

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

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

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

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

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

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

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

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

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

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

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

The question was taken.

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

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

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

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

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

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

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

H.R. 6411

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

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

Sec. 1. Short title; table of contents.

TITLE I—TRAINING TO SUPPORT VETERANS’ MENTAL HEALTH

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

Sec. 102. Expansion of Vet Center workforce.

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

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

TITLE II—VETERANS CRISIS LINE

Sec. 201. Veterans Crisis Line.

Subtitle A—Veterans Crisis Line Training and Quality Management

Sec. 211. Staff training.

Sec. 212. Quality review and management.

Sec. 213. Guidance for high-risk callers.

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

Subtitle B—Pilot Programs and Research on Veterans Crisis Line

Sec. 221. Pilot programs.

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

Subtitle C—Transition of Crisis Line Number

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

TITLE III—OUTREACH TO VETERANS

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

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

Sec. 303. Improvements to Veterans Justice Outreach Program.

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

TITLE IV—MENTAL HEALTH CARE DELIVERY

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

Sec. 402. Expansion of Vet Center services.

Sec. 403. Eligibility for mental health services.

Sec. 404. Mental health consultations.

TITLE V—RESEARCH

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

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

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

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

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

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

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

Sec. 508. Research on brain health.

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

TITLE I—TRAINING TO SUPPORT VETERANS’ MENTAL HEALTH

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

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

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

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

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

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

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

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

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

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

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

(2) The number and percentage of minority veteran coordinators who are women.

(3) The number and percentage of minority veteran coordinators who are persons of color.

(4) The number and percentage of Department medical centers with minority veteran coordinators.

(5) The number and percentage of Department mental health providers who are enrolled members of a federally recognized Indian tribe or self-identify as Native American.

(6) The number and percentage of Department mental health providers who speak a second language.

(7) A review of the outreach plans developed and submitted to all Department medical centers for outreach to American Indian and Alaska Native veterans.

(8) A review of mental health care provided annually by the Department to American Indian and Alaska Native veterans for the past three years, including number of appointments, and an assessment of any barriers to providing this care.

SEC. 102. EXPANSION OF VET CENTER WORKFORCE.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act and subject to the availability of appropriations, the Secretary of Veterans Affairs shall hire an additional 50 full-time equivalent employees for Vet Centers to bolster the workforce of Vet Centers and to provide expanded mental health care to veterans, members of the Armed Forces, and their families through outreach, community access points, outstations, and Vet Centers.

(b) VET CENTER DEFINED.—In this section, the term “Vet Center” has the meaning given that term in section 1712A(h) of title 38, United States Code.

SEC. 103. EXPANSION OF MENTAL HEALTH TRAINING FOR DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Not later than three years after the date of the enactment of this Act and subject to the availability of appropriations, the Secretary of Veterans Affairs, in collaboration with the Office of Mental Health and Suicide Prevention and the Office of Academic Affiliations, shall add an additional 250 paid trainee slots in covered mental health disciplines to the workforce of the Department of Veterans Affairs.

(b) COVERED MENTAL HEALTH DISCIPLINES DEFINED.—In this section, the term “covered mental health disciplines” means psychiatry, psychology, advanced practice nursing (with a focus on mental health or substance use disorder), social work, licensed professional mental health counseling, and marriage and family therapy.

SEC. 104. EXPANSION OF SCHOLARSHIPS AND LOAN REPAYMENT PROGRAMS FOR MENTAL HEALTH PROVIDERS.

(a) EXPANSION OF HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM.—Beginning in academic year 2022, the Secretary of Veterans Affairs shall include not fewer than an additional (as compared to academic year 2021) 50 awards per academic year under the Department of Veterans Affairs Health Professional Scholarship Program under subchapter II of chapter 76 of title 38, United States Code, for applicants otherwise eligible for such program who are pursuing degrees or training in mental health disciplines, including advanced practice nursing (with a focus on mental health or substance use disorder), psychology, and social work.

(b) EXPANSION OF EDUCATION DEBT REDUCTION PROGRAM.—

(1) IN GENERAL.—Beginning in fiscal year 2022, the Secretary shall provide not fewer than an additional (as compared to fiscal year 2021) 200 debt reduction awards per year

under the Department of Veterans Affairs Education Debt Reduction Program under subchapter VII of chapter 76 of title 38, United States Code, to be used to recruit mental health professionals to the Department of Veterans Affairs in disciplines that include psychiatry, psychology, advanced practice nursing (with a focus on mental health or substance use disorder), and social work.

(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs \$8,000,000 per year to carry out the additional awards under paragraph (1).

(c) OUTREACH.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary shall develop a public awareness campaign to encourage veterans and mental health professionals to choose the Department for their mental health career.

(2) ELEMENTS.—The campaign required under paragraph (1)—

(A) shall advertise the paid trainee, scholarship, and loan repayment opportunities offered by the Department; and

(B) may highlight the new graduate medical education residencies available at the Department for medical students entering residency.

TITLE II—VETERANS CRISIS LINE

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.

(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, 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, 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, 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, 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 FACA.**—The Federal Advisory Committee Act (5 U.S.C. App.) 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.

TITLE III—OUTREACH TO VETERANS

SEC. 301. SOLID START PROGRAM OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) **IN GENERAL.**—Chapter 63 of title 38, United States Code, is amended by adding at the end the following new subchapter:

“SUBCHAPTER II—OTHER OUTREACH PROGRAMS AND ACTIVITIES

“§ 6320. Solid Start program

“(a) **IN GENERAL.**—The Secretary shall carry out a program, to be known as the ‘Solid Start program’, under which the Secretary shall—

“(1) build the capacity of the Department to efficiently and effectively respond to the queries and needs of veterans who have recently separated from the Armed Forces; and

“(2) systemically integrate and coordinate efforts to assist veterans, including efforts—

“(A) to proactively reach out to newly separated veterans to inform them of their eligibility for programs of and benefits provided by the Department; and

“(B) to connect veterans in crisis to resources that address their immediate needs.

“(b) **ACTIVITIES OF THE SOLID START PROGRAM.**—(1) The Secretary, in coordination with the Secretary of Defense, shall carry out the Solid Start program of the Department by—

“(A) collecting up-to-date contact information during transition classes or separation counseling for all members of the Armed Forces who are separating from the Armed Forces, while explaining the existence and purpose of the Solid Start program;

“(B) calling each veteran, regardless of separation type or characterization of service, three times within the first year after separation of the veteran from the Armed Forces;

“(C) providing information about the Solid Start program on the website of the Department and in materials of the Department, especially transition booklets and other resources;

“(D) ensuring calls are truly tailored to the needs of each veteran’s unique situation by conducting quality assurance tests;

“(E) prioritizing outreach to veterans who have accessed mental health resources prior to separation from the Armed Forces;

“(F) providing women veterans with information that is tailored to their specific health care and benefit needs;

“(G) as feasible, providing information on access to State and local resources, including Vet Centers and veterans service organizations; and

“(H) gathering and analyzing data assessing the effectiveness of the Solid Start program.

