$7,198,000 to be appropriated for each of fiscal years 2018 through 2022.

Section 9006: Connecting Individuals and Families with Care

This section authorizes the Secretary of HHS, acting through the Assistant Secretary, to maintain the National Treatment Referral Routing Service to assist individuals and families in locating mental and substance use disorder treatment providers. The Assistant Secretary will administer:

- a nationwide, telephone number providing year-round access to information that is updated on a regular basis regarding local behavioral health providers and community-based organizations in a manner that is confidential, without requiring individuals to identify themselves, is in languages that include at least English and Spanish, and is at no cost to the individual using the Routing Service; and
- a website to provide a searchable, online treatment services locator that includes information on the name, location, contact information, and basic services provided for behavioral health treatment providers and community-based organizations.

In the event that the website contains information on any qualified practitioner that is certified to prescribe medication for opioid dependency, the Assistant Secretary will provide an opportunity for that practitioner to have their contact information removed from the website; and may evaluate other methods to periodically update the information displayed on the website.

Nothing in this section will be construed to prevent the Assistant Secretary from using any unobligated amounts otherwise made available to the SAMHSA to maintain the Routing Service.

Section 9007: Strengthening Community Crisis Response Systems

This section authorizes the Secretary of HHS to award competitive grants to States, local governments, and Indian tribes and tribal organizations, to enhance community-based crisis response systems for individuals with serious mental illness, serious emotional disturbances, or substance use disorders; or 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

disturbances, or substance use disorders.

To receive a grant or cooperative agreement, an entity must submit to the Secretary an application, which will include a plan for:

- 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;
- developing memoranda of understanding with public and private entities to implement crisis response services;
- addressing gaps in community resources for crisis response; and
- developing models for minimizing hospital readmissions, including through appropriate discharge planning.

Grant applications must include a plan for developing, maintaining, or enhancing a real-time web-based bed database. A bed database will include 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; provide 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 enable searches of the database to identify available beds that are appropriate for the treatment of individuals in mental or substance use disorder crisis.

Grantees will submit to the Secretary an evaluation of the effect of the grant on local crisis response service and measures of individuals receiving crisis planning and early intervention supports, individuals reporting improved functional outcomes, and individuals receiving regular follow-up care following a crisis.

There is authorized to be appropriated to carry out this section, \$12,500,000 for each of fiscal years 2018 through 2022.

Section 9008: Garrett Lee Smith Memorial Act Reauthorization

This section amends section 520C of the Public Health Service Act to create a Suicide Prevention Technical Assistance Center. This research, training, and technical assistance resource center will provide training and technical assistance to States, State agencies, tribes, tribal organizations, colleges and universities, or nonprofit organizations related to suicide prevention, particularly among high-risk groups. This section also identifies that the resource center will focus on individuals of all ages, particularly among individuals at higher risk.

This section authorizes \$5,988,000 to be appropriated for each of the fiscal years 2018-2022 for the Technical Assistance Center.

This section also amends section 520E of the Public Health Service Act, “Youth Suicide Early Intervention and Prevention Strategies,” to replace references to substance abuse with substance use disorder. This section also alters the grant requirements, saying that States will not receive more than one grant or cooperative agreement at any one time.

This section authorizes \$30,000,000 to be appropriated for each of the fiscal years 2018-2022 for Youth Suicide Early Intervention and Prevention Strategies.

Section 9009: Adult Suicide Prevention

This section authorizes the Assistant Secretary to award grants for the **implementation of suicide prevention efforts** (e.g. suicide awareness, establishing referral processes, improving clinical care practice standards) amongst adults ages 25 and older. Eligible grant recipients include: community-based primary care or behavioral health care setting, an emergency department, a State mental health agency, an Indian tribe, a tribal organization, or any other entity the Assistant Secretary deems appropriate.

A grant under this section will not exceed 5 years. This section authorizes \$30 million for FY 2018-2022.

Section 9010: Mental Health Awareness Training Grants

This section amends section 520J of the Public Health Service Act to re-designate the training grants for teachers and

other school personnel on symptoms of child and adolescent mental disorders as “Mental Health Awareness Training Grants.” Grant funds may be used to provide training on recognizing mental illness symptoms, education about community resources available for individuals with mental illness, or information on how to safely de-escalate crisis situations for individuals with mental illness.

This section authorizes \$14,693,000 to be appropriated for each of fiscal years 2018-2022.

Section 9011: Sense of Congress on Prioritizing Native American Youth and Suicide Prevention Programs

This section offers findings on the suicide rate among American Indians and Alaska Natives. It states that the Sense of Congress is that in carrying out suicide prevention and intervention programs, the Secretary of HHS should prioritize populations at disproportionately high risk of suicide, such as American Indians and Alaska Natives.

Section 9012: Evidence-Based Practices for Older Adults

This section amends section 520A(e) of the Public Health Service Act to add a new provision under Priority Mental Health Needs of Regional and National Significance: Geriatric Mental Health Disorders. This provision directs the HHS Secretary to provide technical assistance to grantees regarding evidence-based practices for the prevention and treatment of geriatric mental health disorders and co-occurring mental health and substance use disorders among geriatric populations. The Secretary will also disseminate information about these evidence-based practices to States and non-grantees throughout the United States.

Section 9013: National Violent Death Reporting System

This section directs the HHS Secretary, acting through the Director of the Centers for Disease Control and Prevention (CDC) to improve the National Violent Death Reporting System, particularly by including additional States. State participation in the system will continue to be voluntary.

Section 9014: Assisted Outpatient Treatment

This section amends section 224 of the Protecting Access to Medicare Act of 2014 by authorizing to be appropriated \$15 million for each of fiscal years 2015-2017, \$20 million for FY 2018, \$19 million for each of fiscal years 2019 and 2020, and \$18 million for each of fiscal years 2021 and 2022.

Section 9015: Assertive Community Treatment Grant Program

This section amends title V of the Public Health Service Act by adding a **grant program to establish or maintain assertive community treatment for individuals with serious mental illness**. Eligible applicants will be a State, county, city, tribe, tribal organization, mental health system, health care facility, or any other entity deemed appropriate by the Assistant Secretary. The Assistant Secretary may give special consideration to the potential of the applicant’s program to reduce hospitalization, homelessness, and involvement with the criminal justice system while improving the health and social outcomes of the patient.

Not later than the end of FY 2021, the Assistant Secretary will submit a report to Congress on cost savings and public health outcomes associated with the grant program, rates of homelessness among patients, patient satisfaction, and rates of criminal justice activity among patients. The Assistant Secretary will provide training and technical assistance to grantees to help them establish, maintain, or expand their assertive community treatment programs.

This section authorizes \$5 million for FY 2018-2022.

Section 9016: Sober Truth on Preventing Underage Drinking Reauthorization

This section reauthorizes the Sober Truth on Preventing (STOP) Underage Drinking Act with an authorization of \$3 million for each of fiscal years 2018 through 2022.

