To amend the Public Health Service Act to authorize grants to States, Indian Tribes, Tribal organizations, Urban Indian organizations, and political subdivisions thereof to hire, employ, train, and dispatch mental health professionals to respond in lieu of law enforcement officers in emergencies involving one or more persons with a mental illness or an intellectual or developmental disability, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. PORTER introduced the following bill; which was referred to the Committee on

A BILL

To amend the Public Health Service Act to authorize grants to States, Indian Tribes, Tribal organizations, Urban Indian organizations, and political subdivisions thereof to hire, employ, train, and dispatch mental health professionals to respond in lieu of law enforcement officers in emergencies involving one or more persons with a mental illness or an intellectual or developmental disability, 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,
SECTION 1. SHORT TITLE.

This Act may be cited as the “Mental Health Justice Act of 2023”.

SEC. 2. GRANTS FOR MENTAL HEALTH PROFESSIONALS TO ACT AS FIRST RESPONDERS.

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb–31 et seq.) is amended by adding at the end the following:

“SEC. 520O. GRANTS FOR MENTAL HEALTH PROFESSIONALS TO ACT AS FIRST RESPONDERS.

“(a) IN GENERAL.—The Secretary, acting through the Assistant Secretary, and in consultation with the Assistant Attorney General for the Civil Rights Division of the Department of Justice, shall award grants to States, Indian Tribes, Tribal organizations, Urban Indian organizations, and political subdivisions thereof to establish or expand programs—

“(1) to hire, employ, train, and dispatch mental health professionals to respond in lieu of law enforcement officers in emergencies in which—

“(A) an individual calling 911, 988, or another emergency hotline states that a person—

“(i) is in a mental health crisis;

“(ii) may have a mental illness or an intellectual or developmental disability; or
“(iii) otherwise appears to need the immediate support of mental health professionals;

“(B) a law enforcement officer or other first responder identifies a person as having (or possibly having) a mental illness or an intellectual or developmental disability (or otherwise appears to need the support of mental health professionals); or

“(C) a law enforcement officer or other first responder identifies a person as being (or possibly being) under the influence of a legal or illegal substance;

“(2) to include in the training for mental health professionals pursuant to paragraph (1) training in—

“(A) the principles of deescalation; and

“(B) developmentally appropriate techniques;

“(3) to ensure that such mental health professionals link persons described in subparagraph (A), (B), or (C) of paragraph (1) with voluntary community-based services where appropriate;

“(4) to train the staff of dispatch centers regarding the proper handling of a report of an emer-
gency described in paragraph (1), including training in the principles and techniques referred to in sub-paragraphs (A) and (B) of paragraph (2); and

“(5) to coordinate with first responder agencies.

“(b) ADDITIONAL AWARDS.—The Secretary shall make an additional award of funds under this section each fiscal year to grantees that—

“(1) are in compliance with all conditions of their awards under this section, including the conditions specified in subsections (a) and (d); and

“(2) demonstrate that their programs under this section resulted in—

“(A) a notable reduction in the incarceration and death of persons with mental illness or an intellectual or developmental disability; or

“(B) a notable reduction in the use of force by police and a notable increase in referrals of persons with a mental illness or intellectual disability to community-based, voluntary support services (other than institutionalization or carceral support services).

“(c) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to States, Indian Tribes, Tribal organizations, Urban Indian organizations, and political subdivisions thereof that—
“(1) have high rates of arrests and incarceration of persons with a mental illness or an intellectual or developmental disability;

“(2) commit to increasing resources for mental health and community-based support services or solutions for such persons; or

“(3) include peer support specialists in their current first responder model.

“(d) Reporting.—

“(1) By grantees.—A recipient of a grant under this section shall submit to the Secretary—

“(A) a quarterly report on—

“(i) the number and percentage of emergencies where mental health professionals were dispatched in lieu of law enforcement officers pursuant to assistance under this section;

“(ii) such other matters as the Secretary may require for determining whether the recipient should receive an additional award under subsection (b); and

“(iii) any increase or decrease, compared to any previous quarter, in incarceration or institutionalization as a result of dispatching mental health professionals
pursuant to assistance under this section, disaggregated to include data specific to persons with intellectual and developmental disabilities and mental illnesses where available and permitted to be disclosed under applicable privacy law, so as—

“(I) to provide a critical baseline analysis; and

“(II) to ensure that mental health practitioners are not simply funneling individuals into other institutionalized settings; and

“(B) a final report on the use of such grant.

“(2) BY SECRETARY.—Not later than 1 year after awarding the first grant under this section, and annually thereafter, the Secretary shall submit to the Congress a report on the grant program under this section.

“(3) DISAGGREGATION OF DATA.—The reporting pursuant to paragraphs (1) and (2) shall, to the extent determined by the Secretary to be applicable, be disaggregated by age, sex, gender, race, and ethnicity.
“(e) REVOCATION OF GRANT.—If the Secretary finds, based on reporting under subsection (d) or other information, that activities funded through a grant under this section are leading to a significant increase in incarceration or institutionalization—

“(1) the Secretary shall revoke the grant; and

“(2) the grantee shall repay to the Federal Government any amounts that the grantee—

“(A) received through the grant; and

“(B) has not obligated or expended.

