

106TH CONGRESS  
1ST SESSION

# H. R. 837

To meet the mental health and substance abuse treatment needs of  
incarcerated children and youth.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 24, 1999

Mr. GEORGE MILLER of California (for himself, Ms. KAPTUR, Mr. STRICKLAND, Mr. OLVER, Mr. STARK, Ms. PELOSI, Ms. JACKSON-LEE of Texas, Mr. GREEN of Texas, Mr. BALDACCI, Mr. DEFazio, Mrs. CLAYTON, Mr. LEWIS of Georgia, Mr. MCGOVERN, Ms. ESHOO, Mrs. CHRISTIAN-CHRISTENSEN, Ms. MILLENDER-MCDONALD, Mr. FARR of California, Mr. FILNER, Mr. FROST, Mr. SANDLIN, Mr. NADLER, Ms. WOOLSEY, and Mr. FORD) introduced the following bill; which was referred to the Committee on Education and the Workforce, and in addition to the Committees on Commerce, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To meet the mental health and substance abuse treatment  
needs of incarcerated children and youth.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Mental Health Juve-  
5 nile Justice Act”.

1 **SEC. 2. TRAINING OF JUSTICE SYSTEM PERSONNEL.**

2 Title II of the Juvenile Justice and Delinquency Pre-  
3 vention Act of 1974 (42 U.S.C. 5611 et seq.) is amended  
4 by adding at the end the following:

5 **“PART K—ACCESS TO MENTAL HEALTH AND**  
6 **SUBSTANCE ABUSE TREATMENT**

7 **“SEC. 299AA. GRANTS FOR TRAINING OF JUSTICE SYSTEM**  
8 **PERSONNEL.**

9 “(a) IN GENERAL.—The Administrator shall make  
10 grants to State and local juvenile justice agencies in col-  
11 laboration with State and local mental health agencies, for  
12 purposes of training the officers and employees of the  
13 State juvenile justice system (including employees of facili-  
14 ties that are contracted for operation by State and local  
15 juvenile authorities) regarding appropriate access to men-  
16 tal health and substance abuse treatment programs and  
17 services in the State for juveniles who come into contact  
18 with the State juvenile justice system who have mental  
19 health or substance abuse problems.

20 “(b) USE OF FUNDS.—A State or local juvenile jus-  
21 tice agency that receives a grant under this section may  
22 use the grant for purposes of—

23 “(1) providing cross-training, jointly with the  
24 public mental health system, for State juvenile court  
25 judges, public defenders, and mental health and sub-  
26 stance abuse agency representatives with respect to

1 the appropriate use of effective, community-based al-  
2 ternatives to juvenile justice or mental health system  
3 institutional placements; or

4 “(2) providing training for State juvenile proba-  
5 tion officers and community mental health and sub-  
6 stance abuse program representatives on appropriate  
7 linkages between probation programs and mental  
8 health community programs, specifically focusing on  
9 the identification of mental disorders and substance  
10 abuse addiction in juveniles on probation, effective  
11 treatment interventions for those disorders, and  
12 making appropriate contact with mental health and  
13 substance abuse case managers and programs in the  
14 community, in order to ensure that juveniles on pro-  
15 bation receive appropriate access to mental health  
16 and substance abuse treatment programs and serv-  
17 ices.

18 “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
19 are authorized to be appropriated from the Violent Crime  
20 Reduction Trust Fund, \$50,000,000 for fiscal years 2000,  
21 2001, 2002, 2003, and 2004 to carry out this section.”.

1 **SEC. 3. BLOCK GRANT FUNDING FOR TREATMENT AND DI-**  
2 **VERSION PROGRAMS.**

3 Part K of title II of the Juvenile Justice and Delin-  
4 quency Prevention Act of 1974 (42 U.S.C. 5611 et seq.)  
5 is amended by adding at the end the following:

6 **“SEC. 299BB. GRANTS FOR STATE PARTNERSHIPS.**

7 “(a) IN GENERAL.—The Attorney General and the  
8 Secretary of Health and Human Services shall make  
9 grants to partnerships between State and local/county ju-  
10 venile justice agencies and State and local mental health  
11 authorities (or appropriate children service agencies) in  
12 accordance with this section.

