

bill, H.R. 5407, the Enhancing Mental Health and Suicide Prevention Through Campus Planning Act, which will be taken up for consideration today.

Supporting the young people of our country is not a partisan issue. I thank the co-lead of this bill, Representative FRED KELLER, and the original cosponsors, Representatives FITZPATRICK, RASKIN, STEVENS, TRONE, SCANLON, MOULTON, GRIJALVA, ROYBAL-ALLARD, DEAN, HARDER, and DESAULNIER for their support.

In the last several years, young Americans have faced unprecedented challenges resulting in a rise in mental health needs. College campus counseling centers have been tasked with responding to this increased demand for mental health services with limited staff, funding, and resources.

The mental health effects of the pandemic are widespread, with a study conducted by Pennsylvania State University reporting that 94 percent of students seeking mental health services said that COVID-19 negatively impacted at least one area of their life and 72 percent reporting that the pandemic's main impact has been on their mental health.

To help institutions of higher education better serve students, once passed, this bill will encourage colleges and universities to develop and implement mental health programs in concert with both State-level programs and community-based organizations.

During my visits to colleges in the Lehigh Valley of Pennsylvania, even before the pandemic, students shared with me the importance of improving mental health care access on campus.

Today, I am proud that the Enhancing Mental Health and Suicide Prevention Through Campus Planning Act will receive a vote, and I look forward to casting mine in support.

Mr. KELLER. Madam Speaker, I yield myself the balance of my time.

In closing, I want to discuss the importance of what we are doing. COVID-19 burdened young people with more anxiety, stress, and isolation than ever before. Now, they need support that works.

According to one study, mental health problems among young adults rose 50 percent over the past 10 years. Many of us have seen the young people in our lives struggling, and it is devastating to watch.

I am dedicated to serving the needs of students nationwide. To me, this bill is a no-brainer.

Empowering postsecondary institutions to support comprehensive suicide prevention plans and partner with community-based mental health organizations will do much to solve this mental health crisis. This critical investment in the mental health of our young people is an investment in the future of this country.

Lastly, I express my gratitude to my colleagues on both sides of the aisle for working together on this important legislation.

Madam Speaker, I encourage all of my colleagues to vote "yes" on H.R. 5407, and I yield back the balance of my time.

Mr. SCOTT of Virginia. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, the evidence is clear that our Nation's students are continuing to grapple with an ongoing mental health crisis. Even as we continue to recover from COVID-19, we are still seeing far too many students suffer from depression, anxiety, and stress without the support and services they need to get back on their feet.

Madam Speaker, students in this country should not have to grapple with serious mental health challenges on their own. However, we cannot expect campus mental health care providers to support students if we do not support them with the resources that they need.

The Enhancing Mental Health and Suicide Prevention Through Campus Planning Act is legislation that we need to help ensure that our institutions of higher education are equipped to support students' mental health, both during the pandemic and into the future.

I, again, thank the gentlewoman from Pennsylvania (Ms. WILD) and the gentleman from Pennsylvania (Mr. KELLER) for their leadership and cooperation on this bill.

Madam Speaker, I urge all of my colleagues to support this legislation, and I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, I rise today in support of H.R. 5407—to amend the "Higher Education Act of 1965" to promote comprehensive campus mental health and suicide prevention plans within the Higher Education Act of 1965.

The mental health crisis plaguing our Nation is astounding. Particularly in our Nation's institutions of higher education, we see higher reported rates of anxiety and depression, which have unfortunately led some students to suicide.

According to studies done in the year 2020, suicide was the 12th leading cause of death within the United States. Within this year, 45,979 Americans died by suicide, and an estimated 1.2 million Americans attempted suicide.

Within the reported suicide rates of 2020, people ranging from ages 15–34 made up 32.59 percent of the total.

The COVID-19 pandemic exacerbated the mental health crisis showing a 25 percent increase in the number of depression and anxiety cases recorded globally.

In my home state of Texas 34.2 percent of adults reported symptoms of anxiety and depression between September 29, 2021, and October 11, 2021.

The transition period into institutions of higher education can be difficult for numerous reasons. Some of the leading triggers for anxiety and depression are the constant pressure for success, homesickness, adjustment to workload, or even the social aspects of the collegiate environment.

No matter the cause, it is our job as elected officials of the United States to ensure that we

are putting our time and resources into ensuring that we are providing outlets for those struggling with mental health issues to seek refuge.