“(2) The Secretary, in coordination with the Secretary of Defense, may carry out the Solid Start program by—

“(A) encouraging members of the Armed Forces who are transitioning to civilian life to authorize alternate points of contact who can be reached should the member be unavailable during the first year following the separation of the member from the Armed Forces;

“(B) following up missed phone calls with tailored mailings to ensure the veteran still receives similar information; and

“(C) striving to reach out to veterans who separated prior to the initiation of the Solid Start program to provide similar services to those veterans, as feasible.

“(3) In this subsection:

“(A) The term ‘Vet Center’ has the meaning given that term in section 1712A(h) of this title.

“(B) The term ‘veterans service organization’ means an organization recognized by the Secretary for the representation of veterans under section 5902 of this title.”

(b) **CONFORMING AMENDMENTS.**—Chapter 63 of such title, as amended by subsection (a), is further amended—

(1) by inserting before section 6301 the following:

“Subchapter I—Outreach Services Program”;

and

(2) in sections 6301, 6303, 6304, 6305, 6306, and 6307, by striking “this chapter” each place it appears and inserting “this subchapter”.

(c) **CLERICAL AMENDMENTS.**—The table of sections at the beginning of chapter 63 of such title is amended—

(1) by inserting before the item relating to section 6301 the following new item:

“SUBCHAPTER I—OUTREACH SERVICES PROGRAM”;

and

(2) by adding at the end the following new items:

“SUBCHAPTER II—OTHER OUTREACH PROGRAMS AND ACTIVITIES

“§ 6320. Solid Start program.”

SEC. 302. DESIGNATION OF BUDDY CHECK WEEK BY SECRETARY OF VETERANS AFFAIRS.

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall designate one week each year to organize outreach events and educate veterans on how to conduct peer wellness checks, which shall be known as “Buddy Check Week”.

(b) **EDUCATIONAL OPPORTUNITIES.**—

(1) **IN GENERAL.**—During Buddy Check Week, the Secretary, in consultation with organizations that represent veterans, non-profits that serve veterans, mental health experts, members of the Armed Forces, and such other entities and individuals as the Secretary considers appropriate, shall collaborate with organizations that represent veterans to provide educational opportunities for veterans to learn how to conduct peer wellness checks.

(2) **TRAINING MATTERS.**—As part of the educational opportunities provided under paragraph (1), the Secretary shall provide the following:

(A) A script for veterans to use to conduct peer wellness checks that includes information on appropriate referrals to resources veterans might need.

(B) Online and in-person training, as appropriate, on how to conduct a peer wellness check.

(C) Opportunities for members of organizations that represent veterans to learn how to train individuals to conduct peer wellness checks.

(D) Training for veterans participating in Buddy Check Week on how to transfer a phone call directly to the Veterans Crisis Line.

(E) Resiliency training for veterans participating in Buddy Check Week on handling a veteran in crisis.

(3) **ONLINE MATERIALS.**—All training materials provided under the educational opportunities under paragraph (1) shall be made publicly available on a website of the Department of Veterans Affairs.

(c) **OUTREACH.**—The Secretary, in collaboration with organizations that represent veterans, may conduct outreach regarding educational opportunities under subsection (b) at—

(1) public events where many veterans are expected to congregate;

(2) meetings of organizations that represent veterans;

(3) facilities of the Department; and

(4) such other locations as the Secretary, in collaboration with organizations that represent veterans, considers appropriate.

(d) **VETERANS CRISIS LINE PLAN.**—

(1) **IN GENERAL.**—The Secretary shall ensure that a plan exists for handling the potential increase in the number of calls into the Veterans Crisis Line that may occur during Buddy Check Week.

(2) **SUBMITTAL OF PLAN.**—The head of the Veterans Crisis Line shall submit to the Secretary a plan for how to handle excess calls during Buddy Check Week, which may include the following:

(A) Additional hours for staff.

(B) The use of a backup call center.

(C) Any other plan to ensure that calls from veterans in crisis are being answered in a timely manner by an individual trained at the same level as a Veterans Crisis Line responder.

(e) **DEFINITIONS.**—In this section:

(1) The term “organization that represents veterans” means an organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.

(2) The term “veteran” has the meaning given that term in section 101 of such title.

(3) The term “Veterans Crisis Line” means the toll-free hotline for veterans provided by the Secretary under section 1720F(h) of such title.

SEC. 303. IMPROVEMENTS TO VETERANS JUSTICE OUTREACH PROGRAM.

(a) **OUTREACH REQUIREMENT.**—The Secretary of Veterans Affairs shall conduct outreach regarding the Veterans Justice Outreach Program to justice-involved veterans, military and veterans service organizations, and relevant stakeholders in the criminal justice community, including officials from local law enforcement, court, and jail systems and others as determined appropriate by the Secretary. Such outreach—

(1) shall be designed—

(A) to spread awareness and understanding of the Program;

(B) to spread awareness and understanding of veteran eligibility for the Program, including the eligibility of veterans who were discharged from service in the Armed Forces under conditions other than honorable; and

(C) to improve the identification of justice-involved veterans; and

(2) may be conducted in person, virtually, or through other means, including by the dissemination of informational materials and contact information.

(b) **STRATEGIC PLAN.**—The Secretary of Veterans Affairs shall develop a strategic plan for the Veterans Justice Outreach Program. In developing such plan, the Secretary shall conduct—

(1) an assessment of barriers to working with justice-involved veterans in rural, remote, and underserved areas, including potential steps to address such barriers; and

(2) a workforce gap analysis for the Program.

(c) **INCREASE IN NUMBER OF VJO SPECIALISTS.**—

(1) **INCREASE.**—The Secretary of Veterans Affairs shall increase the number of Veterans Justice Outreach specialists responsible for supporting justice-involved veterans in rural, remote, or underserved areas, including areas located far from Department of Veterans Affairs medical centers, as determined by the Secretary, through—

(A) the hiring of additional Veterans Justice Outreach specialists;

(B) the reallocation of existing Veterans Justice Outreach specialists; or

(C) such other means as may be determined appropriate by the Secretary.

