

107TH CONGRESS
1ST SESSION

H. R. 2198

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

IN THE HOUSE OF REPRESENTATIVES

JUNE 14, 2001

Mr. GEORGE MILLER of California (for himself, Ms. KAPTUR, Mr. STRICKLAND, Mr. OLVER, Mr. STARK, Ms. JACKSON-LEE of Texas, Mr. BALDACCI, Mr. DEFazio, Mr. MCGOVERN, Ms. ESHOO, Mrs. CHRISTENSEN, Ms. MILLENDER-McDONALD, Mr. FARR of California, Mr. SANDLIN, Ms. WOOLSEY, Mrs. MALONEY of New York, Mr. BROWN of Ohio, Mr. HILLIARD, Mr. WAXMAN, Mr. PAYNE, Mr. KENNEDY of Rhode Island, Mr. KILDEE, Mr. BONIOR, Ms. MCKINNEY, Mr. LANTOS, Mr. McDERMOTT, Mr. RANGEL, Mr. FRANK, Ms. RIVERS, Ms. SCHAKOWSKY, Ms. SOLIS, and Ms. CARSON of Indiana) introduced the following bill; which was referred to the Committee on Education and the Workforce, and in addition to the Committees on Energy and 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

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,*

1 **SECTION 1. SHORT TITLE.**

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

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

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

8 **“PART K—ACCESS TO MENTAL HEALTH AND**
9 **SUBSTANCE ABUSE TREATMENT**

10 **“SEC. 299AA. GRANTS FOR TRAINING OF JUSTICE SYSTEM**
11 **PERSONNEL.**

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

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

1 “(1) providing cross-training, jointly with the
2 public mental health system, for State juvenile court
3 judges, public defenders, and mental health and sub-
4 stance abuse agency representatives with respect to
5 the appropriate use of effective, community-based al-
6 ternatives to juvenile justice or mental health system
7 institutional placements; or

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

22 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated from the Violent Crime
24 Reduction Trust Fund, \$50,000,000 for fiscal years 2002,
25 2003, 2004, 2005, and 2006 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 as added by section 2, is amended by adding at the end
6 the following:

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

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

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

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

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

1 “(B) at the time they are initially taken
2 into custody;

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

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

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

10 “(2) TREATMENT.—

11 “(A) SCREENING AND ASSESSMENT OF JU-
12 VENILES.—

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

1 “(ii) ACUTE MENTAL ILLNESS.—Juve-
2 niles who suffer from acute mental dis-
3 orders, who are suicidal, or in need of de-
4 toxification shall be placed in or imme-
5 diately transferred to an appropriate med-
6 ical or mental health facility. They shall be
7 admitted to a secure correctional facility
8 only with written medical clearance.

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

20 “(B) TREATMENT.—

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

1 for a mental or emotional disorder shall
2 have treatment continued.

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

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

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

1 “(v) SPECIALIZED TREATMENT.—Spe-
2 cialized treatment and services shall be
3 continually available to a juvenile who—

4 “(I) has a history of mental
5 health problems or treatment;

6 “(II) has a documented history
7 of sexual abuse or offenses, as victim
8 or as perpetrator;

9 “(III) has substance abuse prob-
10 lems, health problems, learning dis-
11 abilities, or histories of family abuse
12 or violence; or

13 “(IV) has developmental disabil-
14 ities.

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

1 “(D) CLASSIFICATION OF JUVENILES.—

2 “(i) IN GENERAL.—Juvenile facilities
3 shall classify and house juveniles in living
4 units according to a plan that includes age,
5 gender, offense, special medical or mental
6 health condition, size, and vulnerability to
7 victimization. Younger, smaller, weaker,
8 and more vulnerable juveniles shall not be
9 placed in housing units with older, more
10 aggressive juveniles.

