

119TH CONGRESS
1ST SESSION

H. R. 1392

To provide funding to the Bureau of Prisons, States, and localities to carry out mental health screenings and provide referrals to mental healthcare providers for individuals in prison or jail.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 14, 2025

Ms. SHERRILL introduced the following bill; which was referred to the Committee on the Judiciary

A BILL

To provide funding to the Bureau of Prisons, States, and localities to carry out mental health screenings and provide referrals to mental healthcare providers for individuals in prison or jail.

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 “Improving Mental
5 Healthcare in the Re-Entry System Act of 2025”.

6 **SEC. 2. GRANT PROGRAM.**

7 (a) ESTABLISHMENT.—Not later than 90 days after
8 the date of the enactment of this Act, the Attorney Gen-

1 eral shall establish a grant program (hereinafter referred
2 to as the “Program”) to implement and administer mental
3 health screenings to individuals at intake into an eligible
4 detention center and refer such individuals to mental
5 healthcare providers before or immediately after exit from
6 an eligible detention center, as applicable.

7 (b) GRANT AUTHORITY.—In carrying out the Pro-
8 gram, the Attorney General may award a grant on a com-
9 petitive basis to an eligible recipient in accordance with
10 this section.

11 (c) APPLICATION.—The Attorney General may award
12 a grant under the Program to a State or locality, deter-
13 mined by the Attorney General to carry out a project de-
14 scribed in subsection (d).

15 (d) ELIGIBLE RECIPIENTS.—

16 (1) HIRING REQUIREMENT.—To be eligible for
17 a grant under the Program, a State or locality shall
18 hire a mental health liaison staff member for each
19 eligible detention center under its jurisdiction. If an
20 eligible detention center has a small enough popu-
21 lation, subject to approval by the Advisory Board,
22 one mental health liaison staff member may cover
23 multiple detention centers. The mental health liaison
24 staff member shall be responsible for—

1 (A) coordinating efforts between the prison
2 or jail and mental health providers in the local
3 region to help individuals currently or formerly
4 in prison or jail access mental healthcare;

5 (B) coordinating with the Advisory Board
6 to ensure that the Program is operating in ac-
7 cordance with this section; and

8 (C) overseeing and coordinating activities
9 of the outreach team (as described in subsection
10 (g)).

11 (2) PLAN.—To be eligible for a grant under the
12 Program, a State or locality shall submit a plan to
13 the Advisory Board explaining how the Program es-
14 tablished shall meet the criteria under subsection
15 (e).

16 (3) RELEVANT DATA.—To be eligible for a
17 grant under the Program, a State or locality shall
18 partner with the Advisory Board and an independent
19 research organization to evaluate the impact of their
20 program as a condition of receiving a grant, and are
21 also required to share relevant data with the Advi-
22 sory Board and the research organization contracted
23 with by the Attorney General as specified by section
24 5(a) regarding individuals' participation in the men-

1 tal health screen and referral program and their ar-
2 rest, arraignment, and incarceration rates.

3 (e) ELIGIBLE PROJECTS.—Grant funds awarded
4 under the Program may only be used to:

5 (1) Develop and administer a brief mental
6 health screening survey as required under subsection
7 (f).

8 (2) Develop any technology necessary for a pris-
9 on or jail to provide the survey under paragraph (1).

10 (3) Hire any staff necessary for a prison or jail
11 to provide the survey under paragraph (1).

12 (4) Establish an outreach team pursuant to
13 subsection (g) to refer an individual, if their re-
14 sponses to the survey indicate severe mental illness,
15 to a local mental healthcare provider for further as-
16 sessment and outreach, admission (when necessary),
17 and support for that individual in re-establishing ties
18 with a mental health provider.

19 (5) Pay the salary or overtime pay of an out-
20 reach team as established pursuant to subsection
21 (g), including providing direct funding to a prison,
22 jail, or mental health center to compensate staff
23 members.

1 (f) BRIEF MENTAL HEALTH SCREENING SURVEY.—

2 The mental health screening survey developed and admin-
3 istered under subsection (e) shall:

4 (1) Be composed of 5 to 10 questions.

5 (2) Be based on the questions and content of
6 the Brief Jail Mental Health Screen (BJMHS).

7 (3) Seek to identify severe mental illnesses, in-
8 cluding schizophrenia, bipolar disorder, and major
9 depression.

10 (4) Ask individuals about the symptoms of se-
11 vere mental illness they may be experiencing or have
12 experienced and any prior use of mental health-re-
13 lated medications or inpatient care.

14 (5) Identify the individual's place of residence.

