

116TH CONGRESS  
1ST SESSION

# H. R. 2457

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.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 1, 2019

Ms. MOORE introduced the following bill; which was referred to the Committee on Education and Labor, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

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.

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.**

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-escala-  
4 tion 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-escalation  
4 training; and

5 (C) the conduct of evaluations of the impact  
6 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”; and

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”.

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