Additionally, this section authorizes the Assistance Secretary to make grants for pediatric health care providers to increase the use of practices for reducing underage drinking. Grant activities will include: screening, brief intervention, and referral to treatment of children and adolescents for alcohol use. Grant funds can be used for: training health care providers; disseminating best practices, including culturally and linguistically appropriate best practices; and supporting other activities deemed appropriate by the Assistant Secretary.

Section 9017: Center and Program Repeals

This section amends Part B of title V of the Public Health Service Act by repealing the following programs:

- Grants for ecstasy and other club drugs abuse prevention
- Methamphetamine and amphetamine treatment initiative
- Early intervention services for children and adolescents;
- Prevention, treatment, and rehabilitation model projects for high-risk youth;
- Grants for strengthening families;
- Services for individuals with fetal alcohol syndrome;
- Prevention of methamphetamine and inhalant abuse and addiction;
- National centers of excellence for depression
- Services for youth offenders; and
- Improving outcomes for children and adolescents through services integration between child welfare and mental health services.

*Subtitle B—Strengthening the Health Care Workforce***Section 9021: Mental and Behavioral Health Education and Training Grants**

This section amends Section 756 of the Public Health Service Act by adding that Mental Health and Behavioral Health Education and Training grants will be awarded to institutions to support students in:

- accredited institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy, school counseling, or professional counseling, including such programs with a focus on child and adolescent mental health and transitional-age youth;
- accredited doctoral, internship, and post-doctoral residency programs of health service psychology for the development and implementation of interdisciplinary training of psychology graduate students for providing behavioral and mental health services, including substance use disorder prevention and treatment services, as well as the development of faculty in health service psychology;
- accredited master's and doctoral degree programs of social work for the development and implementation of interdisciplinary training of social work graduate students for providing behavioral and mental health services, including substance use disorder prevention and treatment services, and the development of faculty in social work; and
- State-licensed mental health nonprofit and for-profit organizations to enable such organizations to pay for programs for preservice or in-service training in a behavioral health-related paraprofessional field with preference for preservice or in-service training of paraprofessional child and adolescent mental health workers.

This section also adds to the eligibility requirements an ability to recruit and place the students in areas with a high need and high demand population.

The Secretary of HHS will submit to Congress a biennial report on the effectiveness of the mental and behavioral health education training grants.

This section authorizes \$50 million for each of fiscal years 2018-2022.

Section 9022: Strengthening the Mental and Substance Use Disorders Workforce

This section authorizes the Secretary of HHS to establish a training demonstration program to award grants to eligible entities to support training for medical residents and fellows to practice psychiatry and addiction medicine in underserved, community-based settings that integrate primary care with mental and substance use disorder services; training for nurse practitioners, physician assistants, and social workers to provide mental and substance use disorder services in underserved community-based settings that integrate primary care and mental and substance use disorder services; and establishing, maintaining, or improving academic units or programs.

Grantees will use the grant funds to plan, develop, and operate a training program for medical psychiatry residents and fellows in addiction medicine practicing in eligible entities; or train new psychiatric residents and fellows in addiction medicine to provide and expand access to integrated mental and substance use disorder services. Grantees must also provide at least 1 training track that is:

- a virtual training track that includes an in-person rotation at a teaching health center or community-based setting, followed by a virtual rotation in which the resident or fellow continues to support the care of patients at the teaching health center or community-based setting through the use of health information technology;
- an in-person training track that includes a rotation, during which the resident or fellow practices at a teaching health center or community-based setting; or
- an in-person training track that includes a rotation during which the resident practices in a community-based setting that specializes in the treatment of infants, children, adolescents, or pregnant or post-partum women

Grantees will use the grant funds to plan, develop, or operate a training program to provide mental and substance use disorder services in underserved, community-based settings that integrate primary care and mental and substance use disorder services; and may use the grant funds to provide additional support for the administration of the program or to meet the costs of projects to establish, maintain, or improve faculty development, or departments, divisions, or other units of such program.

A recipient of a grant will enter into a partnership with an education accrediting organization (such as the Liaison Committee on Medical Education, the Accreditation Council for Graduate Medical Education, the Commission on Osteopathic College Accreditation, the Accreditation Commission For Education in Nursing, the Commission on Collegiate Nursing Education, the Accreditation Council for Pharmacy Education, the Council on Social Work Education, or the Accreditation Review Commission on Education for the Physician Assistant).

Eligible entities are a consortium consisting of:

- at least one teaching health center; and
- the sponsoring institution (or parent institution of the sponsoring institution) of—
 - a psychiatry residency program that is accredited by the Accreditation Council of Graduate Medical Education (or the parent institution of such a program); or
 - a fellowship in addiction medicine, as determined appropriate by the Secretary; or
- an entity that provides opportunities for residents or fellows to train in community-based settings that integrate primary care with mental and substance use disorder services.

To be eligible to receive a grant for training other providers, an entity must be a teaching health center; a Federally qualified health center; a community mental health center; a rural health clinic; a health center operated by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization; or an entity with a demonstrated record of success in providing training for nurse practitioners, physician assistants, and social workers.

The Secretary, acting through the Administrator of the Health Resources and Services Administration (HRSA), shall conduct a study on the results of the demonstration project under this section. Not later than 90 days after the completion of the first year of the training program and each subsequent year that the program is in effect, each recipient of a grant shall submit to the Secretary such data as the Secretary may require for analysis for the report. Not later than 1 year after receipt of the data, the Secretary shall submit to Congress a report that includes analysis of the effect of the demonstration project on the quality, quantity, and distribution of mental and substance use disorder services; analysis of the effect of the demonstration project on the prevalence of untreated mental and substance use disorders in the surrounding communities of health centers participating in the demonstration; and recommendations on whether the demonstration project should be expanded.

This section authorizes \$10 million for each of fiscal years 2018-2022 to be appropriated for this grant program.

Section 9023: Clarification on Current Eligibility for Loan Repayment Programs

This section calls for the Administrator of the Health Resources and Services Administration (HRSA) to clarify the eligibility requirements of child and adolescent psychiatrists for the National Health Service Corps Loan Repayment Program.

Section 9024: Minority Fellowship Program

This section authorizes the Secretary of HHS to maintain the Minority Fellowship Program, under which the Secretary awards fellowships for the purposes of:

- increasing mental and substance use disorder practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental and substance use disorders among racial and ethnic minority populations;
- improving the quality of mental and substance use disorder prevention and treatment delivered to ethnic minorities; and
- increasing the number of culturally competent mental and substance use disorder professionals who teach, administer, conduct services research, and provide direct mental or substance use disorder services to underserved minority populations.

The fellowships will be for post-baccalaureate 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. This section authorizes \$12,669,000 to be appropriated for each of fiscal years 2018-2022.

Section 9025: Liability Protections for Health Professional Volunteers at Community Health Centers

This section amends section 224 of the Public Health Service Act by adding that a health professional volunteer at a Community Health Center will be deemed an employee of the Public Health Service. This section also describes the conditions that must be met in order for a health care practitioner to be deemed a health professional volunteer.

