To reauthorize and improve programs related to mental health and substance use disorders.

IN THE SENATE OF THE UNITED STATES

APRIL 9, 2013

Mr. HARKIN (for himself, Mr. ALEXANDER, Mr. FRANKEN, Mr. ENZI, Mr. BENNET, Ms. MURKOWSKI, Ms. BALDWIN, Mr. ROBERTS, Mrs. HAGAN, and Mr. ISAKSON) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To reauthorize and improve programs related to mental health and substance use disorders.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Mental Health Awareness and Improvement Act of 2013”.

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TITLE I—EDUCATION PROGRAMS

SEC. 101. SHORT TITLE.
This title may be cited as the “Achievement Through Prevention Act”.

SEC. 102. PURPOSE.
The purpose of this title is to expand the use of positive behavioral interventions and supports and early intervening services in schools in order to improve student academic achievement, reduce overidentification of individuals with disabilities, and reduce disciplinary problems in schools.

SEC. 103. AMENDMENTS TO THE ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965.

(a) Title I State Plans.—Section 1111(b) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311(b)) is amended by adding at the end the following:

“(11) Positive behavioral interventions and supports.—In the case of a State that proposes to use funds under this part to support positive behavioral interventions and supports, the State plan shall describe how the State educational agency will—

“(A) assist local educational agencies in implementing positive behavioral interventions and supports in schools served by the local educational agency on a whole-school basis;

“(B) provide technical assistance and training to local educational agencies to improve and support the development, implementation, and coordination of comprehensive positive behavioral interventions and supports carried out under this Act with activities carried out under the Individuals with Disabilities Education Act; and

“(C) evaluate the effects of providing positive behavioral interventions and supports for all students, including improvement of the learning environment, academic achievement, disciplinary problems such as incidents of suspensions, expulsions, referrals to law enforcement, and other actions that remove students from instruction, and any other effects the State chooses to evaluate.

“(12) EARLY INTERVENING SERVICES.—In the case of a State that proposes to use funds under this part to support early intervening services, the State
plan shall describe how the State educational agency
will—

“(A) assist local educational agencies in
implementing early intervening services in
schools served by the local educational agency
to reduce the need to label children as children
with disabilities in order to address the learning
and behavioral needs of such children;

“(B) provide technical assistance and
training to local educational agencies to im-
prove coordination of early intervening services
provided under this Act with early intervening
services carried out under the Individuals with
Disabilities Education Act; and

“(C) evaluate the effects of providing early
intervening services.

“(13) CRISIS MANAGEMENT PLANS.—In the
case of a State that proposes to use funds under this
part to assist local educational agencies in the State
in periodically updating the crisis management
plans, as described in section 4114(d)(7)(D), of such
local educational agencies, the State plan shall de-
scribe how the State educational agency will assist
local educational agencies in updating such crisis
management plans.”.
(b) Title I State Reports.—Section 1111(h)(1)(C) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311(h)(1)(C)) is amended—

(1) in clause (vii), by striking “and” after the semicolon;

(2) in clause (viii), by striking the period and inserting a semicolon; and

(3) by adding at the end the following:

“(ix) the number of local educational agencies in the State that implement positive behavioral interventions and supports;

“(x) the number of students—

“(I) who are served through the use of early intervening services; and

“(II) who, in the preceding 2-year period, received early intervening services and who, after receiving such services, have been identified as eligible for, and receive, special education and related services under part B of the Individuals with Disabilities Education Act; and
“(xi) the number of local educational agencies in the State that implement school-based mental health programs.”.

