

PURSUING EQUITY IN MENTAL HEALTH ACT

SEPTEMBER 29, 2020.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 5469]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 5469) to address mental health issues for youth, particularly youth of color, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Pursuing Equity in Mental Health Act”.

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.
 Sec. 2. Table of contents.

TITLE I—HEALTH EQUITY AND ACCOUNTABILITY

Sec. 101. Integrated Health Care Demonstration Program.
 Sec. 102. Addressing racial and ethnic minority mental health disparities research gaps.
 Sec. 103. Health professions competencies to address racial and ethnic minority mental health disparities.
 Sec. 104. Racial and ethnic minority behavioral and mental health outreach and education strategy.
 Sec. 105. Additional funds for National Institutes of Health.
 Sec. 106. Additional funds for National Institute on Minority Health and Health Disparities.

TITLE II—OTHER PROVISIONS

Sec. 201. Reauthorization of Minority Fellowship Program.
 Sec. 202. Study on the Effects of Smartphone and Social Media Use on Adolescents.

TITLE I—HEALTH EQUITY AND ACCOUNTABILITY

SEC. 101. INTEGRATED HEALTH CARE DEMONSTRATION PROGRAM.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by adding at the end the following:

“SEC. 554. INTERPROFESSIONAL HEALTH CARE TEAMS FOR PROVISION OF BEHAVIORAL HEALTH CARE IN PRIMARY CARE SETTINGS.

“(a) GRANTS.—The Secretary shall award grants to eligible entities for the purpose of establishing interprofessional health care teams that provide behavioral health care.

“(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall be a Federally qualified health center (as defined in section 1861(aa) of the Social Security Act), rural health clinic, or behavioral health program, serving a high proportion of individuals from racial and ethnic minority groups (as defined in section 1707(g)).

“(c) SCIENTIFICALLY BASED.—Integrated health care funded through this section shall be scientifically based, taking into consideration the results of the most recent peer-reviewed research available.

“(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$20,000,000 for each of the first 5 fiscal years following the date of enactment of the Pursuing Equity in Mental Health Act.”.

SEC. 102. ADDRESSING RACIAL AND ETHNIC MINORITY MENTAL HEALTH DISPARITIES RESEARCH GAPS.

Not later than 6 months after the date of the enactment of this Act, the Director of the National Institutes of Health shall enter into an arrangement with the National Academies of Sciences, Engineering, and Medicine (or, if the National Academies of Sciences, Engineering, and Medicine decline to enter into such an arrangement, the Patient-Centered Outcomes Research Institute, the Agency for Healthcare Research and Quality, or another appropriate entity)—

(1) to conduct a study with respect to mental health disparities in racial and ethnic minority groups (as defined in section 1707(g) of the Public Health Service Act (42 U.S.C. 300u–6(g))); and

(2) to submit to the Congress a report on the results of such study, including—

(A) a compilation of information on the dynamics of mental disorders in such racial and ethnic minority groups; and

(B) a compilation of information on the impact of exposure to community violence, adverse childhood experiences, structural racism, and other psychological traumas on mental disorders in such racial and minority groups.

SEC. 103. HEALTH PROFESSIONS COMPETENCIES TO ADDRESS RACIAL AND ETHNIC MINORITY MENTAL HEALTH DISPARITIES.

(a) IN GENERAL.—The Secretary of Health and Human Services shall award grants to qualified national organizations for the purposes of—

(1) developing, and disseminating to health professional educational programs best practices or core competencies addressing mental health disparities among racial and ethnic minority groups for use in the training of students in the professions of social work, psychology, psychiatry, marriage and family therapy, mental health counseling, and substance misuse counseling; and

(2) certifying community health workers and peer wellness specialists with respect to such best practices and core competencies and integrating and expanding the use of such workers and specialists into health care to address mental health disparities among racial and ethnic minority groups.

(b) **BEST PRACTICES; CORE COMPETENCIES.**—Organizations receiving funds under subsection (a) may use the funds to engage in the following activities related to the development and dissemination of best practices or core competencies described in subsection (a)(1):

(1) Formation of committees or working groups comprised of experts from accredited health professions schools to identify best practices and core competencies relating to mental health disparities among racial and ethnic minority groups.

