

## Crisis Stabilization and Community Reentry Act of 2020 (S. 3312)

### BOTTOM LINE

**Allowing law enforcement agencies to partner with community behavioral health organizations will provide increased access to mental health treatment and crisis stabilization for incarcerated individuals and promote continued recovery and continuity of care upon release into the community.**

### REQUEST

**Co-sponsor the Crisis Stabilization and Community Reentry Act in the Senate**

In February of this year, Reps. David Trone (D-MD), John Rutherford (R-FL), Madeleine Dean (D-PA), Guy Reschenthaler (R-PA), Mary Gay Scanlon (D-PA), Kelly Armstrong (R-ND) and Senators John Cornyn (R-TX) and Richard Blumenthal (D-CT) introduced the Crisis Stabilization and Community Reentry Act of 2020. This bipartisan, bicameral bill creates a new program allowing law enforcement agencies to partner with community behavioral health organizations to provide increased access to mental health treatment and crisis stabilization for incarcerated individuals and promote warm hand-offs to community-based care upon reentry to reduce recidivism.

#### Why do we need the Crisis Stabilization and Community Reentry Act?

**A significant number of individuals in the criminal justice system have mental health needs.** From 2006 to 2016, suicide was the leading single cause of death in local jails each year.<sup>1</sup> Incarcerated individuals with mental health conditions are a particularly vulnerable group because existing treatment programs are inadequately resourced to meet the growing need. Much of this target population responds well if they have access to the right to medical and psychological interventions that result in increased medication adherence and continuity of care. The combination of services will help people stay in recovery and adhere to a treatment plan.

**Incarceration introduces significant challenges to continuity of treatment and medication adherence for individuals with serious mental illnesses.** The loss of medical benefits while incarcerated can disrupt treatment after release.<sup>2</sup> Approximately 80% of inmates are reported to be uninsured following release.<sup>3</sup> Wait times from referral to first appointment average 48 days nationally at community behavioral health clinics.<sup>4</sup> Further, a majority of surveyed state corrections departments reported providing less than a two-week supply of medication to inmates upon release.<sup>5</sup>



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### What would this legislation do?

**The legislation would make significant strides to allow mental health organizations to partner with law enforcement.**

The bill creates a new program allowing law enforcement agencies to partner with community mental health providers to provide increased access to mental health treatment and crisis stabilization for incarcerated individuals and promote warm hand-offs to community-based care upon re-entry to reduce recidivism.

More specifically, the bill authorizes:

- Community-level crisis response programs, including collaboratively designed crisis response services and technical support programs that promote continuity of care.
- Targeted training programs related to increasing medication adherence, including the use of long-acting antipsychotic medications.
- The examination of health care reimbursement challenges as they relate to medication adherence and continuity of care.
- Strengthening local agency and provider capacity to reduce suicides during incarceration.
- Establishing a national technical assistance center to support justice and mental health agencies, community behavioral health providers, Certified Community Behavioral Health Clinics (CCBHCs) and other stakeholders in developing training and treatment approaches for justice-involved persons with mental illness, as well as payment strategies that promote best-practices with respect to care for this vulnerable group of people.
- Appropriates \$10 million per year for five years in new money to fund the listed initiatives.

<sup>1</sup> Carson, E.A., Cowhig, M.P. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2020, February). Mortality in Local Jails, 2000-2016 – Statistical Tables. Available at: <https://www.bjs.gov/content/pub/pdf/mij0016st.pdf>

<sup>2</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). Maintaining Medicaid benefits for jail detainees with co-occurring mental health and substance use disorders. SAMHSA; 2002. [http://pacenterofexcellence.pitt.edu/documents/Maintaining\\_Medicaid-10.pdf](http://pacenterofexcellence.pitt.edu/documents/Maintaining_Medicaid-10.pdf)

<sup>3</sup> Kane, K.M. Returning home Illinois policy brief: health and prisoner reentry. Urban Institute, Justice Policy Center. August 2005. <https://www.urban.org/sites/default/files/publication/42876/311214-Returning-Home-Illinois-Policy-Brief-Health-and-Prisoner-Reentry.PDF>

<sup>4</sup> Certified Community Behavioral Health Clinics Moving Beyond “Business as Usual” to Fill the Addiction and Mental Health Treatment Gap. National Council for Behavioral Health. May 2019. Available at: <https://www.thenationalcouncil.org/wp-content/uploads/2019/05/CCBHC-Moving-Beyond-Business-as-Usual-5-2019.pdf>

<sup>5</sup> La Vigne, N., et al. Release planning for successful reentry: a guide for corrections, service providers, and community groups. Urban Institute, Justice Policy Center. September 2008. <https://www.urban.org/sites/default/files/publication/32056/411767-Release-Planning-for-Successful-Reentry.PDF>

