

116TH CONGRESS
2D SESSION

S. 3312

AN ACT

To establish a crisis stabilization and community reentry
grant program, 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,*

1 **SECTION 1. SHORT TITLE.**

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

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

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

9 **“PART OO—CRISIS STABILIZATION AND**
10 **COMMUNITY REENTRY PROGRAM.**

11 **“SEC. 3051. GRANT AUTHORIZATION.**

12 “(a) IN GENERAL.—The Attorney General may make
13 grants under this part to States, for use by State and local
14 correctional facilities, for the purpose of providing clinical
15 services for people with serious mental illness and sub-
16 stance use disorders that establish treatment, suicide pre-
17 vention, and continuity of recovery in the community upon
18 release from the correctional facility.

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

21 “(1) programs involving criminal and juvenile
22 justice agencies, mental health agencies, community-
23 based organizations that focus on reentry, and com-
24 munity-based behavioral health providers that im-
25 prove clinical stabilization during pre-trial detention
26 and incarceration and continuity of care leading to

1 recovery in the community by providing services and
 2 supports that may include peer support services, en-
 3 rollment in healthcare, and introduction to long-act-
 4 ing injectable medications or, as clinically indicated,
 5 other medications, by—

6 “(A) providing training and education for
 7 criminal and juvenile justice agencies, mental
 8 health agencies, and community-based behav-
 9 ioral health providers on interventions that sup-
 10 port—

11 “(i) engagement in recovery supports
 12 and services;

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

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

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

24 “(C) offering technical assistance to crimi-
 25 nal justice agencies on how to modify their ad-

1 ministrative and clinical processes to accommo-
2 date evidence-based interventions, such as long-
3 acting injectable medications and other recovery
4 supports; and

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

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

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

22 “(B) engaging criminal and juvenile justice
23 agencies, mental health agencies and commu-
24 nity-based behavioral health providers, prelimi-
25 nary qualified offenders, and family and com-

1 community members in program design, program
2 implementation, and training on crisis response
3 services, including connection to recovery serv-
4 ices and supports;

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

11 “(D) participating in data collection activi-
12 ties specified by the Attorney General, in con-
13 sultation with the Secretary of Health and
14 Human Services; and

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

23 “(c) CONSULTATION.—The Attorney General shall
24 consult with the Secretary of Health and Human Services
25 to ensure that serious mental illness treatment and recov-

1 ery support services provided under this grant program
 2 incorporate evidence-based approaches that facilitate long-
 3 term engagement in recovery services and supports.

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

7 “(1) a community mental health center that
 8 meets the criteria under section 1913(c) of the Pub-
 9 lic Health Service Act (42 U.S.C. 300x-2(c)); or
 10 “(2) a certified community behavioral health
 11 clinic described in section 223(d) of the Protecting
 12 Access to Medicare Act of 2014 (42 U.S.C. 1396a
 13 note).

14 **“SEC. 3052. STATE APPLICATIONS.**

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

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

22 “(2) that includes assurances that Federal
 23 funds received under this part shall be used to sup-
 24 plement, not supplant, non-Federal funds that would

1 otherwise be available for activities funded under
 2 this part; and

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

8 “(A) program design;

9 “(B) program implementation; and

10 “(C) training on crisis response, medica-
 11 tion adherence, and continuity of recovery in
 12 the community.

13 “(b) ELIGIBILITY FOR PREFERENCE WITH COMMU-
 14 NITY CARE COMPONENT.—

15 “(1) IN GENERAL.—In awarding grants under
 16 this part, the Attorney General shall give preference
 17 to a State that ensures that individuals who partici-
 18 pate in a program, funded by a grant under this
 19 part will be provided with continuity of care, in ac-
 20 cordance with paragraph (2), in a community care
 21 provider program upon release from a correctional
 22 facility.

23 “(2) REQUIREMENTS.—For purposes of para-
 24 graph (1), the continuity of care shall involve the co-
 25 ordination of the correctional facility treatment pro-

1 gram with qualified community behavioral health
 2 providers and other recovery supports, pre-trial re-
 3 lease programs, parole supervision programs, half-
 4 way house programs, and participation in peer re-
 5 covery group programs, which may aid in ongoing
 6 recovery after the individual is released from the
 7 correctional facility.

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

18 “(c) COORDINATION OF FEDERAL ASSISTANCE.—
 19 Each application submitted for a grant under this part
 20 shall include a description of how the funds made available
 21 under this part will be coordinated with Federal assistance
 22 for behavioral health services currently provided by the
 23 Department of Health and Human Services’ Substance
 24 Abuse and Mental Health Services Administration.

1 **“SEC. 3053. REVIEW OF STATE APPLICATIONS.**

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

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

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

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

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

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

24 **“SEC. 3054. EVALUATION.**

25 “Each State that receives a grant under this part
26 shall submit to the Attorney General an evaluation not

1 later than 1 year after receipt of the grant in such form
 2 and containing such information as the Attorney General,
 3 in consultation with the Secretary of Health and Human
 4 Services, may reasonably require.

5 **“SEC. 3055. AUTHORIZATION OF FUNDING.**

6 “For purposes of carrying out this part, the Attorney
 7 General is authorized to award not more than
 8 \$10,000,000 of funds appropriated to the Department of
 9 Justice for State and local law enforcement activities for
 10 each of fiscal years 2020 through 2025.”.

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

Passed the Senate November 16, 2020.

Attest:

Secretary.

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