

than Mar. 31, 1994, to submit to Congress a comprehensive report on the Secretary's actions under 38 U.S.C. 1720D.

#### § 1720E. Nasopharyngeal radium irradiation

(a) The Secretary may provide any veteran a medical examination, and hospital care, medical services, and nursing home care, which the Secretary determines is needed for the treatment of any cancer of the head or neck which the Secretary finds may be associated with the veteran's receipt of nasopharyngeal radium irradiation treatments in active military, naval, air, or space service.

(b) The Secretary shall provide care and services to a veteran under subsection (a) only on the basis of evidence in the service records of the veteran which document nasopharyngeal radium irradiation treatment in service, except that, notwithstanding the absence of such documentation, the Secretary may provide such care to a veteran who—

(1) served as an aviator in the active military, naval, or air service before the end of the Korean conflict; or

(2) underwent submarine training in active naval service before January 1, 1965.

(Added Pub. L. 105-368, title IX, §901(a), Nov. 11, 1998, 112 Stat. 3360; amended Pub. L. 116-283, div. A, title IX, §926(a)(27), Jan. 1, 2021, 134 Stat. 3830.)

#### Editorial Notes

##### AMENDMENTS

2021—Subsec. (a). Pub. L. 116-283 substituted “air, or space service” for “or air service”.

#### § 1720F. Comprehensive program for suicide prevention among veterans and members of the reserve components of the Armed Forces

(a) ESTABLISHMENT.—The Secretary shall develop and carry out a comprehensive program designed to reduce the incidence of suicide among covered individuals incorporating the components described in this section.

(b) STAFF EDUCATION.—In carrying out the comprehensive program under this section, the Secretary shall provide for mandatory training for appropriate staff and contractors (including all medical personnel) of the Department who interact with covered individuals. This training shall cover information appropriate to the duties being performed by such staff and contractors. The training shall include information on—

(1) recognizing risk factors for suicide;

(2) proper protocols for responding to crisis situations involving covered individuals who may be at high risk for suicide; and

(3) best practices for suicide prevention.

(c) HEALTH ASSESSMENTS.—In carrying out the comprehensive program, the Secretary shall direct that medical staff offer mental health in their overall health assessment when covered individuals seek medical care at a Department medical facility (including a center established under section 1712A of this title) and make referrals, at the request of the individual concerned, to appropriate counseling and treatment pro-

grams for covered individuals who show signs or symptoms of mental health problems.

(d) DESIGNATION OF SUICIDE PREVENTION COUNSELORS.—In carrying out the comprehensive program, the Secretary shall designate a suicide prevention counselor at each Department medical facility other than centers established under section 1712A of this title. Each counselor shall work with local emergency rooms, police departments, mental health organizations, and veterans service organizations to engage in outreach to covered individuals and improve the coordination of mental health care to covered individuals.

(e) BEST PRACTICES RESEARCH.—In carrying out the comprehensive program, the Secretary shall provide for research on best practices for suicide prevention among covered individuals. Research shall be conducted under this subsection in consultation with the heads of the following entities:

(1) The Department of Health and Human Services.

(2) The National Institute of Mental Health.

(3) The Substance Abuse and Mental Health Services Administration.

(4) The Centers for Disease Control and Prevention.

(f) SEXUAL TRAUMA RESEARCH.—In carrying out the comprehensive program, the Secretary shall provide for research on mental health care for covered individuals who have experienced sexual trauma while in military service. The research design shall include consideration of veterans or members of a reserve component.

(g) 24-HOUR MENTAL HEALTH CARE.—In carrying out the comprehensive program, the Secretary shall provide for mental health care availability to covered individuals on a 24-hour basis.

(h) HOTLINE.—In carrying out the comprehensive program, the Secretary may provide for a toll-free hotline for covered individuals to be staffed by appropriately trained mental health personnel and available at all times.

(i) OUTREACH AND EDUCATION.—In carrying out the comprehensive program, the Secretary shall provide for outreach to and education for covered individuals and the families of covered individuals, with special emphasis on providing information to veterans of Operation Iraqi Freedom and Operation Enduring Freedom and the families of such veterans. Education to promote mental health shall include information designed to—

(1) remove the stigma associated with mental illness;

(2) encourage covered individuals to seek treatment and assistance for mental illness;

(3) promote skills for coping with mental illness; and

(4) help families of covered individuals with—

(A) understanding issues arising from the readjustment of covered individuals to civilian life;

(B) identifying signs and symptoms of mental illness; and

(C) encouraging covered individuals to seek assistance for mental illness.

(j) PEER SUPPORT COUNSELING PROGRAM.—(1) In carrying out the comprehensive program, the

Secretary shall establish and carry out a peer support counseling program, under which covered individuals shall be permitted to volunteer as peer counselors—

(A) to assist other covered individuals with issues related to mental health and readjustment; and

(B) to conduct outreach to covered individuals and the families of covered individuals.

(2) In carrying out the peer support counseling program under this subsection, the Secretary shall provide adequate training for peer counselors, including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note).

(3) In addition to other locations the Secretary considers appropriate, the Secretary shall carry out the peer support program under this subsection at each Department medical center.

(4)(A) As part of the counseling program under this subsection, the Secretary shall emphasize appointing peer support counselors for covered individuals who are women. To the degree practicable, the Secretary shall seek to recruit women peer support counselors with expertise in—

(i) female gender-specific issues and services; (ii) the provision of information about services and benefits provided under laws administered by the Secretary; or

(iii) employment mentoring.

(B) To the degree practicable, the Secretary shall emphasize facilitating peer support counseling for covered individuals who are women and are eligible for counseling and services under section 1720D of this title, have post-traumatic stress disorder or suffer from another mental health condition, are homeless or at risk of becoming homeless, or are otherwise at increased risk of suicide, as determined by the Secretary.

(C) The Secretary shall conduct outreach to inform covered individuals who are women about the program and the assistance available under this paragraph.

(D) In carrying out this paragraph, the Secretary shall coordinate with such community organizations, State and local governments, institutions of higher education, chambers of commerce, local business organizations, organizations that provide legal assistance, and other organizations as the Secretary considers appropriate.

(E) In carrying out this paragraph, the Secretary shall provide adequate training for peer support counselors, including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note).

(k) OTHER COMPONENTS.—In carrying out the comprehensive program, the Secretary may provide for other actions to reduce the incidence of suicide among covered individuals that the Secretary considers appropriate.

(l)(1) COVERED INDIVIDUAL DEFINED.—In this section, the term “covered individual” means a

veteran or a member of the reserve components of the Armed Forces.

(2) In determining coverage of members of the reserve components of the Armed Forces under the comprehensive program, the Secretary shall consult with the Secretary of Defense.

(Added Pub. L. 110–110, §3(a)(1), Nov. 5, 2007, 121 Stat. 1031; amended Pub. L. 112–239, div. A, title VII, §730(a)(1)–(3), Jan. 2, 2013, 126 Stat. 1814; Pub. L. 115–271, title VIII, §8051(a), Oct. 24, 2018, 132 Stat. 4093; Pub. L. 116–283, div. A, title VII, §764(a)(1)–(3)(A), Jan. 1, 2021, 134 Stat. 3725, 3726.)

### Editorial Notes

#### REFERENCES IN TEXT

Section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010, referred to in subsec. (j)(2), (4)(E), is section 304(c) of Pub. L. 111–163, which is set out as a note under section 1712A of this title.

