

TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC
STRESS DISORDER LAW ENFORCEMENT TRAINING ACT

MAY 18, 2022.—Committed to the Committee of the Whole House on the State of
the Union and ordered to be printed

Mr. NADLER, from the Committee on the Judiciary,
submitted the following

R E P O R T

[To accompany H.R. 2992]

The Committee on the Judiciary, to whom was referred the bill (H.R. 2992) to direct the Attorney General to develop crisis intervention training tools for use by first responders related to interacting with persons who have a traumatic brain injury, another form of acquired brain injury, or post-traumatic stress disorder, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all that follows after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act” or the “TBI and PTSD Law Enforcement Training Act”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) According to the Centers for Disease Control and Prevention, there were approximately 2.9 million traumatic brain injury-related emergency department visits, hospitalizations, and deaths in the United States in 2014.

(2) Effects of traumatic brain injury (TBI) can be short-term or long-term, and include impaired thinking or memory, movement, vision or hearing, or emotional functioning, such as personality changes or depression.

(3) Currently, between 3.2 million and 5.3 million persons are living with a TBI-related disability in the United States.

(4) About 7 or 8 percent of Americans will experience post-traumatic stress disorder (PTSD) at some point in their lives, and about 8 million adults have PTSD during the course of a given year.

(5) TBI and PTSD have been recognized as the signature injuries of the Wars in Iraq and Afghanistan.

(6) According to the Department of Defense, 383,000 men and women deployed to Iraq and Afghanistan sustained a brain injury while in the line of duty between 2000 and 2018.

(7) Approximately 13.5 percent of Operations Iraqi Freedom and Enduring Freedom veterans screen positive for PTSD, according to the Department of Veteran Affairs.

(8) About 12 percent of Gulf War Veterans have PTSD in a given year while about 30 percent of Vietnam Veterans have had PTSD in their lifetime.

(9) Physical signs of TBI can include motor impairment, dizziness or poor balance, slurred speech, impaired depth perception, or impaired verbal memory, while physical signs of PTSD can include agitation, irritability, hostility, hypervigilance, self-destructive behavior, fear, severe anxiety, or mistrust.

(10) Physical signs of TBI and PTSD often overlap with physical signs of alcohol or drug impairment, which complicate a first responder’s ability to quickly and effectively identify an individual’s condition.

SEC. 3. CREATION OF A TBI AND PTSD TRAINING FOR FIRST RESPONDERS.

Part HH of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10651 et seq.) is amended—

(1) in section 2991—

(A) in subsection (h)(1)(A), by inserting before the period at the end the following: “, including the training developed under section 2993”; and

(B) in subsection (o), by amending paragraph (1) to read as follows:

“(1) IN GENERAL.—There is authorized to be appropriated to the Department of Justice to carry out this section \$54,000,000 for each of fiscal years 2023 through 2027.”; and

(2) by inserting after section 2992 the following new section:

“SEC. 2993. CREATION OF A TBI AND PTSD TRAINING FOR FIRST RESPONDERS.

“(a) IN GENERAL.—Not later than one year after the date of the enactment of this section, the Attorney General, acting through the Director of the Bureau of Justice Assistance, in consultation with the Director of the Centers for Disease Control and Prevention and the Assistant Secretary for Mental Health and Substance Use, shall solicit best practices regarding techniques to interact with persons who have a traumatic brain injury, an acquired brain injury, or post-traumatic stress disorder from first responder, brain injury, veteran, and mental health organizations, health care and mental health providers, hospital emergency departments, and other relevant stakeholders, and shall develop crisis intervention training tools for use by first responders (as such term is defined in section 3025) that provide—

“(1) information on the conditions and symptoms of a traumatic brain injury, an acquired brain injury, and post-traumatic stress disorder;

“(2) techniques to interact with persons who have a traumatic brain injury, an acquired brain injury, or post-traumatic stress disorder; and

“(3) information on how to recognize persons who have a traumatic brain injury, an acquired brain injury, or post-traumatic stress disorder.

“(b) USE OF TRAINING TOOLS AT LAW ENFORCEMENT MENTAL HEALTH LEARNING SITES.—The Attorney General shall ensure that not less than one Law Enforcement Mental Health Learning Site designated by the Director of the Bureau of Justice Assistance uses the training tools developed under subsection (a).

“(c) POLICE MENTAL HEALTH COLLABORATION TOOLKIT.—The Attorney General shall make the training tools developed under subsection (a) available as part of the Police-Mental Health Collaboration Toolkit provided by the Bureau of Justice Assistance.”

SEC. 4. SURVEILLANCE AND REPORTING FOR FIRST RESPONDERS WITH TBI.

Section 393C of the Public Health Service Act (42 U.S.C. 280b–1d) is amended by adding at the end the following:

“(d) LAW ENFORCEMENT AND FIRST RESPONDER SURVEILLANCE.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall implement concussion data collection and analysis to determine the prevalence and incidence of concussion among first responders (as such term is defined in section 3025 of the Omnibus Crime Control and Safe Street Act of 1968 (34 U.S.C. 10705)).

“(2) REPORT.—Not later than 18 months after the date of the enactment of this subsection, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall submit to the relevant committees of Congress a report that contains the findings of the surveillance conducted under paragraph (1). The report shall include surveillance data and recommendations for resources for first responders who have experienced traumatic brain injury.”

Purpose and Summary

H.R. 2992, the “Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act” or the “TBI and PTSD Law Enforcement Training Act,” would require the Bureau of Justice Assistance to establish crisis intervention training tools for first responders to recognize and assist individuals with traumatic brain injuries, acquired brain injuries, and post-traumatic stress disorder. The bill would also require the Centers for Disease Control and Prevention (CDC) to study the prevalence of TBI and concussion among first responders.

Background and Need for the Legislation

According to the CDC, there were approximately 2.9 million TBI-related emergency department visits, hospitalizations, and deaths in the U.S. in 2014¹ and TBIs were identified in 25% of all injury-related deaths in 2017.² Depending on the severity of the injury, those who get a TBI may face health problems that last a few days or the rest of their lives. Effects of traumatic brain injury can be short-term or long-term, and include impaired thinking, memory, movement, vision, hearing, or emotional functioning, such as personality changes or depression.³

More than 430,000 U.S. service members were diagnosed with a TBI from 2000 through 2020.⁴ Service members and veterans who have sustained a TBI may have ongoing symptoms and experience co-occurring health conditions such as PTSD and depression.⁵ Law

¹Centers for Disease Control and Prevention, *Surveillance Report of Traumatic Brain Injury-related Emergency Department Visits, Hospitalizations, and Deaths*, United States, 2014, <https://www.cdc.gov/traumaticbraininjury/pdf/TBI-Surveillance-Report-508.pdf>.

