Mr. HYDE. Mr. Speaker, I rise in support of H. Res. 605, which was introduced by the Gentlelady from New Mexico, Mrs. WILSON. H. Res. 605 expresses the sense of the House of Representatives that communities should implement the ''Amber Plan'' to expedite the recovery of abducted children. As we all know, the problem of missing and abducted children is a continuing national concern. Few things are as disturbing to us as crimes committed against kids, and Congress should do all it can to reduce the threat to our children.

H. Res. 605 is a simple resolution that highlights the ''Amber Plan,'' a very effective partnership between law enforcement and the media in Dallas-Fort Worth that has helped save the lives of kids who have been kidnaped. The resolution urges the replication of the Amber Plan in communities across America.

The Amber Plan was created in 1996 in memory of 9-year-old Amber Hagerman, who was tragically kidnaped and murdered in Arlington, Texas. Since then, many communities across the United States have put similar plans into effect. It is credited with the safe return of at least nine abducted children nationwide. Here's how it works. When a child is reported abducted, the abduction—including a description of the alleged perpetrator—is immediately flashed across local radio and television stations using the Emergency Alert System, what used to be known as the Emergency Broadcast System. This quick action alerts the community to the abduction, and it has apparently spooked child abductors into releasing their victims when they hear descriptions of themselves broadcast on the radio or TV.

Quick action is often necessary to thwart the commission of crime, and the Amber Plan is a great idea that ought to be put in place in every city and town across America. I want to thank the Gentlelady for her leadership on this issue, and I urge all my colleagues to support the resolution.

Mr. VISCLOSKY. Mr. Speaker; I rise today to express my strong support for House Resolution 605 introduced by Representative WILSON. I would also like to applaud the efforts of the Missing and Exploited Children Caucus for raising the awareness of such issues. H. Res. 605 expresses the sense of the House of Representatives that communities should implement the Amber Alert Plan to expedite the recovery of abducted children. The Amber Alert Plan was created in 1996 in memory of 9-year-old Amber Hagerman who was kidnapped and murdered in Arlington, Texas. The Alert has been credited with saving the lives of at least 9 children nationwide.

Last year in Northwest Indiana, more than 1,600 children were reported missing. When a child is abducted, time is the most important factor in determining whether that child will return home alive. Due to the Amber Plan's proven track record of success, I initiated the Alert in my district on April 4, 2000. The Amber Alert is a joint effort between media outlets and police departments that enlists the help of the public to put more eyes on the look out for a missing child. In the event of an abduction, radio, and television stations provide quick, police-generated reports on the child. The notification plan commonly beings with a high-pitched tone and is followed by detailed information about the missing child or kidnaping suspect. A phone number is then given for the public to call if they see either the child or the suspect. Police are careful not to overuse the Amber Plan, carefully evaluating the circumstances of a missing child report before sounding the alert. I truly believe that the Amber Alert will be a valuable resource in my district in the effort to assist localities in the timely return of any missing child.

I support the efforts of communities across the U.S. in implementing their own Amber Alert programs to assist in the recovery of abducted children. This resolution has been endorsed by the National Center for Missing and Exploited Children, which continues to work tirelessly to implement this program nationwide. I urge my colleagues to support this resolution in an effort to combat child abduction and protect our children.

Mr. SCOTT. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. CHABOT. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. HANSEN). The question is on the motion offered by the gentleman from Ohio (Mr. CHABOT) that the House suspend the rules and agree to the resolution, House Resolution 605.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

AMERICA'S LAW ENFORCEMENT AND MENTAL HEALTH PROJECT

Mr. CHABOT. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1865) to provide grants to establish demonstration mental health courts.

The Clerk read as follows:

S. 1865

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''America's Law Enforcement and Mental Health Project''.

SEC. 2. FINDINGS.

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 in-patient and out-patient mental health treatment programs, where appropriate, with positive results.

SEC. 3. MENTAL HEALTH COURTS.

