[~115H7142]

(Original Signature of Member)
116TH CONGRESS 1ST SESSION H. R.
To help train individuals in effective and evidence-based de-escalation techniques to ensure that individuals at diverse levels of society have and retain greater skills to resolve conflicts, manage anger, and control implicit bias without the use of physical or other force, and for other purposes.
IN THE HOUSE OF REPRESENTATIVES
Ms. Moore introduced the following bill; which was referred to the Committee on

A BILL

- To help train individuals in effective and evidence-based deescalation techniques to ensure that individuals at diverse levels of society have and retain greater skills to resolve conflicts, manage anger, and control implicit bias without the use of physical or other force, 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,

1 SECTION 1. SHORT TITLE.

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2	This Act may be cited as the "National De-Esca-
3	lation of Violence and Community Safety Training Act of
4	2019".
5	SEC. 2. DEFINITIONS.
6	In this Act:
7	(1) The term "Advisory Board" means the De-
8	Escalation Advisory Board established pursuant to
9	section 4.
10	(2) The term "at-risk youth" means any indi-
11	vidual who—
12	(A)(i) has attained age 16 but not age 25;
13	(ii) has not regularly attended any sec-
14	ondary, technical, or postsecondary school dur-
15	ing the preceding 6-month period;
16	(iii) has not been regularly employed dur-
17	ing the preceding 6-month period; and
18	(iv) is not readily employable by reason of
19	lacking a sufficient number of basic skills; or
20	(B) has attained age 16 but not age 21
21	and was in foster care.
22	(3) The term "de-escalation" means reduction
23	of the intensity of a conflict or potentially violent sit-
24	uation.
25	(4) The term "implicit bias" means the atti-
26	tudes or stereotypes that affect an individual's un-

1	derstanding, actions, and decisions in an uncon-
2	scious manner.
3	(5) The term "racial reconciliation" means a
4	process of reconciliation that—
5	(A) recognizes that racism is both systemic
6	and institutionalized with far-reaching effects
7	on both political engagement and economic op-
8	portunities for minorities;
9	(B) empowers local communities through
10	relationship-building and truth-telling; and
11	(C) emphasizes restorative justice as an es-
12	sential component.
13	(6) The term "Secretary" means the Secretary
14	of Health and Human Services acting through As-
15	sistant Secretary for Mental Health and Substance
16	Use.
17	SEC. 3. DE-ESCALATION TRAINING STANDARDS.
18	(a) IN GENERAL.—Not later than 2 years after the
19	date of enactment of this Act, the Secretary shall develop
20	and issue training standards for the de-escalation training
21	to be funded pursuant to section 5.
22	(b) Contents.—The standards under subsection (a)
23	shall, at a minimum, outline the types of de-escalation
24	training that—

1	(1) have been determined by the Secretary to be
2	effective; and
3	(2) are eligible to be funded pursuant to section
4	5.
5	(c) Process.—
6	(1) Seeking input.—
7	(A) In General.—In developing and
8	issuing standards under this section and any re-
9	lated regulations or guidance, the Secretary
10	shall seek input from community stakeholders,
11	health care and wellness professionals, law en-
12	forcement agencies, Tribes, and nonprofit orga-
13	nizations involved in de-escalation at the local
14	level, and others knowledgeable about the need
15	for and importance of de-escalation, including
16	through holding public meetings throughout the
17	Nation and through other media, including
18	webinars.
19	(B) Definition.—In this section, the
20	term "community stakeholders" includes—
21	(i) members of minority communities,
22	those with disabilities, persons of color, im-
23	migrants, noncitizens, Native Americans,
24	youth, and formerly incarcerated persons;
25	and

1	(ii) nonprofit organizations with long-
2	standing experience, in communities with
3	high rates of violence, conducting de-esca-
4	lation and conflict prevention work tar-
5	geting the categories of individuals de-
6	scribed in clause (i).
7	(2) Negotiated Rulemaking.—In developing
8	and issuing standards under this section, the Sec-
9	retary shall consider the use of negotiated rule-
10	making.
11	SEC. 4. ADVISORY BOARD.
12	(a) Establishment.—To assist in carrying out this
13	Act, the Secretary shall establish an advisory board to be
14	known as the De-Escalation Advisory Board.
15	(b) Composition.—
16	(1) In general.—The Advisory Board shall be
17	composed of—
18	(A) up to 25 members appointed by the
19	Secretary in accordance with paragraph (2) (in
20	this subsection referred to as the "appointed
21	members"), who shall be voting members; and
22	(B) the ex officio members under para-
23	graph (3), who shall be nonvoting members.
24	(2) Appointed members.—