#### CODIFICATION

Section 3(a)(1) of Pub. L. 110–110, which directed that this section be added at the end of this chapter, was executed by adding this section at the end of this subchapter, to reflect the probable intent of Congress.

#### AMENDMENTS

2021—Pub. L. 116–283, §764(a)(3)(A), inserted “and members of the reserve components of the Armed Forces” after “veterans” in section catchline.

Subsec. (a). Pub. L. 116–283, §764(a)(2)(A), substituted “covered individuals” for “veterans”.

Subsec. (b). Pub. L. 116–283, §764(a)(2)(B), substituted “covered individuals” for “veterans” in introductory provisions and par. (2).

Subsec. (c). Pub. L. 116–283, §764(a)(2)(C), in heading, struck out “of Veterans” after “Assessments”, and in text, substituted “covered individuals” for “veterans” in two places and “individual” for “veteran”.

Subsec. (d). Pub. L. 116–283, §764(a)(2)(D), substituted “to covered individuals” for “to veterans” in two places.

Subsec. (e). Pub. L. 116–283, §764(a)(2)(E), substituted “covered individuals” for “veterans” in introductory provisions.

Subsec. (f). Pub. L. 116–283, §764(a)(2)(F), substituted “covered individuals” for “veterans” in first sentence and inserted “or members” after “veterans” in second sentence.

Subsec. (g). Pub. L. 116–283, §764(a)(2)(G), substituted “covered individuals” for “veterans”.

Subsec. (h). Pub. L. 116–283, §764(a)(2)(H), substituted “covered individuals” for “veterans”.

Subsec. (i). Pub. L. 116–283, §764(a)(2)(I)(i), (ii), struck out “for Veterans and Families” after “Education” in heading, and substituted “covered individuals and the families of covered individuals” for “veterans and the families of veterans” in introductory provisions.

Subsec. (i)(2). Pub. L. 116–283, §764(a)(2)(I)(iii), substituted “covered individuals” for “veterans”.

Subsec. (i)(4). Pub. L. 116–283, §764(a)(2)(I)(iv), substituted “covered individuals” for “veterans” wherever appearing.

Subsec. (j)(1). Pub. L. 116–283, §764(a)(2)(J)(i), substituted “covered individuals” for “veterans” wherever appearing.

Subsec. (j)(4)(A). Pub. L. 116–283, §764(a)(2)(J)(ii)(I), substituted “covered individuals who are women” for “women veterans” in introductory provisions.

Subsec. (j)(4)(B). Pub. L. 116–283, §764(a)(2)(J)(ii)(II), substituted “covered individuals who are women and” for “women veterans who”.

Subsec. (j)(4)(C). Pub. L. 116–283, §764(a)(2)(J)(ii)(III), substituted “covered individuals who are women” for “women veterans”.

Subsec. (k). Pub. L. 116–283, §764(a)(2)(K), substituted “covered individuals” for “veterans”.

Subsec. (l). Pub. L. 116-283, §764(a)(1), added subsec. (l).

2018—Subsec. (j)(4). Pub. L. 115-271 added par. (4).

2013—Subsec. (j)(1). Pub. L. 112-239, §730(a)(1), substituted “shall establish” for “may establish” in introductory provisions.

Subsec. (j)(2). Pub. L. 112-239, §730(a)(2), inserted “, including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note)” after “peer counselors”.

Subsec. (j)(3). Pub. L. 112-239, §730(a)(3), added par. (3).

### Statutory Notes and Related Subsidiaries

#### VETERANS CRISIS LINE

Pub. L. 117-328, div. V, title II, Dec. 29, 2022, 136 Stat. 5501, provided that:

#### “SEC. 201. VETERANS CRISIS LINE.

“In this title, the term ‘Veterans Crisis Line’ means the toll-free hotline for veterans established under section 1720F(h) of title 38, United States Code.

#### “SUBTITLE A—VETERANS CRISIS LINE TRAINING AND QUALITY MANAGEMENT

#### “SEC. 211. STAFF TRAINING.

“(a) REVIEW OF TRAINING FOR VETERANS CRISIS LINE CALL RESPONDERS.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall enter into an agreement with an organization outside the Department of Veterans Affairs to review the training for Veterans Crisis Line call responders on assisting callers in crisis.

“(2) COMPLETION OF REVIEW.—The review conducted under paragraph (1) shall be completed not later than one year after the date of the enactment of this Act [Dec. 29, 2022].

“(3) ELEMENTS OF REVIEW.—The review conducted under paragraph (1) shall consist of a review of the training provided by the Department on subjects including risk assessment, lethal means assessment, substance use and overdose risk assessment, safety planning, referrals to care, supervisory consultation, and emergency dispatch.

“(4) UPDATE OF TRAINING.—If any deficiencies in the training for Veterans Crisis Line call responders are found pursuant to the review under paragraph (1), the Secretary shall update such training and associated standards of practice to correct those deficiencies not later than one year after the completion of the review.

“(b) RETRAINING GUIDELINES FOR VETERANS CRISIS LINE CALL RESPONDERS.—

“(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary shall develop guidelines on retraining and quality management for when a Veterans Crisis Line call responder has an adverse event or when a quality review check by a supervisor of such a call responder denotes that the call responder needs improvement.

“(2) ELEMENTS OF GUIDELINES.—The guidelines developed under paragraph (1) shall specify the subjects and quantity of retraining recommended and how supervisors should implement increased use of silent monitoring or other performance review mechanisms.

#### “SEC. 212. QUALITY REVIEW AND MANAGEMENT.

“(a) MONITORING OF CALLS ON VETERANS CRISIS LINE.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall require that not fewer than two calls per month for each Veterans Crisis Line call responder be subject to supervisory silent monitoring, which is used to monitor the quality of conduct by such call responder during the call.

“(2) BENCHMARKS.—The Secretary shall establish benchmarks for requirements and performance of Veterans Crisis Line call responders on supervisory silent monitored calls.

“(3) QUARTERLY REPORTS.—Not less frequently than quarterly, the Secretary shall submit to the Office of Mental Health and Suicide Prevention of the Department of Veterans Affairs a report on occurrence and outcomes of supervisory silent monitoring of calls on the Veterans Crisis Line.

“(b) QUALITY MANAGEMENT PROCESSES FOR VETERANS CRISIS LINE.—Not later than one year after the date of the enactment of this Act [Dec. 29, 2022], the leadership for the Veterans Crisis Line, in partnership with the Office of Mental Health and Suicide Prevention of the Department and the National Center for Patient Safety of the Department, shall establish quality management processes and expectations for staff of the Veterans Crisis Line, including with respect to reporting of adverse events and close calls.

“(c) ANNUAL COMMON CAUSE ANALYSIS FOR CALLERS TO VETERANS CRISIS LINE WHO DIE BY SUICIDE.—

“(1) IN GENERAL.—Not less frequently than annually, the Secretary shall perform a common cause analysis for all identified callers to the Veterans Crisis Line that died by suicide during the one-year period preceding the conduct of the analysis before the caller received contact with emergency services and in which the Veterans Crisis Line was the last point of contact.

“(2) SUBMITTAL OF RESULTS.—The Secretary shall submit to the Office of Mental Health and Suicide Prevention of the Department the results of each analysis conducted under paragraph (1).

“(3) APPLICATION OF THEMES OR LESSONS.—The Secretary shall apply any themes or lessons learned under an analysis under paragraph (1) to updating training and standards of practice for staff of the Veterans Crisis Line.

