

I want to thank the people in this body and in this House for the personal support that they gave me and uplifted me, the Congressional Prayer Breakfast, and just many friends, as Mr. BIGGS talked about, that would stop and speak to you and lift you up. I don't think people see that.

I want to thank my staff. I have had an incredible staff since I have been here. I am amazed at the insight and work that these young people do on both sides of the aisle. It is just amazing. We would not get this legislation completed. You see this big, thick binder right here. It is these staff members that put this together, do the hard work, and bring us together. And I can't thank them enough.

And my colleagues: I have met and made some amazing friends that will last a lifetime here.

I remember, and I will pass this along, an old coach told me this once. We were at a Boy Scout camp and I was a counselor there. One of the scouts ran up and said: "Coach, Coach, we have a problem down at shower house number 2."

And he said: "What is it?"

The scout said: "Well, the toilet is stopped up."

And the coach, I will never forget this, he said: "We don't have problems here. We have opportunities."

So, basically, we have had a lot of opportunities, I have, since I have been here.

I have been able to serve on some committees, the Veterans' Affairs Committee, which I have been a member since day one; the Education and Labor Committee, which I had the privilege of serving as the chairman of the Subcommittee on Health, Employment, Labor, and Pensions. I served a term on the Agriculture Committee. I served on the Joint Select Committee on Solvency of Multiemployer Pension Plans. I have co-chaired the GOP Doctors Caucus for the past several terms.

□ 1530

Mr. Speaker, I mean this sincerely. No one person does any of these things. It does take a team effort. And that team effort, you heard it today, you heard both sides of the aisle contribute to this piece of legislation that we just passed by voice vote.

We were able to pass in a bipartisan way the MISSION Act, which will fundamentally change—it is a very complex act that will fundamentally change how veterans get their care and improve the quality of care for our veterans.

The Forever GI Bill—Mr. Speaker, when I got out of the Army in 1975, I was able to use the GI Bill, and I know it paid me \$300 a month for 2 years. It sunsetted at 10 years. This Congress fully paid for that.

These young people now, these men and women who have served this country, can use that benefit the rest of their lives and that benefit can be transferred. It is an incredible help to

families now with the high cost of education.

We had an SGR, the sustainable growth rate repeal, and Medicare reform, the Medicare wage index reform.

We passed the National Desert Storm and Desert Shield War Memorial Act.

With Whip HOYER, we passed an EpiPen bill so that they can be put in schools around the country. And I can tell you, after that happened, in my own district about 3 years ago, a student had an anaphylactic reaction. She did not know she had a problem. And a life was saved because of that.

I think if I did anything in Congress—and I want to thank Mr. HOYER for his help with that. We have another asthma bill that is getting hot lined in the Senate, to show you can do bipartisan work across the aisle.

That is just a few of the things that we were able to succeed and do. These are, again, not done by any one person. They are done as a team. And I want to thank everyone who helped make my time here in Congress successful.

I can tell you, it is one of the great privileges of my life to serve in the House of Representatives, in the greatest deliberative body in the world, the United States Congress. It is an honor I will never forget, Mr. Speaker.

I will finish by saying that I encourage my colleagues to support this bill and, graciously, I yield back the balance of my time.

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

I would just like to take a few moments to say even more words of praise for my colleague, Dr. PHIL ROE, my ranking member. We have served on two committees coterminously: the Veterans' Affairs Committee, which you chaired and which I now chair and which we have been both ranking members; and the Education and Labor Committee.

It is sort of a fate of coincidence, but it has been an absolute pleasure to be your colleague, sir. I wish you well in this next chapter of your life.

I especially want to take note of the example you set by organizing the congressional delegation trip to Afghanistan. I believe it was either my first term or my second term in Congress. What an honor that was to travel with you and a bipartisan delegation to serve turkey dinner during Thanksgiving. I never forgot that lesson.

I vowed that if I ever became chairman of the committee, that we would do the same thing, we would continue that tradition of serving our troops who cannot be with their families during the holiday season.