(2) **DETERMINATION.**—The Secretary shall determine the number of Veterans Justice Outreach specialists required, and the locations of such specialists, under paragraph (1) by taking into account—

(A) such number and locations needed to achieve the mission and strategic goals of the Veterans Justice Outreach Program;

(B) any gaps in the workforce of the Program, including such gaps identified pursuant to subsection (b)(2); and

(C) strategies to address such gaps.

(3) **USE OF TECHNOLOGY.**—In carrying out paragraph (1), the Secretary shall consider the use of virtual technology.

(d) **PERFORMANCE GOALS AND IMPLEMENTATION PLANS.**—

(1) **ESTABLISHMENT.**—The Secretary of Veterans Affairs shall establish performance goals and implementation plans for—

(A) the Veterans Justice Outreach Program;

(B) Veterans Justice Outreach Specialists; and

(C) providing support for research regarding justice-involved veterans.

(2) **CONSISTENCY WITH STRATEGIC PLAN.**—The Secretary shall ensure that the performance goals and implementation plans under paragraph (1) are consistent with the strategic plan under subsection (b) and include—

(A) qualitative and quantitative milestones, measures, and metrics, and associated timelines for completion of the plans under paragraph (1) and barriers to such completion;

(B) an identification of relevant staff; and

(C) an estimate of resource needs and sources.

(3) **PERFORMANCE DATA.**—The Secretary shall establish a process to regularly collect and analyze performance data to assess the efficiency and effectiveness of implementing the plans under paragraph (1).

(e) **TRAINING REQUIREMENT.**—The Secretary shall ensure that all Veterans Justice Outreach Specialists receive training not less frequently than annually on—

(1) best practices for identifying and conducting outreach to justice-involved veterans and relevant stakeholders in the criminal justice community; and

(2) veteran eligibility for the Veterans Justice Outreach Program, including with respect to consistently communicating changes regarding eligibility (including

through the use of a script or other reference materials).

(f) **REPORTS ON IMPLEMENTATION.**—

(1) **FIRST REPORT.**—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the following:

(A) An assessment of implementing subsection (c), including—

(i) strategies to increase Veterans Justice Outreach specialists responsible for supporting justice-involved veterans in rural, remote, or underserved areas; and

(ii) the progress of the Secretary in addressing gaps in the workforce of the Veterans Justice Outreach Program identified pursuant to paragraph (2) of such subsection.

(B) The performance goals and implementation plans established under subsection (d)(1).

(2) **SUBSEQUENT REPORT.**—Not later than three years after the date on which the first report is submitted under paragraph (1), the Secretary shall submit to Congress a report on the progress of the Secretary in meeting the performance goals and carrying out activities under the implementation plans established under subsection (d)(1).

(g) **REPORT ON VETERANS TREATMENT COURTS.**—Not later than one year after the date of the enactment of this Act, the Secretary, in consultation with the Attorney General, shall submit to Congress a report on the engagement of the Department of Veterans Affairs with veterans treatment courts, including—

(1) the availability and efficacy of veterans treatment courts in meeting the needs of justice-involved veterans;

(2) best practices for Department of Veterans Affairs staff and justice-involved veterans in working with veterans treatment courts; and

(3) the ability of justice-involved veterans to access veterans treatment courts, including any barriers that exist to increasing such access.

(h) **DEFINITIONS.**—In this section:

(1) The term “justice-involved veteran” means a veteran with active, ongoing, or recent contact with some component of a local criminal justice system.

(2) The term “Veterans Justice Outreach Program” means the program through which the Department of Veterans Affairs identifies justice-involved veterans and provides such veterans with access to Department services.

(3) The term “Veterans Justice Outreach Specialist” means an employee of the Department of Veterans Affairs who serves as a liaison between the Department and the local criminal justice system on behalf of a justice-involved veteran.

(4) The term “veterans treatment court” means a State or local court that is participating in the veterans treatment court program (as defined in section 2991(i)(1) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa(i)(1))).

SEC. 304. DEPARTMENT OF VETERANS AFFAIRS GOVERNORS CHALLENGE PROGRAM.

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.

TITLE IV—MENTAL HEALTH CARE DELIVERY

SEC. 401. EXPANSION OF PEER SPECIALIST SUPPORT PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) **EXPANSION.**—Section 506 of the VA MISSION Act of 2018 (Public Law 115-182; 38 U.S.C. 1701 note) is amended—

(1) by redesignating subsections (d) through (f) as subsections (e) through (g);

(2) in subsection (a), by adding at the end the following new sentence: “Each such peer specialist shall be a full-time employee whose primary function is to serve as a peer specialist and shall be in addition to all other employees of such medical center.”;

(3) in the heading of subsection (b), by striking “TIMEFRAME” and inserting “INITIAL TIMEFRAME”;

(4) in subsection (c)—

(A) in the heading, by striking “SELECTION” and inserting “INITIAL SELECTION”;

(B) in paragraph (1), by striking “The Secretary shall” and inserting “In establishing the program at initial locations, the Secretary shall”;

(5) by inserting after subsection (c) the following new subsection:

“(d) TIMEFRAME FOR EXPANSION OF PROGRAM: SELECTION OF ADDITIONAL LOCATIONS.—

“(1) TIMEFRAME FOR EXPANSION.—The Secretary shall make permanent and expand the program to additional medical centers of the Department as follows:

“(A) As of the date of the enactment of the STRONG Veterans Act of 2021, the Secretary shall make such program permanent at each medical center participating in the program on the day before such date of enactment.

“(B) During the seven-year period following such date of enactment, the Secretary shall expand the program to an additional 25 medical centers per year until the program is carried out at each medical center of the Department.

“(2) SELECTION OF ADDITIONAL LOCATIONS.—In selecting medical centers for the expansion of the program under paragraph (1)(B), until such time as each medical center of the Department is participating in the program by establishing not fewer than two peer specialists at the medical center, the Secretary shall prioritize medical centers in the following areas:

“(A) Rural areas and other areas that are underserved by the Department.

“(B) Areas that are not in close proximity to an active duty military installation.

