

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 integrated 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 facilities to individuals in the District of Columbia.

**(b) Mayor; preliminary system implementation plan; final implementation plan; submission to and review by Council and Congressional committees**

(1) The Mayor shall prepare a preliminary system implementation plan for a comprehensive mental health system no later than 3 months from October 1, 1985, and a final implementation plan no later than 12 months from October 1, 1985.

(2) The Mayor shall submit the preliminary system implementation plan to the Council no later than 3 months from October 1, 1985. The Council shall review such plan and transmit written recommendations to the Mayor regarding any revisions to such plan no later than 60 days after such submission. The Mayor shall submit the revised preliminary plan to the Committee on the District of Columbia of the House of Representatives and the Committee on Labor and Human Resources and the Committee on Governmental Affairs of the Senate for review and comment in accordance with the provisions of this subchapter.

(3) The final system implementation plan shall be considered by the Council consistent with the provisions of section 422(12) of the District of Columbia Home Rule Act.

(4) After the review of the Council pursuant to paragraph (3), the Mayor shall submit the final implementation plan to the Committee on the District of Columbia of the House of Representatives and the Committee on Labor and Human Resources and the Committee on Governmental Affairs of the Senate for review and comment in accordance with the provisions of this subchapter.

**(c) Contents of system implementation plan**

The system implementation plan shall—

(1) propose and describe an integrated, comprehensive, and coordinated mental health system for the District of Columbia;

(2) identify the types of treatment to be offered, staffing patterns, and the proposed sites for service delivery within the District of Columbia comprehensive mental health system;

(3) identify mechanisms to attract and retain personnel of appropriate number and quality to meet the objectives of the comprehensive mental health system;

(4) be in full compliance with the Federal court consent decree in *Dixon v. Heckler* and all applicable District of Columbia statutes and court decrees;

(5) identify those positions, programs, and functions at Saint Elizabeths Hospital which are proposed for assumption by the District, those facilities at Saint Elizabeths Hospital which are proposed for utilization by the District under a comprehensive District mental health system, and the staffing patterns and programs at community facilities to which the assumed functions are to be integrated;

(6) identify any capital improvements to facilities at Saint Elizabeths Hospital and elsewhere in the District of Columbia proposed for delivery of mental health services, which are necessary for the safe and cost effective delivery of mental health services; and

(7) identify the specific real property, buildings, improvements, and personal property to be transferred pursuant to section 225f(a)(1) of this title needed to provide mental health and other services provided by the Department of Human Services under the final system implementation plan.

**(d) Consultation; labor-management advisory committee; public comments**

(1) The Mayor shall develop the system implementation plan in close consultation with officials of Saint Elizabeths Hospital, through working groups to be established by the Secretary and the Mayor for that purpose.

(2) The Mayor and the Secretary shall establish a labor-management advisory committee, requesting the participation of Federal and District employee organizations affected by this subchapter, to make recommendations on the system implementation plan. The committee shall consider staffing patterns under a comprehensive District mental health care system, retention of Hospital employees under such system, Federal retraining for such employees, and any other areas of concern related to the establishment of a comprehensive District system. In developing the system implementation plan the Mayor shall carefully consider the recommendations of the committee. Such advisory committee shall not be subject to the Federal Advisory Committee Act.

(3) The Mayor and such working groups shall, in developing the plan, solicit comments from the public, which shall include professional organizations, provider agencies and individuals, and mental health advocacy groups in the District of Columbia.

**(e) Shift of selected program responsibilities and staff resources; commercial activity proposals; exemption of certain studies**

(1) The Mayor and the Secretary may, during the service coordination period, by mutual agreement and consistent with the requirements of the system implementation plan direct the shift of selected program responsibilities and staff resources from Saint Elizabeths Hospital to the District. The Secretary may assign staff occupying positions in affected programs to work under the supervision of the District. The Mayor shall notify the Committee on the District of Columbia of the House of Representatives and the Committee on Labor and Human Resources and the Committee on Governmental Affairs of the Senate in writing of any planned shift in program responsibilities<sup>1</sup> or staff resources not less than 30 days prior to the implementation of such shift.

(2)(A) Except as provided in subparagraph (B), after October 1, 1984, and during the service coordination period, no request for proposals may be issued by the Secretary for any areas of commercial activity at the Hospital pursuant to Office of Management and Budget circular A-76.

<sup>1</sup> So in original. Probably should be "responsibilities".

(B) The limitation under subparagraph (A) shall not apply to studies initiated pursuant to such circular prior to October 1, 1984.

**(f) Financial and physical plant audits; repairs and renovations; maintenance of facilities and infrastructure**

(1) To assist the Mayor in the development of the system implementation plan, the Secretary shall contract for a financial audit and a physical plant audit of all existing facilities at the Hospital to be completed by January 1, 1986. The financial audit shall be conducted according to generally accepted accounting principles. The physical plant audit shall recognize any relevant national and District codes and estimate the useful life of existing facility support systems.