1	(A) Selection.—The appointed members
2	of the Advisory Board shall be appointed (or re-
3	appointed, as applicable) by the Secretary after
4	soliciting and reviewing nominations for such
5	appointments from nonprofit organizations, in-
6	dividuals, State and local officials, and others
7	stakeholders.
8	(B) Representatives.—The appointed
9	members of the Advisory Board shall include
10	representatives of each the following:
11	(i) Law enforcement.
12	(ii) Tribes.
13	(iii) Health care and wellness profes-
14	sionals.
15	(iv) Disability and behavioral health
16	organizations.
17	(v) State and local public health agen-
18	cies.
19	(vi) Faith institutions.
20	(vii) Other entities dedicated to en-
21	couraging de-escalation and nonviolence
22	and resisting implicit bias and racial rec-
23	onciliation, with a preference for nonprofit
24	organizations that demonstrate strong ex-
25	perience—

1	(I) addressing these issues at the
2	local and community level; and
3	(II) working with the targeted in-
4	dividuals, especially at-risk youth.
5	(3) Ex officio members.—The Advisory
6	Board shall include the following ex officio members:
7	(A) The Secretary of Health and Human
8	Services (or the Secretary's designee).
9	(B) The Secretary of Education (or the
10	Secretary's designee).
11	(C) The Attorney General of the United
12	States (or the Attorney General's designee).
13	(D) The heads of such other Federal de-
14	partments and agencies as the Secretary deter-
15	mines appropriate (or their designees).
16	(4) Terms.—
17	(A) Duration.—The appointed members
18	of the Advisory Board shall each be appointed
19	for a term of 3 years.
20	(B) Initial appointments.—Not later
21	than 4 months after the date of enactment of
22	this Act, the Secretary shall appoint all of the
23	initial appointed members of the Advisory
24	Board.

1	(5) Officers.—At the first meeting of the Ad-
2	visory Board, and every other year thereafter, the
3	members of the Advisory Board shall elect from
4	among such members a chairperson and vice chair-
5	person of the Advisory Board. Federal officials are
6	not eligible for election as chairperson or vice chair-
7	person.
8	(c) Duties.—The Advisory Board shall—
9	(1) make recommendations to the Secretary re-
10	garding—
11	(A) the training standards under section 3
12	as may be beneficial to fulfilling the mission
13	and purposes of the grant program under sec-
14	tion 5; and
15	(B) implementation of the grant program
16	under section 5
17	(2) monitor the implementation of such grant
18	program and provide technical assistance and sup-
19	port to grantees under such grant program;
20	(3) determine—
21	(A) the extent to which such grantees face
22	challenges to implementing such grant program;
23	and

1	(B) the effectiveness of the Department of
2	Health and Human Services in addressing such
3	challenges;
4	(4) continually identify new advances and inno-
5	vative practices in effective ways to conduct de-esca-
6	lation training to incorporate such advances and in-
7	novative practices into the standards under section
8	3 and implementation of such grant program; and
9	(5) provide—
10	(A) on a biennial basis, reports to the Sec-
11	retary regarding the Advisory Board's activities
12	and the effectiveness of such grant program;
13	and
14	(B) not later than 2 years after the award
15	of the first grant under section 5, and every 5
16	years thereafter, a report to the Congress on
17	the Advisory Board's activities, challenges to
18	the programs and activities under this Act, and
19	the effectiveness of such programs and activi-
20	ties.
21	(d) EVALUATION OF HHS PROPOSALS.—Not later
22	than 90 days after the Secretary proposes standards under
23	section 3 or rules or guidance for implementing the grant
24	program under section 5, and prior to the Secretary final-

1	izing such standards, rules, and guidance, respectively, the
2	Advisory Board shall evaluate —
3	(1) whether the training to be funded pursuant
4	to section 5 can be applied practically in everyday
5	scenarios that have the potential for violence that
6	are regularly faced by law enforcement officers, edu-
7	cators, public transit operators including bus drivers
8	health care and wellness professionals, youth, faith
9	leaders, and other categories of persons for whom
10	such training could help to reduce tensions and
11	avoid conflict;
12	(2) whether the principles of such training can
13	effectively work with other types of professional
14	training such as mental health training that employs
15	evidence-based de-escalation techniques;
16	(3) the extent to which the proposed standards
17	under section 3 adequately address and effectively
18	take into consideration the role of implicit bias, cul-
19	tural competency, and the intersection of race and
20	policing;
21	(4) whether the standards and guidance under
22	sections 3 and section 5 effectively promote alter-
23	natives to the use of lethal and nonlethal force;
24	(5) the extent to which Federal training stand-
25	ards and guidelines promote or support de-escalation