13 “(b) USE OF FUNDS.—A partnership described in  
14 subsection (a) that receives a grant under this section  
15 shall use such amounts for the establishment and imple-  
16 mentation of programs that address the service needs of  
17 juveniles who come into contact with the justice system  
18 (including facilities contracted for operation by State or  
19 local juvenile authorities) who have mental health or sub-  
20 stance abuse problems, by requiring the following:

21 “(1) DIVERSION.—Appropriate diversion of  
22 those juveniles from incarceration—

23 “(A) at imminent risk of being taken into  
24 custody;

25 “(B) at the time they are initially taken  
26 into custody;

1           “(C) after they are charged with an of-  
2           fense or act of juvenile delinquency;

3           “(D) after they are adjudicated delinquent  
4           but prior to case disposition; and

5           “(E) after they are released from a juve-  
6           nile facility, for the purposes of attending after-  
7           care programs.

8           “(2) TREATMENT.—

9           “(A) SCREENING AND ASSESSMENT OF JU-  
10          VENILES.—

11           “(i) IN GENERAL.—Initial mental  
12           health screening shall be completed for all  
13           juveniles immediately upon entering the ju-  
14           venile justice system or a juvenile facility.  
15           Screening shall be conducted by qualified  
16           health and mental health professionals or  
17           by staff who have been trained by qualified  
18           health, mental health, and substance abuse  
19           professionals. In the case of a screening by  
20           staff, the screening results should be re-  
21           viewed by qualified health, mental health  
22           professionals not later than 24 hours after  
23           the screening.

24           “(ii) ACUTE MENTAL ILLNESS.—Juve-  
25           niles who suffer from acute mental dis-

1 orders, who are suicidal, or in need of de-  
2 toxification shall be placed in or imme-  
3 diately transferred to an appropriate medi-  
4 cal or mental health facility. They shall be  
5 admitted to a secure correctional facility  
6 only with written medical clearance.

7 “(iii) COMPREHENSIVE ASSESS-  
8 MENT.—All juveniles entering the juvenile  
9 justice system shall have a comprehensive  
10 assessment conducted and an individual-  
11 ized treatment plan written and imple-  
12 mented within 2 weeks. This assessment  
13 shall be conducted within 1 week for juve-  
14 niles incarcerated in secure facilities. As-  
15 sessments shall be completed by qualified  
16 health, mental health, and substance abuse  
17 professionals.

18 “(B) TREATMENT.—

19 “(i) IN GENERAL.—If the need for  
20 treatment is indicated by the assessment of  
21 a juvenile, the juvenile shall be referred to  
22 or treated by a qualified professional. A ju-  
23 venile who is currently receiving treatment  
24 for a mental or emotional disorder shall  
25 have treatment continued.

1           “(ii) PERIOD.—Treatment shall con-  
2           tinue until additional mental health assess-  
3           ment determines that the juvenile is no  
4           longer in need of treatment. Treatment  
5           plans shall be reevaluated at least every 30  
6           days.

7           “(iii) DISCHARGE PLAN.—An incar-  
8           cerated juvenile shall have a discharge plan  
9           prepared when the juvenile enters the cor-  
10          rectional facility in order to integrate the  
11          juvenile back into the family or the com-  
12          munity. This plan shall be updated in con-  
13          sultation with the juvenile’s family or  
14          guardian before the juvenile leaves the fa-  
15          cility. Discharge plans shall address the  
16          provision of aftercare services.

17          “(iv) MEDICATION.—Any juvenile re-  
18          ceiving psychotropic medications shall be  
19          under the care of a licensed psychiatrist.  
20          Psychotropic medications shall be mon-  
21          itored regularly by trained staff for their  
22          efficacy and side effects.