(a) AMENDMENT.—Title I of the Omnibus Crime Control and Safe Streets Act of 1968 is amended by inserting after part U (42 U.S.C. 3796hh et seq.) the following:

''PART V—MENTAL HEALTH COURTS

''SEC. 2201. 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;

''(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.

''SEC. 2202. DEFINITIONS.

''In this part—

''(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; and

''(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.

''SEC. 2203. 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 part.

''(b) USE OF COMPONENTS.—The Attorney General may utilize any component or components of the Department of Justice in carrying out this part.

''(c) REGULATORY AUTHORITY.—The Attorney General shall issue regulations and

guidelines necessary to carry out this part 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 part 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.

''SEC. 2204. APPLICATIONS.

''To request funds under this part, 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.

''SEC. 2205. FEDERAL SHARE.

''The Federal share of a grant made under this part may not exceed 75 percent of the total costs of the program described in the application submitted under section 2204 for the fiscal year for which the program receives assistance under this part, unless the Attorney General waives, wholly or in part, the requirement of a matching contribution under this section. The use of the Federal share of a grant made under this part shall be limited to new expenses necessitated by the proposed program, including the development of treatment services and the hiring and training of personnel. In-kind contributions may constitute a portion of the non-Federal share of a grant.

''SEC. 2206. GEOGRAPHIC DISTRIBUTION.

''The Attorney General shall ensure that, to the extent practicable, an equitable geographic distribution of grant awards is made that considers the special needs of rural communities, Indian tribes, and Alaska Natives.

''SEC. 2207. REPORT.

''A State, Indian tribal government, or unit of local government that receives funds under this part during a fiscal year shall submit to the Attorney General a report in March of the following year regarding the effectiveness of this part.

''SEC. 2208. TECHNICAL ASSISTANCE, TRAINING, AND EVALUATION.

''(a) TECHNICAL ASSISTANCE AND TRAINING.—The Attorney General may provide technical assistance and training in furtherance of the purposes of this part.

''(b) EVALUATIONS.—In addition to any evaluation requirements that may be prescribed for grantees, the Attorney General may carry out or make arrangements for evaluations of programs that receive support under this part.

''(c) ADMINISTRATION.—The technical assistance, training, and evaluations authorized by this section may be carried out directly by the Attorney General, in collaboration with the Secretary of Health and Human Services, or through grants, contracts, or other cooperative arrangements with other entities.''.

(b) TECHNICAL AMENDMENT.—The table of contents of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3711 et seq.), is amended by inserting after part U the following:

''PART V—MENTAL HEALTH COURTS

''Sec. 2201. Grant authority.
''Sec. 2202. Definitions.
''Sec. 2203. Administration.
''Sec. 2204. Applications.
''Sec. 2205. Federal share.
''Sec. 2206. Geographic distribution.
''Sec. 2207. Report.
''Sec. 2208. Technical assistance, training, and evaluation.''.

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 1001(a) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3793(a)) is amended by inserting after paragraph (19) the following:

''(20) There are authorized to be appropriated to carry out part V, $10,000,000 for each of fiscal years 2001 through 2004.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Ohio (Mr. CHABOT) and the gentleman from Virginia (Mr. SCOTT) each will control 20 minutes.

The Chair recognizes the gentleman from Ohio (Mr. CHABOT).

GENERAL LEAVE

Mr. CHABOT. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on the Senate bill under consideration, S. 1865.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

Mr. CHABOT. Mr. Speaker, I yield myself such time as I may consume.

A recent Bureau of Justice Statistics study estimates that there are over 283,000 mentally ill offenders incarcerated in Federal, State and local prisons and jails. In fact, according to that report, 7 percent of Federal offenders, 16 percent of State inmates, and 16 percent of those held in local jails are mentally ill. A similar percentage of persons on probation, approximately 547,000 people, also have a history of mental illness.