(c) TITLE I LOCAL EDUCATIONAL AGENCY PLANS.—

Section 1112(b)(1) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6312(b)(1)) is amended—

(1) in subparagraph (P), by striking “and” after the semicolon;

(2) in subparagraph (Q), by striking the period and inserting a semicolon; and

(3) by adding at the end the following:

“(R) if the local educational agency proposes to use subgrant funds under this part for positive behavioral interventions and supports, a description of the actions the local educational agency will take to provide positive behavioral interventions and supports and coordinate those activities with activities carried out under the Individuals with Disabilities Education Act;

“(S) if the local educational agency proposes to use subgrant funds under this part for early intervening services, a description of the actions the local educational agency will take to provide early intervening services and coordi-
nate those services with early intervening services carried out under the Individuals with Disabilities Education Act;

“(T) if the local educational agency proposes to use subgrant funds under this part for school-based mental health programs, a description of the actions the local educational agency will take to provide school-based mental health programs and coordinate those activities with activities carried out under the Individuals with Disabilities Education Act; and

“(U) if the local educational agency proposes to use subgrant funds under this part for periodically updating the crisis management plan of the local educational agency, as described in section 4114(d)(7)(D), a description of the actions the local educational agency will take to develop and implement an updated crisis management plan.”

(d) TITLE I SCHOOLWIDE PROGRAMS.—

(A) in item (aa), by inserting “and school-based mental health programs” after “services”;

(B) by redesignating items (bb) and (cc) as items (dd) and (ee), respectively; and

(C) by inserting after item (aa) the following:

“(bb) implementation of schoolwide positive behavioral interventions and supports, including through coordination with activities carried out under the Individuals with Disabilities Education Act, in order to improve academic outcomes for students and reduce the need for suspensions, expulsions, and other actions that remove students from instruction;

“(cc) implementation of early intervening services, including through coordination with early intervening services carried out under the Individuals with Disabilities Education Act;”.

(2) TECHNICAL ASSISTANCE.—Section 1116(b)(4)(B) of the Elementary and Secondary
Education Act of 1965 (20 U.S.C. 6316(b)(4)(B)) is amended—

(A) by redesignating clauses (iii) and (iv) as clauses (iv) and (v), respectively; and

(B) by inserting after clause (ii) the following:

“(iii) shall include assistance in the implementation of schoolwide positive behavior supports, school-based mental health programs, and other approaches with evidence of effectiveness for improving the learning environment in the school and reducing the need for suspensions, expulsions, and other actions that remove students from instruction, including effective strategies for improving coordination of community resources;”.

(e) Title I Assessments and School Improvement.—


(A) in clause (ix), by striking “and” after the semicolon;
(B) in clause (x), by striking the period and inserting a semicolon; and

(C) by adding at the end the following:

“(xi) specify whether the local educational agency or the school will adopt and implement policies or practices to implement or improve positive behavioral interventions and supports and enhance coordination with activities carried out under the Individuals with Disabilities Education Act;

“(xii) specify whether the local educational agency or the school will adopt and implement policies or practices to implement or improve early intervening services and coordinate with early intervening services carried out under such Act; and

“(xiii) specify whether the local educational agency or school will adopt and implement school-based mental health programs and coordinate with programs carried out under such Act.”.

(2) LOCAL EDUCATIONAL AGENCY IMPROVEMENT PLANS.—Section 1116(c)(10) of the Elemen-
tary and Secondary Education Act of 1965 (20 U.S.C. 6316(e)(10)) is amended—

(A) in subparagraph (B), by striking “sub-
paragraph (E)” and inserting “subparagraph
(F)”;

(B) by redesignating subparagraphs (D)
through (F) as subparagraphs (E) through (G),
respectively; and

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

“(D) ADDITIONAL ACTIVITIES.—In addi-
tion to carrying out 1 or more of the corrective
actions required under subparagraph (C) for a
local educational agency, the State educational
agency may also carry out 1 or more of the fol-
lowing activities:

“(i) Improving or expanding positive
behavioral interventions and supports and
enhancing coordination with activities
under the Individuals with Disabilities
Education Act.

“(ii) Improving or expanding early inter-
tervening services and coordinating such
services with early intervening services car-
ried out under the Individuals with Disabilities Education Act.”.

