

117TH CONGRESS
2D SESSION

H. R. 7237

To amend the Public Health Service Act to reauthorize certain mental health, suicide prevention, and crisis care programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 28, 2022

Mr. GRIFFITH (for himself, Ms. TENNEY, Ms. DAVIDS of Kansas, and Ms. CRAIG) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to reauthorize certain mental health, suicide prevention, and crisis care programs, 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 “Reauthorizing Evi-
5 dence-based And Crisis Help Initiatives Needed to Gen-
6 erate Improved Mental Health Outcomes for Patients Act
7 of 2022” or the “REACHING Improved Mental Health
8 Outcomes for Patients Act of 2022”.

1 **SEC. 2. INNOVATION FOR MENTAL HEALTH.**

2 (a) NATIONAL MENTAL HEALTH AND SUBSTANCE
3 USE POLICY LABORATORY.—Section 501A of the Public
4 Health Service Act (42 U.S.C. 290aa–0) is amended—

5 (1) in subsection (e)(1), by striking “Indian
6 tribes or tribal organizations” and inserting “Indian
7 Tribes or Tribal organizations”;

8 (2) by striking subsection (e)(3); and

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

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
11 carry out this section, there is authorized to be appro-
12 priated \$10,000,000 for each of fiscal years 2023 through
13 2027.”.

14 (b) PRIORITY MENTAL HEALTH NEEDS OF RE-
15 GIONAL AND NATIONAL SIGNIFICANCE.—Section 520A of
16 the Public Health Service Act (42 U.S.C. 290bb–32) is
17 amended—

18 (1) in subsection (a), by striking “Indian tribes
19 or tribal organizations” and inserting “Indian Tribes
20 or Tribal organizations”; and

21 (2) in subsection (f), by striking “\$394,550,000
22 for each of fiscal years 2018 through 2022” and in-
23 serting “\$599,036,000 for each of fiscal years 2023
24 through 2027”.

25 (c) INTEGRATION INCENTIVE GRANTS AND COOPER-
26 ATIVE AGREEMENTS FOR SUPPORTING THE IMPROVE-

1 MENT OF INTEGRATED CARE FOR PRIMARY CARE AND
 2 BEHAVIORAL HEALTH CARE.—Section 520K of the Pub-
 3 lic Health Service Act (42 U.S.C. 290bb–42) is amend-
 4 ed—

5 (1) in subsection (g)(2), by striking “Indian
 6 tribes or tribal organizations” and inserting “Indian
 7 Tribes or Tribal organizations”; and

8 (2) in subsection (h), by striking “\$51,878,000
 9 for each of fiscal years 2018 through 2022” and in-
 10 serting “\$52,877,000 for each of fiscal years 2023
 11 through 2027”.

12 **SEC. 3. CRISIS CARE COORDINATION.**

13 (a) STRENGTHENING COMMUNITY CRISIS RESPONSE
 14 SYSTEMS.—Section 520F of the Public Health Service Act
 15 (42 U.S.C. 290bb–37) is amended to read as follows:

16 **“SEC. 520F. STRENGTHENING COMMUNITY CRISIS RE-**
 17 **SPONSE SYSTEMS.**

18 “(a) IN GENERAL.—The Secretary shall award com-
 19 petitive grants to State and local governments, Indian
 20 Tribes, and Tribal organizations to—

21 “(1) enhance community-based crisis response
 22 systems; and

23 “(2) implement strategies that improve care co-
 24 ordination, and referral to inpatient psychiatric fa-
 25 cilities, crisis stabilization units, and residential com-

1 munity mental health and residential substance use
2 disorder treatment facilities, as appropriate, for
3 adults with a serious mental illness, children with a
4 serious emotional disturbance, or individuals with a
5 substance use disorder.

6 “(b) APPLICATIONS.—

7 “(1) IN GENERAL.—To receive a grant under
8 subsection (a), an entity shall submit to the Sec-
9 retary an application, at such time, in such manner,
10 and containing such information as the Secretary
11 may require.