I want to be very clear when I say that providing these resources alone will not ensure that zero lives are taken at the hands of mental health struggles.

However, taking the steps to ensure that there are proper resources and parameters in place on the campuses of our college campuses will aid in helping our young adults receive the assistance they need to lead healthy lives.

We cannot sit idly as our Nation stares down the barrel of an all-time low for mental health.

By invoking comprehensive mental health and suicide prevention plans across higher education institutions, we are pouring into our next generations.

H.R. 5407 allows for collegiate institutions to draw on the expertise and resources provided by the Suicide Prevention Centers nine strategy model, while also working with the Secretary of Health and Human Services to create a comprehensive approach to mental health concerns and suicide prevention.

This mental health assistance model will allow for all institutions throughout the Nation to collectively pool together and ensure each campus is administering the highest level of care for students with mental health struggles.

I urge for each of my colleagues to vote in support of H.R. 5407 to help us get our college students across the stage.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. SCOTT) that the House suspend the rules and pass the bill, H.R. 5407, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GOOD of Virginia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

CAMPUS PREVENTION AND RECOVERY SERVICES FOR STUDENTS ACT OF 2022

Mr. SCOTT of Virginia. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 6493) to amend the Higher Education Act of 1965 to prevent certain alcohol and substance misuse, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6493

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 "Campus Prevention and Recovery Services for Students Act of 2022".

SEC. 2. ALCOHOL AND SUBSTANCE MISUSE PREVENTION.

Section 120 of the Higher Education Act of 1965 (20 U.S.C. 1011i) is amended—

(1) in the section heading, by striking “**DRUG AND ALCOHOL ABUSE**” and inserting “**ALCOHOL AND SUBSTANCE MISUSE**”;

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking “a program to prevent the use of illicit drugs and the abuse of alcohol by students and employees that,” and inserting “an evidence-based program to prevent alcohol and substance misuse by students and employees that.”;

(B) by amending paragraph (1)(D) to read as follows:

“(D) a description of any alcohol or substance misuse counseling, treatment, rehabilitation, recovery, re-entry, or recovery support programs provided by the institution (including in partnership with a community-based organization) that are available to employees or students; and”;

(C) in paragraph (1)(E), by striking “that the institution will impose” and inserting “of the policies of the institution regarding”;

(3) in subsection (c)—

(A) in paragraph (1)—

(i) by striking “and” at the end of subparagraph (A);

(ii) in subparagraph (B), by striking the period and inserting “; and”;

(iii) by adding at the end the following:

“(C) compliance assistance to assist institutions in complying with the requirements of this section.”;

(B) by redesignating paragraph (2) as paragraph (4); and

(C) by inserting after paragraph (1) the following:

“(2) **INTERAGENCY AGREEMENT.**—Not later than 180 days after the date of enactment of this paragraph, the Secretary shall enter into an interagency agreement with the Secretary of Health and Human Services to—

“(A) develop best practices that inform criteria which satisfy the requirement under subsection (a) that an institution of higher education has adopted and has implemented an evidence-based program described in such subsection;

“(B) establish a process for disseminating the best practices for adopting and implementing such an evidence-based program; and

“(C) establish a process that promotes coordination and collaboration between institutions of higher education and the respective State agencies that administer the Substance Abuse Prevention and Treatment Block Grants pursuant to subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–21).

“(3) **GUIDANCE.**—Not later than 1 year after the date of the enactment of this paragraph, the Secretary shall, in coordination with the Secretary of Health and Human Services, issue guidance with respect to the criteria described in paragraph (2)(A).”;

(4) in subsection (e)—

(A) in the subsection heading, by striking “**DRUG ABUSE**” in the heading and inserting “**SUBSTANCE MISUSE**”;

(B) in paragraph (1)—

(i) by striking “other organizations” and inserting “community-based organizations that partner with institutions of higher education”;

(ii) by striking “programs of prevention, and education (including treatment-referral) to reduce and eliminate the illegal use of drugs and alcohol and the violence associated with such use” and inserting “evidence-based programs of alcohol and substance misuse prevention and education (including programs to improve access to treatment, referral for treatment services, or crisis intervention services) to eliminate illegal substance use, decrease substance misuse, and improve public health and safety”;

(iii) by striking “alcohol and drug abuse” and inserting “substance use disorder”;

(C) by redesignating paragraphs (2) through (5) as paragraphs (3) through (6), respectively; and

(D) by inserting after paragraph (1) the following:

“(2) **ADDITIONAL USES.**—In addition to the activities described in paragraph (1), a grant or contract awarded under paragraph (1) may be used to carry out one or more of the following evidence-based programs or activities:

“(A) Providing programs for recovery support services, and peer-to-peer support services and counseling for students with a substance use disorder.