“(C) Areas representing different geographic locations, such as census tracts established by the Bureau of the Census.”;

(6) in subsection (e), as redesignated by paragraph (1)—

(A) in the heading, by striking “GENDER-SPECIFIC SERVICES” and inserting “CONSIDERATIONS FOR HIRING PEER SPECIALISTS”;

(B) in the matter preceding paragraph (1), by striking “location selected under subsection (c)” and inserting “medical center”;

(C) in paragraph (1), by striking “and” at the end; and

(D) by striking paragraph (2) and inserting the following new paragraphs:

“(2) female peer specialists are hired and made available to support female veterans who are treated at each medical center; and

“(3) to the extent practical, peer specialists are hired in demographic percentages that reflect the racial and ethnic demographic percentages of the overall veterans population.”; and

(7) by amending subsection (g), as redesignated by paragraph (1), to read as follows:

“(g) REPORTS.—

“(1) PERIODIC REPORTS.—

“(A) IN GENERAL.—Not later than one year after the date of the enactment of the STRONG Veterans Act of 2021, and annually thereafter for five years, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report on the program, including the expansion of the program under subsection (d)(1).

“(B) ELEMENTS.—Each report under subparagraph (A) shall include, with respect to the one-year period preceding the submission of the report, the following:

“(i) The findings and conclusions of the Secretary with respect to the program.

“(ii) An assessment of the benefits of the program to veterans and family members of veterans.

“(iii) An assessment of the effectiveness of peer specialists in engaging under subsection (f) with health care providers in the community and veterans served by such providers.

“(iv) The name and location of each medical center where new peer specialists were hired.

“(v) The number of new peer specialists hired at each medical center pursuant to this section and the total number of peer specialists within the Department hired pursuant to this section.

“(vi) An assessment of any barriers confronting the recruitment, training, or retention of peer specialists.

“(2) FINAL REPORT.—Not later than one year after the Secretary determines that the program is being carried out at each medical center of the Department, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report notifying such committees of such determination.”.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Department of Veterans Affairs to implement section 506 of the VA MISSION Act of 2018 (Public Law 115-182; 38 U.S.C. 1701 note), as amended by subsection (a), the following amounts:

(1) \$3,600,000 for fiscal year 2022.

(2) \$7,200,000 for fiscal year 2023.

(3) \$10,800,000 for fiscal year 2024.

(4) \$14,400,000 for fiscal year 2025.

(5) \$18,000,000 for fiscal year 2026.

(6) \$21,600,000 for fiscal year 2027.

(7) \$25,000,000 for fiscal year 2028.

SEC. 402. EXPANSION OF VET CENTER SERVICES.

(a) VETERANS AND MEMBERS USING EDUCATIONAL ASSISTANCE BENEFITS.—Section 1712A of title 38, United States Code, is amended—

(1) by striking “clauses (i) through (vi)” both places it appears and inserting “clauses (i) through (vii)”;

(2) by striking “in clause (vii)” both places it appears and inserting “in clause (viii)”;

(3) in subsection (a)(1)(C)—

(A) by redesignating clause (vii) as clause (viii); and

(B) by inserting after clause (vi) the following new clause:

“(vii) Any veteran or member of the Armed Forces pursuing a course of education using covered educational assistance benefits.”;

and

(4) in subsection (h), by adding at the end the following new paragraph:

“(6) The term ‘covered educational assistance benefits’ means educational assistance benefits provided pursuant to—

“(A) chapter 30, 31, 32, or 33 of this title;

“(B) chapter 1606 or 1607 of title 10;

“(C) section 116 of the Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115-48; 38 U.S.C. 3001 note); or

“(D) section 8006 of the American Rescue Plan Act of 2021 (Public Law 117-2; 38 U.S.C. 3001 note prec.).”.

(b) GAO REPORT.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report assessing—

(1) the mental health needs of veterans pursuing a course of education using covered educational assistance benefits (as defined in

section 1712A(h)(6) of title 38, United States Code, as added by subsection (a)); and

(2) the efforts of the Department of Veterans Affairs to address such mental health needs.

SEC. 403. ELIGIBILITY FOR MENTAL HEALTH SERVICES.

(a) IN GENERAL.—Section 1712A(a)(1) of title 38, United States Code, as amended by section 402, is further amended—

(1) in subparagraph (A)(i)—

(A) in subclause (I), by striking “and”;

(B) in subclause (II), by striking the period at the end and inserting “; and”; and

(C) by adding at the end the following:

“(III) in the case of a veteran or member who died by suicide, to the degree that counseling furnished to such individual is found to aid in coping with the effects of such suicide.”;

(2) in subparagraph (B)(i)(II)—

(A) in item (aa), by striking “or”;

(B) in item (bb), by striking the period at the end and inserting “; or”; and

(C) by adding at the end the following:

“(cc) coping with the effects of a suicide described in subclause (III) of such clause.”;

and

(3) in subparagraph (C)(vii)—

(A) in subclause (I), by striking “or” at the end;

(B) in subclause (II), by striking the period at the end and inserting “; or”; and

(C) by adding at the end the following:

“(III) veteran or member of the Armed Forces who died by suicide.”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply with respect to family members of a member or veteran who died by suicide before, on, or after the date of the enactment of this Act.

SEC. 404. MENTAL HEALTH CONSULTATIONS.

(a) MENTAL HEALTH CONSULTATIONS FOR VETERANS FILING FOR COMPENSATION.—

(1) IN GENERAL.—Subchapter VI of chapter 11 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 1167. Mental health consultations

“(a) IN GENERAL.—Not later than 30 days after the date on which a veteran submits to the Secretary a claim for compensation under this chapter for a service-connected disability relating to a mental health diagnosis, the Secretary shall offer the veteran a mental health consultation to assess the mental health needs of, and care options for, the veteran.

“(b) AVAILABILITY.—The Secretary shall—

“(1) offer a veteran a consultation under subsection (a) without regard to any previous denial or approval of a claim of that veteran for a service-connected disability relating to a mental health diagnosis; and

“(2) ensure that a veteran offered a mental health consultation under subsection (a) may elect to receive such consultation during the one-year period beginning on the date on which the consultation is offered or during such longer period beginning on such date as the Secretary considers appropriate.

“(c) RULE OF CONSTRUCTION.—A consultation provided to a veteran under this section shall not be construed as a determination that any disability of such veteran is service-connected for the purposes of any benefit under the laws administered by the Secretary.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 11 of such title is amended by adding at the end the following new item:

“1167. Mental health consultations.”.

(b) MENTAL HEALTH CONSULTATIONS FOR VETERANS ENTERING HOMELESS PROGRAMS OFFICE PROGRAMS.—

(1) IN GENERAL.—Subchapter VII of chapter 20 of title 38, United States Code, is amended

by adding at the end the following new section:

“§ 2068. Mental health consultations

“(a) IN GENERAL.—Not later than two weeks after the date on which a veteran described in subsection (b) enters into a program administered by the Homeless Programs Office of the Department, the Secretary shall offer the veteran a mental health consultation to assess the health needs of, and care options for, the veteran.

