

117TH CONGRESS
1ST SESSION

H. R. 907

To address the psychological, social, and emotional needs of racial and ethnic minorities who experience trauma associated with law enforcement violence, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Ms. BLUNT ROCHESTER (for herself, Mrs. WATSON COLEMAN, Ms. JACKSON LEE, Mr. CÁRDENAS, and Ms. PRESSLEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To address the psychological, social, and emotional needs of racial and ethnic minorities who experience trauma associated with law enforcement violence, 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 “Investing in Commu-
5 nity Healing Act of 2021”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) According to the Bureau of Justice Statis-
2 tics, African Americans are more likely to have face-
3 to-face contact with law enforcement and are 2.5
4 times more likely to experience a threat or use of
5 nonfatal force by police.

6 (2) Research shows that young men who have
7 experienced these law enforcement practices display
8 higher levels of stress, anxiety, and trauma associ-
9 ated with the interaction.

10 (3) Witnessing or experiencing invasive encoun-
11 ters with law enforcement can also be an everyday
12 stressor for racial and ethnic minorities, leading to
13 physiological and psychological strain.

14 (4) Racial and ethnic minorities face inequities
15 in accessing mental health services.

16 (5) Addressing the stigma in some communities
17 of color associated with receiving mental health serv-
18 ices and informing individuals about available treat-
19 ment can encourage better utilization of these serv-
20 ices.

21 **SEC. 3. SENSE OF CONGRESS.**

22 It is the sense of the Congress that it is imperative
23 that a comprehensive public health approach to addressing
24 trauma and mental health care be focused on care delivery
25 that is culturally sensitive and competent.

1 **SEC. 4. RESEARCH ON ADVERSE HEALTH EFFECTS ASSOCI-**
2 **ATED WITH INTERACTIONS WITH LAW EN-**
3 **FORCEMENT.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services (in this Act referred to as the “Sec-
6 retary”), acting through the Director of the Office of Mi-
7 nority Health of the Centers for Disease Control and Pre-
8 vention (established pursuant to section 1707A of the
9 Public Health Service Act (42 U.S.C. 300u–6a)), shall
10 conduct research on the adverse health effects associated
11 with interactions with law enforcement.

12 (b) EFFECTS AMONG RACIAL AND ETHNIC MINORI-
13 TIES.—The research under subsection (a) shall include re-
14 search on—

15 (1) the health consequences, both individual
16 and community-wide, of trauma related to violence
17 committed by law enforcement among racial and
18 ethnic minorities; and

19 (2) the disproportionate burden of morbidity
20 and mortality associated with such trauma.

21 (c) REPORT.—Not later than 1 year after the date
22 of enactment of this Act, the Secretary shall—

23 (1) complete the research under this section;
24 and

1 (2) submit to the Congress a report on the find-
2 ings, conclusions, and recommendations resulting
3 from such research.

4 **SEC. 5. GRANTS FOR INCREASING RACIAL AND ETHNIC MI-**
5 **NORITY ACCESS TO HIGH-QUALITY TRAUMA**
6 **SUPPORT SERVICES AND MENTAL HEALTH**
7 **CARE.**

8 (a) IN GENERAL.—The Secretary, acting through the
9 Assistant Secretary for Mental Health and Substance Use,
10 shall award grants to eligible entities to establish or ex-
11 pand programs for the purpose of increasing racial and
12 ethnic minority access to high-quality trauma support
13 services and mental health care.

14 (b) ELIGIBLE ENTITIES.—To seek a grant under this
15 section, an entity shall be a community-based program or
16 organization that—

17 (1) provides culturally competent programs and
18 resources that are aligned with evidence-based prac-
19 tices for trauma-informed care; and

20 (2) has demonstrated expertise in serving com-
21 munities of color or can partner with a program that
22 has such demonstrated expertise.

23 (c) USE OF FUNDS.—As a condition on receipt of a
24 grant under this section, a grantee shall agree to use the
25 grant to increase racial and ethnic minority access to high-

1 quality trauma support services and mental health care,
2 such as by—

3 (1) establishing and maintaining community-
4 based programs providing evidence-based services in
5 trauma-informed care and culturally specific services
6 and other resources;

7 (2) developing innovative culturally specific
8 strategies and projects to enhance access to trauma-
9 informed care and resources for racial and ethnic
10 minorities who face obstacles to using more tradi-
11 tional services and resources (such as obstacles in
12 geographic access to providers, insurance coverage,
13 and access to audio and video technologies);

14 (3) working with State and local governments
15 and social service agencies to develop and enhance
16 effective strategies to provide culturally specific serv-
17 ices to racial and ethnic minorities;

18 (4) increasing communities' capacity to provide
19 culturally specific resources and support for commu-
20 nities of color;

21 (5) working in cooperation with the community
22 to develop education and prevention strategies high-
23 lighting culturally specific issues and resources re-
24 garding racial and ethnic minorities;

1 (6) providing culturally specific programs for
2 racial and ethnic minorities exposed to law enforce-
3 ment violence; and

4 (7) examining the dynamics of culture and its
5 impact on victimization and healing.

6 (d) PRIORITY.—In awarding grants under this sec-
7 tion, the Secretary shall give priority to eligible entities
8 proposing to serve communities that have faced high rates
9 of community trauma, including from exposure to law en-
10 forcement violence, intergenerational poverty, civil unrest,
11 discrimination, or oppression.

12 (e) GRANT PERIOD.—The period of a grant under
13 this section shall be 4 years.

14 (f) EVALUATION.—Not later than 6 months after the
15 end of the period of all grants under this section, the Sec-
16 retary shall—

17 (1) conduct an evaluation of the programs
18 funded by a grant under this section;

19 (2) include in such evaluation an assessment of
20 the outcomes of each such program; and

21 (3) submit a report on the results of such eval-
22 uation to the Congress.

23 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
24 out this section, there is authorized to be appropriated
25 \$20,000,000 for each of fiscal years 2022 through 2026.

1 **SEC. 6. BEHAVIORAL AND MENTAL HEALTH OUTREACH**
2 **EDUCATION STRATEGY.**

3 (a) IN GENERAL.—The Secretary shall, in coordina-
4 tion with advocacy and behavioral and mental health orga-
5 nizations serving racial and ethnic minority groups, de-
6 velop and implement an outreach and education strategy
7 to promote behavioral and mental health, and reduce stig-
8 ma associated with mental health conditions, among racial
9 and ethnic minorities.

10 (b) DESIGN.—The strategy under this section shall
11 be designed to—

12 (1) meet the diverse cultural and language
13 needs of racial and ethnic minority groups;

14 (2) provide information on evidence-based, cul-
15 turally and linguistically appropriate and adapted
16 interventions and treatments;

17 (3) increase awareness of symptoms of mental
18 illness among racial and ethnic minority groups; and

19 (4) ensure full participation of, and engage,
20 both consumers and community members in the de-
21 velopment and implementation of materials.

22 (c) REPORT.—Not later than 1 year after the date
23 of enactment of this Act, the Secretary shall submit to
24 the Congress, and make publicly available, a report detail-
25 ing the outreach and education strategy that is developed

1 and implemented under this section and the results of
2 such implementation.

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