NASADAD National Association of State Alcohol and Drug Abuse Directors, Inc.

114th Congress, September 2015

Helping Families in Mental Health Crisis Act of 2015 (H.R. 2646):

A Section-by-Section Analysis

Originally Co-Sponsored by Rep. Murphy (R-PA), Rep. Johnson (D-TX), Rep. Buchanan (R-FL), Rep. Diaz-Balart (R-FL), Rep. Bilirakis (R-FL), Rep. Dold (R-IL), Rep. Guinta (R-NH), Rep. Walters (R-CA), Rep. Boyle (D-PA), Rep. Ellmers (R-NC), Rep. Denham (R-CA), Rep. Vargas (D-CA), Rep. Miller (R-MI), Rep. Hastings (D-FL), Rep. Calvert (R-CA), Rep. Nunes (R-CA), Rep. Hunter (R-CA), Rep. Blumenauer (D-OR), Rep. Sinema (D-AZ)

Section 1: Short Title; Table of Contents

This section identifies the bill as the "Helping Families in Mental Health Crisis Act of 2015" (H.R. 2646) and provides a table of contents.

Section 2: Definitions

This section defines "Assistant Secretary" as the Assistant Secretary for Mental Health and Substance Use Disorders and defines "evidence-based" as "the conscientious, systematic, explicit, and judicious appraisal and use of external, current, reliable, and valid research findings as the basis for making decisions about the effectiveness and efficacy of a program, intervention, or treatment."

Title I: Assistant Secretary for Mental Health and Substance Use Disorders

Section 101: Assistant Secretary for Mental Health and Substance Use Disorders

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 Disorders** (Assistant Secretary). This Senate-confirmed position will report to and be appointed by the HHS Secretary. The Assistant Secretary must have a number of credentials, either: 1) doctorate in medicine with clinical and research experience in psychiatry, 2) degree from accredited psychiatric residency program, and 3) an understanding of mental illness and substance use disorders or 1) doctorate in psychology, 2) clinical and research experience with mental illness and substance use disorders, and 3) an understanding of mental illness and substance use disorders. The Assistant Secretary will be responsible for the following:

- Across the federal government, promote, evaluate, and coordinate research, treatment, and services for individuals with mental illness or substance use disorders.
- Work within HHS to improve treatment, improve secondary and tertiary prevention, ensure access to evidence-based treatment, evaluate grant programs for evidence with emphasis on secondary/tertiary prevention for people with serious mental illness or substance use disorders, develop and implement initiatives to increase workforce for people with serious mental illness.
- Carry out administrative and financial management of mental health programs.
- Conduct and coordinate efforts to improve access and quality to treatment for mental illness and substance use disorders.
- Within HHS, oversee and coordinate all programs relating to prevention and treatment services for mental illness and substance use disorders, parity in health insurance benefits, and reduction in homelessness.
- Across the federal government, in coordination with the Interagency Serious Mental Illness Coordinating Committee, review all programs and activities, identify duplicative programs, identify ineffective programs, and make recommendations to coordinate, merge, or eliminate programs.
- Across the federal government, identify best practices.
- Lead and supervise the National Mental Health Policy Laboratory (NMHPL).

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- Submit a report to Congress one year after enactment of H.R. 2646 with a nationwide strategy to increase the psychiatric workforce and recruit medical professionals to treat individuals with a serious mental illness or substance use disorder. The strategy will:
    - Have incentives for medical students to study psychiatry;
    - Promote research-oriented psychiatrist residency training on evidence-based services for serious mental illness and substance use disorders;
    - Promote federal efforts that support evidence-based collaborative care models and the necessary workforce capacity for these models;
    - Increase access to child and adolescent services for early intervention and prevention of mental illness; and
    - Identify populations and locations that are underserved by mental health professionals.

In carrying out the above duties, the Assistant Secretary will prioritize the integration of mental health, substance use, and physical health services. The Assistant Secretary will also prioritize crisis intervention, early diagnosis and intervention services, and treatment for serious mental illness or substance use disorders. Finally, the Assistant Secretary will prioritize workforce development for appropriate treatment and research activities.

This section also outlines how the Assistant Secretary and the Office of the Assistant Secretary will award grants. Grant-funded programs must consist of or be based on applied scientific research, be effective, and use evidence-based practices. Grant applications will include a scientific justification based on previously demonstrated models, numbers served, target population, outcomes measures, and how the program can be replicated. Applications will be selected using a peer review process by "expert mental health care providers with professional experience in mental health research or treatment and where appropriate or necessary professional experience related to substance abuse and other areas of expertise." Grantees may be reviewed and audited by federal agencies to ensure that the best methods are being used and that they follow guidelines set out by the NMHPL.

This section does not authorize any funding.

Section 102: Transfer of SAMHSA Authorities

This section authorizes the HHS Secretary to **transfer all of the authorities of the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Assistant Secretary** beginning 6 months after enactment. All of the personnel, assets, and obligations of SAMHSA will be transferred to the Office of the Assistant Secretary. This section also amends Title V of the Public Health Service Act to remove references to SAMHSA or to the Administrator and replace them with the Office of the Assistant Secretary or the Assistant Secretary. The Assistant Secretary may appoint a Deputy Assistant Secretary. Any previous legislative references to SAMHSA or the SAMHSA Administrator will be interpreted to refer to the Office of the Assistant Secretary or to the Assistant Secretary. Finally, any reference to "center" shall be replaced with "office of center."

This section does not authorize any funding.

