

Subsec. (b)(1). Pub. L. 106-386, §1101(a)(3)(A)(i), struck out “and” at the end.

Subsec. (b)(2). Pub. L. 106-386, §1101(a)(3)(A)(ii), substituted “, including the enforcement of protection orders from other States and jurisdictions (including tribal jurisdictions);” for period at end.

Subsec. (b)(3), (4). Pub. L. 106-386, §1101(a)(3)(A)(iii), added pars. (3) and (4).

Subsec. (c). Pub. L. 106-386, §1101(a)(3)(B), added subsec. (c).

EFFECTIVE DATE OF 2013 AMENDMENT

Amendment by Pub. L. 113-4 not effective until the beginning of the fiscal year following Mar. 7, 2013, see section 4 of Pub. L. 113-4, set out as a note under section 2261 of Title 18, Crimes and Criminal Procedure.

EFFECTIVE DATE OF 2006 AMENDMENT

Amendment by Pub. L. 109-162 not effective until the beginning of fiscal year 2007, see section 4 of Pub. L. 109-162, set out as a note under section 3793 of this title.

§ 3796hh-2. Reports

Each grantee receiving funds under this subchapter shall submit a report to the Attorney General evaluating the effectiveness of projects developed with funds provided under this subchapter and containing such additional information as the Attorney General may prescribe.

(Pub. L. 90-351, title I, §2103, as added Pub. L. 103-322, title IV, §40231(a)(3), Sept. 13, 1994, 108 Stat. 1933.)

§ 3796hh-3. Regulations or guidelines

Not later than 120 days after September 13, 1994, the Attorney General shall publish proposed regulations or guidelines implementing this subchapter. Not later than 180 days after September 13, 1994, the Attorney General shall publish final regulations or guidelines implementing this subchapter.

(Pub. L. 90-351, title I, §2104, as added Pub. L. 103-322, title IV, §40231(a)(3), Sept. 13, 1994, 108 Stat. 1933.)

§ 3796hh-4. Definitions and grant conditions

In this subchapter the definitions and grant conditions in section 13925 of this title shall apply.

(Pub. L. 90-351, title I, §2105, as added Pub. L. 103-322, title IV, §40231(a)(3), Sept. 13, 1994, 108 Stat. 1933; amended Pub. L. 106-386, div. B, title I, §1109(a)(2), Oct. 28, 2000, 114 Stat. 1503; Pub. L. 109-162, §3(c)(2), Jan. 5, 2006, 119 Stat. 2972.)

AMENDMENTS

2006—Pub. L. 109-162 amended section generally. Prior to amendment, section consisted of pars. (1) to (3) defining for purposes of this subchapter “domestic violence”, “protection order”, and “dating violence”.

2000—Par. (3). Pub. L. 106-386 added par. (3).

§ 3796hh-5. Repealed. Pub. L. 109-271, § 2(f)(2), Aug. 12, 2006, 120 Stat. 752

Section, Pub. L. 90-351, title I, §2106, as added Pub. L. 109-162, title I, §102(d), Jan. 5, 2006, 119 Stat. 2978, related to training and technical assistance.

SUBCHAPTER XII-J—MENTAL HEALTH COURTS

PRIOR PROVISIONS

A prior subchapter XII-J, consisting of sections 3796ii to 3796ii-8, related to grants for drug courts, prior to re-

peal by Pub. L. 104-134, title I, §101(a) [title I, §114(b)(1)(A)], Apr. 26, 1996, 110 Stat. 1321, 1321-21; renumbered title I, Pub. L. 104-140, §1(a), May 2, 1996, 110 Stat. 1327.