“(B) Promoting integration and collaboration in campus-based health services between primary care, substance use disorder services, and mental health services.

“(C) Promoting integrated care services for students related to screening, diagnosis, prevention, and treatment of mental, behavioral, and substance use disorders.

“(D) Providing re-entry assistance for students on academic probation due to their substance use disorder.

“(E) Preventing fatal and nonfatal overdoses, including restoring existing mental health and substance use disorder services after a natural disaster or public health emergency declared by the Secretary of Health and Human Services under section 319 of the Public Health Service Act (42 U.S.C. 247d).

“(F) Providing education to students, faculty, or other personnel on—

“(i) recognizing the signs and symptoms of substance use disorder, and how to engage and support a person in a crisis situation;

“(ii) resources available in the community, within the institution of higher education, and other relevant resources for individuals with a substance use disorder; and

“(iii) safely de-escalating crisis situations involving individuals with a substance use disorder.”;

(E) by amending paragraph (6), as redesignated by subparagraph (C), to read as follows:

“(6) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section \$15,000,000 for fiscal year 2023 and each of the 5 succeeding fiscal years.”.

SEC. 3. PROGRAM PARTICIPATION AGREEMENTS.

Section 487(a)(10) of the Higher Education Act of 1965 (20 U.S.C. 1094(a)(10)) is amended—

(1) by striking “(10)” and inserting “(10)(A)”;

(2) by striking “a drug abuse prevention program” and inserting “an alcohol and substance misuse prevention program in accordance with section 120”;

(3) by adding at the end the following:

“(B) The institution shall be considered in compliance with the requirements of subparagraph (A) unless there is a showing that the institution knowing and willfully did not implement a prevention program described in such subparagraph.”.

SEC. 4. REPORT.

The Secretary of Education shall report to the Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate on the efforts of the Secretary carried out under the amendments made by this Act, and best practices from institutions receiving a grant under section 120(e) of the Higher Education Act of 1965 (20 U.S.C. 1011i(e)), as amended by section 2 of this Act—

(1) not later than one year after the date of enactment of this Act; and

(2) three years after the date of enactment of this Act.

SEC. 5. APPLICABILITY.

The amendments made by sections 2(2) and 3 shall apply to institutions of higher education beginning on the date that is 2 years after the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. SCOTT) and the gentleman from Pennsylvania (Mr. KELLER) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. SCOTT of Virginia. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the measure under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. SCOTT of Virginia. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, across the country, students on college campuses are facing an increased incidence of substance misuse.

Even before the pandemic, there was a rising demand for substance prevention and recovery programs on campuses. Unfortunately, the pandemic has only exacerbated the mental health and student well-being crisis.

In fact, as a result of the COVID-19 pandemic, a study found that 89 percent of college students experienced increased anxiety, and one in four students surveyed said their depression significantly increased.

College-aged students misuse substances more than any other age group. In a lot of cases, substance misuse in college can lead to lower academic performance and unemployment after graduation. Tragically, in the worst cases, substance misuse can lead to illness and death.

That is why the gentlewoman from New Mexico (Ms. LEGER FERNANDEZ) acted and introduced the bipartisan Campus Prevention and Recovery Services for Students Act.

This bill brings together the Departments of Education and Health and Human Services to encourage institutions to develop evidence-based substance misuse prevention and recovery programs for students with substance use disorders.

This bill also encourages institutions to holistically address substance use and mental health concerns. Importantly, it reauthorizes grants to help institutions carry out these efforts.

Madam Speaker, if we want to tackle the mental health crisis head-on and help our students reach their full potential, then we must invest in their well-being. This legislation will help deliver on that goal.

I thank the gentlewoman from New Mexico for leading this effort, and I urge a “yes” vote on this bill.

Madam Speaker, I reserve the balance of my time.

Mr. KELLER. Madam Speaker, I yield myself such time as I may consume.

I stand today in support of H.R. 6493, the bipartisan Campus Prevention and Recovery Services for Students Act of 2022.

Sadly, college students were not exempt from the tremendous pressure brought by the COVID-19 pandemic. For many students, these escalating

pressures have resulted in behavioral and mental health challenges, such as substance abuse.