Section 9026: Reports

The Assistant Secretary, in consultation with the Administrator of the Health Resources and Services Administration (HRSA), will conduct a **study on the mental health and substance use disorder workforce**, and make publicly available a report summarizing results of the study.

Subtitle C—Mental Health on Campus Improvement

Section 9031: Mental Health and Substance Use Disorder Services on Campus

This section amends section 520E-2 of the Public Health Service Act by renaming the section from “Mental and Behavioral Health Services on Campus” to “Mental Health and Substance Use Disorder Services on Campus.” References to “behavioral health” and “substance abuse” are replaced with “substance use disorders.” Grants in this section will be used to:

- educate students, families, faculty, and staff to increase awareness of mental health and substance use disorders;
- operate hotlines;
- prepare informational materials;
- provide outreach services;
- administer screenings and assessments;
- support trainings for students and faculty to respond to students with mental health or substance use disorders;
- create a network to link universities with local providers;
- provide mental and substance use disorder prevention and treatment services to students;
- conduct research through the college counseling or health center regarding improving the mental health and substance use behaviors;
- support student groups on campus that engage in activities to educate students, including activities to reduce stigma surrounding mental and behavioral disorders, and promote mental health;
- employ appropriately trained staff; and
- develop and support evidence-based and emerging best practices.

This section authorizes \$7 million to be appropriated for each of the fiscal years 2018-2022.

Section 9032: Interagency Working Group on College Mental Health

This section creates a College Campus Task Force to discuss mental and behavioral health concerns on college

campuses. The Task Force, established by the Secretary of HHS, will include a representative from each Federal agency that has jurisdiction over, or is affected by, mental health and education policies and projects, including the Department of Education; the Department of Health and Human Services; the Department of Veterans Affairs; and such other Federal agencies as the Assistant Secretary deems appropriate.

The Task Force will serve as a centralized mechanism to coordinate a national effort:

- to discuss and evaluate evidence and knowledge on mental and behavioral health services available to, and the prevalence of mental health illness among, the age population of students attending institutions of higher education in the United States;
- to determine the range of effective, feasible, and comprehensive actions to improve mental and behavioral health on campuses of institutions of higher education;
- to examine and better address the needs of the age population of students attending institutions of higher education dealing with mental illness;
- to survey Federal agencies to determine which policies are effective in encouraging, and how best to facilitate outreach without duplicating, efforts relating to mental and behavioral health promotion;
- to establish specific goals within and across Federal agencies for mental health promotion, including determinations of accountability for reaching those goals;
- to develop a strategy for allocating responsibilities and ensuring participation in mental and behavioral health promotions, particularly in the case of competing agency priorities;
- to coordinate plans to communicate research results relating to mental and behavioral health amongst the age population of students attending institutions of higher education to enable reporting and outreach activities to produce more useful and timely information;
- to provide a description of evidence-based best practices, model programs, effective guidelines, and other strategies for promoting mental and behavioral health on campuses of institutions of higher education;
- to make recommendations to improve Federal efforts relating to mental and behavioral health promotion on campuses of institutions of higher education and to ensure Federal efforts are consistent with available standards and evidence and other programs in existence as of the date of enactment of this Act;
- to monitor Federal progress in meeting specific mental and behavioral health promotion goals as they relate to settings of institutions of higher education; and
- examine and disseminate best practices related to intracampus sharing of treatment records.

The Task Force will also consult with national organizations with expertise in mental and behavioral health, especially those organizations working with the age population of students attending institutions of higher education. Additionally, it will consult with and seek input from mental health professionals working on college campuses.

This section authorizes \$1 million to be appropriated for each of fiscal years 2018 through 2022.

Section 9033: Improving Mental Health on College Campuses

This section calls for the Assistant Secretary in collaboration with the Director to the Centers for Disease Control and Prevention (CDC) to convene an interagency working group to plan, establish, coordinate, and evaluate a public education campaign on mental and behavioral health on college campuses. This section authorizes \$1 million for each of fiscal years 2018 through 2022 to be appropriated.

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

Section 10001: Programs for Children with a Serious Emotional Disturbance

This section amends the section on comprehensive community mental health services for children with serious emotional disturbances in sections 561 and 564 of the Public Health Service Act. The sections are amended by changing the age limit of those served through the age of 21. This section authorizes to be appropriated \$119,026,000 for each of fiscal years 2018 through 2022.

Section 10002: Increasing Access to Pediatric Mental Health Care

This section authorizes the Secretary of HHS, acting through the Administrator of the Health Resources and Services Administration (HRSA), to award grants to States, political subdivisions of States, and Indian tribes and tribal organizations to promote behavioral health integration in pediatric primary care by:

- supporting the development of statewide or regional pediatric mental health telehealth access programs; and
- supporting the improvement of existing Statewide or regional pediatric mental health telehealth access programs.

To be eligible for funding, a pediatric mental health care telehealth access program must:

- be a Statewide or regional network of pediatric mental health teams that provide support to pediatric primary care sites as an integrated team;
- support and further develop organized State or regional networks of child and adolescent psychiatrists to provide consultative support to pediatric primary care sites;
- conduct an assessment of critical behavioral consultation needs among pediatric providers and such providers' preferred mechanisms for receiving consultation and training and technical assistance;
- develop an online database and communication mechanisms to facilitate consultation support to pediatric practices;
- provide rapid Statewide or regional clinical telephone consultations when requested between the pediatric mental health teams and pediatric primary care providers;
- 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;
- inform and assist pediatric providers in accessing child psychiatry consultations and in scheduling and conducting technical assistance;
- assist with referrals to specialty care and community and behavioral health resources; and
- 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.

Grantees must prepare and submit an evaluation to the Secretary containing information that may include a comprehensive evaluation of activities carried out with funds received through the grant, as well as performance and outcome evaluation of grant activities.

This section authorizes \$9 million for each of FY 2018-2022. 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 to contribute at least 20 percent of Federal grant funds.

Section 10003: Substance Use Disorder Treatment and Early Intervention Services for Children and Adolescents

This section authorizes the Secretary of HHS to award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Indian tribes or tribal organizations, or health facilities or programs operated by or pursuant to a contract or grant with the Indian Health Service, for the purpose of:

- providing early identification and services to meet the needs of children and adolescents who are at risk of substance use disorders;
- providing substance use disorder treatment services for children, including children and adolescents with co-occurring mental illness and substance use disorders; and
- providing assistance to pregnant and parenting mothers with substance use disorders in obtaining treatment services, linking mothers to community resources to support independent family lives, and staying in recovery so that children are in safe, stable home environments and receive appropriate health care services.

This section authorizes to be appropriated \$29,605,000 for each of fiscal years 2018-2022.