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

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

21 “(F) MANDATORY REPORTING.—States
22 shall keep records of the incidence and types of
23 mental health and substance abuse disorders in
24 their juvenile justice populations, the range and
25 scope of services provided, and barriers to serv-

1 ice. The State shall submit an analysis of this
2 information yearly to the Department of Jus-
3 tice.

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

16 “(H) USE OF FORCE.—

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

23 “(ii) LIMITATIONS ON RESTRAINT.—
24 Control techniques such as restraint, seclu-
25 sion, chemical sprays, and room confine-

1 ment shall be used only in response to ex-
2 treme threats to life or safety. Use of these
3 techniques shall be approved by the facility
4 superintendent or chief medical officer and
5 documented in the juvenile’s file along with
6 the justification for use and the failure of
7 less restrictive alternatives.

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

1 “(I) IDEA AND REHABILITATION ACT.—

2 All juvenile facilities shall abide by all manda-
3 tory requirements and time lines set forth
4 under the Individuals with Disabilities Edu-
5 cation Act and section 504 of the Rehabilitation
6 Act of 1973.

7 “(J) ADVOCACY ASSISTANCE.—

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

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

25 “(c) AUTHORIZATION OF APPROPRIATIONS.—

1 “(1) IN GENERAL.—There are authorized to be
2 appropriated from the Violent Crime Reduction
3 Trust Fund, \$500,000,000 for fiscal years 2002,
4 2003, 2004, 2005, and 2006 to carry out this sec-
5 tion.

6 “(2) ALLOCATION.—Of amounts appropriated
7 under paragraph (1)—

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

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

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

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

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

23 “(a) IN GENERAL.—Any partnership desiring to re-
24 ceive a grant under this part shall submit an application
25 at such time, in such manner, and containing such infor-

1 mation as the Attorney General and the Secretary of
2 Health and Human Services may prescribe.

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

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

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

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

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

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

23 “(6) provide for such fiscal control and fund ac-
24 counting procedures as may be necessary to ensure

1 prudent use, proper disbursement, and accurate ac-
2 counting of funds receiving under this part.”.

3 **SEC. 4. INITIATIVE FOR COMPREHENSIVE, INTERSYSTEM**
4 **PROGRAMS.**

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

8 **“SEC. 520C. INITIATIVE FOR COMPREHENSIVE, INTER-**
9 **SYSTEM PROGRAMS.**

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

18 “(1) the appropriate diversion of such juveniles
19 and juveniles from incarceration;

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

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

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

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

9 “(2) prepare and submit to the Secretary an
10 application at such time, in such manner, and con-
11 taining such information as the Secretary may re-
12 quire, including—

13 “(A) an assurance that the applicant has
14 the consent of all entities described in para-
15 graph (1) in carrying out and coordinating ac-
16 tivities under the grant; and

17 “(B) with respect to services for juveniles,
18 an assurance that the applicant has collabo-
19 rated with the State or local educational agency
20 and the State or local welfare agency in car-
21 rying out and coordinating activities under the
22 grant;

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

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

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

8 “(B) with respect to the fourth and fifth
9 years under the grant, 50 percent of the
10 amount provided under the grant.

11 “(c) USE OF FUNDS.—

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

16 “(A) for how the guarantee will institute a
17 system to provide intensive community
18 services—

19 “(i) to prevent high-risk juveniles
20 from coming in contact with the justice
21 system; and

22 “(ii) to meet the mental health and
23 substance abuse treatment needs of juve-
24 niles on probation or recently discharged
25 from the justice system; and

1 “(B) providing for the exchange by agen-
2 cies of information to enhance the provision of
3 mental health or substance abuse services to ju-
4 veniles.