§ 3796ii. Grant authority

The Attorney General shall make grants to States, State courts, local courts, units of local government, and Indian tribal governments, acting directly or through agreements with other public or nonprofit entities, for not more than 100 programs that involve—

(1) continuing judicial supervision, including periodic review, over preliminarily qualified offenders with mental illness, mental retardation, or co-occurring mental illness and substance abuse disorders, who are charged with misdemeanors or nonviolent offenses; and

(2) the coordinated delivery of services, which includes—

(A) specialized training of law enforcement and judicial personnel to identify and address the unique needs of a mentally ill or mentally retarded offender;

(B) voluntary outpatient or inpatient mental health treatment, in the least restrictive manner appropriate, as determined by the court, that carries with it the possibility of dismissal of charges or reduced sentencing upon successful completion of treatment, or court-ordered assisted outpatient treatment when the court has determined such treatment to be necessary;

(C) centralized case management involving the consolidation of all of a mentally ill or mentally retarded defendant’s cases, including violations of probation, and the coordination of all mental health treatment plans and social services, including life skills training, such as housing placement, vocational training, education, job placement, health care, and relapse prevention for each participant who requires such services; and

(D) continuing supervision of treatment plan compliance for a term not to exceed the maximum allowable sentence or probation for the charged or relevant offense and, to the extent practicable, continuity of psychiatric care at the end of the supervised period.

(Pub. L. 90-351, title I, §2201, as added Pub. L. 106-515, §3(a), Nov. 13, 2000, 114 Stat. 2399; amended Pub. L. 114-255, div. B, title XIV, §14002(a), Dec. 13, 2016, 130 Stat. 1288.)

PRIOR PROVISIONS

A prior section 3796ii, Pub. L. 90-351, title I, §2201, as added Pub. L. 103-322, title V, §50001(a)(3), Sept. 13, 1994, 108 Stat. 1956, related to grant authority, prior to repeal by Pub. L. 104-134, title I, §101(a) [title I, §114(b)(1)(A)], Apr. 26, 1996, 110 Stat. 1321, 1321-21; renumbered title I, Pub. L. 104-140, §1(a), May 2, 1996, 110 Stat. 1327.

A prior section 2201 of Pub. L. 90-351 was renumbered section 2601 and is classified to section 3797 of this title.

AMENDMENTS

2016—Par. (2)(B). Pub. L. 114-255 inserted before period at end “, or court-ordered assisted outpatient treatment when the court has determined such treatment to be necessary”.

FEDERAL DRUG AND MENTAL HEALTH COURTS

Pub. L. 114-255, div. B, title XIV, §14003, Dec. 13, 2016, 130 Stat. 1289, provided that:

“(a) DEFINITIONS.—In this section—

“(1) the term ‘eligible offender’ means a person who—

“(A)(i) previously or currently has been diagnosed by a qualified mental health professional as having a mental illness, mental retardation, or co-occurring mental illness and substance abuse disorders; or

“(ii) manifests obvious signs of mental illness, mental retardation, or co-occurring mental illness and substance abuse disorders during arrest or confinement or before any court;

“(B) comes into contact with the criminal justice system or is arrested or charged with an offense that is not—

“(i) a crime of violence, as defined under applicable State law or in section 3156 of title 18, United States Code; or

“(ii) a serious drug offense, as defined in section 924(e)(2)(A) of title 18, United States Code; and

“(C) is determined by a judge to be eligible; and

“(2) the term ‘mental illness’ means a diagnosable mental, behavioral, or emotional disorder—

“(A) of sufficient duration to meet diagnostic criteria within the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; and

“(B) that has resulted in functional impairment that substantially interferes with or limits 1 or more major life activities.

“(b) ESTABLISHMENT OF PROGRAM.—Not later than 1 year after the date of enactment of this Act [Dec. 13, 2016], the Attorney General shall establish a pilot program to determine the effectiveness of diverting eligible offenders from Federal prosecution, Federal probation, or a Bureau of Prisons facility, and placing such eligible offenders in drug or mental health courts.