“(b) VETERAN DESCRIBED.—A veteran described in this subsection is a veteran to whom a mental health consultation is not offered or provided through the case management services of the program of the Homeless Programs Office into which the veteran enters.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 20 of such title is amended by adding at the end the following new item:

“2068. Mental health consultations.”.

TITLE V—RESEARCH

SEC. 501. VETERANS INTEGRATION TO ACADEMIC LEADERSHIP PROGRAM OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the Veterans Integration to Academic Leadership program of the Department of Veterans Affairs. The report shall include the following:

(1) The number of medical centers of the Department, institutions of higher learning, non-college degree programs, and student veterans supported by the program, and relevant trends since the program began.

(2) The staff and resources allocated to the program, and relevant trends since the program began.

(3) An assessment of the outcomes and effectiveness of the program in—

(A) supporting student veterans;

(B) connecting student veterans to needed services of the Department or services provided by non-Department entities;

(C) addressing the mental health needs of student veterans;

(D) lowering the suicide risk of student veterans; and

(E) helping student veterans achieve educational goals.

(4) An assessment of barriers to expanding the program and how the Secretary intends to address such barriers.

(5) An assessment of whether the program should be expanded outside of the Office of Mental Health and Suicide Prevention to support students veterans with needs unrelated to mental health or suicide.

(b) UNIFORM BEST PRACTICES, GOALS, AND MEASURES.—The Secretary shall establish best practices, goals, and measures for the Veterans Integration to Academic Leadership program of the Department that are uniform among the medical centers of the Department.

(c) OUTREACH.—The Secretary shall conduct outreach among the Armed Forces, veterans service organizations, institutions of higher learning, and non-college degree programs with respect to the Veterans Integration to Academic Leadership program of the Department.

(d) ASSESSMENT.—The Secretary shall assess the feasibility and advisability of including the suicide rate for student veterans in the National Veteran Suicide Prevention Annual Report of the Office of Mental Health and Suicide Prevention of the Department.

(e) DEFINITIONS.—In this section:

(1) The term “institution of higher learning” has the meaning given that term in section 3452 of title 38, United States Code.

(2) The term “student veteran” means the following:

(A) A veteran or member of the Armed Forces using educational assistance under any of the following provisions of law:

(i) Chapter 30, 31, 32, or 33 of title 38, United States Code, or chapter 1606 or 1607 of title 10, United States Code.

(ii) Section 116 of the Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115–48; 38 U.S.C. 3001 note).

(iii) Section 8006 of the American Rescue Plan Act of 2021 (Public Law 117–2; 38 U.S.C. 3001 note prec.).

(B) A veteran who is enrolled in an institution of higher learning or other training program, without regard to whether the veteran is using educational assistance specified in subparagraph (A).

SEC. 502. IMPROVEMENT OF SLEEP DISORDER CARE FURNISHED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Pursuant to the analysis conducted under subsection (b), the Secretary of Veterans Affairs shall take such action as the Secretary considers appropriate to improve the assessment and treatment of veterans with sleep disorders, including by conducting in-home sleep studies for veterans.

(b) ANALYSIS.—The Secretary shall conduct an analysis of the ability of the Department of Veterans Affairs to treat sleep disorders among veterans, including—

(1) assessment and treatment options for such disorders;

(2) barriers to care for such disorders, such as wait time, travel time, and lack of staffing;

(3) the efficacy of the clinical practice guidelines of the Department of Veterans Affairs and the Department of Defense for such disorders; and

(4) the availability of and efficacy of the use by the Department of Veterans Affairs of cognitive behavioral therapy for insomnia.

(c) REPORT.—Not later than two years after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on—

(1) the findings from the analysis conducted under subsection (b); and

(2) any actions taken under subsection (a) to improve the assessment and treatment of veterans with sleep disorders.

(d) AUTHORIZATION OF APPROPRIATIONS FOR IN-HOME SLEEP STUDIES.—There is authorized to be appropriated to the Secretary of Veterans Affairs \$5,000,000 to be used to conduct in-home sleep studies for veterans, as part of sleep disorder assessment and treatment conducted by the Department of Veterans Affairs.

SEC. 503. STUDY ON INPATIENT MENTAL HEALTH AND SUBSTANCE USE CARE FROM DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall complete the conduct of a study on access of veterans to care under the residential rehabilitation treatment programs of the Department of Veterans Affairs to determine—

(1) if there are sufficient geographic offerings of inpatient mental health care, especially for veterans in rural and remote communities;

(2) if there are sufficient bed spaces at each location, based on demand and drive time from the homes of veterans;

(3) if there are any workforce-related capacity limitations at each location, including if beds are unable to be used because there are not enough providers to care for additional patients;

(4) if there are diagnosis-specific or sex-specific barriers to accessing care under such programs; and

(5) the average wait time for a bed in such a program, broken out by—

(A) Veterans Integrated Service Network;

(B) rural or urban area;

(C) sex; and

(D) specialty (general program, substance use disorder program, military sexual trauma program, etc.).

(b) RECOMMENDATIONS FOR MODIFICATIONS TO TREATMENT PROGRAMS.—Using the results from the study conducted under subsection (a), the Secretary shall make recommendations for—

(1) new locations for opening facilities to participate in the residential rehabilitation treatment programs of the Department;

(2) facilities under such programs at which new beds can be added; and

(3) any additional specialty tracks to be added to such programs, such as substance use disorder or military sexual trauma, in order to meet veteran need and demand.

(c) REPORT.—Not later than 180 days after completion of the study under subsection (a), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the findings of the study conducted under subsection (a) and the recommendations made by the Secretary under subsection (b).

SEC. 504. STUDY ON TREATMENT FROM DEPARTMENT OF VETERANS AFFAIRS FOR CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall conduct a study examining—

(1) the availability of treatment programs for veterans with co-occurring mental health and substance use disorders (including both inpatient and outpatient care);

(2) any geographic disparities in access to such programs, such as for rural and remote veterans; and

(3) the average wait times for care under such programs.

(b) REPORT.—

(1) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the findings of the study conducted under subsection (a).

(2) ELEMENTS.—The report required by paragraph (1) shall include—

(A) any recommendations resulting from the study conducted under subsection (a) with respect to improving timeliness and quality of care and meeting treatment preferences for veterans with co-occurring mental health and substance use disorders; and

(B) a description of any actions taken by the Secretary to improve care for such veterans.

SEC. 505. STUDY ON WORKLOAD OF SUICIDE PREVENTION TEAMS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Veterans Affairs, acting through the Under Secretary for Health and the Office of Mental Health and Suicide Prevention, shall conduct a study evaluating the workload of local suicide prevention teams of the Department of Veterans Affairs.