Even before the pandemic, studies found that young adults were turning to dangerous substances as 18-to-25-year-olds were reported to have the highest percent of opioid use of all age groups.

This is why I am proud to join my colleagues in support of this bill today.

H.R. 6493 promotes evidence-based prevention and recovery efforts on college campuses by providing colleges and universities the tools they need to support students struggling with substance abuse.

Specifically, this bill requires institutions of higher education that receive Federal funding to adopt an evidence-based program to prevent alcohol and substance misuse by both students and employees. The bill also ensures that the institutions are equipped with proven, evidence-based methods by directing the Secretary of Education to coordinate with the Secretary of Health and Human Services to develop best practices for colleges and universities when implementing substance abuse programs. Such coordination and cooperation are crucial.

For those colleges and universities that may need additional help for student recovery services, the bill updates an existing Federal grant for these uses. We know that colleges and university staff can serve as a critical support system for students suffering from an addiction or mental health issue. This bill will also empower staff to do so.

With college students experiencing increased loneliness, isolation, and depression, it is important that these students have access to alcohol and substance misuse prevention programs.

H.R. 6493 will keep students from falling into substance abuse, thus ensuring they start their future out on the right foot and on a path to a successful career. I urge my colleagues to support this bill today.

Madam Speaker, I reserve the balance of my time.

□ 1300

Mr. SCOTT of Virginia. Madam Speaker, I yield such time as she may consume to the gentlewoman from New Mexico (Ms. LEGER FERNANDEZ), who is the sponsor of the legislation.

Ms. LEGER FERNANDEZ. Madam Speaker, I thank Chairman SCOTT and Ranking Member KELLER from the State of Pennsylvania for their support of this much-needed legislation.

Alcohol and substance misuse is a devastating issue across the country and on college campuses. It steals the dreams and futures of too many of our community.

I lost two brothers to addiction—alcohol and drug misuse. That misuse began during their time in college. My family has never recovered from the loss of those two beautiful brothers of mine, and I understand all too well the

pain substance misuse inflicts on students, their families, and their communities. Sadly, my family's story is not unique in New Mexico or across this country.

Since the start of the pandemic, States have reported increased numbers of drug overdoses. Campuses have reported increased mental health concerns in students as well. College students who deal with substance misuse and addiction often find themselves isolated and without a support network.

Congress has an opportunity to address this serious issue by making sure that colleges and universities support students through strong prevention and recovery programs. I don't want to see another headline or obituary of a promising young person lost to overdose.

That is why I introduced the bipartisan Campus Prevention and Recovery Services for Students Act along with Representatives DUSTY JOHNSON, LUCY MCBATH, JOHN JOYCE, and MICHAEL GUEST. I would also like to acknowledge Representative DAVID TRONE who is co-chair of the Bipartisan Mental Health and Addiction Task Force of which I am also a member. He led this bill during last Congress.

Our bill will help to cut the chains of addiction and unlock access to treatment and prevention for countless students across the United States. Specifically, it will reauthorize the drug and alcohol abuse prevention provision of the Higher Education Act to promote evidence-based prevention and intervention strategies on college campuses. I have met with college students across my district to hear from them what is needed. What is needed is what is in this bill.

It encourages campus collaboration and service integration to address substance use and mental health concerns in a holistic manner. The bill also authorizes \$15 million to implement those grants for fiscal year 2023 and the 5 following years.

I was pleased to see my bill pass unanimously during its markup in the Education and Labor Committee. I thank Chairman SCOTT and his staff for working to get this bill to the House floor.

Madam Speaker, I urge all my colleagues to vote "yes" on H.R. 6493 and to vote "yes" in support of our students.

Mr. KELLER. Madam Speaker, I have no further speakers, I am prepared to close, and I yield myself the balance of my time.

Through this commonsense bipartisan legislation, we will support institutions of higher education in their work to address the health and well-being of students and employees.

The isolation brought on by the pandemic exacerbated the mental health challenges students in this country were already facing. Data shows that substance abuse is a serious problem on college campuses. Some students may

feel anxious about pursuing a degree in higher education and moving away from home for the first time, the challenges surrounding the pandemic have exacerbated those feelings.

Current and future generations of college students will be well-served with access to high-quality mental health and substance abuse disorder treatment services. The best thing postsecondary institutions can do is give students tools to handle those pressures in a healthy way.

Today, I am honored to stand in support of this legislation, H.R. 6493, as I believe it will give vulnerable students the assistance they desperately need.

Madam Speaker, I yield back the balance of my time.