1	techniques to help effectively, safely, and respectfully
2	interact with people with disabilities and behavioral
3	health issues;
4	(6) whether the proposed standards under sec-
5	tion 3 adequately address the need for training in
6	interpersonal communication on de-escalation for
7	those working with at-risk youth, including methods
8	that use time, tone, distance, cover, and concealment
9	to avoid escalation situations;
10	(7) the time required to properly conduct the
11	training to be funded under section 5 and the meth-
12	ods for delivering such training (either online or in
13	person); and
14	(8) whether the proposed requirements and
15	standards under section 3 reflect the latest evidence-
16	based de-escalation practices and techniques.
17	(e) Limitation.—The Secretary—
18	(1) shall not finalize any standard under section
19	3 or rule or guidance for implementing the grant
20	program under section 5 before the date that is 30
21	days after the Secretary receives the recommenda-
22	tions of the Advisory Board on the respective stand-
23	ard, rule, or guidance; and
24	(2) shall respond to the Advisory Board in writ-
25	ing on each recommendation of the Advisory Board

1	that the Department of Health and Human Re-
2	sources will not implement and include a detailed ex-
3	planation of the reasons therefor.
4	(f) Consultation.—In carrying out this section, the
5	Advisory Board shall—
6	(1) consult with any appropriate Federal de-
7	partments and agencies; and
8	(2) solicit opinions and recommendations from
9	the public and persons with relevant expertise.
10	(g) TECHNICAL ASSISTANCE.—On request of the Ad-
11	visory Board, the head of a Federal department or agency
12	may provide technical assistance to the Advisory Board,
13	but no Federal employee may be detailed to the Advisory
14	Board.
15	(h) PAY AND REIMBURSEMENT.—Members of the
16	Advisory Board may not receive pay, allowances, or bene-
17	fits by reason of their service on the Advisory Board, but
18	members of the Advisory Board shall receive travel ex-
19	penses, including per diem in lieu of subsistence under
20	subchapter I of chapter 57 of title 5, United States Code.
21	(i) FEDERAL ADVISORY COMMITTEE ACT.—The Ad-
22	visory Board is deemed to have filed a charter for the pur-
23	pose of section 9(c) of the Federal Advisory Committee
24	Act (5 U.S.C. App.). Notwithstanding section 14 of the

1	Federal Advisory Committee Act, the Advisory Board shall
2	continue in effect until terminated by an Act of Congress.
3	(j) Meetings.—The Advisory Board shall meet on
4	a regular basis and no less than twice a year to carry out
5	the duties of the Advisory Board under this section.
6	(k) Funding.—Out of the amounts made available
7	to the Secretary each fiscal year for general departmental
8	management, not more than \$500,000 are authorized to
9	be used by the Advisory Board to carry out this section.
10	SEC. 5. DE-ESCALATION GRANTS.
11	(a) Grants.—
12	(1) Training grants.—The Secretary shall
13	award grants to eligible entities to provide training,
14	in accordance with the standards issued under sec-
15	tion 3, on de-escalation of violence to enhance com-
16	munity safety.
17	(2) Community outreach, evaluation, and
18	SOCIAL MEDIA GRANTS.—The Secretary shall award
19	grants to eligible entities to support—
20	(A) the dissemination to targeted popu-
21	lations of information about de-escalation train-
22	ing provided through grants under paragraph
23	(1) to encourage such populations to participate
24	in the training;

1	(B) the development of social media and
2	online training tools to educate the larger public
3	about the methods and goals of such de-esca-
4	lation training; and
5	(C) the conduct of evaluations of the im-
6	pact and effectiveness of such de-escalation
7	training, include consideration of community
8	stakeholders and those who have received such
9	training.
10	(b) Training Described.—Training provided
11	through a grant under subsection (a)(1)—
12	(1) shall include training on—
13	(A) techniques to de-escalate situations to
14	avoid violence;
15	(B) understanding implicit bias and how it
16	contributes to violence;
17	(C) understanding how to promote racial
18	reconciliation in communities affected by racial
19	division that leads to violence and conflict;
20	(D) verbal and physical tactics to minimize
21	the need for the use of force, with an emphasis
22	on communication, negotiation, and techniques
23	that help to provide the time needed to resolve
24	the incident safely for everyone;

1	(E) awareness and recognition of mental
2	health and substance abuse issues and crisis
3	intervention strategies to appropriately identify
4	and respond to individuals suffering from men-
5	tal health or substance abuse issues, with an
6	emphasis on de-escalation tactics and pro-
7	moting effective communication with such indi-
8	viduals;
9	(F) the critical decision making model and
10	other evidence-based approaches that are found
11	by the Secretary to be appropriate to enhance
12	de-escalation skills and tactics;
13	(G) techniques that can be used by a wide
14	range of audiences, including those with disabil-
15	ities and or behavioral health issues; and
16	(H) first aid, including mental health first
17	aid techniques and training to identify, under-
18	stand, and respond to signs of mental illnesses
19	and substance use disorders;
20	(2) shall include scenario-based training that
21	applies evidence-based de-escalation techniques to
22	practical on-the-job scenarios that are regularly
23	faced by law enforcement officers, educators, public
24	transit operators including bus drivers, health care
25	and wellness professionals in emergency rooms,