Section 103: Reports

This section identifies a series of reports to be completed by the federal government looking at mental illness and substance use disorder issues. The first report will be a "**Report on Investigations Regarding Parity in Mental Health and Substance Use Disorder Benefits**." Within 6 months after enactment, the Centers for Medicare and Medicaid Services (CMS) will collaborate with the Assistant Secretary of Labor, Employee Benefits Security Administration, the Secretary of the Treasury, and the Assistant Secretary to submit an annual report to Congress that identifies federal investigations during the previous year into parity compliance for people with mental health issues (including serious mental illness) or substance use disorders. The report will summarize the results of those investigations, including information on the number of investigations opened or closed, the benefit classifications examined, the subject of the investigation, and a summary of the outcome.

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The second report will be a "**Report on Best Practices for Peer-Support Specialist Programs, Training, and Certification**." Within the first year after enactment, the Assistant Secretary will submit a biannual report to Congress on best practices and States' professional standards for establishing and operating programs using peer-support specialists and training and certifying peer-support specialists. Standards include hours of work or volunteer experience relating to mental health and substance use disorders, types of exams required, code of ethics, additional training requirements for certification (such as psychopharmacology, crisis intervention, confidentiality laws, etc.), required skills (such as identifying risk factors, de-escalation techniques, suicide prevention, etc.), and requirements for continuing education. "Peer-Support Specialists" are defined as individuals who use their lived experience of recovery from mental illness or substance use disorders as well as formal training to facilitate support groups or work with individuals with serious mental illness or substance use disorders under the supervision of a licensed professional. In addition, these individuals will have been an active participant in mental illness or substance use disorder treatment for least 2 years, will not provide direct medical services, and will not perform services outside their expertise/scope of practice.

Another report will be a "**Report on the State of the States in Mental Health and Substance Use Treatment**." Within the first year after enactment, the Assistant Secretary will submit a report to Congress every 2 years looking at the status of mental illness and substance use disorders treatment in States. This will include information on how federal treatment funds are used, including the number of individuals with serious mental illness and substance use disorders treated and the types of programs available to individuals with serious mental illness and substance use disorders. The report will also include a summary of best practice models that are cost-effective, are evidence-based, increase access to care, integrate across disciplines, and improve outcomes. Statistics on outcomes measures will be included (e.g. rates of suicide, overdose, hospitalizations, incarcerations, victimization, homelessness, etc.). The report will include information on outcomes measures for State-assisted outpatient treatment programs that include rates of treatment compliance, participants' perceived effectiveness, outcomes for people with serious mental illness, drug use, incarceration/arrests, violent behavior, homelessness, and treatment costs. States or counties with assisted outpatient programs will also provide outcomes data for individuals with serious mental illness as compared to individuals with serious mental illness who were not treated in these programs. For those States or counties without these programs, the report will provide information on characteristics of individuals with mental illness who have a history of violence or hospitalization, are unlikely to participate in treatment on their own, are unable to care for themselves, have a history of mental illness, or who lack capacity.

In addition to the previous reports, the Assistant Secretary will also work with the Institute of Medicine of the National Academies within the first year after enactment to submit an annual "**Reporting Compliance Study**" to Congress. The report will evaluate the paperwork burden of community mental health centers (CMHC) and federally qualified community mental health clinics created under section 223 of the Protecting Access to Medicare Act of 2014. The report will examine licensing, certification, service definitions, claims payment, and more to establish an estimate of the nationwide cost of complying with these requirements, establish estimate of per capita cost, and make administrative and statutory recommendations to Congress to reduce the burden.

This section does not authorize any funding.

Section 104: Advisory Council on Graduate Medical Education

This section amends section 762(b) of the Public Health Service Act to add the Assistant Secretary to the Advisory Council on Graduate Medical Education.

This section does not authorize any funding.

Title II: Grant Reform and Restructuring

Section 201: National Mental Health Policy Laboratory

This section authorizes the Assistant Secretary to establish the National Mental Health Policy Laboratory (NMHPL) within the Office of the Assistant Secretary. The Director of the NMHPL will "**identify, coordinate and implement**

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policy changes" and other trends that will have a significant impact on mental health services; collect information from grantees (including grantees that are States receiving funds under a block grant); evaluate and disseminate evidence-based practices to grantees; establish standards for scientific peer-review panels to evaluate grant applications; and establish standards for grant programs. In identifying evidence-based practices and service models, the Director will give preference to models that improve the coordination between mental health and physical health providers; coordinate among providers and criminal justice; and are cost effective and efficient. These may include clinical protocols and practices used in the Recovery After Initial Schizophrenia Episode (RAISE) project and the North American Prodrome Longitudinal Study (NAPLS) of the National Institute of Mental Health (NIMH).

The Director **will identify standards for grant programs** administered by the Assistant Secretary. These will include standards for grantee implementation capacity and the extent to which grantees must provide an explanation of how they will provide comprehensive mental health or substance use disorder services to adults with serious mental illness and children with serious emotional disturbances, identify priorities and performance indicators, submit annual progress reports, collaborate with other child-serving systems, collect and report data, use evidence-based practices, and have a control group. The Director will make these standards available to the public and may establish requirements for States and other grantees to collect information on evidence-based practices and services delivery models.