Mr. SCOTT of Virginia. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, as lawmakers, we have an opportunity to make a difference in students' lives and protect their health, including their mental health. The benefits of doing so are clear. Students with higher rates of well-being have higher GPAs and are more likely to graduate and be engaged in our community. Unfortunately, mental health issues and substance misuse are rising, and that is a concern for our college campuses.

The Campus Prevention and Recovery Services for Students Act will provide both guidance and funding to help make sure that students have the tools that they need to reach their full potential.

Again, I thank the chief sponsor of the bill, Ms. LEGER FERNANDEZ; the lead cosponsor of the bill, the gentleman from South Dakota (Mr. JOHNSON); and Mr. KELLER for their leadership on this important bill.

Madam Speaker, I urge my colleagues to support H.R. 6493, and I yield back the balance of my time.

Ms. MILLER-MEEKS. Madam Speaker, I rise today in support of H.R. 6493, the Campus Prevention and Recovery Services for Students Act. As we are coming out of a two-year pandemic, taking care of individuals with mental health and substance use disorders, especially college students, is crucial.

H.R. 6493, requires schools to develop evidence-based prevention and intervention strategies for college students and employees. H.R. 6493 requires both the Department of Education and the Department of Health and Human Services to identify and promote successful programs.

As a physician and former Iowa Director of Public Health, I know just how critical evidence-based practices are for prevention of alcohol and substance use disorders and how life saving these practices can be for any student. It is equally important for college campuses and the medical community to come together to do what is best for our nation's students.

I look forward to voting in support of H.R. 6493 and urge my colleagues to do the same.

Ms. JACKSON LEE. Madam Speaker, I rise today in support of H.R. 6493—to amend the "Campus Prevention and Recovery Services for Students Act of 2022" to promote substance misuse treatment rehabilitation and entry within institutions of higher education.

Today substance misuse targets our nation at a volatile rate. Specifically, when looking at our institutions of higher education our students are much more susceptible to being victims of substance misuse.

Common triggers for substance misuse include peer pressure, stress, social organization, and mental health issues.

Currently the “Campus Prevention and Recovery Services for Students Act of 2022”, seeks to ensure that our public institutions are using funding given to them to provide the necessary outlets for recovery and re-entry into campus life.

Solutions the original bill provides include models for “prevention of the use of illicit drugs and the abuse of alcohol” by students and staff through connecting them with campus intervention, and rehabilitation resources.

As it stands the bill targets many of the necessary areas it needs to promote rehabilitation of substance abuse, but what it fails to do is provide the necessary funding allocations in ongoing to ensure the longevity of keeping our students safe.

Students who are struggling with substance misuse issues deserve to know that they are receiving the best possible care that they can, and we can foster that by making sure that our institutions of higher education have the resources they desperately need to be able continue to serve their student populations.

Through H.R. 6493 it will further push campuses to ensure that they are working with organizations both on and off campus.

Campuses will now be required to work with the Secretary of Education in conjunction with the Secretary of Health and Human Services to ensure that each campus is using their funding for the highest quality of rehabilitation and re-entry services.

H.R. 6493 will grant \$15 million to institutions annually from to 2021–2028 to aid in funding public institutions’ recovery, rehabilitation, and re-entry programs.

I ask that my colleagues join me in support of H.R. 6493—the Campus Prevention and Recovery Services for Students Act of 2022.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. SCOTT) that the House suspend the rules and pass the bill, H.R. 6493, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GOOD of Virginia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

SUPPORT THE RESILIENCY OF OUR NATION’S GREAT VETERANS ACT OF 2022

Mr. LEVIN of California. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 6411) to amend title 38, United States Code, to make certain improvements in the mental health care provided by the Department of Veterans Affairs, and for other purposes, as amended.

The Clerk read the title of the bill.
The text of the bill is as follows:

H.R. 6411

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Support The Resiliency of Our Nation’s Great Veterans Act of 2022” or the “STRONG Veterans Act of 2022”.

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

Sec. 1. Short title; table of contents.

TITLE I—TRAINING TO SUPPORT VETERANS’ MENTAL HEALTH

Sec. 101. Mental health and suicide prevention outreach to minority veterans and American Indian and Alaska Native veterans.

Sec. 102. Expansion of Vet Center workforce.

Sec. 103. Expansion of mental health training for Department of Veterans Affairs.

Sec. 104. Expansion of scholarships and loan repayment programs for mental health providers.

