

117TH CONGRESS
2D SESSION

H. R. 7241

To amend title XIX of the Public Health Service Act to reauthorize the community mental health services block grant program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 28, 2022

Mr. CRENSHAW (for himself, Mr. BUTTERFIELD, Mr. GARCIA of California, and Mrs. LURIA) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Public Health Service Act to reauthorize the community mental health services block 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as “Community Mental Health
5 Services Block Grant Reauthorization Act”.

6 **SEC. 2. SET-ASIDE FOR EVIDENCE-BASED CRISIS CARE**
7 **SERVICES.**

8 Section 1920 of the Public Health Service Act (42
9 U.S.C. 300x–9) is amended—

1 (1) in subsection (a), by striking
2 “\$532,571,000 for each of fiscal years 2018 through
3 2022” and inserting “\$857,571,000 for each of fis-
4 cal years 2023 through 2027”; and

5 (2) by adding at the end the following:

6 “(d) CRISIS CARE.—

7 “(1) IN GENERAL.—Except as provided in para-
8 graph (3), a State shall expend at least 5 percent of
9 the amount the State receives pursuant to section
10 1911 for each fiscal year to support evidenced-based
11 programs that address the crisis care needs of indi-
12 viduals with serious mental disorders, and children
13 with serious mental and emotional disturbances.

14 “(2) CORE ELEMENTS.—At the discretion of
15 the single State agency responsible for the adminis-
16 tration of the program of the State under a grant
17 under section 1911, funds expended pursuant to
18 paragraph (1) may be used to fund some or all of
19 the core crisis care service components, delivered ac-
20 cording to evidence-based principles, including the
21 following:

22 “(A) Crisis call centers.

23 “(B) 24/7 mobile crisis services.

24 “(C) Crisis stabilization programs offering
25 acute care or subacute care in a hospital or ap-

1 appropriately licensed facility, as determined by
2 the Substance Abuse and Mental Health Serv-
3 ices Administration, with referrals to inpatient
4 or outpatient care.

5 “(3) STATE FLEXIBILITY.—In lieu of expending
6 5 percent of the amount the State receives pursuant
7 to section 1911 for a fiscal year to support evidence-
8 based programs as required by paragraph (1), a
9 State may elect to expend not less than 10 percent
10 of such amount to support such programs by the
11 end of two consecutive fiscal years.”.

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