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(Original Signature of Member)

116TH CONGRESS
1ST SESSION

H. R. _____

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

IN THE HOUSE OF REPRESENTATIVES

Mr. TRONE (for himself and Mr. RUTHERFORD) introduced the following bill;
which was referred to the Committee on _____

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
5 and 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

1 Act of 1968 (34 U.S.C. 10101 et seq.) is amended by in-
2 serting after part NN the following:

3 **“PART OO—CRISIS STABILIZATION AND**
4 **COMMUNITY REENTRY PROGRAM.**

5 **“SEC. 3101. GRANT AUTHORIZATION.**

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

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

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

1 “(A) providing training and education for
2 criminal and juvenile justice agencies, mental
3 health agencies, and community-based behav-
4 ioral health providers on interventions that sup-
5 port—

6 “(i) engagement in recovery supports
7 and services;

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

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

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

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

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

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

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

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

1 “(C) examining health care reimbursement
2 issues that may pose a barrier to ensuring the
3 long-term financial sustainability of crisis re-
4 sponse services and interventions that promote
5 long-term engagement with recovery services
6 and supports; and

7 “(D) participating in data collection activi-
8 ties specified by the Attorney General, in con-
9 sultation with the Secretary of Health and
10 Human Services; and

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

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

1 **“SEC. 3102. STATE APPLICATIONS.**

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

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

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

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

18 “(A) program design;

19 “(B) program implementation; and

20 “(C) training on crisis response, medica-
21 tion adherence, and continuity of recovery in
22 the community.

23 “(b) ELIGIBILITY FOR PREFERENCE WITH COMMU-
24 NITY CARE COMPONENT.—

25 “(1) IN GENERAL.—In awarding grants under
26 this part, the Attorney General shall give preference

1 to a State that ensures that individuals who partici-
2 pate in a program, funded by a grant under this
3 part will be provided with continuity of care, in ac-
4 cordance with paragraph (2), in a community care
5 provider program upon release from a correctional
6 facility.

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

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

1 “(c) COORDINATION OF FEDERAL ASSISTANCE.—

2 Each application submitted for a grant under this part
3 shall include a description of how the funds made available
4 under this part will be coordinated with Federal assistance
5 for behavioral health services currently provided by the
6 Department of Health and Human Services’ Substance
7 Abuse and Mental Health Services Administration.

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

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

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

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

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

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

4 “(d) DISAPPROVAL NOTICE AND RECONSIDER-
5 ATION.—The Attorney General may not disapprove any
6 application without first affording the applicant reason-
7 able notice and an opportunity for reconsideration.

8 **“SEC. 3104. EVALUATION.**

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

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

16 “For purposes of carrying out this part, the Attorney
17 General is authorized to award not more than
18 \$10,000,000 of funds appropriated to the Department of
19 Justice for State and local law enforcement activities for
20 each of fiscal years 2020 through 2025.”.

21 (b) NATIONAL CRIMINAL JUSTICE AND MENTAL
22 HEALTH TRAINING AND TECHNICAL ASSISTANCE.—Sec-
23 tion 2992(c)(3) of title I of the Omnibus Crime Control
24 and Safe Streets Act of 1968 (34 U.S.C. 10652(c)(3)) is
25 amended by inserting before the semicolon at the end the

- 1 following: “, which may include interventions designed to
- 2 enhance access to medication.”.