

OCTOBER 14, 2022.

Hon. KAREN BASS,
Washington, DC.
Hon. DAVID TRONE,
Washington, DC.
Hon. DARRELL ISSA,
Washington, DC.
Hon. STEVE CHABOT,
Washington, DC.

DEAR REPRESENTATIVES BASS, ISSA, TRONE, AND CHABOT: Thank you for championing America's mental health. The undersigned national organizations representing consumers, family members, mental health and substance use treatment providers, advocates, and payers committed to strengthening access to mental health care and substance use treatment write to voice our strong support for H.R. 8637, the Law Enforcement De-Escalation Training Act. We are grateful for your ongoing commitment to our country's public safety officers and to improving behavioral health crisis response.

This legislation comes at a moment of crisis in American life. According to CDC data from August 2020 to February of 2021, over 4 in 10 adults reported experiencing anxiety or depression. From 2009 to 2019, the number of high school students reporting feelings of sadness or hopelessness increased by 40%, the number of those seriously considering suicide increased by 36%, and the share of high school students creating a suicide plan increased by 44%. Nearly one in twenty American adults (4.9%) report having had serious thoughts of suicide in the last year. Providing law enforcement with tools and resources to handle these mental health crises is a common-sense solution to supporting our officers and first responders while they carry out their duty of protecting the public, as 6 to 10% of encounters with law enforcement involve individuals dealing with a mental illness.

As you know, the Law Enforcement De-Escalation Training Act will direct the U.S. Attorney General to develop training curricula to help educate law enforcement officers and covered mental health professionals about how best to respond to behavioral health crises. Such curricula will be developed with the goal of promoting awareness of de-escalation tactics, alternatives to use of force, and best practices to safely respond to an individual experiencing a mental health or suicidal crisis.

Through the existing Edward Byrne Memorial Justice Assistance Grant (JAG) program, this legislation will help state and local law enforcement agencies train public safety officers to respond to mental health or suicidal crises. This training will place an emphasis on scenario-based exercises, testing, and follow-up evaluative assessments to ensure that officers have the simulated experiences needed to respond in real-life situations appropriately and effectively. It also encourages collaboration between law enforcement units, local mental health organizations, and healthcare services to better integrate and plan training programs, and establishes pathways for evaluating what works.

Law enforcement are a key partner in ensuring that every person experiencing a mental health or suicidal crisis is connected to the care they need. Training officers to identify and de-escalate crises while avoiding use of force will help improve outcomes for crisis situations. It is for these reasons that we give H.R. 8637 our strong support.

We respectfully urge the swift passage of H.R. 8637, and we look forward to continuing to work with you and your colleagues to improve public safety responses to behavioral health crises.

Sincerely,

2020 Mom, American Academy of Social Work and Social Welfare, American Associa-

tion for Psychoanalysis in Clinical Social Work, American Association of Psychiatric Pharmacists, American Association on Health and Disability, American Foundation for Suicide Prevention, American Group Psychotherapy Association, American Psychiatric Association, American Psychological Association, Anxiety and Depression Association of America, Association for Ambulatory Behavioral Healthcare (AABH), Children and Adults with Attention-Deficit/Hyperactivity Disorder.

Depression and Bipolar Support Alliance, Maternal Mental Health Leadership Alliance, Meadows Mental Health Policy Institute, NAADAC, the Association for Addiction Professionals, National Alliance on Mental Illness (NAMI), The National Alliance to Advance Adolescent Health, National Association for Children's Behavioral Health, National Board for Certified Counselors (NBCC), National Council for Mental Wellbeing, National Eating Disorders Association, National Federation of Families, National Network of Depression Centers, RI International, Sandy Hook Promise.

Mr. Speaker, I rise in support of S. 4003, the "Law Enforcement De-escalation Training Act of 2022," a bipartisan bill that would improve public safety and strengthen public trust in law enforcement.

S. 4003 would require the Department of Justice to develop de-escalation training curriculum in consultation and collaboration with mental health providers, law enforcement agencies, civil rights organizations, and associations representing individuals with mental health diagnoses and with disabilities.

There continues to be a need to improve the practices of law enforcement officers and reduce use of force incidents. When individuals are in crisis, police are often the first to respond. Without the training necessary to recognize a mental health crisis, interactions between law enforcement and civilians can escalate to potentially deadly consequences.