The Director will begin this implementation by January 1, 2018. The Director will consult with representatives from NIMH and other appropriate federal agencies, clinical and analytical experts in various health and justice sectors, and others as appropriate. The Director will select NMHPL staff in consultation with the Director of NIMH, ensuring that at least 20% have a doctoral degree in medicine or osteopathic medicine with experience in psychiatry, have graduated from an accredited psychiatric residency program, and have an understanding of the various treatments for mental illness and substance use disorders (e.g. biological, psychosocial, pharmaceutical). At least 20% will have a doctoral degree in psychology with clinical and research experience with mental illness and substance use disorders and an understanding of the various treatments for mental illness and substance use disorders. At least 20% will be professionals or academics with clinical or research expertise in substance use disorders and treatment. At least 20% will be professionals or academics with expertise in research design and methodologies. Finally, at least 20% or two individuals (whichever is greater) will be appointed by Congress.

Beginning within 1 year of enactment, the Director will submit a report to Congress every two years on the quality of care provided by the grant programs using several metrics, including patient-level and public health outcomes such as reduced rates of suicide, substance abuse, overdose, hospitalizations, arrest, etc.; rates of employment and enrollment in educational or vocational programs; and other criteria as the Director may determine.

This section does not authorize any funding.

Section 202: Innovation Grants

This section authorizes the Assistant Secretary to award 2 year grants to State and local governments, educational institutions, and nonprofits **to expand a model that has been scientifically demonstrated to show promise, but needs additional applied research**. Such models could enhance the screening, diagnosis, and treatment of mental illness and serious mental illness or integrate physical health, mental health, and substance use disorder services. Of the grants made available, not more than 1/3 may be awarded for primary prevention and not less than 1/3 may be awarded for screening, diagnosis, treatment, or services for children.

Grantees must follow the criteria set forth by the NMHPL and may have their funding terminated if they do not comply or if there is a clear failure in the effectiveness of the funded program. Grantees will submit a report to the Assistant Secretary and NMHPL, including any data requested by either party.

This section **authorizes 5% of the amounts made available to carry out sections 501, 509, 516, and 520A of the Public Health Service Act to be used to fund the innovation grants**. These sections refer to the following:

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- Section 501: SAMHSA
- Section 509: Priority substance abuse treatment needs of regional and national significance
- Section 516: Priority substance abuse prevention needs of regional and national significance
- Section 520A: Priority mental health needs of regional and national significance

Section 203: Demonstration Grants

This section authorizes the Assistant Secretary to award 2-5 year grants to States, counties, local governments, educational institutions, and nonprofits **to expand, replicate, or scale-up evidence-based programs** to enhance effective screening, early diagnosis, intervention, and treatment with respect to mental illness and severe mental illness. This will include training staff in evidence-based treatment and integrating models of care across specialties. Of the funding awarded, at least half will be used for screening diagnosis, intervention, and treatment for individuals who are younger than 26 when services begin. Programs must be evidence-based and may not be primary prevention programs. Funds may only be used to expand facilities or staff at existing programs.

Grantees must follow the criteria set forth by the NMHPL and may have their funding terminated if they do not comply or if there is a clear failure in the effectiveness of the funded program. Grantees will submit a report to the Assistant Secretary and NMHPL, including any data requested by either party.

This section **authorizes 10% of the amounts made available to carry out sections 501, 509, 516, and 520A of the Public Health Service Act to be used to fund the demonstration grants**. These sections refer to the following:

- Section 501: SAMHSA
- Section 509: Priority substance abuse treatment needs of regional and national significance
- Section 516: Priority substance abuse prevention needs of regional and national significance
- Section 520A: Priority mental health needs of regional and national significance

Section 204: Early Childhood Intervention and Treatment

This section authorizes the Director of NMHPL to award grants to eligible entities to **implement early childhood intervention and treatment programs**, including school-based, to prevent chronic mental illness and severe mental illness. The Director will also award grants to up to 3 eligible entities to study the long-term outcomes of funded programs on eligible children who were treated 5 or more years prior to the enactment of this Act. Funded programs must be evidence-based. An "eligible entity" is defined as a nonprofit organization that is accredited by State mental health and education agencies (as applicable) to treat children ages 1-10. Eligible children are those aged 12 and younger whose primary need is a social and emotional disability who is at risk of developing a severe mental illness, who may show early signs of mental illness, or who could benefit from these programs.

Grantees must submit an application to the HHS Secretary that meets the Secretary's requirements. Funds may be used to deliver early intervention services; treat and educate eligible children including startup costs, curricula development, operational costs, equipment, etc.; and develop and implement other strategies to address the needs of children that include methods to assess outcomes.

For those grantees conducting a longitudinal study, the analysis will include the individuals treated and educated; the success of services in avoiding the onset of severe mental illness or preparing children for managing their severe mental illness; evidence-based practices; and replicability. The Secretary will ensure that grantees submit regular reports on the quality, efficiency, and effectiveness of the program.

This section authorizes 3-10 year grants of up to $600,000 per year for service grants and between $1 and $2 million for longitudinal study grantees for up to 5 years. Grantees must agree to secure non-federal funds for their program to match at least 10% of the federal grant.

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This section authorizes 5% of the amounts made available to carry out part E of title V of the Public Health Service Act to be used to fund the grants for each of fiscal years 2016-2021. This refers to the "Comprehensive community mental health services for children with serious emotional disturbances" program.

Section 205: Extension of Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness

This section amends Section 224 of the Protecting Access to Medicare Act of 2014 to require annual reports on the pilot program be submitted each of the fiscal years 2016-2020. This section would also extend the grants to 2020 and increase the authorized funding from $15 million to $20 million for each of the fiscal years 2015-2020. Of the funds made available, 20% will be used for existing assisted outpatient treatment programs and 80% for new programs.