²Centers for Disease Control and Prevention, *Traumatic Brain Injury-related Deaths by Age Group, Sex, and Mechanism of Injury*, United States, 2018 and 2019, <https://www.cdc.gov/traumaticbraininjury/pdf/TBI-surveillance-report-2018-2019-508.pdf>.

³Centers for Disease Control and Prevention, *Potential Effects of a Moderate or Severe TBI*, <https://www.cdc.gov/traumaticbraininjury/moderate-severe/potential-effects.html>.

⁴Centers for Disease Control and Prevention and National Institutes of Health, *Report to Congress on Traumatic Brain Injury in the United States: Understanding the Public Health Problem among Current and Former Military Personnel*, June 2013, https://www.cdc.gov/traumaticbraininjury/pdf/Report_to_Congress_on_Traumatic_Brain_Injury_2013-a.pdf.

⁵*Id.*

enforcement and first responders may have trouble identifying individuals with TBI and PTSD.

Many of the symptoms of TBI and PTSD, such as confusion, inability to follow directions, and impaired thinking or memory, can be misinterpreted or mistaken for intoxication. Additionally, other symptoms like agitation or irritability can raise safety issues for the individual with law enforcement and first responders. “With more than 240 million 911 calls made each year, police have become the default first responders to nearly every social issue people and their communities face—from mental illness to substance use to homelessness.”⁶ Crisis Intervention Team (CIT) programs are an innovative, community-based approach to improve the outcomes of encounters between law enforcement and individuals in crisis by offering a specialized response and diverting individuals away from arrest and incarceration and towards mental health services and other resources.

CIT programs focus on the need for advanced training and specialization for patrol officers and immediacy of the crisis response, with an emphasis on officer and citizen safety and proper referral for those in crisis.⁷ CIT has positively influenced officer perceptions, decreased the need for higher levels of police intervention, decreased officer injuries and redirected those in crisis from the criminal justice system to the health care system. Studies have shown that CIT is associated with improved officer knowledge about mental illness and, in one city, resulted in an 80% reduction of officer injuries during crisis calls.⁸

Additionally, CIT programs allow law enforcement to focus on crime and other risks to public safety by reducing the amount of time officers spend responding to crisis calls.⁹ CIT has also been shown to reduce costs by diverting individuals away from incarceration and into community-based treatment.¹⁰ Developing and implementing CIT training programs to include recognizing the signs and symptoms of TBI and PTSD will enable law enforcement to more effectively respond to crisis calls, improve officer and public safety, and reduce costs for state and local jurisdictions.

The TBI and PTSD Law Enforcement Training Act would direct the Department of Justice, through the Bureau of Justice Assistance, to solicit best practices and develop crisis intervention training tools for law enforcement and first responders that include information on the conditions and symptoms of traumatic brain injury and post-traumatic stress disorder. The bill would require that the training be made available as part of the Police Mental Health Collaboration Toolkit, a no-cost online training tool for law enforcement agencies. Additionally, the bill requires the CDC to study the occurrence of TBI within law enforcement and first responders.

⁶ Investing in Evidence-Based Alternatives to Policing: Civilian Crisis Response, Vera Institute of Justice, August 2021, <https://www.vera.org/downloads/publications/alternatives-to-policing-civilian-crisis-response-fact-sheet.pdf>.

⁷ National Alliance on Mental Illness, Crisis Intervention Team Programs, [https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-\(CIT\)-Programs](https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-(CIT)-Programs).

⁸ Department of Justice, Office of Justice Programs, *Police Response to Mental Health Emergencies: Barriers to Change*, 2000, <https://www.ojp.gov/ncjrs/virtual-library/abstracts/police-response-mental-health-emergencies-barriers-change>.

⁹ *Id.*

¹⁰ Jay Greene, *Mental health cuts in Detroit have increased law enforcement problems, flooded ERs and created general misery*, CrainsDetroit.com, May 6, 2011, <https://www.crainsdetroit.com/article/20110506/BLOG010/110509920/mental-health-cuts-in-detroit-have-increased-law-enforcement>.

Hearings

The Committee on the Judiciary held no hearings on H.R. 2992.

Committee Consideration

On May 11, 2022, the Committee met in open session and ordered the bill, H.R. 2992 favorably reported with an amendment in the nature of a substitute, by a voice vote, a quorum being present.

Committee Votes

No roll call votes occurred during the Committee's consideration of H.R. 2992.

Committee Oversight Findings

In compliance with clause 3(c)(1) of House Rule XIII, the Committee advises that the findings and recommendations of the Committee, based on oversight activities under clause 2(b)(1) of House Rule X, are incorporated in the descriptive portions of this report.

Committee Estimate of Budgetary Effects

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

New Budget Authority and Congressional Budget Office Cost Estimate

Pursuant to clause 3(c)(2) of House Rule XIII and section 308(a) of the Congressional Budget Act of 1974, and pursuant to clause 3(c)(3) of House Rule XIII and section 402 of the Congressional Budget Act of 1974, the Committee has requested but not received from the Director of the Congressional Budget Office, a budgetary analysis and a cost estimate of the bill.

Duplication of Federal Programs

Pursuant to clause 3(c)(5) of House Rule XIII, no provision of H.R. 2992 establishes or reauthorizes a program of the federal government known to be duplicative of another federal program.

Performance Goals and Objectives

The Committee states that pursuant to clause 3(c)(4) of House Rule XIII, H.R. 2992 would increase public safety and improve law enforcement practices by establishing crisis intervention training tools for first responders to recognize and assist individuals with traumatic brain injuries, acquired brain injuries, and post-traumatic stress disorder.

Advisory on Earmarks

In accordance with clause 9 of House Rule XXI, H.R. 2992 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

Section-by-Section Analysis

The following discussion describes the bill as reported by the Committee.

Sec. 1. Short Title. Section 1 sets forth the short title of the bill as the “Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act” or the “TBI and PTSD Law Enforcement Training Act.”

Sec 2. Findings. Section 2 provides findings related to the prevalence of TBI and PTSD and the need for law enforcement training.

Sec. 3. Creation of a TBI and PTSD Training for First Responders. Section 3 amends the Omnibus Crime Control and Safe Streets Act of 1968 to include training on TBI and PTSD and increases grant funding. It requires BJA to solicit best practices and develop crisis intervention training tools for use by first responders. It also requires that at least one Law Enforcement Mental Health Learning Site utilize the training tools and that the tools be made available as part of the Police Mental Health Collaboration Toolkit.

Sec. 4. Surveillance and Reporting for First Responders with TBI. Section 4 requires the CDC to collect and analyze data on the prevalence and incidence of concussion among first responders. The CDC is required to report its findings to Congress within 18 months of enactment.