TITLE II—VETERANS CRISIS LINE

Sec. 201. Veterans Crisis Line.

Subtitle A—Veterans Crisis Line Training and Quality Management

Sec. 211. Staff training.

Sec. 212. Quality review and management.

Sec. 213. Guidance for high-risk callers.

Sec. 214. Oversight of training of social service assistants and clarification of job responsibilities.

Subtitle B—Pilot Programs and Research on Veterans Crisis Line

Sec. 221. Pilot programs.

Sec. 222. Authorization of appropriations for research on effectiveness and opportunities for improvement of Veterans Crisis Line.

Subtitle C—Transition of Crisis Line Number

Sec. 231. Feedback on transition of crisis line number.

TITLE III—OUTREACH TO VETERANS

Sec. 301. Solid Start program of the Department of Veterans Affairs.

Sec. 302. Designation of Buddy Check Week by Secretary of Veterans Affairs.

Sec. 303. Improvements to Veterans Justice Outreach Program.

Sec. 304. Department of Veterans Affairs Governors Challenge Program.

TITLE IV—MENTAL HEALTH CARE DELIVERY

Sec. 401. Expansion of peer specialist support program of Department of Veterans Affairs.

Sec. 402. Expansion of Vet Center services.

Sec. 403. Eligibility for mental health services.

Sec. 404. Mental health consultations.

TITLE V—RESEARCH

Sec. 501. Veterans integration to academic leadership program of the Department of Veterans Affairs.

Sec. 502. Improvement of sleep disorder care furnished by Department of Veterans Affairs.

Sec. 503. Study on inpatient mental health and substance use care from Department of Veterans Affairs.

Sec. 504. Study on treatment from Department of Veterans Affairs for co-occurring mental health and substance use disorders.

Sec. 505. Study on workload of suicide prevention teams of Department of Veterans Affairs.

Sec. 506. Expansion of suicide prevention and mental health research.

Sec. 507. Study on mental health and suicide prevention support for military families.

Sec. 508. Research on brain health.

Sec. 509. Study on efficacy of clinical and at-home resources for post-traumatic stress disorder.

TITLE I—TRAINING TO SUPPORT VETERANS’ MENTAL HEALTH

SEC. 101. MENTAL HEALTH AND SUICIDE PREVENTION OUTREACH TO MINORITY VETERANS AND AMERICAN INDIAN AND ALASKA NATIVE VETERANS.

(a) STAFFING REQUIREMENT.—Beginning not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall ensure that each medical center of the Department of Veterans Affairs has no fewer than one full-time employee whose responsibility is serving as a minority veteran coordinator.

(b) TRAINING.—Not later than 180 days after the date of the enactment of this Act, the Secretary, in consultation with the Indian Health Service and the Director of the Office of Mental Health and Suicide Prevention of the Department of Veterans Affairs, shall ensure that all minority veteran coordinators receive training in delivery of mental health and suicide prevention services culturally appropriate for American Indian and Alaska Native veterans, especially with respect to the identified populations and tribes within the coordinators’ catchment areas.

(c) COORDINATION WITH SUICIDE PREVENTION COORDINATORS.—Not later than 180 days after the date of the enactment of this Act, the Secretary, in consultation with the Director of the Office of Mental Health and Suicide Prevention, shall ensure that the suicide prevention coordinator and minority veteran coordinator of each medical center of the Department have developed and disseminated to the director of the medical center a written plan for conducting mental health and suicide prevention outreach to all tribes and urban Indian health organizations within the catchment area of the medical center. Each such plan shall include for each tribe covered by the plan—

(1) contact information for tribal leadership and the tribal health facility or Indian Health Service facility serving that tribe;

(2) a schedule for and list of outreach plans (including addressing any barriers to accessing Department mental health care);

(3) documentation of any conversation with tribal leaders that may guide culturally appropriate delivery of mental health care to American Indian or Alaska Native veterans;

(4) documentation of any progress in incorporating traditional healing practices into mental health and suicide prevention protocols and options available for veterans who are members of such tribe; and

(5) documentation of any coordination among the Department, the Indian Health Service, urban Indian health organizations, and the Substance Abuse and Mental Health Services Administration for the purpose of improving suicide prevention efforts tailored to veterans who are members of such tribe and the provision of culturally competent mental health care to such veterans.

(d) REPORT.—Not later than one year after the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on outreach efforts to minority veterans and American Indian and Alaska Native veterans. Such report shall include each of the following:

(1) The number of minority veteran coordinators within the Department.