Section 206: Block Grants

This section makes several **changes to the Community Mental Health Services (CMHS) Block Grant**. First, this section amends section 1920 of the Public Health Service Act to add a new section called "Best Practices in Clinical Care Models." This authorizes the HHS Secretary, acting through the NIMH Director, to obligate **5% of the appropriated funds for the CMHS Block Grant for translating evidence-based interventions** and best available science into systems of care using models such as the Recovery After an Initial Schizophrenia Episode (RAISE) research project of NIMH or the North American Prodrome Longitudinal Study.

This section also authorizes the Assistant Secretary to administer the CMHS Block Grant and makes changes to the requirements for State plans for community mental health services. These changes **emphasize integration between physical and mental health** and call for plans to integrate and coordinate services to maximize efficiency, quality, and effectiveness to ensure good outcomes for people with severe mental illness. The plan will also include a new section describing case management services and activities that will reduce suicide, substance use, overdose, hospitalization, homelessness, arrest, and more. This will include a detailed list of the services available in each county or county equivalent, including assisted outpatient treatment. The section also creates additional data collection requirements such as estimates of reductions in homelessness, hospitalization, incarceration, and unemployment. Reports will be made to NMHPL that include data such as comprehensive community mental health services in the State and public health outcomes for individuals with serious mental illness (e.g. suicide, overdose, hospitalization, arrest).

Beginning 1 year after enactment, an annual de-individualized report will be submitted that details the services provided to eligible patients including treatment outcomes and costs, county or county-equivalent level data on the population such as rates of involuntary commitment, suicide, substance use, medication non-adherence, etc.

"Eligible patient" is defined as an adult with a mental illness who may have a history of violence, incarceration or medically unnecessary hospitalizations; may be a danger to self or others; is substantially unlikely to voluntarily participate in treatment; may be unable to provide for their based needs; may have a history of mental illness that will likely deteriorate without timely treatment; lacks capacity; or who is likely to improve and reduce their symptoms when in treatment.

This section amends section 1912 of the Public Health Service Act to add a new section called "**Assisted Outpatient Treatment under State Law**." States receiving the CMHS Block Grant must have a law that allows a State court to order a treatment plan for an eligible patient that requires them to obtain outpatient mental health treatment while they are in the community and one that is designed to improve access and adherence to intensive mental health services. The Assistant Secretary must review the State law and certify that it satisfies the criteria. States must also have a law that allows a State court to order individuals with mental illness to undergo inpatient or outpatient treatment if they are a danger to themselves or others, are persistently or acutely disabled, or are gravely disabled and either unwilling or unable to accept voluntary treatment. The law must be certified by the Secretary. "Persistently or acutely disabled" is defined as severe mental illness that meets all of the following criteria: 1) untreated, the illness has a substantial probability of causing the individual to suffer or continue to

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suffer severe and abnormal mental, emotional, or physical harm that impairs judgement; 2) the illness substantially impairs the individual's capacity to make an informed decision regarding treatment; and 3) the illness has a reasonable prospect of being treatable by outpatient, inpatient, or combined treatment services.

This section would also alter the CMHS Block Grant allocation for some States beginning in fiscal year 2016. States that have the above mentioned laws will receive a 2% increase in their allotment.

This section further amends section 1912 of the Public Health Service Act by adding a new subsection called "Expansion of Models." This authorizes the Assistant Secretary to provide for the **expanded use of evidence-based service delivery models** by providers under the CMHS Block Grant as long as the Assistant Secretary determines that the expansion will result in more effective use of funds under the block grant without reducing quality or improve the quality of care without significantly increasing spending. The Assistant Secretary will also determine that the change will reduce the severity and duration of symptoms; reduce rates of suicide, overdose, hospitalization, etc.; or significantly improve the quality of care and mental health crisis outcomes. The Director of NMHPL must also determine that the change will increase the quality of care. Any rule proposed to make these changes will be subject to Congressional review.

CMHS Block Grant funds allocated for children will be made available to providers for the provision of services "without fiscal year limitation."

This section would amend section 1915 of the Public Health Service Act to add a new subsection called "**Active Outreach and Engagement to Persons with Serious Mental Illness**." This section requires that States receiving CMHS Block Grant funds have active programs, including assisted outpatient treatment, to engage individuals with serious mental illness who are unlikely to voluntarily seek treatment in services to avoid relapse, incarceration, hospitalization, arrest, and suicide and offer the patient a chance to live in the community using evidence-based assertive outreach and engagement services. The Assistant Secretary will work with the NIMH Director to develop a list of these services and criteria to use to assess the scope and effectiveness of these approaches.

There is no funding authorized to carry out this section.

Section 207: Workforce Development

This section includes a number of initiatives aimed at workforce development. First, this section authorizes the Assistant Secretary to establish a competitive 3 year grant program for 10 eligible States. Eligible States must submit an application that includes information that the Assistant Secretary requires. Grant funds may be used to establish a **training program for primary care physicians** in the use of valid and reliable behavioral health screening tools for violence and suicide risk, early signs of severe mental illness, and untreated substance use disorders. Physicians will also be trained on how to implement the screening tools in their practices, establish recommended intervention and treatment protocols for individuals in crisis, and implement the evidence-based collaborative care model of integrated medical-behavioral health care in their practices.

Grant funds may also be used to reimburse physicians for services rendered as a result of the training. The Assistant Secretary will determine the structure, quality, and form of payment and will identify innovative payment systems that take into account the nature and quality of the service, patient's health outcome, location where services were provided, seriousness of patient's medical condition, duration of service, feasibility of replicating payment model nationwide, and proper triage and linkage to appropriate specialty care.

Reimbursements may also be made for mental health consultation services provided as a result of the primary care physician's service using qualified telehealth technology within one business day of the primary care visit.