(f) TITLE I SCHOOL SUPPORT AND RECOGNITION.—

(1) REGIONAL CENTERS.—Section 1117(a)(3) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6317(a)(3)) is amended—

(A) by striking “of 2002 and comprehensive” and inserting “of 2002, comprehensive”;

(B) by striking “and the comprehensive” and inserting “, the comprehensive”; and

(C) by inserting “and any technical assistance center on schoolwide positive behavioral interventions and supports funded under section 665(b) of the Individuals with Disabilities Education Act,” after “2002),”.

(2) STATEWIDE SYSTEMS FOR SUPPORT.—Section 1117(a)(5)(B) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6317(a)(5)(B)) is amended—

(A) in clause (i), by striking the semicolon at the end and inserting the following: “, including by improving or expanding the use of positive behavioral interventions and supports aligned with activities carried out under the Individuals with Disabilities Education Act;”;

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(B) in clause (iii), by striking “and” after the semicolon;

(C) in clause (iv), by striking the period and inserting a semicolon; and

(D) by adding at the end the following:

“(v) review and analyze the school’s efforts to identify and assist students with poor academic achievement and students who are children with disabilities, and assist the school in developing or improving early intervening services that are coordinated with activities carried out under the Individuals with Disabilities Education Act;

“(vi) review and analyze the school’s efforts to address behavioral or disciplinary problems, and assist the school in developing or improving schoolwide positive behavioral interventions and supports that are coordinated with activities carried out under the Individuals with Disabilities Education Act;

“(vii) review the number of discipline incidents in the school and use that information to assist the school to implement
schoolwide positive behavioral interventions
and supports or other early intervening
services, or both; and

“(viii) review and analyze the school’s
efforts to address mental health needs
among students and assist the school in
developing or improving school-based men-
tal health programs that are coordinated
with activities carried out under the Indi-
viduals with Disabilities Education Act.”.

(g) Title I Parental Involvement.—Section
1118(e) of the Elementary and Secondary Education Act
of 1965 (20 U.S.C. 6318(e)) is amended—

(1) by redesignating paragraphs (6) through
(14) as paragraphs (7) through (15), respectively;
and

(2) by inserting after paragraph (5) the fol-
lowing:

“(6) shall provide information to school per-
sonnel, students, and parents about the school’s use
of positive behavioral interventions and supports,
school-based mental health programs, and the expec-
tations of school personnel, students, and parents in
supporting a safe learning environment for all stu-
dents;”.
(h) **Prevention and Intervention Programs.**—Section 1414(c)(8) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6434(c)(8)) is amended by inserting “, including coordinating the use of positive behavioral interventions and supports, early intervening services, and school-based mental health programs to improve academic achievement and reduce disciplinary actions” before the semicolon at the end.

(i) **Technical Assistance.**—Section 1419 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6439) is amended—

(1) in paragraph (1), by striking “and” after the semicolon;

(2) in paragraph (2), by striking the period and inserting “; and”;

(3) by adding at the end the following:

“(3) to provide technical assistance in implementing positive behavior interventions and supports, early intervening services, and school-based mental health programs in order to improve academic achievement and reduce disciplinary actions.”.

(j) **Title II Mental Health Professional Development.**—Section 2123 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6223) is amended—
(1) in subsection (a), by inserting after paragraph (8) the following:

“(9) Carrying out in-service training for school personnel in—

“(A) the techniques and supports needed to identify children with trauma histories, and children with, or at risk of, mental illness, early;

“(B) the use of referral mechanisms that effectively link such children to appropriate treatment and intervention services in the school and in the community where appropriate; and

“(C) forming partnerships between school-based mental health programs and public or private mental health organizations.”;

(2) by redesignating subsection (b) as subsection (c); and

(3) by inserting after subsection (a) the following:

“(b) LIABILITY PROTECTION FOR SCHOOL PERSONNEL.—Section 2366 shall apply to school personnel who received in-service training under subsection (a)(9), and who are carrying out activities related to such train-
(k) School-Based Mental Health Services Partnership Programs.—Section 4121 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7131) is amended—

(1) in subsection (a)—

(A) in the matter preceding paragraph (1), by inserting “, health (including mental health),” after “promote safety”;  