Section 10004: Children's Recovery from Trauma

This section amends section 582 of the Public Health Service Act to allow funding for grants to address problem associated with trauma to be used for developing and maintaining programs that provide for the continued operation of the National Child Traumatic Stress Initiative (NCTSI). The grant program requires a cooperative agreement with a coordinating center that focuses on the mental, behavioral, and biological aspects of trauma response, preventing the consequences of child trauma, and early intervention and treatment to address child trauma. NCTSI will focus on developing knowledge around evidence-based practices for identifying and treating disorders resulting from children and youth experiencing a traumatic event. The Secretary of the Department of Health and Human Services (HHS) will give priority to universities, hospitals, and other programs that have established clinical expertise in awarding grants in addition to mental health agencies. The coordinating center will collect, analyze, and report process and outcome data relating to early identification and delivery of evidence-based treatment and services for children and families served by NCTSI grantees. The center will also coordinate training initiatives in evidence-based and trauma-informed treatments and practices offered to grantees and partners. Finally, the center will collaborate with the Secretary to disseminate evidence-based and trauma-informed interventions and treatments, and with appropriate agencies that conduct or fund research within HHS to share NCTSI expertise. The Secretary of HHS will ensure that NCTSI applications are reviewed by appropriate experts in the field as part of a consensus review process. Recipients will use grant funding between 4 and 5 years.

This section authorizes \$46,887,000 to be appropriated for each of fiscal years 2018-2022.

Section 10005: Screening and Treatment for Maternal Depression

This authorizes the Secretary of HHS to make grants to States to establish, improve, or maintain programs for screening, assessment, and treatment services, including culturally and linguistically appropriate services, as appropriate, for women who are pregnant, or who have given birth within the preceding 12 months, for maternal depression.

State applications to the Secretary should contain explanations of how a program, or programs, will increase the percentage of women screened and treated for maternal depression in one or more communities; and how a program, or programs, if expanded, would increase access to screening and treatment services for maternal depression.

The activities eligible for funding through a grant must include the provision of appropriate training to health care providers; and providing information to health care providers, including information on maternal depression screening, treatment, and follow-up support services, and linkages to community-based resources. Activities may also include enabling health care providers (including obstetrician-gynecologists, pediatricians, psychiatrists, mental health care providers, and adult primary care clinicians) to provide or receive real-time psychiatric consultation (in-person or remotely) to aid in the treatment of pregnant and parenting women; and establishing linkages with and among community-based resources, including mental health resources, primary care resources, and support groups.

This section authorizes \$5 million to be appropriated for each of fiscal years 2018-2022.

Section 10006: Infant and Early Childhood Prevention, Intervention, and Treatment

This section authorizes the Secretary of HHS to award grants to eligible entities 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. The Secretary should 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.

An eligible entity is defined in this section as a nonprofit institution that is accredited by a State mental health or education agency, as applicable, to provide promising and evidence-based prevention, intervention, or treatment services, for children in the age range from birth to 12 years of age; and provides services that include promising and evidence-based early intervention and treatment or specialized programs for infants and children at risk of developing or showing early signs of a mental disorder, serious emotional disturbance, or social or emotional disability.

Grantees must:

- 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 a mental disorder, including a serious emotional disturbance, or a social or emotional disorder. Such treatment services may include social-emotional and behavioral services.
- 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.
- 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.
- 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.
- Provide assessment and intervention services for eligible children, including early prevention, intervention, and treatment services.

This section authorizes to be appropriated \$20 million for each of fiscal years 2018-2022.

Title XI: Compassionate Communication on HIPAA

Section 11001: Sense of Congress

This section lists findings of Congress related to individuals with mental illness. Findings include that the majority of individuals with mental illness are capable of understanding their illness and caring for themselves, but that individuals with serious mental illness (SMI) may be “significantly impaired in their ability to understand or make sound decisions regarding their care and needs.” The sense of Congress is that for the health and safety of individuals with SMI, more clarity is needed on the existing HIPAA privacy rule to permit health care professionals to communicate with caregivers when necessary in order to facilitate treatment. Such communication would not include psychotherapy notes.

Section 11002: Confidentiality of Records

This section calls for the Secretary of HHS to convene relevant stakeholders to determine **the effect of 42 CFR Part 2 regulations on patient care, outcomes, and privacy**. The Secretary will submit to Congress and make publicly available a report on the findings of those stakeholders.

Section 11003: Clarification of Circumstances under Which Disclosure of Protected Health Information is Permitted

This section calls for the Secretary of HHS, in coordination with the Director of the Office for Civil Rights within HHS, to promulgate **final regulations clarifying under which circumstances a healthcare provider or covered entity may disclose the protected health information of a patient with a mental illness**.

The Secretary will issue guidance clarifying the circumstances under which a health care provider or covered entity can disclose protected health information. The guidance will address circumstances including those that:

- require the consent of the patient;
- require providing the patient with an opportunity to object;
- are based on the exercise of professional judgment regarding whether the patient would object when the opportunity to object cannot practicably be provided because of the incapacity of the patient or an emergency treatment circumstance; and
- are determined, based on the exercise of professional judgment, to be in the best interest of the patient when the patient is not present or otherwise incapacitated.

Section 11004: Development and Dissemination of Model Training Programs

The Secretary of HHS will develop and disseminate within 1 year of enactment of this Act a **model program and training materials for providers on the circumstances under which protected health information of patients with a mental illness may be disclosed**. The Secretary will also develop and disseminate a model program and materials for training lawyers on such circumstances, as well as materials for training patients and families regarding their rights.

This section authorizes \$4 million for FY 2018, \$2 million for each of fiscal years 2019 and 2020, and \$1 million for each of fiscal years 2021 and 2022.

Title XII: Medicaid Mental Health Coverage

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

This section clarifies that nothing in Title XIX of the Social Security Act prohibits separate payment for the provision of a mental health service that is provided on the same day and in the same facility as a primary care service. Similarly, there is no prohibition of separate payment for the provision of a primary service that is provided on the same day and in the same facility as a mental health care service.

Section 12002: Study and Report Related to Medicaid Managed Care Regulation

This section authorizes the Secretary of HHS, acting through the Administrator of the Centers for Medicare and Medicaid Services (CMS), to conduct a study on coverage under the Medicaid program of services provided through a Medicaid managed care organization or prepaid inpatient health plan to individuals aged 21-65 for the treatment of a mental health disorder in institutions for mental diseases (IMD). The study, which will be submitted to Congress within 3 years of enactment of this Act, will include the following information:

- The extent to which States are providing capitated payments for enrollees who are receiving services in institutions for mental diseases;
- The number of individuals receiving medical assistance under a State plan under title XIX, or a waiver of such plan, who receive services in institutions for mental diseases;
- The average length of stay for individuals in institutions for mental diseases;
- How organizations or plans determine when to provide for the furnishing of psychiatric or substance use disorder services through an institution for mental diseases in lieu of other benefits; and
- The extent to which the provision of services within institutions for mental diseases has affected the capitated payments for such organizations or plans.

