

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 Repealed.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 Repealed.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-

grated coordinated mental health system in the District which provides—

(A) high quality, cost-effective, and community-based programs and facilities;

(B) a continuum of inpatient and outpatient mental health care, residential treatment, and support services through an appropriate balance of public and private resources; and

(C) assurances that patient rights and medical needs are protected;

(2) the comprehensive District mental health care system be in full compliance with the Federal court consent decree in *Dixon v. Heckler*;

(3) the District and Federal Governments bear equitable shares of the costs of a transition from the present system to a comprehensive District mental health system;

(4) the transition to a comprehensive District mental health system provided for by this subchapter be carried out with maximum consideration for the interests of employees of the Hospital and provide a right-of-first-refusal to such employees for employment at comparable levels in positions created under the system implementation plan;

(5) the Federal Government have the responsibility for the retraining of Hospital employees to prepare such employees for the requirements of employment in a comprehensive District mental health system;

(6) the Federal Government continue high quality mental health research, training, and demonstration programs at Saint Elizabeths Hospital;

(7) the District government establish and maintain accreditation and licensing standards for all services provided in District mental health facilities which assure quality care consistent with appropriate Federal regulations and comparable with standards of the Joint Commission on Accreditation of Hospitals; and

(8) the comprehensive mental health system plan include a component for direct services for the homeless mentally ill.

(Pub. L. 98-621, §2, Nov. 8, 1984, 98 Stat. 3369; Pub. L. 102-150, §3(a), Oct. 31, 1991, 105 Stat. 980.)

REFERENCES IN TEXT

This subchapter, referred to in subsec. (b)(4), was in the original “this Act”, meaning Pub. L. 98-621, Nov. 8, 1984, 98 Stat. 3369, known as the Saint Elizabeths Hospital and District of Columbia Mental Health Services Act. For complete classification of this Act to the Code, see Short Title note below and Tables.

AMENDMENTS

1991—Subsec. (b)(1). Pub. L. 102-150 substituted “October 1, 1993” for “October 1, 1991”.

EFFECTIVE DATE

Pub. L. 98-621, §12, formerly §11, Nov. 8, 1984, 98 Stat. 3382, renumbered §12, Pub. L. 102-150, §4(1), Oct. 31, 1991, 105 Stat. 981, provided that:

“(a) Except as provided in subsection (b), this Act [see Short Title note below] shall take effect on October 1, 1985.”

“(b) Section 10 [amending section 324 of this title and repealing sections 161, 164 to 166, 168, 168a, 169, 169a, 170 to 172, 175 to 177, 180 to 185, 191, 192, 194, 195, 195a, 196,

196b, 197 to 204, 206, 211 to 214, 221, and 222 of this title and section 300aa-3 of Title 42, The Public Health and Welfare] shall take effect on October 1, 1987.”

SHORT TITLE OF 1991 AMENDMENT

Pub. L. 102-150, §1, Oct. 31, 1991, 105 Stat. 980, provided that: “This Act [enacting section 225h of this title, amending this section and sections 225b and 225f of this title, and renumbering provisions set out as a note under this section] may be cited as the ‘District of Columbia Mental Health Program Assistance Act of 1991’.”

SHORT TITLE

Pub. L. 98-621, §1, Nov. 8, 1984, 98 Stat. 3369, provided that: “This Act [enacting this subchapter, amending section 324 of this title, repealing sections 161, 164 to 166, 168, 168a, 169, 169a, 170 to 172, 175 to 177, 180 to 185, 191, 192, 194, 195, 195a, 196, 196b, 197 to 204, 206, 211 to 214, 221, and 222 of this title and section 300aa-3 of Title 42, The Public Health and Welfare] may be cited as the ‘Saint Elizabeths Hospital and District of Columbia Mental Health Services Act’.”

§ 225a. Definitions

For the purpose of this subchapter:

(1) The term “Hospital” means the institution in the District of Columbia known as Saint Elizabeths Hospital operated on November 8, 1984, by the Secretary of Health and Human Services.

(2) The term “Secretary” means the Secretary of Health and Human Services.

(3) The term “Mayor” means the Mayor of the District of Columbia.

(4) The term “District” means the District of Columbia.

(5) The term “Federal court consent decree” means the consent decree in *Dixon v. Heckler*, Civil Action No. 74-285.

(6) The term “service coordination period” means a period beginning on October 1, 1985, and terminating on October 1, 1987.

(7) The term “financial transition period” means a period beginning on October 1, 1985, and terminating on October 1, 1991.

(8) The term “system implementation plan” means the plan for a comprehensive mental health system for the District of Columbia to be developed pursuant to this subchapter.

(9) The term “Council” means the Council of the District of Columbia.

(Pub. L. 98-621, §3, Nov. 8, 1984, 98 Stat. 3371.)

§ 225b. Development of plan for mental health system for the District

(a) Responsibility for mental health services; effective date; final system implementation plan; comprehensive mental health program

(1) Subject to subsection (g) of this section and section 225g(b)(1) of this title, effective October 1, 1987, the District shall be responsible for the provision of mental health services to residents of the District.

(2) Not later than October 1, 1993, the Mayor shall complete the implementation of the final system implementation plan reviewed by the Congress and the Council in accordance with the provisions of this subchapter for the establishment of a comprehensive District mental health system to provide mental health services and programs through community mental health fa-