(2)(A) Pursuant to such physical plant audit, the Secretary shall initiate not later than October 1, 1987, and, except as provided under an agreement entered into pursuant to subparagraph (C), complete not later than October 1, 1993, such repairs and renovations to such physical plant and facility support systems of the Hospital as are to be utilized by the District under the system implementation plan as part of a comprehensive District mental health system, as are necessary to meet any applicable code requirements or standards.

(B) At a minimum until October 1, 1987, the Secretary shall maintain all other facilities and infrastructure of the Hospital not assumed by the District in the condition described in such audit.

(C) The Secretary may enter into an agreement with the Mayor under which the Secretary shall provide funds to the Mayor to complete the repairs and renovations described in subparagraph (A) and to make other capital improvements that are necessary for the safe and cost effective delivery of mental health services in the District, except that \$7,500,000 of the funds provided to the Mayor under such an agreement shall be used to make capital improvements to facilities not located at Saint Elizabeths Hospital. Of the \$7,500,000 provided for improvements to facilities not located at the Hospital, not less than \$5,000,000 shall be used to make capital improvements to housing facilities for seriously and chronically mentally ill individuals.

**(g) Service coordination period; responsibility for providing services**

During the service coordination period, the District of Columbia and the Secretary, to the extent provided in the Federal court consent decree, shall be jointly responsible for providing citizens with the full range and scope of mental health services set forth in such decree and the system implementation plan. No provision of this subchapter or any action or agreement during the service coordination period may be so construed as to absolve or relieve the District or the Federal Government of their joint or respective responsibilities to implement fully the mandates of the Federal court consent decree.

(Pub. L. 98-621, §4, Nov. 8, 1984, 98 Stat. 3371; Pub. L. 102-150, §§2, 3(a), Oct. 31, 1991, 105 Stat. 980; Pub. L. 105-33, title XI, §11717(b), Aug. 5, 1997, 111 Stat. 786.)

REFERENCES IN TEXT

Section 422 of the District of Columbia Home Rule Act, referred to in subsec. (b)(3), is section 422 of Pub. L. 93-198, title IV, Dec. 24, 1973, 87 Stat. 790, as amended, which is not classified to the Code.

The Federal Advisory Committee Act, referred to in subsec. (d)(2), is Pub. L. 92-463, Oct. 6, 1972, 86 Stat. 770, as amended, which is set out in Title 5, Appendix, Government Organization and Employees.

AMENDMENTS

1997—Subsec. (b)(3). Pub. L. 105-33 substituted “District of Columbia Home Rule Act” for “District of Columbia Self-Government and Governmental Reorganization Act”.

1991—Subsec. (a)(2). Pub. L. 102-150, §3(a), substituted “October 1, 1993” for “October 1, 1991”.

Subsec. (f)(2)(A). Pub. L. 102-150, §§2(1), 3(a), substituted “and, except as provided under an agreement entered into pursuant to subparagraph (C), complete” for “and complete” and “October 1, 1993” for “October 1, 1991”.

Subsec. (f)(2)(C). Pub. L. 102-150, §2(2), added subpar. (C).

CHANGE OF NAME

Committee on Governmental Affairs of Senate changed to Committee on Homeland Security and Governmental Affairs of Senate, effective Jan. 4, 2005, by Senate Resolution No. 445, One Hundred Eighth Congress, Oct. 9, 2004.

Committee on Labor and Human Resources of Senate changed to Committee on Health, Education, Labor, and Pensions of Senate by Senate Resolution No. 20, One Hundred Sixth Congress, Jan. 19, 1999.

EFFECTIVE DATE OF 1997 AMENDMENT

Amendment by Pub. L. 105-33 effective Oct. 1, 1997, except as otherwise provided in title XI of Pub. L. 105-33, see section 11721 of Pub. L. 105-33, set out as a note under section 4246 of Title 18, Crimes and Criminal Procedure.

ABOLITION OF HOUSE COMMITTEE ON THE DISTRICT OF COLUMBIA

Committee on the District of Columbia of House of Representatives abolished by House Resolution No. 6, One Hundred Fourth Congress, Jan. 4, 1995. References to Committee on the District of Columbia treated as referring to Committee on Government Reform and Oversight of House of Representatives, see section 1(b) of Pub. L. 104-14, set out as a note preceding section 21 of Title 2, The Congress. Committee on Government Reform and Oversight of House of Representatives changed to Committee on Government Reform of House of Representatives by House Resolution No. 5, One Hundred Sixth Congress, Jan. 6, 1999.

TERMINATION OF CLAIMS

Pub. L. 109-396, title I, §102, Dec. 15, 2006, 120 Stat. 2712, provided that:

“(a) IN GENERAL.—Notwithstanding any other provision of law, the United States is not required to perform, or to reimburse the District of Columbia for the cost of performing, any of the following services:

“(1) Repairs or renovations pursuant to section 4(f) of the Saint Elizabeths Hospital and District of Columbia Mental Health Services Act (24 U.S.C. 225b(f); sec. 44-903(f), D.C. Official Code).

“(2) Preservation, maintenance, or repairs pursuant to a use permit executed on September 30, 1987, under which the United States (acting through the Secretary of Health and Human Services) granted permission to the District of Columbia to use and occupy portions of the Saint Elizabeths Hospital property known as the ‘West Campus’.