The Bureau of Justice Statistics also has a study that revealed that mentally ill offenders have a higher rate of prior physical and sexual abuse than other inmates. They have higher incidents of alcohol and drug abuse by parents and guardians while they were children. Mentally ill offenders were more likely than other offenders to have been unemployed and homeless prior to their arrest. And these offenders are more likely than other offenders to be involved in fights with other inmates and to be charged with breaking prison rules.

Over the last year, law enforcement and corrections officials, prosecutors, judges, and mental health officials have called and written to the Subcommittee on Crime to urge the subcommittee to address the problem of mentally ill offenders in the criminal justice system. In response, the Subcommittee on Crime held a hearing on this issue just last month. At that hearing representatives of all these groups urged Congress to develop a special program to address the needs of these offenders so that they will be incarcerated less often and so that they will be less likely to commit repeat crimes when they are released from custody.

The bill before the House today will help to do just that. This bill, introduced by Senator DEWINE, of my State of Ohio in the other body, is similar to a bill introduced in the House by the gentleman from Ohio (Mr. STRICKLAND). It authorizes the Attorney General to make grants to States, State courts, local courts, units of local government, and Indian tribal governments for up to 100 programs that involve specialized treatment for mentally ill offenders. These programs include continuing post-conviction judicial supervision of nonviolent and misdemeanor offenders, training for law enforcement and correction officials on how to appropriately handle mentally ill offenders in their custody, and centralized case management of cases involving mentally ill or mentally retarded defendants.

I believe this is a good bill. The testimony before the subcommittee from officials throughout the criminal justice system, from both Republicans and Democrats, was that by taking just a few minor steps, the government can have a great impact on the treatment of these offenders. Simply incarcerating the mentally ill is not going to address the underlying cause of their behavior, but if we deal with their illness, they are less likely to commit future crimes, and that is a result that benefits us all.

Mr. Speaker, I urge all my colleagues to support this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. SCOTT. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 1865. This bill will amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize the Attorney General to make grants to States and localities and to Indian tribal governments to establish what is referred to as the mental health court programs. Such court programs would be similar to the successful drug courts and ASAP, the alcohol safety action programs, for substance abusers.

While I am in support of this bill as one of the neediest programs that are

available, because we did not have committee hearings and markups on the measure I am unable to have really the full confidence that I would like to have that it is drafted in such a way to best meet the needs of the public, the mental health, and the criminal justice systems. However, the Subcommittee on Crime did conduct a hearing on ''the impact of the mentally ill in the criminal justice system'' earlier this fall. The testimony at that hearing revealed, among other things, that our criminal justice system is serving as a primary caregiver for the mentally ill and that mental health courts have proven to be a useful tool for several communities that have such programs.

Additionally, this is a pilot program, not a nationwide initiative, so we will have the opportunity to see these programs and measure their effectiveness and have the opportunity to evaluate them in the context of other approaches to addressing mental health illnesses in the criminal justice system.

The program funded under the bill provides not only for a special court program but also for the continued judicial supervision of qualified offenders with mental illness, as well as grants for coordinated delivery of services. The coordinated services for which the grants would authorize funding include, among other things, specialized training for law enforcement and judicial personnel to identify and address the unique needs of mentally ill offenders, and the voluntary outpatient and inpatient treatment that carries with it the possibility of dismissal of charges or a reduced sentence upon successful completion of treatment and other activities. The bill authorizes $10 million each year for the fiscal years 2001 through 2004 to carry out the provisions of the legislation.

Since the 1960s, the State mental health hospitals have increasingly reduced their population of mentally ill individuals in response to a nationwide and appropriate call for deinstitutionalization. The movement toward deinstitutionalization has been based upon the fact that mentally ill individuals are constitutionally entitled to refuse treatment or at least have it provided in the least restrictive environment. Unfortunately, community mental health treatment centers have not been created at the rate necessary to meet the needs created by deinstitutionalization.