#### “SEC. 213. GUIDANCE FOR HIGH-RISK CALLERS.

“(a) DEVELOPMENT OF ENHANCED GUIDANCE AND PROCEDURES FOR RESPONSE TO CALLS RELATED TO SUBSTANCE USE AND OVERDOSE RISK.—Not later than one year after the date of the enactment of this Act [Dec. 29, 2022], the Secretary of Veterans Affairs, in consultation with national experts within the Department of Veterans Affairs on substance use disorder and overdose, shall—

“(1) develop enhanced guidance and procedures to respond to calls to the Veterans Crisis Line related to substance use and overdose risk;

“(2) update training materials for staff of the Veterans Crisis Line in response to such enhanced guidance and procedures; and

“(3) update criteria for monitoring compliance with such enhanced guidance and procedures.

“(b) REVIEW AND IMPROVEMENT OF STANDARDS FOR EMERGENCY DISPATCH.—

“(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary shall—

“(A) review the current emergency dispatch standard operating procedure of the Veterans Crisis Line to identify any additions to such procedure to strengthen communication regarding—

“(i) emergency dispatch for disconnected callers; and

“(ii) the role of social service assistants in requesting emergency dispatch and recording such dispatches; and

“(B) update such procedure to include the additions identified under subparagraph (A).

“(2) TRAINING.—The Secretary shall ensure that all staff of the Veterans Crisis Line are trained on all updates made under paragraph (1)(B) to the emergency dispatch standard operating procedure of the Veterans Crisis Line.

#### “SEC. 214. OVERSIGHT OF TRAINING OF SOCIAL SERVICE ASSISTANTS AND CLARIFICATION OF JOB RESPONSIBILITIES.

“Not later than one year after the date of the enactment of this Act [Dec. 29, 2022], the Secretary of Veterans Affairs shall—

“(1) establish oversight mechanisms to ensure that social service assistants and supervisory social service assistants working with the Veterans Crisis Line are appropriately trained and implementing guidance of the Department regarding the Veterans Crisis Line; and

“(2) refine standard operating procedures to delineate roles and responsibilities for all levels of supervisory social service assistants working with the Veterans Crisis Line.

“SUBTITLE B—PILOT PROGRAMS AND RESEARCH ON VETERANS CRISIS LINE

“SEC. 221. PILOT PROGRAMS.

“(a) EXTENDED SAFETY PLANNING PILOT PROGRAM FOR VETERANS CRISIS LINE.—

“(1) IN GENERAL.—Commencing not later than 180 days after the date of the enactment of this Act [Dec. 29, 2022], the Secretary of Veterans Affairs shall carry out a pilot program to determine whether a lengthier, templated safety plan used in clinical settings could be applied in call centers for the Veterans Crisis Line.

“(2) BRIEFING.—Not later than two years after the date of the enactment of this Act, the Secretary shall provide to Congress a briefing on the findings of the Secretary under the pilot program conducted under paragraph (1), which shall include any recommendations of the Secretary with respect to the continuation or discontinuation of the pilot program.

“(b) CRISIS LINE FACILITATION PILOT PROGRAM.—

“(1) IN GENERAL.—Commencing not later than one year after the date of the enactment of this Act, the Secretary shall carry out a pilot program on the use of crisis line facilitation to increase use of the Veterans Crisis Line among high-risk veterans.

“(2) BRIEFING.—Not later than two years after the date of the enactment of this Act, the Secretary shall provide to Congress a briefing on the findings of the Secretary under the pilot program under paragraph (1), including any recommendations of the Secretary with respect to the continuation or discontinuation of the pilot program.

“(3) DEFINITIONS.—In this section:

“(A) The term ‘crisis line facilitation’, with respect to a high-risk veteran, means the presentation by a therapist of psychoeducational information about the Veterans Crisis Line and a discussion of the perceived barriers and facilitators to future use of the Veterans Crisis Line for the veteran, which culminates in the veteran calling the Veterans Crisis Line with the therapist to provide firsthand experiences that may counter negative impressions of the Veterans Crisis Line.

“(B) The term ‘high-risk veteran’ means a veteran receiving inpatient mental health care following a suicidal crisis.

“SEC. 222. AUTHORIZATION OF APPROPRIATIONS FOR RESEARCH ON EFFECTIVENESS AND OPPORTUNITIES FOR IMPROVEMENT OF VETERANS CRISIS LINE.

“There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal years 2022 and 2023, a total of \$5,000,000 for the Mental Illness Research, Education, and Clinical Centers of the Department of Veterans Affairs to conduct research on the effectiveness of the Veterans Crisis Line and areas for improvement for the Veterans Crisis Line.

“SUBTITLE C—TRANSITION OF CRISIS LINE NUMBER

“SEC. 231. FEEDBACK ON TRANSITION OF CRISIS LINE NUMBER.

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall solicit feedback from veterans service organizations on how to conduct outreach to members of the Armed Forces, veterans, their family members, and other members of the military and veterans community on the move to 988 as the new, national three-digit

suicide and mental health crisis hotline, which is expected to be implemented by July 2022, to minimize confusion and ensure veterans are aware of their options for reaching the Veterans Crisis Line.

“(b) NONAPPLICATION OF FACAA.—The Federal Advisory Committee Act ([former] 5 U.S.C. App.) [see 5 U.S.C. 1001 et seq.] shall not apply to any feedback solicited under subsection (a).

“(c) VETERANS SERVICE ORGANIZATION DEFINED.—In this section, the term ‘veterans service organization’ means an organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.”

DEPARTMENT OF VETERANS AFFAIRS GOVERNORS CHALLENGE PROGRAM

Pub. L. 117-328, div. V, title III, §303, Dec. 29, 2022, 136 Stat. 5508, provided that: “The Secretary of Veterans Affairs may enter into agreements with States, territories, and American Indian and Alaska Native tribes for the development and implementation of veteran suicide prevention proposals through the Governors Challenge Program.”

FINANCIAL ASSISTANCE TO CERTAIN ENTITIES TO PROVIDE OR COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES FOR ELIGIBLE INDIVIDUALS AND THEIR FAMILIES

Pub. L. 116-171, title II, §201, Oct. 17, 2020, 134 Stat. 783, provided that:

“(a) PURPOSE; DESIGNATION.—

“(1) PURPOSE.—The purpose of this section is to reduce veteran suicide through a community-based grant program to award grants to eligible entities to provide or coordinate suicide prevention services to eligible individuals and their families.

“(2) DESIGNATION.—The grant program under this section shall be known as the ‘Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program’.

“(b) FINANCIAL ASSISTANCE AND COORDINATION.—The Secretary shall provide financial assistance to eligible entities approved under this section through the award of grants to such entities to provide or coordinate the provision of services to eligible individuals and their families to reduce the risk of suicide. The Secretary shall carry out this section in coordination with the President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide Task Force and in consultation with the Office of Mental Health and Suicide Prevention of the Department, to the extent practicable.

“(c) AWARD OF GRANTS.—

“(1) IN GENERAL.—The Secretary shall award a grant to each eligible entity for which the Secretary has approved an application under subsection (f) to provide or coordinate the provision of suicide prevention services under this section.

“(2) GRANT AMOUNTS, INTERVALS OF PAYMENT, AND MATCHING FUNDS.—In accordance with the services being provided under a grant under this section and the duration of those services, the Secretary shall establish—

“(A) a maximum amount to be awarded under the grant of not more than \$750,000 per grantee per fiscal year; and

“(B) intervals of payment for the administration of the grant.