23          “(v) SPECIALIZED TREATMENT.—Spe-  
24          cialized treatment and services shall be  
25          continually available to a juvenile who—

1                   “(I) has a history of mental  
2 health problems or treatment;

3                   “(II) has a documented history  
4 of sexual abuse or offenses, as victim  
5 or as perpetrator;

6                   “(III) has substance abuse prob-  
7 lems, health problems, learning dis-  
8 abilities, or histories of family abuse  
9 or violence; or

10                   “(IV) has developmental disabil-  
11 ities.

12                   “(C) MEDICAL AND MENTAL HEALTH  
13 EMERGENCIES.—All correctional facilities shall  
14 have written policies and procedures on suicide  
15 prevention. All staff working in correctional fa-  
16 cilities shall be trained and certified annually in  
17 suicide prevention. Facilities shall have written  
18 arrangements with a hospital or other facility  
19 for providing emergency medical and mental  
20 health care. Physical and mental health services  
21 shall be available to an incarcerated juvenile 24  
22 hours per day, 7 days per week.

23                   “(D) CLASSIFICATION OF JUVENILES.—

24                   “(i) IN GENERAL.—Juvenile facilities  
25 shall classify and house juveniles in living

1 units according to a plan that includes age,  
2 gender, offense, special medical or mental  
3 health condition, size, and vulnerability to  
4 victimization. Younger, smaller, weaker,  
5 and more vulnerable juveniles shall not be  
6 placed in housing units with older, more  
7 aggressive juveniles.

8 “(ii) BOOT CAMPS.—juveniles who are  
9 under 13 years old or who have serious  
10 medical conditions or mental illness shall  
11 not be placed in paramilitary boot camps.

12 “(E) CONFIDENTIALITY OF RECORDS.—  
13 Mental health and substance abuse treatment  
14 records of juveniles shall be treated as confiden-  
15 tial and shall be excluded from the records that  
16 States require to be routinely released to other  
17 correctional authorities and school officials.

18 “(F) MANDATORY REPORTING.—States  
19 shall keep records of the incidence and types of  
20 mental health and substance abuse disorders in  
21 their juvenile justice populations, the range and  
22 scope of services provided, and barriers to serv-  
23 ice. The State shall submit an analysis of this  
24 information yearly to the Department of Jus-  
25 tice.

1           “(G) STAFF RATIOS FOR CORRECTIONAL  
2 FACILITIES.—Each secure correctional facility  
3 shall have a minimum ratio of no fewer than 1  
4 mental health counselor to every 50 juveniles.  
5 Mental health counselors shall be professionally  
6 trained and certified or licensed. Each secure  
7 correctional facility shall have a minimum ratio  
8 of 1 clinical psychologist for every 100 juve-  
9 niles. Each secure correctional facility shall  
10 have a minimum ratio of 1 licensed psychiatrist  
11 for every 100 juveniles receiving psychiatric  
12 care.

13           “(H) USE OF FORCE.—

14           “(i) WRITTEN GUIDELINES.—All juve-  
15 nile facilities shall have a written behav-  
16 ioral management system based on incen-  
17 tives and rewards to reduce misconduct  
18 and to decrease the use of restraints and  
19 seclusion by staff.

20           “(ii) LIMITATIONS ON RESTRAINT.—  
21 Control techniques such as restraint, seclu-  
22 sion, chemical sprays, and room confine-  
23 ment shall be used only in response to ex-  
24 treme threats to life or safety. Use of these  
25 techniques shall be approved by the facility

1 superintendent or chief medical officer and  
2 documented in the juvenile's file along with  
3 the justification for use and the failure of  
4 less restrictive alternatives.

