

119TH CONGRESS
2D SESSION

H. R. 9669

To direct the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to establish a 5-year pilot program under which the Secretary will award grants to eligible entities for purposes of expanding forensic assertive community treatment team programs.

IN THE HOUSE OF REPRESENTATIVES

JULY 14, 2026

Ms. ADAMS (for herself, Ms. CLARKE of New York, and Mr. CARSON) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to establish a 5-year pilot program under which the Secretary will award grants to eligible entities for purposes of expanding forensic assertive community treatment team programs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Forensic Assertive
3 Community Treatment Pilot Program Act” or the “FACT
4 Pilot Program Act”.

5 **SEC. 2. PILOT PROGRAM TO SUPPORT STATE AND LOCAL**
6 **FORENSIC ASSERTIVE COMMUNITY TREAT-**
7 **MENT PROGRAMS.**

8 (a) IN GENERAL.—

9 (1) ESTABLISHMENT.—The Secretary of Health
10 and Human Services, acting through the Assistant
11 Secretary for Mental Health and Substance Use (in
12 this section referred to as the “Secretary”), shall es-
13 tablish a 5-year pilot program under which the Sec-
14 retary will award grants to eligible entities to enable
15 such entities to, directly, or through a subgrant to
16 a nonprofit organization, licensed mental health
17 treatment agency, a local management care entity/
18 managed care organization, or any other entity the
19 Secretary considers appropriate, expand the forensic
20 assertive community treatment team programs car-
21 ried out in the respective jurisdiction of the eligible
22 entity to enable such entity to serve more commu-
23 nity members.

24 (2) DEFINITIONS.—In this subsection:

25 (A) The term “eligible entity” means a
26 State or a local government that, as of the date

1 of the enactment of this Act, is carrying out, or
2 is partnering with, a forensic assertive commu-
3 nity treatment team program within the respec-
4 tive State or locality or localities served by the
5 local government.

6 (B) The term “forensic assertive commu-
7 nity treatment team program” means a pro-
8 gram—

9 (i) with a small client-to-team ratio
10 under which around the clock, time-unlim-
11 ited care and intensive, field-based serv-
12 ices, including mental health care, addic-
13 tion treatment, vocational training, and
14 housing assistance, are provided to individ-
15 uals with serious mental illness, who may
16 have co-occurring substance use and phys-
17 ical health disorders, and who are involved
18 with the criminal justice system;

19 (ii) that maintains fidelity with the
20 Assertive Community Treatment model,
21 while incorporating adaptations that address
22 the criminogenic risk and needs of the in-
23 dividuals described in clause (i); and

1 (iii) in which such services are pro-
2 vided by a multidisciplinary team of pro-
3 viders that includes—

4 (I) representatives from the field
5 of psychiatry (including psychiatric
6 nursing);

7 (II) specialists in employment
8 and substance use services;

9 (III) a criminal justice partner
10 (such as a member of local law en-
11 forcement, a provider of pretrial serv-
12 ices, or a probation or parole officer);
13 and

14 (IV) one or more forensic peer
15 specialists living with serious mental
16 illness or a co-occurring disorder who
17 have personal experience with criminal
18 justice system involvement.

19 (C) The term “involved with the criminal
20 justice system” means to have had contact with
21 law enforcement, the courts, or correctional sys-
22 tems. Such term includes involvement at any
23 stage, including arrest, pre-trial services, incar-
24 cerated in jail or prison, incarcerated in jail or
25 prison and pending imminent release, recently

1 released from incarceration or a forensic hos-
2 pital setting, probation, parole, or other forms
3 of community supervision.

4 (3) AUTHORIZATION OF APPROPRIATIONS.—

5 There are authorized to be appropriated to carry out
6 this subsection such sums as may be necessary for
7 each of fiscal years 2027 through 2032.

8 (b) STUDY AND REPORT.—

9 (1) IN GENERAL.—Not later than 60 days after
10 the date of the enactment of this Act, the Secretary
11 shall seek to enter into an agreement under which
12 the National Academies of Sciences, Engineering,
13 and Medicine, shall conduct a study which shall—

14 (A) recommend defined and measurable
15 metrics of effectiveness that the Secretary and
16 other Federal agencies may use in evaluating
17 programs, including metrics measuring—

18 (i) the reduction in recidivism, psy-
19 chiatric hospitalizations, emergency depart-
20 ment utilization, and reoccurring hos-
21 pitalization and the associated costs;

22 (ii) the reduction in time it takes for
23 an at-risk individual to access stable hous-
24 ing;

1 (iii) the reduction in the time it takes
2 for an at-risk individual to access mental
3 health services;

4 (iv) the improvement in mental health
5 outcomes;

6 (v) any increase in community connec-
7 tion and reintegration; and

8 (vi) improvement in overall public
9 safety;

10 (B) identify key mechanisms of model fi-
11 delity that can be recognized despite the vari-
12 ation between local and State programs and
13 justice systems and identify model fidelity
14 metrics for use in future evaluations;

15 (C) develop policy proposals that can be
16 made at the Federal and State level to scale up
17 existing programs and infrastructure, with at-
18 tention to implementation considerations;

19 (D) provide an implementation framework
20 for States and localities interested in starting
21 new forensic assertive community treatment
22 team programs, with attention to the unique
23 needs for adaptation in rural communities;

1 (E) provide a cost estimate for the develop-
2 ment and implementation of such policy pro-
3 posals;

4 (F) provide a cost-savings and benefits
5 analysis of the program model, including the
6 impact on health care and justice systems; and

7 (G) provide recommendations to the Sec-
8 retary for the improvement and implementation
9 of such model.

10 (2) SUBMISSION TO SECRETARY.—The agree-
11 ment entered into under paragraph (1) shall require
12 the National Academies, not later than 18 months
13 after the date of the enactment of this Act, to sub-
14 mit to the Secretary and to Congress a report con-
15 taining the findings of the study conducted under
16 such agreement.

17 (3) PUBLICATION.—Not later than 60 days
18 after the submission of the report under paragraph
19 (2), the Secretary shall—

20 (A) publish such report on the public
21 website of the Department of Health and
22 Human Services; and

23 (B) distribute such report to State and
24 local governments.

1 (4) AUTHORIZATION OF APPROPRIATIONS.—
2 There are authorized to be appropriated to carry out
3 this subsection \$1,500,000, to remain available until
4 expended.

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