

116TH CONGRESS
2D SESSION

H. R. 5909

To strengthen mental health collaboration in communities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 13, 2020

Mr. TRONE (for himself, Mr. RUTHERFORD, Ms. DEAN, Mr. RESCHENTHALER, Ms. SCANLON, and Mr. ARMSTRONG) introduced the following bill; which was referred to the Committee on the Judiciary

A BILL

To strengthen mental health collaboration in communities, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Crisis Stabilization and
5 Community Reentry Act of 2020”.

6 **SEC. 2. MENTAL HEALTH CRISIS STABILIZATION.**

7 (a) PLANNING AND IMPLEMENTATION GRANTS.—

8 Title I of the Omnibus Crime Control and Safe Streets
9 Act of 1968 (34 U.S.C. 10101 et seq.) is amended by in-
10 serting after part NN the following:

1 **“PART OO—CRISIS STABILIZATION AND**
2 **COMMUNITY REENTRY PROGRAM.**

3 **“SEC. 3101. GRANT AUTHORIZATION.**

4 “(a) IN GENERAL.—The Attorney General may make
5 grants under this part to States, for use by State and local
6 correctional facilities, for the purpose of providing clinical
7 services for people with serious mental illness that estab-
8 lish treatment, suicide prevention, and continuity of recov-
9 ery in the community upon release from the correctional
10 facility.

11 “(b) USE OF FUNDS.—A grant awarded under this
12 part shall be used to support—

13 “(1) programs involving criminal and juvenile
14 justice agencies, mental health agencies, and com-
15 munity-based behavioral health providers that im-
16 prove clinical stabilization during incarceration and
17 continuity of care leading to recovery in the commu-
18 nity by providing services and supports that may in-
19 clude peer support services, enrollment in health
20 care, and introduction to long-acting injectable medi-
21 cations or, as clinically indicated, other medications,
22 by—

23 “(A) providing training and education for
24 criminal and juvenile justice agencies, mental
25 health agencies, and community-based behav-

1 ioral health providers on interventions that sup-
2 port—

3 “(i) engagement in recovery supports
4 and services;

5 “(ii) access to medication while in an
6 incarcerated setting; and

7 “(iii) continuity of care during reentry
8 into the community;

9 “(B) ensuring that offenders with serious
10 mental illness are provided appropriate access
11 to evidence-based recovery supports that may
12 include peer support services, medication (in-
13 cluding long-acting injectable medications where
14 clinically appropriate), and psycho-social thera-
15 pies;

16 “(C) offering technical assistance to crimi-
17 nal justice agencies on how to modify their ad-
18 ministrative and clinical processes to accommo-
19 date evidence-based interventions, such as long-
20 acting injectable medications and other recovery
21 supports; and

22 “(D) participating in data collection activi-
23 ties specified by the Attorney General, in con-
24 sultation with the Secretary of Health and
25 Human Services;

1 “(2) programs that support cooperative efforts
2 between criminal and juvenile justice agencies, men-
3 tal health agencies, and community-based behavioral
4 health providers to establish or enhance serious men-
5 tal illness recovery support by—

6 “(A) strengthening or establishing crisis
7 response services delivered by hotlines, mobile
8 crisis teams, crisis stabilization and triage cen-
9 ters, peer support specialists, public safety offi-
10 cers, community-based behavioral health pro-
11 viders, and other stakeholders, including by pro-
12 viding technical support for interventions that
13 promote long-term recovery;

14 “(B) engaging criminal and juvenile justice
15 agencies, mental health agencies and commu-
16 nity-based behavioral health providers, prelimi-
17 nary qualified offenders, and family and com-
18 munity members in program design, program
19 implementation, and training on crisis response
20 services, including connection to recovery serv-
21 ices and supports;

22 “(C) examining health care reimbursement
23 issues that may pose a barrier to ensuring the
24 long-term financial sustainability of crisis re-
25 sponse services and interventions that promote

1 long-term engagement with recovery services
2 and supports; and

3 “(D) participating in data collection activi-
4 ties specified by the Attorney General, in con-
5 sultation with the Secretary of Health and
6 Human Services; and

7 “(3) programs that provide training and addi-
8 tional resources to criminal and juvenile justice
9 agencies, mental health agencies, and community-
10 based behavioral health providers on serious mental
11 illness, suicide prevention strategies, recovery en-
12 gagement strategies, and the special health and so-
13 cial needs of justice-involved individuals who are liv-
14 ing with serious mental illness.

15 “(c) CONSULTATION.—The Attorney General shall
16 consult with the Secretary of Health and Human Services
17 to ensure that serious mental illness treatment and recov-
18 ery support services provided under this grant program
19 incorporate evidence-based approaches that facilitate long-
20 term engagement in recovery services and supports.

