

117TH CONGRESS
1ST SESSION

H. R. 1001

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

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 11, 2021

Mr. LATTA introduced the following bill; which was referred to the Committee on Energy and Commerce

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 “Creating Resources
5 to Improve Situations of Inherent Severity Act” or the
6 “CRISIS Act”.

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

9 Section 1920 of the Public Health Service Act (42
10 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 “\$532,571,000 for each of fis-
4 cal years 2018 through 2021, and \$758,000,000 for
5 each of fiscal years 2022 through 2023”; and

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

7 “(d) CRISIS CARE.—

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

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

23 “(A) Crisis call centers.

24 “(B) 24/7 mobile crisis services.

1 “(C) Crisis stabilization programs offering
2 acute care or subacute care in a hospital or ap-
3 propriately licensed facility, as determined by
4 the Substance Abuse and Mental Health Serv-
5 ices Administration, with referrals to inpatient
6 or outpatient care.

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

○