“(f) TECHNICAL ASSISTANCE.—The Secretary, acting through the Assistant Secretary, and in consultation with the Assistant Attorney General for the Civil Rights Division of the Department of Justice, shall provide technical assistance to grantees under this section (or other Federal law), and to other States, Indian Tribes, Tribal organizations, Urban Indian organizations, and political subdivisions thereof, to hire, employ, train, and dispatch mental health professionals to respond in lieu of law enforcement officers, as described in subsection (a).

“(g) DEFINITIONS.—In this section:

“(1) The term ‘first responder’ means an individual who, in the course of such individual’s professional duties, is dispatched to respond to fire, medical, public safety, or mental health emergencies.
“(2) The terms ‘Indian Tribe’, ‘Tribal organization’, and ‘Urban Indian organization’ have the meanings given to the terms ‘Indian tribe’, ‘tribal organization’, and ‘Urban Indian organization’, respectively, in section 4 of the Indian Health Care Improvement Act.

“(3) The term ‘peer support specialist’ means an individual who—

“(A) has lived experience of a mental health condition or substance use disorder; and

“(B) specializes in supporting individuals with mental health conditions or substance use disorders.

“(h) FUNDING.—To carry out this section, there is authorized to be appropriated $250,000,000 for the period of the five fiscal years following the date of enactment of this section.”.

SEC. 3. STUDY.

(a) IN GENERAL.—The Secretary of Health and Human Services and the Assistant Attorney General for the Civil Rights Division of the Department of Justice shall conduct a study on the effectiveness of programs and activities under section 520O of the Public Health Service Act, as added by section 2.
(b) Qualitative and Longitudinal Examination.—The study under subsection (a) shall include a qualitative and longitudinal study of—

(1) the number of persons diverted from arrests; and

(2) short- and long-term outcomes for those persons, including reduced incarceration or institutionalization, reduced incidences of use of force, and reduced utilization of resources.

(c) Completion; Report.—Not later than 3 years after the date of enactment of this Act, the Secretary of Health and Human Services and the Assistant Attorney General for the Civil Rights Division of the Department of Justice shall—

(1) complete the study under subsection (a);

(2) submit a report to the Congress on the results of such study; and

(3) publish such report.

SEC. 4. BEST PRACTICES.

(a) In General.—The Secretary of Health and Human Services, acting in consultation with the Assistant Attorney General for Civil Rights, shall develop and publish best practices relating to the deployment of mental health professionals acting as first responders.
(b) CONTENTS.—The best practices under subsection (a) shall—

(1) be informed by lessons learned from the grant program under section 520O of the Public Health Service Act, as added by section 2; and

(2) include best practices for the proper handling and dispatch of a report of an emergency described in each of subparagraphs (A), (B), and (C) of section 520O(a)(1) of the Public Health Service Act, as added by section 2, including best practices for training in—

(A) the principles and techniques in processing calls for persons who—

(i) are experiencing a mental health crisis;

(ii) may have a mental illness or an intellectual or developmental disability; or

(iii) otherwise appear to need the immediate support of mental health professionals;

(B) the principles of deescalation; and

(C) developmentally appropriate techniques.

(c) TIMELINE; UPDATES.—The Secretary of Health and Human Services shall—
(1) not later than 1 year after the date of enactment of this Act, develop and publish initial best practices under this section; and

(2) not less than every 5 years thereafter, develop and publish updated best practices under this section.

(d) DEFINITION.—In this section, the term “first responder” has the meaning given to such term in section 520O of the Public Health Service Act, as added by section 2.

SEC. 5. RULES OF CONSTRUCTION.

(a) HIRING OF LAW ENFORCEMENT OFFICERS.—Nothing in this Act (or the amendments made by this Act) shall be construed to remove, supplant, alter, or limit the authority of States, public agencies, or municipalities from hiring or recruiting career law enforcement officers (as defined in section 1709 of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10389)) to engage in or supervise the prevention, detection, or investigation of violations of criminal laws when appropriate.

(b) CIRCUMSTANCES OF IMMINENT OR IMMEDIATE DANGER.—Nothing in this Act (or the amendments made by this Act) shall be construed to impede, supplant, alter, or limit the use of career law enforcement officers during emergencies—
(1) which such career law enforcement officers
may be best suited to handle; and

(2) in which a person poses a direct threat to
the health and safety of others that cannot be elimi-
nated by a modification of policies, practices or pro-
cedures, or by the provision of auxiliary aids or serv-
ices.

(c) NONDISCRIMINATION.—Nothing in this Act (or
the amendments made by this Act) shall be construed to
limit or alter the protections and requirements of applica-
ble Federal and State civil rights laws and regulations.

(d) DEFINITIONS.—In this section:

(1) The term “direct threat” has the meaning
given to such term in sections 35.139 and 35.104 of
title 28, Code of Federal Regulations (as in effect on
the date of enactment of this Act).

(2) The term “first responder” has the meaning
given to such term in section 520O of the Public
Health Service Act, as added by section 2.