As the country faces an epidemic of violence committed by officers and the disproportionate impact that this violence has on people of color, we remember the lives lost to police violence, including in my community of Houston, Nicholas Chavez, who was killed by law enforcement in 2020 while experiencing a mental health crisis.

Just this week we learned that two Colorado deputies who killed Christian Glass in June have been indicted. Christian was experiencing a mental health crisis when officers received a "motorist assist" call and is said to have posed no danger to the officers.

We must remember these lives and countless others as we stand ready to pass this legislation, which would reduce use of force incidents, keep our communities safe, and save the lives of civilians and law enforcement officers.

Law enforcement officers must be equipped with the skills necessary to interact with people with mental or behavioral health issues safely and with compassion.

The numerous officer-involved encounters that ended badly, which we know all too well, might have led to better outcomes if the officers involved had known: 1) how to recognize that the individuals were in crisis and suffering from the effects of mental health issues or disabilities; 2) how to communicate with such individuals; and 3) how to maximize officer and subject safety.

The Law Enforcement De-escalation Training Act would authorize \$70 million in annual

grant funding for training that includes improving community-officer relations, deescalation and use of force, scenario-based exercises, and follow-up evaluative assessments.

In addition, this bill would provide support to law enforcement agencies to train and equip officers to respond to individuals in crisis and connect them with the necessary mental and behavioral health services.

It would also promote transparency by requiring grantees to evaluate and provide reports on the application of deescalation tactics acquired through the training by officers in the field.

S. 4003 is bipartisan legislation that would take meaningful steps toward improving policing practices in America, increasing public safety, and restoring trust between law enforcement and the communities they serve.

I thank Representative (Mayor-elect) KAREN BASS for her leadership on the House companion—which I am proud to cosponsor along with a bipartisan coalition of members—and encourage my colleagues on both sides of the aisle to support it.

Mr. TIFFANY. Mr. Speaker, I urge my colleagues to oppose this bill, and I yield back the balance of my time.

Mr. NADLER. Mr. Speaker, I yield myself the balance of my time to close.

S. 4003 is bipartisan legislation that would improve training for law enforcement officers, including using alternatives to force and de-escalation tactics. This training will reduce use-of-force incidents and improve officer and community safety.

I cannot imagine how anybody can think this will somehow increase crime. Senator CORNYN, who is not known to be soft on crime, is the major Senate sponsor.

I urge all Members to support it, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. NADLER) that the House suspend the rules and pass the bill, S. 4003.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. TIFFANY. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

JUSTICE AND MENTAL HEALTH COLLABORATION REAUTHORIZATION ACT OF 2022

Mr. NADLER. Mr. Speaker, I move to suspend the rules and pass the bill (S. 3846) to reauthorize the Justice and Mental Health Collaboration Program, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 3846

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Justice and Mental Health Collaboration Reauthorization Act of 2022".

SEC. 2. REAUTHORIZATION OF THE JUSTICE AND MENTAL HEALTH COLLABORATION PROGRAM.

Section 2991(b)(5) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10651(b)(5)) is amended—

(1) in subparagraph (I)—

(A) in clause (i), by striking “teams and treatment accountability services for communities” and inserting “teams, treatment accountability services for communities, and training for State and local prosecutors relating to diversion programming and implementation”;

(B) in clause (v)—

(i) in subclause (III), by striking “and” at the end;

(ii) in subclause (IV), by striking the period at the end and inserting “; and”; and

(iii) by adding at the end the following:

“(V) coordinate, implement, and administer models to address mental health calls that include specially trained officers and mental health crisis workers responding to those calls together.”; and

(C) by adding at the end the following:

“(vi) SUICIDE PREVENTION SERVICES.—Funds may be used to develop, promote, and implement comprehensive suicide prevention programs and services for incarcerated individuals that include ongoing risk assessment.

“(vii) CASE MANAGEMENT SERVICES.—Funds may be used for case management services for preliminary qualified offenders and individuals who are released from any penal or correctional institution to—

“(I) reduce recidivism; and

“(II) assist those individuals with reentry into the community.