(B) by redesignating paragraphs (3) through (8) and (9) as paragraphs (4) through (9) and (11), respectively;  

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

“(3) the development and implementation of school-based mental health services partnership programs under subsection (c);”;

(D) by striking paragraph (7), as redesignated by subparagraph (B), and inserting the following:  

“(7)(A) assistance to school systems that have particularly severe drug and violence problems or assistance to support appropriate response efforts to crisis situations, including—
“(i) hiring drug prevention and school safety coordinators; and

“(ii) making available to students mental health services, conflict resolution programs, and other school-based violence prevention strategies;”;

(E) in paragraph (9), as redesignated by subparagraph (B), by striking “and” after the semicolon; and

(F) by inserting after such paragraph (9) the following:

“(10) assistance to States to help local educational agencies develop and implement comprehensive emergency management plans; and”; and

(2) by adding at the end the following:

“(e) SCHOOL-BASED MENTAL HEALTH SERVICES PARTNERSHIP PROGRAMS.—

“(1) IN GENERAL.—Each grant, contract, or cooperative agreement awarded or entered into under subsection (a)(3) shall meet the requirements of this subsection.

“(2) ELIGIBILITY.—

“(A) IN GENERAL.—To be eligible to receive a grant, contract, or cooperative agreement under this subsection, a local educational
agency shall enter into a school-based mental
health partnership that—

“(i) shall include a public or private
mental health entity or health care entity;
and

“(ii) may include a child welfare agen-
cy, family-based mental health entity, fam-
ily organization, trauma network, or other
community-based entity.

“(B) FLEXIBILITY FOR CERTAIN LOCAL
EDUCATIONAL AGENCIES.—Notwithstanding
subparagraph (A), a local educational agency
that is eligible for services under subpart 1 or
2 of part B of title VI, as determined by the
Secretary, and that is unable to partner with a
public or private mental health entity or health
care entity shall be eligible for a grant under
this subsection if the local educational agency
can demonstrate to the Secretary, in its appli-
cation for a grant under this subsection, that
the local educational agency can otherwise build
the capacity to carry out the requirements of
this subsection.

“(3) APPLICATION.—A local educational agency
that desires a grant, contract, or cooperative agree-
ment under this subsection shall include, in the application required by the Secretary, a description of how the local educational agency will—

“(A) assist schools served by the local educational agency to provide, through the school-based mental health services partnership program, comprehensive school-based mental health services and supports and comprehensive staff development for school and community service personnel working in the school;

“(B) provide technical assistance and training to improve and support the development, implementation, and coordination of school-based mental health programs and ensure such programs are coordinated with activities carried out under the Individuals with Disabilities Education Act; and

“(C) evaluate the effects of providing school-based mental health programs.

“(4) USE OF FUNDS.—A local educational agency receiving a grant, contract, or cooperative agreement under this subsection shall use funds provided under such grant, contract, or cooperative agreement to provide school-based mental health services and supports that—
“(A) may include—

“(i) the early identification of social, emotional, or behavioral problems, or substance use disorders, and the provision of early intervening services;

“(ii) not withstanding section 4154, the treatment or referral for treatment of students with social, emotional, or behavioral health problems, or substance use disorders;

“(iii) the development and implementation of programs to assist children in dealing with trauma and violence; and

“(iv) the development of mechanisms, based on best practices, for children to report incidents of violence or plans by other children or adults to commit violence;

“(B) are based on trauma-informed and evidence-based practices;

“(C) are coordinated, where appropriate, with early intervening services carried out under the Individuals with Disabilities Education Act; and

“(D) are provided by qualified mental and behavioral health professionals who are certified
or licensed by the State involved and practicing
within their area of expertise.

“(5) GENERAL REQUIREMENTS.—

“(A) PARENTAL CONSENT.—

“(i) IN GENERAL.—Each local edu-
cational agency receiving a grant, contract,
or cooperative agreement under this sub-
section shall obtain prior written, informed
consent from the parent of each child who
is under 18 years of age to participate in
any assessment service, program, activity,
or treatment that is—

“(I) funded under this sub-
section; and

“(II) conducted in connection
with an elementary school or sec-
ondary school under the grant, con-
tact, or cooperative agreement.