That spirit of service carried into the work that you have done and I have done together, with all the Members. We say it is a team effort. It is a special part of the Congress that we have staff that interact with each other, not primarily in an antagonistic mode. There are differences, but we work them out and we work them out bi-camerally.

I note that Mr. Towers is going to go work on the other side, and I say that with all great affection. Some things will change, some things will stay constant.

This behemoth, it is more than 300 pages of legislative text. That is a testament to the spirit of wanting to do right.

I want to congratulate my own staff director, Ray Kelley, for that amazing work of both he and Jon and their counterparts in the Senate. This could not be the work of PHIL ROE and myself alone. It was the work of incredible leadership at the staff level.

I could go on and name every staff person. I have 28–29 staffers, and they all have performed magnificently to produce, I think, this incredible holiday gift to America's veterans and to America.

So PHIL ROE, thank you for, together, this gift that our teams have created for our country. Thank you for the gift you have been to our country.

And my final word to you is, on your next chapter, Godspeed.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, S. 2216.

The question was taken.

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

Mr. TAKANO. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3 of House Resolution 965, the yeas and nays are ordered.

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

CRISIS STABILIZATION AND COMMUNITY REENTRY ACT OF 2020

Ms. BASS. Mr. Speaker, I move to suspend the rules and pass the bill (S. 3312) to establish a crisis stabilization and community reentry grant program, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 3312

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Crisis Stabilization and Community Reentry Act of 2020".

SEC. 2. MENTAL HEALTH CRISIS STABILIZATION.

(a) PLANNING AND IMPLEMENTATION GRANTS.—Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10101 et seq.) is amended by inserting after part NN the following:

"PART OO—CRISIS STABILIZATION AND COMMUNITY REENTRY PROGRAM.

"SEC. 3051. GRANT AUTHORIZATION.

"(a) IN GENERAL.—The Attorney General may make grants under this part to States, for use by State and local correctional facilities, for the purpose of providing clinical

services for people with serious mental illness and substance use disorders that establish treatment, suicide prevention, and continuity of recovery in the community upon release from the correctional facility.

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

“(1) programs involving criminal and juvenile justice agencies, mental health agencies, community-based organizations that focus on reentry, and community-based behavioral health providers that improve clinical stabilization during pre-trial detention and incarceration and continuity of care leading to recovery in the community by providing services and supports that may include peer support services, enrollment in healthcare, and introduction to long-acting injectable medications or, as clinically indicated, other medications, by—

“(A) providing training and education for criminal and juvenile justice agencies, mental health agencies, and community-based behavioral health providers on interventions that support—

“(i) engagement in recovery supports and services;

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

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

“(B) ensuring that offenders with serious mental illness are provided appropriate access to evidence-based recovery supports that may include peer support services, medication (including long-acting injectable medications where clinically appropriate), and psycho-social therapies;

“(C) offering technical assistance to criminal justice agencies on how to modify their administrative and clinical processes to accommodate evidence-based interventions, such as long-acting injectable medications and other recovery supports; and

“(D) participating in data collection activities specified by the Attorney General, in consultation with the Secretary of Health and Human Services;

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

“(A) strengthening or establishing crisis response services delivered by hotlines, mobile crisis teams, crisis stabilization and triage centers, peer support specialists, public safety officers, community-based behavioral health providers, and other stakeholders, including by providing technical support for interventions that promote long-term recovery;

“(B) engaging criminal and juvenile justice agencies, mental health agencies and community-based behavioral health providers, preliminary qualified offenders, and family and community members in program design, program implementation, and training on crisis response services, including connection to recovery services and supports;

“(C) examining health care reimbursement issues that may pose a barrier to ensuring the long-term financial sustainability of crisis response services and interventions that promote long-term engagement with recovery services and supports; and

“(D) participating in data collection activities specified by the Attorney General, in consultation with the Secretary of Health and Human Services; and

“(3) programs that provide training and additional resources to criminal and juvenile justice agencies, mental health agencies, and community-based behavioral health providers on serious mental illness, suicide prevention strategies, recovery engagement strategies, and the special health and social

needs of justice-involved individuals who are living with serious mental illness.