1	youth in neighborhoods, faith leaders at faith insti-
2	tutions, and other situations that regularly encoun-
3	ter potentially violent situations;
4	(3) shall appropriately incorporate cultural
5	competency to reach a range of audiences;
6	(4) may consist of—
7	(A) initial training; or
8	(B) subsequent or periodic training to
9	renew, reinforce, and update knowledge and
10	skills, including updates on new legal require-
11	ments and new de-escalation techniques and
12	strategies; and
13	(5) shall emphasize training for law enforce-
14	ment officials, teachers and educators, school admin-
15	istrators, school service employees, public transit op-
16	erators including bus drivers, citizens returning from
17	prison, faith leaders, recreational professionals (such
18	as recreation facility staff and youth sport coaches),
19	health care and wellness professionals, youth, staff
20	of nonprofit organizations dedicated to violence pre-
21	vention, security guards, ex-gang members, and per-
22	forming artists.
23	(c) Eligible Entities.—To be eligible to receive a
24	grant under subsection (a)(1), an entity shall be a State
25	or local government, nonprofit organization, faith institu-

1	tions, institutions of higher education including commu-
2	nity colleges, other schools, professional teacher associa-
3	tions, and small businesses (including minority- and
4	women-owned small businesses).
5	(d) Preference.—In selecting among nonprofit or-
6	ganizations applying for a grant under subsection (a)(1)
7	subject to subsection (e), the Secretary shall give pref-
8	erence to those organizations that—
9	(1) interact with youth, including at-risk youth
10	(2) have a sound track record of de-escalation
11	work in a local community; or
12	(3) employ individuals who reside in the geo-
13	graphic area to be served under the grant or which
14	offices or facilities in that area.
15	(e) Equity in Distribution.—
16	(1) IN GENERAL.—In any fiscal year in which
17	insufficient funds are appropriated to fund a grant
18	under subsection (a)(1) for an eligible entity in each
19	State, the Secretary shall limit the award of grants
20	under subsection (a)(1) to eligible entities in States
21	for which no eligible entity received funds through a
22	grant under subsection (a)(1) for the prior fiscal
23	year.
24	(2) Tribal organizations.—In applying
25	paragraph (1), the Secretary shall not—

1	(A) consider any grant recipient that is a
2	tribal organization in determining whether
3	grant funds were made available to an eligible
4	entity in any State for the prior fiscal year; or
5	(B) limit the award of grants to tribal or-
6	ganizations pursuant to the reservation of funds
7	for grants to tribal organizations under sub-
8	section $(g)(1)$.
9	(f) Duration of Grants.—The period of a grant
10	under this section may not exceed 3 years.
11	(g) Authorization of Appropriations.—
12	(1) Training grants.—For grants under sub-
13	section (a)(1), there is authorized to be appropriated
14	\$100,000,000 for each of fiscal years 2020 through
15	2025, of which \$10,000,000 for each of such fiscal
16	years shall be for grants under subsection $(a)(1)$ to
17	tribal organizations (as defined in section 4 of the
18	Indian Self-Determination and Education Assistance
19	Act).
20	(2) Community evaluation, and social
21	MEDIA GRANTS.—For grants under subsection
22	(a)(2), there is authorized to be appropriated
23	\$10,000,000 for each of fiscal years 2020 through
24	2025.

1	SEC. 6. REAUTHORIZATION OF MENTAL HEALTH FIRST AID
2	TRAINING GRANTS.
3	Section 520J(b) of the Public Health Service Act (42
4	U.S.C. 290bb-41(b)) is amended—
5	(1) in the header, by striking "MENTAL
6	HEALTH AWARENESS TRAINING GRANTS" and in-
7	serting "Mental Health First Aid Training
8	Grants";
9	(2) in paragraph (1)—
10	(A) by inserting "(including training on
11	how to safely de-escalate crisis situations involv-
12	ing such individuals)" after "disorders"; and
13	(B) by inserting "(including training on
14	how to safely de-escalate crisis situations involv-
15	ing such individuals)" after "to identify and ap-
16	propriately respond to persons with a mental ill-
17	ness'';
18	(3) in paragraph (5)—
19	(A) in clause (i), by striking "or" at the
20	end;
21	(B) in clause (ii), by striking the period at
22	the end and inserting "; or";
23	(C) by adding at the end the following:
24	"(iii) crisis intervention training pro-
25	grams"; and

1	(4) in paragraph (7), by striking "\$14,693,000
2	for each of fiscal years 2018 through 2022" and in-
3	serting "\$21,900,000 for each of fiscal years 2020
4	through 2025".