5 “(iii) LIMITATION ON ISOLATION.—

6 Isolation and seclusion shall be used only  
7 for immediate and short-term security or  
8 safety reasons. No juvenile shall be placed  
9 in isolation without approval of the facility  
10 superintendent or chief medical officer or  
11 their official staff designee. All cases shall  
12 be documented in the juvenile's file along  
13 with the justification. A juvenile shall be in  
14 isolation only the amount of time necessary  
15 to achieve security and safety of the juve-  
16 nile and staff. Staff shall monitor each ju-  
17 venile in isolation once every 15 minutes  
18 and conduct a professional review of the  
19 need for isolation at least every 4 hours.  
20 Any juvenile held in seclusion for 24 hours  
21 shall be examined by a physician or li-  
22 censed psychologist.

23 “(I) IDEA AND REHABILITATION ACT.—

24 All juvenile facilities shall abide by all manda-  
25 tory requirements and time lines set forth

1 under the Individuals with Disabilities Edu-  
2 cation Act and section 504 of the Rehabilitation  
3 Act of 1973.

4 “(J) ADVOCACY ASSISTANCE.—

5 “(i) IN GENERAL.—The Secretary of  
6 Health and Human Services shall make  
7 grants to the systems established under  
8 part C of the Developmental Disabilities  
9 Assistance and Bill of Rights Act (42  
10 U.S.C. 6041 et seq.) to monitor the mental  
11 health and special education services pro-  
12 vided by grantees to juveniles under para-  
13 graph (2) (A), (B), (C), (H), and (I) of  
14 this section, and to advocate on behalf of  
15 juveniles to assure that such services are  
16 properly provided.

17 “(ii) APPROPRIATION.—The Secretary  
18 of Health and Human Services will reserve  
19 no less than 3 percent of the funds appro-  
20 priated under this section for the purposes  
21 set forth in paragraph (2)(J)(i).

22 “(c) AUTHORIZATION OF APPROPRIATIONS.—

23 “(1) IN GENERAL.—There are authorized to be  
24 appropriated from the Violent Crime Reduction  
25 Trust Fund, \$500,000,000 for fiscal years 2000,

1 2001, 2002, 2003, and 2004 to carry out this sec-  
2 tion.

3 “(2) ALLOCATION.—Of amounts appropriated  
4 under paragraph (1)—

5 “(A) 35 percent shall be used for diversion  
6 programs under subsection (b)(1); and

7 “(B) 65 percent shall be used for treat-  
8 ment programs under subsection (b)(2).

9 “(3) INCENTIVES.—The Attorney General and  
10 the Secretary of Health and Human Services shall  
11 give preference under subsection (b)(2) to partner-  
12 ships that integrate treatment programs to serve ju-  
13 veniles with co-occurring mental health and sub-  
14 stance abuse disorders.

15 “(4) WAIVERS.—The Attorney General and the  
16 Secretary of Health and Human Services may grant  
17 a waiver of requirements under subsection (b)(2) for  
18 good cause.

19 **“SEC. 299CC. GRANTS FOR PARTNERSHIPS.**

20 “(a) IN GENERAL.—Any partnership desiring to re-  
21 ceive a grant under this part shall submit an application  
22 at such time, in such manner, and containing such infor-  
23 mation as the Attorney General and the Secretary of  
24 Health and Human Services may prescribe.

1       “(b) CONTENTS.—In accordance with guidelines es-  
2     tablished by the Attorney General and the Secretary of  
3     Health and Human Services, each application submitted  
4     under subsection (a) shall—

5               “(1) set forth a program or activity for carrying  
6               out one or more of the purposes specified in section  
7               299BB(b) and specifically identify each such pur-  
8               pose such program or activity is designed to carry  
9               out;

10              “(2) provide that such program or activity shall  
11              be administered by or under the supervision of the  
12              applicant;

13              “(3) provide for the proper and efficient admin-  
14              istration of such program or activity;

15              “(4) provide for regular evaluation of such pro-  
16              gram or activity;

17              “(5) provide an assurance that the proposed  
18              program or activity will supplement, not supplant,  
19              similar programs and activities already available in  
20              the community; and

21              “(6) provide for such fiscal control and fund ac-  
22              counting procedures as may be necessary to ensure  
23              prudent use, proper disbursement, and accurate ac-  
24              counting of funds receiving under this part.”.