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

“(d) BEHAVIORAL HEALTH PROVIDER DEFINED.—In this section, the term ‘behavioral health provider’ means—

“(1) a community mental health center that meets the criteria under section 1913(c) of the Public Health Service Act (42 U.S.C. 300x-2(c)); or

“(2) a certified community behavioral health clinic described in section 223(d) of the Protecting Access to Medicare Act of 2014 (42 U.S.C. 1396a note).

“SEC. 3052. STATE APPLICATIONS.

“(a) IN GENERAL.—To request a grant under this part, the chief executive of a State, or such agency as the chief executive may designate, shall submit an application to the Attorney General—

“(1) in such form and containing such information as the Attorney General may reasonably require;

“(2) that includes assurances that Federal funds received under this part shall be used to supplement, not supplant, non-Federal funds that would otherwise be available for activities funded under this part; and

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

“(A) program design;

“(B) program implementation; and

“(C) training on crisis response, medication adherence, and continuity of recovery in the community.

“(b) ELIGIBILITY FOR PREFERENCE WITH COMMUNITY CARE COMPONENT.—

“(1) IN GENERAL.—In awarding grants under this part, the Attorney General shall give preference to a State that ensures that individuals who participate in a program, funded by a grant under this part will be provided with continuity of care, in accordance with paragraph (2), in a community care provider program upon release from a correctional facility.

“(2) REQUIREMENTS.—For purposes of paragraph (1), the continuity of care shall involve the coordination of the correctional facility treatment program with qualified community behavioral health providers and other recovery supports, pre-trial release programs, parole supervision programs, halfway house programs, and participation in peer recovery group programs, which may aid in ongoing recovery after the individual is released from the correctional facility.

“(3) COMMUNITY CARE PROVIDER PROGRAM DEFINED.—For purposes of this subsection, the term ‘community care provider program’ means a community mental health center or certified community behavioral health clinic that directly provides to an individual, or assists in connecting an individual to the provision of, appropriate community-based treatment, medication management, and other recovery supports, when the individual leaves a correctional facility at the end of a sentence or on parole.

“(c) COORDINATION OF FEDERAL ASSISTANCE.—Each application submitted for a grant under this part shall include a description of how the funds made available under this part will be coordinated with Federal assistance for behavioral health services currently provided by the Department of Health

and Human Services’ Substance Abuse and Mental Health Services Administration.

“SEC. 3053. REVIEW OF STATE APPLICATIONS.

“(a) IN GENERAL.—The Attorney General shall make a grant under section 3051 to carry out the projects described in the application submitted under section 3052 upon determining that—

“(1) the application is consistent with the requirements of this part; and

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

“(b) APPROVAL.—Each application submitted under section 3052 shall be considered approved, in whole or in part, by the Attorney General not later than 90 days after first received, unless the Attorney General informs the applicant of specific reasons for disapproval.

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

“(d) DISAPPROVAL NOTICE AND RECONSIDERATION.—The Attorney General may not disapprove any application without first affording the applicant reasonable notice and an opportunity for reconsideration.

“SEC. 3054. EVALUATION.

“Each State that receives a grant under this part shall submit to the Attorney General an evaluation not later than 1 year after receipt of the grant in such form and containing such information as the Attorney General, in consultation with the Secretary of Health and Human Services, may reasonably require.

“SEC. 3055. AUTHORIZATION OF FUNDING.

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

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

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. BASS) and the gentleman from Pennsylvania (Mr. RESCHENTHALER) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. BASS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. BASS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am proud to support S. 3312, the Crisis Stabilization and Community Reentry Act of 2020. Today, with this bill, the House takes additional affirmative steps to promote the successful reentry into their communities of individuals leaving correctional facilities.

The bill provides funding to State, local, and community organizations to provide incarcerated and recently released individuals with mental health and substance abuse treatment. Providing continuity of care in relation to mental health and substance abuse treatment when individuals are released from correctional facilities is a critical bridge back into their communities; but continuity of care of this sort is seldom available to returning citizens. This bill addresses that gap.