Changes in Existing Law Made by the Bill, as Reported

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

OMNIBUS CRIME CONTROL AND SAFE STREETS ACT OF 1968

* * * * *

TITLE I—JUSTICE SYSTEM IMPROVEMENT

* * * * *

PART HH—ADULT AND JUVENILE COLLABORATION PROGRAM GRANTS

SEC. 2991. ADULT AND JUVENILE COLLABORATION PROGRAMS.

(a) DEFINITIONS.—In this section, the following definitions shall apply:

(1) APPLICANT.—The term “applicant” means States, units of local government, Indian tribes, and tribal organizations that apply for a grant under this section.

(2) COLLABORATION PROGRAM.—The term “collaboration program” means a program to promote public safety by ensuring access to adequate mental health and other treatment services for mentally ill adults or juveniles that is overseen cooperatively by—

(A) a criminal or juvenile justice agency or a mental health court; and

(B) a mental health agency.

(3) CRIMINAL OR JUVENILE JUSTICE AGENCY.—The term “criminal or juvenile justice agency” means an agency of a State or local government or its contracted agency that is responsible for detection, arrest, enforcement, prosecution, defense, adjudication, incarceration, probation, or parole relating to the violation of the criminal laws of that State or local government.

(4) DIVERSION AND ALTERNATIVE PROSECUTION AND SENTENCING.—

(A) IN GENERAL.—The terms “diversion” and “alternative prosecution and sentencing” mean the appropriate use of effective mental health treatment alternatives to juvenile justice or criminal justice system institutional placements for preliminarily qualified offenders.

(B) APPROPRIATE USE.—In this paragraph, the term “appropriate use” includes the discretion of the judge or supervising authority, the leveraging of graduated sanctions to encourage compliance with treatment, and law enforcement diversion, including crisis intervention teams.

(C) GRADUATED SANCTIONS.—In this paragraph, the term “graduated sanctions” means an accountability-based graduated series of sanctions (including incentives, treatments, and services) applicable to mentally ill offenders within both the juvenile and adult justice system to hold individuals accountable for their actions and to protect communities by providing appropriate sanctions for inducing law-abiding behavior and preventing subsequent involvement in the criminal justice system.

(5) MENTAL HEALTH AGENCY.—The term “mental health agency” means an agency of a State or local government or its contracted agency that is responsible for mental health services or co-occurring mental health and substance abuse services.

(6) MENTAL HEALTH COURT.—The term “mental health court” means a judicial program that meets the requirements of part V of this title.

(7) MENTAL ILLNESS; MENTAL HEALTH DISORDER.—The terms “mental illness” and “mental health disorder” mean a diagnosable mental, behavioral, or emotional disorder—

(A) of sufficient duration to meet diagnostic criteria within the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; and

(B)(i) that, in the case of an adult, has resulted in functional impairment that substantially interferes with or limits 1 or more major life activities; or

(ii) that, in the case of a juvenile, has resulted in functional impairment that substantially interferes with or limits the juvenile’s role or functioning in family, school, or community activities.

(8) NONVIOLENT OFFENSE.—The term “nonviolent offense” means an offense that does not have as an element the use, at-

tempted use, or threatened use of physical force against the person or property of another or is not a felony that by its nature involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense.

(9) PRELIMINARILY QUALIFIED OFFENDER.—

(A) IN GENERAL.—The term “preliminarily qualified offender” means an adult or juvenile accused of an offense who—

(i)(I) previously or currently has been diagnosed by a qualified mental health professional as having a mental illness or co-occurring mental illness and substance abuse disorders;

(II) manifests obvious signs of mental illness or co-occurring mental illness and substance abuse disorders during arrest or confinement or before any court; or

(III) in the case of a veterans treatment court provided under subsection (i), has been diagnosed with, or manifests obvious signs of, mental illness or a substance abuse disorder or co-occurring mental illness and substance abuse disorder;

(ii) has been unanimously approved for participation in a program funded under this section by, when appropriate—

(I) the relevant—

(aa) prosecuting attorney;

(bb) defense attorney;

(cc) probation or corrections official; and

(dd) judge; and

(II) a representative from the relevant mental health agency described in subsection (b)(5)(B)(i);

(iii) has been determined, by each person described in clause (ii) who is involved in approving the adult or juvenile for participation in a program funded under this section, to not pose a risk of violence to any person in the program, or the public, if selected to participate in the program; and

(iv) has not been charged with or convicted of—

(I) any sex offense (as defined in section 111 of the Sex Offender Registration and Notification Act (42 U.S.C. 16911)) or any offense relating to the sexual exploitation of children; or

(II) murder or assault with intent to commit murder.

(B) DETERMINATION.—In determining whether to designate a defendant as a preliminarily qualified offender, the relevant prosecuting attorney, defense attorney, probation or corrections official, judge, and mental health or substance abuse agency representative shall take into account—

(i) whether the participation of the defendant in the program would pose a substantial risk of violence to the community;

(ii) the criminal history of the defendant and the nature and severity of the offense for which the defendant is charged;

(iii) the views of any relevant victims to the offense;

(iv) the extent to which the defendant would benefit from participation in the program;

(v) the extent to which the community would realize cost savings because of the defendant's participation in the program; and

(vi) whether the defendant satisfies the eligibility criteria for program participation unanimously established by the relevant prosecuting attorney, defense attorney, probation or corrections official, judge and mental health or substance abuse agency representative.

(10) SECRETARY.—The term “Secretary” means the Secretary of Health and Human Services.

(11) UNIT OF LOCAL GOVERNMENT.—The term “unit of local government” means any city, county, township, town, borough, parish, village, or other general purpose political subdivision of a State, including a State court, local court, or a governmental agency located within a city, county, township, town, borough, parish, or village.

(b) PLANNING AND IMPLEMENTATION GRANTS.—

(1) IN GENERAL.—The Attorney General, in consultation with the Secretary, may award nonrenewable grants to eligible applicants to prepare a comprehensive plan for and implement an adult or juvenile collaboration program, which targets preliminarily qualified offenders in order to promote public safety and public health.

(2) PURPOSES.—Grants awarded under this section shall be used to create or expand—

(A) mental health courts or other court-based programs for preliminarily qualified offenders;

(B) programs that offer specialized training to the officers and employees of a criminal or juvenile justice agency and mental health personnel serving those with co-occurring mental illness and substance abuse problems in procedures for identifying the symptoms of preliminarily qualified offenders in order to respond appropriately to individuals with such illnesses;

(C) programs that support cooperative efforts by criminal and juvenile justice agencies and mental health agencies to promote public safety by offering mental health treatment services and, where appropriate, substance abuse treatment services for—

(i) preliminarily qualified offenders with mental illness or co-occurring mental illness and substance abuse disorders; or

(ii) adult offenders with mental illness during periods of incarceration, while under the supervision of a criminal justice agency, or following release from correctional facilities; and

(D) programs that support intergovernmental cooperation between State and local governments with respect to the mentally ill offender.