(b) ELEMENTS.—The study conducted under subsection (a) shall—

(1) identify the effects of the growth of the suicide prevention program of the Department on the workload of suicide prevention teams;

(2) incorporate key practices for staffing model design in determining suicide prevention staffing needs; and

(3) determine which facilities of the Department need increased suicide prevention coordinator staffing to meet the needs of veterans, with an emphasis placed on facilities with high patient volume and facilities located in States with high rates of veteran suicide.

(c) **REPORT.**—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report—

(1) on the findings of the study conducted under subsection (a); and

(2) indicating any changes made to the staffing of suicide prevention teams of the Department resulting from the determinations made under subsection (b)(3), including a list of facilities of the Department where staffing was adjusted.

SEC. 506. EXPANSION OF SUICIDE PREVENTION AND MENTAL HEALTH RESEARCH.

(a) **RESEARCH ON MORAL INJURY.**—The Secretary of Veterans Affairs, acting through the Office of Research and Development of the Department of Veterans Affairs, shall conduct suicide prevention and mental health care improvement research on how moral injury relates to the mental health needs of veterans who served in the Armed Forces after September 11, 2001, and best practices for mental health treatment for such veterans.

(b) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to the Department of Veterans Affairs an additional \$10,000,000 to be used by the Center of Excellence for Suicide Prevention of the Department and the Rocky Mountain Mental Illness Research Education and Clinical Center for purposes of conducting research on the factors impacting veteran suicide and best practices for early intervention and support.

SEC. 507. STUDY ON MENTAL HEALTH AND SUICIDE PREVENTION SUPPORT FOR MILITARY FAMILIES.

(a) **IN GENERAL.**—The Secretary of Veterans Affairs, in collaboration with the Secretary of Defense, shall conduct a study on secondary post-traumatic stress disorder and depression and its impact on spouses, children, and caregivers of members of the Armed Forces.

(b) **REPORT.**—

(1) **IN GENERAL.**—Not later than three years after the date of the enactment of this Act, the Secretary of Veterans Affairs, in collaboration with the Secretary of Defense, shall submit to Congress, veterans service organizations, and military support organizations a report on the findings of the study conducted under subsection (a).

(2) **DEFINITIONS.**—In this subsection:

(A) The term “military support organization” has the meaning given that term by the Secretary of Defense.

(B) The term “veterans service organization” means an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

SEC. 508. RESEARCH ON BRAIN HEALTH.

There is authorized to be appropriated to the Department of Veterans Affairs an additional \$5,000,000 for ongoing and future research at the Translational Research Center of the Department of Veterans Affairs for traumatic brain injury and stress disorders to provide better understanding of, and improved treatment options for, veterans who served in the Armed Forces after September 11, 2001, and who have traumatic brain injury or post-traumatic stress disorder.

SEC. 509. STUDY ON EFFICACY OF CLINICAL AND AT-HOME RESOURCES FOR POST-TRAUMATIC STRESS DISORDER.

Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs, acting through the Office of Research and Development of the Department of Veterans Affairs, shall conduct a study on—

(1) the efficacy of clinical and at-home resources, such as mobile applications like COVID Coach, for providers, veterans, caregivers, and family members to use for dealing with stressors;

(2) the feasibility and advisability of developing more such resources;

(3) strategies for improving mental health care and outcomes for veterans with post-traumatic stress disorder; and

(4) best practices for helping family members of veterans deal with secondary post-traumatic stress disorder or mental health concerns.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from California (Mr. LEVIN) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. LEVIN of California. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 6411, as amended.

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

There was no objection.

Mr. LEVIN of California. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 6411, as amended, the Support The Resilience of Our Nation's Great Veterans Act, or **STRONG** Veterans Act.

Chairman TAKANO introduced this bill with Ranking Member BOST, and we are grateful to them and their staff for working together over many months to bring this vital package to the House floor. This represents a true bipartisan effort to address a pressing issue.

Although we all were glad to see the veteran suicide rate drop in the last year for which we have data, one death is one too many, and suicide is preventable. We must honor our veterans' service by getting them the care they have earned and deserve now.

Preventing veteran suicide and strengthening veterans' mental health and well-being remains a top priority not only of the Biden administration and the Department of Veterans Affairs but also of our committee. There are prevention approaches and treatments that work, and we must expand all veterans' access to these lifesaving and life-improving services.

Madam Speaker, while we are talking about access, I want to make sure everyone listening today has the Veterans Crisis Line phone number. If you or somebody you care about is in distress, call 1-800-273-TALK—that is 1-

800-273-8255—and press 1 for responders with military and veteran expertise. There is no reason to suffer alone.

Along with our colleagues in the Senate, we have advanced bipartisan bills over the past year that now make up the 22 sections of the **STRONG** Veterans Act.

I want to especially thank our colleagues both on and off the committee for their individual legislative contributions to this omnibus package.

Congresswoman BROWNLEY, who chairs our Veterans' Affairs Health Subcommittee, introduced what we consider a cornerstone of **STRONG**—her American Indian and Alaska Native Veterans Mental Health Act. This provision mandates that VA hire full-time minority veteran coordinators at every VA medical center to provide culturally competent mental health and suicide prevention outreach to our Tribal veterans.

Congresswoman SLOTKIN's Solid Start Act is included in **STRONG** and will ensure that VA continues to contact and check in with veterans following their transition from Active Duty during what we know is a very high-risk time for stress, mental health challenges, and even suicide.

The committee also was pleased to include the Veteran Peer Specialist Act from Congressman SCOTT PETERS. This is an important provision directing VA to expand its peer specialist program which is extremely popular with veterans.

Although our colleague, former Congressman Delgado, recently left the House to become Lieutenant Governor of New York, I thank him for introducing the **REACH** for Veterans Act in the House. It is a critical component of **STRONG** and will strengthen VA's Veterans Crisis Line.

Finally, Chairman TAKANO's bill in **STRONG**, the VA Governor's Challenge Expansion Act, mandates, for the first time, VA-included Tribes in addition to States in the successful Governors' Challenge program to prevent veteran suicide. No sovereign nation should have to wait to be invited to a State Governor's Challenge team. Instead, Tribes selected for the program will work directly with VA to tailor innovative suicide prevention ideas to the needs of their own Native veterans.

Overall, **STRONG** will give VA important new authorities and resources to support veterans' mental health and well-being through increased training, outreach, mental health care delivery, and research in line with the committee's public health approach and President Biden's strategy to address veteran suicide.