“(ii) EXCEPTION.—Notwithstanding
clause (i), the written, informed consent
described in such clause shall not be re-
quired in—

“(I) an emergency, where it is
necessary to protect the immediate
health and safety of the student, other
students, or school personnel; or

“(II) other instances where pa-
rental consent cannot reasonably be
obtained, as defined by the Secretary.

“(B) PROHIBITION ON MANDATORY MEDI-
cATION.—No child shall be required to obtain a
prescription for a substance covered by the
Controlled Substances Act (21 U.S.C. 801 et
seq.) as a condition of receiving an evaluation
under this subsection, receiving services under
this subsection, or attending a school receiving
assistance under this subsection.

“(C) PRIVACY.—Each eligible entity receiv-
ing a grant under this subsection shall ensure
that student mental health records are accorded
the privacy protections provided under the regu-
lations promulgated under section 264(e) of the
Health Insurance Portability and Accountability
2033) and section 444 of the General Edu-
cation Provisions Act (20 U.S.C. 1232g) (com-
monly referred to as the ‘Federal Educational
Rights and Privacy Act of 1974’).
“(6) LIABILITY PROTECTION FOR SCHOOL PERSONNEL.—Section 2366 shall apply to school personnel providing services under a grant, contract, or cooperative agreement under this subsection in the same manner as such section applies to teachers.

“(7) PROHIBITION AGAINST FEDERAL MANDATES, DIRECTION, OR CONTROL OR FEDERAL REGULATION.—In addition to the prohibition of Federal Government control of a State, local educational agency, or school’s curriculum or program of instruction that is provided under section 9527(a), nothing in this subsection shall be construed to authorize an officer or employee of the Federal Government to mandate, direct, or control a State, local educational agency, or school’s specific instructional content or academic achievement standards and assessments.”.

(l) DEFINITION.—Section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801) is amended—

(1) by redesignating paragraphs (17) through (43) as paragraphs (18) through (44), respectively; and

(2) by inserting after paragraph (16) the following:
“(17) EARLY INTERVENING SERVICES.—The term ‘early intervening services’ means early intervening services described in section 613(f)(1) of the Individuals with Disabilities Education Act.”

SEC. 104. CONFORMING AMENDMENTS.

(a) AMERICA COMPETES REAUTHORIZATION ACT OF 2010.—Section 553(d)(6) of the America COMPETES Reauthorization Act of 2010 (20 U.S.C. 9903) is amended by striking “section 9101(23)” and inserting “section 9101(24)”.

(b) HIGHER EDUCATION ACT OF 1965.—Section 255(k) of the Higher Education Act of 1965 is amended—

(1) in paragraph (1), by striking “section 9101(23)(B)(ii)” and inserting “section 9101(24)(B)(ii)”;

(2) in paragraph (3), by striking “section 9101(23)” and inserting “section 9101(24)”.

(c) INDIVIDUALS WITH DISABILITIES EDUCATION ACT.—Section 602(10) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(10)) is amended—

(1) in subparagraph (C)(ii), by striking “section 9101(23)” and inserting “section 9101(24)”;

(2) in each of clauses (ii) and (iii) of subparagraph (D), by striking “section 9101(23)(C)(ii)” and inserting “section 9101(24)(C)(ii)”.

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TITLE II—HEALTH PROGRAMS

SEC. 201. GARRETT LEE SMITH MEMORIAL ACT REAUTHORIZATION.

