

116TH CONGRESS
2D SESSION

H. R. 8767

To authorize the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to award grants to States, territories, political subdivisions of States and territories, Tribal governments, and consortia of Tribal governments to establish an unarmed 911 response program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 17, 2020

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

A BILL

To authorize the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to award grants to States, territories, political subdivisions of States and territories, Tribal governments, and consortia of Tribal governments to establish an unarmed 911 response program, 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 “911 Diversion to Un-
5 armed Personnel Act of 2020”.

1 **SEC. 2. GRANTS FOR UNARMED 911 RESPONSE PROGRAMS.**

2 Part D of title V of the Public Health Service Act
3 is amended by inserting after section 552 (42 U.S.C.
4 290ee–7) the following new section:

5 **“SEC. 553. GRANTS FOR UNARMED 911 RESPONSE PRO-**
6 **GRAMS.**

7 “(a) IN GENERAL.—The Secretary, acting through
8 the Assistant Secretary for Mental Health and Substance
9 Use, may award grants to States, territories, political sub-
10 divisions of States and territories, Tribal governments,
11 and consortia of Tribal governments to establish an un-
12 armed 911 response program under which nonviolent 911
13 calls are referred to unarmed professional service pro-
14 viders for response, instead of to a law enforcement agen-
15 cy.

16 “(b) PROGRAM REQUIREMENTS.—An unarmed 911
17 response program funded under this section shall—

18 “(1) dispatch unarmed professional service pro-
19 viders in groups of two or more in a timely manner;

20 “(2) be capable of providing screening, assess-
21 ment, de-escalation, trauma-informed services, refer-
22 rals to treatment providers, and transportation to
23 immediately necessary treatment;

24 “(3) when necessary, coordinate with health or
25 social services;

1 “(4) not be subject to oversight of State or local
2 law enforcement agencies; and

3 “(5) clearly outline the scope of calls that must
4 or may be referred to the unarmed 911 response
5 program.

6 “(c) USES OF FUNDS.—A grant under this section
7 may be used for—

8 “(1) hiring unarmed professional service pro-
9 viders;

10 “(2) training unarmed professional service pro-
11 viders to respond to 911 calls by identifying, under-
12 standing, and responding to signs of mental illnesses
13 and substance use disorders, including by means
14 of—

15 “(A) de-escalation;

16 “(B) crisis intervention; and

17 “(C) connecting individuals to local social
18 service providers, health care providers, commu-
19 nity-based organizations, and the full range of
20 other available providers and resources;

21 “(3) updating 911 response systems to enable
22 triage between nonviolent 911 calls and those that
23 require a response from law enforcement;

24 “(4) training 911 dispatchers on call diversion;
25 and

1 “(5) building the capacity—

2 “(A) to coordinate with local social service
3 providers, health care providers, and commu-
4 nity-based organizations; and

5 “(B) to provide multilingual services.

6 “(d) APPLICATION.—An applicant seeking a grant
7 under this section shall submit to the Secretary an appli-
8 cation at such time, in such manner, and containing such
9 information as the Secretary may reasonably require, in-
10 cluding the applicant’s plan to train 911 dispatchers to
11 determine when a call should be diverted to the unarmed
12 911 response program.

13 “(e) REPORTS TO SECRETARY.—A recipient of a
14 grant under this section shall submit to the Secretary, on
15 a biannual basis, a report on the following:

16 “(1) The number of calls placed to 911 that
17 were diverted to the grantee’s unarmed 911 response
18 program.

19 “(2) Demographic information on the individ-
20 uals served by the grantee’s unarmed 911 response
21 program, disaggregated by race, ethnicity, age, sex,
22 sexual orientation, gender identity, and location.

23 “(3) The effects of the grantee’s unarmed 911
24 response program on emergency room visits, hos-
25 pitalizations, use of ambulances, and involvement of

1 law enforcement in mental health or substance use
2 disorder crises.

3 “(4) An assessment of the types of events and
4 crises to which the grantee’s unarmed 911 response
5 program responded and the services provided, in-
6 cluding—

7 “(A) the number of individuals to whom
8 services were provided who were involuntarily
9 committed for treatment;

10 “(B) the number of individuals successfully
11 transferred to an alternative destination;

12 “(C) the time between notification by a
13 911 dispatcher and arrival at the scene by a
14 provider; and

15 “(D) the time spent by providers at scene.

16 “(5) An assessment of the cost-effectiveness
17 and savings associated with the grantee’s unarmed
18 911 response program.

19 “(f) REPORTS TO CONGRESS.—The Secretary shall
20 submit to the Congress, on a biannual basis, a report on
21 the program under this section, including a summary of
22 the reports submitted by grantees pursuant to subsection
23 (e).

24 “(g) DEFINITIONS.—In this section:

25 “(1) The term ‘alternative destination’—

1 “(A) means any service- or care-providing
2 site other than a hospital emergency depart-
3 ment or jail; and

4 “(B) includes a clinic, primary care office,
5 crisis center, and freestanding psychiatric des-
6 tination.

7 “(2) The term ‘nonviolent 911 call’ means a
8 911 call that—

9 “(A) relates to mental health, homeless-
10 ness, addiction crises, social services, truancy,
11 or public intoxication; and

12 “(B) does not involve—

13 “(i) a weapon;

14 “(ii) obvious violent behavior; or

15 “(iii) a subject who has voiced a de-
16 sire or intention to commit violence against
17 themselves or others and a reasonable be-
18 lief of the dispatcher that the threat is im-
19 minent.

20 “(3) The term ‘unarmed professional service
21 provider’ means a professional (which may include a
22 nurse, social worker, emergency medical technician,
23 counselor, community health worker, trauma-in-
24 formed personnel, social service provider, or peer
25 support specialist) who—

1 “(A) is trained to deal with mental health
2 or substance abuse crises; and
3 “(B) does not carry a firearm.”.

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