(2) Planning of workshops in national fora to allow for public input into the educational needs associated with mental health disparities among racial and ethnic minority groups.

(3) Dissemination and promotion of the use of best practices or core competencies in undergraduate and graduate health professions training programs nationwide.

(4) Establishing external stakeholder advisory boards to provide meaningful input into policy and program development and best practices to reduce mental health disparities among racial and ethnic minority groups.

(c) **DEFINITIONS.**—In this section:

(1) **QUALIFIED NATIONAL ORGANIZATION.**—The term “qualified national organization” means a national organization that focuses on the education of students in one or more of the professions of social work, psychology, psychiatry, marriage and family therapy, mental health counseling, and substance misuse counseling.

(2) **RACIAL AND ETHNIC MINORITY GROUP.**—The term “racial and ethnic minority group” has the meaning given to such term in section 1707(g) of the Public Health Service Act (42 U.S.C. 300u–6(g)).

SEC. 104. RACIAL AND ETHNIC MINORITY BEHAVIORAL AND MENTAL HEALTH OUTREACH AND EDUCATION STRATEGY.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.), as amended by section 101, is further amended by adding at the end the following new section:

“SEC. 555. BEHAVIORAL AND MENTAL HEALTH OUTREACH AND EDUCATION STRATEGY.

“(a) **IN GENERAL.**—The Secretary shall, in consultation with advocacy and behavioral and mental health organizations serving racial and ethnic minority groups, develop and implement an outreach and education strategy to promote behavioral and mental health and reduce stigma associated with mental health conditions and substance abuse among racial and ethnic minority groups. Such strategy shall—

“(1) be designed to—

“(A) meet the diverse cultural and language needs of the various racial and ethnic minority groups; and

“(B) be developmentally and age-appropriate;

“(2) increase awareness of symptoms of mental illnesses common among such groups, taking into account differences within at-risk subgroups;

“(3) provide information on evidence-based, culturally and linguistically appropriate and adapted interventions and treatments;

“(4) ensure full participation of, and engage, both consumers and community members in the development and implementation of materials; and

“(5) seek to broaden the perspective among both individuals in these groups and stakeholders serving these groups to use a comprehensive public health approach to promoting behavioral health that addresses a holistic view of health by focusing on the intersection between behavioral and physical health.

“(b) **REPORTS.**—Beginning not later than 1 year after the date of the enactment of this section and annually thereafter, the Secretary shall submit to Congress, and make publicly available, a report on the extent to which the strategy developed and implemented under subsection (a) increased behavioral and mental health outcomes associated with mental health conditions and substance abuse among racial and ethnic minority groups.

“(c) **DEFINITION.**—In this section, the term ‘racial and ethnic minority group’ has the meaning given to that term in section 1707(g).

“(d) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section \$10,000,000 for each of fiscal years 2021 through 2025.”.

SEC. 105. ADDITIONAL FUNDS FOR NATIONAL INSTITUTES OF HEALTH.

(a) **IN GENERAL.**—In addition to amounts otherwise authorized to be appropriated to the National Institutes of Health, there is authorized to be appropriated to such Institutes \$100,000,000 for each of fiscal years 2021 through 2025 to build relations with communities and conduct or support clinical research, including clinical research on racial or ethnic disparities in physical and mental health.

(b) DEFINITION.—In this section, the term “clinical research” has the meaning given to such term in section 409 of the Public Health Service Act (42 U.S.C. 284d).

SEC. 106. ADDITIONAL FUNDS FOR NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES.

In addition to amounts otherwise authorized to be appropriated to the National Institute on Minority Health and Health Disparities, there is authorized to be appropriated to such Institute \$650,000,000 for each of fiscal years 2021 through 2025.

TITLE II—OTHER PROVISIONS

SEC. 201. REAUTHORIZATION OF MINORITY FELLOWSHIP PROGRAM.

Section 597(c) of the Public Health Service Act (42 U.S.C. 297ll(c)) is amended by striking “\$12,669,000 for each of fiscal years 2018 through 2022” and inserting “\$25,000,000 for each of fiscal years 2021 through 2025”.