12 “(2) COMMUNITY-BASED CRISIS RESPONSE
13 PLAN.—An application for a grant under subsection
14 (a) shall include a plan for—

15 “(A) promoting integration and coordina-
16 tion between local public and private entities
17 engaged in crisis response, which shall include
18 first responders, law enforcement, emergency
19 health care providers, primary care providers,
20 court systems, health care payers, social service
21 providers, and behavioral health providers;

22 “(B) developing memoranda of under-
23 standing with public and private entities to im-
24 plement crisis response services;

1 “(C) addressing gaps in community re-
2 sources for crisis intervention and prevention;

3 “(D) developing models for minimizing
4 hospital readmissions, including through appro-
5 priate discharge planning;

6 “(E) developing, maintaining, or enhancing
7 directories to collect, aggregate, and display in-
8 formation about local inpatient psychiatric fa-
9 cilities and crisis stabilization units, and resi-
10 dential community mental health and residen-
11 tial substance use disorder treatment facilities,
12 to facilitate the identification and designation of
13 such facilities and units for the temporary
14 treatment of individuals in mental or substance
15 use disorder crisis; and

16 “(F) including in such directories real-time
17 information about—

18 “(i) the number of available beds at
19 each facility or unit;

20 “(ii) the types of patients that may be
21 admitted to each facility or unit; and

22 “(iii) any other information necessary
23 to allow for the proper identification and
24 designation of appropriate facilities or

1 units for treatment of individuals in men-
2 tal or substance use disorder crisis.

3 “(c) EVALUATION.—An entity receiving a grant
4 under subsection (a) shall submit to the Secretary, at such
5 time, in such manner, and containing such information as
6 the Secretary may reasonably require, a report, including
7 an evaluation of the effect of such grant on—

8 “(1) local crisis response services and measures
9 for individuals receiving crisis planning and early
10 intervention supports;

11 “(2) individuals reporting improved functional
12 outcomes; and

13 “(3) individuals receiving regular followup care
14 following a crisis.

15 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this section
17 \$12,500,000 for the period of fiscal years 2023 through
18 2027.”.

19 (b) MENTAL HEALTH AWARENESS TRAINING
20 GRANTS.—

21 (1) IN GENERAL.—Section 520J of the Public
22 Health Service Act (42 U.S.C. 290bb–41) is amend-
23 ed—

1 (B) in subsection (b)(1), by striking “In-
 2 dian tribes, tribal organizations” and inserting
 3 “Indian Tribes, Tribal organizations”;

4 (C) in paragraphs (4), (5), and (6) of sub-
 5 section (b), by striking “Indian tribe, tribal or-
 6 ganization” each place it appears and inserting
 7 “Indian Tribe, Tribal organization”; and

8 (D) in subsection (b)(7), by striking
 9 “\$14,693,000 for each of fiscal years 2018
 10 through 2022” and inserting “\$24,963,000 for
 11 each of fiscal years 2023 through 2027”.

12 (2) TECHNICAL CORRECTIONS.—Section
 13 520J(b) of the Public Health Service Act (42 U.S.C.
 14 290bb–41(b)) is amended—

15 (A) in the heading of paragraph (2), by
 16 striking “EMERGENCY SERVICES PERSONNEL”
 17 and inserting “EMERGENCY SERVICES PER-
 18 SONNEL”; and

19 (B) in the heading of paragraph (3), by
 20 striking “DISTRIBUTION OF AWARDS” and in-
 21 serting “DISTRIBUTION OF AWARDS”.

22 (c) ADULT SUICIDE PREVENTION.—Section 520L of
 23 the Public Health Service Act (42 U.S.C. 290bb–43) is
 24 amended—

25 (1) in subsection (a)(2)—

1 (A) by striking “Indian tribe” each place it
 2 appears and inserting “Indian Tribe”; and

3 (B) by striking “tribal organization” each
 4 place it appears and inserting “Tribal organiza-
 5 tion”; and

6 (2) in subsection (d), by striking “\$30,000,000
 7 for the period of fiscal years 2018 through 2022”
 8 and inserting “\$30,000,000 for each of fiscal years
 9 2023 through 2027”.

10 **SEC. 4. TREATMENT OF SERIOUS MENTAL ILLNESS.**

11 (a) ASSERTIVE COMMUNITY TREATMENT GRANT
 12 PROGRAM.—

13 (1) TECHNICAL AMENDMENT.—Section
 14 520M(b) of the Public Health Service Act (42
 15 U.S.C. 290bb–44(b)) is amended by striking “Indian
 16 tribe or tribal organization” and inserting “Indian
 17 Tribe or Tribal organization”.

18 (2) REPORT TO CONGRESS.—Section
 19 520M(d)(1) of the Public Health Service Act (42
 20 U.S.C. 290bb–44(d)(1)) is amended by striking “not
 21 later than the end of fiscal year 2021” and inserting
 22 “not later than the end of fiscal year 2026”.