A recent study by the Department of Justice suggests that the criminal justice system has become, by default, the primary caregiver of the most seriously mentally ill. More specifically, the Department of Justice reported last July that at least 16 percent of the United States prison population is seriously mentally ill. The National Alliance for the Mentally Ill reports that on any given day, at least 284,000 seriously mentally ill individuals are incarcerated, while only 187,000 are in mental health facilities.

The bill before us would provide the grant money to help divert from the criminal justice system those who are mentally ill who would benefit more from treatment than by incarceration, and help law enforcement and correctional administrators provide appropriate services to offenders with mental illness. Since this is a pilot program, the information it develops can be used to develop a full-fledged program available to communities throughout the country. Such an approach is not only the right thing to do but it will ultimately reduce crime.

I want to particularly thank the delegation from Ohio, particularly the gentleman from Ohio (Mr. CHABOT), serving on the Committee on the Judiciary, and the other gentleman from Ohio (Mr. STRICKLAND) for their leadership on this bill. Accordingly, Mr. Speaker, I ask my colleagues to vote for the bill.

Mr. Speaker, I yield such time as he may consume to the gentleman from Ohio (Mr. STRICKLAND), a leader on this bill who brought it to the committee's attention.

Mr. STRICKLAND. Mr. Speaker, I rise today in support of this bill which addresses the very serious problem of mentally ill people recycling through our criminal justice system.

As a psychologist, and perhaps the only Member of Congress who has ever worked in a maximum security prison, I have personally treated individuals who will live out the rest of their lives behind bars because they have committed crimes that they most likely would not have committed had they been able to receive adequate mental health treatment.

I have seen the ravaging effect that a prison environment has upon the mentally ill and the destabilizing effect that the mentally ill have upon the prison environment. Inmates, families, correctional officers, judges, prosecutors, and the police are in unique agreement that our broken system of punting the most seriously mentally ill to the criminal justice system must be fixed.

The jails have become America's new mental asylums. Our court systems, our prisons, and our jails are being clogged, literally clogged, with mentally ill individuals who should be taking part in mental health treatment. Law enforcement and correctional officers, who are charged with apprehending and incarcerating the most dangerous criminals in our society, cannot always do their jobs because they are forced to provide makeshift mental health services to hundreds of thousands of mentally ill individuals. Squad cars, jail cells, and courtrooms are being filled with the mentally ill taking up resources that should be directed toward catching real criminals.

Mental illness does not discriminate between Republicans or Democrats, rich or poor, black or white, man or woman, none of the dividing lines that so often create partisan politics. That is why I am especially gratified to be working on legislation with distinguished Members from both sides of the aisle and both sides of the Hill to create mechanisms that will bridge the gap between the mental health and the criminal justice systems, the gap through which so many of the mentally ill defendants currently fall.

I would like to thank especially Senators DEWINE, DOMENICI, KENNEDY and WELLSTONE, as well as the gentlewoman from New Mexico (Mrs. WILSON), the gentleman from California (Mr. WAXMAN), the gentlewoman from California (Mrs. CAPPS), the gentlewoman from New Jersey (Mrs. ROUKEMA), the gentlewoman from Ohio (Ms. KAPTUR), and my friend and colleague, the gentleman from Ohio (Mr. CHABOT), for taking the lead on this legislation to provide criminal justice and mental health professionals the resources they need to work together to keep mentally ill defendants in treatment rather than in jail.

In conclusion, I would like to say that I am thankful that this Congress is willing to look closely at a problem from which many of us too often turn away. I believe that there is a welcome consensus among a broad spectrum of stakeholders and political ideologies that there are very practical steps that we can take to stop the criminal justice system from being this country's primary caregiver of the seriously mentally ill. The truth is that law enforcement and correctional officers are not and should not be psychiatrists, psychologists, social workers or nurses with guns.

Mr. Speaker, I support my colleagues' support of this legislation, with deep appreciation for all who have worked on this legislation.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of S. 1865, American's Law Enforcement and Mental Health Project. As a member of the House Judiciary Subcommittee on Crime I know that nearly 1.8 million individuals are incarcerated in our nation's jails and prisons; an increase of 125 percent since 1985.

