

116TH CONGRESS  
2D SESSION

# S. 4282

To amend the Community Mental Health Service Block Grant to authorize a set-aside for crisis care services, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JULY 22, 2020

Mr. MANCHIN (for himself and Mr. GARDNER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Community Mental Health Service Block Grant to authorize a set-aside for crisis care services, 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 Care Improve-  
5 ment and Suicide Prevention Act of 2020”.

6 **SEC. 2. FINDINGS AND SENSE OF CONGRESS.**

7 (a) FINDINGS.—Congress finds the following:

8 (1) Fragmentation of mental health services  
9 and limited access to crisis services complicates and

1       elongates mental health patient stays in emergency  
2       departments and under the custody of law enforce-  
3       ment.

4               (2) Emergency departments and the criminal  
5       justice system do not have the capacity with existing  
6       resources and health care professional shortages to  
7       address the needs of the rapidly growing number of  
8       individuals with mental health conditions, increasing  
9       the risk of adverse patient outcomes.

10              (3) In 2017, 150,000 individuals in the United  
11       States died from alcohol and drug-induced fatalities  
12       and suicides. Nearly  $\frac{1}{3}$ , or more than 47,000 were  
13       suicides.

14              (4) From 2016 to 2018, more than  $\frac{1}{4}$  of hos-  
15       pital emergency department “frequent users” in Illi-  
16       nois were patients with presenting or underlying  
17       mental health conditions, underscoring the need for  
18       additional funding, continued access to real-time  
19       care and connection to long-term treatment options.

20              (5) Fifteen percent of men and 30 percent of  
21       women in custody of county jails have severe mental  
22       illnesses.

23              (6) Use of appropriate crisis facilities and inter-  
24       ventions in Maricopa County, Arizona, have saved  
25       emergency departments an estimated \$37,000,000 in

1 2016 and saved the equivalent of 37 police officer  
2 full-time equivalent salaries.

3 (b) SENSE OF CONGRESS.—It is the sense of Con-  
4 gress that—

5 (1) for patients with mental health issues, co-  
6 ordination of physical and mental health services  
7 and cooperation with law enforcement are essential  
8 to ensure timely, appropriate care; and

9 (2) crisis care networks established at State  
10 and local levels have saved resources and shown im-  
11 proved outcomes for patients in crisis.

12 **SEC. 3. EVIDENCE-BASED CRISIS CARE PROGRAMS.**

13 (a) IN GENERAL.—Section 1912(b)(1) of the Public  
14 Health Service Act (42 U.S.C. 300x–1(b)(1))—

15 (1) in subparagraph (A)—

16 (A) by redesignating clauses (vi) and (vii)  
17 as clauses (vii) and (viii), respectively; and

18 (B) by inserting after clause (v), the fol-  
19 lowing:

20 “(vi) include a description of how the  
21 State supports evidenced-based programs  
22 that address the crisis care needs of indi-  
23 viduals with serious mental disorders, and  
24 children with serious mental and emotional  
25 disturbances, that include at least one of

1 the core components specified in subpara-  
 2 graph (F); ”; and

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

4 “(F) CORE COMPONENTS FOR CRISIS CARE  
 5 SERVICES.—The core components of a program  
 6 referred to in subparagraph (A)(vi) include the  
 7 following:

8 “(i) Crisis call centers.

9 “(ii) 24/7 mobile crisis services.

10 “(iii) Crisis stabilization programs of-  
 11 fering acute care or sub-acute care in a  
 12 hospital or appropriately licensed facility,  
 13 with referrals to inpatient or outpatient  
 14 care, as determined by the Assistant Sec-  
 15 retary for Mental Health and Substance  
 16 Use.”.

17 (b) SET-ASIDE FOR EVIDENCE-BASED CRISIS CARE  
 18 SERVICES.—Section 1920 of the Public Health Service  
 19 Act (42 U.S.C. 300x–9) is amended by adding at the end  
 20 the following:

21 “(d) CRISIS CARE.—

22 “(1) IN GENERAL.—Except as provided in para-  
 23 graph (3), a State shall expend at least 5 percent of  
 24 the allotment of the State pursuant to a funding  
 25 agreement under section 1911 for each fiscal year to

1 support programs described in section  
2 1912(b)(1)(A)(vi).

3 “(2) STATE FLEXIBILITY.—In lieu of expending  
4 5 percent of the State’s allotment for a fiscal year  
5 as required by paragraph (1), a State may elect to  
6 expend not less than 10 percent of such amount by  
7 the end of 2 consecutive fiscal years.

8 “(3) FUNDING CONTINGENCY.—Paragraph (1)  
9 shall not apply with respect to a fiscal year unless  
10 the amount made available to carry out this section  
11 for that fiscal year exceeds the amount appropriated  
12 to carry out this section for fiscal year 2020 by at  
13 least \$35,000,000.”.

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