15 (6) Be administered by a trained staff member
16 at the jail or prison to all entering individuals who
17 are incarcerated in the jail or prison and to all in-
18 carcerated individuals who entered the jail or prison
19 before the survey was implemented.

20 (g) OUTREACH TEAM.—

21 (1) IN GENERAL.—A referral to a mental
22 healthcare provider, as described in subsection (e),
23 shall be made by a mental health outreach team that
24 is composed of—

1 (A) mental healthcare professionals and
2 clinicians from mental healthcare centers local
3 to the prison or jail;

4 (B) staff from the jail or prison, when ap-
5 plicable; and

6 (C) a mental health liaison staff member
7 who shall oversee the outreach team.

8 (2) ALERT.—If an individual has been deter-
9 mined to need a referral to a mental healthcare pro-
10 vider, the mental health outreach team shall be noti-
11 fied immediately by jail or prison staff and in-
12 formed, when applicable, of the individual’s release
13 date from such jail or prison and the individual’s
14 trial date.

15 (3) CONTACT ATTEMPTS REQUIRED.—

16 (A) IN GENERAL.—A mental health out-
17 reach team member shall first attempt to con-
18 tact an individual that has been determined to
19 need a referral to a mental healthcare provider
20 in person at the jail or prison, before such indi-
21 vidual is released. If in person contact was not
22 made before such individual was released from
23 prison or jail, the outreach team member shall
24 attempt to contact via telephone such individual
25 within 24 hours, and at the latest within 48

1 hours, of their release from jail or prison for
2 the purpose of making the mental health refer-
3 ral. The mental health outreach team member
4 shall not need to contact the individual via tele-
5 phone after release if such contact was made in
6 person.

7 (B) ADDITIONAL CONTACTS.—A mental
8 health outreach team member shall make at
9 least three attempts at telephone contact for
10 each individual that has been determined to
11 need a referral to a mental healthcare provider
12 if in person contact before release was not
13 made. If phone contact is unsuccessful, a men-
14 tal health outreach team member shall attempt
15 to contact the individual in person at their
16 place of residence, as provided on the mental
17 health survey.

18 **SEC. 3. BUREAU OF PRISONS.**

19 Not later than 90 days after the date of the enact-
20 ment of this Act, the Director of the Bureau of Prisons
21 shall establish a program that is substantially similar to
22 the Program established under section 2 to implement and
23 administer mental health screenings to individuals at in-
24 take into an eligible detention center and refer such indi-
25 viduals to mental healthcare providers before or imme-

1 diately after exit from an eligible detention center, as ap-
2 plicable.

3 **SEC. 4. ADVISORY BOARD ON PROGRAM IMPLEMENTATION.**

4 (a) ESTABLISHMENT.—Not later than 60 days after
5 the date of the enactment of this Act, the Attorney Gen-
6 eral shall establish an Advisory Board to manage and ad-
7 minister the Program under section 2, with the responsi-
8 bility to:

9 (1) Evaluate and approve the plans submitted
10 by a State or locality as required under section 2
11 and to ensure that grant funding is used as specified
12 under section 2.

13 (2) Monitor plans submitted by the Bureau of
14 Prisons and advise the Attorney General on compli-
15 ance to ensure that funding to the Bureau of Pris-
16 ons is used as specified under section 2.

17 (3) Provide technical assistance to a State or
18 locality to help with the implementation and admin-
19 istration of mental health screening and referral pro-
20 grams that maximize impact on reducing crime rates
21 and improving employment and wage rates for indi-
22 viduals released from prison or jail, and to assist a
23 State or locality's coordination with the Attorney
24 General in implementing the Program.

1 (4) Publish a database of completed evaluations
2 of the impact of a Program, as specified under sec-
3 tion 5.

4 (5) Create a working group of mental
5 healthcare providers, jail and prison administrators,
6 law enforcement officials, and operators of existing
7 mental health screening and referral programs, as of
8 the creation of the working group, to share best
9 practices on how to create and implement mental
10 health screening and referral programs that have the
11 largest impact on reducing crime rates and improv-
12 ing employment and wage rates for individuals re-
13 leased from prison or jail.

14 (6) Work in coordination with mental health
15 outreach teams as established under section 2, to en-
16 sure that the Program is operating as required.

17 (7) Determine if a grant awarded by the Pro-
18 gram is not meeting the requirements of the Pro-
19 gram and mandate necessary changes and reduce
20 funding if such changes are not made.

21 (8) Oversee the completion of required program
22 evaluations as described under section 5, by—

23 (A) contracting with one or more inde-
24 pendent research organizations to carry out an
25 evaluation of the impact of each grant awarded

1 under the Program on arrest, arraignment, and
2 incarceration rates, employment and wage
3 rates, and mental healthcare utilization rates of
4 individuals who have been administered mental
5 health screening; and

6 (B) working with the Bureau of Prisons,
7 States, and localities to ensure that the evalua-
8 tion is successfully completed.