It addresses gaps along the spectrum of prevention and care by expanding mental health outreach to traditionally underserved veterans, developing and delivering the most effective treatments, better equipping VA's workforce to provide care, and further strengthening VA's crisis response system.

With this legislation, we will help VA better meet veterans where they are—literally. STRONG directs VA to hire more mental health staff at vet centers close to where veterans live and work.

STRONG also directs VA to assess and improve how well it serves veterans on college campuses. It requires VA to more consistently and comprehensively reach out and provide mental health services to veterans who have been involved with the criminal justice system.

STRONG mandates that as the new three-digit crisis hotline number goes live across the country in July, VA further strengthen its Veterans Crisis Line to meet the predicted surge in demand for emergency care and followup.

STRONG lays out important guidance for VA's research program related to suicide, substance use challenges, and other mental health issues. While caring for veterans today, VA must always be investing in science and looking for tomorrow's innovative solutions to improve veterans' lives.

STRONG and its component bills are endorsed by too many veterans service organizations and health organizations to list, but, Madam Speaker, let me leave you with these words from Andrew Marshall, National Commander of Disabled American Veterans, "There is simply no greater or more urgent challenge within the veteran community right now than addressing mental health concerns and ensuring our Nation's heroes have access to the support they need to both prevent and mitigate crisis."

"DAV is pleased to support the STRONG Veterans Act, and we urge its swift passage and signing into law."

In closing, Madam Speaker, Chairman TAKANO and I support this important piece of legislation, and we urge our colleagues to support H.R. 6411, as amended.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I rise today in support of H.R. 6411, as amended, the Support The Resiliency of Our Nation's Great, STRONG, Veterans Act.

This bill would improve VA's mental health and suicide prevention strategies by doing a number of things. It would expand the Vet Center workforce, and it would also allow student veterans the opportunity to seek counseling at Vet Centers during what can be yet another stressful time in that period of transitioning into civilian life.

□ 1315

Additionally, the bill would allow family members of veterans who died by suicide to seek bereavement counseling at Vet Centers. This support, from counselors who know veterans and the challenges that their families often face, would be a valuable resource for those in mourning.

This bill would expand training, scholarship, and loan repayment pro-

grams for the VA mental health providers. It would direct a series of actions to improve the Veterans Crisis Line, including enhanced training and oversight. It would codify an existing VA program that reaches out to veterans in their first year out of the military to provide them with information about relevant resources.

This bill would require VA to conduct numerous studies with the goals of improving care for veterans with sleep disorders, refining inpatient care for veterans struggling with addiction, identifying treatments for veterans suffering from both mental health and substance use disorders, and assessing the possible secondary impacts PTSD and depression may have on veterans' families.

This bill is the product of bipartisan, bicameral negotiations between the Veterans Affairs' Committee leaders. I thank Chairman TAKANO for working with me to introduce this bill and move it forward today.

I thank Senate colleagues Chairman TESTER and Ranking Member MORAN for their work on this bill.

This bill contains many provisions that were in standalone bills introduced by many of our other Members, and I recognize them today. I send a particular thank-you to Dr. Murphy, Congressman ROUZER, and to two of my fellow committee members, veterans themselves, Dr. MILLER-MEEKS and Congressman ELLZEY. Each of them spearheaded vital pieces of this legislation that will help veterans and their families thrive for years to come.

I encourage any veteran listening to this who is struggling and in need of support to contact the veterans hotline by calling 1-800-273-8825 and pressing 1. Once again, that is 1-800-273-8825 and pressing 1. Or you can also get there by texting 838255. That is 838255. Or you can actually visit the Veterans Crisis Line at veteranscrisisline.net, all one word.

There is absolutely no shame in asking for help if you need it.

I urge my colleagues to join me in supporting this bill.

Madam Speaker, I reserve the balance of my time.

Mr. LEVIN of California. Madam Speaker, I have no further speakers, and I am prepared to close. I reserve the balance of my time.

Mr. BOST. Madam Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. MURPHY), my good friend.

Mr. MURPHY of North Carolina. Madam Speaker, I rise today in enthusiastic support of H.R. 6411, the Support The Resiliency of Our Nation's Great Veterans Act, commonly known as the STRONG Act.

I am proud that this legislation includes language from my bill, H.R. 4233, the Student Veterans Counseling Centers Eligibility Act. I introduced this bill alongside Ranking Member BOST to aid veteran transition back to civilian life, especially for those looking to further their education.

Far too often, we see the tragedy of our selfless defenders losing their battle to mental health issues when returning from service. The intention of our provision is to aid more of our veterans who are readjusting to civilian lives by providing them with overdue access to vital mental health resources.

This is especially personal to my district, as I represent 89,000 veterans, many of whom are or will be receiving benefits via the Post-9/11 GI Bill.

Regardless of which side of the aisle we sit on, we have an obligation to make sure that our counseling services are more accessible for our veterans, and I am glad that the STRONG Act focuses on this obligation.

My provision would expand counseling and mental health support to student veterans through the VA's readjustment counseling centers, also known as Vet Centers. These centers provide individual, group, marriage, and family counseling, as well as peer support opportunities for Active-Duty servicemembers, veterans, members of the National Guard and Reserve, and certain military family members. Vet Centers are community based, confidential, and free.

A recent RAND study shows that 20 percent of veterans on the GI Bill face feelings of depression from PTSD. That 20 percent amounts to over 170,000 veterans, double the number of veterans in my district.

Currently, the option of student veterans using school psychologists, in actuality, provides very little relief for our veterans. The director of policy and advocacy for the National Association of School Psychologists has reported that the national ratio of school psychologists to students is anywhere from 1 to 2,000 to 1 to 5,000.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BOST. Madam Speaker, I yield an additional 2 minutes to the gentleman from North Carolina (Mr. MURPHY).

Mr. MURPHY of North Carolina. I have heard personal stories from student veterans who have had to wait weeks or even months for a mental health appointment if their mental health crisis was not deemed in need of "immediate attention." Unfortunately, many of our veterans do not have the luxury of weeks or months to see a mental health provider.

In addition, many of our universities' mental health counselors are actually not licensed professionals but, instead, graduate or doctoral students. Our veterans deserve better than this. They deserve the best healthcare from qualified professionals.

Helping students succeed in school and their civilian lives is one of the most important ways we can thank them for their service.

Tragically, the suicide rate among our veterans now is estimated to be anywhere from 17 to 22 suicides a day. Forty-six percent of military students

have reported suicidal thoughts, compared with only 6 percent of their non-military peers.

If we can provide mental health services that are able to assist just a single veteran who is contemplating suicide to choose to live, I believe it is our sworn duty to do so. We have that opportunity now.