(3) APPLICATIONS.—

(A) IN GENERAL.—To receive a planning grant or an implementation grant, the joint applicants shall prepare and submit a single application to the Attorney General at such time, in such manner, and containing such information as the Attorney General and the Secretary shall reasonably require. An application under part V of this title may be made in conjunction with an application under this section.

(B) COMBINED PLANNING AND IMPLEMENTATION GRANT APPLICATION.—The Attorney General and the Secretary shall develop a procedure under which applicants may apply at the same time and in a single application for a planning grant and an implementation grant, with receipt of the implementation grant conditioned on successful completion of the activities funded by the planning grant.

(4) PLANNING GRANTS.—

(A) APPLICATION.—The joint applicants may apply to the Attorney General for a nonrenewable planning grant to develop a collaboration program.

(B) CONTENTS.—The Attorney General and the Secretary may not approve a planning grant unless the application for the grant includes or provides, at a minimum, for a budget and a budget justification, a description of the outcome measures that will be used to measure the effectiveness of the program in promoting public safety and public health, the activities proposed (including the provision of substance abuse treatment services, where appropriate) and a schedule for completion of such activities, and the personnel necessary to complete such activities.

(C) PERIOD OF GRANT.—A planning grant shall be effective for a period of 1 year, beginning on the first day of the month in which the planning grant is made. Applicants may not receive more than 1 such planning grant.

(D) COLLABORATION SET ASIDE.—Up to 5 percent of all planning funds shall be used to foster collaboration between State and local governments in furtherance of the purposes set forth in the Mentally Ill Offender Treatment and Crime Reduction Act of 2004.

(5) IMPLEMENTATION GRANTS.—

(A) APPLICATION.—Joint applicants that have prepared a planning grant application may apply to the Attorney General for approval of a nonrenewable implementation grant to develop a collaboration program.

(B) COLLABORATION.—To receive an implementation grant, the joint applicants shall—

(i) document that at least 1 criminal or juvenile justice agency (which can include a mental health court) and 1 mental health agency will participate in the administration of the collaboration program;

(ii) describe the responsibilities of each participating agency, including how each agency will use grant re-

sources to provide supervision of offenders and jointly ensure that the provision of mental health treatment services and substance abuse services for individuals with co-occurring mental health and substance abuse disorders are coordinated, which may range from consultation or collaboration to integration in a single setting or treatment model;

(iii) in the case of an application from a unit of local government, document that a State mental health authority has provided comment and review; and

(iv) involve, to the extent practicable, in developing the grant application—

(I) preliminarily qualified offenders;

(II) the families and advocates of such individuals under subclause (I); and

(III) advocates for victims of crime.

(C) CONTENT.—To be eligible for an implementation grant, joint applicants shall comply with the following:

(i) DEFINITION OF TARGET POPULATION.—Applicants for an implementation grant shall—

(I) describe the population with mental illness or co-occurring mental illness and substance abuse disorders that is targeted for the collaboration program; and

(II) develop guidelines that can be used by personnel of an adult or juvenile justice agency to identify preliminarily qualified offenders.

(ii) SERVICES.—Applicants for an implementation grant shall—

(I) ensure that preliminarily qualified offenders who are to receive treatment services under the collaboration program will first receive individualized, validated, needs-based assessments to determine, plan, and coordinate the most appropriate services for such individuals;

(II) specify plans for making mental health, or mental health and substance abuse, treatment services available and accessible to preliminarily qualified offenders at the time of their release from the criminal justice system, including outside of normal business hours;

(III) ensure that there are substance abuse personnel available to respond appropriately to the treatment needs of preliminarily qualified offenders;

(IV) determine eligibility for Federal benefits;

(V) ensure that preliminarily qualified offenders served by the collaboration program will have adequate supervision and access to effective and appropriate community-based mental health services, including, in the case of individuals with co-occurring mental health and substance abuse disorders, coordinated services, which may range from consultation or collaboration to integration in a single setting treatment model;

(VI) make available, to the extent practicable, other support services that will ensure the preliminarily qualified offender's successful reintegration into the community (such as housing, education, job placement, mentoring, and health care and benefits, as well as the services of faith-based and community organizations for mentally ill individuals served by the collaboration program); and

(VII) include strategies, to the extent practicable, to address developmental and learning disabilities and problems arising from a documented history of physical or sexual abuse.

(D) HOUSING AND JOB PLACEMENT.—Recipients of an implementation grant may use grant funds to assist mentally ill offenders compliant with the program in seeking housing or employment assistance.

(E) POLICIES AND PROCEDURES.—Applicants for an implementation grant shall strive to ensure prompt access to defense counsel by criminal defendants with mental illness who are facing charges that would trigger a constitutional right to counsel.

(F) FINANCIAL.—Applicants for an implementation grant shall—

(i) explain the applicant's inability to fund the collaboration program adequately without Federal assistance;

(ii) specify how the Federal support provided will be used to supplement, and not supplant, State, local, Indian tribe, or tribal organization sources of funding that would otherwise be available, including billing third-party resources for services already covered under programs (such as Medicaid, Medicare, and the State Children's Insurance Program); and

(iii) outline plans for obtaining necessary support and continuing the proposed collaboration program following the conclusion of Federal support.

(G) OUTCOMES.—Applicants for an implementation grant shall—

(i) identify methodology and outcome measures, as required by the Attorney General and the Secretary, to be used in evaluating the effectiveness of the collaboration program;

(ii) ensure mechanisms are in place to capture data, consistent with the methodology and outcome measures under clause (i); and

(iii) submit specific agreements from affected agencies to provide the data needed by the Attorney General and the Secretary to accomplish the evaluation under clause (i).

(H) STATE PLANS.—Applicants for an implementation grant shall describe how the adult or juvenile collaboration program relates to existing State criminal or juvenile justice and mental health plans and programs.

(I) USE OF FUNDS.—Applicants that receive an implementation grant may use funds for 1 or more of the following purposes:

(i) MENTAL HEALTH COURTS AND DIVERSION/ALTERNATIVE PROSECUTION AND SENTENCING PROGRAMS.—Funds may be used to create or expand existing mental health courts that meet program requirements established by the Attorney General under part V of this title, other court-based programs, or diversion and alternative prosecution and sentencing programs (including crisis intervention teams and treatment accountability services for communities) that meet requirements established by the Attorney General and the Secretary.

(ii) TRAINING.—Funds may be used to create or expand programs, such as crisis intervention training, which offer specialized training to—

(I) criminal justice system personnel to identify and respond appropriately to the unique needs of preliminarily qualified offenders; or

(II) mental health system personnel to respond appropriately to the treatment needs of preliminarily qualified offenders.