“(3) Mental health diagnostic and treatment services for referrals as described in section 9(b) of the

Saint Elizabeths Hospital and District of Columbia Mental Health Services Act (24 U.S.C. 225g(b); sec. 44-908(b), D.C. Official Code), but only with respect to services provided on or before the date of the enactment of this Act [Dec. 15, 2006].

“(b) EFFECT ON PENDING CLAIMS.—Any claim of the District of Columbia against the United States for the failure to perform, or to reimburse the District of Columbia for the cost of performing, any service described in subsection (a) which is pending as of the date of the enactment of this Act shall be extinguished and terminated.”

**§ 225c. Congressional review of system implementation plan**

(a) The Committee on the District of Columbia of the House of Representatives and the Committee on Labor and Human Resources and the Committee on Governmental Affairs of the Senate shall review the preliminary system implementation plan transmitted by the Mayor pursuant to section 225b of this title to determine the extent of its compliance with the provisions of section 225(b) of this title and section 225b of this title, and transmit written recommendations regarding any revisions to the preliminary plan to the Mayor not later than 60 days after receipt of such plan.

(b) The Committee on the District of Columbia of the House of Representatives and the Committee on Labor and Human Resources and the Committee on Governmental Affairs of the Senate shall, within 90 days of submission of the final system implementation plan by the Mayor pursuant to section 225b of this title, review such plan to determine the extent to which it is in compliance with the provisions of section 225(b) of this title and section 225b of this title.

(Pub. L. 98-621, § 5, Nov. 8, 1984, 98 Stat. 3374.)

CHANGE OF NAME

Committee on Governmental Affairs of Senate changed to Committee on Homeland Security and Governmental Affairs of Senate, effective Jan. 4, 2005, by Senate Resolution No. 445, One Hundred Eighth Congress, Oct. 9, 2004.

Committee on Labor and Human Resources of Senate changed to Committee on Health, Education, Labor, and Pensions of Senate by Senate Resolution No. 20, One Hundred Sixth Congress, Jan. 19, 1999.

ABOLITION OF HOUSE COMMITTEE ON THE DISTRICT OF COLUMBIA

Committee on the District of Columbia of House of Representatives abolished by House Resolution No. 6, One Hundred Fourth Congress, Jan. 4, 1995. References to Committee on the District of Columbia treated as referring to Committee on Government Reform and Oversight of House of Representatives, see section 1(b) of Pub. L. 104-14, set out as a note preceding section 21 of Title 2, The Congress. Committee on Government Reform and Oversight of House of Representatives changed to Committee on Government Reform of House of Representatives by House Resolution No. 5, One Hundred Sixth Congress, Jan. 6, 1999.

**§ 225d. Transition provisions for employees of Hospital**

**(a) Retirement opportunity**

Employees of the Hospital directly affected by the assumption of programs and functions by the District government who meet the requirements for immediate retirement under the pro-

visions of section 8336(d) of title 5 shall be accorded the opportunity to retire during the 30-day period prior to the assumption of such programs and functions.

**(b) Specific number and types of positions; transfer to District employment**

(1) The system implementation plan shall prescribe the specific number and types of positions needed by the District government at the end of the service coordination period.

(2) Notwithstanding section 3503 of title 5, employees of the Hospital shall only be transferred to District employment under the provisions of this section.

**(c) Retention list; reemployment priority list; right-of-first-refusal; retention registers; employee appeals**

(1) While on the retention list or the District or Federal agency reemployment priority list, the system implementation plan shall provide to Hospital employees a right-of-first-refusal to District employment in positions for which such employees may qualify, (A) created under the system implementation plan in the comprehensive District mental health system, (B) available under the Department of Human Services of the District, and (C) available at the District of Columbia General Hospital.

(2) In accordance with Federal regulations, the Secretary shall establish retention registers of Hospital employees and provide such retention registers to the District government. Employment in positions identified in the system implementation plan under subsection (b) shall be offered to Hospital employees by the District government according to each such employee's relative standing on the retention registers.

(3) Employee appeals concerning the retention registers established by the Secretary shall be in accordance with Federal regulations.

(4) Employee appeals concerning employment offers by the District shall be in accordance with the District of Columbia Government Comprehensive Merit Personnel Act of 1978.

**(d) Federal agency reemployment priority list; right-of-first-refusal; Department of Health and Human Services; separation; maintenance of lists; District agency reemployment priority list; refusal of employment offer; acceptance of nontemporary employment**

(1) Notwithstanding any other provision of law, employees of the Hospital, while on the Federal agency reemployment priority list, shall have a right-of-first-refusal to employment in comparable available positions for which they qualify within the Department of Health and Human Services in the Washington metropolitan area.

(2) If necessary to separate employees of the Hospital from Federal employment, such employees may be separated only under Federal reduction-in-force procedures.

(3) A Federal agency reemployment priority list and a displaced employees program shall be maintained for employees of the Hospital by the Secretary and the Office of Personnel Management in accordance with Federal regulations for Federal employees separated by reduction-in-force procedures.