“(viii) ENHANCING COMMUNITY CAPACITY AND LINKS TO MENTAL HEALTH CARE.—Funds may be used to support, administer, or develop treatment capacity and increase access to mental health care and substance use disorder services for preliminary qualified offenders and individuals who are released from any penal or correctional institution.

“(ix) IMPLEMENTING 988.—Funds may be used to support the efforts of State and local governments to implement and expand the integration of the 988 universal telephone number designated for the purpose of the national suicide prevention and mental health crisis hotline system under section 251(e)(4) of the Communications Act of 1934 (47 U.S.C. 251(e)(4)), including by hiring staff to support the implementation and expansion.”; and

(2) by adding at the end the following:

“(K) TEAMS ADDRESSING MENTAL HEALTH CALLS.—With respect to a multidisciplinary team described in subparagraph (I)(v) that receives funds from a grant under this section, the multidisciplinary team—

“(i) shall, to the extent practicable, provide response capability 24 hours each day and 7 days each week to respond to crisis or mental health calls; and

“(ii) may place a part of the team in a 911 call center to facilitate the timely response to mental health crises.”.

SEC. 3. EXAMINATION AND REPORT ON PREVALENCE OF MENTALLY ILL OFFENDERS.

Section 5(d) of the Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2008 (Public Law 110-416; 122 Stat. 4355) is amended by striking “2009” and inserting “each of fiscal years 2023 through 2027”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. NADLER) and the gentleman from Wisconsin (Mr. TIFFANY) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

GENERAL LEAVE

Mr. NADLER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on S. 3846.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. NADLER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, S. 3846, the Justice and Mental Health Collaboration Reauthorization Act of 2022, is bipartisan legislation that would reauthorize and make necessary improvements to the Justice and Mental Health Collaboration Program, or JMHCP, within the Department of Justice.

Since the start of the COVID-19 pandemic, communities across the country have grappled with worsened mental health. There continues to be a need to adequately address the mental health needs of our communities and to redirect people in crisis away from the criminal justice system and into the healthcare system.

State and local governments use JMHCP grants for critical services to address the mental health needs of their communities, including by establishing diversion programs, creating or expanding community-based treatment programs, supporting the development of curricula for police academies and orientations, and providing in-jail treatment and transitional services.

Additionally, grant funds are used to train law enforcement on identifying and improving their responses to people experiencing a mental health crisis. This program, which was first created in 2004, was reauthorized in 2008 and again in 2016 with bipartisan support.

S. 3846 will make needed improvements to the grant program by strengthening support for mental health courts and crisis intervention teams; supporting diversion programming and training for State and local prosecutors; strengthen support for co-responder teams; and supporting the integration of the national suicide prevention and mental health crisis hotline system into the existing public safety system.

This bill will also increase allowable uses for grant funds to include suicide prevention in jails and clarify that crisis intervention teams can be placed in 911 call centers.

This bipartisan bill improves the efficacy of the JMHCP grant program and is supported by a wide range of stakeholders, including the Addiction Policy Forum, the American Foundation for Suicide Prevention, the Major Cities Chiefs Association, Major County Sheriffs of America, National Alliance on Mental Illness, and many others.

I thank Senator CORNYN for introducing the bill and Congressman BOBBY SCOTT for introducing the House version of this important legislation. I urge all of my colleagues to support the bill, and I reserve the balance of my time.

Mr. TIFFANY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, S. 3846 makes a number of changes to the Justice and Mental Health Collaboration Program.

The Justice and Mental Health Collaboration Program is a Department of Justice program that assists States, local governments, and Indian Tribes with providing treatment to individuals with mental health problems and substance abuse disorders that come into contact with the criminal justice system.

This bill allows funds under this program to be used for crisis intervention team and co-responder teams made up of law enforcement officers and mental health professionals. These teams can be placed within 911 call centers to better respond to individuals facing mental health challenges.

It also allows funds under this program to help State and local governments implement the 988 universal telephone number, which is the national suicide prevention and mental health hotline.

This legislation also authorizes \$2 million for each of the next 5 years for the Department of Justice to report on the prevalence of mentally ill offenders in the criminal justice system.

While this bill is well-intentioned, more needs to be done to address the surge of violent crime this Nation has seen over the past 3 years.

Violent crime is especially bad in Democrat-run cities with rogue leftist prosecutors who don't enforce the laws on the books and in cities that have demonized and defunded their police departments. I would point you to Milwaukee, Wisconsin.