(iii) SERVICE DELIVERY.—Funds may be used to create or expand programs that promote public safety by providing the services described in subparagraph (C)(ii) to preliminarily qualified offenders.

(iv) IN-JAIL AND TRANSITIONAL SERVICES.—Funds may be used to promote and provide mental health treatment and transitional services for those incarcerated or for transitional re-entry programs for those released from any penal or correctional institution.

(v) TEAMS ADDRESSING FREQUENT USERS OF CRISIS SERVICES.—Multidisciplinary teams that—

(I) coordinate, implement, and administer community-based crisis responses and long-term plans for frequent users of crisis services;

(II) provide training on how to respond appropriately to the unique issues involving frequent users of crisis services for public service personnel, including criminal justice, mental health, substance abuse, emergency room, healthcare, law enforcement, corrections, and housing personnel;

(III) develop or support alternatives to hospital and jail admissions for frequent users of crisis services that provide treatment, stabilization, and other appropriate supports in the least restrictive, yet appropriate, environment; and

(IV) develop protocols and systems among law enforcement, mental health, substance abuse, housing, corrections, and emergency medical service operations to provide coordinated assistance to frequent users of crisis services.

(J) GEOGRAPHIC DISTRIBUTION OF GRANTS.—The Attorney General, in consultation with the Secretary, shall ensure

- that planning and implementation grants are equitably distributed among the geographical regions of the United States and between urban and rural populations.
- (c) PRIORITY.—The Attorney General, in awarding funds under this section, shall give priority to applications that—
- (1) promote effective strategies by law enforcement to identify and to reduce risk of harm to mentally ill offenders and public safety;
 - (2) promote effective strategies for identification and treatment of female mentally ill offenders;
 - (3) promote effective strategies to expand the use of mental health courts, including the use of pretrial services and related treatment programs for offenders;
 - (4) propose interventions that have been shown by empirical evidence to reduce recidivism;
 - (5) when appropriate, use validated assessment tools to target preliminarily qualified offenders with a moderate or high risk of recidivism and a need for treatment and services; or
 - (6)(A) demonstrate the strongest commitment to ensuring that such funds are used to promote both public health and public safety;
 - (B) demonstrate the active participation of each co-applicant in the administration of the collaboration program;
 - (C) document, in the case of an application for a grant to be used in whole or in part to fund treatment services for adults or juveniles during periods of incarceration or detention, that treatment programs will be available to provide transition and reentry services for such individuals; and
 - (D) have the support of both the Attorney General and the Secretary.
- (d) MATCHING REQUIREMENTS.—
- (1) FEDERAL SHARE.—The Federal share of the cost of a collaboration program carried out by a State, unit of local government, Indian tribe, or tribal organization under this section shall not exceed—
 - (A) 80 percent of the total cost of the program during the first 2 years of the grant;
 - (B) 60 percent of the total cost of the program in year 3; and
 - (C) 25 percent of the total cost of the program in years 4 and 5.
 - (2) NON-FEDERAL SHARE.—The non-Federal share of payments made under this section may be made in cash or in-kind fairly evaluated, including planned equipment or services.
- (e) FEDERAL USE OF FUNDS.—The Attorney General, in consultation with the Secretary, in administering grants under this section, shall use not less than 6 percent of funds appropriated to—
- (1) research the use of alternatives to prosecution through pretrial diversion in appropriate cases involving individuals with mental illness;
 - (2) offer specialized training to personnel of criminal and juvenile justice agencies in appropriate diversion techniques;
 - (3) provide technical assistance to local governments, mental health courts, and diversion programs, including technical assistance relating to program evaluation;

- (4) help localities build public understanding and support for community reintegration of individuals with mental illness;
- (5) develop a uniform program evaluation process; and
- (6) conduct a national evaluation of the collaboration program that will include an assessment of its cost-effectiveness.

(f) INTERAGENCY TASK FORCE.—

(1) IN GENERAL.—The Attorney General and the Secretary shall establish an interagency task force with the Secretaries of Housing and Urban Development, Labor, Education, and Veterans Affairs and the Commissioner of Social Security, or their designees.

(2) RESPONSIBILITIES.—The task force established under paragraph (1) shall—

(A) identify policies within their departments that hinder or facilitate local collaborative initiatives for preliminarily qualified offenders; and

(B) submit, not later than 2 years after the date of enactment of this section, a report to Congress containing recommendations for improved interdepartmental collaboration regarding the provision of services to preliminarily qualified offenders.

(g) COLLABORATION SET-ASIDE.—The Attorney General shall use not less than 8 percent of funds appropriated to provide technical assistance to State and local governments receiving grants under this part to foster collaboration between such governments in furtherance of the purposes set forth in section 3 of the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 (34 U.S.C. 10651 note).

(h) LAW ENFORCEMENT RESPONSE TO MENTALLY ILL OFFENDERS IMPROVEMENT GRANTS.—

(1) AUTHORIZATION.—The Attorney General is authorized to make grants under this section to States, units of local government, Indian tribes, and tribal organizations for the following purposes:

(A) TRAINING PROGRAMS.—To provide for programs that offer law enforcement personnel specialized and comprehensive training in procedures to identify and respond appropriately to incidents in which the unique needs of individuals with mental illnesses are involved, *including the training developed under section 2993*.

(B) RECEIVING CENTERS.—To provide for the development of specialized receiving centers to assess individuals in the custody of law enforcement personnel for suicide risk and mental health and substance abuse treatment needs.

(C) IMPROVED TECHNOLOGY.—To provide for computerized information systems (or to improve existing systems) to provide timely information to law enforcement personnel and criminal justice system personnel to improve the response of such respective personnel to mentally ill offenders.

(D) COOPERATIVE PROGRAMS.—To provide for the establishment and expansion of cooperative efforts by criminal and juvenile justice agencies and mental health agencies

to promote public safety through the use of effective intervention with respect to mentally ill offenders.

(E) CAMPUS SECURITY PERSONNEL TRAINING.—To provide for programs that offer campus security personnel training in procedures to identify and respond appropriately to incidents in which the unique needs of individuals with mental illnesses are involved.

(F) ACADEMY TRAINING.—To provide support for academy curricula, law enforcement officer orientation programs, continuing education training, and other programs that teach law enforcement personnel how to identify and respond to incidents involving persons with mental health disorders or co-occurring mental health and substance abuse disorders.

(2) BJA TRAINING MODELS.—For purposes of paragraph (1)(A), the Director of the Bureau of Justice Assistance shall develop training models for training law enforcement personnel in procedures to identify and respond appropriately to incidents in which the unique needs of individuals with mental illnesses are involved, including suicide prevention.