Section 12003: Guidance on Opportunities for Innovation

This section requires the Administrator of the Centers for Medicare and Medicaid Services (CMS) to issue a letter to State Medicaid Directors within 1 year of enactment of this Act regarding opportunities to design innovative service delivery systems for individuals with serious mental illness or serious emotional disturbance. The letter will include opportunities for demonstration projects.

Section 12004: Study and Report on Medicaid Emergency Psychiatric Demonstration Project

The Secretary of HHS, acting through the Administrator of CMS, will collect information from each State and then submit to Congress a report summarizing information on:

- The number of institutions for mental diseases (IMDs) and beds in IMDs that received payment for the provision of services to individuals who receive medical assistance under a State plan under the Medicaid program through the demonstration project in each such State as compared to the total number of IMDs and beds in the State.
- Any reduction in expenditures for individuals who receive treatment in an IMD that is attributable to the demonstration project.
- The number of forensic psychiatric hospitals, the number of beds in such hospitals, and the number of forensic psychiatric beds in other hospitals in such State.

- The amount of any disproportionate share hospital payments that IMDs in the State received between July 1, 2012 and June 30, 2015, and the extent to which the demonstration project reduced the amount of such payments.
- Data regarding facilities or sites in the State 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 are treated between July 1, 2012 and June 30, 2015.
- Data on the types of facilities or sites; the average length of stay; and the payment rate under the State plan for services furnished to an individual during the demonstration project period.
- The extent to which the utilization of hospital emergency departments during the demonstration project period differed between—
 - those individuals who received treatment in an IMD under the demonstration project;
 - those individuals who met the eligibility requirements for the demonstration project but who did not receive treatment in an IMD under the demonstration project; and
 - those individuals with serious mental illness who did not meet eligibility requirements and did not receive treatment for such illness in an IMD.

Section 12005: Providing EPSDT Services to Children in IMDs

This section amends Section 1905 of the Social Security Act by adding that effective January 1, 2019, the full-range of early and periodic screening, diagnostic, and treatment services (EPSDT) will be provided whether or not EPSDT services are furnished by the provider of inpatient psychiatric hospital services for individuals under age 21.

Section 12006: Electronic Visit Verification System Required for Personal Care Services and Home Health Care Services Under Medicaid

This section amends section 1903 of the Social Security Act by reducing the Federal medical assistance percentage for expenditures on in-home visits for personal care or home health care services that are provided under a State plan, unless a State requires the use of an electronic visit verification system for such services. Additionally, in implementing electronic visit verification systems, States will: consult with agencies that provide personal and/or home health care services; take into account a stakeholder process that includes input from beneficiaries, family caregivers, and other stakeholders; and ensure that providers are given the opportunity for training on the use of electronic visit verification systems. This section also calls for the Secretary of HHS to collect and disseminate best practices to State Medicaid Directors regarding the training and implementation of electronic visit verification systems.

Title XIII: Mental Health Parity

Section 13001: Enhanced Compliance with Mental Health and Substance Use Disorder Coverage Requirements

This section amends section 2726(a) of the Public Health Service Act, “Parity in Mental Health and Substance Use Disorder Benefits” by adding language on a compliance program guidance document. Within 12 months of enactment of this Act, the Secretary of HHS, the Secretary of Labor, and the Secretary of the Treasury, in consultation with the Inspector General of the Department of HHS, the Inspector General of the Department of Labor, and the Inspector General of the Department of the Treasury, will issue a guidance document to ensure parity compliance. The guidance document will include examples illustrating compliance and noncompliance, and offer recommendations to avoid parity violations. The document will be updated every 2 years.

Section 13002: Action Plan for Enhanced Enforcement of Mental Health and Substance Use Disorder Coverage

The Secretary will convene a public meeting of Federal and State government representatives to produce an action plan for better Federal and State coordination on the enforcement of mental health parity and addiction equity requirements. **The action plan—taking into account the recommendations of the Mental Health and Substance Use Disorder Parity Task Force in its final report issued in October of 2016—will identify objectives on how Federal and State agencies will collaborate to improve parity enforcement, provide a timeline of the action plan, and provide examples of how the objectives will be met.** The plan will be made publicly available on the HHS website within 6 months of the public stakeholder meeting.

Section 13003: Report on Investigation Regarding Parity in Mental Health and Substance Use Disorder**Benefits**

The Administrator of CMS, in collaboration with the Assistant Secretary of Labor of the Employee Benefits Security Administration and the Secretary of the Treasury, will submit a report to Congress that summarizes results of all closed Federal investigations completed in the past year. The summary will include findings of any serious violation regarding parity compliance.

Section 13004: GAO Study on Parity in Mental Health and Substance Use Disorder Benefits

Within 3 years of enactment of this Act, the Comptroller General, in consultation with the Secretaries of HHS, Labor, and the Treasury, will submit a report to Congress on the compliance of health insurance companies to parity regulations.

Section 13005: Information and Awareness on Eating Disorders

This section authorizes the Secretary of HHS, acting through the Director of the Office of Women's Health, to update information, fact sheets, and resource lists related to eating disorders on the National Women's Health Information Center website. The Secretary may also incorporate information from publicly available resources into appropriate obesity prevention programs developed by the Office on Women's Health.

The Secretary may also raise public awareness of:

- the types of eating disorders; the seriousness of eating disorders;
- how to prevent, identify, intervene, refer for treatment, and prevent behaviors that may lead to the development of eating disorders;
- discrimination and bullying based on body size;
- the effects of media on self-esteem and body image; and
- the signs and symptoms of eating disorders.

Section 13006: Education and Training on Eating Disorders

This section authorizes the Secretary of HHS to educate health professionals and school personnel on how to identify eating disorders, provide early intervention services, refer patients to appropriate treatment, prevent disordered eating, and provide appropriate treatment services for individuals with eating disorders.

Section 13007: Clarification of Existing Parity Rules

This section clarifies that any group health plan or health insurance issuer that covers eating disorder services—including residential treatment—must provide benefits that are in compliance with parity law.

Title XIV: Mental Health and Safe Communities*Subtitle A—Mental Health and Safe Communities***Section 14001: Law Enforcement Grants for Crisis Intervention Teams, Mental Health Purposes**

This section amends the Omnibus Crime Control and Safe Streets Act by adding “mental health programs and related law enforcement and corrections programs, including behavioral programs and crisis intervention teams” to the types of programs for which Byrne Memorial Justice Assistance Grant (JAG) funds can be used.

This section also amends the uses of Community Policing Grant funds by adding the provision of specialized training to law enforcement officers to:

- recognize and properly interact with individuals who have a mental illness;
- establish collaborative programs that enhance the ability of law enforcement agencies to address the mental health, behavioral, and substance use problems of individuals encountered by law enforcement officers;
- provide specialized training to corrections officers to recognize individuals who have a mental illness; and
- enhance the ability of corrections officers to address the mental health of individuals under the care and custody of jails and prisons, including specialized training and strategies for verbal de-escalation of crises.