(a) Suicide Prevention Technical Assistance Center.—Section 520C of the Public Health Service Act (42 U.S.C. 290bb–34) is amended—

(1) in the section heading, by striking the section heading and inserting “SUICIDE PREVENTION TECHNICAL ASSISTANCE CENTER.”;

(2) in subsection (a), by striking “and in consultation with” and all that follows through the period at the end of paragraph (2) and inserting “shall establish a research, training, and technical assistance resource center to provide appropriate information, training, and technical assistance to States, political subdivisions of States, federally recognized Indian tribes, tribal organizations, institutions of higher education, public organizations, or private non-profit organizations regarding the prevention of suicide among all ages, particularly among groups that are at high risk for suicide.”;

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

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

(5) in subsection (b), as so redesignated—
(A) by striking the subsection heading and inserting “RESPONSIBILITIES OF THE CENTER.”;

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

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

(D) in paragraph (1)—

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

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

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

(F) in paragraph (3), by inserting “and tribal” after “statewide”;
(G) in paragraph (5), by inserting “and prevention” after “intervention”;

(H) in paragraph (8), by striking “in youth”;

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

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

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

“(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $4,948,000 for each of fiscal years 2014 through 2018.”.

(b) YOUTH SUICIDE EARLY INTERVENTION AND PREVENTION STRATEGIES.—Section 520E of the Public Health Service Act (42 U.S.C. 290bb–36) is amended—

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

(2) in subsection (b)(2)—

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

(B) by striking “been awarded” and inserting “received”; and

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

“(m) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $29,682,000 for each of fiscal years 2014 through 2018.”.

(c) MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES.—Section 520E–2 of the Public Health Service Act (42 U.S.C. 290bb–36b) is amended—

(1) in the section heading, by striking “AND BEHAVIORAL HEALTH” and inserting “HEALTH AND SUBSTANCE USE DISORDER SERVICES”;

(2) in subsection (a)—

(A) by striking “Services,” and inserting “Services and”;

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

(C) by striking “substance abuse” and inserting “substance use disorders”;
(3) in subsection (b)—

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

by striking “for—” and inserting “for one or
more of the following:”; and

(B) by striking paragraphs (1) through (6)

and inserting the following:

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

“(2) The operation of hotlines.

“(3) Preparing informational material.

“(4) Providing outreach services to notify stu-
dents about available mental health and substance
use disorder services.

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

“(6) Supporting the training of students, fac-
ulty, and staff to respond effectively to students with
mental health and substance use disorders.

“(7) Creating a network infrastructure to link
colleges and universities with health care providers
who treat mental health and substance use dis-
orders.”;

(4) in subsection (c)(5), by striking “substance
abuse” and inserting “substance use disorder”;
(5) in subsection (d)—

(A) in the matter preceding paragraph (1), by striking “An institution of higher education desiring a grant under this section” and inserting “To be eligible to receive a grant under this section, an institution of higher education”;

(B) in paragraph (1)—

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

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

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

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

(7) in subsection (f)(2)—
(A) by striking “and behavioral health” and inserting “health and substance use disorder”; and

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

(8) in subsection (h), by striking “$5,000,000 for fiscal year 2005” and all that follows through the period at the end and inserting “$4,858,000 for each of fiscal years 2014 through 2018.”.

SEC. 202. MENTAL HEALTH AWARENESS TRAINING GRANTS.

Section 520J of the Public Health Service Act (42 U.S.C. 290bb–41) is amended—

(1) in the section heading, by inserting “MENTAL HEALTH AWARENESS” before “TRAINING”; and

(2) in subsection (b)—

(A) in the subsection heading, by striking “ILLNESS” and inserting “HEALTH”;

(B) in paragraph (1), by inserting “and other categories of individuals, as determined by the Secretary,” after “emergency services personnel”;

(C) in paragraph (5)—
(i) in the matter preceding subparagraph (5), by striking “to” and inserting “for evidence-based programs for the purpose of”; and

(ii) by striking subparagraphs (A) through (C) and inserting the following:

“(A) recognizing the signs and symptoms of mental illness; and

“(B)(i) providing education to personnel regarding resources available in the community for individuals with a mental illness and other relevant resources; or

“(ii) the safe de-escalation of crisis situations involving individuals with a mental illness.”; and

(D) in paragraph (7), by striking “,$25,000,000” and all that follows through the period at the end and inserting “$20,000,000 for each of fiscal years 2014 through 2018”.