It is no wonder that 27 of the 30 cities with the highest homicide rates have Democratic mayors. We need to keep violent criminals behind bars and put an end to soft-on-crime policies that are wreaking havoc on our communities.

Mr. Speaker, I reserve the balance of my time.

Mr. NADLER. Mr. Speaker, I yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON LEE), a member of the Judiciary Committee.

Ms. JACKSON LEE. Mr. Speaker, I rise, first of all, to thank the chairman and to thank the sponsor, my friend from Virginia, Congressman BOBBY SCOTT.

As I think of my dear friend from Virginia, let me also acknowledge my deep sadness for the loss of our dear friend, Congressman McEachin, and acknowledge the beauty of his service and, of course, his compassion and his true spirit, a true American hero.

Mr. Speaker, I will quickly say that any of us who have been engaged in the criminal justice arena, who have engaged with police officers, whether they are local, State, or Federal, those of us who have served as judges, understand the value of this important legislation. It is bipartisan and will build on

the success of the JMHCP grant program and make necessary improvements to enable State and local governments to better serve their communities.

This reauthorization will make critical improvements to the JMHCP program which supports services for individuals with mental health issues who are involved in the criminal justice system, including expansions in suicide prevention in jails and prisons, co-responder programs that pair law enforcement with mental health professionals and, of course, recognizing that though we give them this responsibility, law enforcement needs to have wraparound services and those that have the expertise to work with those suffering from mental health crises.

With the continued impact of the COVID-19 pandemic, communities across the country have suffered increased challenges in addressing mental health. We, as Democrats, have consistently said that we need a holistic approach.

Again, I said that we take no back seat to fighting crime and being successful, but we understand public safety and civil rights.

I thank Chairman SCOTT for this work and for acknowledging where we are at a loss; that is, with people who are suffering mental health issues.

Now, we have had a series of mass murders, mass killings, of course using the weapon of choice for young men who espouse hatred, but many have been determined or assessed to have had mental health crisis issues, at least that has been the defense. We now need to really invest in this program and ensure that this is a national program.

In 2018, Harris County Jail, mental health division expanded as an alternative to jail, diverting individuals with mental health illnesses away from incarceration. I want to see this program grow. The updated diversion program allows law enforcement to direct individuals with mental illness over to these programs; those picked up for low-level, nonviolent offenses. Many of us know that these are sometimes homeless persons, and many of these persons are veterans. By the way, we have a veterans' court in Harris County.

So I am excited about this bipartisan legislation that would also support State implementation of the newly established 988 suicide crisis hotline. I ask my colleagues to support this legislation.

Mr. Speaker, I include in the RECORD letters of support from the National Fraternal Order of Police, the Conference of Chief Justices Conference of State Court Administrators, among others.

Mr. Speaker, I ask my colleagues to support this legislation.

NATIONAL FRATERNAL ORDER
OF POLICE,
April 29, 2022.

Hon. JOHN CORNYN III,
U.S. Senate,
Washington, DC.

DEAR SENATOR CORNYN: I am writing on behalf of the members of the Fraternal Order

of Police to advise you of our support for S. 3846, the "Justice and Mental Health Collaboration Reauthorization Act."

According to recent studies, one in ten calls for service to law enforcement involve a person suffering from a mental illness. One in three people taken to a hospital emergency room for psychiatric reasons are transported there by law enforcement. Our officers respond to these calls for service with care, compassion, and professionalism. While we have come a long way in our ability to handle these incidents safely and effectively, law enforcement officers need the training and resources this legislation provides.

The legislation would reauthorize the Justice and Mental Health Collaboration Program (JMHCP) through 2026. First authorized in 2004, JMHCP grants have funded mental health courts, other court-based initiatives, diversion and deflection programs, crisis intervention teams, training for local police departments, and other programs to improve outcomes for people with mental illness and co-occurring substance use conditions who come into contact with the justice system. In addition to adding \$10 million to program funding, this legislation would also expand the allowable uses of grants to include the funding of crisis response teams, suicide prevention in jails, and the hiring of community health workers.