This section also amends the Federal Fire Prevention and Control Act of 1974 by adding that staffing for adequate fire and emergency response grants can be used to provide specialized training to paramedics, emergency medical services workers, and other first responders to recognize and properly intervene with individuals with a mental illness.

Section 14002: Assisted Outpatient Treatment Programs

This section amends the Omnibus Crime Control and Safe Streets Act by amending the services for which mental health court grant funds can be used. In addition to the existing use of funds for “voluntary outpatient or inpatient mental health treatment, in the least restrictive manner appropriate, as determined by the court, that carries with it the possibility of dismissal of charges or reduced sentencing upon successful completion of treatment,” this section adds that funds can also be used for court-ordered assisted outpatient treatment when the court has determined such treatment to be necessary.

Court-ordered assisted outpatient treatment is defined as a program through which a court may order a treatment plan for an eligible patient that requires the patient to obtain mental health treatment while not residing in a correctional or inpatient facility; and is designed to improve access and adherence to intensive behavioral health services.

Section 14003: Federal Drug and Mental Health Courts

This section requires the Attorney General to create a pilot program to determine the effectiveness of diverting eligible offenders from Federal prosecution, probation, or a Bureau of Prisons facility, and placing them instead in drug or mental health courts. The pilot program will involve:

- continuing judicial supervision, including periodic review, of program participants who have a substance use problem or mental illness;
- integrated administration of services and sanctions, including:
 - mandatory periodic testing, as appropriate, for the use of controlled substances or other addictive substances during any period of supervised release or probation for each program participant;
 - substance abuse treatment for each program participant who requires such services;
 - diversion, probation, or other supervised release with the possibility of prosecution, confinement, or incarceration based on noncompliance with program requirements or failure to show satisfactory progress toward completing program requirements;
 - programmatic offender management, including case management, and aftercare services, such as relapse prevention, health care, education, vocational training, job placement, housing placement, and child care or other family support services for each program participant who requires such services;
 - outpatient or inpatient mental health treatment, as ordered by the court, that carries with it the possibility of dismissal of charges or reduced sentencing upon successful completion of such treatment;
 - centralized case management; and
 - continuing supervision of treatment plan compliance by the program participant for a term not to exceed the maximum allowable sentence or probation period for the charged or relevant offense and, to the extent practicable, continuity of psychiatric care at the end of the supervised period.

The pilot program will last from FY 2017 through FY 2021. The Attorney General, in consultation with the Director of the Administrative Office of the United States Courts, will submit a report on the outcomes of the pilot program at the end of FY 2021.

Section 14004: Mental Health in the Judicial System

This section amends the Omnibus Crime Control Act of 1968 by creating a grant program in which the Attorney General makes grants to States, localities, territories, Indian Tribes, and/or nonprofit agencies to **develop, implement, or expand pretrial services programs to improve the identification and outcomes of individuals with mental illness.**

Allowable uses of funds under this grant program include:

- behavioral health needs and risk screening of defendants, including verification of interview information, mental health evaluation, and criminal history screening;

- assessment of risk of pretrial misconduct through objective, statistically validated means, and presentation to the court of recommendations based on such assessment, including services that will reduce the risk of pre-trial misconduct;
- follow-up review of defendants unable to meet the conditions of pretrial release;
- evaluation of process and results of pre-trial service programs;
- supervision of defendants who are on pretrial release, including reminders to defendants of scheduled court dates;
- reporting on process and results of pretrial services programs to relevant public and private mental health stakeholders; and
- data collection and analysis necessary to make available information required for assessment of risk.

This section also creates a grant program in which the Attorney General can award grants to States, localities, territories, Indian Tribes, and/or nonprofit agencies to **develop, implement, or expand a behavioral health screening and assessment program framework for State or local criminal justice systems.**

Allowable uses of funds under this grant program include:

- promotion of the use of validated assessment tools to gauge the criminogenic risk, substance abuse needs, and mental health needs of individuals;
- initiatives to match the risk factors and needs of individuals to programs and practices associated with research-based, positive outcomes;
- implementing methods for identifying and treating individuals who are most likely to benefit from coordinated supervision and treatment strategies, and identifying individuals who can do well with fewer interventions; and
- collaborative decision-making among the heads of criminal justice agencies, mental health systems, judicial systems, substance abuse systems, and other relevant systems or agencies for determining how treatment and intensive supervision services should be allocated in order to maximize benefits, and developing and utilizing capacity accordingly.

Section 14005: Forensic Assertive Community Treatment Initiatives

This section amends the Omnibus Crime Control and Safe Streets Act of 1968 by adding a new program, Forensic Assertive Community Treatment (FACT). In FACT, the Attorney General can make grants to States, units of local government, territories, Indian Tribes, and/or nonprofit agencies to develop, implement, or expand Assertive Community Treatment initiatives to develop forensic assertive community treatment programs that provide high intensity services in the community for individuals who have a mental illness who are involved in the criminal justice system in order to prevent future incarceration.

Allowable uses of funds under this grant program include:

- multidisciplinary team initiatives for individuals with mental illnesses with criminal justice involvement that address criminal justice involvement as part of treatment protocols;
- FACT programs that involve mental health professionals, criminal justice agencies, chemical dependency specialists, nurses, psychiatrists, vocational specialists, forensic peer specialists, forensic specialists, and dedicated administrative support staff who work together to provide recovery oriented, 24/7 wraparound services;
- services such as integrated evidence-based practices for the treatment of co-occurring mental health and substance-related disorders, assertive outreach and engagement, community-based service provision at participants' residence or in the community, psychiatric rehabilitation, recovery oriented services, services to address criminogenic risk factors, and community tenure;
- payments for treatment providers that are approved by the State or Indian Tribe and licensed, if necessary, to provide needed treatment to eligible offenders participating in the program, including behavioral health services and aftercare supervision; and
- training for all FACT teams to promote high fidelity practice principles and technical assistance to support effective and continuing integration with criminal justice agency partners.

Section 14006: Assistance for Individuals Transitioning Out of Systems

This section amends the priority considerations of the Adult Offender Reentry Demonstration Projects authorized in the Omnibus Crime Control and Safe Streets Act by adding that the Attorney General will prioritize grant applications that provide mental health treatment and transitional services for those with mental illnesses or with co-occurring disorders, including housing assistance.

Section 14007: Co-occurring Substance Abuse and Mental Health Challenges in Drug Courts

For grants awarded by the Attorney General for adult drug courts, juvenile drug courts, family drug courts, and tribal drug courts, those courts can now involve the continuing judicial supervision over offenders with co-occurring substance use and mental health problems who are not violent offenders. This section also adds that under the problem court grants, the Attorney General can include training for drug court personnel and officials on identifying and addressing co-occurring substance use and mental health problems.