It is long overdue that this body should address the issue of those who are mentally ill and in our nation's state and federal prison systems. At the end of 1999, 283,800 persons with mental illness were held in federal, state prisons and local jails—making these the largest facilities for people with mental illness in the United States; Jails and prisons have become by default psychiatric facilities. These make shift mental health wards go without the benefit of adequate medical staff, medication, or proper training of guards, who should be medical personal.

The Senate-passed bill authorizes $10 million in each of fiscal years 2001 through 2004 for technical assistance and grants to states, local governments and Indian tribal governments for the delivery of judicial services to mentally ill and mentally retarded offenders. Unfortunately, this bill limits the number of programs that could be funded under this act to 100. The program created by the bill would cover only cases involving mentally ill or mentally retarded persons who are charged with misdemeanors or nonviolent offenders.

Programs funded under the bill would provide specialized training of law enforcement and judicial personnel to identify and address the unique needs of mentally ill or mentally retarded offenders. The programs would also provide voluntary outpatient and inpatient mental health treatment—in the least restrictive manner appropriate—as determined by the court, with the possibility that the charges would be dismissed or reduced if the treatment is successfully completed. These programs would also provide centralized case management and continuing supervision for these individuals.

This is not the Dark Ages, but you could not tell that by looking at how our society treats mentally ill people. The United States is supposed to be the most advanced nation on Earth, but in many ways we are one of most undeveloped nations when considering our approach to mental health and the mentally ill.

Today's hearing is a step forward to highlight and address many of the things that are wrong with a system that the most vulnerable among us are locked up in jails and prisons without adequate health services—while our country enjoys the greatest economic boom in thirty years. Our nation's unemployment rate is at its lowest point in 30 years; core inflation has fallen to its lowest point in 34 years; and the poverty rate is at its lowest since 1979. The last seven years we have seen the Federal budget deficit of $290 billion give way to a $124 billion surplus.

The statistics on our Nation's incarcerated mentally ill is as depressing as the good news of our nation's economy is joyful. The facts are that men and women with mental illness spend on average, 15 months longer in state prisons and five times longer in jails. Research has supported many of the effective strategies that work for people with mental illness in the criminal justice system, yet the corresponding leadership and funding to replicate these strategies have not been provided. According to Ron Honberg, executive director for legal affairs for the National Alliance for the Mentally Ill (NAMI), health care programs, such as Medicaid, will not provide treatment services to those who are incarcerated. This means that any treatment an inmate receives must be subsidized by the penal facility. Dr. Honberg added that the criminal justice system is slow and complicated meaning that few prisoners who really need help will ever get it.

In June 1995, approximately 9.8 million people are booked into jails across the country annually. Seven percent of jail detainees have acute and serious mental illnesses upon booking. In addition, more than 50 percent have other mental health diagnoses, including dysthmia (8 percent, anxiety disorders (11 percent), and anti-social personality disorders (45 percent). The report ''Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals, Washington, DC,'' that was prepared by Public Citizen's Health Research Group in 1992 found that the four most common offenses committed by the mentally ill were: assault and/or battery, theft, disorderly conduct, and drug and alcohol-related crimes. In total, 63 percent of jail detainees have a mental illness or a substance disorder and 5 percent have both. These figures indicate that 320,000 jail inmates are affected by mental health or substance abuse problems on any given day, of whom 25,350 people have serious mental illnesses and co-occurring substance disorders.

This situation is costing states when families of the mentally ill sue when their loved ones do not receive proper medical attention. In May 1999, a Federal judge in the State of Texas approved a $1.18 million settlement award to eight mentally ill individuals who were previously confined at the Hidalgo County Jail in Edinburg. The inmates had filed a lawsuit in 1994 that claimed the jail violated their civil rights and failed to provide humane conditions and legal services. One of the plaintiffs, suffering from schizophrenia, had been arrested for hitting his father and confined in the facility where he remained for four years without a trial. Upon release, mental health officials determined his condition had deteriorated significantly due to his incarceration. As part of the settlement approved by U.S. District Judge Ricardo H. Hinojosa, Hidalgo County agreed to several provisions for improving jail mental health services, including immediate classification of mentally ill inmates; psychiatric evaluation and regular treatment of individuals suffering from mental illness; and separation of the mentally ill from general population inmates.