“(c) PROGRAM SPECIFICATIONS.—The pilot program established under subsection (b) shall involve—

“(1) continuing judicial supervision, including periodic review, of program participants who have a substance abuse problem or mental illness; and

“(2) the integrated administration of services and sanctions, which shall include—

“(A) mandatory periodic testing, as appropriate, for the use of controlled substances or other addictive substances during any period of supervised release or probation for each program participant;

“(B) substance abuse treatment for each program participant who requires such services;

“(C) diversion, probation, or other supervised release with the possibility of prosecution, confinement, or incarceration based on noncompliance with program requirements or failure to show satisfactory progress toward completing program requirements;

“(D) programmatic offender management, including case management, and aftercare services, such as relapse prevention, health care, education, vocational training, job placement, housing placement, and child care or other family support services for each program participant who requires such services;

“(E) outpatient or inpatient mental health treatment, as ordered by the court, that carries with it the possibility of dismissal of charges or reduced sentencing upon successful completion of such treatment;

“(F) centralized case management, including—

“(i) the consolidation of all cases, including violations of probations, of the program participant; and

“(ii) coordination of all mental health treatment plans and social services, including life skills and vocational training, housing and job

placement, education, health care, and relapse prevention for each program participant who requires such services; and

“(G) continuing supervision of treatment plan compliance by the program participant for a term not to exceed the maximum allowable sentence or probation period for the charged or relevant offense and, to the extent practicable, continuity of psychiatric care at the end of the supervised period.

“(d) IMPLEMENTATION; DURATION.—The pilot program established under subsection (b) shall be conducted—

“(1) in not less than 1 United States judicial district, designated by the Attorney General in consultation with the Director of the Administrative Office of the United States Courts, as appropriate for the pilot program; and

“(2) during fiscal year 2017 through fiscal year 2021.

“(e) CRITERIA FOR DESIGNATION.—Before making a designation under subsection (d)(1), the Attorney General shall—

“(1) obtain the approval, in writing, of the United States Attorney for the United States judicial district being designated;

“(2) obtain the approval, in writing, of the chief judge for the United States judicial district being designated; and

“(3) determine that the United States judicial district being designated has adequate behavioral health systems for treatment, including substance abuse and mental health treatment.

“(f) ASSISTANCE FROM OTHER FEDERAL ENTITIES.—The Administrative Office of the United States Courts and the United States Probation Offices shall provide such assistance and carry out such functions as the Attorney General may request in monitoring, supervising, providing services to, and evaluating eligible offenders placed in a drug or mental health court under this section.

“(g) REPORTS.—The Attorney General, in consultation with the Director of the Administrative Office of the United States Courts, shall monitor the drug and mental health courts under this section, and shall submit a report to Congress on the outcomes of the program at the end of the period described in subsection (d)(2).”

STUDY ON REENTRY, MENTAL ILLNESS, AND PUBLIC SAFETY

Pub. L. 107-273, div. C, title I, §11011, Nov. 2, 2002, 116 Stat. 1823, provided that:

“(a) STUDY.—The Attorney General shall commission a study of offenders, or a sampling of such offenders, with mental illness released from prison or jail in 2 or more jurisdictions, including at least 1 State or local and 1 Federal, to determine the extent to which participation in public benefit programs correlates with successful reentry and improved public safety.

“(b) REPORT.—Not later than 2 years after the date of enactment of this Act [Nov. 2, 2002], the Attorney General shall submit to the Committees on the Judiciary of the Senate and the House of Representatives—

“(1) a report detailing the results of the study conducted under subsection (a) with findings that address—

“(A) the number of offenders with mental illness released from the prison or jail who qualify for medicaid, SSI, or SSDI;

“(B) the number of offenders with mental illness who qualify for medicaid, SSI, or SSDI benefits and who are enrolled in these programs upon release from prison or jail; and

“(C) how enrollment in medicaid, SSI, or SSDI affects—

“(i) rearrest;

“(ii) violation of condition(s) of release;

“(iii) reincarceration;

“(iv) rehospitalization;

“(v) the length of time upon release from prison or jail time to the first contact with a mental health or substance abuse service; and

“(vi) the number of contacts with a mental health or substance abuse services [service] within the first 90 days of release; and
“(2) any recommendations.

“(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized such sums as necessary to conduct the study and issue the report required by this section.”