9 (b) TECHNICAL ASSISTANCE.—The Advisory Board
10 shall provide technical assistance to the Bureau of Pris-
11 ons, States, and localities in setting up and administering
12 the Program and shall identify evidence-backed models for
13 the administration of mental health screening and referral
14 programs that the Bureau of Prisons, States, and local-
15 ities can look to when designing their own programs.

16 (c) PROCESS EVALUATION ACTIVITIES.—Not later
17 than one year after the Program begins, the Advisory
18 Board shall conduct a process evaluation for a grant
19 awarded under the Program, in which the implementation
20 of the surveys and referrals in each prison or jail is mon-
21 itored and evaluated to ensure that they are being carried
22 out as specified in the plan submitted to the Advisory
23 Board.

24 (d) MEMBERSHIP.—

1 (1) IN GENERAL.—The Attorney General shall
2 appoint members to serve on the Advisory Board es-
3 tablished under subsection (a) who have expertise
4 with respect to—

5 (A) designing and administering mental
6 health screenings and providing referrals for
7 those incarcerated in prisons or jails, or for
8 those who have recently left such facilities;

9 (B) mental healthcare within prisons or
10 jails; or

11 (C) program evaluation using rigorous ex-
12 perimental and quasi-experimental statistical
13 methods.

14 (2) NUMBER OF MEMBERS.—The Attorney
15 General shall appoint as many members to the Advi-
16 sory Board established under subsection (a) as
17 deemed necessary by the Attorney General.

18 **SEC. 5. EVALUATION ACTIVITIES.**

19 (a) INDEPENDENT RESEARCH ORGANIZATIONS.—
20 The Attorney General shall provide funding directly to the
21 Advisory Board for the purpose of contracting with one
22 or more independent research organizations, in partner-
23 ship with the Bureau of Prisons, States, and localities, to
24 carry out an evaluation to determine whether each grant

1 awarded under the Program is being implemented effec-
2 tively and to measure the impact of such programs.

3 (b) IMPACT EVALUATION ACTIVITIES.—

4 (1) IN GENERAL.—Not later than one year
5 after a recipient of a grant awarded under the Pro-
6 gram receives an award they shall conduct an im-
7 pact evaluation for its program, in which the surveys
8 and referrals in each prison or jail will be evaluated
9 for their effect on the criminal justice and economic
10 outcomes of individuals who receive the survey. Such
11 impact evaluation shall be conducted by an inde-
12 pendent research organization, with oversight from
13 the Advisory Board and include an analysis of the
14 impact of the survey and referral on participant
15 crime rates, including arrest, arraignment, and in-
16 carceration rates, participant employment and wage
17 rates, and participant mental healthcare utilization
18 rates for one year, three years, five years, and ten
19 years after the participant has completed the survey
20 and referral program. These analyses will use ad-
21 ministrative data collected by each State's depart-
22 ment of public safety, for the crime rate data, and
23 each State's Department of Labor, for the employ-
24 ment and wage rate data. States shall provide this
25 data to the independent research organization. For

1 the mental health utilization data, data from mental
2 health providers and, if necessary, from outreach to
3 the individuals who participated in the survey and
4 referral program shall be utilized.

5 (2) **EXPERIMENTAL DESIGN.**—Program impact
6 evaluations under paragraph (1) shall use random-
7 ized control experimental or quasi-experimental re-
8 search designs. Randomized control experimental de-
9 signs are preferred and the Advisory Board will pro-
10 vide the independent research organization, in part-
11 nership with the Bureau of Prisons, State, or Local-
12 ity, additional resources to carry out a randomized
13 control experimental evaluation.

14 (c) **DATABASE.**—Once evaluations become available,
15 the Advisory Board will be required to keep an updated
16 database of the impact of programs funded under the
17 grant program and how those programs were implemented
18 and administered, with the goal of creating a repository
19 of evidence regarding what drives impact on crime rates
20 and employment and wage rates to guide policymakers
21 and program operators in the future.

22 **SEC. 6. FUNDING.**

23 (a) **AUTHORIZATION.**—There is authorized to be ap-
24 propriated to the Attorney General to carry out this Act—

25 (1) \$100,000,000 for fiscal year 2026;

- 1 (2) \$110,000,000 for fiscal year 2027;
- 2 (3) \$120,000,000 for fiscal year 2028;
- 3 (4) \$130,000,000 for fiscal year 2029; and
- 4 (5) \$140,000,000 for fiscal year 2030.