SEC. 203. CHILDREN’S RECOVERY FROM TRAUMA.

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

(1) in subsection (a), by striking “developing programs” and all that follows and inserting “developing and maintaining programs that provide for—
“(1) the continued operation of the National Child Traumatic Stress Initiative (referred to in this section as the ‘NCTSI’), which includes a coordinating center, that focuses on the mental, behavioral, and biological aspects of psychological trauma response; and

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

(2) in subsection (b)—

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

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

and

(C) by striking “mental health agencies and programs that have established clinical and basic research” and inserting “universities, hospitals, mental health agencies, and other programs that have established clinical expertise and research”;
(3) by redesignating subsections (c) through (g) as subsections (g) through (k), respectively;
(4) by inserting after subsection (b), the following:

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

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

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

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

(5) in subsection (g) (as so redesignated), by
striking “with respect to centers of excellence are
distributed equitably among the regions of the coun-
try” and inserting “are distributed equitably among
the regions of the United States”;

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

(7) in subsection (j) (as so redesignated), by
striking “$50,000,000” and all that follows through
“2006” and inserting “$45,713,000 for each of fis-
cal years 2014 through 2018”.

SEC. 204. ASSESSING BARRIERS TO BEHAVIORAL HEALTH
INTEGRATION.

(a) In General.—Not later than 2 years after the
date of enactment of this Act, the Comptroller General
of the United States shall submit a report to the Com-
mittee on Health, Education, Labor, and Pensions of the
Senate and the Committee on Energy and Commerce of
the House of Representatives concerning Federal require-
ments that impact access to treatment of mental health
and substance use disorders related to integration with
primary care, administrative and regulatory issues, quality measurement and accountability, and data sharing.

(b) CONTENTS.—The report submitted under subsection (a) shall include the following:

(1) An evaluation of the administrative or regulatory burden on behavioral healthcare providers.

(2) The identification of outcome and quality measures relevant to integrated health care, evaluation of the data collection burden on behavioral healthcare providers, and any alternative methods for evaluation.

(3) An analysis of the degree to which electronic data standards, including interoperability and meaningful use includes behavioral health measures, and an analysis of strategies to address barriers to health information exchange posed by part 2 of title 42, Code of Federal Regulations.

(4) An analysis of the degree to which Federal rules and regulations for behavioral and physical health care are aligned, including recommendations to address any identified barriers.

SEC. 205. INCREASING EDUCATION AND AWARENESS OF TREATMENTS FOR OPIOID USE DISORDERS.

(a) IN GENERAL.—In order to improve the quality of care delivery and treatment outcomes among patients
with opioid use disorders, the Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Administrator for the Substance Abuse and Mental Health Services Administration, may advance, through existing programs as appropriate, the education and awareness of providers, patients, and other appropriate stakeholders regarding all products approved by the Food and Drug Administration to treat opioid use disorders.

(b) Activities.—The activities described in subsection (a) may include—

(1) disseminating evidence-based practices for the treatment of opioid use disorders;

(2) facilitating continuing education programs for health professionals involved in treating opioid use disorders;

(3) increasing awareness among relevant stakeholders of the treatment of opioid use disorders;

(4) assessing current barriers to the treatment of opioid use disorders for patients and providers and development and implementation of strategies to mitigate such barriers; and

(5) continuing innovative approaches to the treatment of opioid use disorders in various treat-
ment settings, such as prisons, community mental
health centers, primary care, and hospitals.

(c) REPORT.—Not later than 1 year after the date
of enactment of this Act, if the Secretary carries out the
activities under this section, the Secretary shall submit to
the Committee on Health, Education, Labor, and Pen-
sions of the Senate and the Committee on Energy and
Commerce of the House of Representatives a report that
examines—

(1) the activities the Substance Abuse and Men-
tal Health Services Administration conducts under
this section, including any potential impacts on
health care costs associated with such activities;

(2) the role of adherence in the treatment of
opioid use disorders and methods to reduce opioid
use disorders; and

(3) recommendations on priorities and strate-
gies to address co-occurring substance use disorders
and mental illnesses.