State grantees must make non-federal contributions (in cash or in kind) of at least 20% of the federal funds provided. States will also demonstrate how the grant funds will improve care for individuals with co-occurring behavioral health and physical health conditions, vulnerable populations, and other populations with limited

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access to qualified mental health providers. Findings from the grant program will be made available to the public, complying with federal privacy protections.

The Assistant Secretary and the NMHPL will conduct a study each year that grants are awarded to evaluate the grant program outcomes, provide recommendations on how to improve access to mental health services in grantee States, assess the accessibility of mental health services under the program, assess the impact of the project on the cost of the full continuum of services, and make recommendations on ways Congress can improve the grant and improve the training of primary care physicians. The Assistant Secretary and the NMHPL will also submit a report to Congress by December 31, 2018 on the findings of the evaluation and an outline of how Congress can expand the grant program to the national level.

This section authorizes $3,000,000 to be appropriated for each of the fiscal years 2016-2020 out of Treasury funds that have not otherwise been appropriated.

This section also makes changes to **liability protections for volunteers at community health centers and federally qualified community behavioral health clinics** by amending section 224 of the Public Health Service Act. Community behavioral health clinics (CBHC), as defined by the Protecting Access to Medicare Act, may employ health care professional volunteers. These volunteers will be considered employees of the Public Health Service for 1 calendar year. A health care professional will be considered a health professional volunteer if the service is provided to the individual at a CBHC or through offsite programs carried out by the CBHC; if the CBHC is sponsoring the health care professional volunteer; if the health care professional doesn't receive compensation for the services rendered; if the health care professional or CBHC posts a clear notice describing the legal liability; and if the health care professional is licensed or certified in accordance with applicable law. The Attorney General, in consultation with the HHS Secretary will submit a report to Congress by May 1 of each fiscal year that estimates the amount of claims that will be paid under this section during the following fiscal year.

This section also amends Title V of the Public Health Service Act to add "Section 597: Fellowships." This section authorizes the HHS Secretary to maintain the **Minority Fellowship Program** and award fellowships to increase behavioral health practitioners' knowledge of prevention, treatment, and recovery support for mental illness and substance use disorders among minorities, improve the quality of mental illness and substance use disorder prevention and treatment delivered to minorities, and increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct services to underserved minorities. These fellowships will provide post-baccalaureate training for mental health professionals.

This section authorizes $6,000,000 for each of fiscal years 2016-2010.

This section also makes **changes to the National Health Service Corps**, amending section 331 of the Public Health Service Act to include pediatric mental health subspecialty services as a primary health service. This section also expands the population group for a health care shortage to include children and adolescents. Medical facilities referenced under section 332 of the Public Health Service Act will include a "medical residency or fellowship training site for training in child and adolescent psychiatry." Finally, section 338 is also modified to extend the loan repayment program to physicians in a child and adolescent psychiatry residency or fellowship training program.

This section authorizes the Assistant Secretary to award **grants to train law enforcement**, corrections officers, paramedics, emergency medical service workers, and other first responders to recognize individuals with mental illness and how to intervene properly. The funding may also be used to establish programs that enable law enforcement agencies to address "the mental health, behavioral, and substance use problems of individuals encountered in the line of duty."

This section authorizes 5% of the amounts made available to carry out sections 501, 509, 516, and 520A of the Public Health Service Act to be used to fund the grants. These sections refer to the following:

- Section 501: SAMHSA

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- Section 509: Priority substance abuse treatment needs of regional and national significance
- Section 516: Priority substance abuse prevention needs of regional and national significance
- Section 520A: Priority mental health needs of regional and national significance

Section 208: Authorized Grants and Programs

This section authorizes a number of grants and programs. First, this section amends section 582 of the Public Health Service Act to extend child and adolescent trauma grants for both developing and maintaining programs that provide for the **continued operation of the National Child Traumatic Stress Initiative (NCTSI)** and the development of knowledge on best practices to identify and treat children and adolescents with disorders resulting from witnessing a traumatic event. These disorders would be expanded to include mental, behavioral, and biological disorders, and eligible programs would be expanded to include universities and hospitals, in addition to mental health agencies.

The NCTSI program will also collect, analyze and report process and outcome data relating to the early identification and delivery of evidence-based treatment and services for those served by the NCTSI grantees. The NCTSI coordinating center will facilitate the coordination of training initiatives on evidence-based, trauma-informed practices. The coordinating center will collaborate with the HHS Secretary on the dissemination of evidence-based, trauma informed services as appropriate. The Secretary will also ensure that NCTSI applications are reviewed by experts as part of a peer-review process. Grantees may have 4-5 years for their projects.

This section authorizes $45,713,000 for each of fiscal years 2014-2018.

This section also authorizes the Secretary of Education to collaborate with the Assistant Secretary to organize a **national awareness campaign for secondary and post-secondary students to reduce the stigma of severe mental illness**, understand how to assist someone who's showing symptoms of severe mental illness, and understand the importance of seeking treatment if they believe they have a severe mental illness. The Secretary of Education will evaluate the program to determine its impact on public health, including mortality rates of severe mental illness, prevalence of severe mental illness, emergency room visits, and physician/clinical psychologist visits. The Secretary will submit a report on the evaluation to the NMHPL.