(3) MATCHING FUNDS.—The Federal share of funds for a program funded by a grant received under this subsection may not exceed 50 percent of the costs of the program. The non-Federal share of payments made for such a program may be made in cash or in-kind fairly evaluated, including planned equipment or services.

(4) PRIORITY CONSIDERATION.—The Attorney General, in awarding grants under this subsection, shall give priority to programs that law enforcement personnel and members of the mental health and substance abuse professions develop and administer cooperatively.

(i) ASSISTING VETERANS.—

(1) DEFINITIONS.—In this subsection:

(A) PEER-TO-PEER SERVICES OR PROGRAMS.—The term “peer-to-peer services or programs” means services or programs that connect qualified veterans with other veterans for the purpose of providing support and mentorship to assist qualified veterans in obtaining treatment, recovery, stabilization, or rehabilitation.

(B) QUALIFIED VETERAN.—The term “qualified veteran” means a preliminarily qualified offender who—

- (i) served on active duty in any branch of the Armed Forces, including the National Guard or Reserves; and
- (ii) was discharged or released from such service under conditions other than dishonorable, unless the reason for the dishonorable discharge was attributable to a substance abuse disorder.

(C) VETERANS TREATMENT COURT PROGRAM.—The term “veterans treatment court program” means a court program involving collaboration among criminal justice, veterans, and mental health and substance abuse agencies that provides qualified veterans with—

- (i) intensive judicial supervision and case management, which may include random and frequent drug testing where appropriate;

- (ii) a full continuum of treatment services, including mental health services, substance abuse services, medical services, and services to address trauma;
- (iii) alternatives to incarceration; or
- (iv) other appropriate services, including housing, transportation, mentoring, employment, job training, education, or assistance in applying for and obtaining available benefits.

(2) VETERANS ASSISTANCE PROGRAM.—

(A) IN GENERAL.—The Attorney General, in consultation with the Secretary of Veterans Affairs, may award grants under this subsection to applicants to establish or expand—

- (i) veterans treatment court programs;
- (ii) peer-to-peer services or programs for qualified veterans;
- (iii) practices that identify and provide treatment, rehabilitation, legal, transitional, and other appropriate services to qualified veterans who have been incarcerated; or
- (iv) training programs to teach criminal justice, law enforcement, corrections, mental health, and substance abuse personnel how to identify and appropriately respond to incidents involving qualified veterans.

(B) PRIORITY.—In awarding grants under this subsection, the Attorney General shall give priority to applications that—

- (i) demonstrate collaboration between and joint investments by criminal justice, mental health, substance abuse, and veterans service agencies;
- (ii) promote effective strategies to identify and reduce the risk of harm to qualified veterans and public safety; and
- (iii) propose interventions with empirical support to improve outcomes for qualified veterans.

(j) FORENSIC ASSERTIVE COMMUNITY TREATMENT (FACT) INITIATIVE PROGRAM.—

(1) IN GENERAL.—The Attorney General may make grants to States, units of local government, territories, Indian Tribes, nonprofit agencies, or any combination thereof, to develop, implement, or expand Assertive Community Treatment initiatives to develop forensic assertive community treatment (referred to in this subsection as “FACT”) programs that provide high intensity services in the community for individuals with mental illness with involvement in the criminal justice system to prevent future incarcerations.

(2) ALLOWABLE USES.—Grant funds awarded under this subsection may be used for—

- (A) multidisciplinary team initiatives for individuals with mental illnesses with criminal justice involvement that address criminal justice involvement as part of treatment protocols;
- (B) FACT programs that involve mental health professionals, criminal justice agencies, chemical dependency

specialists, nurses, psychiatrists, vocational specialists, forensic peer specialists, forensic specialists, and dedicated administrative support staff who work together to provide recovery oriented, 24/7 wraparound services;

(C) services such as integrated evidence-based practices for the treatment of co-occurring mental health and substance-related disorders, assertive outreach and engagement, community-based service provision at participants' residence or in the community, psychiatric rehabilitation, recovery oriented services, services to address criminogenic risk factors, and community tenure;

(D) payments for treatment providers that are approved by the State or Indian Tribe and licensed, if necessary, to provide needed treatment to eligible offenders participating in the program, including behavioral health services and aftercare supervision; and

(E) training for all FACT teams to promote high-fidelity practice principles and technical assistance to support effective and continuing integration with criminal justice agency partners.

(3) SUPPLEMENT AND NOT SUPPLANT.—Grants made under this subsection shall be used to supplement, and not supplant, non-Federal funds that would otherwise be available for programs described in this subsection.

(4) APPLICATIONS.—To request a grant under this subsection, a State, unit of local government, territory, Indian Tribe, or nonprofit agency shall submit an application to the Attorney General in such form and containing such information as the Attorney General may reasonably require.

(k) SEQUENTIAL INTERCEPT GRANTS.—

(1) DEFINITION.—In this subsection, the term “eligible entity” means a State, unit of local government, Indian tribe, or tribal organization.

(2) AUTHORIZATION.—The Attorney General may make grants under this subsection to an eligible entity for sequential intercept mapping and implementation in accordance with paragraph (3).

(3) SEQUENTIAL INTERCEPT MAPPING; IMPLEMENTATION.—An eligible entity that receives a grant under this subsection may use funds for—

(A) sequential intercept mapping, which—

(i) shall consist of—

(I) convening mental health and criminal justice stakeholders to—

(aa) develop a shared understanding of the flow of justice-involved individuals with mental illnesses through the criminal justice system; and

(bb) identify opportunities for improved collaborative responses to the risks and needs of individuals described in item (aa); and

(II) developing strategies to address gaps in services and bring innovative and effective programs to scale along multiple intercepts, including—

- (aa) emergency and crisis services;
 - (bb) specialized police-based responses;
 - (cc) court hearings and disposition alternatives;
 - (dd) reentry from jails and prisons; and
 - (ee) community supervision, treatment and support services; and
 - (ii) may serve as a starting point for the development of strategic plans to achieve positive public health and safety outcomes; and
 - (B) implementation, which shall—
 - (i) be derived from the strategic plans described in subparagraph (A)(ii); and
 - (ii) consist of—
 - (I) hiring and training personnel;
 - (II) identifying the eligible entity’s target population;
 - (III) providing services and supports to reduce unnecessary penetration into the criminal justice system;
 - (IV) reducing recidivism;
 - (V) evaluating the impact of the eligible entity’s approach; and
 - (VI) planning for the sustainability of effective interventions.
- (1) CORRECTIONAL FACILITIES.—
- (1) DEFINITIONS.—
- (A) CORRECTIONAL FACILITY.—The term “correctional facility” means a jail, prison, or other detention facility used to house people who have been arrested, detained, held, or convicted by a criminal justice agency or a court.
- (B) ELIGIBLE INMATE.—The term “eligible inmate” means an individual who—
- (i) is being held, detained, or incarcerated in a correctional facility; and
 - (ii) manifests obvious signs of a mental illness or has been diagnosed by a qualified mental health professional as having a mental illness.
- (2) CORRECTIONAL FACILITY GRANTS.—The Attorney General may award grants to applicants to enhance the capabilities of a correctional facility—
- (A) to identify and screen for eligible inmates;
 - (B) to plan and provide—
 - (i) initial and periodic assessments of the clinical, medical, and social needs of inmates; and
 - (ii) appropriate treatment and services that address the mental health and substance abuse needs of inmates;
 - (C) to develop, implement, and enhance—
 - (i) post-release transition plans for eligible inmates that, in a comprehensive manner, coordinate health, housing, medical, employment, and other appropriate services and public benefits;
 - (ii) the availability of mental health care services and substance abuse treatment services; and

