

“(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).”

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.”

§ 10472. 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.)

CODIFICATION

Section was formerly classified to section 3796ii-1 of Title 42, The Public Health and Welfare, prior to editorial reclassification and renumbering as this section.

PRIOR PROVISIONS

A prior section 2202 of title I of Pub. L. 90-351, 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).

§ 10473. 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—

(1) include a long-term strategy and detailed implementation plan;

(2) explain the applicant's inability to fund the program adequately without Federal assistance;

(3) certify that the Federal support provided will be used to supplement, and not supplant, State, Indian tribal, and local sources of funding that would otherwise be available;

(4) identify related governmental or community initiatives which complement or will be coordinated with the proposal;

(5) certify that there has been appropriate consultation with all affected agencies and that there will be appropriate coordination with all affected agencies in the implementation of the program, including the State mental health authority;

(6) certify that participating offenders will be supervised by one or more designated judges with responsibility for the mental health court program;

(7) specify plans for obtaining necessary support and continuing the proposed program following the conclusion of Federal support;

(8) describe the methodology and outcome measures that will be used in evaluating the program; and

(9) certify that participating first time offenders without a history of a mental illness will receive a mental health evaluation.

(Pub. L. 90-351, title I, §2203, as added Pub. L. 106-515, §3(a), Nov. 13, 2000, 114 Stat. 2400.)

CODIFICATION

Section was formerly classified to section 3796ii-2 of Title 42, The Public Health and Welfare, prior to editorial reclassification and renumbering as this section.

PRIOR PROVISIONS

A prior section 2203 of title I of Pub. L. 90-351, as added Pub. L. 103-322, title V, §50001(a)(3), Sept. 13, 1994, 108 Stat. 1956, defined “violent offender”, 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.

§ 10474. Applications

To request funds under this subchapter, the chief executive or the chief justice of a State or the chief executive or chief judge of a unit of local government or Indian tribal government shall submit to the Attorney General an application in such form and containing such information as the Attorney General may reasonably require.

(Pub. L. 90-351, title I, §2204, as added Pub. L. 106-515, §3(a), Nov. 13, 2000, 114 Stat. 2401.)