“(d) DISTRIBUTION OF GRANTS AND PREFERENCE.—

“(1) DISTRIBUTION.—

“(A) PRIORITY.—In compliance with subparagraphs (B) and (C), in determining how to distribute grants under this section, the Secretary may prioritize—

“(i) rural communities;

“(ii) Tribal lands;

“(iii) territories of the United States;

“(iv) medically underserved areas;

“(v) areas with a high number or percentage of minority veterans or women veterans; and

“(vi) areas with a high number or percentage of calls to the Veterans Crisis Line.

“(B) AREAS WITH NEED.—The Secretary shall ensure that, to the extent practicable, grants under this section are distributed—

“(i) to provide services in areas of the United States that have experienced high rates of suicide by eligible individuals, including suicide attempts; and

“(ii) to eligible entities that can assist eligible individuals at risk of suicide who are not currently receiving health care furnished by the Department.

“(C) GEOGRAPHY.—In distributing grants under this paragraph, the Secretary may provide grants to eligible entities that furnish services to eligible individuals and their families in geographically dispersed areas.

“(2) PREFERENCE.—The Secretary shall give preference to eligible entities that have demonstrated the ability to provide or coordinate suicide prevention services.

“(e) REQUIREMENTS FOR RECEIPT OF GRANTS.—

“(1) NOTIFICATION THAT SERVICES ARE FROM DEPARTMENT.—Each entity receiving a grant under this section to provide or coordinate suicide prevention services to eligible individuals and their families shall notify the recipients of such services that such services are being paid for, in whole or in part, by the Department.

“(2) DEVELOPMENT OF PLAN WITH ELIGIBLE INDIVIDUALS AND THEIR FAMILY.—Any plan developed with respect to the provision of suicide prevention services for an eligible individual or their family shall be developed in consultation with the eligible individual and their family.

“(3) COORDINATION.—An entity receiving a grant under this section shall—

“(A) coordinate with the Secretary with respect to the provision of clinical services to eligible individuals in accordance with subsection (n) or any other provisions of the law regarding the delivery of health care by the Secretary;

“(B) inform every veteran who receives assistance under this section from the entity of the ability of the veteran to apply for enrollment in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code; and

“(C) if such a veteran wishes to so enroll, inform the veteran of a point of contact at the Department who can assist the veteran in such enrollment.

“(4) MEASUREMENT AND MONITORING.—An entity receiving a grant under this section shall submit to the Secretary a description of such tools and assessments the entity uses or will use to determine the effectiveness of the services furnished by the entity, which shall include the measures developed under subsection (h)(2) and may include—

“(A) the effect of the services furnished by the entity on the financial stability of the eligible individual;

“(B) the effect of the services furnished by the entity on the mental health status, wellbeing, and suicide risk of the eligible individual; and

“(C) the effect of the services furnished by the entity on the social support of the eligible individuals receiving those services.

“(5) REPORTS.—The Secretary—

“(A) shall require each entity receiving a grant under this section to submit to the Secretary an annual report that describes the projects carried out with such grant during the year covered by the report;

“(B) shall specify to each such entity the evaluation criteria and data and information to be submitted in such report; and

“(C) may require each such entity to submit to the Secretary such additional reports as the Secretary considers appropriate.

“(f) APPLICATION FOR GRANTS.—

“(1) IN GENERAL.—An eligible entity seeking a grant under this section shall submit to the Secretary an application therefor in such form, in such manner, and containing such commitments and information as the Secretary considers necessary to carry out this section.

“(2) MATTERS TO BE INCLUDED.—Each application submitted by an eligible entity under paragraph (1) shall contain the following:

“(A) A description of the suicide prevention services proposed to be provided by the eligible entity and the identified need for those services.

“(B) A detailed plan describing how the eligible entity proposes to coordinate or deliver suicide prevention services to eligible individuals, including—

“(i) an identification of the community partners, if any, with which the eligible entity proposes to work in delivering such services;

“(ii) a description of the arrangements currently in place between the eligible entity and such partners with regard to the provision or coordination of suicide prevention services;

“(iii) an identification of how long such arrangements have been in place;

“(iv) a description of the suicide prevention services provided by such partners that the eligible entity shall coordinate, if any; and

“(v) an identification of local suicide prevention coordinators of the Department and a description of how the eligible entity will communicate with local suicide prevention coordinators.

“(C) A description of the population of eligible individuals and their families proposed to be provided suicide prevention services.

“(D) Based on information and methods developed by the Secretary for purposes of this subsection, an estimate of the number of eligible individuals at risk of suicide and their families proposed to be provided suicide prevention services, including the percentage of those eligible individuals who are not currently receiving care furnished by the Department.

“(E) Evidence of measurable outcomes related to reductions in suicide risk and mood-related symptoms utilizing validated instruments by the eligible entity (and the proposed partners of the entity, if any) in providing suicide prevention services to individuals at risk of suicide, particularly to eligible individuals and their families.

“(F) A description of the managerial and technological capacity of the eligible entity—

“(i) to coordinate the provision of suicide prevention services with the provision of other services;

“(ii) to assess on an ongoing basis the needs of eligible individuals and their families for suicide prevention services;

“(iii) to coordinate the provision of suicide prevention services with the services of the Department for which eligible individuals are also eligible;

“(iv) to tailor suicide prevention services to the needs of eligible individuals and their families;

“(v) to seek continuously new sources of assistance to ensure the continuity of suicide prevention services for eligible individuals and their families as long as they are determined to be at risk of suicide; and

“(vi) to measure the effects of suicide prevention services provided by the eligible entity or partner organization, in accordance with subsection (h)(2), on the lives of eligible individuals and their families who receive such services provided by the organization using pre- and post-evaluations on validated measures of suicide risk and mood-related symptoms.

“(G) Clearly defined objectives for the provision of suicide prevention services.

“(H) A description and physical address of the primary location of the eligible entity.

“(I) A description of the geographic area the eligible entity plans to serve during the grant award period for which the application applies.

“(J) If the eligible entity is a State or local government or an Indian tribe, the amount of grant funds proposed to be made available to community partners, if any, through agreements.

“(K) A description of how the eligible entity will assess the effectiveness of the provision of grants under this section.

“(L) An agreement to use the measures and metrics provided by the Department for the purposes of measuring the effectiveness of the programming as described in subsection (h)(2).

“(M) Such additional application criteria as the Secretary considers appropriate.

“(g) TRAINING AND TECHNICAL ASSISTANCE.—

“(1) IN GENERAL.—The Secretary shall provide training and technical assistance, in coordination with the Centers for Disease Control and Prevention, to eligible entities in receipt of grants under this section regarding—

“(A) suicide risk identification and management;

“(B) the data required to be collected and shared with the Department;

“(C) the means of data collection and sharing;

“(D) familiarization with and appropriate use of any tool to be used to measure the effectiveness of the use of the grants provided; and

“(E) the requirements for reporting under subsection (e)(5) on services provided via such grants.

“(2) PROVISION OF TRAINING AND TECHNICAL ASSISTANCE.—The Secretary may provide the training and technical assistance described in paragraph (1) directly or through grants or contracts with appropriate public or nonprofit entities.

“(h) ADMINISTRATION OF GRANT PROGRAM.—

“(1) SELECTION CRITERIA.—The Secretary, in consultation with entities specified in paragraph (3), shall establish criteria for the selection of eligible entities that have submitted applications under subsection (f).