SEC. 202. STUDY ON THE EFFECTS OF SMARTPHONE AND SOCIAL MEDIA USE ON ADOLESCENTS.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall conduct or support research on—

- (1) smartphone and social media use by adolescents; and
- (2) the effects of such use on—
 - (A) emotional, behavioral, and physical health and development; and
 - (B) disparities in minority and underserved populations.

(b) REPORT.—Not later than 5 years after the date of the enactment of this Act, the Secretary shall submit to the Congress, and make publicly available, a report on the findings of research described in this section.

SEC. 203. TECHNICAL CORRECTION.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended—

- (1) by redesignating the second section 550 (42 U.S.C. 290ee–10) (relating to Sobriety Treatment And Recovery Teams) as section 553; and
- (2) by moving such section, as so redesignated, so as to appear after section 552 (42 U.S.C. 290ee–7).

I. PURPOSE AND SUMMARY

H.R. 5469, the “Pursuing Equity in Mental Health Act”, introduced on December 17, 2019 by Representative Bonnie Watson Coleman (D–NJ), would authorize Federal funding to address mental health disparities among underserved populations, including communities of color. H.R. 5469 includes provisions that would: create a grant program targeted at high-poverty communities for culturally and linguistically appropriate mental health services; support research into disparities in mental health; reauthorize the Minority Fellowship Program to support more students of color entering the mental health workforce; and study the impact of smartphones and social media on adolescents.

II. BACKGROUND AND NEED FOR THE LEGISLATION

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the prevalence of adults with any mental illness and serious mental illness is increasing.¹ In 2008, more than 39 million adults indicated they had a mental illness. By comparison, in 2019, more than 51 million adults indicated they had a mental illness. Additionally, suicide is still the tenth leading cause of death in the United States.² Although suicide rates vary

¹ Substance Abuse and Mental Health Services Administration, *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (2020).

² National Center for Health Statistics, *Leading Causes of Death* (www.cdc.gov/nchs/fastats/leading-causes-of-death.htm) (accessed September 18, 2020).

by age group, it is the second leading cause of death in people between the ages of 10 and 34.³ When the data is disaggregated, research found a significant increase in the suicide rate among Black children and a significant decrease for White children.⁴

As a rising junior at Newtown High School in Covington, Georgia, Arriana Gross said she saw firsthand the need to support youth mental health. In her testimony before the Committee, Arriana said, “[i]n our school, a year doesn’t go by without a student dying by suicide.”⁵ Further, she stated that, “I am concerned that youth suicide has become so common that my school community and our Nation is stuck in a pattern of mourning and accepting these deaths as something that is normal, instead of seeing them as preventable and tragic.”⁶

Mental health disparities exist for racial and ethnic minority populations. National Institute of Mental Health Director Joshua Gordon, M.D., Ph.D., wrote about those disparities, highlighting that inequalities “lead to worse mental health outcomes in underserved and minority communities.”⁷ He also noted the increase in suicide rates amongst Black youth and the need to address the trend.⁸

In addition to addressing trends in suicide and mental health outcomes, Arthur C. Evans, Ph.D., Chief Executive Officer of the American Psychological Association, shared with the Committee the importance of addressing “the disparities in the representations of scholars from diverse racial and ethnic backgrounds across psychology, as well as other fields of research, if we intend to make a dramatic impact in responding to the current and emerging mental health crisis before the country.”⁹

H.R. 5469 would help to address these issues by investing resources into better understanding racial and ethnic minority mental health disparities, improving outreach and support for racial and ethnic minorities, and supporting more students of color entering into mental health fields.

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 5469:

The Subcommittee on Health held a virtual legislative hearing on June 30, 2020, entitled, “High Anxiety and Stress: Legislation to Improve Mental Health During Crisis.” The hearing focused on

³National Center for Health Statistics, *Leading Causes of Death Reports, 1981–2018* (accessed September 18, 2020).

⁴Jeffrey A. Bridge, PhD, et al., *Suicide trends among elementary school-aged children in the United States from 1993 to 2012*, Journal of the American Medical Association (Jul. 2015).