This section amends the Garrett Lee Smith program to authorize the Assistant Secretary to award grants to operate and maintain a research, training, and **technical assistance resource center** that provides technical assistance to States, tribes, educational institutions, public organizations, nonprofits, etc. about suicide prevention. The technical assistance center will assist in the development or continuation of State wide and tribal suicide early intervention and prevention, particularly among high risk groups. The center will also conduct surveillance of these strategies, study the costs and effectiveness of these strategies, identify additional causes and risk factors for suicide, analyze the efficacy of new and existing early intervention and prevention techniques, surveil suicidal behaviors and attempts, study the effectiveness of strategies for high risk groups, promote data sharing with federal agencies, evaluate and disseminate outcomes and best practices, and conduct other activities as appropriate.
This section authorizes $4,957,000 for each of fiscal years 2016-2020.

This section also makes changes to the **Youth Suicide Intervention and Prevention Strategies** under section 520 of the Public Health Service Act, giving grant authority to the Assistant Secretary, rather than SAMHSA. This section also changes the definition of "youth" to include individuals 10-26 years of age and raises the authorization for funding to $29,738,000 for each of the fiscal years 2016-2020.

This section also makes changes to the "**Suicide Prevention for Children and Adolescents**" program under section 520E-1 of the Public Health Service Act, re-naming it the "Suicide Prevention for Youth" program and changing the authorization level to "such sums as may be necessary for each of the fiscal years 2016-2020."

This section also makes changes to section 520E-2 of the Public Health Service Act, renaming the "**Mental and Behavioral Health Services on Campus**" to the **"Mental Health and Substance Use Disorders Services and**

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Outreach on Campus." The Assistant Secretary, acting through the Director of the Center for Mental Health Services (CMHS) and in consultation with the Secretary of Education, will award competitive grants to institutions of higher education to enhance services for students with mental illness or substance use disorders and to develop best practices. Grant funds may be used to provide mental health and substance use disorder services to students; provide outreach services to notify students that services exist; increase awareness about mental illness and substance use disorders among students, families, staff, and communities; employ appropriate staff (including administrative); provide training to students and staff to respond effectively to students with mental illness or substance use disorders; create networking infrastructure to link schools with treatment providers; and develop, evaluate, and disseminate evidence-based and emerging best practices. Grantees may provide these services through a variety of entities, including counseling centers, psychology training clinics, and others.

Applicants must submit an application that includes a description of the mental illness and substance use disorder needs of students, the resources currently available, the outreach strategies already in place, a plan to meet the needs of veterans as appropriate, a plan to seek input from community mental health providers, an evaluation plan, and an assurance that grantees will submit an annual report to the Secretary. Applications that demonstrate the greatest need for services and greatest potential for replication will be given special consideration. Grantees must make non-federal funds available that match the grant funding $1-to-$1. The Secretary will submit a report to Congress that includes an evaluation of the grant program outcomes and recommendations on how to improve access to services at colleges and universities to reduce the incidence of suicide and substance use disorders.

This section authorizes $4,975,000 for each of the fiscal years 2016-2020.

This section also authorizes the **National Suicide Prevention Lifeline Program**. The HHS Secretary will maintain the program by coordinating a network of crisis centers across the country that provide suicide prevention and crisis intervention services, maintaining a suicide prevention hotline, and consulting with the Secretary of Veterans Affairs to ensure that veterans receive specialized hotline services.

This section authorizes $8,000,000 for each of the fiscal years 2016-2020.

Title III: Interagency Serious Mental Illness Coordinating Committee

Section 301: Interagency Serious Mental Illness Coordinating Committee

This section amends Title V of the Public Health Services Act authorizing the Assistant Secretary to create an "**Interagency Serious Mental Illness Coordinating Committee**." The Committee or ISMICC will assist the Assistant Secretary in developing and annually updating a summary of advances in severe mental illness research related to causes, prevention, treatment, early screening, diagnosis, intervention, and access to services for individuals with severe mental illness. The ISMICC will also monitor federal activities relating to severe mental illness, make recommendations to the Assistant Secretary regarding any changes that should be made, make recommendations to the Assistant Secretary on public participation in severe mental illness decisions, develop and annually update a strategic plan for advancing utilization of effective mental health services and treatment compliance, develop and annually update a strategic plan for severe mental illnessresearch, and submit any strategic plans and updates to Congress.

The Assistant Secretary will chair the Committee – other members will include the Director of the NIMH, Attorney General, Director of the Centers for Disease Control and Prevention (CDC), Director of the National Institutes of Health (NIH) (or their designee), other research directors as appropriate, a member of the US Interagency Council on Homelessness, representatives from federal agencies outside of HHS that serve individuals with severe mental illness, and 4 members that key leaders from the House of Representatives will appoint. At least 14 members or 1/3 of the membership (whichever is greater) will be composed of non-federal members appointed by the Assistant Secretary as listed in the Act. Committee members will serve 4 year terms and may be reappointed to serve additional terms. Meetings will occur at least 2 times per year and will be open to the public.

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Within 1 year of enactment, the Committee will submit a report to Congress every 2 years that analyzes the efficiency, quality, and cost-effectiveness of federal programs and activities related to the prevention, treatment, or rehabilitation for mental illness and substance use disorders. The report will also evaluate the impact of projects addressing priority mental health needs of regional and national significance under sections 501, 509, 516, and 520A (grant programs administered by SAMHSA in CSAT, CSAP, and CMHS). The report will make recommendations on how to improve federal programs and identify duplicative programs.