“(2) DEVELOPMENT OF MEASURES AND METRICS.—The Secretary shall develop, in consultation with entities specified in paragraph (3), the following:

“(A) A framework for collecting and sharing information about entities in receipt of grants under this section for purposes of improving the services available for eligible individuals and their families, set forth by service type, locality, and eligibility criteria.

“(B) The measures and metrics to be used by each entity in receipt of grants under this section to determine the effectiveness of the programming being provided by such entity in improving mental health status, wellbeing, and reducing suicide risk and completed suicides of eligible individuals and their families, which shall include an existing measurement tool or protocol for the grant recipient to utilize when determining programmatic effectiveness.

“(3) COORDINATION.—In developing a plan for the design and implementation of the provision of grants under this section, including criteria for the award of grants, the Secretary shall consult with the following:

“(A) Veterans service organizations.

“(B) National organizations representing potential community partners of eligible entities in providing supportive services to address the needs of eligible individuals and their families, including national organizations that—

“(i) advocate for the needs of individuals with or at risk of behavioral health conditions;

“(ii) represent mayors;

“(iii) represent unions;

“(iv) represent first responders;

“(v) represent chiefs of police and sheriffs;

“(vi) represent governors;

“(vii) represent a territory of the United States; or

“(viii) represent a Tribal alliance.

“(C) National organizations representing members of the Armed Forces.

“(D) National organizations that represent counties.

“(E) Organizations with which the Department has a current memorandum of agreement or understanding related to mental health or suicide prevention.

“(F) State departments of veterans affairs.

“(G) National organizations representing members of the reserve components of the Armed Forces.

“(H) National organizations representing members of the Coast Guard.

“(I) Organizations, including institutions of higher education, with experience in creating measurement tools for purposes of advising the Secretary on the most appropriate existing measurement tool or protocol for the Department to utilize.

“(J) The National Alliance on Mental Illness.

“(K) A labor organization (as such term is defined in section 7103(a)(4) of title 5, United States Code).

“(L) The Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide Task Force, and such other organizations as the Secretary considers appropriate.

“(4) REPORT ON GRANT CRITERIA.—Not later than 30 days before notifying eligible entities of the availability of funding under this section, the Secretary shall submit to the appropriate committees of Congress a report containing—

“(A) criteria for the award of a grant under this section;

“(B) the already developed measures and metrics to be used by the Department to measure the effectiveness of the use of grants provided under this section as described in subsection (h)(2); and

“(C) a framework for the sharing of information about entities in receipt of grants under this section.

“(i) INFORMATION ON POTENTIAL ELIGIBLE INDIVIDUALS.—

“(1) IN GENERAL.—The Secretary may make available to recipients of grants under this section certain information regarding potential eligible individuals who may receive services for which such grant is provided.

“(2) INFORMATION INCLUDED.—The information made available under paragraph (1) with respect to potential eligible individuals may include the following:

“(A) Confirmation of the status of a potential eligible individual as a veteran.

“(B) Confirmation of whether the potential eligible individual is enrolled in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code.

“(C) Confirmation of whether a potential eligible individual is currently receiving care furnished by the Department or has recently received such care.

“(3) OPT-OUT.—The Secretary shall allow an eligible individual to opt out of having their information shared under this subsection with recipients of grants under this section.

“(j) DURATION.—The authority of the Secretary to provide grants under this section shall terminate on the date that is three years after the date on which the first grant is awarded under this section.

“(k) REPORTING.—

“(1) INTERIM REPORT.—

“(A) IN GENERAL.—Not later than 18 months after the date on which the first grant is awarded under this section, the Secretary shall submit to the appropriate committees of Congress a report on the provision of grants to eligible entities under this section.

“(B) ELEMENTS.—The report submitted under subsection (A) shall include the following:

“(i) An assessment of the effectiveness of the grant program under this section, including—

“(I) the effectiveness of grant recipients and their community partners, if any, in conducting outreach to eligible individuals;

“(II) the effectiveness of increasing eligible individuals engagement in suicide prevention services; and

“(III) such other validated instruments and additional measures as determined by the Secretary and as described in subsection (h)(2).

“(ii) A list of grant recipients and their partner organizations, if any, that delivered services funded by the grant and the amount of such grant received by each recipient and partner organization.

“(iii) The number of eligible individuals supported by each grant recipient, including through services provided to family members, disaggregated by—

“(I) all demographic characteristics as determined necessary and appropriate by the Secretary in coordination with the Centers for Disease Control and Prevention;

“(II) whether each such eligible individual is enrolled in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code;

“(III) branch of service in the Armed Forces;

“(IV) era of service in the Armed Forces;

“(V) type of service received by the eligible individual; and

“(VI) whether each such eligible individual was referred to the Department for care.

“(iv) The number of eligible individuals supported by grants under this section, including through services provided to family members.

“(v) The number of eligible individuals described in clause (iv) who were not previously receiving care furnished by the Department, with specific numbers for the population of eligible individuals described in subsection (q)(4)(B).

“(vi) The number of eligible individuals whose mental health status, wellbeing, and suicide risk received a baseline measurement assessment under this section and the number of such eligible individuals whose mental health status, wellbeing, and suicide risk will be measured by the Department or a community partner over a period of time for any improvements.

“(vii) The types of data the Department was able to collect and share with partners, including a characterization of the benefits of that data.

“(viii) The number and percentage of eligible individuals referred to the point of contact at the Department under subsection (e)(3)(C).

“(ix) The number of eligible individuals newly enrolled in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code[,] based on a referral to the Department from a grant recipient under subsection (e)(3)(C), disaggregated by grant recipient.

“(x) A detailed account of how the grant funds were used, including executive compensation, overhead costs, and other indirect costs.

“(xi) A description of any outreach activities conducted by the eligible entity in receipt of a grant with respect to services provided using the grant.

“(xii) The number of individuals who seek services from the grant recipient who are not eligible individuals.

“(C) SUBMITTAL OF INFORMATION BY GRANT RECIPIENTS.—The Secretary may require eligible entities receiving grants under this section to provide to Congress such information as the Secretary determines necessary regarding the elements described in subparagraph (B).

“(2) FINAL REPORT.—Not later than three years after the date on which the first grant is awarded

under this section, and annually thereafter for each year in which the program is in effect, the Secretary shall submit to the appropriate committees of Congress—

“(A) a follow-up on the interim report submitted under paragraph (1) containing the elements set forth in subparagraph (B) of such paragraph; and

“(B) a report on—

“(i) the effectiveness of the provision of grants under this section, including the effectiveness of community partners in conducting outreach to eligible individuals and their families and reducing the rate of suicide among eligible individuals;

“(ii) an assessment of the increased capacity of the Department to provide services to eligible individuals and their families, set forth by State, as a result of the provision of grants under this section;

“(iii) the feasibility and advisability of extending or expanding the provision of grants consistent with this section; and

“(iv) such other elements as considered appropriate by the Secretary.

“(I) THIRD-PARTY ASSESSMENT.—

“(1) STUDY OF GRANT PROGRAM.—

“(A) IN GENERAL.—Not later than 180 days after the commencement of the grant program under this section, the Secretary shall seek to enter into a contract with an appropriate entity described in paragraph (3) to conduct a study of the grant program.

