Suspend the Rules and Pass the Bill, H.R. 6411, with an Amendment
(The amendment strikes all after the enacting clause and inserts a new text)

117TH CONGRESS  
2D SESSION  

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.

IN THE HOUSE OF REPRESENTATIVES  
JANUARY 18, 2022  
Mr. TAKANO (for himself and Mr. BOST) introduced the following bill; which was referred to the Committee on Veterans’ Affairs

A BILL  
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.

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 veteran...
4 erans, especially with respect to the identified populations
and tribes within the coordinators’ catchment areas.

(c) Coordination With Suicide Prevention Co-
ordinators.—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 Su-
cide Prevention, shall ensure that the suicide prevention
coordinator and minority veteran coordinator of each med-
ical center of the Department have developed and dissemi-
nated to the director of the medical center a written plan
for conducting mental health and suicide prevention out-
reach 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 Serv-
ice facility serving that tribe;

(2) a schedule for and list of outreach plans
(including addressing any barriers to accessing De-
partment 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 Representat...
(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 Affili-
ations, 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 De-
finite.—In this section, the term “covered mental health
disciplines” means psychiatry, psychology, advanced prac-
tice 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, psy-
chology, 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).

(e) 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
1 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 re-
cording 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 AS-
SISTANTS AND CLARIFICATION OF JOB RE-
SPONSIBILITIES.

Not later than one year after the date of the enact-
ment 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 de-
lineate roles and responsibilities for all levels of su-
pervisory 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”.

“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, nonprofits 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 out-
reach regarding educational opportunities under sub-
section (b) at—

(1) public events where many veterans are ex-
pected to congregate;

(2) meetings of organizations that represent
veterans;

(3) facilities of the Department; and

(4) such other locations as the Secretary, in col-
laboration with organizations that represent vet-
erans, 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 jus-
vice-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 (e), 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”; and

(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 “CONSIDER-
ations for Hiring Peer Specialists”; 

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

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

(D) by striking paragraph (2) and insert-
ing 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 ra-
cial and ethnic demographic percentages of the over-
all 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;

(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)(ii)—

(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.

(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 guide-
lines 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 be-
havioral 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 Rep-
resentatives 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 appro-
priated 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 re-
port 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 Vet-
ers Affairs an additional $10,000,000 to be used by the
Center of Excellence for Suicide Prevention of the Depart-
ment 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 PRE-
VENTION SUPPORT FOR MILITARY FAMILIES.

(a) IN GENERAL.—The Secretary of Veterans Af-
fairs, in collaboration with the Secretary of Defense, shall
conduct a study on secondary post-traumatic stress dis-
order 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 Sec-
retary 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.