(iii) alternatives to solitary confinement and segregated housing and mental health screening and treatment for inmates placed in solitary confinement or segregated housing; and

(D) to train each employee of the correctional facility to identify and appropriately respond to incidents involving inmates with mental health or co-occurring mental health and substance abuse disorders.

(m) ACCOUNTABILITY.—All grants awarded by the Attorney General under this section shall be subject to the following accountability provisions:

(1) AUDIT REQUIREMENT.—

(A) DEFINITION.—In this paragraph, the term “unresolved audit finding” means a finding in the final audit report of the Inspector General of the Department of Justice that the audited grantee has utilized grant funds for an unauthorized expenditure or otherwise unallowable cost that is not closed or resolved within 12 months from the date when the final audit report is issued.

(B) AUDITS.—Beginning in the first fiscal year beginning after the date of enactment of this subsection, and in each fiscal year thereafter, the Inspector General of the Department of Justice shall conduct audits of recipients of grants under this section to prevent waste, fraud, and abuse of funds by grantees. The Inspector General shall determine the appropriate number of grantees to be audited each year.

(C) MANDATORY EXCLUSION.—A recipient of grant funds under this section that is found to have an unresolved audit finding shall not be eligible to receive grant funds under this section during the first 2 fiscal years beginning after the end of the 12-month period described in subparagraph (A).

(D) PRIORITY.—In awarding grants under this section, the Attorney General shall give priority to eligible applicants that did not have an unresolved audit finding during the 3 fiscal years before submitting an application for a grant under this section.

(E) REIMBURSEMENT.—If an entity is awarded grant funds under this section during the 2-fiscal-year period during which the entity is barred from receiving grants under subparagraph (C), the Attorney General shall—

(i) deposit an amount equal to the amount of the grant funds that were improperly awarded to the grantee into the General Fund of the Treasury; and

(ii) seek to recoup the costs of the repayment to the fund from the grant recipient that was erroneously awarded grant funds.

(2) NONPROFIT ORGANIZATION REQUIREMENTS.—

(A) DEFINITION.—For purposes of this paragraph and the grant programs under this part, the term “nonprofit organization” means an organization that is described in section 501(c)(3) of the Internal Revenue Code of 1986 and is exempt from taxation under section 501(a) of such Code.

(B) PROHIBITION.—The Attorney General may not award a grant under this part to a nonprofit organization that holds money in offshore accounts for the purpose of avoiding paying the tax described in section 511(a) of the Internal Revenue Code of 1986.

(C) DISCLOSURE.—Each nonprofit organization that is awarded a grant under this section and uses the procedures prescribed in regulations to create a rebuttable presumption of reasonableness for the compensation of its officers, directors, trustees, and key employees, shall disclose to the Attorney General, in the application for the grant, the process for determining such compensation, including the independent persons involved in reviewing and approving such compensation, the comparability data used, and contemporaneous substantiation of the deliberation and decision. Upon request, the Attorney General shall make the information disclosed under this subparagraph available for public inspection.

(3) CONFERENCE EXPENDITURES.—

(A) LIMITATION.—No amounts made available to the Department of Justice under this section may be used by the Attorney General, or by any individual or entity awarded discretionary funds through a cooperative agreement under this section, to host or support any expenditure for conferences that uses more than \$20,000 in funds made available by the Department of Justice, unless the head of the relevant agency or department, provides prior written authorization that the funds may be expended to host the conference.

(B) WRITTEN APPROVAL.—Written approval under subparagraph (A) shall include a written estimate of all costs associated with the conference, including the cost of all food, beverages, audio-visual equipment, honoraria for speakers, and entertainment.

(C) REPORT.—The Deputy Attorney General shall submit an annual report to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives on all conference expenditures approved under this paragraph.

(4) ANNUAL CERTIFICATION.—Beginning in the first fiscal year beginning after the date of enactment of this subsection, the Attorney General shall submit, to the Committee on the Judiciary and the Committee on Appropriations of the Senate and the Committee on the Judiciary and the Committee on Appropriations of the House of Representatives, an annual certification—

(A) indicating whether—

(i) all audits issued by the Office of the Inspector General under paragraph (1) have been completed and reviewed by the appropriate Assistant Attorney General or Director;

(ii) all mandatory exclusions required under paragraph (1)(C) have been issued; and

(iii) all reimbursements required under paragraph (1)(E) have been made; and

(B) that includes a list of any grant recipients excluded under paragraph (1) from the previous year.

(n) PREVENTING DUPLICATIVE GRANTS.—

(1) IN GENERAL.—Before the Attorney General awards a grant to an applicant under this section, the Attorney General shall compare potential grant awards with other grants awarded under this Act to determine if duplicate grant awards are awarded for the same purpose.

(2) REPORT.—If the Attorney General awards duplicate grants to the same applicant for the same purpose the Attorney General shall submit to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives a report that includes—

(A) a list of all duplicate grants awarded, including the total dollar amount of any duplicate grants awarded; and

(B) the reason the Attorney General awarded the duplicate grants.

(o) AUTHORIZATION OF APPROPRIATIONS.—**[(1) IN GENERAL.—**There are authorized to be appropriated to the Department of Justice to carry out this section—

[(A) \$50,000,000 for fiscal year 2005;

[(B) such sums as may be necessary for each of the fiscal years 2006 and 2007; and

[(C) \$50,000,000 for each of the fiscal years 2017 through 2021.]

(1) IN GENERAL.—There is authorized to be appropriated to the Department of Justice to carry out this section \$54,000,000 for each of fiscal years 2023 through 2027.

(2) ALLOCATION OF FUNDING FOR ADMINISTRATIVE PURPOSES.—For fiscal year 2009 and each subsequent fiscal year, of the amounts authorized under paragraph (1) for such fiscal year, the Attorney General may obligate not more than 3 percent for the administrative expenses of the Attorney General in carrying out this section for such fiscal year.