“(B) ELEMENTS OF STUDY.—In conducting the study under subparagraph (A), the appropriate entity shall—

“(i) evaluate the effectiveness of the grant program under this section in—

“(I) addressing the factors that contribute to suicides;

“(II) increasing the use of suicide prevention services;

“(III) reducing mood-related symptoms that increase suicide and suicide risk; and

“(IV) where such information is available due to the time frame of the grant program, reducing suicidal ideation, suicide attempts, self-harm, and deaths by suicide; and

“(V) reducing suicidal ideation, suicide attempts, self-harm, and deaths by suicide among eligible individuals through eligible entities located in communities; and

“(ii) compare the results of the grant program with other national programs in delivering resources to eligible individuals in the communities where they live that address the factors that contribute to suicide.

“(2) ASSESSMENT.—

“(A) IN GENERAL.—The contract under paragraph (1) shall provide that not later than 24 months after the commencement of the grant program under this section, the appropriate entity shall submit to the Secretary an assessment based on the study conducted pursuant to such contract.

“(B) SUBMITTAL TO CONGRESS.—Upon receipt of the assessment under subparagraph (A), the Secretary shall transmit to the appropriate committees of Congress a copy of the assessment.

“(3) APPROPRIATE ENTITY.—An appropriate entity described in this paragraph is a nongovernment entity with experience optimizing and assessing organizations that deliver services and assessing the effectiveness of suicide prevention programs.

“(m) REFERRAL FOR CARE.—

“(1) MENTAL HEALTH ASSESSMENT.—If an eligible entity in receipt of a grant under this section determines that an eligible individual is at-risk of suicide or other mental or behavioral health condition pursuant to a baseline mental health screening conducted under subsection (q)(11)(A)(ii) with respect to the individual, the entity shall refer the eligible individual to the Department for additional care under subsection (n) or any other provision of law.

“(2) EMERGENCY TREATMENT.—If an eligible entity in receipt of a grant under this section determines that an eligible individual furnished clinical services for emergency treatment under subsection (q)(11)(A)(iv) requires ongoing services, the entity shall refer the eligible individual to the Department for additional care under subsection (n) or any other provision of law.

“(3) REFUSAL.—If an eligible individual refuses a referral by an entity under paragraph (1) or (2), any ongoing clinical services provided to the eligible individual by the entity shall be at the expense of the entity.

“(n) PROVISION OF CARE TO ELIGIBLE INDIVIDUALS.—When the Secretary determines it is clinically appropriate, the Secretary shall furnish to eligible individuals who are receiving or have received suicide prevention services through grants provided under this section an initial mental health assessment and mental health or behavioral health care services authorized under chapter 17 of title 38, United States Code, that are required to treat the mental or behavioral health care needs of the eligible individual, including risk of suicide.

“(o) AGREEMENTS WITH COMMUNITY PARTNERS.—

“(1) IN GENERAL.—Subject to paragraph (2), an eligible entity may use grant funds to enter into an agreement with a community partner under which the eligible entity may provide funds to the community partner for the provision of suicide prevention services to eligible individuals and their families.

“(2) LIMITATION.—The ability of a recipient of a grant under this section to provide grant funds to a community partner shall be limited to grant recipients that are a State or local government or an Indian tribe.

“(p) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary to carry out this section a total of \$174,000,000 for fiscal years 2021 through 2025.

“(q) DEFINITIONS.—In this section:

“(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term ‘appropriate committees of Congress’ means—

“(A) the Committee on Veterans’ Affairs and the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies of the Committee on Appropriations of the Senate; and

“(B) the Committee on Veterans’ Affairs and the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies of the Committee on Appropriations of the House of Representatives.

“(2) DEPARTMENT.—The term ‘Department’ means the Department of Veterans Affairs.

“(3) ELIGIBLE ENTITY.—The term ‘eligible entity’ means—

“(A) an incorporated private institution or foundation—

“(i) no part of the net earnings of which incurr to the benefit of any member, founder, contributor, or individual; and

“(ii) that has a governing board that would be responsible for the operation of the suicide prevention services provided under this section;

“(B) a corporation wholly owned and controlled by an organization meeting the requirements of clauses (i) and (ii) of subparagraph (A);

“(C) an Indian tribe;

“(D) a community-based organization that can effectively network with local civic organizations, regional health systems, and other settings where eligible individuals and their families are likely to have contact; or

“(E) A State or local government.

“(4) ELIGIBLE INDIVIDUAL.—The term ‘eligible individual’ includes a person at risk of suicide who is—

“(A) a veteran as defined in section 101 of title 38, United States Code;

“(B) an individual described in section 1720I(b) of such title; or

“(C) an individual described in any of clauses (i) through (iv) of section 1712A(a)(1)(C) of such title.

“(5) EMERGENCY TREATMENT.—Medical services, professional services, ambulance services, ancillary care and medication (including a short course of medication related to and necessary for the treatment of the emergency condition that is provided directly to or prescribed for the patient for use after the emergency condition is stabilized and the patient is discharged) was rendered in a medical emergency of such nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health. This standard is met by an emergency medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

“(6) FAMILY.—The term ‘family’ means, with respect to an eligible individual, any of the following:

“(A) A parent.

“(B) A spouse.

“(C) A child.

“(D) A sibling.

“(E) A step-family member.

“(F) An extended family member.

“(G) Any other individual who lives with the eligible individual.

“(7) INDIAN TRIBE.—The term ‘Indian tribe’ has the meaning given that term in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103).

“(8) RISK OF SUICIDE.—

“(A) IN GENERAL.—The term ‘risk of suicide’ means exposure to, or the existence of, any of the following (to a degree determined by the Secretary pursuant to regulations):

“(i) Health risk factors, including the following:

“(I) Mental health challenges.

“(II) Substance abuse.

“(III) Serious or chronic health conditions or pain.

“(IV) Traumatic brain injury.

“(ii) Environmental risk factors, including the following:

“(I) Prolonged stress.

“(II) Stressful life events.

“(III) Unemployment.

“(IV) Homelessness.

“(V) Recent loss.

“(VI) Legal or financial challenges.

“(iii) Historical risk factors, including the following:

“(I) Previous suicide attempts.

“(II) Family history of suicide.

“(III) History of abuse, neglect, or trauma.

“(B) DEGREE OF RISK.—The Secretary may, by regulation, establish a process for determining degrees of risk of suicide for use by grant recipients to focus the delivery of services using grant funds.

“(9) RURAL.—The term ‘rural’, with respect to a community, has the meaning given that term in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.

“(10) SECRETARY.—The term ‘Secretary’ means the Secretary of Veterans Affairs.

“(11) SUICIDE PREVENTION SERVICES.—

“(A) IN GENERAL.—The term ‘suicide prevention services’ means services to address the needs of eligible individuals and their families and includes the following:

“(i) Outreach to identify those at risk of suicide with an emphasis on eligible individuals who are at highest risk or who are not receiving health care or other services furnished by the Department.

“(ii) A baseline mental health screening for risk.

“(iii) Education on suicide risk and prevention to families and communities.

“(iv) Provision of clinical services for emergency treatment.

“(v) Case management services.

“(vi) Peer support services.

“(vii) Assistance in obtaining any benefits from the Department that the eligible individual and their family may be eligible to receive, including—

“(I) vocational and rehabilitation counseling;

“(II) supportive services for homeless veterans;

“(III) employment and training services;

“(IV) educational assistance; and

“(V) health care services.

“(viii) Assistance in obtaining and coordinating the provision of other benefits provided by the Federal Government, a State or local government, or an eligible entity.