1 **SEC. 4. INITIATIVE FOR COMPREHENSIVE, INTERSYSTEM**  
2 **PROGRAMS.**

3 Subpart 3 of part B of title V of the Public Health  
4 Service Act (42 U.S.C. 290bb–31 et seq.) is amended by  
5 adding at the end the following:

6 **“SEC. 520C. INITIATIVE FOR COMPREHENSIVE, INTERSYS-**  
7 **TEM PROGRAMS.**

8 “(a) IN GENERAL.—The Attorney General and the  
9 Secretary, acting through the Director of the Center for  
10 Mental Health Services, shall award competitive grants to  
11 eligible entities for programs that address the service  
12 needs of juveniles and juveniles with serious mental ill-  
13 nesses by requiring the State or local juvenile justice sys-  
14 tem, the mental health system, and the substance abuse  
15 treatment system to work collaboratively to ensure—

16 “(1) the appropriate diversion of such juveniles  
17 and juveniles from incarceration;

18 “(2) the provision of appropriate mental health  
19 and substance abuse services as an alternative to in-  
20 carceration and for those juveniles on probation or  
21 parole; and

22 “(3) the provision of followup services for juve-  
23 niles who are discharged from the juvenile justice  
24 system.

25 “(b) ELIGIBILITY.—To be eligible to receive a grant  
26 under this section an entity shall—

1           “(1) be a State or local juvenile justice agency,  
2           mental health agency, or substance abuse agency  
3           (including community diversion programs);

4           “(2) prepare and submit to the Secretary an  
5           application at such time, in such manner, and con-  
6           taining such information as the Secretary may re-  
7           quire, including—

8                   “(A) an assurance that the applicant has  
9                   the consent of all entities described in para-  
10                  graph (1) in carrying out and coordinating ac-  
11                  tivities under the grant; and

12                   “(B) with respect to services for juveniles,  
13                   an assurance that the applicant has collabo-  
14                   rated with the State or local educational agency  
15                   and the State or local welfare agency in carry-  
16                   ing out and coordinating activities under the  
17                   grant;

18           “(3) be given priority if it is a joint application  
19           between juvenile justice and substance abuse or  
20           mental health agencies; and

21           “(4) ensure that funds from non-Federal  
22           sources are available to match amounts provided  
23           under the grant in an amount that is not less  
24           than—

1           “(A) with respect to the first 3 years  
2           under the grant, 25 percent of the amount pro-  
3           vided under the grant; and

4           “(B) with respect to the fourth and fifth  
5           years under the grant, 50 percent of the  
6           amount provided under the grant.

7           “(c) USE OF FUNDS.—

8           “(1) INITIAL YEAR.—An entity that receives a  
9           grant under this section shall, in the first fiscal year  
10          in which amounts are provided under the grant, use  
11          such amounts to develop a collaborative plan—

12          “(A) for how the guarantee will institute a  
13          system to provide intensive community  
14          services—

15                  “(i) to prevent high-risk juveniles  
16                  from coming in contact with the justice  
17                  system; and

18                  “(ii) to meet the mental health and  
19                  substance abuse treatment needs of juve-  
20                  niles on probation or recently discharged  
21                  from the justice system; and

22          “(B) providing for the exchange by agen-  
23          cies of information to enhance the provision of  
24          mental health or substance abuse services to ju-  
25          veniles.