Law enforcement officers have one of the toughest and most dangerous jobs in the United States. They are tasked with keeping our streets and neighborhoods safe from crime, ensuring that every citizen can live free and without fear. By putting funding and resources into improving mental health outcomes across the criminal justice system, this bill ensures that law enforcement officers will have a reduced risk of encountering dangerous situations on a day-to-day basis.

On behalf of the more than 364,000 members of the Fraternal Order of Police, I am pleased to offer our support for this legislation. If I can be of any further assistance, please do not hesitate to contact me or Executive Director Jim Pasco in our Washington, D.C. office.

Sincerely,

PATRICK YOE,
National President.

CONFERENCE OF CHIEF JUSTICES,
CONFERENCE OF STATE COURT ADMINISTRATORS,
November 23, 2022.

Hon. JOHN CORNYN,

U.S. Senate,
Washington, DC.

Hon. ROBERT C. SCOTT,
Washington, DC.

Hon. AMY KLOBUCHAR,
U.S. Senate,

Washington, DC.

Hon. STEVE CHABOT,
Washington, DC.

DEAR LEADERS OF THE SENATE AND THE HOUSE OF REPRESENTATIVES: The Conference of Chief Justices (CCJ) and Conference of State Court Administrators (COSCA) represents the highest judicial officer and court executive of each state, the U.S. Territories, and the District of Columbia. Together with the National Center for State Courts (NCSC), the Conferences work to improve the administration of justice throughout the United States. State courts are our nation's primary court system handling over 95 percent of the nation's litigation. It is in this capacity that we write as the presidents of the Conference to express our support for your legislation, S. 3846/H.R. 8166. If enacted, this legislation would reauthorize and further expand the Justice and Mental Health Collaboration Program (JMHCP) to provide resources for mental health courts, veterans

treatment courts, crisis intervention services, and other key interventions to improve the justice system's response to individuals with mental illness.

The prevalence of mental illness in the United States has an enormous impact on communities and a disproportionate impact on our state and local courts. According to the National Institute of Mental Health, nearly one in five U.S. adults live with a mental illness—over 50 million in 2020—and over 13 million adults live with serious mental illness. Individuals with mental illnesses in the U.S. are 10 times more likely to be incarcerated than they are to be hospitalized. On any given day, approximately 380,000 people with mental illnesses are in jail or prison across the U.S., and another 574,000 are under some form of correctional supervision. For too many individuals with serious mental illness, substance use disorder, or both, the justice system is the de facto provider of treatment services. Except for self-referral, state courts are the number one referrer in the nation for treatment services.

In March 2020, the CCJ, COSCA, and NCSC established the National Judicial Task Force to Examine State Courts' Response to Mental Illness to assist state courts in their efforts to respond to the needs of court-involved individuals with severe mental illness more effectively. The task force recently released its national report, which provides examples of successful programs from across the nation and shares recommendations for change that call for action by all state and local court leaders, behavioral health and other community partners, and other state and federal agencies to more effectively to meet the needs of justice-involved individuals with serious mental illness. The report can be found at: MHTF State Courts Leading Change.pdf (ncsc.org).

Recommendations from the Task Force include:

Examine the continuum of behavioral health deflection and diversion options available in each community to promote deflection and diversion to treatment options at the earliest point possible.

Convene justice and behavioral health system partners to identify opportunities to collaboratively improve our responses to individuals with behavioral health disorders.

Proactively promote processes to identify and divert individuals with behavioral health disorders at every stage of system involvement towards treatment and away from further penetration into the criminal justice system.

Examine current case management and calendaring practices for all types of cases and implement strategies to more quickly and effectively address issues presented in cases involving individuals with behavioral health needs.

Thank you for your continued leadership and commitment to helping each intercept point in the criminal justice system improve our response to individuals experiencing a mental health crisis. Please feel free to direct your staff to Chris Wu if there is any way we can be of assistance.

Sincerely,

CHIEF JUSTICE LORETTA
RUSH, PRESIDENT,
Conference of Chief
Justices.

KARL HADE, PRESIDENT,
Conference of State
Court Administrators.

NOVEMBER 10, 2022.