Section 14008: Mental Health Training for Federal Uniformed Services

This section requires the Secretary of Defense, Secretary of Homeland Security, Secretary of Health and Human Services, and Secretary of Commerce to provide training on the unique needs of individuals with mental illness to the uniformed service members under their direction. Each of the Secretaries must also provide improved computerized information systems to provide timely information to Federal law enforcement personnel, other branches of the uniformed services, and criminal justice system personnel to improve the Federal response to individuals with mental illness. The Secretaries must also establish or expand efforts to promote public safety through the use of effective intervention with regard to individuals with mental illness who are encountered by members of the uniformed services.

Section 14009: Advancing Mental Health as Part of Offender Reentry

This section amends the priority considerations of the Adult Offender Reentry Demonstration Projects authorized in the Omnibus Crime Control and Safe Streets Act by adding that the Attorney General will prioritize grant applications that demonstrate effective case management abilities, including mental health services. The Attorney General can also prioritize applications that target offenders with histories of homelessness, substance use disorder, or mental illness, including a prerelease assessment of the housing status of the offender and behavioral health needs of the offender with clear coordination with mental health, substance use disorder, and homelessness services systems to achieve stable and permanent housing outcomes with appropriate support service.

Section 14010: School Mental Health Crisis Intervention Teams

This section amends the allowable uses of funds for grants under the Director of the Office of Community Oriented Policing Services (COPS) that provide improved security at schools and on school grounds by adding, “the development and operation of crisis intervention teams that may include coordination with law enforcement agencies and specialized training for school officials in responding to mental health crises.”

Section 14011: Active Shooter Training for Law Enforcement

This section allows the Attorney General, as part of the Preventing Violence Against Law Enforcement and Ensuring Officer Resilience and Survivability Initiative (VALOR) of the Department of Justice, to provide safety training and technical assistance to local law enforcement agencies, including active-shooter response training.

Section 14012: Co-occurring Substance Abuse and Mental Health Challenges in Substance Abuse Treatment Programs

This section amends the Omnibus Crime Control and Safe Streets Act of 1968 by adding that the Residential Substance Abuse Treatment Program grants have the purpose of developing and implementing specialized residential substance abuse treatment programs that identify and provide appropriate treatment to inmates with co-occurring mental health and substance abuse disorders or challenges.

Section 14013: Mental Health and Drug Treatment Alternatives to Incarceration Programs

This section amends the Omnibus Crime Control and Safe Streets Act of 1968 by striking Part CC on “Prosecution Drug Treatment Alternative to Prison Program” and replacing it with “Mental Health and Drug Treatment Alternatives to Incarceration Programs.” This section authorizes the Attorney General to make grants to States, localities, Indian tribes, or nonprofits to develop, implement, or expand treatment alternatives to incarceration programs. These programs will target individuals who are involved in the criminal justice system because of an offense that is not a

violent crime, nor a serious drug offense, and who have a history of or a current substance use and/or mental health disorder. Eligible participants must have approval to participate in an alternative to incarceration program by the law enforcement agency, prosecuting attorney, defense attorney, probation official, corrections official, judge, or other relevant agency.

The alternative to incarceration programs may include:

- pre-booking treatment alternative to incarceration program, including:
 - law enforcement training on substance use disorders, mental illness, and co-occurring mental illness and substance use disorders;
 - receiving centers as alternatives to incarceration of eligible participants;
 - specialized response units for calls related to substance use disorders, mental illness, or co-occurring mental illness and substance use disorders; and
 - other arrest and pre-booking treatment alternatives to incarceration models.
- post-booking treatment alternative to incarceration programs, including:
 - specialized clinical case management;
 - pre-trial services related to substances use disorders, mental illness, and co-occurring mental illness and substance use disorders;
 - prosecutor and defender based programs;
 - specialized probation;
 - treatment and rehabilitation programs; and
 - problem-solving courts.

This section also outlines grant application guidelines, requirements for grantees, allowable uses of funds, and an annual report that grantees must annually submit to the Attorney General on the outcomes of grant activities.

Section 14014: National Criminal Justice and Mental Health Training and Technical Assistance

This section amends part HH of title I of the Omnibus Crime Control and Safe Streets Act of 1968 by adding a section on National Criminal Justice and Mental Health Training and Technical Assistance. Under this section, the Attorney General can make grants to national nonprofit organizations with mental health and criminal justice expertise to establish a National Criminal Justice and Mental Health Training and Technical Assistance Center. Grantees will collaborate to establish a National Criminal Justice and Mental Health Training and Technical Assistance Center. The Center will:

- provide law enforcement officer training regarding mental health and working with individuals with mental illnesses, with an emphasis on de-escalation of encounters between law enforcement officers and those with mental disorders or in crisis, which shall include support the development of in-person and technical information exchanges between systems and the individuals working in those systems in support of the concepts identified in the training;
- provide education, training, and technical assistance for States, Indian tribes, territories, units of local government, service providers, nonprofit organizations, probation or parole officers, prosecutors, defense attorneys, emergency response providers, and corrections institutions to advance practice and knowledge relating to mental health crisis and approaches to mental health and criminal justice across systems;
- provide training and best practices to mental health providers and criminal justice agencies relating to diversion initiatives, jail and prison strategies, reentry of individuals with mental illnesses into the community, and dispatch protocols and triage capabilities, including the establishment of learning sites;
- develop suicide prevention and crisis intervention training and technical assistance for criminal justice agencies;
- develop a receiving center system and pilot strategy that provides, for a jurisdiction, a single point of entry into the mental health and substance abuse system for assessments and appropriate placement of individuals experiencing a crisis;
- collect data and best practices in mental health and criminal health and criminal justice initiatives and policies from grantees under this part, other recipients of grants under this section, Federal, State, and local agencies involved in the provision of mental health services, and nongovernmental organizations involved in the provision of mental health services;

- develop and disseminate to mental health providers and criminal justice agencies evaluation tools, mechanisms, and measures to better assess and document performance measures and outcomes relating to the provision of mental health services;
- disseminate information to States, units of local government, criminal justice agencies, law enforcement agencies, and other relevant entities about best practices, policy standards, and research findings relating to the provision of mental health services; and
- provide education and support to individuals with mental illness involved with, or at risk of involvement with, the criminal justice system, including the families of such individuals.

Section 14015: Improving Department of Justice Data Collection on Mental Illness Involved in Crime

This section requires any data prepared by, or submitted, to the Attorney General or the Director of the Federal Bureau of Investigation (FBI) on incidences of: homicides; law enforcement officers killed, seriously injured, and assaulted; or individuals killed or seriously injured by law enforcement officers—to include information on any mental illness of the involved parties.

Section 14016: Reports on the Number of Mentally Ill Offenders in Prison

This section requires the Comptroller General to submit to Congress a report on the costs associated with imprisoning individuals who have serious mental illness. The report must include the number and type of crimes committed by individuals with serious mental illness each year; and detail strategies or ideas for preventing crimes by those individuals with serious mental illness from occurring. The report must be submitted by December 13, 2017 (within 12 months after enactment of this Act).