1           “(2) 2–5<sup>TH</sup> YEARS.—With respect to the sec-  
2           ond through fifth fiscal years in which amounts are  
3           provided under the grant, the grantee shall use  
4           amounts provided under the grant—

5                   “(A) to furnish services, such as assertive  
6                   community treatment, wrap-around services for  
7                   juveniles, multisystemic therapy, outreach, inte-  
8                   grated mental health and substance abuse  
9                   treatment, case management, health care, edu-  
10                  cation and job training, assistance in securing  
11                  stable housing, finding a job or obtaining in-  
12                  come support, other benefits, access to appro-  
13                  priate school-based services, transitional and  
14                  independent living services, mentoring pro-  
15                  grams, home-based services, and provision of  
16                  appropriate after school and summer program-  
17                  ing;

18                   “(B) to establish a network of boundary  
19                   spanners to conduct regular meetings with  
20                   judges, provide liaison with mental health and  
21                   substance abuse workers, share and distribute  
22                   information, and coordinate with mental health  
23                   and substance abuse treatment providers, and  
24                   probation or parole officers concerning provision  
25                   of appropriate mental health and drug and alco-

1           hol addiction services for individuals on proba-  
2           tion or parole;

3           “(C) to provide cross-system training  
4           among police, corrections, and mental health  
5           and substance abuse providers with the purpose  
6           of enhancing collaboration and the effectiveness  
7           of all systems;

8           “(D) to provide coordinated and effective  
9           aftercare programs for juveniles with emotional  
10          or mental disorders who are discharged from  
11          jail, prison, or juvenile facilities;

12          “(E) to purchase technical assistance to  
13          achieve the grant project’s goals; and

14          “(F) to furnish services, to train personnel  
15          in collaborative approaches, and to enhance  
16          intersystem collaboration.

17          “(3) DEFINITION.—In paragraph (2)(B), the  
18          term ‘boundary spanners’ means professionals who  
19          act as case managers for juveniles with mental dis-  
20          orders and substance abuse addictions, within both  
21          justice agency facilities and community mental  
22          health programs and who have full authority from  
23          both systems to act as problem-solvers and advocates  
24          on behalf of individuals targeted for service under  
25          this program.



1 (c) ACTIVITIES.—A center established under a grant  
2 or contract under subsection (a) shall—

3 (1) provide training with respect to state-of-the-  
4 art mental health and justice-related services and  
5 successful mental health and substance abuse-justice  
6 collaborations, to public policymakers, law enforce-  
7 ment administrators, public defenders, police, proba-  
8 tion officers, judges, parole officials, jail administra-  
9 tors and mental health and substance abuse provid-  
10 ers and administrators;

11 (2) engage in research and evaluations concern-  
12 ing State and local justice and mental health sys-  
13 tems, including system redesign initiatives, and dis-  
14 seminate information concerning the results of such  
15 evaluations;

16 (3) provide direct technical assistance, including  
17 assistance provided through toll-free telephone num-  
18 bers, concerning issues such as how to accommodate  
19 individuals who are being processed through the  
20 courts under the Americans with Disabilities Act of  
21 1990 (42 U.S.C. 12101 et seq.), what types of men-  
22 tal health or substance abuse service approaches are  
23 effective within the judicial system, and how commu-  
24 nity-based mental health or substance abuse services

1 can be more effective, including relevant regional,  
2 ethnic, and gender-related considerations; and

3 (4) provide information, training, and technical  
4 assistance to State and local governmental officials  
5 to enhance the capacity of such officials to provide  
6 appropriate services relating to mental health or  
7 substance abuse.

8 (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
9 authorized to be appropriated, \$4,000,000 for each fiscal  
10 year to carry out this section.

11 **SEC. 6. FEDERAL COORDINATING COUNCIL ON THE CRIM-**  
12 **INALIZATION OF JUVENILES WITH MENTAL**  
13 **DISORDERS.**

14 (a) ESTABLISHMENT.—There is established a Fed-  
15 eral Coordinating Council on Criminalization of Juveniles  
16 With Mental Disorders as an interdepartmental council to  
17 study and coordinate the criminal and juvenile justice and  
18 mental health and substance abuse activities of the Fed-  
19 eral Government and to report to Congress on proposed  
20 new legislation to improve the treatment of mentally ill  
21 juveniles who come in contact with the juvenile justice sys-  
22 tem.