5 (b) DISTRIBUTION OF FUNDS.—Of the amounts
6 made available under subsection (a), the Attorney General
7 shall use—

8 (1) 90 percent of such amount for a grant pro-
9 gram under sections 2 and 3, as applicable, of
10 which—

11 (A) 20 percent shall go to the Bureau of
12 Prisons for screening and referral implementa-
13 tion activities at Federal prisons;

14 (B) 20 percent shall go to States as com-
15 petitive grants to carry out screening and refer-
16 ral implementation activities at State prisons;
17 and

18 (C) 50 percent shall go to localities as
19 competitive grants to carry out screening and
20 referral implementation activities at locally-ad-
21 ministered jails;

22 (2) 5 percent of such amount to carry out eval-
23 uation activities under section 5; and

24 (3) 5 percent of such amount for the Advisory
25 Board to provide technical assistance to the Bureau

1 of Prisons, States, and localities and for general op-
2 erations as described in section 4.

3 **SEC. 7. DEFINITIONS.**

4 In this Act:

5 (1) STATE.—The term “State” means any
6 State of the United States, the District of Columbia,
7 the Commonwealth of Puerto Rico, the Virgin Is-
8 lands, Guam, American Samoa, and the Common-
9 wealth of the Northern Mariana Islands.

10 (2) LOCALITY.—The term “locality” means any
11 city, county, township, town, borough, parish, vil-
12 lage, or other general purpose political subdivision of
13 a State.

14 (3) MENTAL HEALTHCARE PROVIDER.—The
15 term “mental healthcare provider” means a fully-li-
16 censed professional or group of professionals who di-
17 agnose mental health conditions and provide mental
18 health treatment, and who operate near to the rel-
19 evant jail or prison. Mental healthcare providers may
20 provide services at hospitals or at private clinics.

21 (4) MENTAL HEALTHCARE CENTER.—The term
22 “mental healthcare center” means any facility where
23 one or more mental healthcare providers offer men-
24 tal health services, such as a hospital or private clin-
25 ic.

1 (5) JAIL OR PRISON ADMINISTRATOR.—The
2 term “jail or prison administrator” means any indi-
3 vidual who has been appointed to a supervisory posi-
4 tion in a Federal, State, or local incarceration facil-
5 ity by the Federal Government, a State, or a local-
6 ity.

7 (6) LAW ENFORCEMENT OFFICIAL.—The term
8 “law enforcement official” means any officer of an
9 entity administered by a locality, State, or the Fed-
10 eral Government that exists primarily to prevent and
11 detect crime and enforce criminal laws who is des-
12 ignated by the leadership of that entity to represent
13 the entity.

14 (7) ELIGIBLE DETENTION CENTER.—The term
15 “eligible detention center” means any prison or jail
16 administered by the Bureau of Prisons or a State or
17 any jail administered by a State or locality.

18 (8) SEVERE MENTAL ILLNESS.—The term “se-
19 vere mental illness” means one or more mental, be-
20 havioral, or emotional disorders that results in seri-
21 ous functional impairment and substantially inter-
22 feres with or limits major life activities.

23 (9) INDEPENDENT RESEARCH ORGANIZA-
24 TIONS.—The term “independent research organiza-
25 tion” means an entity that is not operated or con-

1 trolled by a governmental body that conducts high-
2 quality and rigorous experimental and quasi-experi-
3 mental evaluations.

4 (10) RANDOMIZED CONTROL EXPERIMENTAL
5 RESEARCH DESIGN.—The term “randomized control
6 experimental research design” means a study design
7 that utilizes a randomized control trial methodology
8 to determine the impact of the program on partici-
9 pants, by comparing program outcomes between a
10 randomly assigned sample population that has re-
11 ceived the survey and referral and a randomly as-
12 signed control population that has not received the
13 survey and referral.

14 (11) RESPONSES TO THE SURVEY INDICATE SE-
15 VERE MENTAL ILLNESS.—The term “responses to
16 the survey indicate severe mental illness” means an
17 individual answer’s “yes” to multiple questions with
18 respect to the symptoms of a severe mental illness
19 or to any question relating to prior use of a mental
20 health-related medication or inpatient care related to
21 a mental illness.

22 (12) QUASI-EXPERIMENTAL RESEARCH DE-
23 SIGN.—The term “quasi-experimental research de-
24 sign” means a study design that utilizes a non-ran-
25 domized methodology and model to determine the

1 impact of the program on participants, by com-
2 paring program outcomes between a non-randomly
3 assigned sample population that has received the
4 survey and referral and a non-randomly assigned
5 control population that is constructed to be statis-
6 tically identical to the sample population but without
7 having received the survey and referral.

○