(3) LIMITATION.—Not more than 20 percent of the funds authorized to be appropriated under this section may be used for purposes described in subsection (i) (relating to veterans).

* * * * *

SEC. 2993. CREATION OF A TBI AND PTSD TRAINING FOR FIRST RESPONDERS.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this section, the Attorney General, acting through the Director of the Bureau of Justice Assistance, in consultation with the Director of the Centers for Disease Control and Prevention and the Assistant Secretary for Mental Health and Substance Use, shall solicit best practices regarding techniques to interact with persons who have a traumatic brain injury, an acquired brain injury, or post-traumatic stress disorder from first responder, brain injury, veteran, and mental health organizations, health care and mental health providers, hospital emergency departments, and other relevant stakeholders, and shall develop crisis intervention training tools for use by first responders (as such term is defined in section 3025) that provide—

(1) information on the conditions and symptoms of a traumatic brain injury, an acquired brain injury, and post-traumatic stress disorder;

(2) techniques to interact with persons who have a traumatic brain injury, an acquired brain injury, or post-traumatic stress disorder; and

(3) information on how to recognize persons who have a traumatic brain injury, an acquired brain injury, or post-traumatic stress disorder.

(b) *USE OF TRAINING TOOLS AT LAW ENFORCEMENT MENTAL HEALTH LEARNING SITES.*—The Attorney General shall ensure that not less than one Law Enforcement Mental Health Learning Site designated by the Director of the Bureau of Justice Assistance uses the training tools developed under subsection (a).

(c) *POLICE MENTAL HEALTH COLLABORATION TOOLKIT.*—The Attorney General shall make the training tools developed under subsection (a) available as part of the Police-Mental Health Collaboration Toolkit provided by the Bureau of Justice Assistance.

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PUBLIC HEALTH SERVICE ACT

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

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PART J—PREVENTION AND CONTROL OF INJURIES

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NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY SURVEILLANCE AND REGISTRIES

SEC. 393C. (a) *IN GENERAL.*—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States or their designees to develop or operate the State’s traumatic brain injury surveillance system or registry to determine the incidence and prevalence of traumatic brain injury and related disability, to ensure the uniformity of reporting under such system or registry, to link individuals with traumatic brain injury to services and supports, and to link such individuals with academic institutions to conduct applied research that will support the development of such surveillance systems and registries as may be necessary. A surveillance system or registry under this section shall provide for the collection of data concerning—

(1) demographic information about each traumatic brain injury;

(2) information about the circumstances surrounding the injury event associated with each traumatic brain injury;

(3) administrative information about the source of the collected information, dates of hospitalization and treatment, and the date of injury; and

(4) information characterizing the clinical aspects of the traumatic brain injury, including the severity of the injury, outcomes of the injury, the types of treatments received, and the types of services utilized.

(b) Not later than 18 months after the date of enactment of the Traumatic Brain Injury Act of 2008, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall submit to the relevant committees of Congress a report that contains the findings derived from an evaluation concerning activities and procedures that can be implemented by the Centers for Disease Control and Prevention to improve the collection and dissemination of compatible epidemiological studies on the incidence and prevalence of traumatic brain injury in individuals who were formerly in the military. The report shall include recommendations on the manner in which such agencies can further collaborate on the development and improvement of traumatic brain injury diagnostic tools and treatments.

(c) NATIONAL CONCUSSION DATA COLLECTION AND ANALYSIS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may implement concussion data collection and analysis to determine the prevalence and incidence of concussion.

(d) LAW ENFORCEMENT AND FIRST RESPONDER SURVEILLANCE.—

(1) IN GENERAL.—*The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall implement concussion data collection and analysis to determine the prevalence and incidence of concussion among first responders (as such term is defined in section 3025 of the Omnibus Crime Control and Safe Street Act of 1968 (34 U.S.C. 10705)).*

(2) REPORT.—*Not later than 18 months after the date of the enactment of this subsection, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall submit to the relevant committees of Congress a report that contains the findings of the surveillance conducted under paragraph (1). The report shall include surveillance data and recommendations for resources for first responders who have experienced traumatic brain injury.*

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FRANK PALLONE, JR., NEW JERSEY
CHAIRMAN

Committee Correspondence

CATHY McMORRIS RODGERS, WASHINGTON
RANKING MEMBER

ONE HUNDRED SEVENTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115

Majority (202) 225-2927
Minority (202) 225-3641

May 16, 2022

The Honorable Jerrold Nadler
Chairman
Committee on Judiciary
2138 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Nadler:

I write concerning H.R. 2992, the "Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act" or the "TBI and PTSD Law Enforcement Training Act," which was additionally referred to the Committee on Energy and Commerce.

In recognition of the desire to expedite consideration of H.R. 2992, the Committee agrees to waive formal consideration of the bill as to provisions that fall within the Rule X jurisdiction of the Committee. The Committee takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and that the Committee will be appropriately consulted and involved as this bill or similar legislation moves forward so that we may address any remaining issues within our jurisdiction. I also request that you support my request to name members of the Committee to any conference committee to consider such provisions.

Finally, I would appreciate the inclusion of this letter the *Congressional Record* during floor consideration of the bill.

Sincerely,



Frank Pallone, Jr.
Chairman

cc: The Honorable Cathy McMorris Rodgers, Ranking Member, Committee on Energy and Commerce
The Honorable Jim Jordan, Ranking Member, Committee on Judiciary
The Honorable Jason Smith, Parliamentarian

JERROLD NADLER, New York
CHAIRMAN

JIM JORDAN, Ohio
RANKING MEMBER

ONE HUNDRED SEVENTEENTH CONGRESS

Congress of the United States
House of Representatives

COMMITTEE ON THE JUDICIARY

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May 16, 2022

The Honorable Frank Pallone, Jr.
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

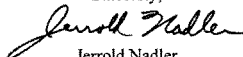
Dear Chairman Pallone:

I am writing to you concerning H.R. 2992, the "Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act" or the "TBI and PTSD Law Enforcement Training Act."

I appreciate your willingness to work cooperatively on this legislation. I recognize that the bill contains provisions that fall within the jurisdiction of the Committee on Energy and Commerce. I acknowledge that your Committee will not formally consider H.R. 2992 and agree that the inaction of your Committee with respect to the bill does not waive any future jurisdictional claim over the matters contained in H.R. 2992 which fall within your Committee's Rule X jurisdiction.

I will ensure that our exchange of letters is included in the *Congressional Record* during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work with you as this measure moves through the legislative process.

Sincerely,



Jerrold Nadler
Chairman

cc: The Honorable Jim Jordan, Ranking Member, Committee on the Judiciary
The Honorable Jason Smith, Parliamentarian
The Honorable Cathy McMorris Rodgers, Ranking Member, Committee on Energy and Commerce