⁵House Committee on Energy and Commerce, Testimony of Arriana Gross, National Youth Advisory Board Member, Sandy Hook Promise Students Against Violence Everywhere (SAVE) Promise Club, *Hearing on High Anxiety and Stress: Legislation to Improve Mental Health During Crisis*, 116th Cong. (June 30, 2020).

⁶*Id.*

⁷National Institute of Mental Health, *Racism and Mental Health Research: Steps Toward Equity* (June 19, 2020) (www.nimh.nih.gov/about/director/messages/2020/racism-and-mental-health-research-steps-toward-equity.shtml).

⁸National Institute of Mental Health, *Responding to the Alarm: Addressing black Youth Suicide* (June 3, 2020) (www.nimh.nih.gov/news/media/2020/responding-to-the-alarm-addressing-black-youth-suicide.shtml).

⁹House Committee on Energy and Commerce, Testimony of Arthur C. Evans, Chief Executive Officer, American Psychological Association, *Hearing on High Anxiety and Stress: Legislation to Improve Mental Health During Crisis*, 116th Cong. (June 30, 2020).

H.R. 5469, the “Pursuing Equity in Mental Health Act”, and 21 other bills. The Subcommittee received testimony from the following witnesses:

- The Honorable Patrick J. Kennedy, Founder of the Kennedy Forum and former Member of Congress;
- Arthur C. Evans, Jr. Ph.D., Chief Executive Officer, American Psychological Association;
- Jeffrey L. Geller, M.D., M.P.H., President, American Psychiatric Association, Professor of Psychiatry and Director of Public Sector Psychiatry at the University of Massachusetts Medical School Worcester Recovery Center and Hospital; and
- Ms. Arriana Gross, National Youth Advisory Board Member, Sandy Hook Promise Students Against Violence Everywhere (SAVE) Promise Club.

IV. COMMITTEE CONSIDERATION

Representative Watson Coleman (D–NJ) introduced H.R. 5469, the “Pursuing Equity in Mental Health Act”, on December 17, 2019 and the bill was referred to the Committee on Energy and Commerce. The bill was then referred to the Subcommittee on Health on December 18, 2019. A legislative hearing was held on the bill on June 30, 2020.

On September 9, 2020, H.R. 5469 was discharged from further consideration by the Subcommittee on Health as the bill was called up for markup by the full Committee on Energy and Commerce. The full Committee met in virtual open markup session on September 9, 2020, pursuant to notice, to consider H.R. 5469. During consideration of the bill, an amendment in the nature of a substitute offered by Mr. Cárdenas of California was agreed to by a voice vote. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage by Mr. Pallone, Chairman of the committee, to order H.R. 5469 reported favorably to the House, amended, by a voice vote, a quorum being present.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 5469, including the motion for final passage of the bill.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of

the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to address mental health issues for youth, particularly youth of color, through increased research and support services, and for other purposes.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 5469 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 5469 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “Pursuing Equity in Mental Health Act”.

Sec. 2. Table of contents

Section 2 is the table of contents for the bill.

TITLE I—HEALTH EQUITY AND ACCOUNTABILITY

Sec. 101. Integrated Health Care Demonstration Program

Section 101 amends the Public Health Service Act to direct the Secretary of the U.S. Department of Health and Human Services (the Secretary) to award grants to support interprofessional behavioral health care teams. Entities that are eligible to receive such grants include Federally qualified health centers, rural health clinics, or behavioral health programs serving a high proportion of individuals from racial and ethnic minority groups. Integrated health care funded through the program shall be scientifically based. The program is authorized at \$20 million for each fiscal year for the first five years following enactment of the Act.

Sec. 102. Addressing racial and ethnic minority mental health disparities research gaps

Section 102 directs the Director of the National Institutes of Health to enter into an arrangement with the National Academies of Sciences, Engineering, and Medicine (or another appropriate entity) to study racial and ethnic minority mental health disparities not later than six months following enactment. The Director shall submit a report to Congress about mental health disorders within racial and ethnic minority groups, in addition to the effects of community violence, adverse childhood experience, structural racism, and other traumas affecting mental illness in those groups.