At a series of hearings this Congress, the Judiciary Committee has explored the many challenges that recently released individuals face. These returning citizens confront a myriad of barriers that hamper reentry. Unfortunately, many struggle with mental health and substance abuse. Navigating reentry, which is already daunting, can be made even more difficult due to these additional challenges.

Because the need is great, the reach of this bill is broad. The grants awarded by S. 3312 improve mental health and substance abuse treatment during pretrial detention, throughout incarceration, and upon return to the community. Eligible grantees include juvenile justice agencies, mental health agencies, and community-based behavioral health providers.

The bill's keen focus on the provision of care by local, community-based providers is deliberate, as this is consistent with long-term reentry success. This is why I am particularly supportive of this provision of the bill that implements a preference for grantees that provide community-based care and promote policies that reduce the number of technical probation violations.

Also notable in S. 3312 is the broad panoply of mental health services that it incorporates. These include peer support, enrollment in long-term healthcare programs, and introduction to clinically proven medications. This bill recognizes that no single reentry solution will work for every returning individual.

The programs authorized in S. 3312 would further promote much-needed cooperative efforts among criminal and juvenile justice agencies, mental health agencies, and community-based behavioral health providers.

The programs receiving funding under this bill would engage relevant stakeholders in the formulation of program design, implementation, training on services, and examination of healthcare reimbursement issues that may pose a barrier to ensuring long-term financial sustainability of these programs.

The holistic approach to reentry that this bill adopts has consistently been shown to promote successful reentry and offer better long-term solutions.

In recent years, Congress passed the hallmark Second Chance Act and a number of other bills, including H.R. 8161, the One Stop Community Reentry Program Act, focused on promoting

successful reentry and, in turn, supporting public safety. Like those bills, S. 3312, the Crisis Stabilization and Community Reentry Act, is a necessary tool to ensure that proper services reach people involved in the criminal justice system.

Finally, I thank our colleague, Representative DAVID TRONE, for championing the companion bill in the House.

Mr. Speaker, I urge all my colleagues to support this bill, and I reserve the balance of my time.

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

Mr. Speaker, I rise in strong support of S. 3312, the Crisis Stabilization and Community Reentry Act of 2020. I was proud to introduce this House companion bill, this bipartisan piece of legislation, with Representatives RUTHERFORD, TRONE, ARMSTRONG, DEAN, and SCANLON.

The Crisis Stabilization and Community Reentry Act authorizes grants for State and local correctional facilities to partner with community mental health and behavioral health providers to provide clinical services for people with serious mental illness and substance abuse disorders.

When I served as a district judge in southwestern Pennsylvania, many of those who came before my bench were suffering from untreated and undiagnosed mental illness. In fact, according to a 2012 Bureau of Justice Statistics survey, approximately 1 in 7 State and Federal prisoners, and 1 in 4 jail inmates met the threshold for serious psychological distress in the 30 days prior.

S. 3312 ensures that we provide these individuals with treatment, suicide prevention, and tools for long-term recovery upon release from a correctional facility. By ensuring continuity of mental healthcare, we can facilitate successful reentry, which is critical to reducing recidivism; in turn, improving public safety and saving taxpayer dollars.

I want to, again, thank my fellow sponsors in the House, as well as Senators CORNYN and BLUMENTHAL, for prioritizing this important issue.

I am proud to support this bipartisan, bicameral bill that will give law enforcement the tools that they need to keep our communities safe, while also ending the revolving door between prison and the streets.

Mr. Speaker, I urge my colleagues to support S. 3312, and I reserve the balance of my time.

□ 1545

Ms. BASS. Mr. Speaker, I reserve the balance of my time.

Mr. RESCHENTHALER. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. RUTHERFORD).

Mr. RUTHERFORD. Mr. Speaker, I thank my colleague and good friend from Pennsylvania for yielding.

Mr. Speaker, I rise today in support of the Crisis Stabilization and Community Reentry Act of 2020.