23 (3) AUTHORIZATION OF APPROPRIATIONS.—
 24 Section 520M(e)(1) of the Public Health Service Act
 25 (42 U.S.C. 290bb–44(d)(1)) is amended by striking

1 “\$5,000,000 for the period of fiscal years 2018
2 through 2022” and inserting “\$9,000,000 for each
3 of fiscal years 2023 through 2027”.

4 (b) ASSISTED OUTPATIENT TREATMENT.—Subpart 3
5 of part B of title V of the Public Health Service Act (42
6 U.S.C. 290bb–31 et seq.) is amended by adding at the
7 end the following:

8 **“SEC. 520N. ASSISTED OUTPATIENT TREATMENT GRANT**
9 **PROGRAM FOR INDIVIDUALS WITH SERIOUS**
10 **MENTAL ILLNESS.**

11 “(a) IN GENERAL.—The Secretary shall award
12 grants to eligible entities for assisted outpatient treatment
13 programs for individuals with serious mental illness.

14 “(b) CONSULTATION.—The Secretary shall carry out
15 this section in consultation with the Director of the Na-
16 tional Institute of Mental Health, the Attorney General
17 of the United States, the Administrator of the Administra-
18 tion for Community Living, and the Assistant Secretary
19 for Mental Health and Substance Use.

20 “(c) SELECTING AMONG APPLICANTS.—In awarding
21 grants under this section, the Secretary—

22 “(1) may give preference to applicants that
23 have not previously implemented an assisted out-
24 patient treatment program; and

1 “(2) shall evaluate applicants based on their po-
2 tential to reduce hospitalization, homelessness, incar-
3 ceration, and interaction with the criminal justice
4 system while improving the health and social out-
5 comes of the patient.

6 “(d) PROGRAM REQUIREMENTS.—An assisted out-
7 patient treatment program funded with a grant awarded
8 under this section shall include—

9 “(1) evaluating the medical and social needs of
10 the patients who are participating in the program;

11 “(2) preparing and executing treatment plans
12 for such patients that—

13 “(A) include criteria for completion of
14 court-ordered treatment if applicable; and

15 “(B) provide for monitoring of the pa-
16 tient’s compliance with the treatment plan, in-
17 cluding compliance with medication and other
18 treatment regimens;

19 “(3) providing for case management services
20 that support the treatment plan;

21 “(4) ensuring appropriate referrals to medical
22 and social services providers;

23 “(5) evaluating the process for implementing
24 the program to ensure consistency with the patient’s
25 needs and State law; and

1 “(6) measuring treatment outcomes, including
2 health and social outcomes such as rates of incarcer-
3 ation, health care utilization, and homelessness.

4 “(e) REPORT.—Not later than the end of fiscal year
5 2027, the Secretary shall submit a report to the appro-
6 priate congressional committees on the grant program
7 under this section. Such report shall include an evaluation
8 of the following:

9 “(1) Cost savings and public health outcomes
10 such as mortality, suicide, substance abuse, hos-
11 pitalization, and use of services.

12 “(2) Rates of incarceration of patients.

13 “(3) Rates of homelessness of patients.

14 “(4) Patient and family satisfaction with pro-
15 gram participation.

16 “(f) DEFINITIONS.—In this section:

17 “(1) The term ‘assisted outpatient treatment’
18 means medically prescribed mental health treatment
19 that a patient receives while living in a community
20 under the terms of a law authorizing a State or local
21 court to order such treatment.

22 “(2) The term ‘eligible entity’ means a county,
23 city, mental health system, mental health court, or
24 any other entity with authority under the law of the
25 State in which the entity is located to implement,

1 monitor, and oversee an assisted outpatient treat-
2 ment program.

3 “(g) FUNDING.—

4 “(1) AMOUNT OF GRANTS.—

5 “(A) MAXIMUM AMOUNT.—The amount of
6 a grant under this section shall not exceed
7 \$1,000,000 for any fiscal year.

8 “(B) DETERMINATION.—Subject to sub-
9 paragraph (A), the Secretary shall determine
10 the amount of each grant under this section
11 based on the population of the area to be served
12 through the grant and an estimate of the num-
13 ber of patients to be served.

14 “(2) AUTHORIZATION OF APPROPRIATIONS.—

15 There is authorized to be appropriated to carry out
16 this section \$22,000,000 for each of fiscal years
17 2023 through 2027.”.

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