Sec. 103. Health professions competencies to address racial and ethnic minority mental health disparities

Section 103 directs the Secretary of Health and Human Services to award grants to qualified national organizations to develop and disseminate training materials on best practices or core competencies for addressing mental health disparities among racial and ethnic minority groups. These grants can be used for certifying community health workers and peer wellness specialists in best practices and core competencies and integrating such workers into racial and ethnic minority communities to address mental health disparities. Organizations receiving funding under this program may use such grant funds for identifying best practices and core competencies on racial and ethnic mental health disparities, workshop planning, dissemination and promotion of best practices or core competencies in undergraduate and graduate health professions training programs, and stakeholder advisory boards. Qualified national organizations eligible for this program are national organizations that focus on the education of students in certain health professions.

Sec. 104. Racial and ethnic minority behavioral and mental health outreach and education strategy

Section 104 amends the Public Health Service Act to direct the Secretary to develop and implement an outreach and education strategy to promote behavioral health and mental health among racial and ethnic minority groups. The strategy must reduce stigma associated with mental health conditions and substance use disorders, be designed to meet diverse cultural and language needs, be developmentally and age-appropriate, increase awareness of mental illnesses among groups, engage consumers and community members, and promote a holistic view of health. The Secretary is required to submit a report to Congress on the strategy and make the strategy publicly available not later than one year after enactment. The program is authorized at \$10 million for each of fiscal years 2021 through 2025 to carry out activities in this section.

Sec. 105. Additional funds for the National Institutes of Health

Section 105 authorizes \$100 million for each of the fiscal years 2021 through 2025 to build relationships with communities and conduct or support clinical research on racial or ethnic disparities.

Sec. 106. Additional funds for the National Institute on Minority Health and Health Disparities

Section 106 authorizes \$650 million for each of the fiscal years 2021 through 2025 for the National Institute on Minority Health and Health Disparities.

TITLE II—OTHER PROVISIONS

Sec. 201. Reauthorization of Minority Fellowship Program

Section 201 revises the authorization for the Minority Fellowship Program at the Substance Abuse and Mental Health Administration to provide the program \$25 million for each of the fiscal years 2021 through 2025.

Sec. 202. Study on the effects of smartphone and social media use on adolescents

Section 202 directs the Secretary to conduct or support research on smartphones and social media use on adolescents. The research shall cover the effects of such use on emotional, behavioral, and physical health and development and disparities among minority and underserved populations. The Secretary is directed to submit a report to Congress not later than five years on the findings of such research.

Sec. 203. Technical correction

Section 203 makes technical corrections to the Public Health Service Act.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics,

and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE V—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

* * * * *

PART D—MISCELLANEOUS PROVISIONS RELATING TO SUBSTANCE ABUSE AND MENTAL HEALTH

* * * * *

SEC. [550.] 553. SOBRIETY TREATMENT AND RECOVERY TEAMS.

(a) IN GENERAL.—The Secretary may make grants to States, units of local government, or tribal governments to establish or expand Sobriety Treatment And Recovery Team (referred to in this section as “START”) or other similar programs to determine the effectiveness of pairing social workers or mentors with families that are struggling with a substance use disorder and child abuse or neglect in order to help provide peer support, intensive treatment, and child welfare services to such families.

(b) ALLOWABLE USES.—A grant awarded under this section may be used for one or more of the following activities:

(1) Training eligible staff, including social workers, social services coordinators, child welfare specialists, substance use disorder treatment professionals, and mentors.

(2) Expanding access to substance use disorder treatment services and drug testing.

(3) Enhancing data sharing with law enforcement agencies, child welfare agencies, substance use disorder treatment providers, judges, and court personnel.

(4) Program evaluation and technical assistance.

(c) PROGRAM REQUIREMENTS.—A State, unit of local government, or tribal government receiving a grant under this section shall—

(1) serve only families for which—

(A) there is an open record with the child welfare agency; and

(B) substance use disorder was a reason for the record or finding described in paragraph (1); and

(2) coordinate any grants awarded under this section with any grant awarded under section 437(f) of the Social Security Act focused on improving outcomes for children affected by substance abuse.

(d) TECHNICAL ASSISTANCE.—The Secretary may reserve not more than 5 percent of funds provided under this section to provide technical assistance on the establishment or expansion of programs funded under this section from the National Center on Substance Abuse and Child Welfare.