Approximately 13 percent of the prison population have both a serious mental illness and a co-occurring substance abuse disorder. Thus an estimated 642,500 inmates are affected by mental health or substance abuse problems on any given day—of which 132,000 have a serious mental illness and a co-occurring substance abuse disorder. The one-year prevalence rate of serious mental illnesses among prisoners was 5 percent with schizophrenia, 6 percent with bipolar disorder, and 9 percent with depression; which are treatable if discovered and addressed by mental health professionals.

EFFECTIVE STRATEGIES

People with serious mental illness require a comprehensive community-based treatment approach that ensures public safety and reduces recidivism in criminal justice institutions. We must work to help communities and families recognize the importance of identification of mental illness and remove the stigma of medical treatment. We must work to educate people especially in the African American and Hispanic Communities who are highly sensitized regarding the attitudes of the group and maintaining a sense of community in the face of mental illness. In many minority communities there is a sense that to admit mental illness is to acknowledge a spiritual flaw or character deficit.

Effective strategies that work for people with mental illness in the criminal justice system should consist of: Diversion programs that assist people with serious mental illness and substance abuse disorders avoid the criminal justice system, such as mental health courts; it has been recognized by mental health professionals for some time that many people who engage in taking illegal drugs are attempting to self medicate for a mental health disorder. It is sad to admit that in our society there is greater acceptance of addictions to alcohol and drugs than mental illness. Screening and assessing individuals with mental illness upon entry into the criminal justice system is vital to addressing the problems that many penal facilities face. It is human and just that this country have the compassion and common sense to openly offer medical assistance to those in need.

A commitment to treatment for individuals with mental health and substance abuse disorders would go a long way in addressing our pressing need to cut the level of demand for illegal drugs coming into our country.

Successful transition program that will implement appropriate support services (such as, housing arrangements, vocational and educational needs, mental health and addiction treatment), to ensure fewer problems for people reentering the community.

Further, we should provide training to law enforcement and criminal justice system personnel to identify persons with mental health and substance abuse disorders. Therefore, it is important that this Congress increased funding for jail diversion initiatives funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) Jail Diversion Knowledge Dissemination Application (KDA) Initiative which is a partnership between the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT).

In the State of Texas the Crisis Intervention Teams, or ''CIT'' is a professional diversion program started in Memphis, Tennessee 10 years ago, teaches a voluntary team of patrol officers a safe way to interact with the mentally ill in crisis. Police officers receive 40 hours of experiential training in mental health issues and communication/de-escalation techniques. For example, officers learn how to deal with individuals who might be suicidal, delusional, or are experiencing side effects from medication. Officers are also trained to ask pertinent questions to better recognize persons with a mental illness.

CIT is expanding across the state and across the nation. The Mental Health Association of Houston, Texas established the CIT initiative in 1997, with the Houston Police Department.

As a result of the Houston CIT initiative, 50 Houston police officers a month are trained in CIT. These officers comprise 25 percent of the patrol force, which comes to about 725 officers. The $300,000 Houston CIT initiative is funded through the federal Center for Mental Health, Knowledge Development and Application (KDA) Jail Diversion Initiative.

As a result of the program's dramatic success, all outlying Houston police departments, including all of the 48 incorporated towns, will begin implementing CIT. Starting in January 2000, the Houston MHA will be training 100 officers a month.

However, I believe that we must do more—earlier in the lives of potential offenders. That is why I introduced H.R. 3455, the Give a Kid a Chance Omnibus Mental Health Services Act of 1999. To amend the Public Health Service Act with respect to mental health services for children, adolescents and their families.