DEAR LEADERS OF THE HOUSE OF REPRESENTATIVES: We are writing today to strongly urge you to bring up and swiftly pass H.R. 8166/S. 3846, the Justice and Mental Health Collaboration Reauthorization Act of 2022 on suspension when the House of Representatives returns for the lame-duck session. This bipartisan legislation makes critical improvements to the Justice and Mental Health Collaboration Program (JMHC), which supports jurisdictions creating collaborative responses to people with mental illnesses or co-occurring mental health and substance abuse disorders in the criminal justice system. We applaud the work of the Senate Judiciary Committee, which unanimously approved the bill in May. The Senate has already shown their strong support for the bill by passing it by unanimous consent in June. Now it is time for the House to show their support for state and local governments that are working on this complex issue by bringing the bill to the floor.

Since its inception, JMHC has supported initiatives across the country to reduce contact with the criminal justice system and increase access to treatment and supports for people with behavioral health needs. JMHC was created by the Bureau of Justice Assistance in 2006 as a critical way to support the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA), which was signed into law in 2004 by then-President George W. Bush. JMHC's mission, then and now, has been to unify justice and health partners around a common goal: reducing criminal justice involvement for people with mental illness.

Collectively, state and local governments use JMHC grants for a broad range of activities, including establishing diversion programs, creating or expanding community-based treatment programs, supporting the development of curricula for police academies and orientations, and providing in-jail treatment and transitional services, and training programs to teach criminal justice, law enforcement, corrections, mental health, and substance use personnel how to identify and appropriately respond to incidents involving veterans. Additionally, grant funds may be used to train law enforcement on identifying and improving their responses to people experiencing a mental health crisis. The program was reauthorized in 2008 and again in 2016 with bipartisan support.

The Justice and Mental Health Collaboration Reauthorization Act of 2022 will:

Strengthen support for mental health courts and crisis intervention teams (CITs); Support diversion programming and training for state and local prosecutors; Strengthen support for co-responder teams; Support the integration of 988 into the existing public safety system;

Amend allowable uses for grant funds to include suicide prevention in jails and information-sharing between mental health systems and jails/prisons;

Amend allowable uses to include case management services and supports; and

Clarify that crisis intervention teams can be placed in 911 call centers.

The law enforcement, training and treatment components of JMHC will help law enforcement better handle calls involving people with mental health and substance use challenges. Jurisdictions across the country are implementing strategies to improve the outcomes of these encounters, which includes providing specialized training and tools that can yield a response that prioritizes treatment over incarceration, when appropriate. CITs, along with other practices authorized under the legislation, have been proven to be effective in reducing recidivism, enhancing public safety, and

freeing up criminal justice resources for traditional crime fighting purposes.

With the responsibility of treating people with mental illness often falling on an already strained criminal justice system, it is imperative that we provide resources to help law enforcement officers, judges, corrections officers, and mental health professionals develop more thoughtful and cost-effective programs. We strongly urge the House to support law enforcement and our communities better serve individuals with mental health disorders and to increase public safety by passing the Justice and Mental Health Collaboration Reauthorization Act in the lame-duck session.

Sincerely,

National Fraternal Order of Police; National Sheriffs Association (NSA); Major County Sheriffs of America; Conference of Chief Justices; Conference of State Court Administrators; Wounded Warrior Project; Addiction Policy Forum; National Association of Counties; National League of Cities; American Foundation for Suicide Prevention; National District Attorneys Association; National Alliance on Mental Illness; National Association of Police Organizations; American Jail Association.

National Association of State Mental Health Program Directors; National Association of State Alcohol and Drug Abuse Directors; The Council of State Governments Justice Center; Major Cities Chiefs Association; American Probation and Parole Association; Faith & Freedom Coalition; Meadows Mental Health Policy Institute; Leslie County Sheriffs Office; Elliot County Sheriffs Office; Union County Sheriffs Office; Grayson County Sheriffs Office; Knox County Sheriffs Office.

Mr. Speaker, I rise in support of S. 3846, the "Justice and Mental Health Collaboration Reauthorization Act of 2022," a bipartisan bill that would build on the success of the JMHC grant program and make necessary improvements to enable state and local governments to better serve their communities.

This reauthorization would make critical improvements to the JMHC program—which supports services for individuals with mental health issues who are involved in the criminal justice system—including expansions in suicide prevention in jails and prisons; co-responder programs that pair law enforcement with mental health professionals; and crisis intervention teams within 911 call centers.

With the continued impact of the COVID-19 pandemic, communities across the country have suffered increased challenges in addressing mental health. We know that individuals suffering from mental illness belong in our health care system and not our criminal justice system.

