

tion of insane convicts in State asylums and compensation therefor.

Section 214, act June 23, 1874, ch. 465, §3, 18 Stat. 252, related to return of transferred insane convicts and prisoners to prison on restoration of their sanity.

#### EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 1, 1987, see section 12(b) of Pub. L. 98-621, set out as an Effective Date note under section 225 of this title.

#### §§ 215 to 220. Repealed. Pub. L. 88-597, § 19(c), Sept. 15, 1964, 78 Stat. 953

Section 215, act Apr. 27, 1904, ch. 1618, §1, 33 Stat. 316, related to apprehension and detention of certain insane persons in District of Columbia.

Section 216, act Apr. 27, 1904, ch. 1618, §2, 33 Stat. 317, related to arrest at other than public places in District of Columbia.

Section 217, acts Apr. 27, 1904, ch. 1618, §3, 33 Stat. 317; July 1, 1916, ch. 209, 39 Stat. 309, related to temporary detention of alleged insane persons found in District of Columbia.

Section 218, acts Apr. 27, 1904, ch. 1618, §4, 33 Stat. 317; July 1, 1916, ch. 209, 39 Stat. 309, related to temporary commitment of persons found in District of Columbia to other hospital, or detention in police station.

Section 219, acts Apr. 27, 1904, ch. 1618, §5, 33 Stat. 318; Aug. 14, 1912, ch. 288, §1, 37 Stat. 309, related to certificate by physician as to sanity or insanity found in District of Columbia.

Section 220, act Apr. 27, 1904, ch. 1618, §6, 33 Stat. 318, related to making false affidavit or certificate.

#### §§ 221, 222. Repealed. Pub. L. 98-621, § 10(a), Nov. 8, 1984, 98 Stat. 3379

Section 221, R.S. §4856; June 25, 1936, ch. 804, 49 Stat. 1921; June 25, 1948, ch. 646, §32(b), 62 Stat. 991; May 24, 1949, ch. 139, §127, 63 Stat. 107, related to discharge of insane patients on bond.

Section 222, R.S. §4857, provided that no insane person not charged with any breach of the peace should ever be confined in the United States jail in the District of Columbia.

#### EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 1, 1987, see section 12(b) of Pub. L. 98-621, set out as an Effective Date note under section 225 of this title.

### SUBCHAPTER III—MENTAL HEALTH SERVICE FOR DISTRICT OF COLUMBIA

#### § 225. Findings and purposes

(a) The Congress makes the following findings:

(1) Governmentally administered mental health services in the District of Columbia are currently provided through two separate public entities, the federally administered Saint Elizabeths Hospital and the Mental Health Services Administration of the District of Columbia Department of Human Resources.

(2) The District of Columbia has a continuing responsibility to provide mental health services to its residents.

(3) The Federal Government, through its operation of a national mental health program at Saint Elizabeths Hospital, has for over 100 years assisted the District of Columbia in carrying out that responsibility.

(4) Since its establishment by Congress in 1855, Saint Elizabeths Hospital has developed into a respected national mental health hospital and study, training, and treatment cen-

ter, providing a range of quality mental health and related services, including—

(i) acute and chronic inpatient psychiatric care;

(ii) outpatient psychiatric and substance abuse clinical and related services;

(iii) Federal court system forensic psychiatry referral, evaluation, and patient treatment services for prisoners, and for individuals awaiting trial or requiring post-trial or post-sentence psychiatric evaluation;

(iv) patient care and related services for designated classes of individuals entitled to mental health benefits under Federal law, such as certain members and employees of the United States Armed Forces and the Foreign Service, and residents of American overseas dependencies;

(v) District of Columbia court system forensic psychiatry referral, evaluation, and patient treatment services for prisoners, and for individuals awaiting trial or requiring post-trial or postsentence psychiatric evaluation;

(vi) programs for special populations such as the mentally ill deaf;

(vii) support for basic and applied clinical psychiatric research and related patient services conducted by the National Institute of Mental Health and other institutions; and

(viii) professional and paraprofessional training in the major mental health disciplines.

(5) The continuation of the range of services currently provided by federally administered Saint Elizabeths Hospital must be assured, as these services are integrally related to—

(i) the availability of adequate mental health services to District of Columbia residents, nonresidents who require mental health services while in the District of Columbia, individuals entitled to mental health services under Federal law, and individuals referred by both Federal and local court systems; and

(ii) the Nation's capacity to increase our knowledge and understanding about mental illness and to facilitate and continue the development and broad availability of sound and modern methods and approaches for the treatment of mental illness.

(6) The assumption of all or selected functions, programs, and resources of Saint Elizabeths Hospital from the Federal Government by the District of Columbia, and the integration of those functions, resources, and programs into a comprehensive mental health care system administered solely by the District of Columbia, will improve the efficiency and effectiveness of the services currently provided through those two separate entities by shifting the primary focus of care to an integrated community-based system.

(7) Such assumption of all or selected functions, programs, and resources of Saint Elizabeths Hospital by the District of Columbia would further the principle of home rule for the District of Columbia.

(b) It is the intent of Congress that—

(1) the District of Columbia have in operation no later than October 1, 1993, an inte-