Title IV: HIPAA and FERPA Caregivers

Section 401: Promoting Appropriate Treatment for Mentally Ill Individuals by Treating Their Caregivers as Personal Representatives for Purposes of HIPAA Privacy Regulations

This section creates an exception to HIPAA regulations that would allow the **disclosure of specific limited protected health information** of an individual with a serious mental illness to a responsible caregiver. Disclosures may be made if all of the following criteria are met: 1) the disclosure is for information limited to the diagnoses, treatment plans, appointment scheduling, medications, and medication-related instructions (not including personal psychotherapy notes); 2) disclosure is necessary to protect the health, safety, or welfare of the individual or general public; 3) the information will be beneficial to the treatment of the individual if the individual has a co-occurring acute or chronic illness; 4) the information is necessary for the continuity of treatment of the medical or mental health condition; 5) the absence of the disclosure will contribute to a worsening prognosis or acute medical condition; 6) the individual has or has had diminished capacity to fully understand or follow a treatment plan due to serious mental illness or may become gravely disabled without treatment.

Training requirements already in regulation will include training on these requirements for disclosing information to a caregiver. The age of un-emancipated minor will be individuals under age 18. Health care providers may also listen to information or review medical history provided by family members or other caregivers so the provider can factor that information into patient care. "Caregivers" in relation to individuals with severe mental illness are defined as an immediate family member, someone who assumes primary responsibility for providing for the basic needs of the individual, or a personal representative as defined by State law. Caregivers may not be anyone with a history of abuse.

Individuals with severe mental illness may be subject to these disclosure rules if they are over 18 years of age, have been evaluated or treated for a disorder that impedes functionality of the individual and meets the criteria for a diagnosis under the DSM criteria. This includes individuals with autism spectrum disorder or other developmental disabilities if the individual has a co-occurring mental illness.

Section 402: Caregivers Permitted Access to Certain Education Records under FERPA

This section amends section 444 of the General Education Provisions Act to allow educational agencies or institutions to **disclose education records** to caregivers without consent if the student is over age 18 and if a mental health professional reasonably believes that such disclosure is necessary to protect the health, safety, or welfare of each student.

Section 403: Confidentiality of Records

This section would provide an **exemption for substance use disorder confidentiality protections** for accountable care organizations, health information exchanges, health homes, or other integrated care arrangements involving the interchange of electronic health records for the purposes of attaining interoperability, improving care coordination, reducing health care costs, and securing or providing patient safety.

Title V: Medicare and Medicaid Reforms

Section 501: Enhanced Medicaid Coverage Relating to Certain Mental Health Services

This section amends section 1902(a) of the Social Security Act to include language that State Medicaid plans must not prohibit payment for a mental health or primary care service to an individual at a community mental health center or federally qualified health center if the services were provided during the same day. "**Same-day**

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qualifying services" are defined as primary care services that are provided at a facility on the same day that a mental health service is provided at the facility or vice versa.

This section also amends 1905 of the Social Security Act to make **changes to the Institutions for Mental Diseases (IMD) Exclusion**. This section would provide an exemption for qualified inpatient psychiatric hospital services and psychiatric residential treatment facility services for individuals between the ages of 21 and 65. This includes services for both mental illness and substance use disorders. "Inpatient psychiatric hospital services" are defined as services provided in an acute care psychiatric unit in a State-operated psychiatric hospital or a psychiatric hospital if the unit or hospital has an average length of stay of 30 days or less. "Psychiatric residential treatment facility" is defined as services that are provided in a psychiatric residential treatment facility.

The Assistant Secretary will report on the impact of these changes on the funds made available by States for inpatient psychiatric hospital care and for community-based mental health services. The study will include an assessment of the amount of funds expended by States on short-term inpatient psychiatric care, amount of funds expended annually on short-term inpatient psychiatric care through disproportionate share hospital (DSH) payments, and any reduction in State funds due to these changes. Within 2 years after enactment, the Assistant Secretary will submit a report to Congress on the results of the study that includes recommendations on how to reinvest in community-based mental health services with the reductions in State spending. These changes will not move forward unless the Chief Actuary of CMS certifies that including these services will not result in an increase in net program spending.

Section 502: Access to Mental Health Prescription Drugs under Medicare and Medicaid

This section amends section 1860D of the Social Security Act to include antidepressants and antipsychotics as covered drugs under Medicare. This section also amends section 1927(d) of the Social Security Act to prohibit States from excluding or restricting access to outpatient drugs used for the treatment of a mental illness other than part of a prior authorization program as part of the Medicaid program. This section also requires that contracts with Medicaid managed care organizations cover all covered outpatient drugs used for the treatment of mental illnesses.

Section 503: Elimination of 190-Day Lifetime Limit on Coverage of Inpatient Psychiatric Hospital Services under Medicare

This section amends section 1812 of the Social Security Act to remove the 190 lifetime limit on coverage of inpatient psychiatric hospital services under Medicare. This will apply to services provided after January 1, 2016 as long as the Chief Actuary of CMS certifies that these changes will not increase net federal spending.

Section 504: Modifications to Medicare Discharge Planning Requirements

This section amends section 1861(ee) of the Social Security Act to include discharge planning requirements for psychiatric hospital or psychiatric unit stays. The HHS Secretary will develop guidelines and standards for the discharge planning process to ensure a timely and smooth transition to the most appropriate care setting. The Secretary will issue final regulations that implement the guidelines and standards within 2 years after enactment. The standards will include identifying the type of services needed upon discharge, identifying the organizations that offer community services, making an effort to establish relationships with those organizations, arranging the participation of the patient in developing and implementing the discharge plan, and coordinating the referral for services with the patient and making the necessary arrangements.

Section 505: Demonstration Programs to Improve Community Mental Health Services

This section amends section 223 of the Protecting Access to Medicare Act to expand the pilot program from 8 States to 10 and from a 2-year demonstration to a 4-year demonstration. This section does not make changes to the funding authorized to carry out this demonstration program.