Section 14017: Codification of Due Process for Determinations by Secretary of Veterans Affairs of Mental Capacity of Beneficiaries

This section adds to section 5501 of title 38 of the U.S. Code a section on “Beneficiaries’ rights in mental competence determinations.” This section prohibits the Secretary from making a determination of a veteran’s incompetency to manage monetary benefits unless the individual has been given:

- Notice of the proposed adverse determination and the supporting evidence.
- An opportunity to request a hearing.
- An opportunity to present evidence, including an opinion from a medical professional or other person, on the capacity of the beneficiary to manage monetary benefits paid to or for the beneficiary by the Secretary under this title.
- An opportunity to be represented at no expense to the Government (including by counsel) at any hearing and to bring a medical professional or other person to provide relevant testimony at any such hearing.

Section 14018: Reauthorization of Appropriations

This section reauthorizes adult and juvenile collaboration program grants from FY 2017 through FY 2021. This section also states that only up to 20% of funds under adult and juvenile collaboration program grants can be used for veterans.

Subtitle B—Comprehensive Justice and Mental Health

Section 14021: Sequential Intercept Model

This section amends to Omnibus Crime Control and Safe Streets Act of 1968 by adding a section to adult and juvenile collaboration program on sequential intercept models. This new section authorizes the Attorney General to make grants to States, localities, and Indian tribes for sequential intercept mapping and implementation.

Sequential intercept mapping will consist of:

- Convening mental health and criminal justice stakeholders to:
 - develop a shared understanding of the flow of justice-involved individuals with mental illnesses through the criminal justice system; and
 - identify opportunities for improved collaborative responses to the risks and needs of those individuals; and
- Developing strategies to address gaps in services and bring innovative and effective programs to scale along multiple intercepts.

Implementation will be based on the strategic plans, consisting of:

- hiring and training personnel;
- identifying the grantee's target population;
- providing services and supports to reduce unnecessary penetration into the criminal justice system;
- reducing recidivism;
- evaluating the impact of the grantee's approach; and
- planning for the sustainability of effective interventions.

Section 14022: Prison and Jails

This section amends the Omnibus Crime Control and Safe Streets Act of 1968 by authorizing the Attorney General to award grants to correctional facilities to:

- to identify and screen for eligible inmates;
- to plan and provide initial and periodic assessments of the clinical, medical, and social needs of inmates, and appropriate treatment and services that address the mental health and substance abuse needs of inmates;
- to develop, implement, and enhance: post-release transition plans for eligible inmates that comprehensively coordinate health, housing, medical, employment, and other appropriate services and public benefits; the availability of mental health care services and substance abuse treatment services; and alternatives to solitary confinement and segregated housing and mental health screening and treatment for inmates placed in solitary confinement or segregated housing; and
- to train each employee of the correctional facility to identify and appropriately respond to incidents involving inmates with mental health or co-occurring mental health and substance abuse disorders.

Section 14023: Allowable Uses

This section amends the allowable uses for implementation grants within adult and juvenile collaboration programs. It adds to the allowable uses of implementation grant funds "Teams Addressing Frequent Users of Crisis Services." These are described as multidisciplinary teams that:

- coordinate, implement, and administer community-based crisis responses and long-term plans for frequent users of crisis services;
- provide training on how to respond appropriately to the unique issues involving frequent users of crisis services for public service personnel, including criminal justice, mental health, substance abuse, emergency room, healthcare, law enforcement, corrections, and housing personnel;
- develop or support alternatives to hospital and jail admissions for frequent users of crisis services that provide treatment, stabilization, and other appropriate supports in the least restrictive, yet appropriate, environment; and
- develop protocols and systems among law enforcement, mental health, substance abuse, housing, corrections, and emergency medical service operations to provide coordinated assistance to frequent users of crisis services.

Section 14024: Law Enforcement Training

This section amends the law enforcement response to mentally ill offenders improvement grants authorized in the Omnibus Crime Control and Safe Streets Act of 1968 by adding "Academy Training" to the purposes of the grant program. Academy training is meant to provide support for academy curricula, law enforcement officer orientation programs, continuing education training, and other programs that teach law enforcement personnel how to identify and respond to incidents involving persons with mental health disorders or co-occurring mental health and substance use disorders.

Section 14025: Law Enforcement Training

This section requires the Attorney General to provide guidance and direction on:

1) Training programs: Programs that offer specialized and comprehensive training to first responders and tactical units of relevant federal agencies on how to identify and appropriately respond to incidents in which the unique needs of individuals who have a mental illness are involved.

2) Improved technology: The establishment or improvement of computerized information systems to provide timely information to employees of Federal law enforcement agencies, and Federal criminal justice agencies to improve employee response to situations involving individuals who have a mental illness.

Section 14026: GAO Report

This section requires the Comptroller General to submit a report to Congress on the following:

- 1) the practices that Federal first responders, tactical units, and corrections officers are trained to use in responding to individuals with mental illness;
- 2) procedures to identify and appropriately respond to incidents in which the unique needs of individuals who have a mental illness are involved, to Federal first responders and tactical units;
- 3) the application of evidence-based practices in criminal justice settings to better address individuals with mental illnesses; and
- 4) recommendations on how the Department of Justice can expand and improve information sharing and dissemination of best practices.

Section 14027: Evidence Based Practices

This section amends to Omnibus Crime Control and Safe Streets Act of 1968 by adding that the Attorney General must prioritize applications for adult and juvenile collaboration programs that:

- propose interventions that have been shown by empirical evidence to reduce recidivism; and
- when appropriate, use validated assessment tools to target preliminarily qualified offenders with a moderate or high risk of recidivism and a need for treatment and services.

Section 14028: Transparency, Program Accountability, and Enhancement of Local Authority

This section amends the Omnibus Crime Control and Safe Streets Act of 1968 by adding in the section on adult and juvenile collaboration programs the definition of a “preliminarily qualified offender.” The term is defined as an adult or juvenile accused of an offense who:

- previously or currently has been diagnosed by a qualified mental health professional as having a mental illness or co-occurring mental illness and substance abuse disorders;
- manifests obvious signs of mental illness or co-occurring mental illness and substance abuse disorders during arrest or confinement or before any court;
- in the case of a veterans treatment court, has been diagnosed with, or manifests obvious signs of, mental illness or a substance abuse disorder or co-occurring mental illness and substance abuse disorder;
- has been unanimously approved for participation in a program funded under this section; and
- has not been charged with or convicted of any sex offense, any offense relating to the sexual exploitation of children, or murder or assault with intent to commit murder.

Section 14029: Grant Accountability

This section adds to the section on adult and juvenile collaboration programs in the Omnibus Crime Control and Safe Streets Act of 1968 a section on grant accountability. This section states that all grants awarded by the Attorney General under adult and juvenile collaboration programs are subject to accountability provisions. These provisions include: audits of grantees; mandatory exclusion of receiving funds for 2 fiscal years for any grantee with an unresolved audit finding; and prioritization of grantees without any unresolved audit findings for 3 years. This section also includes nonprofit organization requirements, conference expenditure limitations and conditions, and annual certification related to audits.