5 “(2) 2–5TH YEARS.—With respect to the sec-
6 ond through fifth fiscal years in which amounts are
7 provided under the grant, the grantee shall use
8 amounts provided under the grant—

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

22 “(B) to establish a network of boundary
23 spanners to conduct regular meetings with
24 judges, provide liaison with mental health and
25 substance abuse workers, share and distribute

1 information, and coordinate with mental health
2 and substance abuse treatment providers, and
3 probation or parole officers concerning provision
4 of appropriate mental health and drug and alco-
5 hol addiction services for individuals on proba-
6 tion or parole;

7 “(C) to provide cross-system training
8 among police, corrections, and mental health
9 and substance abuse providers with the purpose
10 of enhancing collaboration and the effectiveness
11 of all systems;

12 “(D) to provide coordinated and effective
13 aftercare programs for juveniles with emotional
14 or mental disorders who are discharged from
15 jail, prison, or juvenile facilities;

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

18 “(F) to furnish services, to train personnel
19 in collaborative approaches, and to enhance
20 intersystem collaboration.

21 “(3) DEFINITION.—In paragraph (2)(B), the
22 term ‘boundary spanners’ means professionals who
23 act as case managers for juveniles with mental dis-
24 orders and substance abuse addictions, within both
25 justice agency facilities and community mental

1 health programs and who have full authority from
 2 both systems to act as problem-solvers and advocates
 3 on behalf of individuals targeted for service under
 4 this program.

5 “(d) AREA SERVED BY THE PROJECT.—An entity re-
 6 ceiving a grant under this section shall conduct activities
 7 under the grant to serve at least a single political jurisdic-
 8 tion.

9 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
 10 shall be made available to carry out the section, not less
 11 than 10 percent of the amount appropriated under section
 12 1935(a) for each of the fiscal years 2002 through 2006.”.

13 **SEC. 5. FEDERAL COORDINATING COUNCIL ON THE CRIM-**
 14 **INALIZATION OF JUVENILES WITH MENTAL**
 15 **DISORDERS.**

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

1 (b) MEMBERSHIP.—The Council shall include rep-
2 resentatives from—

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

5 (A) the Office of the Secretary of Health
6 and Human Services;

7 (B) the Office for Juvenile Justice and De-
8 linquency Prevention;

9 (C) the National Institute of Mental
10 Health;

11 (D) the Social Security Administration;

12 (E) the Department of Education; and

13 (F) the Substance Abuse and Mental
14 Health Services Administration; and

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

16 (c) DUTIES.—The Council shall—

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

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

1 (3) recommend to Congress any appropriate
2 new initiatives which require legislative action.

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

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

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

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

13 **SEC. 6. MENTAL HEALTH SCREENING AND TREATMENT**
14 **FOR PRISONERS.**

15 (a) ADDITIONAL REQUIREMENTS FOR THE USE OF
16 FUNDS UNDER THE VIOLENT OFFENDER INCARCER-
17 ATION AND TRUTH-IN-SENTENCING GRANTS PROGRAM.—

18 Section 20105(b) of the Violent Crime Control and Law
19 Enforcement Act of 1994 is amended to read as follows:

20 “(b) ADDITIONAL REQUIREMENTS.—

21 “(1) ELIGIBILITY FOR GRANT.—To be eligible
22 to receive a grant under section 20103 or 20104, a
23 State shall, not later than January 1, 2003, have a
24 program of mental health screening and treatment
25 for appropriate categories of juvenile and other of-

1 fenders during periods of incarceration and juvenile
2 and criminal justice supervision, that is consistent
3 with guidelines issued by the Attorney General.

4 “(2) USE OF FUNDS.—

5 “(A) IN GENERAL.—Notwithstanding any
6 other provision of this subtitle, amounts made
7 available to a State under section 20103 or
8 20104, may be applied to the costs of programs
9 described in paragraph (1), consistent with
10 guidelines issued by the Attorney General.

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

20 **SEC. 7. INAPPLICABILITY OF AMENDMENTS.**

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

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

1 “(1) under the age of 16; or
2 “(2) mentally ill;
3 shall be governed by the terms of this section, as in effect
4 on the day before the date of enactment of the Prison Liti-
5 gation Reform Act of 1995 and the amendments made by
6 that Act (18 U.S.C. 3601 note).”.

○