

cation with demonstrated capacity and experience in delivering training, technical assistance and other resources including direct, practical laboratory training to law enforcement officers, investigators, auditors and prosecutors in States and units of local government and over the Internet shall be eligible to receive an award under this subchapter.

(Pub. L. 90-351, title I, §3035, as added Pub. L. 115-76, §3(a), Nov. 2, 2017, 131 Stat. 1249.)

§ 10726. Rules and regulations

The Director of the Bureau of Justice Assistance shall promulgate such rules and regulations as are necessary to carry out this subchapter, including rules and regulations for submitting and reviewing applications under section 10725 of this title.

(Pub. L. 90-351, title I, §3036, as added Pub. L. 115-76, §3(a), Nov. 2, 2017, 131 Stat. 1249.)

SUBCHAPTER XL—GRANT PROGRAM TO EVALUATE AND IMPROVE EDUCATIONAL METHODS AT PRISONS, JAILS, AND JUVENILE FACILITIES

§ 10741. Grant program to evaluate and improve educational methods at prisons, jails, and juvenile facilities

(a) Grant program authorized

The Attorney General may carry out a grant program under which the Attorney General may make grants to States, units of local government, territories, Indian Tribes, and other public and private entities to—

- (1) evaluate methods to improve academic and vocational education for offenders in prisons, jails, and juvenile facilities;
- (2) identify, and make recommendations to the Attorney General regarding, best practices relating to academic and vocational education for offenders in prisons, jails, and juvenile facilities, based on the evaluation under paragraph (1);
- (3) improve the academic and vocational education programs (including technology career training) available to offenders in prisons, jails, and juvenile facilities; and
- (4) implement methods to improve academic and vocational education for offenders in prisons, jails, and juvenile facilities consistent with the best practices identified in subsection (c).

(b) Application

To be eligible for a grant under this subchapter, a State or other entity described in subsection (a) shall submit to the Attorney General an application in such form and manner, at such time, and accompanied by such information as the Attorney General specifies.

(c) Best practices

Not later than 180 days after December 21, 2018, the Attorney General shall identify and publish best practices relating to academic and vocational education for offenders in prisons, jails, and juvenile facilities. The best practices shall consider the evaluations performed and recommendations made under grants made under subsection (a) before December 21, 2018.

(d) Report

Not later than 90 days after the last day of the final fiscal year of a grant under this subchapter, each entity described in subsection (a) receiving such a grant shall submit to the Attorney General a detailed report of the progress made by the entity using such grant, to permit the Attorney General to evaluate and improve academic and vocational education methods carried out with grants under this subchapter.

(Pub. L. 90-351, title I, §3041, as added Pub. L. 115-391, title V, §502(c)(2), Dec. 21, 2018, 132 Stat. 5228.)

SUBCHAPTER XLI—CRISIS STABILIZATION AND COMMUNITY REENTRY PROGRAM

§ 10751. Grant authorization

(a) In general

The Attorney General may make grants under this subchapter to States, Indian Tribes, units of local government, and community-based nonprofit organizations 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 subchapter 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 individuals 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 300x-2(c) of this title; 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).

(Pub. L. 90-351, title I, §3051, as added Pub. L. 116-281, §2(a), Dec. 31, 2020, 134 Stat. 3381.)

Editorial Notes

REFERENCES IN TEXT

Section 223(d) of the Protecting Access to Medicare Act of 2014, referred to in subsec. (d)(2), is section 223(d)

of Pub. L. 113-93, which is set out as a note under section 1396a of Title 42, The Public Health and Welfare.

Statutory Notes and Related Subsidiaries

SHORT TITLE

For short title of Pub. L. 116-281, which enacted this subchapter, as the “Crisis Stabilization and Community Reentry Act of 2020”, see section 1 of Pub. L. 116-281, set out as a Short Title of 2020 Amendment note under section 10101 of this title.

§ 10752. Applications

(a) In general

To request a grant under this subchapter, the chief executive of a State, Indian Tribe, unit of local government, or community-based nonprofit organization 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 subchapter shall be used to supplement, not supplant, non-Federal funds that would otherwise be available for activities funded under this subchapter; and

(3) that describes the coordination between State, Tribal, or local 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 subchapter, the Attorney General shall give preference to a State, Indian Tribe, unit of local government, or community-based nonprofit organization that ensures that individuals who participate in a program, funded by a grant under this subchapter will be provided with continuity of care, in accordance with paragraph (2), in a community care provider program upon release from a correctional facility and adopt policies that focus on programming, strategies, and educational components for reducing recidivism and probation violations.

(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, half-way 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