I would only ask that my colleagues join me in finding a way to assist our nation's mentally ill, by addressing the problems that have been documented regarding the treatment of the mentally ill in the judicial system.

Mr. SCOTT. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. CHABOT. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. CHABOT) that the House suspend the rules and pass the Senate bill, S. 1865.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. SCOTT. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

SUDAN PEACE ACT

Mr. GILMAN. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1453) to facilitate famine relief efforts and a comprehensive solution to the war in Sudan, as amended.

The Clerk read as follows:

S. 1453

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Sudan Peace Act''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) With clear indications that the Government of Sudan intends to intensify its prosecution of the war against areas outside of its control, which has already cost nearly 2,000,000 lives and has displaced more than 4,000,000, a sustained and coordinated international effort to pressure combatants to end hostilities and to address the roots of the conflict offers the best opportunity for a comprehensive solution to the continuing war in Sudan.

(2) A viable, comprehensive, and internationally sponsored peace process, protected from manipulation, presents the best chance for a permanent resolution of the war, protection of human rights, and a self-sustaining Sudan.

(3) Continued strengthening of humanitarian relief operations in Sudan is an essential element in the effort to bring an end to the war.

(4) Continued leadership by the United States is critical.

(5) Regardless of the future political status of the areas of Sudan outside of the control of the Government of Sudan, the absence of credible civil authority and institutions is a major impediment to achieving self-sustenance by the Sudanese people and to meaningful progress toward a viable peace process.

(6) Through manipulation of traditional rivalries among peoples in areas outside their full control, the Government of Sudan has effectively used divide and conquer techniques to subjugate their population, and Congress finds that internationally sponsored reconciliation efforts have played a critical role in reducing the tactic's effectiveness and human suffering.

(7) The Government of Sudan is increasingly utilizing and organizing militias, Popular Defense Forces, and other irregular troops for raiding and slaving parties in areas outside of the control of the Government of Sudan in an effort to severely disrupt the ability of those populations to sustain themselves. The tactic is in addition to the overt use of bans on air transport relief flights in prosecuting the war through selective starvation and to minimize the Government of Sudan's accountability internationally.

(8) The Government of Sudan has repeatedly stated that it intends to use the expected proceeds from future oil sales to increase the tempo and lethality of the war against the areas outside its control.

(9) Through its power to veto plans for air transport flights under the United Nations relief operation, Operation Lifeline Sudan (OLS), the Government of Sudan has been able to manipulate the receipt of food aid by the Sudanese people from the United States and other donor countries as a devastating weapon of war in the ongoing effort by the Government of Sudan to subdue areas of Sudan outside of the Government's control.

(10) The efforts of the United States and other donors in delivering relief and assistance through means outside OLS have played a critical role in addressing the deficiencies in OLS and offset the Government of Sudan's manipulation of food donations to advantage in the civil war in Sudan.

(11) While the immediate needs of selected areas in Sudan facing starvation have been addressed in the near term, the population in areas of Sudan outside of the control of the Government of Sudan are still in danger of extreme disruption of their ability to sustain themselves.

(12) The Nuba Mountains and many areas in Bahr al Ghazal, Upper Nile, and Blue Nile regions have been excluded completely from relief distribution by OLS, consequently placing their populations at increased risk of famine.

(13) At a cost which can exceed $1,000,000 per day, and with a primary focus on providing only for the immediate food needs of the recipients, the current international relief operations are neither sustainable nor desirable in the long term.

(14) The ability of populations to defend themselves against attack in areas outside the Government of Sudan's control has been severely compromised by the disengagement of the front-line sponsor states, fostering the belief within officials of the Government of Sudan that success on the battlefield can be achieved.