Democrats have worked consistently throughout this Congress to address issues of public safety from a holistic approach, one that does not require us to choose between our rights and our safety. We know that public safety and respect for civil rights can coexist and that supporting interventions to respond to individuals in crisis with compassion rather than force builds stronger and safer communities.

This bill would improve existing programs within the Department of Justice that divert individuals with mental illness away from the criminal justice system towards treatment and health care.

Since 2006, JMHC grants have funded 620 awardees across 49 states and territories. With these funds law enforcement agencies have established co-responder teams, mobile

crisis teams, and crisis intervention teams to improve encounters with individuals in crisis and connect them with the services they need.

JMHC supports 14 law enforcement mental health learning sites, including both the Harris County Sheriffs Department and the Houston Police Department, that serve as peer resources to grantees and communities throughout the country.

In 2018, the Harris County Mental Health Jail Diversion Program expanded as an alternative to jail—diverting individuals with mental illness away from incarceration and into the health care and treatment that they need. The updated diversion program allows law enforcement to direct individuals with mental illness, who have been picked up for low-level, non-violent offenses, to more appropriate mental health interventions.

These initiatives at the state and local level have been successful and S. 3846 would provide an opportunity for the federal government to increase support to these programs and build on what we know works.

This bipartisan legislation would also support state implementation of the newly established 988 Suicide and Crisis hotline, which is a lifeline for individuals in suicidal crisis or emotional distress seeking help.

This bill would also provide additional resources for law enforcement as they work to keep communities safe and respond effectively and appropriately to individuals in mental health crisis.

S. 3846 is a common-sense bipartisan bill that would improve public safety and strengthen our communities. I thank Representative BOBBY SCOTT for taking the lead on the House companion, of which I cosponsored along with Representatives STEVE CHABOT and TOM EMMER. I urge all my colleagues to support this legislation.

Mr. TIFFANY. Mr. Speaker, I am prepared to close. I reserve the balance of my time.

Mr. NADLER. Mr. Speaker, I yield 3 minutes to the gentleman from Virginia (Mr. SCOTT).

Mr. SCOTT of Virginia. Mr. Speaker, I thank the gentleman for yielding.

I rise in support of the Justice and Mental Health Collaboration Reauthorization Act. The Justice and Mental Health Collaboration Program is authorized through the Mentally Ill Offender Treatment and Crime Reduction Act, what we call MIOTCRA, legislation that I was proud to work on nearly 20 years ago as the then-ranking member of the Crime Subcommittee of Judiciary Committee.

This legislation has proven to successfully connect State and local governments with necessary resources to plan and implement initiatives designed to increase public safety, save tax dollars on ineffective or even counterproductive incarceration, and improve the lives of people with mental illness and their families.

These grants for States and localities allow for the development of programming that connects those with mental illness and substance use issues with evidence-based and comprehensive treatment within the criminal justice system. Each year there are about 2 million people with serious mental illnesses admitted to jails across the country.

In fact, according to the National Alliance of Mental Illness, 44 percent of those in jail and 37 percent of those in prisons have a history of mental illness.

□ 1545

Furthermore, once incarcerated, individuals with mental illness tend to stay in jail longer, and upon release are more likely to return to incarceration than those without mental illnesses.

These grants encourage collaboration between law enforcement and healthcare providers. The reforms to this program included in this reauthorization are centered on reducing suicide, increasing access to case management services, bolstering the roles of co-responder and crisis intervention teams, and continuing the strong support of mental health courts. This bill recognizes that prevention is the best investment in the criminal justice system for long-term success and cost savings.

This legislation is the result of the hard work of many, including State government organizations, mental health organizations, and law enforcement organizations. I thank all of those and my colleagues who have led this effort with me, including Representatives CHABOT, JACKSON LEE, and EMMER; the chairman of the committee, Mr. NADLER; as well as Senators CORNYN, KLOBUCHAR, MORAN, DURBIN, GRASSLEY, WHITEHOUSE, TILLIS, and CORTEZ MASTO.

Mr. Speaker, I hope that my colleagues will join me in supporting the reauthorization of this legislation so we can get it to the President's desk before the end of the year.