I can tell you, Mr. Speaker, as a former sheriff with over 40 years of experience in law enforcement, I understand the issues people face as they leave and transition from incarceration to a free society. Throughout my time in law enforcement, I saw many individuals—too many individuals—re-offend time and time again, often with the same offenses involving substance abuse and mental health issues.

Part of the problem back then was, when a prisoner was released from State prison, literally all we gave them was a blue bag for their valuables and a bus ticket home. And we wondered why they failed and returned to a life of crime—not much for rehabilitation.

So, when I became the sheriff of Jacksonville, I partnered with the Florida Secretary of Corrections and community groups to implement programs that provided continued treatment and services to individuals during and after they left prison because those exiting prison systems face numerous challenges as they go back to their communities, often with little or no support from friends or family.

As my colleague just mentioned, the Bureau of Justice Statistics calculates that one in seven individuals in State and Federal prisons, and one in four individuals in jails, experience serious psychological distress. Their battles with psychological distress and substance abuse do not stop when they exit prison. In fact, they are exacerbated upon their release. Indeed, during this transition phase, that support is often needed the most.

Today's bipartisan legislation would streamline mental health and medical services for these individuals, preventing a lapse of care between prison and society, and, instead, creating a continuum of care for those at greater risk of relapse.

The Crisis Stabilization and Community Reentry Act establishes a warm handoff of care between law enforcement, community-based groups, and mental health specialists. The partnership between law enforcement and community groups is critical as they both share a common goal to lower recidivism and ensure people can thrive and succeed when they return back to their communities.

By offering grants through the Department of Justice, States and communities would be able to provide medication-assisted treatment, counseling, and other transition services that are prioritized for those who need it most.

This bipartisan legislation is supported by the National Sheriffs' Association, the Major Cities Chiefs Association, the National Council for Behavioral Health, and the National Alliance on Mental Illness, and the Treatment Advocacy Center.

I am proud to support this initiative as a member of the congressional bipartisan Opioid Task Force, as a member of the Mental Health Caucus, and also as a proud member of the Law Enforcement Caucus, because as a sheriff, I have seen firsthand and know the success a bill like this can accomplish.

This bill is going to save lives, it is going to save money, and it is going to reduce crime. With a renewed focus on those people in greatest need, we can work together to ensure that pattern of recidivism can become a problem in the past rather than one that will be shouldered by future generations to come.

Mr. Speaker, I urge my colleagues on both sides of the aisle to support this bill, which, again, Mr. Speaker, is going to save lives, save dollars, and reduce recidivism.

Ms. BASS. Mr. Speaker, I continue to reserve the balance of my time.

Mr. RESCHENTHALER. Mr. Speaker, in closing, once again, I would like to urge my colleagues to support S. 3312, and I yield back the balance of my time.

Ms. BASS. Mr. Speaker, the Crisis Stabilization and Community Reentry Act of 2020 represents a significant step toward ensuring that incarcerated people receive appropriate mental health and substance abuse care while in a correctional facility and that those services are available upon their reentry into the community.

I am encouraged by the bipartisan and bicameral support for this bill. I, again, thank Representative TRONE, as well as Senators CORNYN and BLUMENTHAL and my colleague from the Judiciary Committee, Representative RESCHENTHALER.

Mr. Speaker, I urge my colleagues to join me in supporting this bill today, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, as a senior member of the Judiciary, Committee, I rise in strong support of S. 3312, the "Crisis Stabilization and Community Reentry Act," bipartisan legislation that ensures people experiencing a mental health crisis receive appropriate care while in a correctional facility.

Specifically, the Crisis Stabilization and Community Reentry Act would authorize \$10 million in grants to communities to create collaborative programs involving justice agencies and community-based behavioral health providers, including Certified Community Behavioral Health Clinics (CCBHCs).

Mr. Speaker, this legislation addresses the challenges faced by many person during their period of incarceration and as they seek to reenter the community.

This includes access to proper medication and additional training for law enforcement officers so they can address the needs of our most vulnerable individuals.

The bill also calls for a warm handoff between law enforcement and community mental health clinics upon re-entry into the community to ensure the best possible start.

It would also create a national technical assistance center to serve communities around the country.