21 **“SEC. 3102. STATE APPLICATIONS.**

22 “(a) IN GENERAL.—To request a grant under this
23 part, the chief executive of a State shall submit an applica-
24 tion to the Attorney General—

1 “(1) in such form and containing such informa-
2 tion as the Attorney General may reasonably re-
3 quire;

4 “(2) that includes assurances that Federal
5 funds received under this part shall be used to sup-
6 plement, not supplant, non-Federal funds that would
7 otherwise be available for activities funded under
8 this part; and

9 “(3) that describes the coordination between
10 State criminal and juvenile justice agencies, mental
11 health agencies and community-based behavioral
12 health providers, preliminary qualified offenders, and
13 family and community members in—

14 “(A) program design;

15 “(B) program implementation; and

16 “(C) training on crisis response, medica-
17 tion adherence, and continuity of recovery in
18 the community.

19 “(b) ELIGIBILITY FOR PREFERENCE WITH COMMU-
20 NITY CARE COMPONENT.—

21 “(1) IN GENERAL.—In awarding grants under
22 this part, the Attorney General shall give preference
23 to a State that ensures that individuals who partici-
24 pate in a program, funded by a grant under this
25 part will be provided with continuity of care, in ac-

1 cordance with paragraph (2), in a community care
2 provider program upon release from a correctional
3 facility.

4 “(2) REQUIREMENTS.—For purposes of para-
5 graph (1), the continuity of care shall involve the co-
6 ordination of the correctional facility treatment pro-
7 gram with qualified community behavioral health
8 providers and other recovery supports, parole super-
9 vision programs, half-way house programs, and par-
10 ticipation in peer recovery group programs, which
11 may aid in ongoing recovery after the individual is
12 released from the correctional facility.

13 “(3) COMMUNITY CARE PROVIDER PROGRAM
14 DEFINED.—For purposes of this subsection, the
15 term ‘community care provider program’ means a
16 community mental health center or certified commu-
17 nity behavioral health clinic that directly provides to
18 an individual, or assists in connecting an individual
19 to the provision of, appropriate community-based
20 treatment, medication management, and other recov-
21 ery supports, when the individual leaves a correc-
22 tional facility at the end of a sentence or on parole.

23 “(c) COORDINATION OF FEDERAL ASSISTANCE.—
24 Each application submitted for a grant under this part
25 shall include a description of how the funds made available

1 under this part will be coordinated with Federal assistance
2 for behavioral health services currently provided by the
3 Department of Health and Human Services' Substance
4 Abuse and Mental Health Services Administration.

5 **“SEC. 3103. REVIEW OF STATE APPLICATIONS.**

6 “(a) IN GENERAL.—The Attorney General shall
7 make a grant under section 3101 to carry out the projects
8 described in the application submitted under section 3102
9 upon determining that—

10 “(1) the application is consistent with the re-
11 quirements of this part; and

12 “(2) before the approval of the application, the
13 Attorney General has made an affirmative finding in
14 writing that the proposed project has been reviewed
15 in accordance with this part.

16 “(b) APPROVAL.—Each application submitted under
17 section 3102 shall be considered approved, in whole or in
18 part, by the Attorney General not later than 90 days after
19 first received, unless the Attorney General informs the ap-
20 plicant of specific reasons for disapproval.

21 “(c) RESTRICTION.—Grant funds received under this
22 part shall not be used for land acquisition or construction
23 projects.

24 “(d) DISAPPROVAL NOTICE AND RECONSIDER-
25 ATION.—The Attorney General may not disapprove any

1 application without first affording the applicant reason-
2 able notice and an opportunity for reconsideration.

3 **“SEC. 3104. EVALUATION.**

4 “Each State that receives a grant under this part
5 shall submit to the Attorney General an evaluation not
6 later than March 1 of each year in such form and con-
7 taining such information as the Attorney General, in con-
8 sultation with the Secretary of Health and Human Serv-
9 ices, may reasonably require.

10 **“SEC. 3105. AUTHORIZATION OF FUNDING.**

11 “For purposes of carrying out this part, the Attorney
12 General is authorized to award not more than
13 \$10,000,000 of funds appropriated to the Department of
14 Justice for State and local law enforcement activities for
15 each of fiscal years 2020 through 2025.”.

16 (b) NATIONAL CRIMINAL JUSTICE AND MENTAL
17 HEALTH TRAINING AND TECHNICAL ASSISTANCE.—Sec-
18 tion 2992(c)(3) of title I of the Omnibus Crime Control
19 and Safe Streets Act of 1968 (34 U.S.C. 10652(c)(3)) is
20 amended by inserting before the semicolon at the end the
21 following: “, which may include interventions designed to
22 enhance access to medication.”.

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