SEC. 554. INTERPROFESSIONAL HEALTH CARE TEAMS FOR PROVISION OF BEHAVIORAL HEALTH CARE IN PRIMARY CARE SETTINGS.

(a) *GRANTS.*—The Secretary shall award grants to eligible entities for the purpose of establishing interprofessional health care teams that provide behavioral health care.

(b) *ELIGIBLE ENTITIES.*—To be eligible to receive a grant under this section, an entity shall be a Federally qualified health center (as defined in section 1861(aa) of the Social Security Act), rural health clinic, or behavioral health program, serving a high proportion of individuals from racial and ethnic minority groups (as defined in section 1707(g)).

(c) *SCIENTIFICALLY BASED.*—Integrated health care funded through this section shall be scientifically based, taking into consideration the results of the most recent peer-reviewed research available.

(d) *AUTHORIZATION OF APPROPRIATIONS.*—To carry out this section, there is authorized to be appropriated \$20,000,000 for each of the first 5 fiscal years following the date of enactment of the Pursuing Equity in Mental Health Act.

SEC. 555. BEHAVIORAL AND MENTAL HEALTH OUTREACH AND EDUCATION STRATEGY.

(a) *IN GENERAL.*—The Secretary shall, in consultation with advocacy and behavioral and mental health organizations serving racial and ethnic minority groups, develop and implement an outreach and education strategy to promote behavioral and mental health and reduce stigma associated with mental health conditions and substance abuse among racial and ethnic minority groups. Such strategy shall—

(1) be designed to—

(A) meet the diverse cultural and language needs of the various racial and ethnic minority groups; and

(B) be developmentally and age-appropriate;

(2) increase awareness of symptoms of mental illnesses common among such groups, taking into account differences within at-risk subgroups;

(3) provide information on evidence-based, culturally and linguistically appropriate and adapted interventions and treatments;

(4) ensure full participation of, and engage, both consumers and community members in the development and implementation of materials; and

(5) seek to broaden the perspective among both individuals in these groups and stakeholders serving these groups to use a comprehensive public health approach to promoting behavioral health that addresses a holistic view of health by focusing on the intersection between behavioral and physical health.

(b) *REPORTS.*—Beginning not later than 1 year after the date of the enactment of this section and annually thereafter, the Secretary shall submit to Congress, and make publicly available, a report on the extent to which the strategy developed and implemented under subsection (a) increased behavioral and mental health outcomes associated with mental health conditions and substance abuse among racial and ethnic minority groups.

(c) *DEFINITION.*—In this section, the term “racial and ethnic minority group” has the meaning given to that term in section 1707(g).

(d) *AUTHORIZATION OF APPROPRIATIONS.*—There is authorized to be appropriated to carry out this section \$10,000,000 for each of fiscal years 2021 through 2025.

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PART K—MINORITY FELLOWSHIP PROGRAM

SEC. 597. FELLOWSHIPS.

(a) *IN GENERAL.*—The Secretary shall maintain a program, to be known as the Minority Fellowship Program, under which the Secretary shall award fellowships, which may include stipends, for the purposes of—

(1) increasing the knowledge of mental and substance use disorders practitioners on issues related to prevention, treatment, and recovery support for individuals who are from racial and ethnic minority populations and who have a mental or substance use disorder;

(2) improving the quality of mental and substance use disorder prevention and treatment services delivered to racial and ethnic minority populations; and

(3) increasing the number of culturally competent mental and substance use disorders professionals who teach, administer services, conduct research, and provide direct mental or substance use disorder services to racial and ethnic minority populations.

(b) *TRAINING COVERED.*—The fellowships awarded under subsection (a) shall be for postbaccalaureate training (including for master’s and doctoral degrees) for mental and substance use disorder treatment professionals, including in the fields of psychiatry, nursing, social work, psychology, marriage and family therapy, mental health counseling, and substance use disorder and addiction counseling.

(c) *AUTHORIZATION OF APPROPRIATIONS.*—To carry out this section, there are authorized to be appropriated ~~【\$12,669,000 for each of fiscal years 2018 through 2022】~~ *\$25,000,000 for each of fiscal years 2021 through 2025.*

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