Crisis Stabilization and Community Reentry Act grants would support community-level crisis response programs, including collaboratively designed crisis response services and technical support programs that promote medication adherence and continuity of care.

This grant funding will also support targeted training programs related to medication adherence and continuity of care; including the purchase and use of long-acting antipsychotic medications to support adherence.

Importantly, the infusion of funding will strengthen local agency and provider capacity to reduce suicides during incarceration.

Finally, the legislation establishes a national technical assistance center to support justice and mental health agencies, community behavioral health providers, CCBHCs, and other stakeholders in developing training and treatment approaches for justice-involved persons with mental illness, as well as payment strategies that promote best-practices with respect to care for this vulnerable group of persons.

This legislation is strongly supported by and has earned the endorsement of The National Council, which is another reason why I strongly support this bipartisan, common-sense criminal justice reform and urge all Members to join me in voting to pass S. 3312, the Crisis Stabilization and Community Reentry Act.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. BASS) that the House suspend the rules and pass the bill, S. 3312.

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

A motion to reconsider was laid on the table.

TO CORRECT THE ENROLLMENT OF S. 3312

Ms. BASS. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the concurrent resolution (S. Con. Res. 52) to correct the enrollment of S. 3312, and ask for its immediate consideration in the House.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

The text of the concurrent resolution is as follows:

S. CON. RES. 52

Resolved by the Senate (the House of Representatives concurring), That in the enrollment of S. 3312, an Act to establish a crisis stabilization and community reentry grant program, and for other purposes, the Secretary of the Senate shall—

(1) in section 3051(a) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act, strike “, for use by State and local correctional facilities,” and insert “, Indian Tribes, units of local government, and community-based nonprofit organizations”;

(2) in section 3051(b)(1)(B) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act, strike “offenders” and insert “individuals”;

(3) in the section heading for section 3052 of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act, strike “STATE”;

(4) in section 3052(a) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act, in the matter preceding paragraph (1), strike “, or such agency as the chief executive may designate,” and insert “, Indian Tribe, unit of local government, or community-based nonprofit organization”;

(5) in section 3052(a)(3) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act, in the matter preceding subparagraph (A), after “State” insert “, Tribal, or local”;

(6) in section 3052(b)(1) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act—

(A) after “State” insert “, Indian Tribe, unit of local government, or community-based nonprofit organization”;

(B) after “facility” insert “and adopt policies that focus on programming, strategies, and educational components for reducing recidivism and probation violations”;

(7) in the section heading for section 3053 of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act, strike “STATE”;

(8) in section 3054 of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act, after “State” insert “, Indian Tribe, unit of local government, or community-based nonprofit organization”.

AMENDMENT IN THE NATURE OF A SUBSTITUTE OFFERED BY MS. BASS

Ms. BASS. Mr. Speaker, I have an amendment at the desk.

The SPEAKER pro tempore. The Clerk will report the amendment.

The Clerk read as follows:

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

That in the enrollment of S. 3312, an Act to establish a crisis stabilization and community reentry grant program, and for other purposes, the Secretary of the Senate shall—

(1) in section 3051(a) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act, strike “, for use by State and local correctional facilities,” and insert “, Indian Tribes, units of local government, and community-based nonprofit organizations”;

(2) in section 3051(b)(1)(B) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act, strike “offenders” and insert “individuals”;

(3) in the section heading for section 3052 of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act, strike “STATE”;

(4) in section 3052(a) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act, in the matter preceding paragraph (1), strike “, or such agency as the chief executive may designate,” and insert “, Indian Tribe, unit of local government, or community-based nonprofit organization”;

(5) in section 3052(a)(3) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act, in the matter preceding subparagraph (A), after “State” insert “, Tribal, or local”;

(6) in section 3052(b)(1) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 2 of the Act—

(A) after “State” insert “, Indian Tribe, unit of local government, or community-based nonprofit organization”;

(B) after “facility” insert “and adopt policies that focus on programming, strategies, and educational components for reducing recidivism and probation violations”;

(7) in the section heading for section 3053 of title I of the Omnibus Crime Control and