“(ix) Assistance with emergent needs relating to—

“(I) health care services;

“(II) daily living services;

“(III) personal financial planning and counseling;

“(IV) transportation services;

“(V) temporary income support services;

“(VI) fiduciary and representative payee services;

“(VII) legal services to assist the eligible individual with issues that may contribute to the risk of suicide; and

“(VIII) child care (not to exceed \$5,000 per family of an eligible individual per fiscal year).

“(x) Nontraditional and innovative approaches and treatment practices, as determined appropriate by the Secretary, in consultation with appropriate entities.

“(xi) Such other services necessary for improving the mental health status and wellbeing and reducing the suicide risk of eligible individuals and their families as the Secretary considers appropriate, which may include—

“(I) adaptive sports, equine assisted therapy, or in-place or outdoor recreational therapy;

“(II) substance use reduction programming;

“(III) individual, group, or family counseling; and

“(IV) relationship coaching.

“(B) EXCLUSION.—The term ‘suicide prevention services’ does not include direct cash assistance to eligible individuals or their families.

“(12) VETERANS CRISIS LINE.—The term ‘Veterans Crisis Line’ means the toll-free hotline for veterans established under section 1720F(h) of title 38, United States Code.

“(13) VETERANS SERVICE ORGANIZATION.—The term ‘veterans service organization’ means any organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.”

#### UPDATE OF CLINICAL PRACTICE GUIDELINES FOR ASSESSMENT AND MANAGEMENT OF PATIENTS AT RISK FOR SUICIDE

Pub. L. 116-171, title III, §303, Oct. 17, 2020, 134 Stat. 801, provided that:

“(a) IN GENERAL.—In the first publication of the Department of Veterans Affairs and Department of Defense Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide published after the date of the enactment of this Act [Oct. 17, 2020], the Secretary of Veterans Affairs and the Secretary of Defense, through the Assessment and Management of Patients at Risk for Suicide Work Group (in this section referred to as the ‘Work Group’), shall ensure the publication includes the following:

“(1) Enhanced guidance with respect to gender-specific—

“(A) risk factors for suicide and suicidal ideation;

“(B) treatment efficacy for depression and suicide prevention;

“(C) pharmacotherapy efficacy; and

“(D) psychotherapy efficacy.

“(2) Guidance with respect to the efficacy of alternative therapies, other than psychotherapy and pharmacotherapy, including the following:

“(A) Yoga therapy.

“(B) Meditation therapy.

“(C) Equine therapy.

“(D) Other animal therapy.

“(E) Training and caring for service dogs.

“(F) Agritherapy.

“(G) Art therapy.

“(H) Outdoor sports therapy.

“(I) Music therapy.

“(J) Any other alternative therapy that the Work Group considers appropriate.

“(3) Guidance with respect to the findings of the Creating Options for Veterans’ Expedited Recovery Commission (commonly referred to as the ‘COVER Commission’) established under section 931 of the Jason Simcakoski Memorial and Promise Act (title IX of Public Law 114-198; 38 U.S.C. 1701 note).

“(b) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prevent the Secretary of Veterans Affairs and the Secretary of Defense from considering all relevant evidence, as appropriate, in updating the Department of Veterans Affairs and Department of Defense Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide, as required under subsection (a), or from ensuring that the final clinical practice guidelines updated under such subsection remain applicable to the patient populations of the Department of Veterans Affairs and the Department of Defense.”

#### CONTRACTS RELATED TO SUICIDE PREVENTION AND MENTAL HEALTH OUTREACH MEDIA

Pub. L. 116-171, title IV, §401(e)–(g), Oct. 17, 2020, 134 Stat. 807, 808, provided that:

“(e) TREATMENT OF CONTRACTS FOR SUICIDE PREVENTION AND MENTAL HEALTH OUTREACH MEDIA.—

“(1) FOCUS GROUPS.—

“(A) IN GENERAL.—The Secretary shall include in each contract to develop media relating to suicide prevention and mental health materials and campaigns a requirement that the contractor convene focus groups of veterans to assess the effectiveness of suicide prevention and mental health outreach.

“(B) REPRESENTATION.—Each focus group required under subparagraph (A) shall, to the extent practicable, include veterans of diverse backgrounds, including—

“(i) veterans of all eras, as determined by the Secretary;

“(ii) women veterans;

“(iii) minority veterans;

“(iv) Native American veterans, as defined in section 3765 of title 38, United States Code;

“(v) veterans who identify as lesbian, gay, bisexual, transgender, or queer (commonly referred to as ‘LGBTQ’);

“(vi) veterans who live in rural or highly rural areas;

“(vii) individuals transitioning from active duty in the Armed Forces to civilian life; and

“(viii) other high-risk groups of veterans, as determined by the Secretary.

“(2) SUBCONTRACTING.—

“(A) IN GENERAL.—The Secretary shall include in each contract described in paragraph (1)(A) a requirement that, if the contractor subcontracts for the development of media, the contractor shall subcontract with a subcontractor that has experience creating impactful media campaigns that target individuals age 18 to 34.

“(B) BUDGET LIMITATION.—Not more than two percent of the budget of the Office of Mental Health

and Suicide Prevention of the Department for contractors for suicide prevention and mental health media outreach shall go to subcontractors described in subparagraph (A).

“(f) PAPERWORK REDUCTION ACT EXEMPTION.—Chapter 35 of title 44, United States Code (commonly known as the ‘Paperwork Reduction Act’) shall not apply to any rulemaking or information collection required under this section [enacting this note and provisions not set out in the Code].

“(g) RURAL AND HIGHLY RURAL DEFINED.—In this section, with respect to an area, the terms ‘rural’ and ‘highly rural’ have the meanings given those terms in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.”

OVERSIGHT OF MENTAL HEALTH AND SUICIDE PREVENTION MEDIA OUTREACH CONDUCTED BY DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 116–171, title IV, §402, Oct. 17, 2020, 134 Stat. 808, provided that:

“(a) ESTABLISHMENT OF GOALS.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall establish goals for the mental health and suicide prevention media outreach campaigns of the Department of Veterans Affairs, which shall include the establishment of targets, metrics, and action plans to describe and assess those campaigns.

“(2) USE OF METRICS.—

“(A) IN GENERAL.—The goals established under paragraph (1) shall be measured by metrics specific to different media types.

“(B) FACTORS TO CONSIDER.—In using metrics under subparagraph (A), the Secretary shall determine the best methodological approach for each media type and shall consider the following:

“(i) Metrics relating to social media, which may include the following:

“(I) Impressions.

“(II) Reach.

“(III) Engagement rate.

“(IV) Such other metrics as the Secretary considers necessary.

“(ii) Metrics relating to television, which may include the following:

“(I) Nielsen ratings.

“(II) Such other metrics as the Secretary considers necessary.

“(iii) Metrics relating to email, which may include the following:

“(I) Open rate.

“(II) Response rate.

“(III) Click rate.

“(IV) Such other metrics as the Secretary considers necessary.

“(C) UPDATE.—The Secretary shall periodically update the metrics under subparagraph (B) as more accurate metrics become available.

“(3) TARGETS.—The Secretary shall establish targets to track the metrics used under paragraph (2).

“(4) CONSULTATION.—In establishing goals under paragraph (1), the Secretary shall consult with the following:

“(A) Relevant stakeholders, such as organizations that represent veterans, as determined by the Secretary.

“(B) Mental health and suicide prevention experts.

“(C) Such other persons as the Secretary considers appropriate.