Mr. TIFFANY. Mr. Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. NADLER. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, the Justice and Mental Health Collaboration Program funds a variety of essential services to support the mental health needs of communities across the country and redirect people in crisis away from the criminal justice system and into the healthcare system.

This legislation would reauthorize and strengthen this important program so that it can continue to serve those in need of its services.

Mr. Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. NADLER) that the House suspend the rules and pass the bill, S. 3846, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROSENDALE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further pro-

ceedings on this motion will be postponed.

PRO BONO WORK TO EMPOWER AND REPRESENT ACT OF 2021

Mr. NADLER. Mr. Speaker, I move to suspend the rules and pass the bill (S. 3115) to remove the 4-year sunset from the Pro bono Work to Empower and Represent Act of 2018.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 3115

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Pro bono Work to Empower and Represent Act of 2021” or the “POWER 2.0 Act”.

SEC. 2. REMOVAL OF SUNSET.

Section 3(a) of the Pro bono Work to Empower and Represent Act of 2018 (Public Law 115-237; 132 Stat. 2448) is amended by striking “for a period of 4 years”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. NADLER) and the gentleman from Wisconsin (Mr. TIFFANY) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

GENERAL LEAVE

Mr. NADLER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on S. 3115.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. NADLER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, nearly 25 percent of women suffer from domestic violence at some point in their lives. Domestic violence and related offenses destroy lives and shatter families. Among the many challenges that victims face is a lack of legal representation when seeking assistance from the court system.

According to the National Network to End Domestic Violence, in just one day in September 2014, domestic violence assistance programs received more than 10,000 requests for services, including legal representation, that were not met. The effect of this lack of representation is devastating. Research has shown that 83 percent of victims represented by counsel were able to obtain protective orders, while only 32 percent of unrepresented victims were able to do so.

That is why in 2018, Congress stepped in by enacting the POWER Act, which requires the chief judge of every judicial district to hold an annual public event, in partnership with a State, local, Tribal, or domestic violence service provider or volunteer attorney project, in promoting pro bono legal services as a critical way to empower survivors of domestic violence and sexual assault. The act also requires that events be held every 2 years in areas

with high numbers of Native Americans and Alaska Natives, with a focus on addressing the specific issues facing Native populations.

We recognize that pro bono legal assistance would not only provide critical representation in court, but it would also help provide survivors with access to services such as emergency shelter, transportation, and childcare. We also recognize that legal summits mandated by the act would raise awareness of the horrors of domestic violence and sexual assault while inspiring others to devote their efforts to helping survivors in their communities.

In addition to providing for these pro bono programs, the 2018 act requires the Administrative Office of the United States Courts to report to Congress about each public event conducted in the previous fiscal year.

The programs authorized under the original POWER Act have been extremely successful. In 2021, 73 pro bono legal summits were held across the Nation, reaching more than 11,000 attorneys. In the years since we passed the POWER Act, we have amassed an army of thousands of lawyers who are helping survivors, including children, get out of dangerous situations, giving them a measure of justice and a ray of hope.

But as effective as they have been, the programs created and authorized by the 2018 POWER Act are set to sunset at the end of this year. Meanwhile, the crisis of domestic and sexual violence continues.

S. 3115, the POWER 2.0 Act, would ensure the continuation of the critical programs we enacted in 2018 by removing the sunset date for these programs, helping to deliver essential legal services and to bring hope and healing to many more survivors across the country. We have already planted the seeds, and by removing the 4-year sunset provision from the original POWER Act, we will allow these pivotal programs to continue to grow and thrive, helping more and more survivors every year.

I thank Senator DAN SULLIVAN for introducing this important and time-sensitive legislation and the gentlewoman from Alaska (Ms. PELTOLA) for leading the House version of this legislation.

Mr. Speaker, I ask my colleagues to join me in support of this bill, and I reserve the balance of my time.

Mr. TIFFANY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the POWER 2.0 Act permanently authorizes the Pro bono Work to Empower and Represent Act of 2018, which is scheduled to sunset at the end of this year.

It requires the chief judge for each district to conduct public events to promote pro bono legal services for survivors of domestic violence, dating violence, sexual assault, and stalking.

In addition, the bill requires the chief judge for a district that includes an Indian Tribe to conduct a public event to promote pro bono legal services for Indian or Alaska Native victims of these crimes every 2 years.