FINDINGS

Pub. L. 106-515, §2, Nov. 13, 2000, 114 Stat. 2399, provided that: “Congress finds that—

“(1) fully 16 percent of all inmates in State prisons and local jails suffer from mental illness, according to a July, 1999 report, conducted by the Bureau of Justice Statistics;

“(2) between 600,000 and 700,000 mentally ill persons are annually booked in jail alone, according to the American Jail Association;

“(3) estimates say 25 to 40 percent of America’s mentally ill will come into contact with the criminal justice system, according to National Alliance for the Mentally Ill;

“(4) 75 percent of mentally ill inmates have been sentenced to time in prison or jail or probation at least once prior to their current sentence, according to the Bureau of Justice Statistics in July, 1999; and

“(5) Broward County, Florida and King County, Washington, have created separate Mental Health Courts to place nonviolent mentally ill offenders into judicially monitored inpatient and outpatient mental health treatment programs, where appropriate, with positive results.”

§ 3796ii-1. Definitions

In this subchapter—

(1) the term “mental illness” means a diagnosable mental, behavioral, or emotional disorder—

(A) of sufficient duration to meet diagnostic criteria within the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; and

(B) that has resulted in functional impairment that substantially interferes with or limits 1 or more major life activities;

(2) the term “preliminarily qualified offender with mental illness, mental retardation, or co-occurring mental and substance abuse disorders” means a person who—

(A)(i) previously or currently has been diagnosed by a qualified mental health professional as having a mental illness, mental retardation, or co-occurring mental illness and substance abuse disorders; or

(ii) manifests obvious signs of mental illness, mental retardation, or co-occurring mental illness and substance abuse disorders during arrest or confinement or before any court; and

(B) is deemed eligible by designated judges;

(3) the term “court-ordered assisted outpatient treatment” means a program through which a court may order a treatment plan for an eligible patient that—

(A) requires such patient to obtain outpatient mental health treatment while the patient is not currently residing in a correctional facility or inpatient treatment facility; and

(B) is designed to improve access and adherence by such patient to intensive behavioral health services in order to—

(i) avert relapse, repeated hospitalizations, arrest, incarceration, suicide, property destruction, and violent behavior; and

(ii) provide such patient with the opportunity to live in a less restrictive alternative to incarceration or involuntary hospitalization; and

(4) the term “eligible patient” means an adult, mentally ill person who, as determined by a court—

(A) has a history of violence, incarceration, or medically unnecessary hospitalizations;

(B) without supervision and treatment, may be a danger to self or others in the community;

(C) is substantially unlikely to voluntarily participate in treatment;

(D) may be unable, for reasons other than indigence, to provide for any of his or her basic needs, such as food, clothing, shelter, health, or safety;

(E) has a history of mental illness or a condition that is likely to substantially deteriorate if the person is not provided with timely treatment; or

(F) due to mental illness, lacks capacity to fully understand or lacks judgment to make informed decisions regarding his or her need for treatment, care, or supervision.

(Pub. L. 90-351, title I, §2202, as added Pub. L. 106-515, §3(a), Nov. 13, 2000, 114 Stat. 2400; amended Pub. L. 114-255, div. B, title XIV, §14002(b), Dec. 13, 2016, 130 Stat. 1288.)

PRIOR PROVISIONS

A prior section 3796ii-1, Pub. L. 90-351, title I, §2202, as added Pub. L. 103-322, title V, §50001(a)(3), Sept. 13, 1994, 108 Stat. 1956, related to prohibition of participation by violent offenders, prior to repeal by Pub. L. 104-134, title I, §101[(a)] [title I, §114(b)(1)(A)], Apr. 26, 1996, 110 Stat. 1321, 1321-21; renumbered title I, Pub. L. 104-140, §1(a), May 2, 1996, 110 Stat. 1327.

AMENDMENTS

2016—Pars. (3), (4). Pub. L. 114-255 added pars. (3) and (4).

§ 3796ii-2. Administration

(a) Consultation

The Attorney General shall consult with the Secretary of Health and Human Services and any other appropriate officials in carrying out this subchapter.

(b) Use of components

The Attorney General may utilize any component or components of the Department of Justice in carrying out this subchapter.

(c) Regulatory authority

The Attorney General shall issue regulations and guidelines necessary to carry out this subchapter which include, but are not limited to, the methodologies and outcome measures proposed for evaluating each applicant program.

(d) Applications

In addition to any other requirements that may be specified by the Attorney General, an application for a grant under this subchapter shall—