Title VI: Research by National Institute of Mental Health

Section 601: Increase in Funding for Certain Research

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This section amends section 402A of the Public Health Service Act to provide additional funding for the Brain Initiative at NIMH. This authorizes an additional $40,000,000 for each of fiscal years 2016-2020 exclusively for the purpose of conducting or supporting research on the determinants of self- and other-directed violence among individuals with mental illness, including studies looking at reducing the risk of self-harm, suicide, and interpersonal violence. Funding may also be used for brain research through the Brain Research through Advancing Innovative Neurotechnologies Initiative.

Title VII: Behavioral Health Information Technology

Section 701: Extension of Health Information Technology Assistance for Behavioral and Mental Health and Substance Abuse

This section amends section 3000(3) of the Public Health Service Act to include mental health professionals, substance use disorder professionals, community mental health centers, and residential or outpatient mental illness or substance use disorder treatment facilities in the definition of "health care provider" used to define which providers or entities qualify for health information technology assistance.

Section 702: Extension of Eligibility for Medicare and Medicaid Health Information Technology Implementation Assistance

This section amends section 1848 of the Social Security Act to include clinical psychologists as an additional eligible professional for the purposes of qualifying for health information technology implementation assistance under Medicaid and Medicare. This section also extends eligibility beyond fiscal year 2016. This eligibility is also expanded to inpatient psychiatric hospitals, public and private psychiatric hospitals, community mental health centers, and accredited residential or outpatient mental health or substance use disorder treatment facilities. The section also makes changes to provider payments in Medicare Advantage based on the number of meaningful users of electronic health records.

Title VIII: SAMHSA Reauthorization and Reforms

Section 801: In General

This section amends section 501 of the Public Health Service Act to insert information about the peer review grant process previously described. This section also requires that the Assistant Secretary, within 2 months before awarding a grant, cooperative agreement, or contract, give written notice to the House Committee on Energy and Commerce and the Senate Committee on Health, Education, Labor and Pensions (HELP).

Section 802: Advisory Councils

This section amends section 502(b) of the Public Health Service Act to require that at least half of the members of an advisory council be mental health providers with experience in mental illness research or treatment. None of the appointed members may have at any point been a recipient of any grant or participated in any program that the members are discussing. Members may not be related to a recipient of a grant or participant of a program. In addition, none of the members may have a financial interest in the grants or programs that they provide advice on. Each advisory committee must have someone from NIMH and one from a federal agency that serves a similar population.

Section 803: Peer Review

This section amends section 504 of the Public Health Service Act to define the requirements for members of peer review groups. At least half of the members must have a degree in medicine, doctoral degree in psychology, or be a licensed mental health professional. Before awarding grants or other funding, the HHS Secretary will provide a list of the members to the House Energy and Commerce Committee and the Senate HELP Committee.

Subtitle B: Protection and Advocacy for Individuals with Mental Illness

Section 811: Prohibition against Lobbying by Systems Accepting Federal Funds to Protect and Advocate the Rights of Individuals with Mental Illness

This section amends section 105(a) of the Protection and Advocacy for Individuals with Mental Illness Act to prohibit any system currently receiving funds from lobbying or hiring a lobbyist to influence a federal, State, or

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local government entity or counsel an individual with a serious mental illness to refuse treatment against the wishes of the individual's caregiver.

Section 812: Ensuring the Caregivers of Individuals with Serious Mental Illness have Access to the Protected Health Information of Such Individuals

This section amends section 105(a) of the Protection and Advocacy for Individuals with Mental Illness Act to ensure that caregivers of individuals with serious mental illness have access to the protected health information of such individuals.

Section 813: Protection and Advocacy Activities to Focus Exclusively on Safeguarding Rights to Be Free from Abuse and Neglect

This section amends section 101(b) of the Protection and Advocacy for Individuals with Mental Illness Act to include a protection for individuals to be free from abuse or neglect. Any system, State agency, or nonprofit under this section will be exclusively focused on safeguarding the rights of individuals with mental illness to be free from abuse and neglect.

Section 814: Reporting

This section amends section 105(a) of the Protection and Advocacy for Individuals with Mental Illness Act to ensure that reports are made publicly available. Reports will include a detailed accounting for each system funded under this title of how the funds are spent and whether the funds are from the federal, State, or local government or private entity.

Section 815: Grievance Procedure

This section amends section 105 of the Protection and Advocacy for Individuals with Mental Illness Act to authorize the Assistant Secretary to establish an independent grievance procedure for individuals to have their claims adjudicated.

Section 816: Evidence-Based Treatment for Individuals with Serious Mental Illness

This section amends section 105(a) of the Protection and Advocacy for Individuals with Mental Illness Act to ensure that individuals with severe mental illness have access to and can obtain evidence-based treatment for their severe mental illness.

Title IX: Reporting

Section 901: GAO Study on Preventing Discriminatory Coverage Limitations for Individuals with Serious Mental Illness and Substance Use Disorders

This section requires that within 1 year after enactment, the Comptroller General, in consultation with the Assistant Secretary, HHS Secretary, Labor Secretary, and Treasury Secretary, to submit a report to Congress detailing the extent to which covered group health plans, including Medicaid managed care plans, comply with the Mental Health Parity and Addiction Equity Act (MHPAEA). This report will include information on how nonquantitative treatment limitations comply with the law; how federal agencies ensure that plans comply; and how proper enforcement, education, and coordination activities within federal agencies can be used to ensure full compliance.

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