I am proud to support the STRONG Veterans Act, and I am very grateful to Chairman TAKANO and Ranking Member BOST for including my bill, the Student Veterans Counseling Center Eligibility Act. I urge my colleagues to vote "yes" on H.R. 6411 in support of our Nation's veterans.

Mr. LEVIN of California. Madam Speaker, I reserve the balance of my time.

Mr. BOST. Madam Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. ROUZER).

Mr. ROUZER. Madam Speaker, after hearing from my constituent whose veteran spouse tragically died by suicide, and learning of the obstacles they faced when trying to receive critical mental health support for themselves and their children following his death, I introduced a bill to ensure veteran families struggling from such a loss have access to the support they need and deserve.

My legislative language, included in this bill before us today, the STRONG Veterans Act, expands Vet Center eligibility for counseling and mental health services to families of servicemembers or veterans who died by suicide. This expansion of services is necessary so that these families can receive the critical mental health support needed to help them heal and move forward.

We all know that grief can be extremely isolating, and the families of servicemembers and veterans who have died by suicide should not have to worry about enduring this difficult journey alone.

Our military families who support a loved one who is serving, or has served, make a tremendous sacrifice for our country, as well. We must ensure they have access to the care that they deserve and the help that they need when trying to move forward after a suicide has devastated them and their family.

Madam Speaker, I thank the chairman and the ranking member for working with me to include this very important piece of legislation in this package, and I encourage my colleagues to support it.

Mr. LEVIN of California. Madam Speaker, I am prepared to close. I reserve the balance of my time.

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

First off, I say thank you to all the people who have worked on this important piece of legislation for the support that it has received.

The important thing is that we get the care, treatment, and support for all the veterans who are considering suicide and the families who suffer from the fact that they have done it.

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

Mr. LEVIN of California. Madam Speaker, again, I ask all of my colleagues to join me in passing H.R. 6411, as amended, and I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, I rise in support of H.R. 6411, known as the STRONG Veterans Act of 2022.

As a senior member of the House Committees on Judiciary and Homeland Security, I care deeply about our veterans.

I offer my deepest gratitude to our Nation's troops and reservists, their families, and the 21.6 million veterans, including 29,126 in the 18th Congressional District of Texas that I proudly represent.

In Congress, I have sponsored many legislative proposals and co-sponsored well over 50 pieces of legislation that will positively benefit our veterans and their families.

Veterans with mental health diagnoses have a significantly elevated suicide risk. Suicide rates of veterans are at an all-time high, rising 25 percent in 2021 over the previous year. Veterans continue to have a 50 percent higher risk of suicide than their peers who have not served.

More than 80 percent of post-9/11 veterans say that the public does not understand the problems that veterans face when transitioning to civilian life.

Current resources to help the mental health of our veterans are inadequate. Our veterans need our support when transitioning back to civilian life.

The STRONG Veterans Act will:
Open eligibility for more student veterans at Vet Centers;

Expand culturally competent suicide prevention at VA for native veterans;

Significantly increase mental health staffing and training at VA medical centers and Vet Centers;

Further strengthen the Veterans Crisis Line; Allow more veterans to benefit from engaging with peer specialists; and

Collect data for VA to guide expansion of inpatient mental health and substance use treatment.

I urge my colleagues to vote in favor of H.R. 6411.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. LEVIN) that the House suspend the rules and pass the bill, H.R. 6411, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed. Votes will be taken in the following order:

S. 2089,
H.R. 5407, and
H.R. 6493.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

KEEP KIDS FED ACT OF 2022

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to suspend the rules and pass the bill (S. 2089) to amend title 38, United States Code, to ensure that grants provided by the Secretary of Veterans Affairs for State veterans' cemeteries do not restrict States from authorizing the interment of certain deceased members of the reserve components of the Armed Forces in such cemeteries, and for other purposes, as amended, on which the yeas and nays were ordered. The Clerk read the title of the bill.

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

The vote was taken by electronic device, and there were—yeas 376, nays 42, not voting 11, as follows:

[Roll No. 290]

YEAS—376

Adams	Castro (TX)	Fitzpatrick
Aderholt	Chabot	Fleischmann
Aguilar	Cheney	Fletcher
Allen	Cherfilus	Flores
Allred	McCormick	Foster
Amodei	Chu	Fox
Armstrong	Cicilline	Frankel, Lois
Arrington	Clark (MA)	Fulcher
Auchincloss	Clarke (NY)	Gallagher
Axne	Cleaver	Gallego
Babin	Clyburn	Garamendi
Bacon	Cohen	Garbarino
Baird	Cole	Garcia (CA)
Balderson	Comer	Garcia (IL)
Barr	Connolly	Garcia (TX)
Barragán	Cooper	Gibbs
Bass	Correa	Gimenez
Beatty	Costa	Golden
Bentz	Courtney	Gomez
Bera	Craig	Gonzales, Tony
Bergman	Crawford	Gonzalez (OH)
Beyer	Crenshaw	Gonzalez,
Bice (OK)	Crist	Vicente
Bilirakis	Crow	Gottheimer
Bishop (GA)	Cuellar	Granger
Blumenauer	Curtis	Graves (LA)
Blunt Rochester	Daids (KS)	Graves (MO)
Bonamici	Davis, Danny K.	Green (TN)
Bost	Davis, Rodney	Green, Al (TX)
Bourdeaux	Dean	Griffith
Boyle, Brendan	DeFazio	Grijalva
F.	DeGette	Grothman
Brady	DeLauro	Guthrie
Brown (MD)	DelBene	Harder (CA)
Brown (OH)	Demings	Harshbarger
Brownley	DeSaulnier	Hartzler
Buchanan	DesJarlais	Hayes
Bucshon	Deuth	Herrell
Budd	Diaz-Balart	Herrera Beutler
Burgess	Dingell	Higgins (NY)
Bush	Doggett	Hill
Bustos	Donalds	Himes
Butterfield	Doyle, Michael	Hinson
Calvert	F.	Horsford
Cammack	Duncan	Houlihan
Carbajal	Dunn	Hoyer
Cárdenas	Ellzey	Hudson
Carey	Emmer	Huffman
Carl	Escobar	Huizenga
Carson	Eshoo	Issa
Carter (GA)	Espallat	Jackson
Carter (LA)	Estes	Jackson Lee
Carter (TX)	Evans	Jacobs (CA)
Cartwright	Fallon	Jacobs (NY)
Case	Feenstra	Jayapal
Casten	Ferguson	Jeffries
Castor (FL)	Fischbach	Johnson (GA)