“(5) INITIAL REPORT.—Not later than 180 days after the date of the enactment of this Act [Oct. 17, 2020], 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 detailing the goals established under paragraph (1) for the mental health and suicide prevention media outreach campaigns of the Department, including the metrics and targets for such metrics by which those goals are to be measured under paragraphs (2) and (3).

“(6) ANNUAL REPORT.—Not later than one year after the submittal of the report under paragraph (5), and annually thereafter, 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 detailing—

“(A) the progress of the Department in meeting the goals established under paragraph (1) and the targets established under paragraph (3); and

“(B) a description of action to be taken by the Department to modify mental health and suicide prevention media outreach campaigns if those goals and targets are not being met.

“(b) REPORT ON USE OF FUNDS BY OFFICE OF MENTAL HEALTH AND SUICIDE PREVENTION.—Not later than 180 days after the date of the enactment of this Act [Oct. 17, 2020], and semiannually thereafter, the Secretary shall submit to the Committee on Appropriations and the Committee on Veterans' Affairs of the Senate and the Committee on Appropriations and the Committee on Veterans' Affairs of the House of Representatives a report containing the expenditures and obligations of the Office of Mental Health and Suicide Prevention of the Veterans Health Administration during the period covered by the report.”

STAFFING REQUIREMENT FOR SUICIDE PREVENTION COORDINATORS

Pub. L. 116–171, title V, §506(a), Oct. 17, 2020, 134 Stat. 820, provided that: “Beginning not later than one year after the date of the enactment of this Act [Oct. 17, 2020], the Secretary of Veterans Affairs shall ensure that each medical center of the Department of Veterans Affairs has not less than one suicide prevention coordinator.”

FUNDING FOR PEER SUPPORT COUNSELING FOR WOMEN VETERANS

Pub. L. 115–271, title VIII, §8051(b), Oct. 24, 2018, 132 Stat. 4093, provided that: “The Secretary of Veterans Affairs shall carry out paragraph (4) of section 1720F(j) of title 38, United States Code, as added by subsection (a), using funds otherwise made available to the Secretary. No additional funds are authorized to be appropriated by reason of such paragraph.”

COLLABORATION ON SUICIDE PREVENTION EFFORTS BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND NON-PROFIT MENTAL HEALTH ORGANIZATIONS

Pub. L. 114–2, §6, Feb. 12, 2015, 129 Stat. 36, provided that:

“(a) COLLABORATION.—The Secretary of Veterans Affairs may collaborate with non-profit mental health organizations to prevent suicide among veterans as follows:

“(1) To improve the efficiency and effectiveness of suicide prevention efforts carried out by the Secretary and non-profit mental health organizations.

“(2) To assist non-profit mental health organizations with the suicide prevention efforts of such organizations through the use of the expertise of employees of the Department of Veterans Affairs.

“(3) To jointly carry out suicide prevention efforts.

“(b) EXCHANGE OF RESOURCES.—In carrying out any collaboration under subsection (a), the Secretary and any non-profit mental health organization with which the Secretary is collaborating under such subsection shall exchange training sessions and best practices to help with the suicide prevention efforts of the Department and such organization.

“(c) DIRECTOR OF SUICIDE PREVENTION COORDINATION.—The Secretary shall select within the Department a Director of Suicide Prevention Coordination to undertake any collaboration with non-profit mental health organizations under this section or any other provision of law.”

DEADLINE FOR COMMENCEMENT OF PROGRAM

Pub. L. 112–239, div. A, title VII, §730(a)(4), Jan. 2, 2013, 126 Stat. 1814, provided that: “The Secretary of

Veterans Affairs shall ensure that the peer support counseling program required by section 1720F(j) of title 38, United States Code, as amended by this subsection, commences at each Department of Veterans Affairs medical center not later than 270 days after the date of the enactment of this Act [Jan. 2, 2013].”

SENSE OF CONGRESS

Pub. L. 110-110, §2, Nov. 5, 2007, 121 Stat. 1031, provided that: “It is the sense of Congress that—

“(1) suicide among veterans suffering from post-traumatic stress disorder (in this section referred to as ‘PTSD’) is a serious problem; and

“(2) the Secretary of Veterans Affairs should take into consideration the special needs of veterans suffering from PTSD and the special needs of elderly veterans who are at high risk for depression and experience high rates of suicide in developing and implementing the comprehensive program under this Act [enacting this section and provisions set out as a note under section 101 of this title].”

**§ 1720G. Assistance and support services for caregivers**

(a) PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS.—(1)(A) The Secretary shall establish a program of comprehensive assistance for family caregivers of eligible veterans.

(B) The Secretary shall only provide support under the program required by subparagraph (A) to a family caregiver of an eligible veteran if the Secretary determines it is in the best interest of the eligible veteran to do so.

(2) For purposes of this subsection, an eligible veteran is any individual who—

(A) is a veteran or member of the Armed Forces undergoing medical discharge from the Armed Forces;

(B) for assistance provided under this subsection—

(i) before the date on which the Secretary submits to Congress a certification that the Department has fully implemented the information technology system required by section 162(a) of the Caring for Our Veterans Act of 2018, has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, air, or space service on or after September 11, 2001;

(ii) during the 2-year period beginning on the date on which the Secretary submitted to Congress the certification described in clause (i), has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, air, or space service—

(I) on or before May 7, 1975; or

(II) on or after September 11, 2001; or

(iii) after the date that is 2 years after the date on which the Secretary submits to Congress the certification described in clause (i), has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, air, or space service; and

(C) is in need of personal care services because of—

(i) an inability to perform one or more activities of daily living;

(ii) a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury;

(iii) a need for regular or extensive instruction or supervision without which the ability of the veteran to function in daily life would be seriously impaired; or

(iv) such other matters as the Secretary considers appropriate.

(3)(A) As part of the program required by paragraph (1), the Secretary shall provide to family caregivers of eligible veterans the following assistance:

(i) To each family caregiver who is approved as a provider of personal care services for an eligible veteran under paragraph (6)—

(I) such instruction, preparation, and training as the Secretary considers appropriate for the family caregiver to provide personal care services to the eligible veteran;

(II) ongoing technical support consisting of information and assistance to address, in a timely manner, the routine, emergency, and specialized caregiving needs of the family caregiver in providing personal care services to the eligible veteran;

(III) counseling; and

(IV) lodging and subsistence under section 111(e) of this title.

(ii) To each family caregiver who is designated as the primary provider of personal care services for an eligible veteran under paragraph (7)—

(I) the assistance described in clause (i);

(II) such mental health services as the Secretary determines appropriate;

(III) covered respite care of not less than 30 days annually;

(IV) medical care under section 1781 of this title;

(V) a monthly personal caregiver stipend; and

(VI) through the use of contracts with, or the provision of grants to, public or private entities—

(aa) financial planning services relating to the needs of injured veterans and their caregivers; and

(bb) legal services, including legal advice and consultation, relating to the needs of injured veterans and their caregivers.

(B)(i) The amount of the monthly personal caregiver stipend provided under subparagraph (A)(ii)(V) shall be determined in accordance with a schedule established by the Secretary that specifies stipends based upon the amount and degree of personal care services provided.

(ii) The Secretary shall ensure, to the extent practicable, that the schedule required by clause (i) specifies that the amount of the monthly personal caregiver stipend provided to a primary provider of personal care services for the provision of personal care services to an eligible veteran is not less than the monthly amount a commercial home health care entity would pay an individual in the geographic area of the eligible veteran to provide equivalent personal care services to the eligible veteran.