23 (b) MEMBERSHIP.—The Council shall include rep-  
24 resentatives from—

1           (1) the appropriate Federal agencies, as deter-  
2           mined by the President, including, at a minimum—

3                   (A) the Office of the Secretary of Health  
4                   and Human Services;

5                   (B) the Office for Juvenile Justice and De-  
6                   linquency Prevention;

7                   (C) the National Institute of Mental  
8                   Health;

9                   (D) the Social Security Administration;

10                  (E) the Department of Education; and

11                  (F) the Substance Abuse and Mental  
12                  Health Services Administration; and

13           (2) children’s mental health advocacy groups.

14   (c) DUTIES.—The Council shall—

15           (1) review Federal policies that hinder or facili-  
16           tate coordination at the State and local level between  
17           the mental health and substance abuse systems on  
18           the one hand and the juvenile justice and corrections  
19           system on the other;

20           (2) study the possibilities for improving collabo-  
21           ration at the Federal, State, and local level among  
22           these systems; and

23           (3) recommend to Congress any appropriate  
24           new initiatives which require legislative action.

25   (d) FINAL REPORT.—The Council shall submit—

1           (1) an interim report on current coordination  
2           and collaboration, or lack thereof, 18 months after  
3           the Council is established; and

4           (2) recommendations for new initiatives in im-  
5           proving coordination and collaboration in a final re-  
6           port to Congress 2 years after the Council is estab-  
7           lished.

8           (e) EXPIRATION.—The Council shall expire 2 years  
9           after the Council is established.

10 **SEC. 7. MENTAL HEALTH SCREENING AND TREATMENT**  
11 **FOR PRISONERS.**

12           (a) ADDITIONAL REQUIREMENTS FOR THE USE OF  
13 FUNDS UNDER THE VIOLENT OFFENDER INCARCER-  
14 ATION AND TRUTH-IN-SENTENCING GRANTS PROGRAM.—  
15 Section 20105(b) of the Violent Crime Control and Law  
16 Enforcement Act of 1994 is amended to read as follows:

17           “(b) ADDITIONAL REQUIREMENTS.—

18           “(1) ELIGIBILITY FOR GRANT.—To be eligible  
19           to receive a grant under section 20103 or 20104, a  
20           State shall, not later than January 1, 2001, have a  
21           program of mental health screening and treatment  
22           for appropriate categories of juvenile and other of-  
23           fenders during periods of incarceration and juvenile  
24           and criminal justice supervision, that is consistent  
25           with guidelines issued by the Attorney General.

1           “(2) USE OF FUNDS.—

2                   “(A) IN GENERAL.—Notwithstanding any  
3 other provision of this subtitle, amounts made  
4 available to a State under section 20103 or  
5 20104, may be applied to the costs of programs  
6 described in paragraph (1), consistent with  
7 guidelines issued by the Attorney General.

8                   “(B) ADDITIONAL USE.—In addition to  
9 being used as specified in subparagraph (A),  
10 the funds referred to in that subparagraph may  
11 be used by a State to pay the costs of providing  
12 to the Attorney General a baseline study on the  
13 mental health problems of juvenile offenders  
14 and prisoners in the State, which study shall be  
15 consistent with guidelines issued by the Attor-  
16 ney General.”.

17 **SEC. 8. INAPPLICABILITY OF AMENDMENTS.**

18           Section 3626 of title 18 is amended by adding at the  
19 end the following:

20           “(h) INAPPLICABILITY OF AMENDMENTS.—A civil  
21 action that seeks to remedy conditions which pose a threat  
22 to the health of individuals who are—

23                   “(1) under the age of 16; or

24                   “(2) mentally ill;

1 shall be governed by the terms of this section, as in effect  
2 on the day before the date of enactment of the Prison Liti-  
3 gation Reform Act of 1995 and the amendments made by  
4 that Act (18 U.S.C. 3601 note).”.

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