(15) The United States should use all means of pressure available to facilitate a comprehensive solution to the war, including—

(A) the maintenance and multilateralization of sanctions against the Government of Sudan with explicit linkage of those sanctions to peace;

(B) the support or creation of viable democratic civil authority and institutions in areas of Sudan outside government control;

(C) continued active support of people-to-people reconciliation mechanisms and efforts in areas outside of government control;

(D) the strengthening of the mechanisms to provide humanitarian relief to those areas;

(E) cooperation among the trading partners of the United States and within multilateral institutions toward those ends; and

(F) the use of any and all possible unilateral and multilateral economic and diplomatic tools to compel Ethiopia and Eritrea to end their hostilities and again assume a constructive stance toward facilitating a comprehensive solution to the ongoing war in Sudan.

SEC. 3. DEFINITIONS.

In this Act:

(1) GOVERNMENT OF SUDAN.—The term ''Government of Sudan'' means the National Islamic Front government in Khartoum, Sudan.

(2) IGAD.—The term ''IGAD'' means the Inter-Governmental Authority on Development.

(3) OLS.—The term ''OLS'' means the United Nations relief operation carried out by UNICEF, the World Food Program, and participating relief organizations known as ''Operation Lifeline Sudan''.

SEC. 4. CONDEMNATION OF SLAVERY, OTHER HUMAN RIGHTS ABUSES, AND NEW TACTICS BY THE GOVERNMENT OF SUDAN.

Congress hereby—

(1) condemns—

(A) violations of human rights on all sides of the conflict in Sudan;

(B) the Government of Sudan's overall human rights record, with regard to both the prosecution of the war and the denial of basic human and political rights to all Sudanese;

(C) the ongoing slave trade in Sudan and the role of the Government of Sudan in abetting and tolerating the practice; and

(D) the Government of Sudan's increasing use and organization of ''murahalliin'' or ''mujahadeen'', Popular Defense Forces (PDF), and regular Sudanese Army units into organized and coordinated raiding and slaving parties in Bahr al Ghazal, the Nuba Mountains, Upper Nile, and Blue Nile regions; and

(2) recognizes that, along with selective bans on air transport relief flights by the Government of Sudan, the use of raiding and slaving parties is a tool for creating food shortages and is used as a systematic means to destroy the societies, culture, and economies of the Dinka, Nuer, and Nuba peoples in a policy of low-intensity ethnic cleansing.

SEC. 5. SUPPORT FOR THE IGAD PEACE PROCESS.

(a) SENSE OF CONGRESS.—Congress hereby—

(1) declares its support for the efforts by executive branch officials of the United States and the President's Special Envoy for Sudan to lead in a reinvigoration of the IGAD-sponsored peace process;

(2) calls on IGAD member states, the European Union, the Organization of African Unity, Egypt, and other key states to support the peace process; and

(3) urges Kenya's leadership in the implementation of the process.

(b) UNITED STATES DIPLOMATIC SUPPORT.—The Secretary of State is authorized to utilize the personnel of the Department of State for the support of—

(1) the secretariat of IGAD;

(2) the ongoing negotiations between the Government of Sudan and opposition forces;

(3) any peace settlement planning to be carried out by the National Democratic Alliance and IGAD Partners' Forum (IPF); and

(4) other United States diplomatic efforts supporting a peace process in Sudan.

SEC. 6. INCREASED PRESSURE ON COMBATANTS.

It is the sense of Congress that the President, acting through the United States Permanent Representative to the United Nations, should—

(1) sponsor a resolution in the United Nations Security Council to investigate the practice of slavery in Sudan and provide recommendations on measures for its eventual elimination;

(2) sponsor a condemnation of the human rights practices of the Government of Sudan at the United Nations conference on human rights in Geneva in 2000;

(3) press for implementation of the recommendations of the United Nations Special Rapporteur for Sudan with respect to human rights monitors in areas of conflict in Sudan;

(4) press for UNICEF, International Committee of the Red Cross, or the International Federation of Red Cross and Red Crescent Societies, or other appropriate international organizations or agencies to maintain a registry of those individuals who have been abducted or are otherwise held in bondage or servitude in Sudan;