SEC. 206. EXAMINING MENTAL HEALTH CARE FOR CHIL-
DREN.

(a) IN GENERAL.—Not later than 1 year after the
date of enactment of this Act, the Comptroller General
of the United States shall conduct an independent evalua-
tion, and submit to the Committee on Health, Education,
Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report concerning the utilization of mental health services for children, including the usage of psychotropic medications.

(b) CONTENT.—The report submitted under subsection (a) shall review and assess—

(1) the ways in which children access mental health care, including information on whether children are treated by primary care or specialty providers, what types of referrals for additional care are recommended, and any barriers to accessing this care;

(2) the extent to which children are prescribed psychotropic medications in the United States including the frequency of concurrent medication usage; and

(3) the tools, assessments, and medications that are available and used to diagnose and treat children with mental health disorders.

SEC. 207. EVIDENCE BASED PRACTICES FOR OLDER ADULTS.

(a) GERIATRIC SUBSTANCE USE DISORDERS TREATMENT.—Section 509(e) of the Public Health Service Act (42 U.S.C. 290bb–2(e)) is amended—
(1) by striking “The Secretary shall establish” and inserting:

“(1) IN GENERAL.—The Secretary shall establish”; and

(2) by adding at the end the following:

“(2) GERIATRIC SUBSTANCE USE DISORDERS TREATMENT.—The Secretary shall, as appropriate, provide technical assistance to grantees regarding evidence-based practices for the treatment of geriatric substance use disorders, as well as disseminate information about such evidence-based practices to States and nongrantees throughout the United States.”.

(b) GERIATRIC SUBSTANCE USE DISORDERS PREVENTION.—Section 516(e) of the Public Health Service Act (42 U.S.C. 290bb–22(e)) is amended—

(1) by striking “The Secretary shall establish” and inserting:

“(1) IN GENERAL.—The Secretary shall establish”; and

(2) by adding at the end the following:

“(2) GERIATRIC SUBSTANCE USE DISORDERS PREVENTION.—The Secretary shall, as appropriate, provide technical assistance to grantees regarding evidence-based practices for the prevention of geri-
atic substance use disorders, as well as disseminate information about such evidence-based practices to States and nongrantees throughout the United States.”.

(c) Geriatric Mental Health Disorders.—Section 520A(e) of the Public Health Service Act (42 U.S.C. 290bb–32(e)) is amended by adding at the end the following:

“(3) Geriatric Mental Health Disorders.—The Secretary shall, as appropriate, provide technical assistance to grantees regarding evidence-based practices for the prevention and treatment of geriatric mental health disorders, as well as disseminate information about such evidence-based practices to States and nongrantees throughout the United States.”.

SEC. 208. NATIONAL VIOLENT DEATH REPORTING SYSTEM.

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, is encouraged to improve, particularly through the inclusion of additional States, the National Violent Death Reporting System as authorized by title III of the Public Health Service Act. Participation in the system by the States shall be voluntary.
SEC. 209. GAO STUDY ON VIRGINIA TECH RECOMMENDATIONS.

(a) In General.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct an independent evaluation, and submit to the appropriate committees of Congress a report concerning the status of implementation of recommendations made in the report to the President, On Issues Raised by the Virginia Tech Tragedy, by the Secretaries of Health and Human Services and Education and the Attorney General of the United States, submitted to the President on June 13, 2007.

(b) Content.—The report submitted to the committees of Congress under subsection (a) shall review and assess—

(1) the extent to which the recommendations in the report that include participation by the Department of Health and Human Services were implemented;

(2) whether there are any barriers to implementation of such recommendations; and

(3) identification of any additional actions the Federal government can take to support States and local communities and ensure that the Federal government and Federal law are not obstacles to addressing at the community level—
(A) school violence; and
(B) mental illness.